

THE STATE OF SOUTH CAROLINA
In The Court of Appeals

APPEAL FROM SPARTANBURG COUNTY
Court of Common Pleas

R. Keith Kelly, Circuit Court Judge

Appellate Case No. 2017-002522
Case No. 2010-CP-5743

RECEIVED
OCT 18 2018
SC Court of Appeals

Gregory J. Feldman, MD, Joseph A. Boscia, III, MD, and
Upstate Lung & Critical Care Specialists, PC,

Appellants,

v.

Ray E. "Chuck" Thompson, and Charles M. Fogarty, MD,

Respondents.

**RECORD ON APPEAL
VOLUME V**

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Name: William M. Lapey DOB: 2/1/41 FOOTHILLS FAMILY MEDICAL

Problem List			Resolved	Medication List			Start	Stop
A.	Health Maintenance		#220	Ultram 50mg 2 qid	11/97			
B.	Pain Hx CAD	1/98		~~Lortab 5.0 #20/mth~~				
C.	Nicotine Abuse	8/98		Zanaflex 4mg Bids	4/01			
D.	Chronic LBP	8/98	#30	Vioxx 100mg	9/01			
E.	Dyslipidemia	8/98		~~AtorCOR~~	6/03	8/03		
F.	Pain Hx D.M.	1/98		~~ESSEX XR 15mg~~	8/03	11/04		
G.	Erectile Dysfunction	9/01		~~Proscar 5mg bid~~	8/03	9/03		
H.	Depression	6/03		Lortab 10/500 4 bid	9/03			
I.	Hypertension			~~Beata 20mg~~	10/03			
J.	Anxiety disorder			~~Zoloft 50mg 100mg~~	7/04	9/04		
K.	Hypertriglyceridemia			~~Lipitor 40mg~~		5/06		
L.	Peptic Ulcer dx	2/07		~~Zoloft 100mg 12/5 AM~~	9/04	11/04		
M.	HTN			~~Symabeta 60mg qd #2~~	11/04	9/05		
N.	GERD		dx with	Adderall XR 20mg qd	6/05			
				~~modic T. 5mg 4 bid~~	4/05			
				Trilept 145mg qhs	5/05			
			dx with	Reaxon (mirtazapine)	9/05			
			dx with	Ambien 10mg qhs	9/05			
				Vioxx 10/40	5/06			
				Nexium 40mg	2/07			
				~~Reprol 40mg~~	4/07	11/07		

HEALTH MAINTENANCE GUIDE																
YEAR	94	95	96	97	98	99	00	01	02	03	04	05	06	07	08	09
IHA																
Pap Smear																
Mammogram																
Sigmoidoscopy																
Hemoccult X 3																
Flu Vaccine																
Pneumovax																
Hepatitis																
DT																

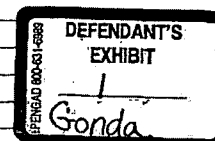
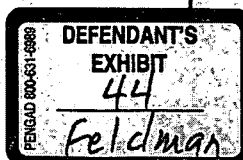
Allergies

Record medication and type of reaction

N/A 9/10

983-L-1-902

FFM/L-1/cpn



THOMPSON 036347

FOOTHILLS FAMILY MEDICINE

NAME: William Mark Casey

AGE: 39 ~~44~~ 46

DATE: Nov 17 1997

Thank you for helping us keep your medical history up to date. If you feel uncomfortable answering any of these questions, leave it blank. Your nurse will be happy to help you complete this form.

ALLERGIES:

None NDA 12/03/97

MEDICAL HISTORY

List your hospitalizations, operations and major illnesses

1990? Hemorrhoid surgery
 1984 biopsy 20%? FIB in lung
 19
 19
 19
 19
 19
 19

MEDICATIONS:

List all the medication you take

Ultran
Viagra
Aspirin

YOUR FAMILY'S HEALTH...

First Name Only	Age	Health Problems?	If deceased list age and cause of death	Check where you or members of your family have had the following problems
Father	<u>Julian</u>		<u>72 - Heart Attack</u>	
Mother	<u>Clara</u>	<u>71</u>	<u>Open heart surgery</u>	
		<u>diabetes, carotid surgery</u>		
Bothers and Sisters	<u>Tom</u>	<u>42</u>		
	<u>Carole</u>	<u>40</u>		
	<u>Gregg</u>	<u>36</u>		
Spouse	<u>Donna</u>	<u>38</u>		
Children	<u>Travis</u>	<u>14</u>		
	<u>Kristen</u>	<u>11</u>		

A family member has had

☒	<u>I have had</u>
☐	Alcoholism
☐	Anemia
☐	Asthma
☐	Bleeding problems
☐	Cancer, tumors
☐	Chicken pox
☒	Diabetes
☐	Drug abuse
☐	Depression
☐	Eczema, hives, rashes
☐	Epilepsy, seizures
☐	Eye problems
☐	Glaucoma
☒	Heart disease
☐	Hepatitis
☒	High blood pressure
☐	Kidney, bladder problems
☐	Liver disease, jaundice
☐	Lung disease
☐	Mental illness
☐	Mumps measles
☐	Phlebitis
☐	Rheumatic fever
☐	Rubella
☒	Stroke
☐	Suicide attempt
☒	Thyroid disease
☐	Stomach ulcers
☐	Tuberculosis
☐	Venereal disease
☐	Other

WORK HISTORY

I am ☒ - Working now () - Unemployed () - Retired
 What type of work do you do?
Machine operator - Tire Builder
 Are you exposed to any hazards at work? yes
 What kind of hazards?
Repetitive motion - working on concrete floor 12 hrs
 Current employer: Michellin

HEALTH HABITS

Do you smoke? Yes ☒ No ()
 How many packs per day? Less than 1/2 pack
 Do you chew tobacco or use snuff? Yes () No ☒
 Do you drink alcohol? Yes ☒ No ()
 What kind? Beer
 How much? 6 pack a month
 Do you use Drugs? Yes () No ☒
 Do you exercise regularly? Yes ☒ No ()
 Do you use your seat belt? Yes ☒ No ()

IMMUNIZATIONS

Check the immunizations you have had and the year received.

Tetanus 19
 Pneumonia 19
 Influenza 19
 Rubella 19
 Measles 19
 Other 19

brother
 Stroke ☒
 Suicide attempt
 Thyroid disease ☒
 Stomach ulcers
 Tuberculosis
 Venereal disease
 Other

FOTOTYPE PRINTING
 L-7

THOMPSON 036349

**FOOTHILLS FAMILY MEDICINE
MARY BLACK HEALTH SYSTEM
OUTPATIENT QUESTIONNAIRE**

PATIENT NAME: Mr Mark Casey DATE: Apr 30, 08

PHYSICAL

Please answer yes or no to the following questions:

	Yes	No
Do you have any new difficulty with daily living activities? (EG: stair climbing, easily tired)	<u> </u>	<u>✓</u>

Explain: _____

PATIENT/FAMILY EDUCATION/LEARNING

Circle all that apply to patient:

Non English Speaking: Needs an interpreter
Primary Language _____
Hearing Impairment
Visual Impairment
Deaf
Blind
Hearing Aids
Difficulty Reading

NUTRITIONAL SCREEN

Please answer yes or no to the following questions:

	Yes	No
1) Have you had an illness or condition that made you change the kind and/or amount of food you eat?	<u> </u>	<u>✓</u>
2) Have you had any unintentional weight loss or gain greater than 10 pounds over the last month?	<u> </u>	<u>✓</u>
3) Do you have swallowing difficulty?	<u> </u>	<u>✓</u>

REVIEWED BY: G. H. Jones CMT DATE: 4/30/08

* To be updated by the patient or nurse on the first visit of the year.

983-OPQ/001

THOMPSON 036350

FOOTHILLS FAMILY MEDICINE
Physical, Nutritional, & Educational Screen

PATIENT NAME: William Mark Casey DATE: Mar 13, '06

PHYSICAL

Do you have any new difficulty with daily living activities? YES NO
(EX: stair climbing, difficulty bathing/dressing, easily tired, etc.)

Explain: chest pain under exertion - back pain -

PATIENT/FAMILY EDUCATION/LEARNING

Circle all that apply to you:

Deaf
Blind

Visual Impairment
Hearing Impairment

Hearing Aids
Difficulty Reading

Non English Speaking: Needs an interpreter Primary Language English

Would you like any information about a previous diagnosis,
medication, or health maintenance topic?

YES NO

Please describe: _____

NUTRITIONAL SCREEN

Please answer yes or no to the following questions:

	YES	NO
1) Have you had an illness or condition that made you change the kind and/or amount of food you eat?	<u>✓</u>	_____
2) Have you had any unintentional weight loss or gain greater than 10 pounds over the last month?	<u>✓</u>	_____
3) Do you have swallowing difficulty?	_____	<u>✓</u>

REVIEWED BY: Mark Casey Galbert, M DATE: Mar 13, 2006

* To be updated by the patient or nurse on the first visit of the year.

983-PNES-10

THOMPSON 036351

**FOOTHILLS FAMILY MEDICINE
MARY BLACK HEALTH SYSTEM
OUTPATIENT QUESTIONNAIRE**

PATIENT NAME: WM Mark Casey **DATE:** Jan 12, 2005

PHYSICAL

Please answer yes or no to the following questions:

	Yes	No
Do you have any new difficulty with daily living activities? (EG: stair climbing, easily tired)	<u>✓</u>	<u> </u>

Explain: trouble regaining strength + energy after Jan. 04 bronchoscopy

PATIENT/FAMILY EDUCATION/LEARNING

Circle all that apply to patient:

Non English Speaking: Needs an interpreter

Primary Language English

Hearing Impairment

Visual Impairment

Deaf

Blind

Hearing Aids

Difficulty Reading

NUTRITIONAL SCREEN

Please answer yes or no to the following questions:

	Yes	No
1) Have you had an illness or condition that made you change the kind and/or amount of food you eat?	<u> </u>	<u>✓</u>
2) Have you had any unintentional weight loss or gain greater than 10 pounds over the last month?	<u>✓</u>	<u>✓</u>
3) Do you have swallowing difficulty?	<u> </u>	<u>✓</u>

REVIEWED BY: Robert, RN **DATE:** 1/12/05

* To be updated by the patient or nurse on the first visit of the year.

983-OPQ/009

THOMPSON 036352

**FOOTHILLS FAMILY MEDICINE
MARY BLACK HEALTH SYSTEM
OUTPATIENT QUESTIONNAIRE**

PATIENT NAME: William Mark Casey **DATE:** May 4, 2004

PHYSICAL

Please answer yes or no to the following questions:

Do you have any new difficulty with daily living activities?
(EG: stair climbing, easily tired)

Yes	No
_____	_____✓

Explain: _____

PATIENT/FAMILY EDUCATION/LEARNING

Circle all that apply to patient:

Non English Speaking: Needs an interpreter

Primary Language English

Hearing Impairment

Visual Impairment

Deaf

Blind

Hearing Aids

Difficulty Reading

NUTRITIONAL SCREEN

Please answer yes or no to the following questions:

- 1) Have you had an illness or condition that made you change the kind and/or amount of food you eat?
- 2) Have you had any unintentional weight loss or gain greater than 10 pounds over the last month?
- 3) Do you have swallowing difficulty?

Yes	No
_____	_____✓
_____	_____✓
_____	_____✓

REVIEWED BY: Ofalbert, CPN **DATE:** 5/4/04

* To be updated by the patient or nurse on the first visit of the year.

983-OPQ/001

THOMPSON 036353

**FOOTHILLS FAMILY MEDICINE
MARY BLACK HEALTH SYSTEM
OUTPATIENT QUESTIONNAIRE**

PATIENT NAME: William Casey **DATE:** 1-23-03

PHYSICAL

Please answer yes or no to the following questions:

Do you have any new difficulty with daily living activities?
(EG: stair climbing, easily tired)

Yes	No
<u> </u>	<u> ✓ </u>

Explain: _____

PATIENT/FAMILY EDUCATION/LEARNING

Circle all that apply to patient:

Non English Speaking: Needs an interpreter
Primary Language English
Hearing Impairment
Visual Impairment glasses
Deaf
Blind
Hearing Aids
Difficulty Reading

NUTRITIONAL SCREEN

Please answer yes or no to the following questions:

	Yes	No
1) Have you had an illness or condition that made you change the kind and/or amount of food you eat?	<u> </u>	<u> ✓ </u>
2) Have you had any unintentional weight loss or gain greater than 10 pounds over the last month?	<u> </u>	<u> ✓ </u>
3) Do you have swallowing difficulty?	<u> </u>	<u> ✓ </u>

REVIEWED BY: D. Hannon MD **DATE:** 1/23/03

* To be updated by the patient or nurse on the first visit of the year.

983-OPQ

THOMPSON 036354

FOOTHILLS FAMILY MEDICINE
MARY BLACK HEALTH SYSTEM
OUTPATIENT QUESTIONNAIRE

PATIENT NAME: William Mark Casey DATE: March 6, 2002

PHYSICAL

Please answer yes or no to the following questions:

	Yes	No
Do you have any new difficulty with daily living activities? (EG: stair climbing, easily tired)	_____	<u>✓</u>

Explain: _____

PATIENT/FAMILY EDUCATION/LEARNING

Circle all that apply to patient:

Non English Speaking: Needs an interpreter

Primary Language English

Hearing Impairment

Visual Impairment

Deaf

Blind

Hearing Aids

Difficulty Reading

NUTRITIONAL SCREEN

Please answer yes or no to the following questions:

	Yes	No
1) Have you had an illness or condition that made you change the kind and/or amount of food you eat?	_____	<u>✓</u>
2) Have you had any unintentional weight loss or gain greater than 10 pounds over the last month?	_____	<u>✓</u>
3) Do you have swallowing difficulty?	_____	<u>✓</u>

WED BY: Dr. J. B. B. B. DATE: 3/6/02

ated by the patent or nurse on the first visit of the year.

983-OPQ/00

THOMPSON 036355

**FOOTHILLS FAMILY
MARY BLACK HEALTH SYSTEM
OUTPATIENT QUESTIONNAIRE**

PATIENT NAME: William MARK CASEY DATE: Oct 26, 2000

PHYSICAL

Please answer yes or no to the following questions:

	Yes	No
Do you have any new difficulty with daily living activities? (EG: stair climbing, easily tired)	_____	_____ <u>X</u>

Explain: _____

PATIENT/FAMILY EDUCATION/LEARNING

Circle all that apply to patient:

- Non English Speaking: Needs an interpreter
- Primary Language _____
- Hearing Impairment
- Visual Impairment
- Deaf
- Blind
- Hearing Aids
- Difficulty Reading

NUTRITIONAL SCREEN

Please answer yes or no to the following questions:

	Yes	N
1) I have an illness or condition that made me change the kind and/or amount of food I eat.	_____	_____ <u>X</u>
2) Unintentional weight loss or gain greater than 10 pounds over the last month.	_____	_____ <u>X</u>
3) Swallowing difficulty over the past 3 months.	_____	_____ <u>X</u>

REVIEWED BY: Andy Belu DATE: 10/26/00

98

THOMPSON 036356

PATIENT FACESHEET
MBPG FOOTHILLS FM BOILING SPRG

Appt Date & Time: 04/30/08 09:20A Printed by: mjla004
MRN# 17804 Group: P608 Continuum Acct# 20713
SSN [REDACTED] 7 Date of Birth & Age: [REDACTED] /58 49
Marital Status: U Sex: M Drivers License 004459931

Patient Name: WILLIAM M CASEY
Address: 419 QUAIL RIDGE CIRCLE

Home Phone: 864 814-2617
Work Phone: 864 680-5929
cell

BOILING SPRINGS, SC 29316

RESPONSIBLE PARTY

Name: WILLIAM M CASEY
Address: 419 QUAIL RIDGE CIRCLE
BOILING SPRINGS, SC 29316

Home Phone: 864 814-2617

EMERGENCY CONTACT

ER Contact Name: CAROLE LYNNE CASEY
Rel: SISTER

Home Phone: 680-9648 8

INSURANCE INFORMATION

Primary: BLUECROSS BLUESHIELD SOUTH BCSC/BLUE/MGD Eff Date:
Policy #: MIH052484753663 Group #:

Secondary: Eff Date:
Policy #: Group #:

Tertiary: Eff Date:
Policy #: Group #:

HIPAA INFORMATION

NPP Signed/Date: 03 26 2007 NP on file at: FFM-BS
PIF completed/year: 2007 PIF on file at: FFM-BS
Auth PHI Release: CAROL CASEY Addl PHI Release: GREG CASEY
Mothers Maiden Name: HUDSON

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 request for care. I hereby authorize this office of Mary Black Physician's Group, LLC 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 responsibility to contact the practice with any additions or deletions from my original authorization for disclosure of Protected Health Information.

Patient Signature William Mark Casey Date 4-30-08

THOMPSON 036357

MARY BLACK PHYSICIAN GROUP
PATIENT INFORMATION: This section refers to the PATIENT ONLY

#17804

Account Number: _____ Chart Number: _____
Social Security Number: _____ Employed: _____ Retired: _____
Last Name: CASEY Suffix (Jr, II) _____ Employer: _____
First Name: William Middle Name: MARK Address: _____
Maiden Name: N/A Spouse Name: N/A Zip Code: _____
Address: 419 Quail Ridge Circle City: _____ State: _____
Zip Code: 29316 City: Boiling Springs State: SC City: _____ State: _____
Email Address: caseymark@msn.com Marital Status: _____
Home Phone: (864) 814-2617 Primary Care Physician: _____
Work Phone: (864) 680-5929 Ext. _____ Primary Care Physician Phone: _____
Birth Date (mm/dd/yy): 5-8 Sex: Male ☒ Female ☐ If Student: Full-Time ☐ Part-Time ☐

RESPONSIBLE PARTY: This section refers to the Person/Party who should receive the bill

Relationship to Patient: ☒ Self (skip to next section) ☐ Parent ☐ Spouse ☐ Employer ☐ Other: _____
Social Security Number: _____ If Employed, Employer: _____
Last Name: _____ Suffix (Jr, II) _____ Address: _____
First Name: _____ Middle Name: _____ Zip Code: _____
Address: _____ City: _____ State: _____
Zip Code: _____ City: _____ State: _____
Home Phone: () _____ City: _____ State: _____
Work Phone: () _____ Ext. _____
Birth Date (mm/dd/yy): _____ Sex: Male ☐ Female ☐ If Student: Full-Time ☐ Part-Time ☐

SUBSCRIBER INFORMATION: This section refers to the PERSON IN WHOSE NAME THE INSURANCE IS LISTED

Relationship to Patient: ☒ Self (skip to next section) ☐ Parent ☐ Spouse ☐ Employer ☐ Other: _____
Social Security Number: _____ If Employed, Employer: _____
Last Name: _____ Suffix (Jr, II) _____ Address: _____
First Name: _____ Middle Name: _____ Zip Code: _____
Address: _____ City: _____ State: _____
Zip Code: _____ City: _____ State: _____
Home Phone: () _____ City: _____ State: _____
Work Phone: () _____ Ext. _____ If Student: Full-Time ☐ Part-Time ☐
Birth Date (mm/dd/yy): _____ Sex: Male ☐ Female ☐

Please provide the office with a copy of your current insurance card(s).

PRIMARY INSURANCE COVERAGE:

Insured (Name on Card) William Casey Insured ID Number MIH052484753663
Insured Co. Name: BC/BS Group/Member/Policy Number _____
Address: PO BOX 6000 Greenville SC 29606 Effective Date: _____

SECONDARY INSURANCE COVERAGE:

Insured (Name on Card) _____ Insured ID Number _____
Insured Co. Name: _____ Group/Member/Policy Number _____
Address: _____ Effective Date: _____

THOMPSON 036358

Carole Lynne Hyslop
Name

sister
Relationship to Patient

(864) 680-9648
Phone Number

GENERAL CONSENT FOR MEDICAL AND/OR SURGICAL TREATMENT

patient referred on the registration forms, either personally or through the person legally empowered to give this consent and obligate the patient as herein contemplated, and authorizes this office, its employees, agents, and other affiliates to provide general care for this and all subsequent requests for care. This will include, without on, routine diagnostic procedures and medical treatments, which is to include whatever procedures that are deemed necessary by the attending doctors or their affiliates.

March 26, 2007
Date

William Mark Casey
Signature of Patient and/or Guardian, if patient is a minor

AUTHORIZATION TO PAY BENEFITS TO THE PHYSICIAN

I hereby authorize this office of Mary Black Physician Group to release any medical information required during the course of examination and treatment and permit payment directly to them any benefits due for their services rendered. I recognize and accept responsibility for services rendered regardless of insurance coverage. This includes but is not limited to coinsurance, co-payment, deductible and non-covered services.

March 26, 2007
Date

William Mark Casey
Signature of Patient and/or Guardian, if patient is a minor

MEDICARE AUTHORIZATION

I request that payment of authorized Medicare benefits be made either to me or on my behalf to Mary Black Physician Group for any services furnished to me by that physician or supplier. I authorize any holder of medical information about me to release to the Centers for Medicare and Medicaid Services (CMS) and its agents any information needed to determine these benefits or the benefits payable for related services.

March 26, 2007
Date

William Mark Casey
Signature of Patient and/or Guardian, if patient is a minor

ACKNOWLEDGE OF RECEIPT OF NOTICE OF PRIVACY

Attached please find Mary Black Physician Group's Notice of Privacy Practices. Your name and signature on this cover sheet indicate that you have received a copy of Mary Black Physician Group's Notice of Privacy Practices on the date indicated. This notice is yours to keep. If you have any questions regarding the information set forth in Mary Black Physician Group's Notice of Privacy Practices, please do not hesitate to contact Jane Neal, Privacy Officer at (864) 573-3787.

Printed Name of Patient: _____

Signature: _____ Date: _____

Authority to Sign if Not Patient: _____

Request for authorization for disclosure of Protected Health Information to family member(s), friend(s), or caregiver(s).

ly member(s), friend(s), or caregiver(s) authorized to reviewer PHI:

Name	Relationship
<u>Carole Casey</u>	<u>sister</u>
<u>Gregg Casey</u>	<u>brother</u>
<u>Travis Casey</u>	<u>son</u>

Patient Signature: William Mark Casey

Patient DOB: _____ Mothers Maiden Name: _____

If the person(s) authorized above call for access to your PHI they will have to give the above identifiers in order to have access to the information over the phone. This includes bill information. Picture ID will be requested if requesting access in person.

Permission to give treatment to a minor (under 17 years of age) accompanied by person(s) other than the legal guardian.

The following family member(s), friend(s), or caregiver(s) have permission to bring my child in for treatment and have access to my child's protected health information:

Name

Relationship

_____	_____
_____	_____

It is my responsibility to contact the practice with any additions or deletions from this list. This authorization will be effective until the legal guardian cancels or requests that changes are made. If the person(s) authorized above or the legal guardian calls for access to the minor's PHI or billing information, they will have to give the following identifiers in order to have access to the information over the phone:

Minor Patient's Name: _____ Minor Patient's DOB: _____

Minor Patient's Mothers Maiden Name: _____ Requester's Relationship to Patient as State Above: _____

Picture ID will be requested to verify identity when other than legal guardian brings child in for treatment.

Minor Patient Name: _____

Signature of Legal Guardian: _____

MBPG Foothills FM Boiling Springs
PATIENT FACE SHEET

03/10/2006

Patient Number : 20713

Name : CASEY, WILLIAM M.

Address : 240 LIGHTWOOD FARM ROAD
WOODRUFF, SC 29388

*419 Quail Ridge Circle
Boiling Spring SC
29310*

Acct Type : P

Chart No : 17804

Resp Type : 1

Statement Code : 1

Message : Y

Group : A004 MBPG Foothills FM Boiling Springs

Class :

Facility :

Doctor :

Dept/AuxDR :

Soc Sec # :

Home Phone : (864) 486-0872

Work Phone : (864) 680-5929

Birthdate : 1/1958

Age : 47

Sex : M

Marital : U

Category :

Type :

Race : CA

<u>Employer</u>	<u>Occupation</u>	<u>Acct#</u>	<u>Student Status</u>	<u>Active</u>	<u>Employment Status</u>
MICHELIN TIRE CORP		7125		YN	Employed full time

PATIENT INSURANCE INFORMATION

DISABILITY

<u>Insurance</u>	<u>Code</u>	<u>City</u>	<u>Plan</u>	<u>Policy 1</u>	<u>Policy 2</u>	<u>A</u>
BLUECROSS BLUESHIELD SOUTH	BCSC	BLUE	MGU	MIH251022977		Y
<u>Subscriber Name</u>	<u>Subscriber DOB</u>	<u>Relation to Patient</u>				
CASEY, WILLIAM M	1/1/1958	1 - Male Subscriber				
<u>PCP Group</u>	<u>PCP Doctor</u>	<u>Effective Dates</u>	<u>Type</u>	<u>Comment</u>		

<u>Responsible</u>	<u>First Name</u>	<u>Type</u>	<u>ID#</u>	<u>Active</u>
CASEY	WILLIAM	1 SELF	20713	Y

<u>Refer By Doctor</u>	<u>Facility</u>	<u>Source</u>	<u>Date</u>	<u>Comment</u>
GONDA MD, FRANK	MBPG Foothills FM		10/19/2004	
GONDA MD, FRANK	MBPG Foothills FM		10/26/2004	
GONDA MD, FRANK	MBPG Foothills FM		10/26/2004	
GONDA MD, FRANK	MBPG Foothills FM		10/26/2004	
GONDA MD, FRANK	MBPG Foothills FM		10/26/2004	
GONDA MD, FRANK	MBPG Foothills FM		04/05/2005	
GONDA MD, FRANK	MBPG Foothills FM		04/05/2005	
GONDA MD, FRANK	MBPG Foothills FM		04/05/2005	
GONDA MD, FRANK	MBPG Foothills FM		04/05/2005	
GONDA MD, FRANK	MBPG Foothills FM		04/05/2005	

<u>ID#</u>	<u>Case</u>	<u>First Name</u>	<u>Resp</u>	<u>Acc Date</u>	<u>Type</u>

IN CASE OF EMERGENCY

X Carole Lynne Hyslop
Name

Sister
Relationship to Patient

(864) 680-9648
Phone Number
264 576-6537

GENERAL CONSENT FOR MEDICAL AND/OR SURGICAL TREATMENT

The patient referred on the registration forms, either personally or through the person legally empowered to give this consent and obligate the patient as herein contemplated, requests and authorizes this office, its employees, agents, and other affiliates to provide general care for this and all subsequent requests for care. This will include, without limitation, routine diagnostic procedures and medical treatments, which is to include whatever procedures that are deemed necessary by the attending doctors or their affiliates.

X Mar 13, 2006
Date

William M Casey
Signature of Patient and/or Guardian, if patient is a minor

AUTHORIZATION TO PAY BENEFITS TO THE PHYSICIAN

I hereby authorize this office of Mary Black Physician Group to release any medical information required during the course of examination and treatment and permit payment directly to them any benefits due for their services rendered. I recognize and accept responsibility for services rendered regardless of insurance coverage. This includes but is not limited to coinsurance, co-payment, deductible and non-covered services.

X Mar 13, 2006
Date

William M Casey
Signature of Patient and/or Guardian, if patient is a minor

MEDICARE AUTHORIZATION

I request that payment of authorized Medicare benefits be made either to me or on my behalf to Mary Black Physician Group for any services furnished to me by that physician or supplier. I authorize any holder of medical information about me to release to the Centers for Medicare and Medicaid Services (CMS) and its agents any information needed to determine these benefits or the benefits payable for related services.

Date

Signature of Patient and/or Guardian, if patient is a minor

ACKNOWLEDGE OF RECEIPT OF NOTICE OF PRIVACY

Attached please find Mary Black Physician Group's Notice of Privacy Practices. Your name and signature on this cover sheet indicate that you have received a copy of Mary Black Physician Group's Notice of Privacy Practices on the date indicated. This notice is yours to keep. If you have any questions regarding the information set forth in Mary Black Physician Group's Notice of Privacy Practices, please do not hesitate to contact Jane Neal, Privacy Officer at (864) 573-3787.

Printed Name of Patient: William Mark Casey

Signature: William Mark Casey

Date: Mar 13, 2006

Authority to Sign if Not Patient: Carole Lynne Hyslop Travis Justin Casey

Request for authorization for disclosure of Protected Health Information to family member(s), friend(s), or caregiver(s).

Family member(s), friend(s), or caregiver(s) authorized to reviewer PHI:

Name	Relationship
<u>Carole Lynne Hyslop</u>	<u>sister</u>
<u>Breag Casey</u>	<u>brother</u>
<u>Travis Casey</u>	<u>sons</u>

Patient Signature: William Mark Casey

Patient DOB: [REDACTED] -1958

Mothers Maiden Name: Hudson

If the person(s) authorized above call for access to your PHI they will have to give the above identifiers in order to have access to the information over the phone. This includes bill information. Picture ID will be requested if requesting access in person.

General PIF Form 2006 11/16/05

THOMPSON 036361

MARY BLACK PHYSICIAN GROUP

Patient Information: This section refers to the PATIENT ONLY

Account Number: _____

Chart Number: 17804

Social Security Number:

Employed ☒ Retired ☐

Last Name: CHASEY Jr., II, _____

Employer: Michelin Tire Corp

First Name: William Middle Name: MARK

Address: _____

Maiden Name: N/A Spouse Name: N/A

Zip Code: _____

Address: 240 Lightwood Farm Road

City/State: Spartanburg SC

Zip Code: 29388 City: Woodlawn State: SC

Marital Status: Divorced

E-mail Address: @

Primary Care Physician: Dr. Gonda

Home Phone: (864) 486-9131

Primary Care Physician Phone: _____

Work Phone: (864) 680-5929 * home Ext cell #

Birth Date (mm/dd/yy): - 58 Sex: ☒ Male ☐ Female

If Student ☐ Full-Time ☐ Part-Time

Responsible Party: This section refers to the PERSON/PARTY WHO SHOULD RECEIVE THE BILL

Relationship to Patient: ☐ Self(skip to next section) ☐ Parent ☐ Spouse ☐ Employer ☐ Other: _____

Social Security Number: _____

If Employed, Employer: _____

Last Name: _____ Jr., II, _____

Address: _____

First Name: _____ MI _____

Address: _____

Zip Code: _____

Zip Code: _____ City: _____ State: _____

City/State: _____

Home Phone: () _____

Work Phone: () _____ Ext _____

Birth Date (mm/dd/yy): _____ Sex: ☐ Male ☐ Female

If Student ☐ Full-Time ☐ Part-Time

Subscriber Information: This section refers to the PERSON IN WHOSE NAME THE INSURANCE IS LISTED

Relationship to Patient: ☐ Self(skip to page 2) ☐ Parent ☐ Spouse ☐ Other: _____

Social Security Number: _____

If Employed, Employer: _____

Last Name: _____ Jr., II, _____

Address: _____

First Name: _____ MI _____

Address: _____

Zip Code: _____

Zip Code: _____ City: _____ State: _____

City/State: _____

Home Phone: () _____

Work Phone: () _____ Ext _____

Birth Date (mm/dd/yy): _____ Sex: ☐ Male ☐ Female

If Student ☐ Full-Time ☐ Part-Time

THOMPSON 036362

INSURANCE COVERAGE INFORMATION: Please show all numbers on your card(s).

PRIMARY INSURANCE COVERAGE:

Insured (Name on card) _____ Insured ID Number _____
Insurance Co. Name: _____ Group/Member/Policy Number _____
Address: _____ Effective Date: _____

SECONDARY INSURANCE COVERAGE:

Insured (Name on card) _____ Insured ID Number _____
Insurance Co. Name: _____ Group/Member/Policy Number _____
Address: _____ Effective Date: _____

IN CASE OF EMERGENCY

Name, Relationship and Phone number of Emergency Contact:

CAROLYNNE Hyslop SISTER 576-6537 / 680-9648

GENERAL CONSENT FOR MEDICAL AND/OR SURGICAL TREATMENT

The patient referred on the registration forms, either personally or through the person legally empowered to give this consent and obligate the patient as herein contemplated, requests and authorizes this office, its employees, agents, and other affiliates to provide general care for this and all subsequent requests for care. This will include, without limitation, routine diagnostic procedures and medical treatments, which is to include whatever procedures that are deemed necessary by the attending doctors or their affiliates.

Jan 12, 2005
Date

William Mark Casey
Signature of Patient and / or Guardian, if patient is Minor

MEDICAL RECORDS RELEASE

I authorize release of my medical records to PL/BS and permit a copy of this authorization to be used as the original.

Jan 12, 2005
Date

William Mark Casey
Signature of Patient and / or Guardian, if patient is Minor

AUTHORIZATION TO PAY BENEFITS TO THE PHYSICIAN

I hereby authorize the office of Mary Black Physician Group to release any medical information required during the course of examination and treatment and permit payment directly to them any benefits due for their services rendered. I recognize and accept responsibility for services rendered regardless of insurance coverage. This includes but is not limited to coinsurance, copayment, deductible and non-covered services.

Jan 12, 2005
Date

William Mark Casey
Signature of Patient and / or Guardian, if patient is Minor

MEDICARE AUTHORIZATION

I request that payment of authorized Medicare benefits be made either to me or on my behalf to Mary Black Physician Group for any services furnished to me by that physician or supplier. I authorize any holder of medical information about me to release to the Health Care Financing Administration and its agents any information needed to determine these benefits or the benefits payable for related services.

Date

Signature of Patient and / or Guardian, if patient is Minor

How were you referred to the practice ...

- ☐ Dr. _____ ☐ Friend/Relative ☐ Radio ☐ Newspaper
☐ Other: _____ ☐ Hospital Referral Service

THOMPSON 036363

MARY BLACK PHYSICIAN GROUP

Patient Information: This section refers to the PATIENT ONLY

Account Number: _____	Chart Number: <u>17804</u>
Social Security Number: _____	Employed ☒ Retired _____
Last Name: <u>Casey</u> Jr., II, _____	Employer: <u>Michelin Tire Corp</u>
First Name: <u>William</u> Middle Name: <u>Mark</u>	Address: <u>International Drive</u>
Maiden Name: _____ Spouse Name: _____	<u>Spartanburg</u>
Address: <u>240 Lightwood Farm Road</u>	Zip Code: <u>293</u>
Zip Code: <u>29388</u> City: <u>Woodruff</u> State: <u>SC</u>	City/State: <u>Spartanburg SC</u>
E-mail Address: <u>markmarkkc@aol.com</u>	
Home Phone: <u>(864) 486-9131</u>	Primary Care Physician: <u>Dr Gorda</u>
Work Phone: <u>(864) 680-5929</u> Ext _____	Primary Care Physician Phone: _____
Birth Date (mm/dd/yy): _____ - <u>1958</u> Sex: ☒ Male ☐ Female	If Student ☐ Full-Time ☐ Part-Time

Responsible Party: This section refers to the PERSON/PARTY WHO SHOULD RECEIVE THE BILL

Relationship to Patient: ☒ Self(skip to next section) ☐ Parent ☐ Spouse ☐ Employer ☐ Other: _____	
Social Security Number: _____	If Employed, Employer: _____
Last Name: _____ Jr., II, _____	
First Name: _____ MI _____	Address: _____
Address: _____	
Zip Code: _____ City: _____ State: _____	Zip Code: _____
Home Phone: () _____	City/State: _____
Work Phone: () _____ Ext _____	
Birth Date (mm/dd/yy): _____ Sex: ☐ Male ☐ Female	If Student ☐ Full-Time ☐ Part-Time

Subscriber Information: This section refers to the PERSON IN WHOSE NAME THE INSURANCE IS LISTED

Relationship to Patient: ☒ Self(skip to page 2) ☐ Parent ☐ Spouse ☐ Other: _____	
Social Security Number: _____	If Employed, Employer: _____
Last Name: _____ Jr., II, _____	
First Name: _____ MI _____	Address: _____
Address: _____	
Zip Code: _____ City: _____ State: _____	Zip Code: _____
Home Phone: () _____	City/State: _____
Work Phone: () _____ Ext _____	
Birth Date (mm/dd/yy): _____ Sex: ☐ Male ☐ Female	If Student ☐ Full-Time ☐ Part-Time

Please ensure the office has a copy of your most recent insurance card(s)

THOMPSON 036364

INSURANCE COVERAGE INFORMATION: Please show all numbers on your card(s).

PRIMARY INSURANCE COVERAGE:

Insured (Name on card) William M Casey Insured ID Number _____
Insurance Co. Name: Blue Cross - Blue Shield Group/Member/Policy Number _____
Address: _____ Effective Date: _____

SECONDARY INSURANCE COVERAGE:

Insured (Name on card) _____ Insured ID Number _____
Insurance Co. Name: _____ Group/Member/Policy Number _____
Address: _____ Effective Date: _____

IN CASE OF EMERGENCY

Name and Phone number of Emergency Contact:

Carole Lynne Casey (sister) 680-9648

GENERAL CONSENT FOR MEDICAL AND/OR SURGICAL TREATMENT

The patient referred on the registration forms, either personally or through the person legally empowered to give this consent and obligate the patient as herein contemplated, requests and authorizes this office, its employees, agents, and other affiliates to provide general care for this and all subsequent requests for care. This will include, without limitation, routine diagnostic procedures and medical treatments, which is to include whatever procedures that are deemed necessary by the attending doctors or their affiliates.

Date May 4, 2004 Signature of Patient and / or Guardian, if patient is Minor William Mark Casey

AUTHORIZATION TO PAY BENEFITS TO THE PHYSICIAN

I hereby authorize the office of Mary Black Physician Group to release any medical information required during the course of examination and treatment and permit payment directly to them any benefits due for their services rendered. I recognize and accept responsibility for services rendered regardless of insurance coverage. This includes but is not limited to coinsurance, copayment, deductible and non-covered services.

Date May 4, 2004 Signature of Patient and / or Guardian, if patient is Minor William Mark Casey

MEDICARE AUTHORIZATION

I request that payment of authorized Medicare benefits be made either to me or on my behalf to Mary Black Physician Group for any services furnished to me by that physician or supplier. I authorize any holder of medical information about me to release to the Health Care Financing Administration and its agents any information needed to determine these benefits or the benefits payable for related services.

Date _____ Signature of Patient and / or Guardian, if patient is Minor _____

How were you referred to the practice ...

- ☐ Dr. _____ ☐ Friend/Relative ☐ Radio ☐ Newspaper
☐ Other: _____ ☐ Hospital Referral Service

THOMPSON 036365

Patient Information Sheet

WELCOME TO OUR PRACTICE!

Please help us serve you better by taking a few minutes to provide the following information.

PATIENT INFORMATION

ACCOUNT #	SOCIAL SECURITY NUMBER	TITLE	LAST NAME	FIRST NAME	MR
			CASEY	William	Mark
STREET ADDRESS (ROAD OR STREET)			(APARTMENT # OR SECOND ADDRESS LINE)		
240 LIGHTWOOD Farm Road					
ZIP CODE	CITY	STATE			
29388	Woodruff	SC			
HOME PHONE		EMERGENCY CONTACT PHONE/NAME			
864 486-9131					
BIRTHDAY	SEX (M, F)	RACE			
-1958					
MARITAL		EMPLOYMENT	STUDENT	REL TO INSURED	OT-Other
☐ M-Married ☐ W-Widowed ☐ S-Single ☐ D-Divorced ☒ X-Separated		☐ R-Retired ☐ F-Full ☐ P-Part ☐ N-None	☐ F-Full ☐ N-None	☐ SE-Self ☐ SP-Spouse ☐ CH-Child	
EMPLOYER/SCHOOL NAME					
STREET ADDRESS (ROAD OR STREET)			(APARTMENT # OR SECOND ADDRESS LINE)		
ZIP CODE			CITY	STATE	BUSINESS PHONE
LIST NAMES AND AGES OF OTHER FAMILY MEMBERS LIVING IN YOUR HOUSEHOLD. ARE THEY FOOTHILLS PATIENTS?					

FINANCIALLY RESPONSIBLE PARTY (IF OTHER THAN PATIENT)

ACCOUNT #	SOCIAL SECURITY NUMBER	TITLE	LAST NAME	FIRST NAME	MR
STREET ADDRESS (ROAD OR STREET)			(APARTMENT # OR SECOND ADDRESS LINE)		
ZIP CODE			CITY	STATE	
HOME PHONE			BIRTHDAY	SEX (M, F)	RACE
MARITAL		EMPLOYMENT	STUDENT	REL TO INSURED	OT-Other
☐ M-Married ☐ W-Widowed ☐ S-Single ☐ D-Divorced ☐ X-Separated		☐ R-Retired ☐ F-Full ☐ P-Part ☐ N-None	☐ F-Full ☐ N-None	☐ SE-Self ☐ SP-Spouse ☐ CH-Child	
EMPLOYER/SCHOOL NAME					
STREET ADDRESS (ROAD OR STREET)			(APARTMENT # OR SECOND ADDRESS LINE)		
ZIP CODE			CITY	STATE	BUSINESS PHONE
PRIMARY INSURANCE COMPANY NAME		MAILING ADDRESS		ATTENTION	
Cigna					
TELEPHONE #	POLICY #	GROUP #	EXP. DATE		
SECONDARY INSURANCE COMPANY NAME		MAILING ADDRESS		ATTENTION	
TELEPHONE #	POLICY #	GROUP #	EXP. DATE		

I hereby authorize the release of any medical or other information necessary to process insurance claims and hereby authorize payment of benefits directly to this practice for medical service rendered to myself or my dependents. I understand that I am responsible for any amount not covered by insurance. A photostatic copy of this authorization shall be considered as effective and valid as the original.

SIGNATURE: Mark Casey

DATE: Oct 20, 2003

983-PI-503

DI just had address change

THOMPSON 036366

FOOTHILLS FAMILY MEDICINE - BOILING SPRINGS
Acknowledgement of Receipt of Notice of Privacy Practices

ached please find FOOTHILLS FAMILY MEDICINE - BOILING SPRINGS' Notice of Privacy Practices. Your name and signature on this cover sheet indicate that you have received a copy of FOOTHILLS FAMILY MEDICINE - BOILING SPRINGS' Notice of Privacy Practices on the date indicated. The notice is yours to keep.

If you have any questions regarding the information set forth in FOOTHILLS FAMILY MEDICINE - BOILING SPRINGS' Notice of Privacy Practices, please do not hesitate to contact Rita Sigers, Privacy Officer at (864) 591-0745.

Printed Name of Patient: William Mark Casey
Signature: William Mark Casey
Authority to Sign if Not Patient: _____
Date: June 29, 2004

**Request for authorization for disclosure of Protected Health Information
to family member(s), friend(s), or caregiver(s)**

Family member(s), friend(s), or caregiver(s) authorized to receive PHI:

me	Relationship
<u>Carole Lynne Casey</u>	<u>Sister</u>
<u>GREGG CASEY</u>	<u>Brother</u>
_____	_____
_____	_____

Patient Signature: William Mark Casey
Patient DOB: [REDACTED], 1958
Mother's Maiden Name: Hudson

If the person(s) authorized above call for access to your PHI, they will have to give the above identifiers in order to have access to the information over the phone.

This includes billing information.

Picture ID will be required if requesting access in person.

THOMPSON 036367

Patient Information Sheet

WELCOME TO OUR PRACTICE!

Please help us serve you better by taking a few minutes to provide the following information.

PATIENT INFORMATION

ACCOUNT #	SOCIAL SECURITY NUMBER	TITLE	LAST NAME	FIRST NAME	MI
			CASEY	William	M
STREET ADDRESS (ROAD OR STREET)			(APARTMENT # OR SECOND ADDRESS LINE)		
620 Melrose Park Lane					
ZIP CODE	CITY	STATE			
29369	Moore	SC			
HOME PHONE		EMERGENCY CONTACT PHONE/NAME			
864 574-8755		205-9517 DONNA CASEY			
BIRTHDAY	SEX (M, F)	RACE			
MARITAL	☐ M-Married ☐ W-Widowed	EMPLOYMENT	☐ R-Retired	STUDENT	☐ P-Part
☐ S-Single ☐ D-Divorced ☒ X-Separated	☒ F-Full ☐ P-Part ☐ N-None	☐ F-Full ☐ N-None	☒ SE-Self ☐ SP-Spouse ☐ CH-Child	☐ OT-Other	
EMPLOYER/SCHOOL NAME					
Michael Tice Corp					
STREET ADDRESS (ROAD OR STREET)			(APARTMENT # OR SECOND ADDRESS LINE)		
International Drive					
ZIP CODE	CITY	STATE	BUSINESS PHONE		
	Spartanburg	SC	864 599-3000		
LIST NAMES AND AGES OF OTHER FAMILY MEMBERS LIVING IN YOUR HOUSEHOLD. ARE THEY FOOTHILLS PATIENTS?					
TRAVIS (19) KRISTEN (17) NO					

FINANCIALLY RESPONSIBLE PARTY (IF OTHER THAN PATIENT)

ACCOUNT #	SOCIAL SECURITY NUMBER	TITLE	LAST NAME	FIRST NAME	MI
STREET ADDRESS (ROAD OR STREET)			(APARTMENT # OR SECOND ADDRESS LINE)		
ZIP CODE	CITY	STATE			
HOME PHONE		BIRTHDAY		SEX (M, F)	RACE
MARITAL	☐ M-Married ☐ W-Widowed	EMPLOYMENT	☐ R-Retired	STUDENT	☐ P-Part
☐ S-Single ☐ D-Divorced ☐ X-Separated	☐ F-Full ☐ P-Part ☐ N-None	☐ F-Full ☐ N-None	☐ SE-Self ☐ SP-Spouse ☐ CH-Child	☐ OT-Other	
EMPLOYER/SCHOOL NAME					
STREET ADDRESS (ROAD OR STREET)			(APARTMENT # OR SECOND ADDRESS LINE)		
ZIP CODE	CITY	STATE	BUSINESS PHONE		
PRIMARY INSURANCE COMPANY NAME		MAILING ADDRESS		ATTENTION	
CIGNA Healthcare		PO Box 30575		Charlotte NC 28230-0575	
TELEPHONE #	POLICY #	GROUP #		EXP. DATE	
864 5		3162696/TAX-78			
SECONDARY INSURANCE COMPANY NAME		MAILING ADDRESS		ATTENTION	
TELEPHONE #	POLICY #	GROUP #		EXP. DATE	

I hereby authorize the release of any medical or other information necessary to process insurance claims and hereby authorize payment of benefits directly to this practice for medical service rendered to myself or my dependents. I understand that I am responsible for any amount not covered by insurance. A photostatic copy of this authorization shall be considered as effective and valid as the original.

SIGNATURE: William M Casey

DATE: June 23, 2003

983-PI-503

THOMPSON 036368

FOOTHILLS FAMILY MEDICINE - BOILING SPRINGS
Acknowledgement of Receipt of Notice of Privacy Practices

ached please find FOOTHILLS FAMILY MEDICINE - BOILING SPRINGS' Notice of Privacy Practices.
our name and signature on this cover sheet indicate that you have received a copy of
FOOTHILLS FAMILY MEDICINE - BOILING SPRINGS' Notice of Privacy Practices on the date indicated.
The notice is yours to keep.

If you have any questions regarding the information set forth in FOOTHILLS FAMILY MEDICINE - BOILING
SPRINGS' Notice of Privacy Practices, please do not hesitate to contact Rita Sigers, Privacy Officer at
(864) 591-0745.

Printed Name of Patient: William Mark Casey
Signature: William Mark Casey
Authority to Sign if Not Patient: _____
Date: June 29, 2004

**Request for authorization for disclosure of Protected Health Information
to family member(s), friend(s), or caregiver(s)**

Family member(s), friend(s), or caregiver(s) authorized to receive PHI:

Name	Relationship
<u>Carole Lynne Casey</u>	<u>Sister</u>
<u>GREGG CASEY</u>	<u>Brother</u>
_____	_____
_____	_____

Patient Signature: William Mark Casey
Patient DOB: [REDACTED], 1958
Mother's Maiden Name: Hudson

If the person(s) authorized above call for access to your PHI, they will have to give the
above identifiers in order to have access to the information over the phone.
This includes billing information.
Picture ID will be required if requesting access in person.

THOMPSON 036369

PATIENT INFORMATION UPDATE

Please help us serve you better by taking time to review our records. Listed below is your account information. If any items are incorrect, please cross it out and write in the correct data so we can update your file. Thank you.

PERSONAL INFORMATION

Name (Mr) William M Casey
Address 714 Three Wood Lane
Address
City, State Zip Woodruff, SC 29388

Home Phone 864-476-9100
Work Phone 864-579-3000

Birthday /1958 Age ... 42 Sex ... M
Social Security # ..

GUARANTOR INFORMATION

Account # 210967
Name (Mr) William M Casey

INSURANCE INFORMATION

Primary CIGNA
Patient Code WC
Policy #
Insured Code WC
Group # 9603-ASO

Secondary
Patient Code
Policy #
Insured Code
Group #

ATTESTATION

- I authorize the release of any medical or other information to process insurance claims.
- I authorize payment of medical benefits directly to this practice for the services rendered.

William Mark Casey Sept 7, 2001
Signed Date

Updated: 09/07/01 User: ML Version: 8-5-98 HSC

THOMPSON 036370

PERSONAL INFORMATION

Please take a few minutes by taking time to review your record. Listed below is your account information. If any items are incorrect, please cross it out and write in the correct data so we can update your file. Thank you.

PERSONAL INFORMATION

Name (Mr) William M Casey
Address 714 Three Wood Lane
Address
City, State Zip Woodruff, SC 29388

Home Phone 864-476-9100
Work Phone ~~864-573-3022~~ ⁸⁶⁴ 599-3499

Birthdate [REDACTED] 1958 Age ... 41 Sex ... M
Social Security # .. [REDACTED]

GUARANTOR INFORMATION

Account # 210967
Name (Mr) William M Casey

INSURANCE INFORMATION

Primary CIGNA/PROVIDENT
Patient Code WC
Policy # [REDACTED]
Insured Code WC
Group # 1100000

Secondary
Patient Code
Policy #
Insured Code
Group #

ATTESTATION

- I authorize the release of any medical or other information to process insurance claims.
- I authorize payment of medical benefits directly to this practice for the services rendered.

Mark Casey 5-8-00
Signed Date

Updated: 05/08/00 User: LLT Version: 8-5-98 HGC

THOMPSON 036371

New Patient Information Sheet

WELCOME TO OUR PRACTICE!

Please help us serve you better by taking a few minutes to provide the following information.

PATIENT INFORMATION

ACCOUNT # 297804	SOCIAL SECURITY NUMBER [REDACTED]	TITLE	LAST NAME CASEY	FIRST NAME William	MI M
STREET ADDRESS (ROAD OR STREET) 620 Melrose Park Lane			(APARTMENT # OR SECOND ADDRESS LINE)		
ZIP CODE 29369	CITY MOORE			STATE SC	
HOME PHONE 864 574-8755		EMERGENCY CONTACT PHONENAME			
BIRTHDAY [REDACTED]-58	SEX (M, F) M	RACE C			
MARITAL ☐ M-Married ☐ W-Widowed ☐ S-Single ☐ D-Divorced ☒ X-Separated		EMPLOYMENT ☐ R-Retired ☒ F-Full ☐ P-Part ☐ N-None		STUDENT ☐ P-Part ☐ F-Full ☐ N-None	
REL TO INSURED ☐ OT-Other ☐ SE-Self ☐ SP-Spouse ☐ CH-Child					
EMPLOYER/SCHOOL NAME					
STREET ADDRESS (ROAD OR STREET)			(APARTMENT # OR SECOND ADDRESS LINE)		
ZIP CODE	CITY	STATE	BUSINESS PHONE		
LIST NAMES AND AGES OF OTHER FAMILY MEMBERS LIVING IN YOUR HOUSEHOLD. ARE THEY FOOTHILLS PATIENTS?					

FINANCIALLY RESPONSIBLE PARTY (IF OTHER THAN PATIENT)

ACCOUNT #	SOCIAL SECURITY NUMBER	TITLE	LAST NAME	FIRST NAME	MI
STREET ADDRESS (ROAD OR STREET)			(APARTMENT # OR SECOND ADDRESS LINE)		
ZIP CODE	CITY			STATE	
HOME PHONE	BIRTHDAY	SEX (M, F)	RACE		
MARITAL ☐ M-Married ☐ W-Widowed ☐ S-Single ☐ D-Divorced ☐ X-Separated		EMPLOYMENT ☐ R-Retired ☐ F-Full ☐ P-Part ☐ N-None		STUDENT ☐ P-Part ☐ F-Full ☐ N-None	
REL TO INSURED ☐ OT-Other ☐ SE-Self ☐ SP-Spouse ☐ CH-Child					
EMPLOYER/SCHOOL NAME					
STREET ADDRESS (ROAD OR STREET)			(APARTMENT # OR SECOND ADDRESS LINE)		
ZIP CODE	CITY	STATE	BUSINESS PHONE		
PRIMARY INSURANCE COMPANY NAME		MAILING ADDRESS		ATTENTION	
TELEPHONE #	POLICY #	GROUP #	EXP. DATE		
SECONDARY INSURANCE COMPANY NAME		MAILING ADDRESS		ATTENTION	
TELEPHONE #	POLICY #	GROUP #	EXP. DATE		

I hereby authorize the release of any medical or other information necessary to process insurance claims and hereby authorize payment of benefits directly to this practice for medical service rendered to myself or my dependents. I understand that I am responsible for any amount not covered by insurance. A photostatic copy of this authorization shall be considered as effective and valid as the original.

SIGNATURE: *Mark Casey*

DATE: 1-23-03

983-NPI-102

THOMPSON 036372

New Patient Information Sheet WELCOME TO OUR PRACTICE! Please help us serve you better by taking a few minutes to provide the following information.							
PATIENT INFORMATION							
ACCOUNT #	SOCIAL SECURITY NUMBER	TITLE	LAST NAME	FIRST NAME	MI		
10969			CASEY	William	Mark		
STREET ADDRESS (ROAD OR STREET)				(APARTMENT # OR SECOND ADDRESS LINE)			
714 Three Wood Lane							
ZIP CODE		CITY		STATE			
29388		Woodruff		SC			
HOME PHONE		EMERGENCY CONTACT PHONE/NAME					
		576-3542					
BIRTHDAY	SEX (M, F)	RACE					
1-58	M	C					
MARITAL		EMPLOYMENT		STUDENT		REL. TO INSURED	
☒ M-Married ☐ W-Widowed ☐ S-Single ☐ D-Divorced ☐ X-Separated		☐ F-Full ☐ P-Part ☐ N-None		☐ F-Full ☐ N-None		☐ SE-Self ☐ SP-Spouse ☐ CH-Child	
EMPLOYER/SCHOOL NAME							
Michelin Tire							
STREET ADDRESS (ROAD OR STREET)				(APARTMENT # OR SECOND ADDRESS LINE)			
ZIP CODE		CITY		STATE		BUSINESS PHONE	
LIST NAMES AND AGES OF OTHER FAMILY MEMBERS LIVING IN YOUR HOUSEHOLD. ARE THEY FOOTHILLS PATIENTS?							
Denise							
FINANCIALLY RESPONSIBLE PARTY (IF OTHER THAN PATIENT)							
ACCOUNT #	SOCIAL SECURITY NUMBER	TITLE	LAST NAME	FIRST NAME	MI		
STREET ADDRESS (ROAD OR STREET)				(APARTMENT # OR SECOND ADDRESS LINE)			
ZIP CODE		CITY		STATE			
HOME PHONE		BIRTHDAY		SEX (M, F)		RACE	
MARITAL		EMPLOYMENT		STUDENT		REL. TO INSURED	
☐ M-Married ☐ W-Widowed ☐ S-Single ☐ D-Divorced ☐ X-Separated		☐ F-Full ☐ P-Part ☐ N-None		☐ F-Full ☐ N-None		☐ SE-Self ☐ SP-Spouse ☐ CH-Child	
EMPLOYER/SCHOOL NAME							
STREET ADDRESS (ROAD OR STREET)				(APARTMENT # OR SECOND ADDRESS LINE)			
ZIP CODE		CITY		STATE		BUSINESS PHONE	
PRIMARY INSURANCE COMPANY NAME		MAILING ADDRESS			ATTENTION		
Cigna							
TELEPHONE #	POLICY #	GROUP #		EXP. DATE			
SECONDARY INSURANCE COMPANY NAME		MAILING ADDRESS			ATTENTION		
TELEPHONE #	POLICY #	GROUP #		EXP. DATE			
I hereby authorize the release of any medical or other information necessary to process insurance claims and hereby authorize payment of benefits directly to this practice for medical service rendered to myself or my dependents. I understand that I am responsible for any amount not covered by insurance. A photostatic copy of this authorization shall be considered as effective and valid as the original.							
SIGNATURE: Mark Casey				DATE: 2-1-99			

THOMPSON 036373

APR 30 2008

ml



380

WILLIAM CASEY

ID:MIH052484753663

OV \$20/\$45

ROUTINE \$20

Important: Pre-authorization is required for all hospital inpatient admissions or we may reduce benefits. Providers submit via SouthCarolinaBlues.com or call 1-800-334-7287.

For Online Service: Log into My Insurance Manager on SouthCarolinaBlues.com.
Mental Health & Substance Abuse Pre-certification/Claims: call ComPsych at 1-800-637-5221

Providers: Report emergency admissions within 24 hours. Submit claims to your local plan.

Members: Personnel Service Center: 1-877-435-7868
BlueCross Customer Service: 1-888-773-3658
PPO Network Providers Information: 1-800-810-2593
First Advice Nurse Line: 1-888-521-2583 (anytime)
File all claims to: BlueCross BlueShield of South Carolina, Piedmont Service Center,
P.O. Box 8000, Greenville, S.C. 29606-6000.

BlueCross BlueShield of South Carolina, an independent licensee of the Blue Cross and Blue Shield Association, provides administrative claims services only and does not assume any financial risk or obligation with respect to claims.

GL

THOMPSON 036374



WILLIAM M CASEY
ID:MIH251022977
OV 20/45
ROUTINE \$20

In South Carolina 1-800-327-3238
PREADMISSION REVIEW REQUIRED
Outside South Carolina 1-800-334-7287

RECEIVED JAN 13 2006

28
JUN 8-7 2005
ML

MAR 13 2006
ML

DEC 06 2006
ML

Providers: This plan requires preadmission review for all hospital inpatient admissions. Report emergency admissions within 24 hours. Benefits for elective admissions may be reduced unless preadmission review is obtained. See telephone numbers on the front of this card.
Members and Providers for online service log into My Insurance Manager at www.SouthCarolinaBlues.com.

Mental Health/Substance Abuse precertification and claims contact
ComPsych at 1-800-537-5221

Personal Service Center (PSC) 1-877-435-7888
SCBS Customer Services 1-888-775-3650
First Advice Nurse Line 1-888-621-2583 (anytime)

Members For information regarding PPO Network Providers, call:
1-800-810-2583 (anytime)

Hospital/Physician: Submit all claims to your local plan following standard procedure.

Employee submitted claims, including dental, should be filed for BlueCross and BlueShield, Piedmont Service Center, P.O. Box 8000, Greenville, SC 29606-8000.

Plan (or Licensed Controlled Affiliate) provides administrative claims services only and does not assume any financial risk or obligations with respect to claims.
Blue Cross and Blue Shield of South Carolina
An Independent Licensee of the Blue Cross and Blue Shield Association

GK

THOMPSON 036375



www.SouthCarolinaBlues.com

380

WILLIAM M CASEY

ID: MIH251022977 ROUTINE \$20

OV 20/35

In South Carolina
1-800-327-3238

PREADMISSION
REVIEW REQUIRED

Outside South Carolina
1-800-334-7287

Providers: This plan requires preadmission review for all hospital inpatient admissions. Report emergency admissions within 24 hours. Benefits for elective admissions may be reduced unless preadmission review is obtained. See telephone numbers on the front of this card.
Members and Providers for online service log into My Insurance Manager at www.SouthCarolinaBlues.com.

Mental Health/Substance Abuse precertification and claims contact
ComPsych at: 1-800-537-5221

Personnel Service Center (PSC): 1-877-435-7868
BC/BS SC Customer Service: 1-888-773-3658
First Advice Nurse Line: 1-888-521-2593 (anytime)

Members: For information regarding PPO Network Providers, call:
1-800-810-2583 (anytime)
Hospital/Physicians Submit all claims to your local plan following standard procedure.

Employee submitted claims, including dental, should be filed to: BlueCross and BlueShield, Piedmont Service Center, P.O. Box 6000, Greenville, SC 29608-6000.

Plan (or Licensed Controlled Affiliate) provides administrative claims services only and does not assume any financial risk or obligations with respect to claims.
Blue Cross and Blue Shield of South Carolina
An Independent Licensee of the Blue Cross and Blue Shield Association

GK

THOMPSON 036376



CARE TYPE
PPO

CIGNA HealthCare

Preferred Provider AccessSM - PPA

MICHELIN NORTH AMERICA
ACCOUNT 0000222

ID 251022977 01

NAME WILLIAM M CASEY

SVCTYPE MEDICAL

Away From Home Care

CONNECTICUT GENERAL LIFE INSURANCE COMPANY, HARTFORD, CT 06152
This identification card must be presented each time services are requested.
Possession of this card DOES NOT CERTIFY ELIGIBILITY FOR BENEFITS. Willful
misuse of this card to obtain benefits is considered fraud.
HOSPITAL ADMISSION AND EMERGENCIES: You or your doctor must call the
toll-free number listed below to request certification prior to any non-emergency
hospital admission. Failure to do so will affect benefits. In an emergency
seek immediate medical care. You, your family or your doctor must call within
two working days of an emergency admission.

MAIL CLAIMS TO:
CIGNA HEALTHCARE, PO BOX 188008, CHATTANOOGA, TN 37412-8008

IMPORTANT TELEPHONE NUMBERS:
FOR CERTIFICATION CALL: 1-800-251-0669
FOR ALL OTHER INQUIRIES CALL: 1-877-435-7888

THOMPSON 036377



CIGNA HealthCare

Connecticut General Life Insurance Co.

03/2002
MC

COPAYS 20 100 5/20/40 10L 20
DR VISIT EMERGENCY PHARMACY VISION SPEC VISIT

ID # 250376304 02 GROUP 3162696/TAXH-78
PCP FRANCISCO GONDA PCP PHONE:864-578-9735
NAME WILLIAM CASEY

MEMBER SERVICES:1-800-832-3211
MENTAL HEALTH/SUBSTANCE ABUSE:1-800-691-6972
Medical Claims To: PO Box 30575 Charlotte, NC 28230-0575

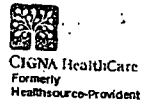
IMPORTANT INFORMATION

Present this card each time services are requested. Card possession DOES NOT CERTIFY ELIGIBILITY FOR BENEFITS. Member must satisfy all plan terms and conditions. Willful misuse of this card is considered fraud.

In an Emergency: Seek care immediately. Go directly to the nearest hospital emergency room or call 911. Call your PCP (or have someone call for you) as soon as possible for further assistance and directions on follow up care. When possible, you should call your PCP within 48 hours.

THOMPSON 036378

0-9010



RECEIVED
MAY 05 2000
BY: *U*

PPN/PPO

Employee: WILLIAM M. CASEY

Social Security Number: [REDACTED]

Employer: MICHELIN NORTH AMERICA

Group Plan Number: 9603-ASO

RECEIVED
SEP 07 2001
BY: *ML*

NEC

This card does not guarantee coverage or confirm eligibility.

To obtain PPO benefits, you must inform your PPO physician that you are a PPO patient, submit a claim form to the physician, and pay the costs indicated by that provider.

Certification is required before any elective hospital admission or within two working days after an Emergency or Maternity admission. Failure to do so will affect benefits.

For certification call: 1-800-621-4309

These group benefits are administered by CONNECTICUT GENERAL LIFE INSURANCE COMPANY.

Claim Office Address:
Greenville Claim Office
Station B, P.O. Box 6185
Greenville, SC. 29606-6185

Claim Office Phone Number:
1-800-544-4534

DC-6123

THOMPSON 036379

*Just
JWH*

SOUTH CAROLINA
DRIVER'S LICENSE

CASEY, WILLIAM MARK
714 THREE WOOD LANE
WOODRUFF SC 293880000

DL#
Expires: 11-08-2003

Class: D Hgt: 5-08 Wgt: 165
Sex: M DOB: 11-05-1998
Issued: 11-05-1998 420798 R
William Mark Casey

Restrictions: A

David M. Beatty
Governor



THOMPSON 036380

June 27, 2008
Page 2

Please note the subpoena requests that you bring your original office chart on Mr. Casey, together with all materials such as x-rays, CT scans, radiographs, or other types of data which might not be in the patient's chart.

Our office is situated in the Extended Stay America building on Morgan Square. The physical address is 100 Dunbar Street. There is a parking deck just to the north of the building between our building and the Palmetto Bank building. If you park there we will have a coupon which will allow you to exit without payment.

This firm is on the second floor of the building. You will need to sign in at the security desk when you arrive, and then after you exit the elevator on the second floor turn around to your right and you will see the entrance to this firm.

We look forward to seeing you on the appointed date and at the proper time.

With best regards,

Yours very truly,



William U. Gunn

WUG:dl
Enclosure

cc: H. Spencer King, Esquire
Ray Thompson, Esquire

THOMPSON 036381

17804



Holcombe Bomar, P.A.

100 Dunbar Street, Suite 200
Spartanburg, SC 29306
P.O. Box 1897
Spartanburg, SC 29304

phone (864) 594-5300
fax (864) 585-3844

www.holcombebomar.com

E-mail: bgunn@holcombebomar.com
Direct Dial: 864-594-5301

William U. Gunn
Koger M. Bradford
Perry D. Boulter
William B. Darwin, Jr.
Robert M. Barrett
James H. Ritchie, Jr.*
Ginger D. Goforth
Walter M. White
A. Todd Darwin
Stacey Campbell Davis
J. Hayes Walsh

* - also admitted in NC

Neville Holcombe, 1902-1983
Horace L. Bomar, 1912-1994
Robert L. Wynn, III, Retired

June 27, 2008

Frank Gonda, M.D.
Foothills Family Medicine
2212 Old Furnace Road
Spartanburg, South Carolina 29306

RE: William Mark Casey vs. Gregory J. Feldman, M.D.,
Joseph A. Boscia III, M.D., Upstate Lung and Critical Care
Specialist PC, and Devendra Shantha, M.D.
C. A. Number: 2006-CP-42-1728

Dear Dr. Gonda:

Enclosed is an Amended Subpoena and Amended Notice of Deposition for your deposition in the above matter.

The deposition is to be taken in my office on August 14, 2008 at 2:00 p.m. This time has been arranged with Vickie Ford of your office.

In any event, this deposition is to be taken in a civil suit filed by your patient Mark Casey against Gregory Feldman, M.D., Joseph Boscia, M.D. and their group, Upstate Lung and Critical Care Specialist PC. Additionally, named as a defendant is Devendra Shantha, M.D.

Mr. Casey is represented by Attorney Chuck Thompson here in Spartanburg, while Dr. Feldman, Dr. Boscia and Upstate Lung and Critical Care Specialist are represented by Attorney Spencer King. I represent the defendant Dr. Shantha.

The claim arises out of a pneumothorax suffered by Mr. Casey on or about June 3, 2004. Mr. Casey contends he has irreversible brain damage as a result of the occurrence.

THOMPSON 036382

Mark Casey #1704

1/6/06 pt presents for med check up re Chol., no prob., pain score 6 esp.
DHannon M.T.

12/06/06

MARK CASEY

17804

Frank E. Gonda, MD

D: CHRONIC LOW BACK PAIN
I: HYPERCHOLESTEROLEMIA
K: HYPERTRIGLYCERIDEMIA
G: ERECTILE DYSFUNCTION

S: This 48-year old white male is in for follow up of the above problems and medicine refill. He denies chest pain or shortness of breath. His appetite is good. He moves his bowels well. He is not exercising. He has put on weight. His blood pressure has been up some. Chart shows an increase of 12 pounds since last visit six months ago. He continues to have back pain. He says it is stable, unchanged, no better and no worse. His chest pain has improved. He has not been seeing the pulmonologist anymore. He continues to see the psychiatrist who has him on antidepressants and sleeping pills. The patient tells me he has not been taking his cholesterol medicine regularly because he misplaced them when he moved.

O: Patient is in no distress. Blood pressure is 138/98. Pulse is 88. Weight is 196-pounds. Neck is supple, no thyromegaly. Lungs are clear, no wheezes. Heart is regular, no murmur. Abdomen is soft, no organomegaly. Lower extremities no edema. Back reveals full range of motion, discomfort with movement. Deep tendon reflexes are 2+. Straight leg raise is negative.

A: As above.

P: Encourage exercise and weight loss. He needs to come in for some blood pressure checks. Treat if needed. Renew Vytarin 10/40 one q.-p.m., Tricor 145 mg one q.-h.s., Mobic 7.5 mg one q.-a.m., Ultram 50 mg two q.i.d. 90 days with one refill on each. Renew Lortab. 10/500 one b.i.d. #60 with two refills. Check a basic metabolic panel, lipid profile, ALT. Adjust medications as needed. Follow up in three months.

Frank E. Gonda, MD/ dlq

8 240

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DATE 12/11/06	TIME 3:00 PM	CALLER Mark Casey	PT. NAME - CHART # 17804	PHONE # 814 260 1717	ALL: P.S.C.O.	MD FEG
AGE 48	WT 196	HT 5'10"	BY JH	MEDS Juvare	RE	
Pt has not been taking Chol med every day, also states he was told to take 1/2 of Tricor instead of whole one? Does he need to start Nicotin? And should he be on a whole table of Tricor?						
DISPOSITION				DRUG STORE	BY	TIME
Supp to be on Vytarin & Tricor.				Full pills, no fasting		

Notified 12/20/06 - will Rev FLP, ALT end of Jan-07

4/27/07 Pt. in for med v - PS 1 -IDV - Galvett, UN

THOMPSON 036383

Name Casey

4/27/07 Samples given Toprol XL 50mg # 14 tabs
Date Drug Name # Dispensed
Lot Number: MP5008 10/08 Initials: JC

Patient was educated regarding proper administration, drug interactions and possible side effects. Patient has been instructed to call our office with any questions or problems.

04/27/07

MARK CASEY

17804

Frank E. Gonda, MD

D: CHRONIC LOW BACK PAIN
I: HYPERCHOLESTEROLEMIA
A: HYPERTRIGLYCERIDEMIA
L: PEPTIC ULCER DISEASE
M: HYPERTENSION

- S: This 48-year old white male is in for follow up of the above problems and medicine refill. He recently had another episode of chest pain and was admitted to the hospital and was found to have a peptic ulcer. Mobic was discontinued. He is currently on Nexium. He has had no more pain. He still has back pains. He informs me he has not been taking his cholesterol medicine on a regular basis. He had blood work done a month ago and his lipids were pretty much unchanged. He has trial soon for his medical law suit concerning his punctured lung.
- O: Patient is in no distress. Blood pressure is 184/102. Pulse is 112. Weight is 193-pounds. Neck is supple, no thyromegaly or carotid bruit. Lungs are clear; no wheezes or rales. Heart is rapid and regular, no murmur. Normal S1, S2. Abdomen is soft and nontender. Lower extremities no edema. Straight leg raise is negative. Back has fairly good range of motion and no tenderness.
- A: As above.
- P: He will continue his antidepressants and sleeping pills from his psychiatrist. He will continue his pain pill from Dr. Fogarty. A new prescription of Lortab is not given today. Continue Nexium from his gastroenterologist. Renew Vytorin, 10/40 one q.-p.m.; Tricor 145 mg one q.-a.m. Add Toprol-XL, 50 mg one q.-a.m. Will need weekly blood pressure checks and adjust weekly if needed. Renew Ultram, 50 mg two q.i.d. #720 with one refill. No labs today. Suggest getting back on his lipid medicine every day and then repeat labs in four to six weeks.

Frank E. Gonda, MD/ dlg

11/20/07 Pt. in for med / ps 5-IDV - Kaldor, RN

11/20/07

MARK CASEY

17804

Frank E. Gonda, MD

I: HYPERCHOLESTEROLEMIA
K: HYPERTRIGLYCERIDEMIA
N: GASTROESOPHAGEAL REFLUX DISEASE
C: NICOTINE ABUSE
D: CHRONIC LOW BACK PAIN

- S: This 49-year old white male is in for follow up of the above problems and medicine refill. He denies chest pain or shortness of breath. His appetite is good. He moves his bowels well. He still sees a psychiatrist for his problems and he has him on medicines as listed in the chart. He has had no trouble with his cholesterol medicine. He continues to smoke about a pack of cigarettes per day. He is not working and not exercising but he has lost some weight. He says his depression is stable.
- O: Patient is in no distress. Blood pressure is 124/86. Pulse is 100. Weight is 180-pounds. He has dropped 13-pounds since last visit. Neck is supple, no thyromegaly or carotid bruit. Lungs are clear, no wheezes, rales or rhonchi. Heart is regular, no murmur or gallop. Abdomen is soft. Bowel sounds are present with no tenderness or organomegaly. Lower extremities no edema.

(cont.)

THOMPSON 036384

Mark Casey #17804

10-07 (cont) Gonda

- A: As above.
- P: Check a lipid profile and an ALT. I offered a flu shot but he declined. Renew medications, which include Ultram, 50mg two q.i.d. #720 with one refill. Tricor, 145mg q.-h.s.; Vytarin, 10/40 one q.-a.m. #90 with one refill on each. He tells me he continues on Nexium and was treated for an ulcer and would like a refill on the medicine because it has helped his heartburn and chest pain. Therefore, renew Nexium, 40mg one q.-day #30 with five refills. He buys that one locally. Adjust medications as needed. Follow up in six months or p.r.n.
- Frank E. Gonda, MD/ dlj

9/30/08 Pt in today for earache in @ ear pain radiates to the throat Pt has used the ear drops x 5-6 days p.s. 5 Fdu yenson-

04/30/08 Mark Casey

17804

Frank E. Gonda, MD

- Otitis externa
- D. Chronic low back pain
- S: This 49-year-old white male is in complaining of left ear pain for six days. It radiates down into his throat. He has had no fever, chills, body aches. No cold symptoms. He does clear his ears out on a daily basis with Q-tips. He started using some over-the-counter drops three or four days ago and the ear is actually better. Also while he is here he needs a refill on Ultram which he uses for his chronic low back pain. He had not been taking his cholesterol medicines, does not need refill on that.
- O: No distress. Weight 193 pounds. Blood pressure 110/80. Pulse 80. Temperature 98.4. Ear exam reveals that the left ear has a slightly tender tragus and auricle. The canal is not red but it is tender. The tympanic membrane is normal. The right ear completely normal. Throat is clear. Neck supple, no lymphadenopathy.
- A: Otitis externa.
- P: Cortisporin Otic Solution, five drops left ear q.i.d. times seven days or patient could continue on the drops he is using over the counter which have been helping. Renew Ultram, 50 mg, two p.o. q.i.d., #720, one refill. No refill on cholesterol medicines. No labs done today.

Frank E. Gonda, MD / jmb

THOMPSON 036385

03/13/06

MARK CASEY

1704

Frank E. Gonda, MD

D: CHRONIC LOW BACK PAIN
 G: ERECTILE DYSFUNCTION
 H: DEPRESSION
 I: HYPERCHOLESTEROLEMIA
 J: ANXIETY DISORDER

S: This 47-year-old white male is in for follow up on the above problems and for medicine refill. He continues with the psychiatrist who has him on Adderall, Remeron and Ambien. He does not need a refill for his Lortab today because he says he got some from Dr. Fogarty. He does request a prescription for Norco. He says it is supposed to be safer on the liver. I told him I was not familiar with it and would have to read on it. Patient says he has increased stress, anxiety and depression because of pending law suit concerning the injury from when he had an endoscopy resulting in a pneumothorax. He has had problems ever since and he is waiting to go to trial.

O: Patient is in no acute distress. Weight is 188.5-pounds. Blood pressure is 132/86. Pulse is 88. Neck is supple with no thyromegaly. Lungs are clear with no wheezes. Heart is regular with no murmur. Abdomen is soft with no organomegaly. Lower extremities reveal no edema. Back reveals full range of motion and nontender.

A: As above.

P: Renew medications which include: Ultram, 50 mg two q.i.d.; Zanaflex, 4 mg two q.h.s.; Lipitor, 40 mg one q.a.m.; Mobic, 7.5 mg one q.a.m.; Tricor, 145 mg one q.h.s. #90 days with one refill on each. No refill needed on Viagra or Lortab. Continue meds from the psychiatrist. Check the PDR. Norco is hydrocodone and Tylenol, same as Lortab. It does have a lower dose of Tylenol by 175 mg, which I think is insignificant. No prescription for that given today. Check a lipid profile and ALT. Follow up in three months or p.r.n.

Frank E. Gonda, MD/mhh

17804

DATE 3/16/06	TIME 2:30	CALLER wmmail Casey	PT NAME - CHART #	PHONE # 486-9873	ALL: P.S.C.O.	MD Gonda
AGE 50	WT.	TE	BY W	MEDS.	RE:	
John from medco needs to be faxed				I gave med Rx for the local purchase & mail order. No need to fax.		
3/16/06 11m to R/C 4pm						
DISPOSITION 3/16/06 pt to have medco faxed						
3/16/06 also wants Rx for Norco				Dose of Norco is insignificant. No need to charge since only 150/500		
DRUG STORE				BY	TIME	A P

pt. told he had Rx of Lortab from Dr. Fogarty & did not need request for

DATE 3/17/06	TIME 4:30	CALLER Mark Casey	PT NAME - CHART #	PHONE # 486-9873	ALL: P.S.C.O.	MD Gonda
AGE	WT.	TE	BY W	MEDS.	RE:	
-Dr. Fogarty's office states pt got Lortab 10mg #150/500 on 2/12/06 -						
DISPOSITION OK						
DRUG STORE				BY	TIME	A P

THOMPSON 036386

Mark Casey #17804

4/12/06 Samples given Vytarin 10/40 # 1 pk of 2 pills
Date Drug Name

Lot Number: F4619/11-07 Initials: Dfmr

Patient was educated regarding proper administration, drug interactions and possible side effects. Patient has been instructed to call our office with any questions.

4-14-06 pt not to take lipids much better
HDL still low, can't exercise
& Red Wine. Cholesterol Vytarin 10/40
+ 60 #30/1 Lab 2 weeks, script
called to CVS Rduille Rd JH
(more)

6/13/06 pt in for med. check up, chol., no prob., pain shared env. - D. Harrison

DATE 6/14/06	TIME A	CALLER Mark	PT NAME - CHART # William Casey 17804	PHONE # 480-9873	ALL: P.S.C.O.	MD FG
AGE	WT	T	BY	MEDS	RE	
Court date coming up - question regarding article in newspaper - respects your opinion - has question (personal) requests you call - SS						
DISPOSITION 6/14/06 5:45 PM no answer						
DRUG STORE				BY	TIME	A P

06/13/06

MARK CASEY

17804

Frank E. Gonda, MD

I: HYPERCHOLESTEROLEMIA

A: HYPERTRIGLYCERIDEMIA

S: This 47-year old white male is for follow up of the above problems. He has been on Vytarin along with Tricor for a couple of months with no side effects. Lipids showed improvement. ALT was normal. He continues with chronic low back pain. He needs a refill on Lortab. He continues to have chest pains, no shortness of breath. He is now involved in a lawsuit with the pulmonologist because of a collapsed lung.

O: Patient is in no distress. Blood pressure is 140/88. Pulse is 80. Weight is 188-pounds. Neck is supple, no thyromegaly or carotid bruit. Lungs are clear, no wheezes. Heart is regular, no murmur. Abdomen is soft and nontender. Back reveals fairly good range of motion, no tenderness. Straight leg raise is negative.

A: As above. He appears stable. Lipids have improved.

P: Renew Ultram, 50 mg two q.i.d. Lortab 10/500 one b.i.d. #60 with two refills, Mobic 7.5 mg one q.-day, Tricor 145 mg q.-h.s. No refill needed on that. Vytarin, 10/40 one q.-p.m. #90 days with one refill except for Lortab. Check a lipid profile and an ALT. Adjust medications as needed. Follow up in three months or p.r.n.

Frank E. Gonda, MD/ dlj

F

THOMPSON 036387

Mark Casey #17804

DATE 8/17/05	TIME 11:30	CALLER Self	PT. NAME - CHART # Mark Casey 17804	PHONE # 480-9873	ALL: P.S.C.O.	MO Gonda
AGE 58	WT. 180	T. He	BY He	MEDS.	RE	
Jaimie - pls. call				OK 7		
DISPOSITION 8/17/05 states Aetna never rec. records fr. us re: disability claim - told pt we sent records on 4/27/05 but that Aetna may have paid for records - never rec. them - told him he should pay us \$20 + we could fax to Aetna - but pt fax until we rec. pymt. - pt paid + records faxed						

9/28/05 Pt. in for rev - states 5 on pain scale - IDV - Galvert, LPN - (2° back pain)

09/28/05

MARK CASEY

17804

Frank E. Gonda, MD

CHRONIC LOW BACK PAIN
I: HYPERCHOLESTEROLEMIA
ELEVATED BLOOD PRESSURE WITHOUT HYPERTENSION
ABDOMINAL PAIN WITH VOMITING

- S: This 46-year-old white male is in for follow up on the above problems and for medicine refill. He denies chest pain or shortness of breath. His appetite is good and he moves his bowels well. Recently a psychiatrist changed his medicines. Strattera was added but within a few days he was throwing up. He has continued to throw up for over two weeks. Dr. Fogarty, a pulmonologist, ordered an upper GI. As far as the patient knows the x-ray was normal. He was started on Prilosec over the counter and he is better. He has not thrown up in several days. His back pain is stable. He has no trouble with his medication. He denies muscle aches from Lipitor.
- O: Patient is in no acute distress. Blood pressure is up today at 162/104. Repeat blood pressure by me was 138/100. Pulse is 100. Weight is 182-pounds. Neck is supple with no thyromegaly. Lungs are clear with no wheezes. Heart is regular with no murmur. Abdomen is soft and nontender. Lower extremities reveal no edema. Back reveals decreased range of motion with discomfort with movement and tenderness to palpitation in both lumbosacral areas. Review of upper GI report shows mild reflux into the distal esophagus and duodenal bulb irregularity, which could be from a peptic ulcer, but an ulcer was not seen.
- A: As above.
- F: Renew Ultram, 50 mg two q.i.d. #720 with one refill. Viagra, 100 mg one p.o. one hour prior to relations #30 with one refill. Lortab, 10/500 one b.i.d. #60 with two refills. Continue Lipitor, 40 mg one q.a.m. No refill needed. Tricor, 145 mg one q.h.s. No refill needed. Check a basic metabolic panel and ALT. Continue over the counter Prilosec. Follow up in a few weeks if he is still having problems.
- Frank E. Gonda, MD/ mhh

12/20/05 Pt. in for rev - needs chol ✓ - states 6-7 on pain scale - IDV - Galvert, LPN

THOMPSON 036388

12/20/05

MARK CASEY

17804

Frank E. Gonda, MD

D: CHRONIC LOW BACK PAIN

I: HYPERCHOLESTEROLEMIA

S: This 47-year-old white male is in for refills and lab work. Back pain continues the same. He is having no troubles with any of his medication. The psychiatrist still has him on Remeron, and he thinks this has helped his depression. He is not worrying as much. I have told him today about potential increased risk of seizures when taking Ultram and antidepressants. He has been on both types of medicines for a long, long time and never had trouble. He understands that there is a risk, and he will consider stopping antidepressants. He will discuss with his psychiatrist. For the last several months, he has been on Tricor and Lipitor with no side effects. His numbers have improved.

O: Patient is in no distress. Blood pressure is up a little at 134/96. Pulse is 100. Weight is 184-pounds. The neck is supple with no thyromegaly. Lungs are clear with no wheezes. Heart is regular without murmur. Abdomen is soft and nontender. Back reveals mild tenderness to palpation. He has good range of motion. Straight leg raise is negative.

A: As above.

P: Continue medicines as listed in the chart. The only refills are Lortab, 10/500 one b.i.d. #60 with two refills; Mobic, 7.5 mg one q.-day #90 with one refill. Check a lipid profile and ALT. Adjust medicines as needed. See him back three months.

DNR: Frank E. Gonda, MD/ ejb

7

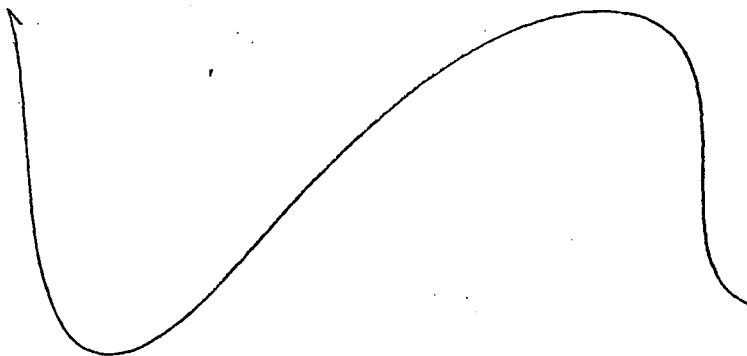
3/13/06 Pt. in for rev-stills 1 on pain scale - IDV - Qalvert/LN

Date	Samples given	Drug Name	# Dispensed
3/13/06		Vytorin 10/40	#4 packs

Lot Number: R1615 X 8-07 Initials: JH

Patient was educated regarding proper administration, drug interactions and possible side effects. Patient has been instructed to call our office with any questions or problems.

3/14/06 pt not to labo; meds & working, cont Tricor
D/C Lipitor Begin Vytorin 10/40 q.d.
#28 samples. lab 4 weeks posting. JH



THOMPSON 036389

Mr Casey

4/15/05 Pt. in for Rx - stated 7 on pain scale - ID tx. - gtc
(2° chronic pain)

04/05/05

MARK CASEY

17804

Frank E. Gonda, MD

D: CHRONIC LOW BACK PAIN
E: DYSLIPIDEMIA
G: ERECTILE DYSFUNCTION
H: DEPRESSION
I: HYPERCHOLESTEROLEMIA

S: This 46-year-old white male is in for follow up on the above problems and for medicine refill. He denies chest pain or shortness of breath. His appetite is good, and he moves his bowels well. He continues on Cymbalta from his psychiatrist. He thinks the anxiety and depression are fairly stable. He continues with chronic low back pain. This has not changed. He has no problems with any of his medications.

O: Patient is in no distress. Blood pressure is up a little at 156/86. Pulse is 100. Weight is 187-pounds. Neck is supple with no thyromegaly or carotid bruits. Lungs are clear with no wheezes. Heart is regular with no murmur. Abdomen is soft with no organomegaly. Lower extremities reveal no edema. Straight leg raise is negative. Deep tendon reflexes are 2+. Back reveals fairly good range of motion. There is no tenderness to palpation at this time.

A: As above.

P: Renew medications which include: Ultram, 50 mg two q.i.d.; Zanaflex, 4 mg two q.h.s.; Viagra, 100 mg one p.o. one hour prior to relations; Bextra, 20 mg one q.a.m. Increase Lipitor to 40 mg q.a.m. #90 days with one refill on all medications. Renew Lortab-10/500 one b.i.d., #60 with two refills. Will come back fasting in the morning for lipid profile and an ALT. Adjust medicines further as needed. Continue with psychiatrist. Follow up in three months or p.r.n.

DNR: Frank E. Gonda, MD/jmm

5/16/05 Samples given Toradol 145mg # 1 Box of 28
Date Drug Name # Dispensed

Lot Number: 236662521 7/2/04 Initials: FN

Patient was educated regarding proper administration, drug interactions and possible side effects. Patient has been instructed to call our office with any questions or problems.

5/16/05 pt. not doing labs. No improvement in Trig & HDL. Doc advised exercise and hipster but ↓ to 40 mg 1/2 tablet qd.

Add Toradol 145mg 1 T q.p.m. 28 samples
Lab in 4 weeks

6/8/05 pt. presents for Chol. ✓; needs Rx. Lortab: pain scale 7. esp - offener met.

6/8/05 Samples given Toradol 145mg # 1 box
Date Drug Name # Dispensed

Lot Number: 276362521 7/1/06 Initials: DEME

Patient was educated regarding proper administration, drug interactions and possible side effects. Patient has been instructed to call our office with any questions or problems.

THOMPSON 036390

06/28/05

MARK CASEY

17804

Frank E. Gonda, MD

D: CHRONIC LOW BACK PAIN

I: HYPERCHOLESTEROLEMIA

S: This 46-year-old white male is in for refill on medications. He continues to have chronic low back pain. He remains out of work. He wakes up every morning with the same amount of pain. Since he has not been working, he has overall less pain. If he does any kind of yard work or house work his pain returns. He was recently switched to Mobic since Bextra was unavailable. He was also started on Tricor, and his Lipitor was reduced in half because triglycerides remained markedly elevated. He has had no side effects from the medication. He continues to see the psychiatrist in Greenville who now has him on Cymbalta, 60 mg two a day and Adderall-XR, 20 mg two a day.

O: Patient is in no acute distress. Weight is 184-pounds. Blood pressure is 118/84. Pulse is 68. Neck is supple with no thyromegaly. Lungs are clear with no wheezes. Heart is regular with no murmur. Abdomen is soft and nontender. Back reveals mild tenderness in the lumbosacral area. There is discomfort with twisting and tilting. Straight leg raise is negative. Deep tendon reflexes are 2+. Motor and sensory are grossly intact.

A: Chronic low back pain, stable. Really unchanged.

P: Continue Mobic, 7.5 mg one q.-day; Zanaflex, 4 mg two q.h.s.; Ultram, 50 mg two q.i.d. No refills needed. Renew Lortab-10/500 one p.o. b.i.d., #60 with two refills.

A: Hyperlipidemia.

P: Check a lipid profile and an ALT. Continue Lipitor, 40 mg one-half tablet q.-day. Tricor, 145 mg one q.p.m., #90 with one refill. Samples for a month. Adjust medicines as needed. Continue with the psychiatrist and his medications. See him back in three months.

DNR: Frank E. Gonda, MD/jmm

17804

DATE 8/16/05	TIME 10:15	CALLER Self	PT NAME - CHART # Mark Casey	PHONE # 680-5929	ALL: P.S.C.O.	MD Gonda
AGE 46	WT. 184	BY HK	MEDS.	FE		
Same - pls. call 8/16/05 pt. states he has disability form to be filled out - states we have form - told pt we have form - pt to get form + told him old doc @ gym to see if we could fill out - OK I don't do disability forms -						
DISPOSITION			DRUG STORE	BY: D	TIME	A P

THOMPSON 036391

09/22/04

MARK CASEY

17804

Frank E. Gonda, MD

H: DEPRESSIOND: CHRONIC LOW BACK PAIN

S: Telephone conversation with psychologist Dr. Jay Grace who is following patient for anxiety and depression. Dr. Grace sent a note suggesting increasing Zoloft or adding Cymbalta. We discussed this today. I have no experience with this new medicine, and I felt uncomfortable adding it to the Zoloft. Therefore when Dr. Grace sees Mark later this week if he has not shown further improvement, patient will call and I will increase Zoloft to 150 mg q-day. If he does not respond to that, we could switch him to Cymbalta or we could have a psychiatrist see him who may feel comfortable using both medicines together.

DNR: Frank E. Gonda, MD/jmm

7

10/6/04 Samples given Zoloft started # 1 pl.
 Date Drug Name # Dispensed
 Lot Number: 00052044 2406 Initials: GC

Patient was educated regarding proper administration, drug interactions and possible side effects. Patient has been instructed to call our office with any questions or problems.

DATE 9/24/04	TIME 3:30 P	CALLER Dr. Jay Grace	PT. NAME - CHART # Mark Casey	PHONE # 516-1512	ALL: P.S.C.O.	MD Gonda
AGE	WT	E	BY GC	RE: Zoloft 150 mg	217804	
Dr. has noticed that pt has improved some in certain areas, but feels that pt needs to be referred to a psychiatrist. Want to know if you want to refer him or do you want him to. He suggests Dr. Jeff Smith or Dr. Tony Gombani. - Notified Dr. Grace he suggested to wait and discuss w/ Dr. Gonda.						
On Monday due to Dr. Gonda being off - A/C OK to refer to psychiatrist						
DISPOSITION						
DRUG STORE: <u>Notified Dr. Grace</u> BY: <u>GC</u> TIME: <u>3:30</u> OK to refer.						

10/19/04 H. in for rev. - states his out of mind - states 6 on pain scale 2° back pain - GC

THOMPSON 036392

10/19/04

VERMONT CASEY
mark

17804

Frank E. Gonda, MD

D: CHRONIC LOW BACK PAINS: DEPRESSIONG: HYPERCHOLESTEROLEMIAS: ANXIETY DISORDER

S: This 45-year-old white male is in for follow up on the above problems and for medicine refill. His anxiety and depression are slightly improved on a higher dose of Zoloft. Psychologist Dr. Jay Grace has recommended a referral to a psychiatrist in Greenville. He continues with chronic low back pain. He has been out of work for about five months, and he is still in pain just about everyday, but not as bad. He does not feel he can return to work. He brings papers in for short-term disability. He saw orthopedist Dr. Lynn Scott who felt that patient could proceed with his work. He had no problem with his returning to his current work, but he did recommend finding an alternative. Dr. Scott's diagnosis was degenerative arthritis with bulging disks in the lumbosacral spine. Patient does not believe that he can return to the work that he has been doing.

O: Patient is in no acute distress. Blood pressure is 126/88. Pulse is 100. Weight is 177-pounds. Neck is supple with no thyromegaly. Lungs are clear with no wheezes. Heart is regular with no murmur. Abdomen is soft and nontender. Back reveals decreased range of motion in all directions, no tenderness to palpation. Straight leg raise is weakly positive on the right. Strength in the lower extremities is normal. Deep tendon reflexes are 2+.

A: As above.

P: Renew medications which include: Ultram, 50 mg two q.i.d., #720 with one refill; Zanaflex, 4 mg two q.h.s., #180 with one refill; Lortab-10/500, one b.i.d., #60 with two refills; Bextra, 20 mg one q.-day, #90 with one refill; Lipitor, 20 mg one q.a.m., #90 with one refill; Zoloft, 100 mg one-and-a-half tablets q.a.m., #135 with one refill. Schedule appointment with Dr. Tony Goodbar, psychiatrist in Greenville. Check a lipid profile and an ALT. Adjust medicines as needed. Papers for short-term disability completed. Will be out of work for another three months.

DNR: Frank E. Gonda, MD/ jmm

F

10/29/04 - I faxed referral forms as well as records to Dr. Goodbar. I called pt. to let him know what's going on & he states he already has appt. w/ Dr. Smith on 11/10 @ 4:20.

otmo

1/12/05 Pt. in for rev - status 6 on pain scale - MC

01/12/05

MARK CASEY

17804

Frank E. Gonda, MD

D: CHRONIC LOW BACK PAING: ERECTILE DYSFUNCTION

S: This 46-year-old white male returns for follow up of the above problems. Since I saw him last he has seen a psychiatrist in Greenville by the name of Jeffrey Smith who has him on Cymbalta, 60 mg one a day. He is off of Zoloft. He does not think he is much better. He needs refills on his pain medicine and his Viagra. He still has back pain. He has not returned to work. He has seen several specialists for his pain and his lung problems.

O: Patient is in no acute distress. Blood pressure is 116/84. Pulse is 68. Weight is 185-pounds. Lungs are clear with no wheezes. Heart is regular. Abdomen is soft and nontender. Back reveals good range of motion. Straight leg raise is negative.

A: As above.

P: Continue follow ups with the specialists. Renew Lortab-10/500 one b.i.d., #60 with two refills. Renew Viagra, 100 mg one p.o. one hour prior to relations, #10 with two refills. See him back in three months at which time he will be due his other medicines and lab updates.

DNR: Frank E. Gonda, MD/ jmm

L

THOMPSON 036393

William Casey #17804
 7/1/04 - pt here for med check. - problems or pain etc
 Enrol Notified pt of lab - cont. med - called in Rx - etc

07/27/04 MARK CASEY 17804 Frank E. Gonda, MD

E: DYSLIPIDEMIA
 D: CHRONIC LOW BACK PAIN
 H: DEPRESSION
CHEST PAIN

- S: This 44-year-old white male is in for follow up of the above problems and for medicine refill. He has been on Lipitor now for four weeks continuously and needs lab work done to see if it has helped. He has been on Zoloft about three weeks and he thinks that he has mellowed out a little bit and is feeling a little bit better. He just got his prescription filled. He continues on his chronic back pain medicines of Ultram and Zanaflex and Bextra. No refills on that are needed. Those are mail order. He needs a refill on Lortab. He has had no side effects from the Lipitor or the Zoloft. He continues to have chest pain from his recent bronchoscopy and pneumothoracic chest tube. He has an appointment in a couple of day with Dr. Wilson Smith the Pulmonologist. The patient says that he has changed lung doctors because the others did not seem concerned over his problems.
- O: Patient is in no acute distress. Blood pressure is 120/76. Pulse is 76. Weight is 178-pounds. Neck is supple with no thyromegaly. Lungs are clear with no wheezes. Heart is regular with no murmur. Abdomen is soft and nontender. Back reveals decreased range of motion. Straight leg raise is negative. Mental status examination is normal. He is alert, oriented, and coherent. Speech is not rapid or pressured.
- A: Diagnosis as above. He appears stable. Of note is that he has not returned to work yet.
- P: Check a lipid profile and an ALT. Renew Lipitor, 20 mg one p.o. q.-p.m #90 with one refill. This is for mail order. Adjust medicine if needed. Renew Zoloft, 50 mg one q.-day #30 with two refills. No mail order for that at this time. We will see him back in two months to see how he is doing for that. Renew Lortab, 10/500 one p.o. b.i.d. for pain #60 with two refills. Continue Ultra, Zanaflex, and Bextra.
- DNR: Frank E. Gonda, MD/ejb

8/17/04 Dismissed w/ Dr. Jay Grace - been seeing Mark x 3 wks
 better on Zoloft, but wants to ↑. still lots of anxiety
 ↑ Zoloft 100mg + p.o. q.d. #30/2 8/17/04 pt
 CVS Reidville Rd 486-6790 JFG not pt

9/10/04 Pt. stated he was sent here by Dr. Grace - to discuss new med.
 (Cymbalta) + ortho surg so pt can RTW - stated 3 on pain scale - q

9/10/04 - appt. made w/ Dr. Glenn Scott on 9/20/04 @ 10:00 — D. Hannon m

THOMPSON 036394

09/10/04

MARK CASEY

17804

Frank E. Gonda, MD

D: CHRONIC LOW BACK PAIN

H: DEPRESSION

CHEST WALL PAIN

S: This 45-year-old white male is in for follow up on the above problems. He has been to the Pain Clinic. He is not satisfied with them and is not going back. He has been seeing Jay Grace who is a psychologist. Jay recently called and asked if we could increase Zoloft to 100 mg per day. He has been on the higher dose for three weeks and thinks the medicine has helped. Mark is seen today at the request of Jay Grace who suggests we switch him to Cymbalta. This is a combination drug. I believe it is an antidepressant with a mood stabilizer. I have not used it before and I do not have any experience and have not read anything about it. Mark continues to have his chronic low back pain. He continues to have chest pain. He has seen the pulmonologist who says his lungs are fine. Jay Grace also wants him to see an orthopedist to evaluate his back pain to see if he can return to work at the same level at exertion that he has been doing in the past. Currently he continues on Ultram, Zanaflex, Lortab, and Bextra.

O: Patient is in no distress. Blood pressure is 136/94. Pulse is 100. Weight is 180-pounds. Mental status examination is normal. Physical examination is not done today.

A: As above.

P: Continue current medications. Schedule him an appointment with orthopedist Dr. Glenn Scott to evaluate his chronic low back pain and his work capacity. Will discuss with Dr. Jay Grace concerning switching his medicines. I personally think it is too early to switch since he has only been on the higher dose of Zoloft for three weeks.

DNR: Frank E. Gonda, MD/ jmm

F

TE	TIME A	CALLER	PT NAME - CHART #	PHONE #	ALL P.S.C.O	MD
2/10/04	1:16	W. Mark Casey		481-9131		Gonda
AGE	WT	BY	MEDS	RE		
		DR	Zoloft	217804		
PT calling to see if he can up his dosage						
to 50 mg 9/23/04 untd r/c 3pm						
DISPOSITION						
Cont Zoloft 100mg qd Flk 4 wks F						
Add Zoloft 50mg qd DRUG STORE CUS-4812- BY: TIME A P						

↳ #28 samples pt. notified samples given 6/9/10 - DNR

-we only had 2 wks of Zoloft 50mg samples. Will call pt. when we get more in stock

9/23/04 Date Samples given Zoloft 50mg # 2bx

Lot Number: 0104099 13-1-06 Initials: Dimec

Patient was educated regarding proper administration, drug interactions and side effects. Patient has been instructed to call our office with any questions.

THOMPSON 036395

2-18-04. pt. notified Labo, Lipids terrible, S/H,
 HDL ↓ (24) Start using low fat
 diet - Info mailed to pt, ↑ exercise
 at least 3X week ↓ 15 lbs.
 Repeat Labo fasting in 3-6 months if

5/4/04 pt. in for rx + RF medo - states 6 on pain scale - JTC

5/5/04 Samples given Lipitor 20mg # 28 samples
 Disp Drug Name # Dispensed

Lot Number: 03650927 3/04 Initials: JTC

Patient was educated regarding proper administration, drug interactions and possible side effects. Patient has been instructed to call our office with any questions or problems.

5/5/04 - pt. notified Labo, Lipids terrible, Begin
Lipitor 20mg 1x A.M. # 28 samples.
 Lab in 4 weeks. JTC

05/04/04

MARK CASEY

17804

Frank E. Gonda, MD

D: CHRONIC LOW BACK PAIN

S: This patient is in for follow up on chronic low back pain. He is doing well with the medications. He does not need a refill on Viagra. He says his pain is well-controlled.

O: Patient is in no acute distress. Blood pressure is 134/86. Pulse is 80. Weight is 176-pounds. He has lost four pounds. Neck is supple with no thyromegaly. Lungs are clear with no wheezes. Heart is regular with no murmur. Abdomen is soft and nontender. Lower extremities reveal no edema. Back reveals fairly good range of motion, but there is discomfort with twisting and tilting and some discomfort with palpation and percussion of the lower back. Straight leg raise is negative.

A: As above. He appears stable.

P: Check a lipid profile. Treat if needed. Renew medications which include: Ultram, 50 mg two p.o. q.i.d., #720 with one refill; Bextra, 10 mg one q.-day, #90 with one refill; Lortab-10/500, one b.i.d., #60 with one refill. Continue Zanaflex and Viagra. No refills needed. Follow up in three months or p.r.n.

DNR: Frank E. Gonda, MD/jmin

DATE	TIME	CALLER	PT NAME - CHART #	PHONE #	ALL: P.S.CO	MD
5/20/04	07:05	-	Mark Casey			Gonda
AGE	WT	T	BY	MEDS	RE	
			JTC			
- pt states he called about his mail order + states he should receive Ultram on Tue						
- needs enough @ local pharm until then						
Ultram 50mg 2 qid for pain						
#60/p						
DRUG STORE: CB-RL				BY:	TIME	A P

pt notified persons mach 5/20/04

Call to: Dr. Gonda

THOMPSON 036396

Mark Casey

6/29/04 Pt. in for hosp. flu states they found a piece of metal in chest & when they went to remove metal they punctured lung - so this has caused ↑ pain along w/ original pain - sister states pt has ↑ anxiety about going to MD (the reason she's in the room) - states 5 on pain scale - JTC

6/29/04 Samples given Lipitor 20mg # 4bx
Date Drug Name # Dispensed

Lot Number: 0365092 / 8/04 Initials: DTmt

Patient was educated regarding proper administration, drug interactions and possible side effects. Patient has been instructed to call our office with any questions or problems.

6/29/04 Samples given Zoloft starter kit # 1kit
Date Drug Name # Dispensed

Lot Number: 1118K03A / 7/1/05 Initials: DTmt

Patient was educated regarding proper administration, drug interactions and possible side effects. Patient has been instructed to call our office with any questions or problems.

06/29/04

MARK CASEY

17804

Frank E. Gonda, MD

CHEST WALL PAIN

ANXIETY DISORDER

RECENT PNEUMOTHORAX

- S: This 44-year-old white male is in here today with his sister. He has recently been in the hospital. Apparently he was having some chest pain while at work and was taken to Spartanburg Regional. The chest x-ray revealed a foreign metallic body in his chest. They thought it was a screw. Bronchoscopy was done which was negative. A repeat bronchoscopy was done with some sort of a laser treatment which resulted in a pneumothorax. He ended up on a respirator and with a chest tube. He still has chest pain. He has not been back to work. Ever since then he has been nervous and anxious. He cannot sit still. He is restless. He does not sleep well. Patient has been having chest pains for two months. It is worse with exertion. He feels it like a squeezing or a fullness in his left chest. It is always on the left side. There is no shortness of breath, some nausea, some diaphoresis occasionally. Since he has been out of work, he has had very little pain. The pain can come on while at work. He does a very strenuous job at Michelin. He can hurt for the entire eight or twelve hours of his shift. On occasion he has stopped because of the pain. The pain gets better, but then it comes back when he goes back to work. He has seen a cardiologist four years ago. He had a slightly abnormal stress test which led to a heart catheterization which was normal. Patient continues to smoke a pack of cigarettes per day. He continues on a lot of pain medicine for his low back pain.
- O: Patient is in no distress. Blood pressure is 126/94. Pulse is 100. Weight is 169-pounds. Neck is supple with no thyromegaly. Lungs are clear with no wheezes. Heart is regular with no murmur, no extrasystole. Abdomen is soft and nontender. Left chest wall is exquisitely tender between two ribs, probably the sixth and seventh ribs anteriorly just to the left of the sternum. Pressure reproduces his pain. Back reveals no CVA tenderness. Lower extremities reveal no edema. Straight leg raise is negative.
- A: Diagnosis as above. I do not believe patient needs any cardiac evaluation or GI evaluation. He has no GI symptoms. I offered to set him up for gallbladder ultrasound or upper GI, but he declined at this time.
- P: He will continue current medications as listed in the chart. He will begin Zoloft, 50 mg one p.o. q.-day, sample and prescription given. See him back in six to seven weeks.
- DNR: Frank E. Gonda, MD/jmm

THOMPSON 036397

DATE 1/20/04	TIME A 5:50	CALLER William Casey	PT NAME - CHART #	PHONE # 486-9131	ALL P.S.CO	MD
AGE 58	WT 180	BY JLL	MEDS	RE 0217804		
has a question about MRI test						
DISPOSITION 1/20/04 RF Lortab & Viagra - states he go back for another epidural right now b/c he's trying to pay last one off JFC						
How can we be so depressed, so much pain, going thru divorce & still have sex 2-3 x/wk. Lortab keeps him. no Refills						
- states he may use 4 one wk & none the next.						
DISPOSITION 1/20/04 will call tomorrow for appt next wk						
				DRUG STORE	BY JFC	TIME A P

2/10/04 Pt. in for recheck & RF meds - states 6 on pain scale - JFC
(20.1 BP)

02/10/04 (William)
MARK CASEY

13640

Frank E. Gonda, MD

D: CHRONIC LOW BACK PAIN
E: DYSLIPIDEMIA
G: ERECTILE DYSFUNCTION
H: DEPRESSION

- S: This 45-year old white male is in for follow up of the above problems and medicine refill. He is tells me he has discontinued his Effexor. He does not feel depressed. He stopped it about a month ago. He was having a problem with delayed ejaculation so he discontinued it. He needs a refill on Viagra. It works well and he has had no problems with it. He has been taking the Bextra twice a day and wants to know if we can increase the dosage. He continues to have chronic low back pain. It is worse after long days at work. He is having some joint pains in his hands also.
- O: Patient is in no distress. Blood pressure is 134/96. Pulse is 88. Weight is 180-pounds. Neck is supple with no thyromegaly. Lungs are clear with no wheezes. Heart is regular with no murmur. Abdomen is soft and nontender. Back reveals decreased range of motion and mild tenderness in the lumbosacral area. Straight leg raising is weakly positive bilaterally with full extension. Deep tendon reflexes are 2+. Hands reveal no swelling, no redness and no heat.
- A: As above. He appears stable. He has stopped his antidepressant. Review of chart shows that his lipids have been elevated in the past. He was supposed to start on Niacin but he says he never did.
- P: Check a lipid profile and an ATL. Treat lipids if needed. Renew Viagra, 100 mg one p.o. one hour prior to relations #10 with five refills. Renew Lortab, 10/500 one p.o. b.i.d. for pain #60 with two refills. Increase Bextra, 20 mg one q.-day #90 with one refill. That is for mail order. Follow up in three months or p.r.n.
- DNR: Frank E. Gonda, MD/dlg

7

THOMPSON 036398

Mark Casey

TIME 11:30 AM DATE 11/7/03 PHONE 680.9648
NAME Mark Casey PARENT sister
ADDRESS _____
HISTORY 4/2 LBP - chronic CHARGE IF ANY
contact not helping.
WORKING DIAGNOSIS Chronic LBP
TREATMENT To ER tonight
To office Mon. A.M.
REMARKS (PHARMACY CALLED) 17804 7

12/15/03 Pt. in for discussion re: epidural inj. - states it of
help - made pain worse - also RF Ultram - states 7-8 on pain
scale - J. Calvert, LPN

12/15/03 WILLIAM CASEY

17804

Frank E. Gonda, MD

D: CHRONIC LOW BACK PAIN

H: DEPRESSION

- S: This 45-year old white male with chronic low back pain and depression is in for follow up of the above problems and for medicine refill. Since I saw him last time he went and had one epidural, which did not work. It made his pain worse. He was out of work for several days. He is frustrated that he had to pay for the shot and he was out of work and it did not help. He did have an MRI which showed two bulging disks but no ruptures. He does not want to see a neurosurgeon because he would not be interested in surgery. He believes that the Effexor has helped his depression. He still has all the same family problems but everything is stable.
- O: Patient is in no distress. Blood pressure is 126/94. Pulse is 88. Weight is 177-pounds. Neck is supple. Lungs are clear. Heart is regular. Abdomen is soft and nontender. Back has good range of motion, no tenderness. Straight leg raising is negative. Deep tendon reflexes is 2+.
- A: As above.
- P: Counseled in detail. Suggested we go see another anesthesiologist at Regional Hospital to see if they could help with the shots. He did not want to see the ones at Mary Black Hospital. We will check his insurance. Renew Ultram, 50 mg two p.o. q.i.d. #720 with one refill. Effexor-XR, 75 mg one q.-h.s. #90 with one refill. Bextra, 10 mg one q.-day #90 with one refill. Lortab, 10/500 one b.i.d. #30 with no refills. He ran out early. He still has another refill on his last prescription on the Lortab. I also gave for local purchase Ultram, 50 mg two q.i.d. #100 with no refill. The patient will let me know what he wants to do and we will go from there.

DNR: Frank E. Gonda, MD/ dig

THOMPSON 036399

William Casey

8/27/03 Samples given Effexor XR 75mg # 2bx
 Date Drug Name # Dispensed
 Lot Number: 3023834 4/04 Initials: JRC
 Patient was educated regarding proper administration, drug interactions and possible side effects. Patient has been instructed to call our office with any questions or problems.

8/27/03 Samples given Effexor XR 37.5/75 # 1bx
 Date Drug Name # Dispensed
 Lot Number: 3033288 12/03 Initials: JRC
 Patient was educated regarding proper administration, drug interactions and possible side effects. Patient has been instructed to call our office with any questions or problems.

90
45
135

08/27/03 MARK CASEY 17804 Frank E. Gonda, MD

H: DEPRESSION

D: CHRONIC LOW BACK PAIN

S: This 44-year-old white male is in for follow up on his depression. He has been on Paxil for two months and cannot tell any improvement whatsoever. He had no side effects from it. He continues to feel down-in-the dumps. He attributes it to all of the family problems that he has had including his two teenage kids who are pretty much failures. He has done everything he could for them. He does not blame himself, but he still feels bad about it. His job is not getting any easier, and he continues with chronic low back pain. He thinks part of his depression is from the back pain, and he wishes to start back on some medicine. He has been buying from friends, Percocet, 10 mg. He says he could easily take two or three a day. He has no trouble working with it. He says it makes life tolerable as far as the pain is concerned.

O: Patient is in no distress. Blood pressure is 122/88. Pulse is 72. Weight is 171-pounds. Patient is alert, oriented, and coherent. Speech is not rapid or pressured. There are no feelings of helplessness or hopelessness. There are no suicidal or homicidal thoughts. Sensorium is clear. Recheck of the back is not done today.

A: Depression in a patient with chronic low back pain.

P: Counseled in detail. Trial of Effexor-XR, 37.5 mg one q.-day times one week and then 75 mg one q.-day, samples for four weeks and then a prescription for four weeks. He is also given a prescription for Percocet, 10/325 one p.o. b.i.d., #60 with one refill. Explained to patient that part of pain treatment can also be antidepressants which frequently help reduce the pain. He is willing to continue on an antidepressant. See him back in two months.

DNR: Frank E. Gonda, MD/jmm

DATE 9/23/03	TIME A 10:50	CALLER William Casey	PT. NAME - CHART # 217804	PHONE # 486-9131	ALL: P.S.C.O.	MD Gonda
AGE 44	WT 171	HT 5'8"	BY JRC	MEDS Percocet	RE:	
Needs refill Had forgotten this is 9/23/03 pt stated						
9/23/03 Im to RC a class II drug he had 3 more days						
a case and refills. Will use 20 tabs instead. left but pharm. wouldn't						
- pt has used #20 in one month? let him get RF						
Can Not fill early - pick up Friday 9/25 - Redville Rd BY - per pharm. info						
against the law to put RF on narcotics. like this - had to write new Rx - notified pt - JRC						
Lett 10/300 + po bid #60/b E14 + mth. F						

JRC notified pt

THOMPSON 036400

Mark Casey

10/20/03 Pt. in. for Mr Effexor - states it did help some - states
4 on pain scale - JTC

10/20/03 MRI @ MBH of L5 spine 10/24/03 @ 815 - JTC
(Ø per art per Yusuf J. @ medcost)

10/20/03

MARK CASEY

17804

Frank E. Gonda, MD

B: CHRONIC LOW BACK PAIN

H: DEPRESSION

- S: This 44-year-old white male is in for follow up on the above problems. He says his depression is markedly improved on the Effexor. He is less moody, less irritable. He is sleeping better. Stresses do not seem to bother him as much. The only side effect is delayed ejaculation. Back pain continues everyday. Some days it is worse than others. Recently he has noticed some numbness on the top of his right foot. The pain is non-radiating from his back into his legs.
- O: Patient is in no acute distress. Blood pressure is 134/92. Pulse is 88. Weight is 177.5-pounds. Back reveals mild tenderness in the lumbosacral area, decreased range of motion, increased pain with extension. Straight leg raising is negative. Deep tendon reflexes are 2+. Motor and sensory are grossly intact. There may be a small area of numbness on the lateral aspect of the right foot and ankle. Mental status examination is normal.
- A: As above.
- P: Continue Ultram, 50 mg two q.i.d., no refill needed. Continue Zanaflex, 4 mg two q.h.s., no refill needed. Patient says he rarely takes that because it makes him too sleepy. Continue Viagra, 100 mg no refill needed. Renew Effexor-XR, 75 mg one q.-day, #30 with two refills. Lortab, 10/500 one b.i.d. for pain, #60 with two refills. Add Bextra, 10 mg one q.-day for antiinflammatory, #30 with two refills. GI precautions given. Schedule for MRI. Review of chart shows that he was supposed to have gone for an MRI several years ago but had some insurance problems, and he never did. He will be scheduled for this. Follow up in three months.
- DNR: Frank E. Gonda, MD/jmm

11/4/03 Epidural @ MBH on 11/6/03 @ 1230 - faxed records - JTC
(Ø auth per Christi C. @ Cigna)

DATE 11/5/03	TIME A TIME P	CALLER -	PT NAME - CHART # Mark Casey	PHONE # 688-5729	ALL-PS.CO	MD Gonda
AGE 44	WT 177.5	T JTC	BY JTC	MEDS. -	RE: -	
-pt states Percocet helped more than Lortab - given #60 on 10/20/03 + has #14 left (#46 in 15 days)						
DISPOSITION						
11/5/03 told him he Ø get Percocet + to take Lortab as instructed - Ø early RPA - JTC						
				BY: OK JTC	TIME: -	A P

THOMPSON 036401

09/13/02

MARK CASEY

10967

Frank E. Gonda, MD

D: CHRONIC LOW BACK PAIN

G: ERECTILE DYSFUNCTION

C: NICOTINE ABUSE

S: Mark is in today for follow up of the above problems and also for medicine refill. He is actually early. He has run out of medication because his wife was sneaking some of his medicines. After 20 years of marriage, they are separating and getting a divorce. She is being treated for depression. Last time he was here, I put him on Neurontin, but he says it did not help after two month's worth of medicine. He still has back pain everyday. It does not keep him from working although it makes work difficult. It does not keep him from playing golf. He is still smoking one-half to one pack of cigarettes per day. He denies bowel or bladder problems. He has no pain in his legs. He still has erection problems, and Viagra works well.

O: Patient is in no distress. Weight is 173-pounds. Blood pressure is 112/78. Pulse is 80. Neck is supple. Lungs are clear. Heart is regular. Abdomen is soft and nontender. Back reveals good range of motion, no tenderness to palpation. Straight leg raising is negative.

A: As above.

P: Counseled in detail. Patient never went for his MRI. He says he cannot afford it, and his insurance will not pay for it at this time. Renew Ultram, 50 mg two p.o. q.i.d., #720 with one refill. Also a one month supply with one refill from local purchase. Zanaflex, 4 mg two p.o. q.h.s., #180 with one refill. Also prescription for local purchase. Renew Viagra, 100 mg one p.o. one hour prior to relations, #10 with five refills. Follow up in six months or p.r.n.

DNR: Frank E. Gonda, MD/ jmm

7

DATE	TIME	CALLER	PT NAME	CHART #	PHONE	ALL	RECD
11/21/02	10:30		William Mark Casey	100-5777			
BY	RE	I hurt his back when would					
		check something stronger. I told him					
to make an apt							
DISPOSITION							
Lortab 5.0 #20/p							
100 6-B pm pain							
DRUG STORE							
CIS Reidsville Rd							
576-4399							

1/23/03 - Pt presents for refill for Ultram. pain score 6 - Dttarmon

30
B
240

01/23/03

MARK CASEY

17804

Frank E. Gonda, MD

D: CHRONIC LOW BACK PAIN

G: ERECTILE DYSFUNCTION

C: NICOTINE ABUSE

S: Mark presents today for follow up of the above problems and for medicine refill. He has no chest pain or shortness of breath. His appetite is good, and he moves his bowels well. Back pain is stable as long as he takes his medicines. He continues to smoke probably less than a half-pack of cigarettes per day. He still has plenty of refills on his Viagra.

THOMPSON 036402

1/23/03 Mark Casey

Gonda

- O: Patient is in no distress. Blood pressure is 124/88. Pulse is 80. Weight is 180-pounds. Neck is supple with no thyromegaly. Lungs are clear with no wheezes. Heart is regular with no murmur. Abdomen is soft and nontender. Back reveals full range of motion. He has mild tenderness in the paraspinal muscles. Straight leg raising is negative. Deep tendon reflexes are 2+. Motor and sensory are intact.
- A: As above. He appears stable.
- P: Encouraged to quit smoking. Renew medications which include: Ultram, 50 mg two p.o. q.i.d., #720 with one refill. Zanaflex, 4 mg two p.o. q.h.s., #180 with one refill. One month on each for local purchase. Follow up in six months or p.r.n.
DNR: Frank E. Gonda, MD/jmm

6/23/03 Pt. in for rev + RF med - states 5 on pain scale 2nd pain II

6/23/03 Samples given Paxil CR 12.5 # 30x
Date Drug Name # Dispensed
Lot Number: 23P06 1-05 Initials: *VF*

Patient was educated regarding proper administration, drug interactions and possible side effects. Patient has been instructed to call our office with any questions or problems.

06/23/03

Mark CASEY

17804

Frank E. Gonda, MD

D: CHRONIC LOW BACK PAIN
G: ERECTILE DYSFUNCTION
FAMILY DISCORD
H: DEPRESSION

- S: This 44-year-old white male is in for follow up of his back pain. He says that is stable. It hurts as usual, but medicines make his pain tolerable. He still plays golf three to four times a week. He still works full-time. He complains today that he thinks he is depressed. He stays very angry and frustrated. He is moody. He has trouble sleeping, trouble concentrating. His appetite is decreased, and he has lost some weight. He does not enjoy daily activities. He says he is sad all the time. He is going through a divorce which actually is a good thing, but he has had troubles with his teenage children. They have done a lot of bad things recently. His son has even stolen his credit cards and has messed up his credit for him. He has done everything possible to be a good parent, and they have both turned out to be not the best kids. He denies ever being depressed before.
- O: Patient is in no distress. Blood pressure is 134/94. Pulse is 72. Weight is 172-pounds. Neck is supple. Lungs are clear. Heart is regular. Abdomen is soft and nontender. Back reveals a slightly decreased range of motion, but no significant pain with movement. Straight leg raising is negative. Deep tendon reflexes are 2+. Mental status examination reveals he is alert, oriented, and coherent. Speech is not rapid or pressured. There are no feelings of helplessness or hopelessness. There are no suicidal or homicidal thoughts. Sensorium is clear.
- A: Chronic low back pain. This is stable.
- P: Renew Ultram, 50 mg two q.i.d.; Zanaflex, 4 mg two q.h.s.
- A: Erectile dysfunction.
- P: Viagra, 100 mg one p.o. one hour prior to relations, #10 with five refills.
- A: Depression.
- P: Counseled in detail. Begin Paxil-CR, 12.5 mg one q.-day, samples for three weeks. A prescription for #30 with one refill. See him back in two months to see how he is doing.
DNR: Frank E. Gonda, MD/jmm

7/21/03 Pt. in for rev Paxil - states he felt a difference on med - states 0 on pain scale - JRC

THOMPSON 036403

Mark Casey

10967

DATE 05/01	TIME 2:00	CALLER M. Casey	PT. NAME - CHART #	PHONE # 476-9100	ALL P.S.C.O.	MD Gonda
AGE	WT.	T.	BY LOT	RE: 10967		
Rx - Mail Order						
Zanaflex 4mg						
4-6 qd depends on work schedule						
DISPOSITION						
16 3/4 180 180						
12 6 3						
30 540						
DRUG STORE: 93				BY: 6		TIME: A P

09/07/01

MARK CASEY

10967

Frank E. Gonda, MD

D: CHRONIC LOW BACK PAIN

C: NICOTINE ABUSE

G: ERECTILE DYSFUNCTION

S: This 42 year old white male is in for follow up with his above medical problems and for medicine refill. The last time he was here we added Zanaflex and he says that has helped dramatically and he sleeps well all night. He usually takes about three a night. At times he has increased the dosage of the Ultram and he will take three pills four times a day. I have warned him that the maximum dose is 400 mg per day and he is taking more than that. His only complaint today is that he has problems with erections, which he has had four three or four years. He is unable to achieve a complete erection. He still has orgasm and then losses the erection right away. He has been smoking for 25 years. He has no interest in quitting. He does tell me that he tried a Viagra from a friend and it worked extremely well. He would like a prescription.

O: Patient is in no distress. Blood pressure is 130/92. Pulse is 80. Weight is 179-pounds. Neck is supple. Lungs are clear. Heart is regular. Abdomen is soft. GU examination is normal. Testes are descended with no hernias and no atrophy of the testicles. The back reveals good range of motion but lots of discomfort with movement in all directions. There is mild tenderness in the lumbosacral area. Straight leg raising is negative. Deep tendon reflexes is 2+.

A: Chronic low back pain.

P: Renew Ultram, 50 mg two p.o. q.i.d #720 with one refill. Zanaflex, 4 mg three q.-h.s. #270 with one refill.

A: Erectile dysfunction.

P: Encourage to quit smoking. Check a testosterone level. Add Viagra, 100 mg one p.o. one hour prior to relation #10 with five refills. Follow up six months or p.r.n.

DNR: Frank E. Gonda, MD/ dlq

101- pt. notified re. Total + free testosterone level. sub. pt. it shows low total test. level. If Viagra fails, cont. hormone replacement. — Gonda

THOMPSON 036404

NAME <u>Mark Casey</u>	DATE <u>3-10-02</u>	CHART # <u>10967</u>	AGE <u>43</u>	Wt. <u>178</u>
C.C. <u>H. Shaver "still having back pain, needs it on Ultram" - Ebel PR</u>				BP - L <u>130/90</u>
				BP - R
				Pulse <u>80</u> reg/irreg.
				Temp. O, A
				Resp.
				Vision - OD
				OS
				Corrected, Uncorrected
				Pain Score 0-5

03/06/02

MARK CASEY

10967

Frank E. Gonda, MD

D: CHRONIC LOW BACK PAING: ERECTILE DYSFUNCTION

S: This 43-year-old white male is in for follow up on his problems and for medicine refill. He denies chest pain or shortness of breath. His appetite is good, and he moves his bowels well. He has chronic back pain. The Ultram helps as does the Zanaflex, but he still is in pain everyday. He again is requesting Lortab. We have discussed Lortab before, and it is best that we stay away from this. He has problems with erections, and Viagra has worked well. As far as his back is concerned, he has pain 24-hours a day. It is worse at the end of his work shift. Also when he wakes up in the morning he has lots of pain. On a scale of one to ten it is about a six when he wakes up in the morning.

O: Patient is in no distress. Blood pressure is 130/90. Pulse is 80. Weight is 178-pounds. Neck is supple. Lungs are clear. Heart is regular. Abdomen is soft and nontender. Back reveals full range of motion and no tenderness. Straight leg raising is negative.

A: As above.

P: Counseled in detail. I still think it is a good idea to stay away from narcotics. Renew Ultram, 50 mg two p.o. q.i.d., #720 with one refill. Also gave him a prescription for two weeks for local purchase. Zanaflex, 4 mg two q.h.s. At one time he was taking three, but he says he only takes two now. #180 with one refill. Renew Viagra, 100 mg one p.o. one hour prior to relations, #10 with five refills. Finally add Neurontin, 100 mg start with one at bedtime. May increase to two at bedtime if no problems. This is to see if we can reduce his chronic pain. #60 with two refills. Will let me know how he does, and if it improves his back pain, we can do mail order. *f*

DNR: Frank E. Gonda, MD/ jmm

8/13/02- pt. here for RF on meds. morn. pain score 6 — *Stevens*
mtb

THOMPSON 036405

FOOTHILLS FAMILY MEDICINE

FOR: Maria Casey

ADDRESS: _____

DATE: 8/28/02

Rx1

Relafen 500 mg
#60

RF i

Rx2

2 po qd for wrist
pain

Rx3

RF _____

RF _____

Dispense As Written

Substitution Permitted

PLEASE LABEL

Printed Blue On White Background

See Reverse Side For Physicians

THOMPSON 036406

08/28/00

MARK CASEY

10967

Dr. Frank E. Gonda

WRIST PAIN

- S: This 41-year-old white male is in with wrist pain for the last two months. He thinks it is probably related to the repetitive activity he does at Michelin building tires. He denies numbness, tingling, or burning in his fingers. He says he has pain at the wrist on the ulnar side. Sometimes it feels weak and just wants to give out. He has had no specific injury.
- O: On physical examination, he is in no distress. Blood pressure is 130/80. Pulse is 80. Weight is 182-pounds. The left wrist reveals excellent range of motion. There is no redness or swelling. There is a little tenderness over a rather prominent distal ulna. There is no crepitus. Pulses are 2+. Tinel sign and Phalen sign are negative. Hand grip is normal. Motor and sensory are grossly intact. X-ray of wrist is negative for arthritic changes.
- A: Wrist pain with a normal examination. Possibly related to repetitive activity at work. No sign of carpal tunnel syndrome.
- P: Reassurance. Moist heat. Relafen 500 mg, two p.o. q.-day, #60 with one refill. GI precautions given. He might need to come off of this job for a couple of weeks to let his wrist get better. If he needs to do this, he may have to go through Workman's Comp.
- DNR: Dr. Frank E. Gonda/ imm

10/26/00 - appt. @ 3:00pm for LS spine met on 11/4/00 @ 9:00pm, then failed + sent to pt - (22)
 11/1/00 - appt. @ Dr. Mirman on 11/4/00 @ 9:30pm - (22)
 11/21/00 - MRS with request sent to med. (22)

10/26/00

WILLIAM CASEY

10967

Dr. Frank E. Gonda

CHRONIC LOW BACK PAIN

- S: This 41-year-old white male is in for recheck and medicine refill. He thinks his back pain did improve a little bit with physical therapy. He still has pain everyday whether he is working or playing ball. He did increase the number of Lortab that he took and ran out early. He has not had any in a while. He thinks the Ultram also helps some. He has pain everyday, 24-hours a day in his lower back bilaterally. The pain is non-radiating. He has no bowel or bladder problems. He has no numbness, tingling, or weakness in his legs. X-rays in 1997 of the lumbar spine were negative.
- O: On physical examination, he is in no distress. Blood pressure is 130/80. Pulse is 80. Weight is 178.5-pounds. Back reveals no deformity and has excellent range of motion. There is discomfort with twisting, tilting, and forward bending. There is some tenderness to deep pressure bilaterally in the lower lumbar/upper sacral area. No muscle spasm is noted. Straight leg raising is negative. DTR's are 2+. Motor and sensory are intact.
- A: Chronic low back pain.
- P: Renew Ultram, 50 mg two p.o. q.i.d., #720 with one refill. Lortab-5.0, one q.-four to six hours for moderate pain, #20 with five refills. This is supposed to last six months. Schedule for an MRI of his LS-spine. Schedule him an appointment to the Chronic Pain Clinic. I am hoping that they will find him a candidate for some steroid injections.
- DNR: Dr. Frank E. Gonda/ jmm

10/31/00 - Numbness/tingling (NT) specific testing @ 11/4/00, not present requested for MRI (22)

THOMPSON 036407

DATE 11-8	TIME 12:5	CALLER Pain Center	PT. NAME - CHART # Wm. Casey	PHONE # 583-0053	ALL: P.S.C.O. Gonda
AGE	WT.	T.	BY MK	MEDS.	RE: 10967
has an cypd. tomorrow, needs records faxed					
Att: 1 doctor					
DISPOSITION 583-0370 Fax					
Jared to Heather					
DRUG STORE: BY: 11/09/00 SRT					

4/19/01 Date Samples given Zanaflex 4mg # 154
 Drug Name # Dispensed 63
 Lot Number: Initials:

Patient was educated regarding proper administration, drug interactions and possible side effects. Patient has been instructed to call our office with any questions or problems.

04/19/01

MARK CASEY

10967

Frank E. Gonda, M.D.

D: CHRONIC LOW BACK PAIN

- S: This 42-year-old white male is in for medicine refill. He had to increase recently the Ultram because he was having increased back pain. It is currently the only medicine he has been taking. He did go to the Pain Clinic, but he had not had his MRI, so they did not do much for him. He said that he had too many bills and was unable to afford getting the MRI done. Pain remains concentrated in his mid-lower back. It is non-radiating. There is no bowel or bladder problem. He denies numbness, tingling, or weakness in his legs.
- O: Patient is in no distress. Blood pressure is 120/90. Pulse is 76. Weight is 192-pounds. Back examination reveals excellent range of motion. There is mild tenderness in the mid-lumbosacral area. Paraspinal muscles have tenderness and maybe a little spasm. Straight leg raise is negative. Deep tendon reflexes are 2+. Motor and sensory are intact.
- A: Chronic low back pain.
- P: Ultram, 50 mg two p.o. q.i.d. #720 with one refill. Add Zanaflex, 4 mg. Start with a half a tablet q.-h.s., increase every three days by half a pill. Can potentially go up to 24 mg a day in a split dosage. Gave him samples #15, also a prescription for #60 with two refills. It turns out the chronic pain doctor had given him some Zanaflex, but the patient never increased the dosage and did not take it very long. Let me know how he does with this.
- DNR: Frank E. Gonda, M.D./ejb

THOMPSON 036408

DATE 3/8/99	TIME 2:00	CALLER Patton Pharm	PT. NAME - CHART # William Mark Casey	PHONE # 476-2112	ALL: P.S.C.O.	MD Gonda
AGE	WT.	T:	BY CL	MEOS:	RE: 10967	
Wants to have Darvocet refilled at Patton Pharm.						
Got it filled first time at K-Mart						
DISPOSITION Darvocet N 100 #60 / ϕ						
called to drug store (EB)				DRUG STORE:	BY:	TIME A P

11/9/99- pharmacist (Wal-Mart) called to verify that pt. was to receive #720 pills of Ultram. I gave OK b/c that was his Rx in Feb. (EB)

11/02/99

MARK CASEY

10967

Dr. Gonda

LOW BACK PAIN, CHRONIC

- S: Patient is a 40-year-old white male who comes in for medicine refill. He says his back is doing quite well. He has cut down on his Ultram, but he is getting ready to go back to his strenuous work at Michelin, so he will increase the dosage again. He plans to quit smoking tomorrow as he turns 41 tomorrow. He also states he is having intermittent troubles with erections. He still wakes up in the morning if he has to use the bathroom with an erection. It still works well at times but not all the time.
- O: On physical examination, patient is in no distress. Blood pressure is 125/75. Pulse is 72. Weight is 180-pounds. Back reveals full range of motion with no tenderness. Straight leg raise is negative. Deep tendon reflexes are 2+. Motor and sensory are intact.
- A: As above. His back pain seems to be stable.
- P: Renew Ultram 50 mg one to two p.o. t.i.d. to q.i.d. #720 with one refill, Darvocet-N 100 one q.-four to six hours p.r.n. pain #60 with one refill.
- A: Nicotine abuse.
- P: Congratulated him on his decision to quit. If he has any problems, he can check back with me and will try to help.
- A: Erectile dysfunction.
- P: Explained to patient that the most likely cause is the cigarette smoking. Did not do an examination today. Did not go into details. If after he quits smoking, the problem persists, come in for an evaluation. DNR:FEG/scs

THOMPSON 036409

5/8/00 - Appt. @ MB for PT on 5/11/00 @ 9:00 AM
Order sent to pt.

(C)

5/8/00 - spoke to Susan @ Cigna - \$ auth. needed for PT (C)

05/08/00

MARK CASEY

10967

Dr. Frank E. Gonda

D: CHRONIC LOW BACK PAIN

S: This 41-year-old white male is in for medicine refill. He is having intermittent episodes of fairly significant back pain. It seems to be worse always after 12-hour shifts at Michelin Tire. Darvocet does not help for this, and he would like to have Lortab. He has had it before with no troubles. He works eight 12-hour shifts per month, and he would only take the medicines during that time. He continues to take the Ultram and this has worked fairly well except when he has the 12-hour shifts. The pain is concentrated in the lower back and is not radiating. He has no bowel or bladder problems.

O: On physical examination, he is in no acute distress. Blood pressure is 110/80. Pulse is 76. Weight is 171-pounds. Back reveals good range of motion. There is no tenderness. Straight leg raising is negative. DTR's are 2+. Motor and sensory are intact.

A: Chronic low back pain.

P: Renew Ultram 50 mg, two p.o. q.i.d., #720 with one refill. Long discussion about narcotics. Have given him Lortab-5.0, one p.o. q.-six to eight hours p.r.n. moderate pain, #20 with five refills. #20 pills should easily last him the entire month. Set him up for physical therapy. I would like for him to attend the rehabilitation program for the back.

DNR: Dr. Frank E. Gonda/jmm

7

8:00 AM

DATE	TIME	CALLER	PT. NAME - CHART #	PHONE #	ALL: P.S.C.O.	MD
5/8/00	8:00	Wm. Casey		406-		Gonda
AGE	WT.	T.	BY	RE:		
			ML			
can you call in some pain meds						
was given Lortab. Pt knows you only give						
Relafen which is Anti-inflammatory. Pt wanted to know						
if you would call in some for pain. You have given him						
Lortab in the past and it has helped.						
Not due. Given #20/5 5/2000						
Supplied to Ast 6/00						

THOMPSON 036410

01/21/98

WILLIAM CASEY

10967

Dr. Gonda

A: HEALTH MAINTENANCE

B: FAMILY HISTORY OF CORONARY ARTERY DISEASE

C: FAMILY HISTORY OF DIABETES

S: This 39-year-old white male comes in for a physical. He is having no real problems today. Both parents just died within the last few months. His father died of a MI at age 73. He had his first MI at age 54. His mother died at age 72. She had heart disease, carotid artery disease, and diabetes. She had recently had bypass surgery. Patient smokes a half of a pack of cigarettes per day. He denies chest pain or shortness of breath. Appetite is good and he moves his bowels well. His back pain is doing very well on Ultram. He is up-to-date on his immunizations. He drinks, maybe, a six-pack of beer per month. He is married. He exercises regularly.

O: On physical examination, he is in no distress. Blood pressure is 120/78. Pulse is 88. HEENT is normal. Disks are sharp. Neck is supple, with no thyromegaly or carotid bruit. Lungs are clear. Heart is regular, with no murmur. Abdomen is soft, with no organomegaly. GU exam is normal, with no hernia. Rectal reveals normal sphincter tone. Prostate is smooth and nontender. Stool is hemoccult-negative. Extremities reveal full range of motion, with no edema of the lower legs. Distal pulses are 2+. Skin is without rash. Back exam reveals he has good range of motion and there is no tenderness today. DTRs are 2+. Urinalysis is negative. CBC shows a hemoglobin of 15.0 and hematocrit of 41.2%. Platelets are 400,000.

A: Diagnosis as above. Also, chronic low back pain.

P: Check a lipid profile, he is fasting. Encouraged to quit smoking. Renew Ultram, 50 mg, t.i.d. to q.i.d., #120 with five refills. Recommend a physical at least every two years.

DNR:FEG/dpp

240.
3
720

08/26/98

MARK CASEY

10967

Dr. Gonda

E: CHRONIC LOW BACK PAIN

D: NICOTINE ABUSE

E: DYSLIPIDEMIA

S: This 39-year-old white male comes in for medicine refill. He is doing fairly well. Ultram has helped his back, usually takes three to four per day. He still smokes a half of a pack of cigarettes per day. He was taking Niacin for his lipids, but he quit about a month ago. He never came back to have labs rechecked.

O: On physical examination, he is in no acute distress. Blood pressure is 114/80. Pulse is 88. Weight is 175-pounds. Neck is supple. Lungs are clear. Heart is regular, with no murmur. Abdomen is soft and nontender. Back reveals fairly good range of motion. There is mild tenderness in the lumbosacral area. Lower extremities reveal no edema. He has crepitus in both knees. Review of chart shows he had a LS-spine, which was normal. An arthritis panel was normal. A lipid profile showed triglycerides of 299, cholesterol of 239, HDL of 22, and LDL of 157. Ratio was 10.8. Coronary risk factor was 2.0.

A: Diagnosis as above.

P: Renew Ultram, 50 mg, one p.o. t.i.d. to q.i.d., #120 with five refills. Encouraged him to go back on Niacin and increase up to 1000 mg b.i.d. One Aspirin with each dose to avoid the flushing. Once he has been on it three months, come back for a lipid profile.

DNR:FEG/dpp

THOMPSON 036411

08 10967

DATE: 9/5	TIME: 1:25	CALLER: Mark Casey	PT. NAME - CHART #	PHONE #	ALL: P.S.C.O.	MD
AGE	WT.	T:	BY: ml	MEDS:	RE: Concerning	
Script Ultram (mail order), he said to call them & they would fax a form ~~to~~ about to script. Would not give much info. He said you & him had talk about this & you know what he needed. I will write it (mail order) for. DRUG STORE: 1-888-327-4791						
90 days supply, it's cheaper than ~~cost~~ setting it go.						
AGE	WT.	T:	BY:	MEDS:	RE: He said you & him	
had discussed it being cheaper that way. Ask him to check info.						
DISPOSITION: 7 p 960 for 60 #360/r Ultram 50mg						
				DRUG STORE:	BY:	TIME: A P

02/01/99

MARK CASEY

10967

Dr. Gonda

E: CHRONIC LOW BACK PAIN

- S:** Patient is 40-year-old white male with chronic back pain who comes in for checkup and medicine refill. He has days when the Ultram and the Tylenol just do not help. He works at Michelin building tires. He does a lot of lifting, a lot of standing, and a lot of walking on the concrete. 12-hour days are murder. He currently is in the process of building a house. He will be moving soon. He will have an exercise room. He also applied for a different position at Michelin that would not require as much lifting. He has not been doing any back exercises.
- O:** On physical examination, patient is in no acute distress. Vitals are stable with a blood pressure of 96/68. Back examination reveals excellent range of motion. There is mild tenderness in the right lumbosacral area. The abdomen is soft and nontender. Str is negative. Deep tendon reflexes are 2+. Motor and sensory are grossly intact. Review of chart shows normal lumbosacral spine in 11/97 and normal arthritis profile in 11/97.
- A:** Chronic low back pain.
- P:** Back exercises provided again. Increase Ultram 50 mg one to two po t.i.d. to q.i.d. #720 with one refill. Also, a second prescription for local filling. Add Darvocet-N 100 one q.-four to six hours for moderate pain #60 with one refill. Precautions given concerning chronic use of this medicine. I wanted to set him up for physical therapy but patient declined. He wants to wait until after he moves and possibly changes his job and see if this helps. If it does not help, will then set him up for physical therapy. DNR:FEG/scs

THOMPSON 036412

10/5/92

MARK CASEY

10967

Dr. Gonda

1. Syncopal episode

S: Mark comes back for a follow up. Feeling quite well. Has had no further episodes. See previous note. Had a CT scan which was normal. Also, EEG was normal. Dr. Ringle recommended if seizure disorder was highly suspected, should do a sleep deprived study. I have discussed results with patient. He and I both feel that this episode was probably a syncopal episode due to lack of sleep, having taken a narcotic pain pill, having drank one beer, and having been on some cold medications. Do not feel that this is a seizure as he was not postictal. For the present time will do no further studies unless he has another episode. Also discussed patient's cholesterol which was 233 with a triglyceride of 446. His HDL was low at 26. LDL could not be calculated due to high triglyceride. Have also discussed the cholesterol with patient. I have given him some literature. He will repeat a profile III in about 2-3 months.

/FG:al

1/4/93

MARK CASEY

10967

Dr. Gonda

2. Conjunctivitis

3. URI

S: 34 y/o, white male with redness and drainage from left eye for about 3 days. No vision problems. Has also had a cold with cough and congestion.

Q: No distress. Pupils are equal, round, reactive to light. Extraocular movements are intact. Left eye reveals conjunctiva is a little inflamed. Minimal drainage is noted. Anterior chambers are clear. Fluorescein stain is negative. Throat is clear. TM's are clear. Neck is supple. Lungs are clear.

A: As above.

P: Ilotycin ophthalmic ointment 1/2 inch ribbon OS qid x 5-7 days; PV Tussin 1-2 tsp. q 4-6 hours for cough. Follow up prn.

/FG:al

1-8-93 - Enter LA + bid #2017 for congestion. Called to K-Mart WGS!
11-14-97. il scheduled pt. for L-5 spine @ NBXH, *See P. Jawsat.* pt. can go anytime = Drs. Order *Dr.*

11/17/97 called pt. told them all labs NC. continue ultason. Proceed to X-ray's. P.O.N

11/14/97

MARK CASEY

10967

Dr. Gonda

LOW BACK PAIN
JOINT PAINS

S: This 39-year-old white male comes in with low back pain for one year. It typically hurts more on the right side, but occasionally he feels it in both legs. He denies any bowel or bladder problem. He has been going to a chiropractor for a year. He has been to several. They all say he is out of alignment. They adjust him and he feels good for a while, but it recurs. He has a real strenuous job at work. He builds tires at Michelin. There is lots of bending, stooping, lifting, pulling, etc. He always hurts more by the end of the week, but come Monday his back feels better. He also has lots of problems with joints in his hands, primarily the PIP-joints. Occasionally they feel swollen and tender. He denies any urethritis and no recent eye problems. There is no family history of arthritis. The patient has been taking Advil, two and three times a day. This does give him some relief, but it always comes back.

THOMPSON 036413

- O: On physical examination, he is in no acute distress. Vitals are stable. Back exam reveals full range of motion, no tenderness whatsoever to palpation. Straight leg raise is negative. DTRs are 2+. Motor and sensory are grossly intact. Exam of the hands reveals no obvious swelling, redness, deformity, or heat. There may be a little bit of tenderness in several of the PIP-joints in both hands. Rest of joint exam is normal.
- A: Chronic back pain and also joint pains of the hands.
- P: LS-spine x-rays. Arthritis profile, at his request. Samples and prescription of Ultram, 50 mg, one q.i.d. Explained to patient that I may add a second medicine, that being an anti-inflammatory. See him back in a month after he has been on the medicine. DNR:FEG/dpp

DATE	TIME	CALLER	PT. NAME - CHART #	PHONE #	ALL P.S.C.O.	MD
1/26/98	12:00pm	Mark Casey	10962	5768269		Bendu
AGE	WT.	T.	BY	MEDS:	RE:	
			ML		Mom passed away today. Has had to sit at hospital & is (sore & stiff). Can you call in something for this? Has an appt. Jan. 2.	
DISPOSITION	Having a lot of pain called web					
Not stay 100mg + 100 lid				DRUG STORE: K Mart	BY:	TIME: A P
#20/i						

1/26/98 - pt. notified re. lipid panel report. I informed pt. profile is abnormal, T. Trig., T. Chol. VLDL, means risk of CAD. Begin on niacin, ply handout for niacin. (DNR)

THOMPSON 036414

INITIAL VISIT

NAME: Wm Casey AGE 33 SEX M DATE 9/23/92HOSPITALIZATIONS: Hemorrhoid surgery x 2 yrs ago.ILLNESSES: ØMEDICATIONS: ØALLERGIES: UNKASMOKE: 100/12PK per/d: _____ pk yrs. _____ ETOH 2-3 times DRUGS ØSOCIAL: (M) S W D 2 CHILDREN OCCUPATION Michelin

FAMILY HX:

ther: Age: 69 DM _____ HBP _____ KIDNEY DIS _____MI, DM TB _____ CA _____ HARD ART. _____Mother: Age: 67 HtD _____ SCD _____ OTHERS _____

STROKE _____ ALL _____

Siblings: 2 brothers GOITER _____ SEIZURE _____1 sister.

DT(UTD) _____ PPD(UTD) _____ IMMUN(UTD) _____ Health Maintenance Discussed _____

PRESENT ILLNESS: Blacked out

9-23-92- Pt scheduled for CT Scan of Brain on Wed. Sept 30, 1992
 @ mBH also scheduled for EEG @ 10:30 that same morning, EEG/
 P. Sawall

9/21/92

MARK CASEY

BS Pt.

10967

Dr. Cupstid

On Call Note:

Received a call from Carol Casey this evening about 6:45. She says that 48 hrs. ago she witnessed her brother Mark, age 33, having a seizure episode. She was sitting with him on his deck when he seemed to fall asleep and slump in his chair. He then had projectile vomiting which was followed by a tensing of all his muscles and generalized shaking. He fell out of the chair and cont'd to have movements which by her description sound like tonic/clonic seizure episode. Upon awakening sev. mins. later, he was transiently confused and drowsy.

THOMPSON 036415

feeling well today. She set him up an appt. with Dr. Gonda for Wed., 9/23 but is concerned that he may need attention earlier, plus she wanted to describe the episode to me since she will not be able to accompany him to his appt. and will not be available at the time that he sees Dr. Gonda. Apparently there is no previous personal hx. of family hx. of seizure disorder. Mr. Casey is otherwise in good health and is very athletic. Told her I will speak with Dr. Gonda about the pt. and hopefully we can begin to arrange his workup before his appt. on Wed. Of course, if any changes in his condition occur prior to the Wed. appt., they should call immediately or have him come to the ER. Carol Casey's phone number is 587-1631. Mark Casey's telephone number is 576-8269. DNR:gc/da

9/23/92

MARK CASEY

10967

Dr. Gonda

1. Syncope

S: 33 y/o, white male comes in for the first time. Six days ago he was sitting on his deck talking to his sister. He had been working swing shifts and was very tired. He had had very little sleep. He had drank one beer. Also, he had taken a cold medicine a few days earlier and also a pain pill, which he does not know the name of, for some elbow pain. He was sitting there and he became rather nauseated, felt a little disoriented, and passed out. He does not recall anything else. His sister saw him slump over and thought he was joking. After about a minute he started gurgling and vomiting. He was unconscious for about 2 minutes and then came to. Sister said that his eyes did roll back in his heads and his arms appeared stiff, but she did not see any jerking movements. He had no incontinence and did not bite his tongue. As soon as he came to he felt fine, was alert, oriented, no postictal state. He has no previous history of seizure or fainting spells and there is no family history of seizure. Patient has no medical problems, is on no medication. Drinks a couple of beers maybe once or twice a month, and smokes less than one-half pack of cigarettes per day.

Q: No distress. Weight is 170 3/4 pounds, B/P is 138/94. Temp is 98.8. HEENT: pupils are equal, round, reactive to light; extraocular movements are intact; discs are sharp; cranial nerves are grossly intact; TM's and throat are clear; neck is supple; thyroid is not enlarged; no carotid bruits; lungs are clear. Heart is regular. Normal S-1, S-2. No murmur or gallop. Abdomen is soft, non-tender, no organomegaly. Extremities reveal full range of motion. DTR's are 2+. Motor and sensory are grossly intact. EKG shows a normal sinus rhythm. No abnormalities. Urinalysis is normal.

A: Syncopal episode. Differential diagnosis includes true syncope or fainting vs. a seizure. One could make a case for syncope based on a multitude of facts including lack of sleep, drinking one beer, cold medicine and a pain pill. I think seizure disorder needs to be ruled out despite that he had no incontinence and was not postictal.

P: Patient is scheduled for an EEG and a CT scan of the brain at Mary Black next week. Will not start him on medications at this time unless he has a recurrence. Precautions given concerning repeated episodes in dangerous places such as driving. Profile III also drawn today. May need to follow up with a neurology consult for second opinion.

/FG:al

THOMPSON 036416

Ht Date				Ht Date				Ht Date				Ht Date		
Date	Pulse	BP	Temp	R	Wt	Date	Pulse	BP	Temp	R	Wt	BP and/or Weight (		
3/2/92		138/84	98.9		170 3/4	1/2/05	68	116/84		16	185	Date	BP	Wt
4/4/92					175 1/2	4/5/05	100	150/84		16	187			
11/11/97	80	120/80			179	4/28/05	68	118/84	—	16	184			
1/21/98	88	120/88			175	9/28/05	100	102/104		16	182			
2/26/98	88	112/80			175	12/20/05	100	134/94		16	184			
7/1/99	68	96/68			184	3/13/06	88	134/80		6	188 1/2			
1/2/99	72	125/85			181	6/13/06	80	140/88	—	16	188			
1/8/00	76	110/80			181 1/2	12/6/06	88	138/98	—	16	196			
1/25/00	80	130/80			182	4/21/07	112	184/102		16	193			
2/4/00	80	130/82			178 1/2	11/28/07	100	124/80		14	180			
1/16/01	76	120/90	99		182	4/30/08	80	110/80	98.4	16	193			
1/7/01	80	130/92			179									
3/6/02	80	130/90			178									
1/1/02	80	112/78			173									
1/23/03	80	124/88			180									
1/23/03	72	134/94		16	192									
1/27/03	72	122/84		16	191									
1/20/03	88	134/92		16	191 1/2									
1/15/03	88	126/94		16	191									
1/9/04	88	134/96		16	180									
4/04/04	80	124/80		16	176									
2/18/04	100	126/94		16	169									
2/7/04	76	120/76		16	178									
1/8/04	100	134/94		16	180									
1/19/04	100	124/88		16	177									

William Casey
#10967

VITAL SIGNS

R-2-92

THOMPSON 036417

ACTIVE IMMUNIZATIONS		VACCINATION DATES					COMMENTS
Diphtheria, Tetanus, Pertussis	Combined	1st	2nd	3rd	4th	5th	
D	erfa-Tetanus Toxoids (Pediatric type)	1st	2nd	3rd	4th	5th	
Haemophilus Influenza B conjugated		1st	2nd	3rd	4th		
Measles, Mumps, Rubella (MMR)		1st			2nd		
Polio		1st	2nd	3rd	4th		
Tetanus Diphtheria Toxoids (Adult type)		1st	2nd	3rd	4th	5th	
Tetanus Toxoid		1st			2nd		

[illegible][illegible][illegible]

MMU/MED

William Mark Casey
210967

FOTOTYPE PRINTIN

THOMPSON 036418

103

ate: 9/23/92 Name: Casey, William Chart#: 10967

Color	Red	Prot	/	Bld	nc	WBC	0-2	Cast		Bact		CC
Char	Clear	Glc	/	Nit	/	RBC	1-4	Cryst	/	SXT	Am	CF
S.G.	1.030	Ket	/	Uro	0.2	Epi	Rare	Other	Det + mucus	Pen	CB	AmC
pH	6.0	Bili	/			Bact	Rare			Tet	F/M	GM

Leukocytes - 0

Patient: Mark Casey

Coll Time: 9:45 Date: 11/21/98 Tech: DH Req By: FG

APPEAR	SG	LEUK	NIT	PH	PRO	GLU	KET	URO	BILI	BLOOD	MICRO ALB	CD181	HCG	FOB
CLEAR	1.000-1.030	NEG	NEG	5.0-8.5	NEG	NEG	NEG	NORMAL	NEG	NEG	NEG	sel.	NEG	NEG
Clear 1.030		N	N	6.0	N	N	N	0.2	N	nc	-			

KOH / WET PREP

BACT: — WBC: 0-2 RBC: Rare EPT: — CAST: 1/21 OTHER: 2+ mucus

FOOTHILLS FAMILY MEDICINE

THOMPSON 036419

Foothills Family Medicine
2212 Old Furnace Rd.
Boiling Springs, SC 29316

LAB # 10-10967

DATE 11-21-98

NAME William Casey

TIME 11:00

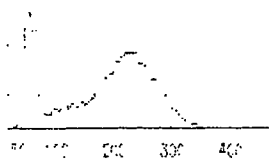
AGE 58 SEX M RACE W

REF BY DH Ordered 5 diff. per Dr. Gonda/RP

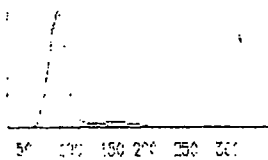
TEST	RESULT	REFERENCE	TEST	RESULT	REFERENCE
WBC	12.5	4.8-10.8	RBC	4.6	3.70-5.10
HGB	13.1	12.0-15.0	HCT	38.0	34.0-44.0
HDI	10.8	11.0-13.0	MCV	82.6	82.0-101.0
SRF	0.0	0.0-0.1	MCH	28.3	27.0-32.0
PLT	210	150-400	MCHC	34.2	31.0-36.0
MPV	10.0	8.0-12.0	RDW	14.5	11.6-14.0
PDW	11.0	10.0-15.0			
SVV	100	100-120			

LAB # 10-10967

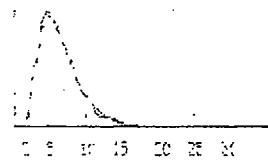
Analyzed Date & Time: 11-21-98 10:09



RBC HISTOGRAM



RDW HISTOGRAM



PLT HISTOGRAM

LAB # 10-10967

Analyzed Date & Time: 11-21-98 10:09

DIFFERENTIAL

Neutrophils	_____	Monocytes	_____	Anisocytosis	_____	Retics	_____
Lymphs	_____	Eosinophils	_____	Hypochromia	_____	Regeneration Rate	_____
Monocytes	_____	Basophils	_____	Poikilocytosis	_____		
Platelets	_____	Abnormal lymphocytes	_____	Schistocytes	_____		
Red blood cells	_____	WBC	_____	Mechanism	_____		

Comments: _____

1/21

THOMPSON 036420



LabCorp Burlington
1447 York Court, Burlington, NC 27215-2230

Phone: 888-200-5439

SPECIMEN	TYPE	PRIMARY LAB	REPORT STATUS	Page #
355-497-0398-0	S	BN	COMPLETE	1

ADDITIONAL INFORMATION		SS#
17804	FASTING: Y	
PHONE: 864-814-2617		DOB: 1958

PATIENT NAME	SEX	AGE(YR./MOS.)
CASEY, WILLIAM M	M	49 / 1

PT. ADDR:	BOILING SPRINGS	SC	29316-0000

DATE OF COLLECTION TIME	DATE RECEIVED	DATE REPORTED	TIME	1855
12/21/2007 11:50	12/21/2007	12/22/2007	5:40	

CLINICAL INFORMATION		
CD- 20236211227		

PHYSICIAN ID.	NPI	PATIENT ID.
GONDA, F	1649224437	20713

ACCOUNT: Foothills Family Medicine Drs Durham And Gonda 2212 Old Furnace Rd Boiling Springs SC 29316-0000 ACCOUNT NUMBER: 39110130		

TEST	RESULT	LIMITS	LAB

Lipid Panel With LDL/HDL Ratio			
> Cholesterol, Total	265 138 mg/dL	100 - 199	01
> Triglycerides	491 346 H mg/dL	0 - 149	01
> HDL Cholesterol	23 21 L mg/dL	40 - 59	01
> VLDL Cholesterol Cal	69 H mg/dL	5 - 40	
LDL Cholesterol Calc	48 mg/dL	0 - 99	
LDL/HDL Ratio	2.3 ratio units	0.0 - 3.6	
ALT (SGPT)	35 IU/L	0 - 55	01

LAB: 01 BN	LabCorp Burlington	DIRECTOR: Frank Hancock MD
1447 York Court, Burlington, NC 27215-2230		

12/21/07
4/14/08
1-2-08
MTH
JA

some improvement
trigs still ↑ & HDL
still ↓
cont. Thioride
add niacin 500mg
Lab in 6-8 wks
12/26/07 F

Pat Name: CASEY, WILLIAM M	Pat ID: 20713	Spec #: 355-497-0398-0	Seq #: 1855

Results are Flagged in Accordance with Age Dependent Reference Ranges

Last Page of Report

LCM Version: 03.19.02

THOMPSON 036421

NIACIN THERAPY FOR CHOLESTEROL

WHAT IS NIACIN?

Niacin, also known as "nicotinic acid" is a vitamin that is necessary for your body's normal growth and function. It is found in meats, eggs, and dairy products. In high doses, it is used as a drug to help lower high cholesterol and fat levels in your blood.

WHY USE NIACIN?

When combined with a low-fat/low-cholesterol diet, Niacin is a safe, effective and economical treatment for elevated blood cholesterol and triglycerides (fats). Most strengths of Niacin are available without prescription.

WHAT ARE THE SIDE EFFECTS OF NIACIN?

Although long term use of Niacin is very safe, there are several annoying side effects. These include:

1. Flushing of the skin and/or itching. This can last from 15 minutes to 2 hours after a dose of niacin.
2. Abdominal discomfort.
3. Dry eyes.

HOW CAN I AVOID THESE SIDE EFFECTS?

It is possible to reduce or completely avoid these side effects by doing the following:

1. Start taking Niacin at a very low dose and gradually increase it. The calendar below explains this.
2. Take each dose with food.
3. Take one aspirin tablet 30 minutes before each dose of niacin.

-- NIACIN CALENDAR --

Week 1: Ask our pharmacist for Niacin 100mg tablets.
Take 1/2 tablet with breakfast and supper.

Week 2: Niacin 100mg -- 1 tablet with breakfast and supper.

Week 3: Niacin 100mg -- 1 and 1/2 tablets with breakfast and supper.

Week 4: Ask our pharmacist for Niacin 500mg tablets.
Take 1/2 tablet with breakfast and supper.

~~Week 5: Niacin 500mg -- 1 tablet with breakfast and supper.~~
~~Week 5: Niacin 500mg -- 1 tablet with breakfast and supper.~~

~~Week 6: Niacin 500mg -- 2 tablets with breakfast and supper.~~
~~Continue this dose until your next appointment.~~

*May help to take all Niacin dosage
at night before bedtime & dairy
products*

THOMPSON 036422



LabCorp Burlington
1447 York Court, Burlington, NC 27215-2230

Phone: 888-200-5439

SPECIMEN	TYPE	PRIMARY LAB	REPORT STATUS	Page #:
324-536-0390-0	S	BN	COMPLETE	1

ADDITIONAL INFORMATION SS#:

17804

FASTING: Y
PHONE: 864-814-2617 DOB: 1958

PATIENT NAME
CASEY, WILLIAM M

SEX
M

AGE(YR./MOS.)
49 /

PT. ADD: 419 QUAIL RIDGE CIRCLE
BOILING SPRINGS SC 29316-0000

DATE OF COLLECTION TIME	DATE RECEIVED	DATE REPORTED	TIME	
11/20/2007	10:08	11/20/2007	5:39	1573

CLINICAL INFORMATION
CD- 20236210966

PHYSICIAN ID.	NPI	PATIENT ID.
GONDA F	1649224437	20713

ACCOUNT: Foothills Family Medicine
Drs Durham And Gonda
2212 Old Furnace Rd
Boiling Springs SC 29316-0000
ACCOUNT NUMBER: 39110130

TEST	RESULT	LIMITS	LAB

Lipid Panel With LDL/HDL Ratio

>	Cholesterol, Total	253 → 265 H	mg/dL	100 - 199	01
>	Triglycerides	575 → 491 H	mg/dL	0 - 149	01
>	HDL Cholesterol	26 → 23 L	mg/dL	40 - 59	01
	VLDL Cholesterol Cal		mg/dL	5 - 40	
The calculation for the VLDL cholesterol is not valid when triglyceride level is >400 mg/dL.					
	LDL Cholesterol Calc		mg/dL	0 - 99	
Triglyceride result indicated is too high for an accurate LDL cholesterol estimation.					
	LDL/HDL Ratio		ratio units	0.0 - 3.6	
Unable to calculate result since non-numeric result obtained for component test.					
	ALT (SGPT)	17 → 9	IU/L	0 - 55	01

LAB: 01 BN LabCorp Burlington DIRECTOR: Frank Hancock MD
1447 York Court, Burlington, NC 27215-2230

No improvement!
Lipids are dangerously high!
Must diet/exercise

were we out of
med again?
Gotta be more compliant
11/21/07 F

11-23-07
LM AC
H/C N/A
JH

Pat Name: CASEY, WILLIAM M	Pat ID: 20713	Spec #: 324-536-0390-0	Seq #: 1573

Results are Flagged in Accordance with Age Dependent Reference Ranges

Last Page of Report

LCM Version: 03.19.02

THOMPSON 036423



LabCorp Burlington
1447 York Court, Burlington, NC 27215-2230

Phone: 888-200-5439

SPECIMEN 085-497-1123-0	TYPE S	PRIMARY LAB BN	REPORT STATUS COMPLETE	Page #: 1
ADDITIONAL INFORMATION SS#: [REDACTED]				
17804 FASTING: N PHONE: 864-814-2617 DOB: [REDACTED] 1958				
PATIENT NAME CASEY, WILLIAM M		SEX M	AGE(YR./MOS.) 48 / 4	
PT. ADD: 419 QUAIL RIDGE CIRCLE BOILING SPRINGS SC 29316-0000				
DATE OF COLLECTION TIME 3/26/2007 14:34	DATE RECEIVED 3/26/2007	DATE REPORTED 3/27/2007	TIME 7:41	9342
TEST		RESULT		

CLINICAL INFORMATION CD- 20236208820	
PHYSICIAN ID. GONDA F	PATIENT ID. 20713
ACCOUNT: Foothills Family Medicine Drs Durham And Gonda 2212 Old Furnace Rd Boiling Springs SC 29316-0000	
ACCOUNT NUMBER: 39110130	

TEST	RESULT	LIMITS	LAB
Lipid Panel With LDL/HDL Ratio			
> Cholesterol, Total	253 H mg/dL	100 - 199	01
> Triglycerides	575 H mg/dL	0 - 149	01
> HDL Cholesterol	26 L mg/dL	40 - 59	01
VLDL Cholesterol Cal	mg/dL	5 - 40	
The calculation for the VLDL cholesterol is not valid when triglyceride level is >400 mg/dL.			
LDL Cholesterol Calc	mg/dL	0 - 99	
Triglyceride result indicated is too high for an accurate LDL cholesterol estimation.			
LDL/HDL Ratio	ratio units	0.0 - 3.6	
Unable to calculate result since non-numeric result obtained for component test.			
LDL/HDL			
Men Women			
1/2 Avg. Risk 1.0 1.5			
Avg. Risk 3.6 3.2			
2X Avg. Risk 6.3 5.0			
3X Avg. Risk 8.0 6.1			
ALT (SGPT)	17 IU/L	0 - 55	01

LAB: 01 BN LabCorp Burlington DIRECTOR: Frank Hancock MD
1447 York Court, Burlington, NC 27215-2230

Pat Name: CASEY, WILLIAM M Pat ID: 20713 Spec #: 085-497-1123-0 Seq #: 9342

Results are Flagged in Accordance with Age Dependent Reference Ranges
Last Page of Report

THOMPSON 036424



LabCorp Burlington
1447 York Court, Burlington, NC 27215-2230

Phone: 888-200-5439

SPECIMEN	TYPE	PRIMARY LAB	REPORT STATUS	Page #
340-497-0125-0	S	BN	COMPLETE	1

ADDITIONAL INFORMATION					SS#: [REDACTED]
17804		FASTING: N			
PHONE: 864-486-9873		DOB: [REDACTED]/1958			
PATIENT NAME			SEX	AGE(YR./MOS.)	
CASEY, WILLIAM M			M	48 / 1	
PT. ADD.: 240 LIGHTWOOD FARM ROAD					
WOODRUFF		SC		29388-0000	
DATE OF COLLECTION TIME		DATE RECEIVED	DATE REPORTED	TIME	
12/06/2006 11:31		12/06/2006	12/07/2006	7:48	8443

CLINICAL INFORMATION	
CD- 20236207964	
PHYSICIAN ID.	PATIENT ID.
GONDA F	20713
ACCOUNT: Foothills Family Medicine	
Drs Durham And Gonda	
2212 Old Furnace Rd	
Boiling Springs SC 29316-0000	
ACCOUNT NUMBER: 39110130	

TEST	RESULT	LIMITS	LAB

Basic Metabolic Panel (8)			
> Glucose, Serum	125 H mg/dL	65 - 99	BN
BUN	13 mg/dL	5 - 26	BN
Creatinine, Serum	0.8 mg/dL	0.5 - 1.5	BN
BUN/Creatinine Ratio	16	8 - 27	
Sodium, Serum	138 mmol/L	135 - 148	BN
Potassium, Serum	4.5 mmol/L	3.5 - 5.5	BN
Chloride, Serum	104 mmol/L	96 - 109	BN
Carbon Dioxide, Total	22 mmol/L	20 - 32	BN
Calcium, Serum	9.8 mg/dL	8.5 - 10.6	BN

Lipid Panel With LDL/HDL Ratio			
> Cholesterol, Total	250 H mg/dL	100 - 199	BN
> Triglycerides	627 H mg/dL	0 - 149	BN
> HDL Cholesterol	24 L mg/dL	40 - 59	BN
VLDL Cholesterol Cal		5 - 40	

The calculation for the VLDL cholesterol is not valid when triglyceride level is >400 mg/dL.

LDL Cholesterol Calc	mg/dL	0 - 99
Triglyceride result indicated is too high for an accurate LDL cholesterol estimation.		
LDL/HDL Ratio	ratio units	0.0 - 3.6
Unable to calculate result since non-numeric result obtained for component test.		

LDL/HDL		
	Men	Women
1/2 Avg. Risk	1.0	1.5
Avg. Risk	3.6	3.2
2X Avg. Risk	6.3	5.0
3X Avg. Risk	8.0	6.1
	0 - 55	BN

ALT (SGPT)

19 IU/L

LAB: BN LabCorp Burlington
1447 York Court, Burlington, NC 27215-2230

DIRECTOR: Frank Hancock MD

Pat Name: CASEY, WILLIAM M

Pat ID: 20713

Spec #: 340-497-0125-0

Seq #: 8443

Results are Flagged in Accordance with Age Dependent Reference Ranges

Last Page of Report

THOMPSON 036425

2023



LabCorp Burlington
1447 York Court, Burlington, NC 27215-2230

Phone: 888-200-5439

SPECIMEN 164-536-0150-0	TYPE S	PRIMARY LAB BN	REPORT STATUS COMPLETE	Page #: 1
ADDITIONAL INFORMATION SS#: [REDACTED]				
17804 FASTING: Y PHONE: 864-486-9873 DOB: [REDACTED] /1958				
PATIENT NAME CASEY, WILLIAM M		SEX M	AGE(YR./MOS.) 47 / 7	
PT. ADD.: 240 LIGHTWOOD FARM ROAD WOODRUFF SC 29388-0000				
DATE OF COLLECTION TIME 6/13/2006 11:06	DATE RECEIVED 6/13/2006	DATE REPORTED 6/14/2006	TIME 5:41	6785

CLINICAL INFORMATION CD- 20236206349	
PHYSICIAN ID. GONDA F	PATIENT ID. 20713
ACCOUNT: Foothills Family Medicine Drs Durham And Gonda 2212 Old Furnace Rd Boiling Springs SC 29316-0000	
ACCOUNT NUMBER: 39110130	

TEST	RESULT	LIMITS	LAB
Lipid Panel With LDL/HDL Ratio			
Cholesterol, Total	159 mg/dL	100 - 199	BN
> Triglycerides	193 → 288 H mg/dL	0 - 149	BN
> HDL Cholesterol	26 L mg/dL	40 - 59	BN
> VLDL Cholesterol Cal	58 H mg/dL	5 - 40	
LDL Cholesterol Calc	75 mg/dL	0 - 99	
LDL/HDL Ratio	2.9 ratio units	0.0 - 3.6	
LDL/HDL			
Men Women			
1/2 Avg. Risk 1.0 1.5			
Avg. Risk 3.6 3.2			
2X Avg. Risk 6.3 5.0			
3X Avg. Risk 8.0 6.1			
ALT (SGPT)	30 IU/L	0 - 55	BN

LAB: BN LabCorp Burlington
1447 York Court, Burlington, NC 27215-2230

DIRECTOR: Frank Hancock MD

*pt notified
6/14/06*

*Trigs not as good
HDL still low
cont meds
work on diet a
wt loss
6/14/06 F*

Pat Name: CASEY, WILLIAM M	Pat ID: 20713	Spec #: 164-536-0150-0	Seq #: 6785

Results are Flagged in Accordance with Age Dependent Reference Ranges
Last Page of Report

THOMPSON 036426



LabCorp Burlington
1447 York Court, Burlington, NC 27215-2230

Phone: 888-200-5439

SPECIMEN 102-536-0784-0	TYPE S	PRIMARY LAB BN	REPORT STATUS COMPLETE	Page #: 1
ADDITIONAL INFORMATION SS#: [REDACTED]				
17804 FASTING: Y PHONE: 864-486-9873 DOB: [REDACTED] /1958				
PATIENT NAME CASEY, WILLIAM M		SEX M	AGE(YR/MOS.) 47 / 5	
PT. ADD.: 240 LIGHTWOOD FARM ROAD WOODRUFF SC 29388-0000				
DATE OF COLLECTION TIME 4/12/2006 10:36	DATE RECEIVED 4/12/2006	DATE REPORTED 4/13/2006	TIME 5:41	6151

CLINICAL INFORMATION CD-20236205741	
PHYSICIAN ID. GONDA F	PATIENT ID. 20713
ACCOUNT: Foothills Family Medicine Drs Durham And Gonda 2212 Old Furnace Rd Boiling Springs SC 29316-0000	
ACCOUNT NUMBER: 39110130	

TEST	RESULT	LIMITS	LAB
Lipid Panel With LDL/HDL Ratio			
Cholesterol, Total	229 → 135 ✓ mg/dL	100 - 199	BN
> Triglycerides	565 → 193 H mg/dL	0 - 149	BN
> HDL Cholesterol	35 → 26 L mg/dL	40 - 59	BN
VLDL Cholesterol Cal	39 mg/dL	5 - 40	
LDL Cholesterol Calc	70 ✓ mg/dL	0 - 99	
LDL/HDL Ratio	2.7 ratio units	0.0 - 3.6	
LDL/HDL			
Men Women			
1/2 Avg. Risk 1.0 1.5			
Avg. Risk 3.6 3.2			
2X Avg. Risk 6.3 5.0			
3X Avg. Risk 8.0 6.1			
ALT (SGPT)	20 ✓ IU/L	0 - 55	BN

LAB: BN LabCorp Burlington
1447 York Court, Burlington, NC 27215-2230

DIRECTOR: Frank Hancock MD

#1 LDL
#2 Trig
#3 HDL

4/13/06
Lm RC [initials]
4/14/06
[initials]

CRS
Rdville
[initials]

Lipids better
HDL still low
can try exercise
& red wine.
can't Y4 for 10/40
tghs #30/t
lab 2nd try

Pat Name: CASEY, WILLIAM M	Pat ID: 20713	Spec #: 102-536-0784-0	Seq #: 6151

Results are Flagged in Accordance with Age Dependent Reference Ranges
Last Page of Report

4/13/06 [initials]

THOMPSON 036427



LabCorp Burlington
1447 York Court, Burlington, NC 27215-2230

Phone: 888-200-5439

SPECIMEN 072-536-0713-0	TYPE S	PRIMARY LAB BN	REPORT STATUS COMPLETE	Page #: 1
ADDITIONAL INFORMATION SS#: [REDACTED]				
17804 FASTING: Y PHONE: 864-486-9873 DOB: [REDACTED] 1/1958				
PATIENT NAME CASEY, WILLIAM M		SEX M	AGE(YR./MOS.) 47 / 4	
PT. ADDR.: 240 LIGHTWOOD FARM ROAD WOODRUFF SC 29388-0000				
DATE OF COLLECTION TIME 3/13/2006 11:06	DATE RECEIVED 3/13/2006	DATE REPORTED 3/14/2006	TIME 5:39	5829

CLINICAL INFORMATION CD- 20236205434	
PHYSICIAN ID. GONDA F	PATIENT ID. 20713
ACCOUNT: Foothills Family Medicine Drs Durham And Gonda 2212 Old Furnace Rd Boiling Springs SC 29316-0000	
ACCOUNT NUMBER: 39110130	

TEST	RESULT	LIMITS	LAB

Lipid Panel With LDL/HDL Ratio

> Cholesterol, Total	229 H mg/dL	100 - 199	BN
> Triglycerides	565 H mg/dL	0 - 149	BN
> HDL Cholesterol	35 L mg/dL	40 - 59	BN
VLDL Cholesterol Cal	mg/dL	5 - 40	

The calculation for the VLDL cholesterol is not valid when triglyceride level is >400 mg/dL.

LDL Cholesterol Calc	mg/dL	0 - 99	

Triglyceride result indicated is too high for an accurate LDL cholesterol estimation.

LDL/HDL Ratio	ratio units	0.0 - 3.6	

Unable to calculate result since non-numeric result obtained for component test.

	LDL/HDL	
	Men Women	
1/2 Avg. Risk	1.0 1.5	
Avg. Risk	3.6 3.2	
2X Avg. Risk	6.3 5.0	
3X Avg. Risk	8.0 6.1	
	0 - 55	BN

ALT (SGPT)

18 IU/L

LAB: BN LabCorp Burlington
1447 York Court, Burlington, NC 27215-2230

DIRECTOR: Frank Hancock MD

3/14/06
P. Thompson

meds not working,
or have we not been
taking them.

cont tricoi.
DL Lipitor
Begin Vytorin 12/40

+ 3d
28 samples as 4uKs

Pat Name: CASEY, WILLIAM M	Pat ID: 20713	Spec #: 072-536-0713-0	Seq #: 5829

Results are Flagged in Accordance with Age Dependent Reference Ranges
Last Page of Report

3/14/06

THOMPSON 036428



LabCorp Burlington
1447 York Court, Burlington, NC 27215-2230

Phone: 888-200-5439

SPECIMEN 354-536-0809-0	TYPE S	PRIMARY LAB BN	REPORT STATUS COMPLETE	Page #: 1
ADDITIONAL INFORMATION SS# [REDACTED]				
17804 FASTING: Y PHONE: 864-486-9873 DOB [REDACTED] /1958				
PATIENT NAME CASEY, WILLIAM M		SEX M	AGE(YR./MOS.) 47 / 1	
PT. ADDR: 240 LIGHTWOOD FARM ROAD WOODRUFF SC 29388-0000				
DATE OF COLLECTION TIME 12/20/2005 10:00	DATE RECEIVED 12/20/2005	DATE REPORTED 12/21/2005	TIME 5:43	5099

CLINICAL INFORMATION CD- 20236204724	
PHYSICIAN ID. GONDA F	PATIENT ID. 20713
ACCOUNT: Foothills Family Medicine Drs Durham And Gonda 2212 Old Furnace Rd Boiling Springs SC 29316-0000	
ACCOUNT NUMBER: 39110130	

TEST	RESULT	LIMITS	LAB
Lipid Panel With LDL/HDL Ratio			
Cholesterol, Total	187 → 171 mg/dL	100 - 199	BN
> Triglycerides	245 → 252 H mg/dL	0 - 149	BN
> HDL Cholesterol	30 → 33 L mg/dL	40 - 59	BN
> VLDL Cholesterol Calc	50 H mg/dL	5 - 40	
LDL Cholesterol Calc	108 → 88 mg/dL	0 - 99	
LDL/HDL Ratio	2.7 ratio units	0.0 - 3.6	
LDL/HDL			
Men Women			
1/2 Avg. Risk 1.0 1.5			
Avg. Risk 3.6 3.2			
2X Avg. Risk 6.3 5.0			
3X Avg. Risk 8.0 6.1			
ALT (SGPT)	19 ✓ IU/L	0 - 55	BN

LAB: BN LabCorp Burlington
1447 York Court, Burlington, NC 27215-2230

DIRECTOR: Frank Hancock MD

12/22/05
LMRC DA
d
Dr RC M
OFF

All #'s better
X trig - 100 pts ↑
cont med, diet
exercise
12/21/05 F

Pat Name: CASEY, WILLIAM M	Pat ID: 20713	Spec #: 354-536-0809-0	Seq #: 5099

Results are Flagged in Accordance with Age Dependent Reference Ranges
Last Page of Report

THOMPSON 036429



LabCorp Burlington
1447 York Court, Burlington, NC 27215-2230

Phone: 888-200-5439

SPECIMEN 179-536-0344-0	TYPE S	PRIMARY LAB BN	REPORT STATUS COMPLETE	Page #: 1
ADDITIONAL INFORMATION				
17804 FASTING: Y PHONE: 864-486-9131 DOB: [REDACTED] 1958				
PATIENT NAME CASEY, WILLIAM		SEX M	AGE(YR/MOS.) 46 / 7	
PT. ADD:				
DATE OF SPECIMEN 6/28/2005	TIME 9:01	DATE RECEIVED 6/28/2005	DATE REPORTED 6/29/2005	TIME 5:44 3542

CLINICAL INFORMATION CD- 20236203231	
PHYSICIAN ID. GONDA F	PATIENT ID. 217804-WC
ACCOUNT: Foothills Family Medicine Drs Durham And Gonda 2212 Old Furnace Rd Boiling Springs SC 29316-0000	
ACCOUNT NUMBER: 39110130	

TEST	RESULT	LIMITS	LAB

Lipid Panel With LDL/HDL Ratio			
> Cholesterol, Total	184 → 187 ✓ mg/dL	100 - 199	BN
> Triglycerides	507 → 245 H mg/dL	0 - 149	BN
> HDL Cholesterol	29 → 30 L mg/dL	40 - 59	BN
> VLDL Cholesterol Cal	49 H mg/dL	5 - 40	
> LDL Cholesterol Calc	3 → 108 H mg/dL	0 - 99	
Comment			BN

If initial LDL-cholesterol result is >100 mg/dL, assess for risk factors and refer to the ATP-III table below.

Risk Category	LDL Goal	LDL Level (mg/dL)	LDL Level (mg/dL)
	mg/dL	at which to initiate	at which to
		Therapeutic Lifestyle	consider Drug
		Changes (TLC)	Therapy

CHD	<100	>100	>or=130	
2+ Risk Factors	<130	>or=130	>or=130	
0-1 Risk Factors	<160	>or=160	>or=190	
LDL/HDL Ratio		3.6	ratio units	0.0 - 3.6
				LDL/HDL
				Men Women
			1/2 Avg. Risk	1.0 1.5
			Avg. Risk	3.6 3.2
			2X Avg. Risk	6.3 5.0
			3X Avg. Risk	8.0 6.1
ALT (SGPT)		18 ✓	IU/L	0 - 55 BN

Please note reference interval change

LAB: BN LabCorp Burlington
1447 York Court, Burlington, NC 27215-2230

DIRECTOR: Frank Hancock MD

6/29/05
Phone Size 2H
17-505
pt not fuf 2H

Lipids improved
with Lipitor &
Tricore
Flu 3mths
6/29/05

Pat Name: CASEY, WILLIAM	Pat ID: 217804-WC	Spec #: 179-536-0344-0	Seq #: 3542

Results are Flagged in Accordance with Age Dependent Reference Ranges.

Last Page of Report

THOMPSON 036430



LabCorp Burlington
1447 York Court, Burlington, NC 27215-2230

Phone: 888-200-5439

SPECIMEN	TYPE	PRIMARY LAB	REPORT STATUS	Page#
131-536-0502-0	S	BN	COMPLETE	1

ADDITIONAL INFORMATION					
17804	FASTING: Y.		PHONE: 864-486-9131	DOB: [REDACTED]	1958
PATIENT NAME			SEX	AGE(YR./MOS.)	
CASEY, WILLIAM			M	46 / 6	
PT. ADD.:					
DATE OF SPECIMEN	TIME	DATE RECEIVED	DATE REPORTED	TIME	
5/11/2005	8:40	5/11/2005	5/12/2005	5:43	3125

CLINICAL INFORMATION	
CD- 20236202829	
PHYSICIAN ID.	PATIENT ID.
GONDA F	217804-WC
ACCOUNT: Foothills Family Medicine Drs Durham And Gonda 2212 Old Furnace Rd Boiling Springs SC 29316-0000	
ACCOUNT NUMBER: 39110130	

TEST	RESULT	LIMITS	LAB

Lipid Panel With LDL/HDL Ratio			
Cholesterol, Total	184 mg/dL	100 - 199	BN
> Triglycerides	507 H mg/dL	0 - 149	BN
> HDL Cholesterol	29 L mg/dL	40 - 59	BN
VLDL Cholesterol Cal	mg/dL	5 - 40	
The calculation for the VLDL cholesterol is not valid when triglyceride level is >400 mg/dL.			
LDL Cholesterol Calc	mg/dL	0 - 99	
Triglyceride result indicated is too high for an accurate LDL cholesterol estimation.			
LDL/HDL Ratio	ratio units	0.0 - 3.6	
Unable to calculate result since non-numeric result obtained for component test.			

LDL/HDL		
	Men	Women
1/2 Avg. Risk	1.0	1.5
Avg. Risk	3.6	3.2
2X Avg. Risk	6.3	5.0
3X Avg. Risk	8.0	6.1
	0 - 40	BN

ALT (SGPT) 23 IU/L

LAB: BN LabCorp Burlington DIRECTOR: Frank Hancock MD
1447 York Court, Burlington, NC 27215-2230

5/13/05
Lm to call Back
5/16/05
pt. not in
GH

No improvement in
trigs + HDL.
Got to diet + exercise.
Lost Lipitor + but 40mg
1/2 3d
Add Tricore 145mg qpm
at 28 samples
Lab in 4 wks
5/13/05 F

Pat Name: CASEY, WILLIAM	Pat ID: 217804-WC	Spec #: 131-536-0502-0	Seq #: 3125

Results are Flagged in Accordance with Age Dependent Reference Ranges
Last Page of Report

THOMPSON 036431

Laboratory Corporation of America

SPECIMEN 293-536-0800-0	TYPE S	PRIMARY LAB BN	REPORT STATUS COMPLETE	Page #: 1
ADDITIONAL INFORMATION FASTING: Y PHONE: 864-486-9131 DOB: [REDACTED] /1958				
PATIENT NAME CASEY, WILLIAM		SEX M	AGE(YR./MOS.) 45 / 11	
PT. ADD.:				
DATE OF SPECIMEN 10/19/2004	TIME 9:55	DATE RECEIVED 10/19/2004	DATE REPORTED 10/20/2004	TIME 5:45
1276				

CLINICAL INFORMATION CD-20236202221	
PHYSICIAN ID. GONDA F	PATIENT ID. 217804-WC
ACCOUNT: FOOTHILLS FAMILY MEDICINE DRS DURHAM AND GONDA 2212 Old Furnace Rd Boiling Springs SC 29316-0000	
ACCOUNT NUMBER: 39110130	

TEST	RESULT	LIMITS	LAB
Lipid Panel With LDL/HDL Ratio			
Cholesterol, Total	204 → 189 ✓ mg/dL	100 - 199	BN
> Triglycerides	314 → 347 H mg/dL	0 - 149	BN
> HDL Cholesterol	29 → 41 → 30 L mg/dL	40 - 59	BN
> VLDL Cholesterol Cal	69 H mg/dL	5 - 40	
LDL Cholesterol Calc	100 → 90 ✓ mg/dL	0 - 99	
LDL/HDL Ratio	3.0 ratio units	0.0 - 3.6	
LDL/HDL			
Men Women			
1/2 Avg. Risk 1.0 1.5			
Avg. Risk 3.6 3.2			
2X Avg. Risk 6.3 5.0			
3X Avg. Risk 8.0 6.1			
ALT (SGPT)	34 ✓ IU/L	0 - 40	BN

LAB: BN LabCorp Burlington
1447 York Court, Burlington, NC 27215-2230

DIRECTOR: Frank Hancock MD

10-2504
Patient from JH

T.C & LDL good
↑ trig & ↓ HDL
must work on diet +
some exercise
cont Lipids
10/22/04 F

Results are Flagged in Accordance with Age Dependent Reference Ranges
Last Page of Report

THOMPSON 036432

TO: DR. GONDA AT IN: JANICE/LAL

Footh. Family Medicine

FORM 001

Specimen #		Type	Primary Lab	Report Status	Pg																																																																																																																													
209-536-0398-0		R	BN	Final	1																																																																																																																													
Time 0942																																																																																																																																		
CD- 20236201421																																																																																																																																		
Patient Name		Sex	Age (Yr/Mo)		UPIN: D17701																																																																																																																													
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Date Collected		Date Entered	Date Reported	0425																																																																																																																														
07/27/04		07/27/04	07/28/04	0425																																																																																																																														
<table border="1"> <thead> <tr> <th>TESTS</th> <th>RESULT</th> <th>FLAG</th> <th>UNITS</th> <th>REFERENCE INTERVAL</th> <th>LAB</th> </tr> </thead> <tbody> <tr> <td colspan="6">Lipid Panel With LDL/HDL Ratio</td> </tr> <tr> <td>Cholesterol, Total</td> <td>238 →</td> <td>204</td> <td>H mg/dL</td> <td>100 - 199</td> <td>BN</td> </tr> <tr> <td>Triglycerides</td> <td>143 →</td> <td>314</td> <td>H mg/dL</td> <td>0 - 149</td> <td>BN</td> </tr> <tr> <td>HDL Cholesterol</td> <td>29 →</td> <td>41</td> <td>mg/dL</td> <td>40 - 59</td> <td>BN</td> </tr> <tr> <td>VLDL Cholesterol Cal</td> <td></td> <td>63</td> <td>H mg/dL</td> <td>5 - 40</td> <td></td> </tr> <tr> <td>LDL Cholesterol Calc</td> <td>3 →</td> <td>100</td> <td>H mg/dL</td> <td>0 - 99</td> <td></td> </tr> <tr> <td colspan="6"> Comment: If initial LDL-cholesterol result is >100 mg/dL, assess for risk factors and refer to the ATP-III table below. <table border="1"> <thead> <tr> <th>Risk Category</th> <th>LDL Goal</th> <th>LDL Level (mg/dL)</th> <th>LDL Level (mg/dL)</th> </tr> <tr> <td></td> <td></td> <td>at which to initiate</td> <td>at which to</td> </tr> <tr> <td></td> <td></td> <td>Therapeutic Lifestyle</td> <td>consider Drug</td> </tr> <tr> <td></td> <td></td> <td>Changes (TLC)</td> <td>Therapy</td> </tr> </thead> <tbody> <tr> <td>CHD</td> <td><100</td> <td>>100</td> <td>>or=130</td> </tr> <tr> <td>2+ Risk Factors</td> <td><130</td> <td>>or=130</td> <td>>or=130</td> </tr> <tr> <td>0-1 Risk Factors</td> <td><160</td> <td>>or=160</td> <td>>or=190</td> </tr> </tbody> </table> </td> </tr> <tr> <td>LDL/HDL Ratio</td> <td>2.4</td> <td></td> <td>ratio units</td> <td>0.0 - 3.6</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td>LDL/HDL</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td>Men</td> <td>Women</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td>1/2 Avg. Risk</td> <td>1.0 1.5</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td>Avg. Risk</td> <td>3.6 3.2</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td>2X Avg. Risk</td> <td>6.3 5.0</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td>3X Avg. Risk</td> <td>8.0 6.1</td> </tr> <tr> <td>ALT (SGPT)</td> <td>23 ✓</td> <td></td> <td>IU/L</td> <td>0 - 40</td> <td>BN</td> </tr> </tbody> </table>							TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB	Lipid Panel With LDL/HDL Ratio						Cholesterol, Total	238 →	204	H mg/dL	100 - 199	BN	Triglycerides	143 →	314	H mg/dL	0 - 149	BN	HDL Cholesterol	29 →	41	mg/dL	40 - 59	BN	VLDL Cholesterol Cal		63	H mg/dL	5 - 40		LDL Cholesterol Calc	3 →	100	H mg/dL	0 - 99		Comment: If initial LDL-cholesterol result is >100 mg/dL, assess for risk factors and refer to the ATP-III table below. <table border="1"> <thead> <tr> <th>Risk Category</th> <th>LDL Goal</th> <th>LDL Level (mg/dL)</th> <th>LDL Level (mg/dL)</th> </tr> <tr> <td></td> <td></td> <td>at which to initiate</td> <td>at which to</td> </tr> <tr> <td></td> <td></td> <td>Therapeutic Lifestyle</td> <td>consider Drug</td> </tr> <tr> <td></td> <td></td> <td>Changes (TLC)</td> <td>Therapy</td> </tr> </thead> <tbody> <tr> <td>CHD</td> <td><100</td> <td>>100</td> <td>>or=130</td> </tr> <tr> <td>2+ Risk Factors</td> <td><130</td> <td>>or=130</td> <td>>or=130</td> </tr> <tr> <td>0-1 Risk Factors</td> <td><160</td> <td>>or=160</td> <td>>or=190</td> </tr> </tbody> </table>						Risk Category	LDL Goal	LDL Level (mg/dL)	LDL Level (mg/dL)			at which to initiate	at which to			Therapeutic Lifestyle	consider Drug			Changes (TLC)	Therapy	CHD	<100	>100	>or=130	2+ Risk Factors	<130	>or=130	>or=130	0-1 Risk Factors	<160	>or=160	>or=190	LDL/HDL Ratio	2.4		ratio units	0.0 - 3.6						LDL/HDL						Men	Women					1/2 Avg. Risk	1.0 1.5					Avg. Risk	3.6 3.2					2X Avg. Risk	6.3 5.0					3X Avg. Risk	8.0 6.1	ALT (SGPT)	23 ✓		IU/L	0 - 40	BN
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Lab: BN LabCorp Burlington Director: Frank Hancock, MD 1447 York Court Burlington, NC 27215-2230 For inquiries, the physician may contact: Branch: 800-762-4344 Lab: 888-200-5439 Last Page of Report																																																																																																																																		
8/2/04 - notified pt - called in Lipitor #3012 Tqd ✓ Lipids improved. cont Lipitor 20mg work on diet Flu 3 months C/S 7/28/04																																																																																																																																		

This document contains private and confidential health information protected by state and federal law. If you have received this document in error, please call 800-762-4344

REPORT

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CASEY, WILLIAM

Report Date: 07/28/04 Report Time: 10:20 ET All Rights Reserved

THOMPSON 036433

07070894

864-578-9735

GONDA, FRANK
FOOTHILLS FAMILY MEDICINE
2212 OLD FURNACE RD.
BOILING SPRINGS SC 29316-0000



LABORATORY REPORT

Patient Name ASEY, WILLIAM	Patient ID/Hospital ID 217804-WC	Room No.	Age 45	Sex M	Physician GONDA, FRANK
Page 1	Requisition No. 0865716	Accession No. AT228586W	Lab Ref No. 0865716	Collection Date & Time 05/04/2004 09:33	Log-in Date 05/04/2004
Remarks FASTING			Report Date & Time 05/05/2004 07:00		

SS#:

Report Status	Test	Result In Range Out of Range	Units	Reference Range	Site Code
FINAL					
PATIENT DATE OF BIRTH: /1958					
<u>LIPID PANEL</u>					
	TRIGLYCERIDES	408 H	MG/DL	<150	AT
	CHOLESTEROL, TOTAL	238 H	MG/DL	<200	AT
	HDL CHOLESTEROL	29 L	MG/DL	> OR = 40	AT
	LDL-CHOLESTEROL		MG/DL (CALC)	<130	AT
LDL CHOLESTEROL NOT CALCULATED. TRIGLYCERIDE LEVELS GREATER THAN 400 MG/DL INVALIDATE LDL RESULTS.					
	CHOL/HDL C RATIO	8.2 H	(CALC)	<5.0	AT
ALT		14	U/L	2-60	AT

'AT' Indicates testing site: QUEST DIAGNOSTICS-ATLANTA
1777 MONTREAL CIRCLE
TUCKER GA 30084
(770) 934-9205
WILLIAM M MILLER, MD

>> END OF REPORT <<

5/5/04
pt not tied
Gut

Lipids terrible
Begin Lipitor 20mg
+ 5 AM #28 samples
Lab in 4 hrs
5/5/04

THOMPSON 036434

07070894
GONDA, FRANK
FOOTHILLS FAMILY MEDICINE
2212 OLD FURNACE RD.
BOILING SPRINGS SC 29316-0000

804-578-9735



LABORATORY REPORT

Patient Name ASEY, WILLIAM	Patient ID/Hospital ID 217804-WC	Room No.	Age 45	Sex M	Physician GONDA, FRANK	
Page 1	Requisition No. 0865088	Accession No. AT1159670	Lab Ref No. 0865088	Collection Date & Time 02/10/2004 10:19	Log-in Date 02/10/2004	Report Date & Time 02/11/2004 06:00
Remarks NONFASTING						

SS#:

Report Status	Test	Result	Units	Reference Range	Site Code
FINAL		In Range Out of Range			
PATIENT DATE OF BIRTH: /1958					
LIPID PANEL					
	TRIGLYCERIDES	511 H	MG/DL	<150	AT
	CHOLESTEROL, TOTAL	242 H	MG/DL	<200	AT
	HDL CHOLESTEROL	26 L	MG/DL	> OR = 40	AT
	LDL-CHOLESTEROL		MG/DL (CALC)	<130	AT
LDL CHOLESTEROL NOT CALCULATED. TRIGLYCERIDE LEVELS GREATER THAN 400 MG/DL INVALIDATE LDL RESULTS.					
	CHOL/HDL C RATIO	9.3 H	(CALC)	<5.0	AT
ALT		20 ✓	U/L	2-60	AT

AT Indicates testing site: QUEST DIAGNOSTICS-ATLANTA
1777 MONTREAL CIRCLE
TUCKER GA 30084
(770) 934-9205
WILLIAM M MILLER, MD

>> END OF REPORT <<

2/12/04
d/nto r/c
Dennis

2-18-04
pt. not for

Site
mailed

Lipids terrible esp
↑ trig & ↓ HDL
low fat diet
↑ exercise - 3x per wk
can do this if can play
golf.
↓ 15 lb.

Repeat 3-6 mths
2/11/04 Z

THOMPSON 036435

Specimen #	Type	Primary Lab	Re	Ass
353-497-0827-02	S	BN	FINAL	PG 1
TIME 0505				
Additional Information				
DOB: 3/58				
FASTING N				
Patient Name	864-476-9100	Sex	M	Age (Y/M/A)
CASEY, WILLIAM M				042/10
Patient Address	714 TREE WOOD LN			
WOODRUFF	SC 29388-			
Date Collected	Date Entered	Date Reported		
09/07/01	09/10/01	09/13/01	0438	

LabCorp®

Clinical Information	
09/13/01	06:14
Physician ID	Patient ID
GONDA F	10967
Account	
UPIN: D17701	
FOOTHILLS FAMILY MEDICINE	
DRS DURHAM AND GONDA	3911015
2212 OLD FURNACE RD	42
BOILING SPRINGS, SC 29316-	42
864-578-9735	SCG

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
TESTOSTERONE, FREE AND TOTAL					
Testosterone, Serum	248	LOW	ng/dL	241 - 827	BN
			Male	Female	
	1 - 5 mons.	1 - 177		1 - 5	
	6-11 mons.	2 - 7		2 - 5	
	1- 5 yrs.	0 - 10		0 - 10	
	6- 7 yrs.	0 - 20		0 - 10	
	8-10 yrs.	0 - 25		0 - 30	
	11-12 yrs.	0 - 350		0 - 50	
	13-15 yrs.	15 - 500		0 - 50	
	Adult	241 - 827		14 - 76	
Free Testosterone(Direct)	14.8	W	pg/mL	6.8 - 21.5	BN

LAB: BN LABCORP BURLINGTON DIRECTOR: FRANK HANCOCK, MD
1447 YORK COURT BURLINGTON, NC 27215-2230

IF YOU HAVE ANY QUESTIONS CONTACT - BRANCH: 864-232-0636 LAB: 888-200-5439
LAST PAGE OF REPORT

9/14/01
Dmg to 1/c
@12:20 PM

9/14/01
Dmg to 1/c
@12:20 PM

low total test. level
if Viagra fails, can
try hormone replacement
9/13/01 F

REPORT

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THOMPSON 036436

00070894
 GONDA, FRANK
 2212 OLD FURNACE RD.
 SPARTANBURG SC 29303

SB SmithKline Beecham
 Clinical Laboratories

LABORATORY REPORT

Patient Name SEY, WILLIAM		Patient ID/Hospital ID 210967-WC		Room No.	Age 39	Sex M	Physician GONDA, FRANK
Page 1	Requisition No. 0849513	Accession No. AT841799X	Lab Ref. No. 0849513	Collection Date & Time 01/21/98 10:05	Log-In Date 01/21/98	Report Date & Time 01/22/98 08:00	
Remarks							

Report Status	Test	Result In Range Out of Range	Units	Reference Range	Site Code
FINAL	PROFILE 26385				
	CHEM 3				
	GLUCOSE	✓ 92	MG/DL	70-115	AT
	TRIGLYCERIDES	299 H	MG/DL	<200	
	CHOLESTEROL, TOTAL	239 H	MG/DL	<200	
	HDL-CHOLESTEROL	22 L	MG/DL	> 34	AT
	LDL PROFILE WITH RATIO				AT
	LDL-CHOLESTEROL	157 H	MG/DL (CALC)	0-130	
	CHOL/HDLRATIO	10.86 H	(CALC)	<4.98	
	CORONARY RISK FACTOR	2.09 X AVG RISK			
'AT' refers to site: SMITHKLINE BEECHAM CLINICAL LABORATORIES 1777 MONTREAL CIRCLE TUCKER GA 30084 770-934-9200 W. M. MILLER, MD >> END OF REPORT << 1/26/98 - pt. notified to pt. or via mail Profile is Abnormal ↑ Triglyc. ↑ Total Cholest ↓ HDL means ↑ risk of CAD Begin OTC vitamin Pick up handout 1/27/98					

THOMPSON 036437

00070877
 GONDA, FRANK
 2212 OLD FURNACE RD.
 SPARTANBURG SC 29303-

SB SmithKline Beecham
 Clinical Laboratories

LABORATORY REPORT

Patient Name ISEY, WILLIAM		Patient ID/Hospital ID 210957-WC		Room No.	Age 39	Sex M	Physician GONDA, FRANK
864-576-8269							
Page 1	Registration No. 0849194	Accession No. AT884821W	Lab Ref. No. 0849194	Collection Date & Time 11/14/97 12:45	Log-In Date 11/14/97	Report Date & Time 11/15/97 16:00	

Remarks

11/17/97 Self Massage PDW 11/17/97 - conducted pt PDW

Report Status	Test	Result In Range Out of Range	Units	Reference Range	Site Code
FINAL	PROFILE 5498				
	URIC ACID	5.7 ✓	MG/DL	4.0-8.5	AT
	SED RATE BY MODIFIED WESTERGREN	7 ✓	MM/HR	< OR = 15	AT
	ANTINUCLEAR ANTIBODIES	<1:40 ✓	TITER		AT
	REFERENCE RANGE:				
	<1:40	NEGATIVE			
	1:40 - 1:80	LOW ANTIBODY LEVEL			
	>1:80	ELEVATED ANTIBODY LEVEL			
	RHEUMATOID FACTOR	<25 ✓	IU/ML		AT
	REFERENCE RANGE:				
	0 - 39	NEGATIVE			
	40 - 79	WEAKLY REACTIVE			
	> OR = 80	POSITIVE			
'AT' refers to site: SMITHKLINE BEECHAM CLINICAL LABORATORIES 1777 MONTREAL CIRCLE TUCKER GA 30084 770-934-9200 W. M. MILLER, MD >> END OF REPORT << All Labs OK can't ultrason proceed w/ X-rays 11/17 Z					

THOMPSON 036438

SPECIMEN #	TYPE	PRIMARY LAB	REPORT STATUS
253-251-0004	6	FINAL	PG 1
ADDITIONAL INFORMATION			
1LISST		DOB: 11/11/58	
PATIENT NAME	SEX	AGE (YR/MOS)	
CASEY, WILLIAM	M	033/10	
DATE OF SPECIMEN	DATE ENTERED	DATE REPORTED	
09/24/92	09/24/92	09/25/92	5600

Roche Biomedical Laboratories a subsidiary of Hoffmann-La Roche Inc.	
CLINICAL INFORMATION	
PHYSICIAN ID.	PATIENT ID.
GONDA	10967
ACCOUNT	
FOOTHILLS FAMILY MEDICINE	3910701
DRS HAMES AND GONDA	34
2212 FURNACE ROAD	34
SPARTANBURG, SC 29303-	
403-578-9735	SCG

TESTS RESULTS LIMITS TEST SITE ON BACK

P-42721 MC+THY A+CBC/DF
T. CHOL/HDL RATIO

8.9

RATIO UNITS

*T. CHOL/HDL RATIO

	MEN	WOMEN
1/2 AVERAGE RISK	3.4	3.3
AVERAGE RISK	5.0	4.4
2X AVERAGE RISK	9.6	7.1
3X AVERAGE RISK	23.4	11.0

*ESTIMATED CHD RISK

1.7

TIMES AVERAGE

NOTE: OTHER FACTORS AFFECT CHD RISK SUCH AS HYPERTENSION, SMOKING, DIABETES, SEVERE OBESITY, AND FAMILY HISTORY OF PREMATURE CHD.

LDL/HDL RATIO

CALCULATION NOT PERFORMED DUE TO NON-NUMERIC VALUE ENTERED FOR NEEDED TEST
LDL/HDL

	MEN	WOMEN
1/2 AVERAGE RISK	1.00	1.47
AVERAGE RISK	3.55	3.22
2X AVERAGE RISK	6.25	5.03
3X AVERAGE RISK	7.99	6.14

OSMOLALITY (CALCULATED)

291

MOSM/KG

275 - 295

HDL CHOLESTEROL

26

LDL MG/DL

30 - 65

VLDL CHOLESTEROL (CALCULATED)

5

40

THE CALCULATION FOR THE VLDL CHOLESTEROL IS NOT VALID WHEN

TRIGLYCERIDE LEVEL IS GREATER THAN 400 MG/DL.

LDL CHOLESTEROL (CALCULATED)

0 - 129

TRIGLYCERIDE RESULT INDICATED IS TOO HIGH FOR AN ACCURATE BETA

CHOLESTEROL ESTIMATION.

BUN/CREATININE RATIO

15

PATIENT NAME				PATIENT ID.				SPEC. NO.				SPEC. DATE			
BONE				ELECTROLYTES				HEART				LIVER			
Calcium mg/dl (8.5-10.6)	Phosphorus mg/dl (2.5-4.5)	Sodium mEq/L (135-145)	Potassium mEq/L (3.5-5.5)	Chloride mEq/L (94-106)	LDH IU/L (100-250)	AST (SGOT) IU/L (0-50)	T.Bil mg/dl (0.1-1.2)	GGT (I.U.) (M 0-85) (F 0-45)	ALT (SGPT) IU/L (0-50)	Alb. Phos. IU/L (40-150)	Cholesterol mg/dl < 200	Triglycerides mg/dl (10-250)			
PROTEIN				KIDNEY				THYROID				MISCELLANEOUS			
T. Protein g/dl (6.0-8.5)	Globulin g/dl (1.5-4.5)	Albumin g/dl (3.5-5.5)	A/G Ratio (1.1-2.5)	BUN mg/dl (7-20)	Creatinine mg/dl (0.5-1.5)	T ₄ μg/dl (4.5-12.5)	T ₄ uptake % (33-45)	Free T ₄ Index (1.5-5.6)	TSH μIU/ml (0.30-5.90)	Uric Acid mg/dl (M 3.0-8.0) (F 2.2-7.7)	Glucose mg/dl < 50 yrs. (80-115)	Iron μg/dl (40-180)			
HEMATOLOGY															
RBC x 10 ⁶ /mm ³ (M 4.3-5.9) (F 3.5-5.5)	HGB g/dl (M 13.8-18.0) (F 12.0-16.0)	HCT % (M 39-55) (F 36-48)	MCV fL (80-100)	MCH pg (26-34)	MCHC % (31-37)	Platelets x 10 ³ /mm ³ (140-440)	WBC x 10 ³ /mm ³ (4.0-10.5)	Polys (45-75%) (1.5-8.0)	Bands (0-5%)	Metas (0%)	Lymphs (20-45%) (0.8-3.2)	Mono (0-10%) (0.0-0.8)	EOS (0-6%) (0-0.5)	BASO (0-2%) (0-0.1)	
ABSOLUTE VALUES															

RESULTS ARE FLAGGED IN ACCORDANCE WITH AGE DEPENDENT REFERENCE RANGES WHICH ARE SUMMARIZED ON THE BACK OF THIS REPORT.

REPORT

THOMPSON 036439

YEARS ARE PRESENTED IN THE FOLLOWING ORDER: 1. YEARLY UNLESS INDICATED OTHERWISE 2. YEARLY UNLESS INDICATED OTHERWISE 3. YEARLY UNLESS INDICATED OTHERWISE

AC	Histology	227 N. Graham St.	Burlington, NC 27215
AF		310 South Gleason Rd.	Farmington, AL 35552
AG		745 Prince Avenue	Atlanta, GA 30331
AI		1957 Lakeside Pkwy.	Atlanta, GA 30329
AL		6432 D General Grant	Alexandria, VA 22312
CB	Cytology	235 N. Mebane St.	Burlington, NC 27215
DC		2822 E. Street, Suite A	Bakersfield, CA 93301
BN		1447 York Court	Burlington, NC 27215
VB		6380 Wilcox Road	Dublin, OH 43017
VO	Forensic Toxicology	26 Haynes Street	Manchester, CT 06040
CC		3530-A Woodpark Blvd.	Charlotte, NC 28206
CR		#8 Fairfield Ave.	Chambersburg, PA 17002
VL		1919 Hampton Street	Columbia, SC 29201
VS		560 Northern Blvd.	Great Neck, NY 11021
VP		1400 North Palmetto Street	Panama City, FL 32351
VR		63 First Avenue	Ramsey, NJ 08069
VJ	Histology, Cytology, Cytopathology	1415 Rhoads Street	Richmond, VA 23220
RY	Forensic Toxicology	2714 Northgate Blvd.	Sacramento, CA 95834
RV		1120 Stateline Road, West	Southaven, MS 38671
ST	Forensic Toxicology	2009 C. Adcock Rd.	Tallahassee, FL 32308
TS		1912 Southern Parkway	Portsmouth, NC 27707
TX	Forensic Toxicology	502 Fifth Ave., East	Tusculum, AL 35363
WJ		911 North Hillside	Wichita, KS 67214
WZ		60 Barstow Drive	Webster, NY 14559
WW		613 Telford Road	

PEDIATRIC HEMATOLOGY NORMALS

AGE	WBC	DIFF. WBC	HAEM	HCT	MCV	MCH	MCHC
BIRTH	9.0-38.0	4.10-6.10	4.10-5.25	47-67	90-124	38.0-40.0	36.0-40.0
1-2 WKS	5.0-21.0	4.00-6.10	4.10-5.25	42-63	88-115	33.0-39.0	34.0-39.0
3-4 WKS	5.0-20.0	3.90-5.80	4.10-5.15	38-54	81-101	31.0-36.0	33.0-38.0
2-6 MO	5.5-13.0	3.80-5.60	4.10-5.15	32-48	70-90	29.0-32.0	32.0-36.0
7 MO-2 YR	5.0-17.5	3.90-5.30	4.10-5.15	30-40	70-90	23.0-28.0	31.0-36.0
3-12 YR	4.5-15.5	4.00-5.10	4.10-5.15	37-47	70-92	23.0-29.0	31.0-35.0

PEDIATRIC PLATELET NORMALS

BIRTH	100-400
1-3 WKS	150-400
4-11 WKS	150-400
2-6 MO	150-450
7 MO-2 YR	150-450
3-12 YR	150-450

AGE, SEX, REGARDLESS

AGE OR SEX RELATED NORMAL VALUES

NOTE: 1. MALE AND FEMALE UNLESS SPECIFIED

TEST	AGE	LOW	HIGH
CALCIUM:	A/S	10.5	10.5
	<6 MO	10.5	10.5
	6-12 MO	10.5	10.5
	1-2 YR	10.5	10.5
	2-5 YR	10.5	10.5
	6-12 YR	10.5	10.5
	13-18 YR	10.5	10.5
	19-30 YR	10.5	10.5
	31-40 YR	10.5	10.5
	41-50 YR	10.5	10.5
	51-60 YR	10.5	10.5
	61-70 YR	10.5	10.5
	71-80 YR	10.5	10.5
	81-90 YR	10.5	10.5
	>90 YR	10.5	10.5
ALP, PHOSPHATASE: AGE	MALE	FEMALE	
	<2 YRS.	23 - 600	35 - 441
	2-9	100 - 400	100 - 400
	10-14	150 - 530	70 - 420
	15-19	80 - 400	45 - 300
	20-60	40 - 150	40 - 150
	>60	50 - 100	50 - 100
CHOLESTEROL: ADULT	AGE	LOW	HIGH
	Desirable: <200		
	Borderline High: 200-239		
	High: 240		
TRIGLYCERIDES:	A/S	10	250
TOTAL PROTEIN:	A/S	6	8.5
	<6 MO.	4.8	7.2
	6 MO. TO 2 YR.	5.7	8.2
	2-2 YRS.	6.0	8.5
	A/S	4.5	12.5
	<6 MO.	4.0	16.0
	<6 MO.	4.5	12.5
UREIC ACID:	Male	3.9	9.0
	Female	2.2	7.7
GLUCOSE:	A/S	80	115
	<20 YRS.	60	115
	2-50 YRS.	60	125
RBC:	A/S	3.5	5.9
HGB	A/S	12.0	18.0
HCT:	A/S	38.0	55.0

Thompson Laboratories

Tests are performed by the nearest regional laboratory unless indicated otherwise in the report.

REGIONAL REFERENCE LABORATORIES

Thompson Laboratories is a member of the National Directory of Services.

AG - Elkhart 527 N. Graham Avenue Elkhart, NC 27215	AL - 1857 Lakeside Drive Suite 542 Tucker, GA 30084	AN - 6432 S. General Green Alexandria, VA 22312	BD - Cytology 235 N. Main St. Burlington, NC 27215	BC - 2822 F. Street, Suite A Bakersfield, CA 93301	BN - 1447 York Court Burlington, NC 27215	VB - 6360 Wilcox Road Dublin, OH 43017	OK - Forensic Toxicology 26 Haynes Street Manchester, CT 06040	CH - 3820-A Woodpark Blvd. Charlotte, NC 28206	CR - #8 Farmfield Ave. Charleston, SC 29407	CS - 1910 Hampton Street Columbia, SC 29201	NY - 560 Northern Blvd. Great Neck, NY 11021	PF - 1400 North Palatka Street Pensacola, FL 32501	RN - 69 First Avenue Rantam, NJ 08869	RJ - Histology, Cytology, Cytogenetics	RY - Forensic Toxicology	RV - 1415 Rhoadmiller Street Richmond, VA 23220	SC - 3714 Northgate Blvd. Sacramento, CA 95834	CA - 1120 State Line Road, West Southwark, MS 38671	SK - Forensic Toxicology	TF - 2009 C. Miccosukee Rd. Tallahassee, FL 32308	TG - 1912 Southern Parkway Durham, NC 27707	LD - Forensic Toxicology	TV - 902 Fifth Ave., East Tuscaloosa, AL 35403	WA - 911 North Hillside Wichita, KS 67214	WM - 60 Parrett Drive Webster, NY 14559	WV - 618 Tolbach Road Winmark, IL 60093

PEDIATRIC HEMATOLOGY NORMALS

AGE	WBC	HGB	HCT	MCV	MCN	MCHC
BIRTH	9.0-38.0	4.10-5.10	14.5-24.5	47-67	90-124	36.0-40.0
1-2 WKS	5.0-21.0	4.00-5.00	12.5-20.5	42-63	86-115	33.0-39.0
3-4 WKS	5.0-20.0	3.90-5.90	12.5-19.5	38-54	81-101	31.0-36.0
2-3 MO	5.5-18.0	3.80-5.40	11.5-18.5	32-46	70-90	26.0-32.0
7 MO-2 YR	6.0-17.5	3.90-5.30	9.5-14.0	30-40	70-90	23.0-28.0
2-12 YR	4.5-15.5	4.00-5.40	9.5-14.0	30-40	70-90	26.0-32.0

PEDIATRIC PLATELET NORMALS:

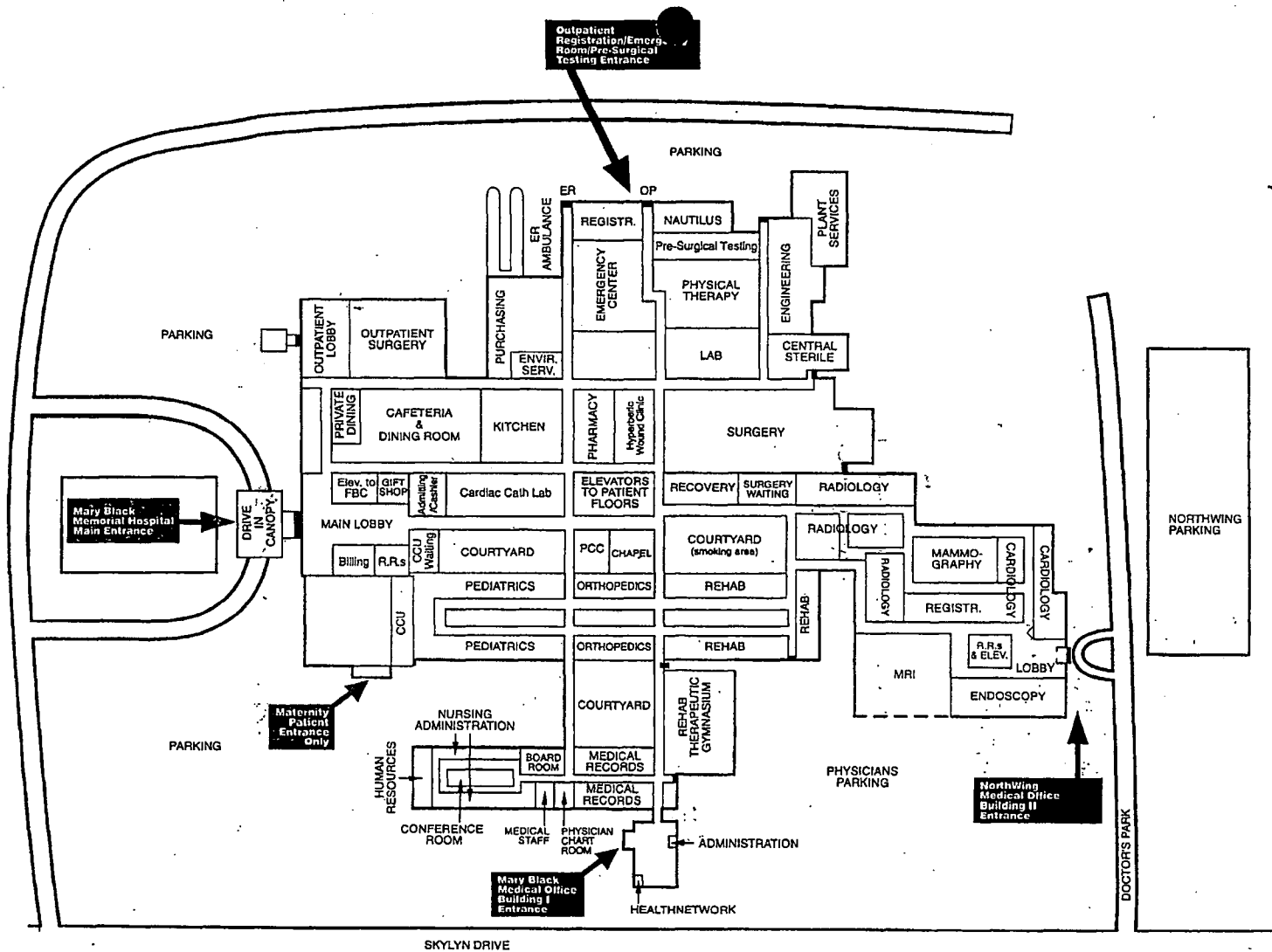
BIRTH	100-350
1-2 WKS	100-400
3-4 WKS	100-400
2-3 MO	150-450
7 MO-2 YR	150-450
2-12 YR	150-450

AGE, SEX, REGARDLESS OF AGE OR SEX RELATED NORMAL VALUES

(NORMAL VALUES MAY VARY SLIGHTLY FROM ONE LABORATORY TO ANOTHER)

TEST	AGE	LOW	HIGH	TEST	AGE	LOW	HIGH
CALCIUM	A/S	8.5	10.0	CHOLESTEROL ADULT	Desirable: <200		
	<6 MO.	9.0	10.0		Borderline High: 200-240		
	6 MO.	9.0	10.0		High: >240		
PHOSPHORUS	A/S	2.5	4.5	TRIGLYCERIDES	A/S	10	250
	<1 YR.	2.0	4.5		A/S	6	8.5
	1-2 YR.	2.0	4.5	TOTAL PROTEIN	<6 MO.	4.6	7.2
AST (GOT)	A/S	0	40		7 MO. TO 2 YR.	5.7	8.2
	0 TO 6 MO.	0	40		2-2 YRS.	6.0	8.5
	7 TO 12 MO.	0	110		A/S	4.5	12.5
	1 TO 5 YRS.	0	110		<6 MO.	4.0	16.0
	6 TO 10 YRS.	0	110		2-6 MO.	4.5	12.5
	>10 YRS.	0	110	URIC ACID	Male	3.9	9.0
ALK. PHOSPHATASE	Male	100	400		Female	2.2	7.7
	Female	100	400	GLUCOSE	A/S	80	115
	<2 YRS.	25 - 500	25 - 7		<6 YRS.	60	115
	2-9	100 - 400	100 - 400		2-6 YRS.	60	125
	10-14	150 - 500	70 - 450		A/S	3.5	5.9
	15-19	60 - 400	45 - 300		A/S	12.0	18.0
	20-60	40 - 150	40 - 150				
	>60	50 - 150	50 - 150				

THOMPSON 036442



217804

COPY

THE DIAGNOSTIC CENTER
MARY BLACK HEALTH SYSTEM
P.O. BOX 3217
1700 SKYLYN DRIVE
SPARTANBURG, S.C. 29304
PHONE (864) 573-3861 FAX (864) 573-3160

NAME: CASEY, WILLIAM MARK SSN: [REDACTED]
AGE: 44Y DOB: [REDACTED]/1958 SEX: M ACCOUNT: 1383815
ADDRESS: 240 LIGHTWOOD FARM RD WOODRUFF, SC 29388
PHONE: 864-486-9131 ROOM: MR

ORDER: 2616657 ADDITIONAL ORDERS: 2616658
MRI LUMBAR SPINE - 72148
LUMBOSACRAL SPINE - 72100

ORDER DATE: 10/31/2003

fx: FRANK E. GONDA, MD (11419)
>

MRI OF THE LUMBAR SPINE AND PLAIN FILM LUMBAR SPINE: OCTOBER 31, 2003

HISTORY: Chronic low back pain.

There is some minimal hypertrophic spurring in the vertebral bodies on the left side at L3 and 4. Disk spaces are well maintained.

IMPRESSION: Minimal osteoarthritic changes.

MRI OF THE LUMBAR: On the T2 sequence there is decreased signal in the disk spaces of L4-5 and L5-S1. This is consistent with some desiccation of the disk.

At L4-5 there is some mild diffuse bulging of disk, but no evidence of focal protrusion or extrusion of the disk is seen. The spinal canal and neural foramen appear adequate.

At L5-S1 there is diffuse bulging of the disk without evidence of focal protrusion or extrusion of the disk. Spinal canal and neural foramen appear adequate at this level.

There is some mild degenerative changes in the articulating facets and lower lumbar spine.

IMPRESSION: No acute process identified.

JAMES L. DUNCAN JR., MD
This document has been electronically reviewed and approved
by JAMES L. DUNCAN JR., MD 11/03/2003.

\: lba /: 19 JOB: 04979 ID: 000309097
DD: 10/31/2003 DT: 10/31/2003 2304
TD: 1740

MRI REPORT

Has bulging disc @ 2 levels
also arthritic changes.
Refer for Epidural steroid
injections. J
11/3/03

11/103
Appt 11/6/03 @ 12³⁰
-notified pt - JLC

THOMPSON 036444

44 use of
percent
per
carried cost



MARY BLACK
HEALTH SYSTEM

RADIOLOGY OUTPATIENT TEST REQUEST FORM

Phone (864) 573-3861 Fax (864) 573-3160

PATIENT NAME: William Casey SS # [REDACTED] DOB [REDACTED] 58
HOME TELEPHONE NUMBER: 486-9131 WORK TELEPHONE NUMBER: _____
APPOINTMENT DATE: 10/24/03 APPOINTMENT TIME: 8:15

PLEASE REPORT TO RADIOLOGY/REGISTRATION AREA

SPECIAL INSTRUCTIONS: _____

*Check the box next to each test requested. Identify signs and symptoms for each exam.

TEST	SIGNS/SYMPOMS	TEST	SIGNS/SYMPOMS
CT		MRI	
☐ Brain	_____	☐ Brain	_____
☐ Chest	_____	☐ Lumbar	_____
☐ Pelvis	_____	☐ Cervical Spine	_____
☐ Lumbar Spine	_____	☐ Knee _____ R _____ L	_____
☐ Other: _____	_____	☐ Shoulder _____ R _____ L	_____
NUCLEAR MEDICINE		☐ Hip _____ R _____ L	_____
☐ Myocardial Perfusion	_____	☒ Other: <u>LS spine</u>	_____
☐ Thyroid Scan with Uptake	_____		_____
☐ Bone Scan	_____	ULTRASOUND	_____
☐ Hepato-biliary with Ejection Fraction	_____	☐ Abdomen	_____
☐ Lung Scan (Ventilation and Perfusion)	_____	☐ Gall Bladder	_____
☐ Other: _____	_____	☐ Pelvic	_____
DIAGNOSTIC RADIOLOGY		☐ Retroperitoneum	_____
☐ Chest	_____	☐ Renal	_____
☐ Abdomen	_____	☐ Breast	_____
☐ IVP	_____	☐ Fetal Age	_____
☐ Cervical Spine with Obliques	_____	☐ Other: _____	_____
☐ Lumbar Spine	_____		_____
☐ Upper GI	_____	MAMMOGRAPHY	_____
☐ Barium Enema	_____	☐ Screening	_____
☐ Extremity _____ R _____ L	_____	☐ Diagnostic	_____
☒ Other: <u>LS spine</u>	_____	☐ Other: _____	_____

- Chronic LBP
- numbness in foot

Physician's Signature: Frank E. Gonde Date: 10/20/03 Time: _____

It is the policy of Medicare, Medicaid and other federal health care programs that claims for payment for radiology testing services are to be submitted only for services that are "reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member." 42 U.S.C. § 1395y (a) (1). While the radiology department does not treat patients or make medical necessity determinations, you should be aware that Medicare may deny payment for radiology services requested by you and performed by the radiology department if the requested test does not meet this definition of medical necessity. Additionally, tests should be ordered individually unless each test in a panel is deemed medically necessary.

OR REGISTRATION USE ONLY

AUTHORIZATION _____ INSURANCE VERIFICATION _____

OBTAIN COPIES OF INSURANCE CARDS

Atlanta Printing Co., Inc.

THOMPSON 036445



SPARTANBURG
Regional Healthcare System

☐ SRMC ☐ SHRC ☐ BJW

PHYSICIAN OUTPATIENT ORDER FORM

SRHS ACCOUNT NUMBER (if applicable) _____

MD AUTHORIZATION Frank E. Gonde Date 10/26/00

Patient Name	Last Name: <u>Wm.</u> First: <u>M.</u> MI: <u>M.</u> Race: <u>W</u> Sex: <u>M</u> DOB: <u>58</u> Social Security # _____
Address: (Receive Mail At)	<u>714 3 Wood Lane</u> City: <u>Winnfield</u> State: <u>LA</u> Zip Code: <u>70388</u> Telephone # <u>476-9100</u>

Notification to Physicians and Other Persons Legally Authorized to Order Tests for Which Government Payment Reimbursement Will Be Sought. Medicare will pay only for tests that meet the Medicare coverage criteria and are reasonable and necessary to treat or diagnose an individual patient. Medicare does not pay for tests for which documentation, including the patient record, does not support that the tests were reasonable and necessary. Medicare generally does not cover routine screening tests even if the physician or other authorized test orderer considers the tests appropriate for the patient. Please provide an ICD-9 code or narrative diagnostic information for each test.

Services Request

Service Requested	Diagnosis Description or ICD-9	Service Requested	Diagnosis Description or ICD-9
<u>Subst. Mv. 94 @ 90%</u>		<u>Subst. Mv.</u>	
<u>Jx: LBP</u>			

Laboratory Services Request -

NOTE * Requires ICD-9 Code (Narrative not acceptable)

Basic Metabolic Panel		Diagnosis	Diagnosis		Diagnosis	
☐ Panel	80049		☐ A.C.*	83036	☐ Phenobarbital	80184
☐ Glucose	82947		☐ Albumin	82040	☐ Phosphorus	84100
☐ Creatinine	82565		☐ Alk Phos	84075	☐ Potassium*	84132
☐ BUN	84520		☐ ALT	84460	☐ Preg (Serum)	84703
☐ Sodium	84295		☐ Amylase	82150	☐ Preg (Urine)	81025
☐ Potassium	84132		☐ AST	84450	☐ PSA*	84153
☐ Chloride	82435		☐ BCP*	85027	☐ Progesterone	84144
☐ CO ₂	82374		☐ Bili, Direct	82248	☐ Prolactin	84146
☐ Bilirubin Profile	82251		☐ Bili, Total	82247	☐ Protein Elect	84165
☐ Direct Bilirubin	82248		☐ BUN	84520	☐ PT*	85610
☐ Total Bilirubin	82247		☐ B12	82607	☐ PTT	85730
☐ Comprehensive Metabolic Panel	80054		☐ CA125*	86316	☐ Retic*	85044
☐ Albumin	82040		☐ Calcium	82310	☐ RPR*	86592
☐ Bilirubin, Total	82550		☐ CBC*	85025	☐ If pos, titer*	86593
☐ Calcium	82310		☐ CEA	82378	☐ FTA*	86781
☐ Creatinine	82565		☐ Chloride	82435	☐ Rubella	86782
☐ Glucose	82947		☐ Cholesterol*	82465	☐ Sed Rate*	85652
☐ Alk Phosphatase	84075		☐ CO	82374	☐ Sodium	84295
☐ Potassium	84132		☐ CPR	82550	☐ Tegratol	80158
☐ Total Protein	84155		☐ Creatinine	82565	☐ Testosterone	85048
☐ Sodium	84295		☐ Dilantin	80185	☐ Theophylline	80198
☐ AST	84450		☐ Digoxin*	80162	☐ Total Protein	84155
☐ BUN	84520		☐ ECG	93005	☐ Transferrin*	84466
☐ Electrolyte Panel	80051		☐ Estradiol	82670	☐ Triglyceride*	84478
☐ Sodium	84295		☐ Estrogen	82672	☐ TSH	84443
☐ Potassium	84132		☐ Folic Acid	82746	☐ Valproic Acid	80164
☐ Chloride	82435		☐ Ferritin*	82728	☐ Urinalysis macro	81003
☐ CO ₂	82374		☐ FSH	83001	☐ If pos, micro	81001
☐ Hepatic Function Panel	80058		☐ GGT	82977	☐ WBC*	85048
☐ Albumin	82040		☐ Glucose*		☐ Other	
☐ Bilirubin, Direct	82248		☐ Fasting*	82947		
☐ Bilirubin, Total	82247		☐ Random*	82947		
☐ Alk Phosphatase	84075		☐ 2 Hr. po*	82985		
☐ ALT	84460		☐ Glycated Protein*	86709		
☐ AST	84450		☐ HAV	86318		
☐ Lipid Panel*	80061		☐ HbcAb	86706		
☐ Cholesterol*	82465		☐ HbsAb	87340		
☐ HDL*	83718		☐ HbsAg	86803		
☐ Triglycerides*	84478		☐ HCV	84702		
☐ Thyroid Panel*	80091		☐ HCG quantitative	83718		
☐ T ₄ *	84436		☐ HDL*	85018		
☐ T Uptake*	84479		☐ Hemoglobin*	83540		
			☐ Iron*	83550		
			☐ Iron Binding Cap*	82784		
			☐ IgA	82784		
			☐ IgM	82784		
			☐ LDH	83615		
			☐ Lithium	80178		
			☐ Lipase	83690		
			☐ LH	83002		
			☐ Magnesium*	83735		

FOR SPECIMEN SUBMISSION - INFORMATION ON BACK MUST BE COMPLETED

DATE / TIME COLLECTED: _____

COLLECTED BY: _____

AGENCY: _____

ADDRESSOGRAPH

Frank E. Gonde MD

THOMPSON 036446

Westside Diagnostic
Center
FAX 587-3039

RADIOLOGY SERVICES
2995 Reidville Road
Suite 150
Spartanburg, S.C. 29301
(864) 587-3020

Womens
Radiology
FAX 597-0258

CONSULTATION REPORT

Films From: Foothills Family Medicine (DR. GONDA)

REGARDING: WILLIAM CASEY

I.D.#: 10967

Date of Exam: 8-28-00

OVER READ:

LEFT WRIST

History: c/o pain in left wrist x 2 mo, has boney tender prominence of distal ulna.

Comparison: None

The study is limited to an AP, lateral and oblique view. From the three views, the bony trabecular pattern appears within normal limits.

IMPRESSION: No definite acute bone injury or disease suggested.

8-29-00
nj

Robert J. Caswell, II, M.D.
Radiologist

John A. Patterson, MD
Larry K. Totten, MD
James L. Duncan, Jr., MD
John G. Thornburg, MD

Robert J. Caswell, II, MD
Penny Galbraith Keuper, MD
J. R. Graham, MD
R. M. Antley, Jr., MD

9/5/00 Z

THOMPSON 036447

OVER READ X-RAY INTERPRETATION

Patient Information:		
Name: <u>Wm Clay</u>	Date of Service: <u>8/28/00</u>	
<u>714 Mrs Woodruff</u>		
Street Address		
<u>Woodruff</u>	<u>IL</u>	<u>29388</u>
City	State	Zip Code
<u>416-9100</u>	<u>58</u>	<u>[REDACTED]</u>
Phone	Birthdate	Social Security #
Clinical Information:		
Referring Provider: <u>[Signature]</u>		
History / Reason for exam <u>40 pain in wrist x</u>		
<u>2 mths. Has bony tender prominence</u>		
<u>of distal ulna</u>		
<u>Wrist</u>		
CPT Code	ICD9 Code	Exam Performed
Primary Physician's Interpretation		
<u>neg wrist</u>		
<u>[Signature]</u>		
Call Report ☐		

THOMPSON 036448

10967

MARY BLACK MEMORIAL HOSPITAL
Radiology Report

Page: 1 of 1

Patient Information:

Name: CASEY, WILLIAM MARK
Adrs: P O BOX 799
City: ROEBUCK, SC
Zip: 29376

DOB: [REDACTED]/58
Age: 039Y
Ph.#: 576-8269
Sex: M

SSN: [REDACTED]
Room: XR
Acct: 0778195

Order#	CDM #	Description	CPT-4
1018317	3960039	LUMBOSACRAL SPINE	72100

Dr. Gonda

DATE OF EXAM: 11-19-97

LUMBOSACRAL SPINE:

AP and lateral views of the lumbar spine show the lumbar vertebrae to be normal. The pedicles and neural arches are intact. The intervertebral disc spaces are maintained. The alignment of the vertebrae and the curvature of the spine are normal. The sacroiliac joints are normal.

IMPRESSION: Normal lumbar spine.

*left massage db
11/25/97*

*Normal X-rays
w/ E medicine*

Received 11/24/97
11/25

Transcriptionist: CP

Interpreting Physician

John R. Patterson, MD

Signature: *[Signature]*

MARY BLACK MEMORIAL HOSPITAL

THOMPSON 036449

10967

MARY BLACK MEMORIAL HOSPITAL
Radiology Report

Page: 1 of 1

Patient Information:

Name: CASEY, WILLIAM MARK
Adrs: P.O. BOX 799
City: ROEBUCK, SC
Zip: 29376

DOB: [REDACTED]/58
Age: 033Y
Ph.#: 576-8269
Sex: M

SSN: [REDACTED]
Room: 0
Acct: 0343704
Date: 09/30/92

CDM #	Description	CPT-4
3190004	CT BRAIN W & WO CON	70470

Dr. Gonda

CT OF THE BRAIN, WITH AND WITHOUT CONTRAST:

CONTRAST MEDIUM: 100 cc. of Omnipaque 300.

Unenhanced and enhanced sections show the brain parenchyma to be normal in density. The ventricles are small. No abnormal vascularity or mass effect is evident.

IMPRESSION: Normal CT of the brain with and without contrast.

Transcriptionist: CP

233620937
Physicians SSN

Signature:

Larry K. Totten, MD
Interpreting Physician

THOMPSON 036450

STATE OF SOUTH CAROLINA

SUED BY THE Common Pleas COURT IN THE COUNTY OF Spartanburg

William Mark Casey,

Plaintiff,

v.

AMENDED
SUBPOENA IN A CIVIL CASE

Case Number: 2006-CP-42-1728

Gregory J. Feldman, MD, Joseph A.
Boscia III, MD, Upstate Lung and Critical
Care Specialists PC, and Devendra Shantha, MD

Defendants.

Pending in Spartanburg County

TO: **Frank Gonda, M.D.**
Foothills Family Medicine
2212 Old Furnace Rd., Spartanburg, SC 29306

☐ YOU ARE COMMANDED to appear in the above named court at the place, date and time specified below to testify in the above case.

PLACE OF TESTIMONY

COURTROOM:
DATE AND TIME:

☒ YOU ARE COMMANDED to appear at the place, date, and time specified below to testify at the taking of a deposition in the above case.

PLACE OF DEPOSITION:
Holcombe Bomar, P.A., 100 Dunbar Street, Suite 200, Spartanburg, SC 29306

DATE AND TIME:
August 14, 2008 - 2:00 p.m.

☒ YOU ARE COMMANDED to produce and permit inspection and copying of the following documents or objects in your possession, custody or control at the place, date and time specified below (list documents or objects)

See Attachment

DATE AND TIME
August 14, 2008 - 2:00 p.m.

☐ YOU ARE COMMANDED to permit inspection of the following premises at the date and time specified below.

PREMISES

DATE AND TIME

ANY SUBPOENAED ORGANIZATION NOT A PARTY TO THIS SUIT IS HEREBY DIRECTED PURSUANT TO RULE 30(b)(6), SOUTH CAROLINA RULES OF CIVIL PROCEDURE, TO FILE A DESIGNATION WITH THE COURT SPECIFYING ONE OR MORE OFFICERS, DIRECTORS, OR MANAGING AGENTS OR OTHER PERSONS WHO CONSENT TO TESTIFY ON ITS BEHALF, AND SHALL SET FORTH, FOR EACH PERSON DESIGNATED, THE MATTERS ON WHICH HE WILL TESTIFY OR PRODUCE DOCUMENTS OR THINGS. THE PERSON SO DESIGNATED SHALL TESTIFY AS TO MATTERS KNOWN OR REASONABLY AVAILABLE TO THE ORGANIZATION.

ISSUING OFFICER'S NAME, ADDRESS AND PHONE NUMBER

William U. Gunn, P.O. Drawer 1897, Spartanburg, SC 29304 (864) 594-5300

CERTIFY THAT THE SUBPOENA IS ISSUED IN COMPLIANCE WITH RULE 45(c)(1) AND THAT NOTICE AS REQUIRED BY RULE 45(b)(1) HAS BEEN GIVEN TO ALL PARTIES.

Attorney for Defendant

June 27, 2008

ISSUING OFFICER'S SIGNATURE AND TITLE (INDICATE IF ATTORNEY FOR PLAINTIFF OR DEFENDANT)

(See Rule 45, South Carolina Rules of Civil Procedure, Parts (c) & (d) on Reverse)

DATE: _____ SCCA FORM 254 (7/93)

THOMPSON 036451

PROOF OF SERVICE

SERVED	DATE PLACE	FEES AND MILEAGE TENDERED TO WITNESS ☐ Yes ☐ No AMOUNT \$ _____
SERVED ON (PRINT NAME)		MANNER OF SERVICE
SERVED BY (PRINT NAME)		TITLE

DECLARATION OF SERVER

I certify that the foregoing information contained in the Proof of Service is true and correct

Executed on _____ (Date)
SIGNATURE OF SERVER
ADDRESS OF SERVER

Rule 45, South Carolina Rules of Civil Procedure, Parts © and (d):

PROTECTION OF PERSONS SUBJECT TO SUBPOENAS.

(1) A party or an attorney responsible for the issuance and service of a subpoena shall take reasonable steps to avoid imposing undue burden or expense on a person subject to that subpoena. The court on behalf of which the subpoena was issued shall enforce this duty and impose upon the party or attorney in breach of this duty an appropriate sanction, which may include, but is not limited to, lost earnings and a reasonable attorney's fee.

(2) (A) A person commanded to produce and permit inspection and copying of designated books, papers, documents or tangible things, or inspection of premises need not appear in person at the place of production or inspection unless commanded to appear for deposition, hearing or trial.

(B) Subject to paragraph (c)(2) of this rule, a person commanded to produce and permit inspection and copying may, within 14 days after service of the subpoena or before the time specified for compliance if such time is less than 14 days after service, serve upon the party or attorney designated in the subpoena written objection to inspection or copying of any or all of the designated materials or of the premises. If objection is made, the party serving the subject shall not be entitled to inspect and copy the materials or inspect the premises except pursuant to an order of the court by which the subpoena was issued. If objection has been made, the party serving the subpoena may, upon notice to the person commanded to produce, move at any time in the court that issued the subpoena for an order to compel the production. Such an order to compel production shall protect any person who is not a party or an officer of a party from significant expense resulting from the subpoena for an order to compel the production. Such an order to compel production shall protect any person who is not a party or an officer of a party from significant expense resulting from the inspection and copying commanded.

(3) (A) On timely motion, the court by which a subpoena was issued, or regarding a subpoena commanding appearance at a deposition, or production or inspection directed to a non-party, the court in the county where the non-party resides, is employed or regularly transacts business in person, shall quash or modify the subpoena if it:

(i) fails to allow reasonable time for compliance; or
(ii) requires a person who is not a party or an officer, director or managing agent of a party to travel more than 50 miles from the county where that person resides, is employed or regularly transacts business in person, except that, subject to the provisions of clause (c)(3)(B)(ii) of this rule, such a person may in order to attend trial be commanded to travel from the county where the subpoena was served to the place within the state where the trial is held; or
(iii) requires disclosure of privileged or otherwise protected matter and no exception or waiver applies; or
(iv) subjects a person to undue burden.

(B) If a subpoena:
(i) requires disclosure of a trade secret or other confidential research, development, or commercial information; or
(ii) requires disclosure of an unretained expert's opinion or information not describing specific events or occurrences in dispute and resulting from the expert's study made not at the request of any party, or

(iii) requires a person who is not a party or an officer, director or managing agent of a party to incur substantial expense to travel from the county where that person resides, is employed or regularly transacts business in person, the court may, to protect a person subject to or affected by the subpoena, quash or modify the subpoena or, if the party in whose behalf the subpoena is issued shows a substantial need for the testimony or material that cannot be otherwise met without undue hardship and assures that the person to whom the subpoena is addressed will be reasonably compensated, the court may order appearance or production only upon specified conditions.

(d) **DUTIES IN RESPONDING TO SUBPOENA.**

(1) A person responding to a subpoena to produce documents shall produce them as they are kept in the usual course of business or shall organize and label them to correspond with the categories in the demand.

(2) When information subject to a subpoena is withheld on a claim that it is privileged or subject to protection as trial preparation materials, the claim shall be made expressly and shall be supported by a description of a nature of the documents, communications, or things not produced that is sufficient to enable the demanding party to contest the claim.

THOMPSON 036452

Attachment

Your entire original office chart on your patient William Mark Casey, date of birth [REDACTED]
[REDACTED] Social Security Number [REDACTED] Additionally, all x-rays, radiographic
images, or other diagnostic or investigative materials on the patient which are not within
the chart, but in your office.

THOMPSON 036453

STATE OF SOUTH CAROLINA

ISSUED BY THE Common Pleas COURT IN THE COUNTY OF Spartanburg

William Mark Casey,

Plaintiff,

SUBPOENA IN A CIVIL CASE

v.

Case Number: 2006-CP-42-1728

Gregory J. Feldman, MD, Joseph A.
Boscia III, MD, Upstate Lung and Critical
Care Specialists PC, and Devendra Shantha, MD

Defendants. Pending in Spartanburg County

TO: Frank Gonda, M.D.
Foothills Family Medicine
2212 Old Furnace Rd., Spartanburg, SC 29306

☐ YOU ARE COMMANDED to appear in the above named court at the place, date and time specified below to testify in the above case.

PLACE OF TESTIMONY

COURTROOM:
DATE AND TIME:

☒ YOU ARE COMMANDED to appear at the place, date, and time specified below to testify at the taking of a deposition in the above case.

PLACE OF DEPOSITION
Holcombe Bomar, P.A., 100 Dunbar Street., Suite 200, Spartanburg, SC 29306

DATE AND TIME
April 2, 2008 - 2:00 p.m.

☒ YOU ARE COMMANDED to produce and permit inspection and copying of the following documents or objects in your possession, custody or control at the place, date and time specified below (list documents or objects)

See Attachment

DATE AND TIME
April 2, 2008 - 2:00 p.m.

☐ YOU ARE COMMANDED to permit inspection of the following premises at the date and time specified below.

PREMISES

DATE AND TIME

ANY SUBPOENAED ORGANIZATION NOT A PARTY TO THIS SUIT IS HEREBY DIRECTED PURSUANT TO RULE 30(b)(6), SOUTH CAROLINA RULE OF CIVIL PROCEDURE, TO FILE A DESIGNATION WITH THE COURT SPECIFYING ONE OR MORE OFFICERS, DIRECTORS, OR MANAGING AGENTS OR OTHER PERSONS WHO CONSENT TO TESTIFY ON ITS BEHALF, AND SHALL SET FORTH, FOR EACH PERSON DESIGNATED, THE MATTERS ON WHICH HE WILL TESTIFY OR PRODUCE DOCUMENTS OR THINGS. THE PERSON SO DESIGNATED SHALL TESTIFY AS TO MATTERS KNOWN OR REASONABLY AVAILABLE TO THE ORGANIZATION.

ISSUING OFFICERS NAME, ADDRESS AND PHONE NUMBER

William U. Gunn, P.O. Drawer 1897, Spartanburg, SC 29304 (864) 594-5300

I CERTIFY THAT THE SUBPOENA IS ISSUED IN COMPLIANCE WITH RULE 45(c)(1) AND THAT NOTICE AS REQUIRED BY RULE 5(b)(1) HAS BEEN GIVEN TO ALL PARTIES.

William U. Gunn
Attorney for Defendant

January 28, 2008

ISSUING OFFICER'S SIGNATURE AND TITLE (INDICATE IF ATTORNEY FOR PLAINTIFF OR DEFENDANT)

DATE: SCCA FORM 254 (7/93)

(See Rule 45, South Carolina Rules of Civil Procedure, Parts (c) & (d) on Reverse)

THOMPSON 036454

PROOF OF SERVICE

SERVED	DATE	FEES AND MILEAGE TENDERED TO WITNESS	
	PLACE	☐ Yes ☐ No	AMOUNT \$ _____
SERVED ON (PRINT NAME)		MANNER OF SERVICE	
SERVED BY (PRINT NAME)		TITLE	

DECLARATION OF SERVER

I certify that the foregoing information contained in the Proof of Service is true and correct

Executed on _____ (Date)
SIGNATURE OF SERVER

ADDRESS OF SERVER

Rule 45, South Carolina Rules of Civil Procedure, Parts (c) and (d):

PROTECTION OF PERSONS SUBJECT TO SUBPOENAS.

- (1) A party or an attorney responsible for the issuance and service of a subpoena shall take reasonable steps to avoid imposing undue burden or expense on a person subject to a subpoena. The court on behalf of which the subpoena was issued shall enforce this duty and impose upon the party or attorney in breach of this duty an appropriate sanction, which may include, but is not limited to, lost earnings and a reasonable attorney's fee.
- (2) (A) A person commanded to produce and permit inspection and copying of designated books, papers, documents or tangible things, or inspection of premises need not appear in person at the place of production or inspection unless commanded to appear for deposition, hearing or trial.
- (B) Subject to paragraph (d)(2) of this rule, a person commanded to produce and permit inspection and copying may, within 14 days after service of the subpoena or before the time specified for compliance if such time is less than 14 days after service, serve upon the party or attorney designated in the subpoena written objection to inspection or copying of any or all of the designated materials or of the premises. If objection is made, the party serving the subpoena shall not be entitled to inspect and copy the materials or inspect the premises except pursuant to an order of the court by which the subpoena was issued. If objection has been made, the party serving the subpoena may, upon notice to the person commanded to produce, move at any time in the court that issued the subpoena for an order to compel the production. Such an order to compel production shall protect any person who is not a party or an officer of a party from significant expense resulting from the subpoena for an order to compel the production. Such an order to compel production shall protect any person who is not a party or an officer of a party from significant expense resulting from the inspection and copying commanded.
- (3) (A) On timely motion, the court by which a subpoena was issued, or regarding a subpoena commanding appearance at a deposition, or production or inspection directed to a non-party, the court in the county where the non-party resides, is employed or regularly transacts business in person, shall quash or modify the subpoena if it:
- (i) fails to allow reasonable time for compliance; or
- (ii) requires a person who is not a party or an officer, director or managing agent of a party to travel more than 50 miles from the county where that person resides, is employed or regularly transacts business in person, except that, subject to the provisions of clause (c)(3)(B)(iii) of this rule, such a person may in order to attend trial be commanded to travel from the county where the subpoena was served to the place within the state where the trial is held; or
- (iii) requires disclosure of privileged or otherwise protected matter and no exception or waiver applies; or
- (iv) subjects a person to undue burden.
- (B) If a subpoena:
- (i) requires disclosure of a trade secret or other confidential research, development, or commercial information; or
- (ii) requires disclosure of an unretained expert's opinion or information not describing specific events or occurrences in dispute and resulting from the expert's study made not at the request of any party, or
- (iii) requires a person who is not a party or an officer, director or managing agent of a party to incur substantial expense to travel from the county where that person resides, is employed or regularly transacts business in person, the court may, to protect a person subject to or affected by the subpoena, quash or modify the subpoena or, if the party in whose behalf the subpoena is issued shows a substantial need for the testimony or material that cannot be otherwise met without undue hardship and assures that the person to whom the subpoena is addressed will be reasonably compensated, the court may order appearance or production only upon specified conditions.

(d) DUTIES IN RESPONDING TO SUBPOENA.

- (1) A person responding to a subpoena to produce documents shall produce them as they are kept in the usual course of business or shall organize and label them to correspond with the categories in the demand.
- (2) When information subject to a subpoena is withheld on a claim that it is privileged or subject to protection as trial preparation materials, the claim shall be made expressly and shall be supported by a description of a nature of the documents, communications, or things not produced that is sufficient to enable the demanding party to contest the claim.

THOMPSON 036455

Attachment

Your entire original office chart on your patient William Mark Casey, date of birth [REDACTED] 1958, Social Security Number [REDACTED]. Additionally, all x-rays, radiographic images, or other diagnostic or investigative materials on the patient which are not within the chart, but in your office.

THOMPSON 036456

STATE OF SOUTH CAROLINA
COUNTY OF SPARTANBURG

IN THE COURT OF COMMON PLEAS

William Mark Casey,

Plaintiff,

vs.

Gregory J. Feldman, MD, Joseph
A. Boscia III, MD, Upstate Lung and
Critical Care Specialists PC, and
Devendra Shantha, MD,

Defendants.

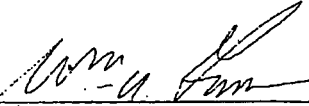
NOTICE OF DEPOSITION

C. A. No. 2006-CP-42-1728

TO: RAY E. THOMPSON, JR. of Burts, Turner, Rhodes & Thompson, Attorney for Plaintiff, and H. SPENCER KING of The Ward Law Firm, P.A., Attorney for Defendants Gregory J. Feldman, M.D., Joseph A. Boscia, III, M.D., and Upstate Lung and Critical Care Specialists, P.C.

YOU WILL PLEASE TAKE NOTICE that the Defendant Devendra Shantha, M.D., by and through his undersigned attorneys, will cause to be taken the deposition of FRANK GONDA, M.D. at the offices of Holcombe Bomar, P.A., 100 Dunbar Street, Suite 200, Spartanburg, South Carolina, upon oral examination, commencing on April 2, 2008 at 2:00 p.m., before a notary public or some other official authorized by law to take depositions. The oral examination will continue from day to day until completed. You are invited to attend and take such part as shall be fit and proper.

HOLCOMBE BOMAR, P.A.

By: 

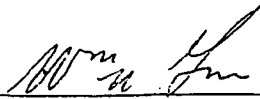
William U. Gunn
P.O. Drawer 1897
Spartanburg, SC 29304
(864) 594-5300
bgunn@holcombebomar.com

Attorneys for Defendant
Devendra Shantha, M.D.

Spartanburg, SC

January 29, 2008

HOLCOMBE BOMAR, P.A.

By: 

William U. Gunn
P.O. Drawer 1897
Spartanburg, SC 29304
(864) 594-5300
bgunn@holcombebomar.com

Attorneys for Defendant
Devendra Shantha, M.D.

Spartanburg, SC
June 22, 2008



Holcombe Bomar, P.A.

100 Dunbar Street, Suite 200
Spartanburg, SC 29306
P.O. Box 1897
Spartanburg, SC 29304

phone (864) 594-5300
fax (864) 585-3844

www.holcombebomar.com

E-mail: hgunn@holcombebomar.com
Direct Dial: 864-594-5301

William U. Gunn
Koger M. Bradford
Perry D. Boulier
William B. Darwin, Jr.
Robert M. Barrett
James H. Ritchie, Jr.*
Ginger D. Goforth
Walter M. White
A. Todd Darwin
Stacey Campbell Davis
J. Hayes Walsh

* - also admitted in NC

Neville Holcombe, 1902-1983
Horace L. Bomar, 1912-1994
Robert L. Wynn, III, Retired

February 1, 2008

Frank Gonda, M.D.
Foothills Family Medicine
2212 Old Furnace Road
Spartanburg, South Carolina 29306

RE: William Mark Casey vs. Gregory J. Feldman, M.D.,
Joseph A. Boscia III, M.D., Upstate Lung and Critical Care
Specialist PC, and Devendra Shantha, M.D.
C. A. Number: 2006-CP-42-1728

Dear Dr. Gonda:

With this letter you are receiving a Notice to Take Deposition and Subpoena for a deposition in the above-referenced civil action.

The deposition is to be taken in my office on April 2, 2008 at 2:00 p.m. We recognize this time may not be terribly convenient, and that we have not cleared it with your office. However, we have noticed and set up the deposition approximately two months in advance so that you might rearrange your schedule in some fashion to try to fit with the lawyers involved in the case. If, of course, you have any longstanding family vacation plans or anything of that nature, please let us know.

In any event, this deposition is to be taken in a civil suit filed by your patient Mark Casey against Gregory Feldman, M.D., Joseph Boscia, M.D. and their group, Upstate Lung and Critical Care Specialist PC. Additionally, named as a defendant is Devendra Shantha, M.D.

THOMPSON 036461

February 1, 2008
Page 2

Mr. Casey is represented by Attorney Chuck Thompson here in Spartanburg, while Dr. Feldman, Dr. Boscia and Upstate Lung and Critical Care Specialist are represented by Attorney Spencer King. I represent the defendant Dr. Shantha.

The claim arises out of a pneumothorax suffered by Mr. Casey on or about June 3, 2004. Mr. Casey contends he has irreversible brain damage as a result of the occurrence.

With this letter you are also receiving a check for \$300. South Carolina law requires us to pay the statutory witness fee of \$25, together with mileage. However, my personal belief is that such a fee may be inadequate for busy practitioners, and accordingly I have tried to make some estimate as to the time I will need in questioning you, and have estimated this to pay you on a fair hourly basis, since you will be away from your office.

I will be responsible for the time I spend in questioning you, while Mr. Thompson or Mr. King will be responsible for any excess time they might spend in cross-examination.

Please note the subpoena requests that you bring your original office chart on Mr. Casey, together with all materials such as x-rays, CT scans, radiographs, or other types of data which might not be in the patient's chart.

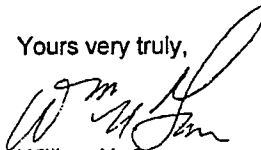
Our office is situated in the Extended Stay America building on Morgan Square. The physical address is 100 Dunbar Street. There is a parking deck just to the north of the building between our building and the Palmetto Bank building. If you park there we will have a coupon which will allow you to exit without payment.

This firm is on the second floor of the building. You will need to sign in at the security desk when you arrive, and then after you exit the elevator on the second floor turn around to your right and you will see the entrance to this firm.

We look forward to seeing you on the appointed date and at the proper time.

With best regards,

Yours very truly,



William U. Gunn

WUG:dj
Enclosure

THOMPSON 036462

February 1, 2008
Page 3

cc: H. Spencer King, Esquire
Ray Thompson, Esquire

THOMPSON 036463

17804

BURTS, TURNER, RHODES & THOMPSON
ATTORNEYS AT LAW
260 NORTH CHURCH STREET
SPARTANBURG, S.C. 29306

SAM BURTS (1907 - 1982)
NOEL TURNER
RICHARD H. RHODES
RAY E. THOMPSON, JR.
M. NOEL TURNER, III

MAILING ADDRESS
P.O. BOX 3408 29304
PHONE: 864-585-8166
FAX: 864-583-6927

March 25, 2008

VIA FAX & MAIL
864-578-7098

OK
9:22
3-25-08 HL

Dr. Frank E. Gonda
2212 Old Furnace Rd.
Boiling Springs, SC 29316

RE: William Mark Casey v. Gregory J. Feldman, MD, Joseph A. Boscia, III, MD,
Upstate Lung and Critical Care Specialists, PC, and Devendra Shantha, MD
Case No.: 2006-CP-42-1728

Dear Dr. Gonda:

This is to confirm our appointment with you scheduled for April 10, 2008 at 2:00 p.m.
Noel Turner, III and I look forward to meeting with you to discuss the above-referenced matter.

If you have any questions or concerns, please feel free to contact me at 585-8166.

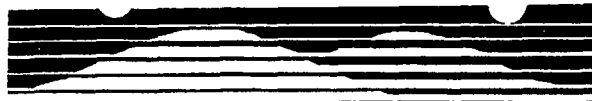
With warm regards, I remain

Sincerely,

By: Ray E. Thompson, Jr.
RAY E. THOMPSON, JR.

RET/g

THOMPSON 036464



FOOTHILLS FAMILY MEDICINE

2212 Old Furnace Road • Bolling Springs, SC 29316

Telephone (864) 578-9735

Frank E. Gonda, M.D.

Melinda S. Durham, M.D.

FAX COVER PAGE

TO: _____

ATTENTION: Karen Gruer

DATE: 9-19-06

FAX: 583-6927

FROM: FOOTHILLS FAMILY MEDICINE

FAX: (864) 578-7098

TELEPHONE (864) 578-9735

3 PAGE(S) TO FOLLOW

COMMENTS:

ledger acct on Mark Casey

This message is intended for the use of the individual of entity to which is it addressed and may contain information that is privileged and confidential and exempt from disclosure. If the reader of this message is not the intended recipient or an employee or agent responsible for delivering the message to the intended recipient, you are hereby notified that any dissemination, distribution, or copying of this communication is strictly prohibited. If you have received this message in error, please notify us immediately by reply fax and shred the message. Thank You.

THOMPSON 036465

Date Printed: 09/19/2006
Time Printed: 12:22:33

MBPG FOOTHILLS FM BOILING SPRINGS
PO BOX 406757

Page 1

Group#: A004

ATLANTA GA 30384
Tax Id#: 571047528

Inv#	Servdate	Rp	Dept	Dr	Fac	Ref	Proc	M1	M2	Desc	Diag 1	Ins/Comment	Amount	Resp Bal	Ins Bal
Patient#: 20713 CASEY, WILLIAM M.															
1	09/10/04	1			A014	A004	99213			OV EST L3	724.2		74.00	.00	.00
	09/15/04						COPAYCHK			COPAY CHK		7913	-20.00		
	10/11/04						PPPO			PPO PYMT		07131694	-3.00		
	04/05/05						PCARD			PMT CR CRD			-15.00		
1	10/11/04						APPO			ADJ PPO			-36.00		
2	10/19/04	1			A014	A004	99215			OV EST L5	272.0		169.00	.00	.00
	11/12/04						PPPO			PPO PYMT		07199355	-75.00		
	04/05/05						PCARD			PMT CR CRD			-15.00		
	10/26/04						COPAYCHK			COPAY CHK		7937	-20.00		
2	11/12/04						APPO			ADJ PPO			-59.00		
3	10/19/04	1			A014	A004	36415			VENIPUNCTU	272.0		12.00	.00	.00
	11/12/04						PPPO			PPO PYMT		07199355	-3.00		
3	11/12/04						APPO			ADJ PPO			-9.00		
4	10/19/04	1			A014	A004	80061			LIPID PAN	272.0		85.00	.00	.00
	11/12/04						PPPO			PPO PYMT		07199355	-17.00		
4	11/12/04						APPO			ADJ PPO			-68.00		
5	10/19/04	1			A014	A004	84460			ALT SGPT	272.0		39.00	.00	.00
	11/12/04						PPPO			PPO PYMT		07199355	-5.50		
5	11/12/04						APPO			ADJ PPO			-33.50		
6	01/12/05	1			A014	A004	99213			OV EST L3	724.2		74.00	.00	.00
	01/12/05						COPAYCHK			COPAY CHK		906	-20.00		
	02/03/05						PPPO			PPO PYMT		07341834	-27.00		
6	02/03/05						APPO			ADJ PPO			-27.00		
7	04/05/05	1			A014	A004	99214			OV EST L4	272.0		116.00	.00	.00
	04/21/05						PPPO			PPO PYMT		07475111	-48.00		
	04/05/05						COPAYCC			COPAY CC			-20.00		
7	04/21/05						APPO			ADJ PPO			-48.00		
8	04/05/05	1			A014	A004	36415			VENIPUNCTU	272.0		14.00	.00	.00
	04/21/05						PPPO			PPO PYMT		07475111	-3.00		
8	04/21/05						APPO			ADJ PPO			-11.00		
9	04/05/05	1			A014	A004	80061			LIPID PAN	272.0		85.00	.00	.00
	04/21/05						PPPO			PPO PYMT		07475111	-17.00		
9	04/21/05						APPO			ADJ PPO			-68.00		
10	04/05/05	1			A014	A004	84460			ALT SGPT	V58.69		39.00	.00	.00
	04/21/05						PPPO			PPO PYMT		07475111	-5.50		
10	04/21/05						APPO			ADJ PPO			-33.50		
11	06/28/05	1			A014	A004	99213			OV EST L3	272.0		74.00	.00	.00
	06/28/05						COPAYCC			COPAY CC			-20.00		
	07/18/05						PPPO			PPO PYMT		07622774	-29.00		
11	07/18/05						APPO			ADJ PPO			-25.00		
12	06/28/05	1			A014	A004	36415			VENIPUNCTU	272.0		14.00	.00	.00
	07/18/05						PPPO			PPO PYMT		07622774	-3.00		
12	07/18/05						APPO			ADJ PPO			-11.00		
13	06/28/05	1			A014	A004	80061			LIPID PAN	272.0		85.00	.00	.00
	07/18/05						PPPO			PPO PYMT		07622774	-17.00		
13	07/18/05						APPO			ADJ PPO			-68.00		
14	06/28/05	1			A014	A004	84460			ALT SGPT	V58.69		39.00	.00	.00
	07/18/05						PPPO			PPO PYMT		07622774	-7.00		
14	07/18/05						APPO			ADJ PPO			-32.00		
15	08/17/05	1			A014	A004	99080			SPEC REPO	V68.0		20.00	.00	.00

2064

THOMPSON 036466

Date Printed: 09/19/2006
Time Printed: 12:22:33

MBFG FOOTHILLS FM BOILING SPRINGS
PO BOX 406757

Page 2

Group#: A004

ATLANTA GA 30384
Tax Id#: 571047528

Inv#	Servdate	Rp	Dept	Dr	Fac	Ref	Proc	M1	M2	Desc	Diag 1	Ins/Comment	Amount	Resp Bal	Ins Bal
16	08/17/05						PCASH			PMT CASH			-20.00		
	09/28/05	1			A014	A004	99214			OV EST L4	724.2		116.00	.00	.00
	10/19/05						PPPO			PPO PYMT		07795137	-57.00		
	09/28/05						COPAYCASH			COPAY CASH			-20.00		
16	10/19/05						APPO			ADJ PPO			-39.00		
17	11/11/05	1			A014	A004	99080			SPEC REPO	V68.0		15.00	.00	.00
	11/11/05						PCHR			PMT CHECK		127067950	-15.00		
18	12/20/05	1			A014	A004	99213			OV EST L3	272.0		74.00	.00	.00
	01/12/06						PPPO			PPO PYMT		07931025	-29.00		
	12/20/05						COPAYCASH			COPAY CASH			-20.00		
18	01/12/06						APPO			ADJ PPO			-25.00		
19	12/20/05	1			A014	A004	36415			VENIPUNCTU	272.0		14.00	.00	.00
	01/12/06						PPPO			PPO PYMT		07931025	-3.00		
19	01/12/06						APPO			ADJ PPO			-11.00		
20	12/20/05	1			A014	A004	80061			LIPID PAN	272.0		85.00	.00	.00
	01/12/06						PPPO			PPO PYMT		07931025	-17.00		
	01/12/06						APPO			ADJ PPO			-68.00		
21	12/20/05	1			A014	A004	84460			ALT SGPT	V58.69		39.00	.00	.00
	01/12/06						PPPO			PPO PYMT		07931025	-7.00		
21	01/12/06						APPO			ADJ PPO			-32.00		
22	01/11/06	1			A014	A004	99080			SPEC REPO	V68.0		20.00	.00	.00
	01/11/06						PCHK			PMT CHECK		26348	-20.00		
23	03/13/06	1			A014	A004	99214			OV EST L4	272.0		116.00	.00	.00
	03/29/06						PPPO			PPO PYMT		8073750	-57.00		
	03/13/06						COPAYCASH			COPAY CASH			-20.00		
23	03/29/06						APPO			ADJ PPO			-39.00		
24	03/13/06	1			A014	A004	36415			VENIPUNCTU	272.0		14.00	.00	.00
	03/29/06						PPPO			PPO PYMT		8073750	-3.15		
24	03/29/06						APPO			ADJ PPO			-10.85		
25	03/13/06	1			A014	A004	80061			LIPID PAN	272.0		85.00	.00	.00
	03/29/06						PPPO			PPO PYMT		8073750	-16.80		
25	03/29/06						APPO			ADJ PPO			-68.20		
26	03/13/06	1			A014	A004	84460			ALT SGPT	V58.69		39.00	.00	.00
	03/29/06						PPPO			PPO PYMT		8073750	-7.00		
26	03/29/06						APPO			ADJ PPO			-32.00		
27	04/12/06	1			A014	A004	36415			VENIPUNCTU	V58.69		14.00	.00	.00
	04/28/06						PPPO			PPO PYMT		0610500685	-3.15		
27	04/28/06						APPO			ADJ PPO			-10.85		
28	04/12/06	1			A014	A004	80061			LIPID PAN	272.0		85.00	.00	.00
	04/28/06						PPPO			PPO PYMT		0610500685	-16.80		
28	04/28/06						APPO			ADJ PPO			-68.20		
29	04/12/06	1			A014	A004	84460			ALT SGPT	272.0		39.00	.00	.00
	04/28/06						PPPO			PPO PYMT		0610500685	-7.00		
29	04/28/06						APPO			ADJ PPO			-32.00		
30	06/13/06	1			A014	A004	99214			OV EST L4	272.0		116.00	.00	.00
	06/28/06						PPPO			PPO PYMT		0616800771	-57.00		
	06/13/06						COPAYCHK			COPAY CHK		1049	-20.00		
30	06/28/06						APPO			ADJ PPO			-39.00		
31	06/13/06	1			A014	A004	36415			VENIPUNCTU	272.0		14.00	.00	.00
	06/28/06						PPPO			PPO PYMT		0616800771	-3.15		
31	06/28/06						APPO			ADJ PPO			-10.85		

THOMPSON 036467

Date Printed: 09/19/2006
Time Printed: 12:22:34

MBPG FOOTHILLS FM BOILING SPRINGS
PO BOX 406757

Page 3

ATLANTA GA 30384
Tax Id#: 571047528

Group#: A004

Inv#	Servdate	Rp	Dept	Dr	Fac	Ref	Proc	M1	M2	Desc	Diag 1	Ins/Comment	Amount	Resp Bal	Ins Bal
32	06/13/06	1		A014	A004		80061			LIPID PAN	272.0		85.00	.00	.00
	06/28/06						PPPO			PPO PYMT		0616800771	-16.80		
32	06/28/06						APPO			ADJ PPO			-68.20		
33	06/13/06	1		A014	A004		84460			ALT SGPT	V58.69		39.00	.00	.00
	06/28/06						PPPO			PPO PYMT		0616800771	-7.00		
33	06/28/06						APPO			ADJ PPO			-32.00		

2) AA NONE

--> Resp Charges :	265.00	Pays :	-265.00	Adjs :	.00	Bal Due :	.00
--> Ins Charges :	1683.00	Pays :	-567.85	Adjs :	-1115.15	Bal Due :	.00
--> Charges :	1948.00	Pays :	-832.85	Adjs :	-1115.15	Bal Due :	.00

1) Group# A004 MBPG FOOTHILLS FM BOILING SPRINGS

--> Resp Charges :	265.00	Pays :	-265.00	Adjs :	.00	Bal Due :	.00
--> Ins Charges :	1683.00	Pays :	-567.85	Adjs :	-1115.15	Bal Due :	.00
--> Charges :	1948.00	Pays :	-832.85	Adjs :	-1115.15	Bal Due :	.00

Grand Totals :

--> Resp Charges :	265.00	Pays :	-265.00	Adjs :	.00	Bal Due :	.00
--> Ins Charges :	1683.00	Pays :	-567.85	Adjs :	-1115.15	Bal Due :	.00
--> Charges :	1948.00	Pays :	-832.85	Adjs :	-1115.15	Bal Due :	.00

Parameters Used To Select This Report :

REPORT OPTION : Detail
FREELINE OPTION : No Freelines
ADDITIONAL DATA OPTION : No Additional Information
First Selection Parameters:
Facility Equal To A004
Service From In Range 09/10/2004,08/18/200
5
Patid# Equal To 20713

2066

THOMPSON 036468

1780

THE WARD LAW FIRM, P.A.

ATTORNEYS AT LAW
POST OFFICE BOX 3188
SPARTANBURG, SOUTH CAROLINA 29304
(864) 582-4365

JAMES W. HUGGENS
GENE ADAMS
H. SPENCER KING
EDWARD R. COLE
CATHY HOEFER MCCABE
ROBERT E. DAVIS
JASON M. IMHOFF

*ALSO MEMBER NORTH CAROLINA BAR

MAIL ↑ BILL

RUFUS M. WARD (1908-1988)
L. PAUL BARNES (1931-1986)

233 SOUTH PINE STREET
SPARTANBURG, S.C. 29302

FAX: No. (864) 583-8981
E-mail: sking@wardfirm.com

Direct No. 864-591-2364

June 16, 2006

Frank Gonda, MD
Medical Records Custodian
2212 Old Furnace Road
Spartanburg, SC 29316

Re: William Mark Casey v. Gregory J. Feldman, MD, Joseph A. Boscia, III,
MD, Upstate Lung and Critical Care Specialists, PC, and Devendra
Shanina, MD

CA No.: 2006-CP42-1728
Our File No.: 26-0266

Dear Records Custodian:

These medical records and billing records are being sought based on a medical malpractice lawsuit filed by William Mark Casey. A copy of this letter and subpoena are being sent to her attorney. Accordingly, I am providing notice under state and federal law that I am seeking the production of the information contained in the subpoena. The subpoena contains instructions for responding to it. Unless Plaintiff or her attorneys raise an objection within ten (10) days of the receipt of this subpoena, you should produce the records as specified in the subpoena.

We will, of course, pay reasonable costs for production of these documents.

I am

Very truly yours,

Donna C. Hill

Donna C. Hill, C.L.A.
Paralegal to H. Spencer King

/dch

Enclosure

cc: Chuck Thompson, Esquire w/enclosure
William U. Gunn, Esquire w/enclosure

SDS
6/17/06
ca

THOMPSON 036469

William Mark Casey,
Plaintiff,

v.

C.A. No. 2006-CP-42-1728

Gregory J. Feldman, MD,
Joseph A. Boscia, III, MD, Upstate Lung and
Critical Care Specialists, PC, and
Devendra Shantha, MD,

Defendants.

TO: Medical Records Custodian, Frank E. Gonda, M.D., 2212 Old Furnace Road, Spartanburg, SC 29316.

☐ YOU ARE COMMANDED to appear in the above named court at the place, date, and time specified below to testify in the above case.

Place of Testimony -	Courtroom:
	Date and Time:

☐ YOU ARE COMMANDED to appear at the place, date, and time specified below to testify at the taking of a deposition in the above case.

Place of Deposition:	Date and Time:

☒ YOU ARE COMMANDED to produce and permit inspection and copying of the following documents or objects in your possession, custody or control at the place, date and time below:

complete copy of your records of treatment at any time pertaining to William Mark Casey, SSN: 251-02-2977, OB: 11-3-58.

A complete copy of your billing records for treatment at any time pertaining to William Mark Casey, SSN: 251-02-2977, DOB: 11-3-58.

IN LIEU OF PERSONALLY APPEARING, THESE RECORDS MAY BE MAILED TO DONNA C. HILL, C.L.A., THE WARD LAW FIRM, P.A., PO BOX 3188, SPARTANBURG, SC 29304.

Place: 233 South Pine Street, Spartanburg, SC 29302	Date and Time: 3:00 pm on July 31, 2006

☐ YOU ARE COMMANDED to permit inspection of the following premises at the date and time specified below.

Premises	Date and Time

ANY SUBPOENAED ORGANIZATION NOT A PARTY TO THIS SUIT IS HEREBY DIRECTED PURSUANT TO RULE 30(b)(6), SOUTH CAROLINA RULES OF CIVIL PROCEDURE, TO FILE A DESIGNATION WITH THE COURT SPECIFYING ONE OR MORE OFFICERS, DIRECTORS, OR MANAGING AGENTS, OR OTHER PERSONS WHO CONSENT TO TESTIFY ON ITS BEHALF, AND SHALL SET FORTH, FOR EACH PERSON DESIGNATED, THE MATTERS ON WHICH HE WILL TESTIFY OR PRODUCE DOCUMENTS OR THINGS. THE PERSON SO DESIGNATED SHALL TESTIFY AS TO MATTERS KNOWN OR REASONABLY AVAILABLE TO THE ORGANIZATION.

ISSUING OFFICER'S NAME, ADDRESS AND PHONE NUMBER H. Spencer King, Esq., The Ward Law Firm, P.A., 233 South Pine Street PO Box 3188, Spartanburg, SC 29304-3188 (864/582-4365)	

I CERTIFY THAT THE SUBPOENA IS ISSUED IN COMPLIANCE WITH RULE 45(b)(1) AND THAT NOTICE AS REQUIRED BY RULE 45(b)(1) HAS BEEN GIVEN TO ALL PARTIES.

ISSUING OFFICER'S SIGNATURE AND TITLE (INDICATE IF ATTORNEY FOR PLAINTIFF OR DEFENDANT)

DATE: June 16, 2006

Attorney for Defendants Gregory J. Feldman, MD, Joseph A. Boscia, MD, and Upstate Lung and Critical Care Specialists, PC

SCCA FORM 254 (7/93) (See Rule 45, South Carolina Rules of Civil Procedure, Parts (c) & (d) on Reverse)

THOMPSON 036470

1780-



Lung and Chest Medical Associates

Charles M. Fogarty, M.D.
Wilson P. Smith, Jr., M.D.
Mary Lou Applebaum, M.D.
Beth V. Edwards, PA-C

E. Bert Knight, III, M.D.
J. Douglas Clark, M.D.
Rico V.I. Mendoza, M.D.
J.P. Elm, F.N.P.
Cindy A. Edwards, F.N.P.

WILLIAM CASEY
77168
02-16-06

OFFICE NOTE

Chief Complaint

William Casey continues to have difficulty concentrating/multitasking. He has not had any further problems with nausea and vomiting since cutting back on his medication. He is followed by Dr. Gonda who increased the Lipitor to 20 mg daily and added Tricor. He continues to need two to three Lortab 5 a day for his pain which at this point appears to be chest wall in etiology.

Current Conditions

1. Difficulty with multitasking, concentrating, status post pneumomediastinum/pneumothorax.
2. Chest wall pain.
3. Hyperlipidemia.

Current Medicines

1. Combivent 1 puff four times daily as needed. (Rarely used since last visit.)
2. Lipitor 20 mg each evening.
3. Tricor each morning.
4. Ultram 50 mg four times daily as needed.
5. Lortab four times daily as needed.

Social History

The patient has been unable to work since his laser surgery and is applying for disability. No tobacco or alcohol.

Review of Systems

No additional findings on cardiorespiratory, GI or GU review.

Physical Examination

Vital Signs: Wt. 189.5, BP 136/72, HR 96, RR 20 and SaO₂ is 95% on room air.

General: No acute distress.

Skin: Normal turgor.

HEENT: Pupils symmetric.

Neck: No jugular venous distention.

(Continued to next page)

3/16/06
J

Pulmonary Medicine	Critical Care	Bronchoscopy	Asthma Therapy	Sleep Disorders

2030 North Church Place
Spartanburg, South Carolina 29303
Phone: (864) 582-6858 · Fax: (864) 542-9043

2755 South Highway 14, Suite 2300
Greer, South Carolina 29650
Phone: (864) 849-9500 · Fax: (864) 849-9501

THOMPSON 036471

WILLIAM CASEY

77168

02-16-06

Page Two

Physical Examination (Continued)

Chest: No wheezes, rales or rhonchi.

Cardiac: No murmur or gallop.

Abdomen: Not done.

Extremities: No edema or clubbing.

Neurological: Difficult staying focused and concentrating during our conversation evident.

Laboratory Data

The vital capacity is 4.17, 88% of predicted. FEV₁ 3.46, 90% of predicted.

Impression/Discussion/Plan

The patient's lung function remains stable. His dilemma is that mentally he is not up to snuff as far as returning to his old job or returning the skills for a new equivalent job. He is now approaching two years out and it appears likely he has achieved his maximum improvement, i.e. it is unlikely as time goes forward that he will have improvement in his ability to concentrate and recall/performance make "executive type decisions"/thinking.

The patient's lung function is in a range where he probably does not need to use the Combivent although he still has it on hand. He was encouraged to continue to try to exercise to maintain muscle mass, balance and coordination. He was instructed in diet with attention to his cholesterol and salt intake. He will check back the end of this summer/fall as needed.

Charles M. Fogarty, MD

Charles M. Fogarty, MD

CMF/rs

cc: Dr. Frank Gonda via fax 578-7098 (No hard copy will be sent)

THOMPSON 036472

AUTHORIZATION TO RELEASE INFORMATION

Patient Identification

Patient Name: WILLIAM MARK CASEY Date of Birth: 58
Address: 240 Lightwood Farm Road, Woodruff, SC 29388
Social Security #: Telephone: 486-9131

Covering Dates of Health Care

From: 1992 To: Present Date

Information To Be Released

Any and all medical records, medical bills, etc., requested by my attorneys
who are representing me in regard to a possible medical malpractice claim.

Purpose of Request

Litigation and/or Settlement

Facility Authorized to Receive Information

RAY E. THOMPSON, JR., ESQ.
The Burtis Law Firm PHONE: (864) 583-8166
P.O. Box 3408
Spartanburg, SC 29304 FAX: (864) 583-6927

Time Limit & Right to Revoke Authorization

Except to the extent that action has already been taken in reliance on this authorization, at any time I can revoke this authorization by submitting a notice in writing to the above-named facility. Unless revoked, this authorization will expire sixty (60) days from signature date.

Re-disclosure

I understand the information disclosed by this authorization may be subject to re-disclosure by the recipient and will no longer be protected by the Health Insurance Portability and Accountability Act of 1996. The facility, its employees, officers and physicians are hereby released from any legal responsibility or liability for disclosure of the above information to the extent indicated and authorized herein.

Signature of Patient or Personal Representative Requesting Disclosure

I authorize: Dr. Frank Gonda to use and disclose the protected health information specified above to the authorized facility listed above.

Signature: William Mark Casey Date: January 10, 2006
Relation If Not Patient:
Identity of Requestor Verified by Matching Signature of Photo ID.
Verified by

THOMPSON 036473

Patient Identification

Printed Name William Casey Date of Birth [REDACTED] / 58

Address _____

Social Security # [REDACTED] Telephone _____

Information To Be Released

Date(s) of Service 7/05 To (date) 9/05

From (date) _____ To (date) _____

Please check type of information to be released:

☐ Entire Medical Record	☐ Pathology Report	☐ Discharge Summary
☐ History and Physical Exam	☐ Consultation Reports	☐ Progress Notes
☐ Laboratory Test Results/Reports	☐ X-ray Reports	☐ X-ray Films/Images
☐ Operative Report	☐ Emergency Room Record	☐ Itemized Bill
☒ Other (specify) <u>UGI Report</u>		

Purpose of Request

☒ Treatment or Consultation	☐ At the Request of the Patient	☐ Billing or Claims Payment
☐ Other (specify) _____		

Person Authorized to Receive Information

Name Foothills Family Medicine

Address 2212 Old Furnace Rd.

Boiling Springs, SC 29316

Drug and/or Alcohol Abuse, and/or Psychiatric, and/or HIV/AIDS Records Release

I understand that if my medical or billing record contains information in reference to drug and/or alcohol abuse, psychiatric care, sexually transmitted disease, Hepatitis B or C testing, and/or other sensitive information, I agree to its release.

Check One: ☒ Yes ☐ No WAL Initials

I understand that if my medical or billing record contains information in reference to HIV/AIDS (Human Immunodeficiency Virus/ Acquired Immunodeficiency Syndrome) testing and/or treatment, I agree to its release.

Check One: ☒ Yes ☐ No WAL Initials

FAXED
9/28/05
211

Time Limit & Right to Revoke Authorization

Except to the extent that action has already been taken in reliance on this authorization, at any time I can revoke this authorization by submitting a notice in writing to the facility Privacy Officer at: 138 Dillon Drive, Suite A, Spartanburg, South Carolina 29307 Unless revoked, this authorization will expire on the following date or event: _____

Re-disclosure

I understand the information disclosed by this authorization may be subject to re-disclosure by the recipient and will no longer be protected by the Health Insurance Portability and Accountability Act of 1996. The facility, its employees, officers and physicians are hereby released from any legal responsibility or liability for disclosure of the above information to the extent indicated and authorized herein.

Signature of Patient or Personal Representative Who May Request Disclosure

I understand that Mary Black Physician Group may not condition my treatment on whether I sign this authorization form unless specified above under Purpose of Request. I can inspect or copy the protected health information to be used or disclosed.

I authorize Mary Black Physician Group to use and disclose the protected health information specified above.

Signature William Mark Casey Date Sept 28, 2005
Authority to Sign if not patient _____

Identity of Requestor Verified via: ☐ Photo ID ☐ Matching Signature ☐ Other, specify _____

THOMPSON 036474

SPARTANBURG REGIONAL MEDICAL CENTER
Radiology Report

NAME: CASEY, WILLIAM

ORDERING PHYSICIAN: FOGARTY, CHARLES M

OC: OPT

t. Type: OPT

DOB: [REDACTED] / 58

UNIT #: 000146220

CI#: 1480551

AN#: S0520101451

Exam

50041 XR G I SERIES
74246

Date: 07/28/05 0836
Ord Diag: 787.03-VOMITING ALONE

Double-contrast upper GI, 7/28/2005

Indication: Several week history of nausea and vomiting

Findings: Under fluoroscopy the patient shows normal swallowing and esophageal motility. The esophagus distends normally. Note is made only of a single small distal esophageal mucosal cleft or diverticulum, this is only a few millimeters in size. With Valsalva no hiatal hernia is seen. During assessment of the stomach several episodes of mild reflux into the distal esophagus were seen.

The stomach distends normally with no abnormal mass or impression and no mucosal irregularity. The duodenal bulb is somewhat irregular, I do not see a discrete ulcer but this could be deformed from peptic ulcer disease. Contrast does freely progress through this into the duodenum. In the third portion of the duodenum there are 2 diverticula adjacent to one another. One is relatively prominent in size, equal to that of the duodenal bulb. No retained material is seen within these and contrast freely progresses through this to the proximal small bowel.

Impression: Small mucosal cleft or diverticulum noted in the distal esophagus. This is probably a normal variant although could represent focal change of mild esophagitis. A few episodes a very mild GE reflux were seen during this study.

2. Duodenal bulb somewhat deformed although no discrete ulcers seen. This could be change from peptic ulcer disease but there is no evidence of stricturing, contrast freely progresses into the proximal small bowel on this study.

2. 2 duodenal diverticula in the third portion of the duodenum, one of these is a giant diverticulum equal in size the duodenal bulb. They

FINAL

9/28/05 - pt notified ALW

PRINTED BY: MB24851
DATE 9/28/2005

Page 1

UGI shows what could be deformity from an ulcer, but not actually seen.

cont Pepsid. F/U if problem persist - will change med

9/28/05

F

THOMPSON 036475

SPARTANBURG REGIONAL HEALTHCARE SYSTEM
SPARTANBURG REGIONAL MEDICAL CENTER
Radiology Report

NAME: CASEY, WILLIAM

ORDERING PHYSICIAN: FOGARTY, CHARLES M

LOC: OPT

Pt. Type: OPT

DOB: [REDACTED]/58

UNIT #: 000146220

CI#: 1480551

AN#: S0520101451

Checkin-Exam Code Summary
1480551-50041

otherwise appear unremarkable on this exam and are not likely of
clinical significance.

Read By: William T JoyceMD
Released By: William T JoyceMD

n

FINAL

Page 2

PRINTED BY: MB24851
DATE 9/28/2005

THOMPSON 036476

17804
SOUTH CAROLINA VOCATIONAL

REHABILITATION DEPARTMENT

Larry C. Bryant, Commissioner

Disability Determination Services - Greenville Regional Office
Post Office Box 3090 - Greenville, SC 29602 - (864) 282-4000 - 1-800-868-1950 - (864) 282-4473 FAX

September 21, 2005

FOOTHILLS FAMILY MEDICINE
2212 OLD FURNACE ROAD
BOILING SPRINGS SC 29316RE: WILLIAM M CASEY
AKA: MARK CASEY
ADD: 240 LIGHTWOOD FARM RD
WOODRUFF SC 29388SSN: [REDACTED]
DOB: [REDACTED] 758

FRANCISCO E GONDA MD

Your patient has applied for disability benefits under the Social Security Act. We appreciate your response to our previous request for information. However, we need the additional information requested below to adjudicate the claim. You may annotate your response on this page or, if needed, attach additional pages. If attaching additional pages, please include the patient's name and SSN on each page.

PLEASE SEND A COPY OF TX NOTES THAT HAVE OCCURRED SINCE 1-12-05. THANK YOU FOR THE UPDATED MEDICAL INFORMATION.

Physician's Signature

See the attached page for instructions on returning your report to the DDS. We are authorized to pay \$15 for your report. We are not authorized to pay government agencies. If you require payment and do not attach your invoice, sign on the line for "Provider's Signature" on that page. Please include that page as the TOP document with your report with this letter underneath.

Sincerely,

Aimee F. DePetris, Disability Examiner

PLEASE RETURN THIS LETTER AS THE SECOND PAGE OF YOUR RESPONSE.

ENCLOSURE: Release, Envelope
AFD/461
Claim No: E54200

* 0 0 3 7 4 6 5 3 3 7 *

TDN: 0037465337

L2 (6/05)
DMA: Y

THOMPSON 036477

CASEY WILLIAM M
240 LIGHTWOOD FARM RD
WOODRUFF SC 29388

(864) 486-9131
046 DOB [REDACTED] /1958

584

DMA ES4200

01 461
RC D18
N

Form Approved
OMB No. 0960-0623

WHOSE Records to be Disclosed

First	Middle	Last
NAME WILLIAM	MARK	CASEY
SSN [REDACTED]	Birthday (mm/dd/yy) [REDACTED] 1958	
SSA USE ONLY: NUMBER HOLDER (if other than above)		
NAME	SSN	

**AUTHORIZATION TO DISCLOSE INFORMATION TO
THE SOCIAL SECURITY ADMINISTRATION (SSA)**

PLEASE READ THE ENTIRE FORM, BOTH PAGES, BEFORE SIGNING BELOW.

I voluntarily authorize and request disclosure (including paper, oral, and electronic interchange):

OF WHAT All my medical records; also education records and other information related to my ability to perform tasks. This includes specific permission to release:

- All records and other information regarding my treatment, hospitalization, and outpatient care for my impairment(s) including, and not limited to:
 - Psychological, psychiatric or other mental impairment(s) (excludes "psychotherapy notes" as defined in 45 CFR 164.501)
 - Drug abuse, alcoholism, or other substance abuse
 - Sickle cell anemia
 - Human immunodeficiency virus (HIV) infection (including acquired immunodeficiency syndrome (AIDS) or tests for HIV or sexually transmitted diseases
 - Gene related impairments (including genetic test results)
- Information about how my impairment(s) affects my ability to complete tasks and activities of daily living, and affects my ability to work.
- Copies of educational tests or evaluations, including Individualized Educational Programs, triennial assessments, psychological and speech evaluations, and any other records that can help evaluate function; also teachers' observations and evaluations.
- Information created within 12 months after the date this authorization is signed, as well as past information.

FROM WHOM

- All medical sources (hospitals, clinics, labs, physicians, psychologists, etc.) including mental health, correctional, addiction treatment and VA health care facilities.
- All educational sources (schools, teachers, records administrators, counselors, etc.)
- Social workers/rehabilitation counselors
- Consulting examiners used by SSA
- Employers
- Others who may know about my condition (family, neighbors, friends, public officials)

THIS BOX TO BE COMPLETED BY SSA/DDS (as needed): Additional information to identify the subject (e.g., other names used); the specific source of the material to be disclosed.

South Hills Family Medicine

TO WHOM

The Social Security Administration and to the State agency authorized to process my case (usually called "disability determination services"), including, contract copy services, and doctors or other professionals consulted during the process. [Also, for international claims, to the U.S. Department of State Foreign Service Post.]

PURPOSE

Determining my eligibility for benefits, including looking at the combined effect of any impairments that by themselves would not meet SSA's definition of disability; and whether I can manage such benefits.

☐ Determining whether I am capable of managing benefits **ONLY** (check only if applies)

EXPIRES WHEN

This authorization is good for 12 months from the date signed (below my signature).

- I authorize the use of a copy (including electronic copy) of this form for the disclosure of the information described above.
- I understand that there are some circumstances where this information may be redisclosed to other parties (see page 2 for details).
- I may write to SSA and my sources to revoke this authorization at any time (see page 2 for details).
- SSA will give me a copy of this form if I ask; I may ask the source to allow me to inspect or get a copy of the material to be disclosed.
- I have read both pages of this form and agree to the disclosures above from the types of sources listed.

INDIVIDUAL authorizing disclosure

IF NOT signed by subject of disclosure, specify basis for authority to sign
☐ Parent of minor ☐ Guardian ☐ Other personal representative (explain)

SIGN ▶

☒

William M. Casey

(Parent/guardian sign here if two signatures required by State law) ▶ ☒

Date signed

☒ Feb 8, 2005

Street Address

240 LIGHTWOOD FARM RD

Phone Number (with area code)

864 486 9131

City

WOODRUFF

State

SC

Zip

29388

WITNESS

I know the person signing this form or am satisfied of this person's identity:

SIGN ▶

☒

[Signature]

IF needed, second witness sign here (e.g., if signed with an "X" above)

SIGN ▶

Phone Number (or Address)

Phone Number (or Address)

This general and special authorization to disclose was developed to comply with the provisions regarding the disclosure of medical, educational, and other information under P.L. 104-191 ("HIPAA"); 45 CFR parts 160 and 164; 42 U.S. Code section 290dd-2; 42 CFR part 2; 38 U.S. Code section 7332; 38 CFR 1.475; 20 U.S. Code section 1232g ("FERPA"); 34 CFR parts 99 and 300; and State law

THOMPSON 036478

**Explanation of Form SSA-827,
"Authorization to disclose Information to the Social Security Administration (SSA)"**

We need your written authorization to help get the information required to process your application for benefits, and to determine your capability of managing benefits. Laws and regulations require that sources of personal information have a signed authorization before releasing it to us. Also, laws require specific authorization for the release of information about certain conditions and from educational sources.

You can provide this authorization by signing a Form SSA-827. Federal law permits sources with information about you to release that information if you sign a single authorization to release all your information from all your possible sources. We will make copies of it for each source. A few States, and some individual sources of information, require that the authorization specifically name the source that you authorize to release personal information. In those cases, we may ask you to sign one authorization for each source and we may contact you again if we need you to sign more authorizations.

You have the right to revoke this authorization at any time, except to the extent a source of information has already relied on it to take an action. To revoke, send a written statement to any Social Security Office. If you do, also send a copy directly to any of your sources that you no longer wish to disclose information about you; SSA can tell you if we identified any sources you didn't tell us about. Information disclosed prior to revocation may be used by SSA to decide your claim.

It is SSA's policy to provide service to people with limited English proficiency in their native language or preferred mode of communication consistent with Executive Order 13166 (August 11, 2000) and the Individuals with Disabilities Education Act. SSA makes every reasonable effort to ensure that the information in the SSA 827 is provided to you in your native or preferred language.

IMPORTANT INFORMATION, INCLUDING NOTICE REQUIRED BY THE PRIVACY ACT

All personal information collected by SSA is protected by the Privacy Act of 1974. Once medical information is disclosed to SSA, it is no longer protected by the health information privacy provisions of 45 CFR part 164 (mandated by the Health Insurance Portability and Accountability Act (HIPAA)). SSA retains personal information in strict adherence to the retention schedules established and maintained in conjunction with the National Archives and Records Administration. At the end of a record's useful life cycle, it is destroyed in accordance with the privacy provisions, as specified in 36 CFR part 1228.

SSA is authorized to collect the information on form SSA-827 by sections 205(a), 223 (d)(5)(A), 1614(a)(3)(H)(i), 1631(d)(1) and 1631(e)(1)(A) of the Social Security Act. We use the information obtained with this form to determine your eligibility for benefits, and your ability to manage any benefits received. This use usually includes review of the information by the State agency processing your case and quality control people in SSA. In some cases, your information may also be reviewed by SSA personnel that process your appeal of a decision, or by investigators to resolve allegations of fraud or abuse, and may be used in any related administrative, civil, or criminal proceedings.

Signing this form is voluntary, but failing to sign it, or revoking it before we receive necessary information, could prevent an accurate or timely decision on your claim, and could result in denial or loss of benefits. Although the information we obtain with this form is almost never used for any purpose other than those stated above, the information may be disclosed by SSA without your consent if authorized by Federal laws such as the Privacy Act and the Social Security Act. For example, SSA may disclose:

1. To enable a third party (e.g., consulting physicians) or other government agency to assist SSA to establish rights to Social Security benefits and/or coverage;
2. Pursuant to law authorizing the release of information from Social Security records (e.g., to the Inspector General, to Federal or State benefit agencies or auditors, or to the Department of Veterans Affairs (VA));
3. For statistical research and audit activities necessary to assure the integrity and improvement of the Social Security programs (e.g., to the Bureau of the Census and private concerns under contract with SSA).

Other than the above limited circumstances, SSA will not redisclose without proper prior written consent information (1) relating to alcohol and/or drug abuse as covered in 42 CFR part 2, or (2) from educational records for a minor obtained under 34 CFR part 99 (Family Educational Rights and Privacy Act (FERPA)), or (3) regarding mental health, developmental disability, AIDS or HIV.

We may also use the information you give us when we match records by computer. Matching programs compare our records with those of other Federal, State, or local government agencies. Many agencies may use matching programs to find or prove that a person qualifies for benefits paid by the Federal government. The law allows us to do this even if you do not agree to it.

Explanations about possible reasons why information you provide us may be used or given out are available upon request from any Social Security Office.

PAPERWORK REDUCTION ACT

This information collection meets the requirements of 44 USC §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 10 minutes to read the instructions, gather the facts, and answer the questions. **SEND OR BRING IN 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. You may send comments on our time estimate above to: SSA, 1338 Annex Building, Baltimore, MD 21235-0001. Send only comments relating to our time estimate to this address, not the completed form.

THOMPSON 036479

Request sent to: FOOTHILLS FAMILY MEDICINE
2212 OLD FURNACE ROAD
BOILING SPRINGS SC 29316

RE: WILLIAM M CASEY
SSN: [REDACTED]

RETURN RECORDS BY FAX TO SCDDS AT (866) 868-7952

OR

IF RETURNING BY MAIL, FOLLOW DIRECTIONS BELOW:

MAIL INSTRUCTIONS

Insert this page into the window envelope with the address showing.
THIS PAGE MUST BE ON TOP OF YOUR REPORT.

- Mail report to address in box at right. 
- If you are sending reports on more than one person in the same envelope, place this page for each individual on top of his/her records.

PAYMENT INSTRUCTIONS

Complete the information below. We can no longer accept personalized invoices.

AUTHORIZATION - RETURN FOR PAYMENT

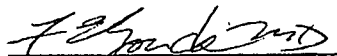
Please complete identifying information below. **TO ENSURE PAYMENT, THIS FORM MUST BE PLACED ON TOP OF THE MEDICAL EVIDENCE.**

- Enter the payment Amount and Provider Signature.
- Complete the "Remit To" section below as listed on file with the IRS if this information is different from the "Request Sent To" section above.

Remit To: Foothills Family Med.
2212 Old Furnace Road
Boiling Springs, SC 29316

Amount: \$ 15.00

Telephone No.: 844-578-9735


Provider's Signature

- We cannot honor a bill presented more than 45 days after the close of our fiscal year which ends September 30.

THIS PAGE MUST BE ON TOP OF YOUR REPORT.



RQID: 0037465337E54200 SITE: S87 DR: F
SSN: [REDACTED] DOCTYPE: 0001 RF: D CS: f500

AFD/461
Claim No.: E54200
FAXD (8/04)
IA: Y

TDN: 0037465337

SSA
S87 SC DDS GREENVILLE
P.O. BOX 8706
LONDON, KY 40742-9915

THOMPSON 036480

Mark Casey

4/5/05 Pt. in for rx - state 1 on pain scale - ID rx. - JTC
(2° chronic pain)

04/05/05

MARK CASEY

17804

Frank E. Gonda, MD

D: CHRONIC LOW BACK PAIN

E: DYSLIPIDEMIA

G: ERECTILE DYSFUNCTION

H: DEPRESSION

I: HYPERCHOLESTEROLEMIA

- S: This 46-year-old white male is in for follow up on the above problems and for medicine refill. He denies chest pain or shortness of breath. His appetite is good, and he moves his bowels well. He continues on Cymbalta from his psychiatrist. He thinks the anxiety and depression are fairly stable. He continues with chronic low back pain. This has not changed. He has no problems with any of his medications.
- O: Patient is in no distress. Blood pressure is up a little at 156/86. Pulse is 100. Weight is 187-pounds. Neck is supple with no thyromegaly or carotid bruits. Lungs are clear with no wheezes. Heart is regular with no murmur. Abdomen is soft with no organomegaly. Lower extremities reveal no edema. Straight leg raise is negative. Deep tendon reflexes are 2+. Back reveals fairly good range of motion. There is no tenderness to palpation at this time.
- A: As above.
- P: Renew medications which include: Ultram, 50 mg two q.i.d.; Zanaflex, 4 mg two q.h.s.; Viagra, 100 mg one p.o. one hour prior to relations; Bextra, 20 mg one q.a.m. Increase Lipitor to 40 mg q.a.m. #90 days with one refill on all medications. Renew Lortab-10/500 one b.i.d., #60 with two refills. Will come back fasting in the morning for lipid profile and an ALT. Adjust medicines further as needed. Continue with psychiatrist. Follow up in three months or p.r.n.
- DNR: Frank E. Gonda, MD/jmm

5-16-05 Samples given Toradol 145mg # 1 Box of 28
Date Drug Name # Dispensed

Lot Number: 236662E21 7/2/06 Initials: JN
Patient was educated regarding proper administration, drug interactions and possible side effects. Patient has been instructed to call our office with any questions or problems.

5-16-05 pt. not doing labo. No improvement in Trig & HDL. Had diet & exercise crit. hipster but ↓ to 40 mg 1/2 tablet q.d.
Add Toradol 145mg 1 7 pm. 28 samples
Lab in 4 weeks JN

6/28/05 pt. presents for Chel. ✓; needs Rx. Lortab: pain score 7. also - Olanon met.

6/28/05 Samples given Toradol 145mg # 1 box
Date Drug Name # Dispensed

Lot Number: 276362E21 7/1/06 Initials: OT/mut
Patient was educated regarding proper administration, drug interactions and possible side effects. Patient has been instructed to call our office with any questions or problems.

THOMPSON 036481

D: CHRONIC LOW BACK PAINI: HYPERCHOLESTEROLEMIA

- S: This 46-year-old white male is in for refill on medications. He continues to have chronic low back pain. He remains out of work. He wakes up every morning with the same amount of pain. Since he has not been working, he has overall less pain. If he does any kind of yard work or house work his pain returns. He was recently switched to Mobic since Bextra was unavailable. He was also started on Tricor, and his Lipitor was reduced in half because triglycerides remained markedly elevated. He has had no side effects from the medication. He continues to see the psychiatrist in Greenville who now has him on Cymbalta, 60 mg two a day and Adderall-XR, 20 mg two a day.
- O: Patient is in no acute distress. Weight is 184-pounds. Blood pressure is 118/84. Pulse is 68. Neck is supple with no thyromegaly. Lungs are clear with no wheezes. Heart is regular with no murmur. Abdomen is soft and nontender. Back reveals mild tenderness in the lumbosacral area. There is discomfort with twisting and tilting. Straight leg raise is negative. Deep tendon reflexes are 2+. Motor and sensory are grossly intact.
- A: Chronic low back pain, stable. Really unchanged.
- P: Continue Mobic, 7.5 mg one q.-day; Zanaflex, 4 mg two q.h.s.; Ultram, 50 mg two q.i.d. No refills needed. Renew Lortab-10/500 one p.o. b.i.d., #60 with two refills.
- A: Hyperlipidemia.
- P: Check a lipid profile and an ALT. Continue Lipitor, 40 mg one-half tablet q.-day. Tricor, 145 mg one q.p.m., #90 with one refill. Samples for a month. Adjust medicines as needed. Continue with the psychiatrist and his medications. See him back in three months.
- DNR: Frank E. Gonda, MD/jmm

17804

DATE	TIME	CALLER	PT NAME - CHART #	PHONE #	ALL: PS.C.O	MD
8/16/05	2:15 P	Self	Mark Casey #	680-5929		Gonda
GE	WT	T	BY	MEDS	RE	
	58		HK			
Jaime - pls. call						
8/16/05 pt. states he has disability form to be						
filled out - states we have form - told pt we have form -						
pt to get form + told him old form to see if we could						
fill out - OK						
DRUG STORE				BY	TIME	A P

I don't do disability forms -

THOMPSON 036482



Lung and Chest Medical Associates

Charles M. Fogarty, M.D.
J. Douglas Clark, M.D.
Ricardo J. Mendoza, M.D.
J.R. Hino, F.N.C.

Fax: (864) 585-2102

Wilson P. Smith, Jr., M.D.
E. Ben Knight, III, M.D.
Mary Lou Applebaum, M.D.
Beth V. Edwards, PA-C

Fax: (864) 582-3750

WILLIAM CASEY
77168
07-21-05

OFFICE NOTE

Chief Complaint

William Casey returns for follow up on his 7/19 visit. At that time he was having dry heaves and nausea and this was felt possibly to be an interaction between the Strattera and the Cymbalta and he was advised to discontinue these. Since then he is better. He continues to have chest pain, a squeezing sensation, which can be present without exercise, although it is exacerbated by exercise.

We should note that it was this symptom that led him to go to the emergency room May 2004. Although the presenting complaint was chest pain, a chest film showed a metallic fragment. This was interpreted as being in the chest by the treating physician and the patient was referred for pulmonary consult and underwent bronchoscopy within hours of his presentation. The bronchoscopy did not show a foreign body, but rather an area of erythema, and he was scheduled for a laser bronchoscopy the following week. The laser bronchoscopy was performed, with the patient under lengthy anesthesia for 1 hour and 50 minutes, and was complicated by pneumomediastinum.

Since the procedure the patient has ultimately recovered from his pneumomediastinum, bilateral pneumothoraces requiring chest tubes, intubation and mechanical ventilation. However, he has been unable to work and is now depressed over his long-term outlook.

Current Medicines

1. Advair 250/50 twice daily.
2. Combivent 1 puff four times daily as needed.
3. Ultram 50 mg four times daily as needed chest pain.
4. Lipitor 10 mg daily.
5. Lortab four times daily as needed.

Social History

He has been out of work now for a year and probably will be out of health insurance and a job, since he has been unable to hold gainful employment in the interim in large part because of his difficulties with concentrating and staying focused. The issue of his chest pain still remains unresolved. Cardiac evaluation was negative and his chest pain may be benign chest wall. On the plus side, he has quit smoking.

Continued...

2030 North Church Place, Spartanburg, South Carolina 29303 (864) 582-6858

Pulmonary Medicine

Critical Care

Bronchoscopy

Asthma Therapy

Sleep Disorders

THOMPSON 036483

WILLIAM CASEY
77168
07-21-05
Page Two

Family History

Coronary artery disease and hyperlipidemia, as previously noted.

Review of Systems

A cardiac catheterization in 2000 did not show any critical narrowing. The CT prior to his laser bronchoscopy was normal range except for incidentally noted coronary calcification. No additional findings on cardiorespiratory, GI or GU review.

Physical Examination

Vital Signs: Wt. 176.6, BP 153/91, HR 78, RR 20 and SaO₂ is 98% on room air.

General: No acute distress.

Skin: Normal turgor.

HEENT: Pupils symmetric.

Neck: No jugular venous distention.

Chest: No wheezes, rales or rhonchi.

Cardiac: No murmur or gallop.

Abdomen: Bowel sounds present. The patient felt like he might have the heaves while in the office but no emesis.

Extremities: No edema or clubbing.

Neurological: The patient had difficulty staying focused with answers to questions and could not repeat five numbers backward on a simple cognitive screen, but could repeat four numbers.

Laboratory Data

The vital capacity is 4.65 or 98% of predicted. The forced expiratory volume is 3.76 or 97% of predicted.

Today's cardiogram is normal range. Interestingly the cardiogram while he was in the hospital with his chest pain in May of last year showed nonspecific ST T-changes.

Impression

1. Chest pain, probably chest wall.
2. Nausea and vomiting, improved.
3. Persistent difficulty concentrating staying focused.
4. Status post laser bronchoscopy complicated by pneumomediastinum and pneumothoraces.

Continued...

THOMPSON 036484

WILLIAM CASEY

77168

07-21-05

Page Three

Comment

With reference to the patient's chronic squeezing chest pain, he does have risk factors for coronary artery disease in terms of his hyperlipidemia, family history, previous smoking and incidentally noted coronary calcification on Spartanburg Regional Medical Center CT. A formal coronary calcium score may be indicated and if elevated may be an indication to proceed with more vigorous cardiac workup. However, the chronicity increases the likelihood his chest pain is benign.

With reference to the patient's GI symptoms they do seem improved since discontinuing the Strattera and this really did not help with his staying focused anyway. However, he may still have some underlying pathology such as cholelithiasis or peptic ulcer disease and ultrasound of the gallbladder appears warranted. If symptoms persist we may consider an upper GI.

With reference to the patient's difficulty concentrating, air emboli have been reported as a complication of laser bronchoscopy even without perforation of the endotracheal tree with resultant leakage of air into extrapleural, vascular and mediastinal spaces. Although he is fortunate not to have any gross motor deficit, he may well have a permanent neurologic deficit in which case the indication for taking medication, such as Strattera, may be moot; the patient may simply need to recognize that although he would like to go back to work, he may be chronically disabled by his neurologic impairment/permanent brain damage.

Plan

We will check back with the patient with reference to his coronary calcium score and his gallbladder ultrasound. Further evaluation will proceed pending the results of above.



Charles M. Fogarty, MD
CMF/ns

cc: Dr. Gonda
Dr. Grace

THOMPSON 036485

medco®

Medco Health Solutions, Inc.
4865 Dixie Highway
Fairfield, Ohio 45014

tel 800 417 1072
www.medco.com

Date: 04/19/05

Dr. FRANK GONDA
2212 OLD FURNACE RD

BOILING SPRINGS, SC 29316

Re: MARK CASEY
240 LIGHTWOOD FARM RD
WOODRUFF, SC 29388

Dear Dr. GONDA:

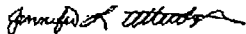
This letter will confirm that BASED ON A FAXED COMMUNICATION on APRIL 18, 2005 with your office a new prescription was issued to replace your patient's original prescription for BEXTRA TABS 20MG. The new prescription is for MOBIC TABS 7.5MG manufactured by BOEHRINGER INGELHEIM.

The prescription will be dispensed as:

- a quantity of 90
- TAKE 1 TABLET DAILY
- with 1 refills

You may wish to file this confirmation with your patient's records. If you have any questions you may contact a Member Services pharmacist at 1 800 455-5950.

Sincerely,



JENNIFER UTTERDYKE, RPh
Registered Pharmacist

Control Number: 2004D-00510212923

4/29/05
7

Medco manages your patient's pharmacy benefit at the request of your patient's plan sponsor.

THOMPSON 036486

**Medco Health Request for Prescription Clarification** | FA |

Your patients' prescription for the medication listed below needs clarification. Please review and clarify the information requested and fax it back to us at within 24 hours to minimize possible delays in patient drug therapy and follow-up calls to your office. **INCOMPLETE FORMS CANNOT BE PROCESSED.** To save you time and money, please **DO NOT** include a cover sheet when you fax back.

C378

Step 1: Please review the following information:**PRESCRIBER**

Name: Dr. FRANK GONDA
Address: 2212 OLD FURNACERD

BOILING SPRINGS, SC 29316

DEA: BG1279529

Phone: (864) 578-9735

Fax: (864) 578-7098



This fax number is no longer secure to receive patient confidential information. If box is checked, please provide secure fax number (...) - ...

PATIENT

Name: MARK CASEY
Address: 240 LIGHTWOOD FARM RD

WOODRUFF, SC 29388-0000

Phone: (864) 486-9131

Birth Date: 1958

Sex: M

Member ID: 553108339007

PRESCRIPTION INFORMATION

Medication / Strength: BEXTRA TABS / 20MG

Quantity: 0090

Directions: TAKE 1 TABLET EVERY MORNING FOR PAIN

Refills: 0001

Issue Date: 04/05/2005

Step 2: Before we can fill your patient's prescription, please provide clarification for the following:

Note: Most benefit plans cover up to a 90 day supply plus four refills.

4/15/05

All strengths of Bextra have been withdrawn from the market. Would the Doctor like to prescribe another medication?

mobile 7.5mg

7:00 PM

#90/7

Step 3: Date: 4/18/05**Signature:**
(We Cannot Accept Signature Stamps)**Please fax completed form to: 1 800 952-3239 within 24 hours (Please do not fax with cover page)**

033640278 17 0510212923 17

Our Telephone No.: 1-800-548-1649

Confidentiality Notice: This telecopy transmission contains confidential information belonging to the sender which is legally privileged. This information is intended only for the use of the individual or entity named above. The authorized recipient of this information is prohibited from disclosing this information to any other party. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution, or action taken in reliance on the contents of this document is strictly prohibited. If you have received this telecopy in error, please notify the sender immediately to arrange for the return of this document.

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TOTAL P.01

THOMPSON 036487



17804

KIRK E. HOUSTON, DMD
FAMILY DENTAL CARE
12313 GREENVILLE HIGHWAY
LYMAN, SC 29365
(864) 439-3322

DATE: March 30, 2005
TO: Dr. Frank Gonda
ADDRESS: _____

I HEREBY AUTHORIZE YOU TO RELEASE MY DENTAL /
MEDICAL RECORDS TO KIRK E. HOUSTON, DMD C/O FAMILY
DENTAL CARE.

PATIENT: William Mark Casey
ADDRESS: 240 Lightwood Farm Road
Windsor SC 29388

SOCIAL SECURITY: [REDACTED]

PLEASE RELEASE: Info regarding MEOS, we need to prescribe pain
med. PT does not know what meds he is
Currently Prescribed

I UNDERSTAND THAT I MAY REVOKE THIS AUTHORIZATION
AT ANY TIME BY NOTIFYING FAMILY DENTAL CARE IN
WRITING. HOWEVER, IF I CHOOSE TO DO SO, I UNDERSTAND
THAT MY REVOCATION WILL NOT AFFECT ANY ACTIONS
TAKEN BY FAMILY DENTAL CARE BEFORE RECEIVING MY
REVOCATION.

PATIENTS SIGNATURE: Mark Casey
NOTE: THIS FORM IS VALID FOR SIX MONTHS FROM DATE
OF SIGNATURE.

*Do not send records
per pt. 4/5/05 FEG*

THOMPSON 036488

Mary Black Physician Group
Request for Access to Protected Health Information

Patient: William M. Casey request access to my protected health information contained in the medical records or billing records maintained by Mary Black Physician Group to review the contents and obtain copies.

Or

Patient's Personal Representative:
I _____ request access to the protected health information of _____ contained in the medical records or billing records maintained by Mary Black Physician Group to review the contents and obtain copies.

I have the right to inspect and request copies of whatever portions or the entirety of the health records as well as to request a summary explanation of these records. I understand this request will require the collection of these records and that Mary Black Physician Group will arrange a convenient time and place for me to conduct my review of this protected health information. I request access and/or copies/summaries of the following information:

From (date) All to (date) _____

From (date) _____ to (date) _____

Please check type of information to be accessed/copied:

☐ Entire medical record	☐ Pathology report	☐ Discharge summary
☐ History and physical exam	☐ Consultation reports	☐ Progress notes
☐ Laboratory test results/reports	☐ X-ray reports	☐ X-ray films / images
☐ Operative report	☐ Emergency room record	☐ Itemized bill

☒ Other, (specify) Psychiatric tx/mental illness & records

I would like the protected health information to be provided in (check one):

- ☒ Photocopy format
☐ Summary explanation format

MAIL/BILL →

Parham, Smith & Dodson, LLC
501 River Street
Greenville, SC 29601

And provided to me by the following method (check one):

- ☐ Personal pick-up
☒ US Postal Service to (Address) Parham, Smith & Dodson, LLC
501 River St., Greenville, SC 29601

Other, specify: _____

Signature William M Casey Date: 3/15/05

Printed Name William M. Casey

Relationship if not Patient _____

Patient's Date of Birth: 58 Patient's SS#: [REDACTED]

Patient's Address: 240 Lightwell Farm Rd.
WINDYBEE, SC 29388

For Facility Use Only:

Identity of Requestor Verified via: ☐ Photo ID ☐ Matching Signature ☒ Other, specify Witness

Verified by: LSL

SDS
3/16/05

Request sent to: Foothills Family Medicine
2212 Old Furnace Road
Boiling Springs SC 29316

RE: WILLIAM M CASEY
SSN: [REDACTED]

RETURN RECORDS BY FAX TO SCDDS AT (866) 868-7952

OR

IF RETURNING BY MAIL, FOLLOW DIRECTIONS BELOW:

MAIL INSTRUCTIONS

Insert this page into the window envelope with the address showing.
THIS PAGE MUST BE ON TOP OF YOUR REPORT.

- Mail report to address in box at right. →
- If you are sending reports on more than one person in the same envelope, place this page for each individual on top of his/her records.

PAYMENT INSTRUCTIONS

Complete information below or attach your invoice underneath the second page.

AUTHORIZATION - RETURN FOR PAYMENT

Please complete identifying information below. **TO ENSURE PAYMENT, THIS FORM MUST BE PLACED ON TOP OF THE MEDICAL EVIDENCE.**

- Complete the "Remit To" section below with the provider name and address as listed on file with the IRS.

Enter the payment Amount and Provider Signature.

Remit To: _____ Amount: \$ _____

Telephone No.: _____

Provider's Signature

SSA
S87 SC DDS GREENVILLE
P.O. BOX 8706
LONDON, KY 40742-9915

Mail/Bill

- We cannot honor a bill presented more than 45 days after the close of our fiscal year which ends September 30.

THIS PAGE MUST BE ON TOP OF YOUR REPORT.



*SDS
2/23/05*

RQID: 0034168408081109 SITE: S87 DR: F
SSN: [REDACTED] DOCTYPE: 0001 RF: D CS: 4718

KMM/473
Claim No.: D91109
FAXD (8/04)
A: Y

TDN: 0034168408

THOMPSON 036490

SOUTH CAROLINA VOCATIONAL



REHABILITATION DEPARTMENT

Larry C. Bryant, Commissioner

Disability Determination Services · Greenville Regional Office
Post Office Box 3090 · Greenville, SC 29602 · (864) 282-4000 · 1-800-868-1950 · (864) 282-4473 FAX

February 15, 2005

FOOTHILLS FAMILY MEDICINE
2212 OLD FURNACE ROAD
BOILING SPRINGS SC 29316

FRANCISCO E GONDA MD

RE: WILLIAM M CASEY
AKA:
ADD: 240 LIGHTWOOD FARM RD
WOODRUFF SC 29388
SSN: [REDACTED]
DOB: [REDACTED] 58

Your patient has applied for disability benefits under the Social Security Act. We need the following information:

Treatment Records: 05/28/04 TO PRESENT

PLEASE SEND US COPIES OF YOUR RECORDS OR A NARRATIVE prepared in your office. In a narrative please describe the HISTORY, OBJECTIVE FINDINGS, SEVERITY, ONSET, AND DURATION of impairment. For adults note the individual's ability to perform work-related physical and mental activities. For children note the child's functional abilities in learning, motor functioning, communicating and socializing, performing self-care activities, and attending and completing tasks, and include the cumulative effects of treatment and therapy.

We pay S.C. physicians \$15.00 for a copy of treatment records, for a narrative submitted through our teledictation system or for a narrative prepared in a physician's office. Out of state physicians are paid according to the fee schedule effective in that state.

Is your patient capable of handling monthly benefits in his/her own best interest? YES NO

Physician's Signature _____

If a consultative examination is necessary, are you willing to perform the examination (including history, examination, and written report)? Yes No

See the attached page for instructions on returning your report to the DDS. If you require payment and do not attach your invoice, sign on the line for "Provider's Signature" on that page. Please include that page as the TOP document with your report, with this letter underneath.

Sincerely,

Robert W. Heaton, Disability Examiner

PLEASE INCLUDE THIS LETTER AS PAGE 2 OF YOUR REPORT

ENC: Release, Envelope
KMM/473Claim No: D91109
L1 (1/04)
DMA: Y

THOMPSON 036491

WHOSE Records to be disclosed

First	Middle	Last
NAME WILLIAM	MARK	CASEY
SSN [REDACTED]	Birthday (mm/dd/yy) [REDACTED] /1958	
SSA USE ONLY NUMBER HOLDER (if other than above)		
NAME [REDACTED]		
SSN [REDACTED]		

AUTHORIZATION TO DISCLOSE INFORMATION TO
THE SOCIAL SECURITY ADMINISTRATION (SSA)

PLEASE READ THE ENTIRE FORM, BOTH PAGES, BEFORE SIGNING BELOW.

I voluntarily authorize and request disclosure (including paper, oral, and electronic interchange):

OF WHAT All my medical records; also education records and other information related to my ability to perform tasks. This includes specific permission to release:

- All records and other information regarding my treatment, hospitalization, and outpatient care for my impairment(s) including, and not limited to:
 - Psychological, psychiatric or other mental impairment(s) (excludes "psychotherapy notes" as defined in 45 CFR 164.501)
 - Drug abuse, alcoholism, or other substance abuse
 - Sickle cell anemia
 - Human immunodeficiency virus (HIV) infection (including acquired immunodeficiency syndrome (AIDS) or tests for HIV or sexually transmitted diseases
 - Gene related impairments (including genetic test results)
- Information about how my impairment(s) affects my ability to complete tasks and activities of daily living, and affects my ability to work.
- Copies of educational tests or evaluations, including Individualized Educational Programs, triennial assessments, psychological and speech evaluations, and any other records that can help evaluate function; also teachers' observations and evaluations.
- Information created within 12 months after the date this authorization is signed, as well as past information.

FROM WHOM

- All medical sources (hospitals, clinics, labs, physicians, psychologists, etc.) including mental health, correctional, addiction treatment and VA health care facilities.
- All educational sources (schools, teachers, records administrators, counselors, etc.)
- Social workers/rehabilitation counselors
- Consulting examiners used by SSA
- Employers
- Others who may know about my condition (family, neighbors, friends, public officials)

THIS BOX TO BE COMPLETED BY SSA/DDS (as needed). Additional information to identify the subject (e.g., birth names used, the specific source or the material to be disclosed).

Foothills Family Medicine
5-28-04 to present

TO WHOM

The Social Security Administration and to the State agency authorized to process my case (usually called "disability determination services"), including, contract copy services, and doctors or other professionals consulted during the process. (Also, for international claims, to the U.S. Department of State Foreign Service Post.)

PURPOSE

Determining my eligibility for benefits, including looking at the combined effect of any impairments that by themselves would not meet SSA's definition of disability; and whether I can manage such benefits.

☐ Determining whether I am capable of managing benefits ONLY (check only if applies)

EXPIRES WHEN This authorization is good for 12 months from the date signed (below my signature).

- I authorize the use of a copy (including electronic copy) of this form for the disclosure of the information described above.
- I understand that there are some circumstances where this information may be redisclosed to other parties (see page 2 for details).
- I may write to SSA and my sources to revoke this authorization at any time (see page 2 for details).
- SSA will give me a copy of this form if I ask; I may ask the source to allow me to inspect or get a copy of the material to be disclosed.
- I have read both pages of this form and agree to the disclosures above from the types of sources listed.

INDIVIDUAL authorizing disclosure

SIGN

William M. Carey

IF not signed by subject of disclosure, specify basis for authority to sign
☐ Parent of minor ☐ Guardian ☐ Other personal representative (explain)

(Parent/guardian sign here if two signatures required by State law)

Date signed

Feb 8, 2005

Street Address

240 LIGHTWOOD FARM RD

Phone Number (with area code)
864 486 9131

City

WOODRUFF

State

SC

Zip

29388

WITNESS

I know the person signing this form or am satisfied of this person's identity:

SIGN

[Signature]

IF needed, second witness sign here (e.g., if signed with an "X" above)

SIGN

Phone Number (or Address)

Phone Number (or Address)

This general and special authorization to disclose was developed to comply with the provisions regarding the disclosure of medical, educational, and other information under P.L. 104-191 ("HIPAA"); 45 CFR parts 160 and 164; 42 U.S. Code section 290dd-2; 42 CFR part 2; 38 U.S. Code section 7332; 38 CFR 1.475; 20 U.S. Code section 1232g ("FERPA"); 34 CFR parts 99 and 300; and State law

THOMPSON 036492

**Explanation of Form SSA-827,
"Authorization to disclose Information to the Social Security Administration (SSA)"**

We need your written authorization to help get the information required to process your application for benefits, and to determine your capability of managing benefits. Laws and regulations require that sources of personal information have a signed authorization before releasing it to us. Also, laws require specific authorization for the release of information about certain conditions and from educational sources.

You can provide this authorization by signing a Form SSA-827. Federal law permits sources with information about you to release that information if you sign a single authorization to release all your information from all your possible sources. We will make copies of it for each source. A few States, and some individual sources of information, require that the authorization specifically name the source that you authorize to release personal information. In those cases, we may ask you to sign one authorization for each source and we may contact you again if we need you to sign more authorizations.

You have the right to revoke this authorization at any time, except to the extent a source of information has already relied on it to take an action. To revoke, send a written statement to any Social Security Office. If you do, also send a copy directly to any of your sources that you no longer wish to disclose information about you; SSA can tell you if we identified any sources you didn't tell us about. Information disclosed prior to revocation may be used by SSA to decide your claim.

It is SSA's policy to provide service to people with limited English proficiency in their native language or preferred mode of communication consistent with Executive Order 13166 (August 11, 2000) and the Individuals with Disabilities Education Act. SSA makes every reasonable effort to ensure that the information in the SSA 827 is provided to you in your native or preferred language.

IMPORTANT INFORMATION, INCLUDING NOTICE REQUIRED BY THE PRIVACY ACT

All personal information collected by SSA is protected by the Privacy Act of 1974. Once medical information is disclosed to SSA, it is no longer protected by the health information privacy provisions of 45 CFR part 164 (mandated by the Health Insurance Portability and Accountability Act (HIPAA)). SSA retains personal information in strict adherence to the retention schedules established and maintained in conjunction with the National Archives and Records Administration. At the end of a record's useful life cycle, it is destroyed in accordance with the privacy provisions, as specified in 36 CFR part 1228.

SSA is authorized to collect the information on form SSA-827 by sections 205(a), 223(d)(5)(A), 1614(a)(3)(H)(i), 1631(d)(1) and 1631(e)(1)(A) of the Social Security Act. We use the information obtained with this form to determine your eligibility for benefits, and your ability to manage any benefits received. This use usually includes review of the information by the State agency processing your case and quality control people in SSA. In some cases, your information may also be reviewed by SSA personnel that process your appeal of a decision, or by investigators to resolve allegations of fraud or abuse, and may be used in any related administrative, civil, or criminal proceedings.

Signing this form is voluntary, but failing to sign it, or revoking it before we receive necessary information, could prevent an accurate or timely decision on your claim, and could result in denial or loss of benefits. Although the information we obtain with this form is almost never used for any purpose other than those stated above, the information may be disclosed by SSA without your consent if authorized by Federal laws such as the Privacy Act and the Social Security Act. For example, SSA may disclose:

1. To enable a third party (e.g., consulting physicians) or other government agency to assist SSA to establish rights to Social Security benefits and/or coverage;
2. Pursuant to law authorizing the release of information from Social Security records (e.g., to the Inspector General, to Federal or State benefit agencies or auditors, or to the Department of Veterans Affairs (VA));
3. For statistical research and audit activities necessary to assure the integrity and improvement of the Social Security programs (e.g., to the Bureau of the Census and private concerns under contract with SSA).

Other than the above limited circumstances, SSA will not redisclose without proper prior written consent information (1) relating to alcohol and/or drug abuse as covered in 42 CFR part 2, or (2) from educational records for a minor obtained under 34 CFR part 99 (Family Educational Rights and Privacy Act (FERPA)), or (3) regarding mental health, developmental disability, AIDS or HIV.

We may also use the information you give us when we match records by computer. Matching programs compare our records with those of other Federal, State, or local government agencies. Many agencies may use matching programs to find or prove that a person qualifies for benefits paid by the Federal government. The law allows us to do this even if you do not agree to it.

Explanations about possible reasons why information you provide us may be used or given out are available upon request from any Social Security Office.

PAPERWORK REDUCTION ACT

This information collection meets the requirements of 44 USC §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 10 minutes to read the instructions, gather the facts, and answer the questions. **SEND OR BRING IN 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. *You may send comments on our time estimate above to: SSA, 1338 Annex Building, Baltimore, MD 21235-0001. Send only comments relating to our time estimate to this address, not the completed form.*

THOMPSON 036493



918-6455 / Auth.
s/w Allison

www.oxytrol.com

1.888.OXYTROL

1/26/05
Can not accept auth
unless psychiatric trmt
or mental illness on auth +
signed by patient.
Called + s/w Allison
@ Parkham Smith + Dodson.
She will give message of
same to Kaye McCracken.
s/w Jan Kelley also.

Aileen Smart

THOMPSON 036494

PARHAM SMITH & DODSON, L.L.C.

Attorneys At Law

MICHAEL PARHAM
S. BLAKELY SMITH
WILLIAM L. DODSON, JR.

MACKENZIE G. ARCHENHOLD

501 RIVER STREET
SMITH BARNEY BUILDING - SECOND FLOOR
POST OFFICE BOX 2800
GREENVILLE, SOUTH CAROLINA 29602
(864) 242-9008
(864) 273-6155

BARNEY O. SMITH, JR.
(1952-1996)

December 20, 2004

Dr. Frank Gouda
2212 Old Furnace Rd.
Spartanburg, SC 29316

578-9735

ATTN: Melissa
Fax 578-7098

Re: Name: William Mark Casey
SS No: [REDACTED]
DOB: [REDACTED] 58

Information Requested: all treatment notes and records along
with an itemized statement for services

Dear Sir/Madam:

Please take this letter as notice of our representation of the client above named. In order for us to fully represent our client, it is necessary for us to receive certified, stamped copies as kept in the normal course of business for Dr. Frank Gouda, of all documents, including, but not limited to medical records, bills, correspondence, consult notes and any and all other materials which mentioned our client which are maintained in your office. We are, therefore, enclosing a properly executed medical authorization, which satisfies all requirements of HIPAA regulations. This release authorizes our firm to obtain both current and future information which is received in your office with reference to our client. Please forward to us ALL information maintained in your office which refers to this client. Since time is of the essence in the pursuit of legal matters, your prompt attention and response in this matter will be greatly appreciated.

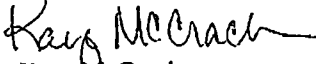
THIS AUTHORIZATION REVOKES ALL PRIOR AUTHORIZATIONS OF MY CLIENT ON FILE WITH YOUR OFFICE. THEREFORE, DO NOT RELEASE FURTHER INFORMATION WITH REFERENCE TO THIS CLIENT TO ANY PERSON OR ENTITY WITHOUT THE WRITTEN CONSENT OF OUR CLIENT.

As attorneys for the client whose name is listed above we direct you to refrain from engaging in oral communications with any person concerning our client without specific written consent in accord with HIPAA regulations. Any disclosure of information to persons other than the client and this office is strictly prohibited.

We appreciate your prompt attention to this matter, and I remain

THOMPSON 036496

Sincerely,


Kaye McCracken
Paralegal

KM:sch

encl.

F:\Users\SHARUN\Documents\frank gouda med records request.wpd

THOMPSON 036497

**SMART
CORPORATION**

Health Information Services

Patient Name: William Mark Casey

RECEIVED

Date: 12/29/04

DEC 30 2004

Dear Requestor:

PARHAM & SMITH

Smart Corporation is under agreement with the medical facility to release all authorized copies of medical records. Federal and other law protects the confidentiality of the records.

Therefore, Smart employees will not forward confidential records without the proper authorization. We have checked the patient's file and regret that we cannot respond to your request for records at this time due to the following:

- ☐ A Death Certificate or "Letter of Administration/Testament" must accompany the request for records for a deceased individual.
- ☐ Inadequate Authorization. A signed authorization from the patient or their agent must accompany the request or be on file.
- ☐ Inadequate Authorization. Legal documents must be provided to confirm the legitimacy of the patient's agent and their relationship to the patient if the authorization is not signed by the patient themselves. This would apply to the legal guardian of a minor unless the parent and the power of attorney.
- ☐ HIPAA-compliant authorization. Patient authorization must contain statements of notification to the patient. One or more of the following statements is missing from your authorization.
 - ☐ Individual's right to revoke authorization
 - ☐ Description of how to revoke it
 - ☐ Ability or inability to condition their treatment, payment, enrollment or eligibility for benefits
 - ☐ Potential for disclosed information to be re-disclosed by recipient
- ☐ HIPAA-compliant request for medical records. Request for medical records must include all the information below. One or more of the following core elements is missing from your request.
 - ☐ Name of patient
 - ☐ Date of birth or social security number to identify patient
 - ☐ Description of the information to be disclosed
 - ☐ Name of person/company authorized to make use of disclosure
 - ☐ Description of each purpose for the disclosure
 - ☐ Expiration date or event for which the request will expire
- ☒ Special Authorization Required. Chart contains sensitive information. Release must specify that permission is given to disclose such information. *Please resend with auth.*
- ☐ The date of service for the records you have requested is not available or is not part of the patient's medical record.
- ☐ Other _____

THOMPSON 036498

CONFIDENTIAL**Parham Smith & Dodson, LLC**

Attorneys at Law

**P.O. Box 2800
Greenville, SC 29602
864-242-9008
Fax #864-271-6155**

To:	Melissa
Re:	Wm. Mark Casey - Records
Fax #:	578-7098
Date:	1/20/05
Time:	11:50

Sender:

☐ Mike Parham	☐ Blake Smith	☐ Bill Dodson
☐ Brooke Archenhold	☐ Herb Parham	☒ Kaye McCracken
☐ Camille Klein	☐ Van Clanton	☐ Joyce Banks
☐ Paula Duffell	☐ Shannon Hoteck	☐ Allison Williams
☐ Brandon Ellison		

Comments: _____

You should receive 5 page(s) including this cover sheet.
If you do not receive all the pages, please call 864-242-9008.

THOMPSON 036499

Casey, William M. [REDACTED] /1956
Office/Outpatient Visit
Visit Date: Wed, Nov 10, 2004 04:38 pm
Provider: Al Bennett, LPC, LPC
Location: Piedmont Psychiatric Services

1 of 2

This note has not been signed and may be incomplete. Printed on 11/14/2004 at 5:05 pm.

SUBJECTIVE:

CC: Mr. Casey is a 46 yo male referred to Jeffery Smith, MD by his psychologist, Jay Grace, Ph.D. for treatment of depression and anxiety.

HPI: Mr. Casey reports that during spring 2004, he began to experience episodes of chest pain when at work. Over a period of days or weeks, his worry about the pain grew. Eventually in May 2004, at the encouragement of a co-worker, he reported his symptoms to the company RN. He was then transported to the ER and underwent a series of tests. He states that as a result of an incorrect diagnosis, he underwent unnecessary invasive procedures, and suffered severe complications which required care in the ICU for several days. Has been out of work since this incident and worries greatly about his job security. He asserts he is suspicious and distrustful of individuals in his workplace and of healthcare providers given recent events and given the current environment. He plans to litigate.

Additionally, Mr Casey notes he has been very stressed by family concerns. He states that his kids (18 and 21 yo) have broken his heart, and he feels himself to be a failure over this. He feels they are estranged. His divorce is pending. He states he has adjusted to his marital separation two years ago, citing it was a mutual decision and both had affairs before separating. He experienced significant financial distress following marital separation, and he reported on his intake sheet that he is currently having financial stress.

Symptomatically, Mr. Casey has been suffering with constant worry, rumination and negative thinking. He states that until recent, he had been considered an optimistic person. He states he feels like a failure. He reports sleep disturbance (DFA, MNA), loss of energy, loss of motivation, anhedonia, decreased libido, difficulty concentrating, and hopeless feelings. He denies suicidal ideation. He denies previous episodes of depression or anxiety.

Mania is not present and nor is there clear history of hypomania. He denies history of manic/hypomanic episodes although he mildly endorsed some possible symptoms such as racing thoughts, although interview finds these appear better described as worry and rumination. There is no grandiosity. He acknowledges periods of agitation but he states these have only occurred in response to the significant stressors over recent months. He states his only significant period of excessive spending occurred immediately after his divorce. He notes that currently he may overspend at electronic stores, but he has otherwise been restrained with his spending.

Past Medical History / Family History / Social History:

Past Medical History:

Bulging disk, back pain
Chest pain with exertion

Family History:

Denies.

Social History:

Divorce is pending. Separated 2 years. Two children, ages 18, 21. Has worked production job with Michelin for over 20 years. Reports financial problems.

Tobacco/Alcohol/Supplements:

12 pack beer/month.

Substance Abuse History:

Denies.

Mental Health History:

Current counseling with Jay Grace, PhD.

11/16/04
Z

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THOMPSON 036500

Casey, William M. [REDACTED] /1958
Office/Outpatient Visit
Visit Date: Wed, Nov 10, 2004 04:38 pm
Provider: Al Bennett, LPC, LPC
Location: Piedmont Psychiatric Services

This note has not been signed and may be incomplete. Printed on 11/14/2004 at 5:05 pm.

Current Medications:
Zoloft 150mg qd past 6 weeks.
Ambien prn

OBJECTIVE:

Exams:

Mental Status Examination: Mark appeared well nourished and of average weight. Motor activity was normal in quality and quantity. Grooming and hygiene were excellent and appropriate for age and situation. Eye contact was good with no unusual avoidance or scanning. Attitude toward the examiner was guarded with generally uncomfortable during the interview. His mood was predominantly depressed. His affect was fair but neither notably happy nor sad. Thought process demonstrated age appropriate rational and logical thinking. He showed no evidence of loose association, flight of ideas, racing thoughts, tangential thoughts, or circumstantial thought process. There was no neologisms, clanging, punning or thought blocking. He reported no abnormalities of thought content including no obsessions, compulsions, hallucinations, delusions, suicidal ideations and homicidal ideations. He reported moderate anxiety around hospitals. The patient was oriented to person, place, time and circumstances. Concentration and attention were fair but with some difficulty maintaining focus on tasks and conversation. Memory is intact for recent and remote events. Fund of knowledge was average for age. Intelligence appeared to be average based on vocabulary and other information obtained from the interview. Insight into illness and need for treatment was fair for age and intelligence level. Judgement for social and other situations was average for age and intelligence level. Level of impulsivity appeared to be average based on behavior during the interview and historical information.

ASSESSMENT:

298.22 Major depression, single episode, moderate
DDx:
R/O Anxiety disorder, (GAD, Adjustment disorder with anxiety, PTSD)

AXIS II: No diagnosis
AXIS III: See PMH and HPI above.
AXIS IV: Family, employment, health.
AXIS V: Current GAF 50-55.

PLAN:

Psychiatric evaluation with Dr. Jeffery Smith today.
Continue counseling with Dr. Jay Grace.

Major depression, single episode, moderate

Orders:
90801*T Psychiatric diagnostic interview examination - Therapist

cc: Jay Grace, Ph.D.

Casey, William M. [REDACTED] /1958

Office/Outpatient Visit

Visit Date: Wed, Nov 10, 2004 05:16 pm

Provider: Jeffrey Smith, MD, M.D. (Supervisor: Jeffrey Smith, MD, M.D.)

Location: Piedmont Psychiatric Services

This note has not been signed and may be incomplete. Printed on 11/10/2004 at 5:44 pm.

SUBJECTIVE:

HPI:

46 yom referred by Dr. Joseph Grace.

See full history by Al Bennett on this same day.

He is Zoloff 150 mg qd and Ambien 10 mg one qhs pm insomnia.

He is reluctant to acknowledge depression despite symptoms that suggest this diagnosis. He does have a lot of ruminations.

He thinks Zoloff has helped take the edge of anxiety and has decreased ruminations. More withdrawn than he would like. Poor energy. Poor motivation. Interest and enthusiasm. Some insomnia, unless he takes Ambien. Some overeating. Easily agitated. No s.i. Some hopeless feelings.

No mania or psychosis.

No alcohol or drug abuse.

OBJECTIVE:

Exams:

Affect is irritable. No s.i. or h.i. Judgement and insight fair. No psychosis. Gait, dress, speech, and hygiene normal. Sensorium clear. No gross cognitive deficits.

ASSESSMENT:

296.22 Major depression, single episode, moderate

PLAN:

Stop Zoloff.

Add Cymbalta 60 mg one qam with food. # 42 samples.

Cont. Ambien 10 mg one qhs pm insomnia.

Ret. in 3-4 wks.

CC: Joseph Grace, PhD

Major depression, single episode, moderate

Orders:

90862 Pharmacologic management with no more than minimal medical psychotherapy

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THOMPSON 036502

PIEDMONT PSYCHIATRIC
SERVICES

Tony R. Goodbar, M.D. (Child & Adolescent Psychiatry)
Jeffrey K. Smith, M.D. (Adult Psychiatry)
John P. Taylor, M.D. (Practice closed to New Patients)
Lynn Purcell Wright, M.D. (Practice closed to New Patients)
Wade A. Harris (Adult Psychiatry)

Jim Harbin, MEd, LPC
Michael D. Smith, MA, LPC
Susan Gentry-Wright, LMSW
Mary L. Shults, MSW
Albert C. Bennett, MA, LPC
Carol R. Mitchell, MSN, LPC

NEW PATIENT REFERRAL FORM

DATE 10/29/04 ACCOUNT NUMBER _____
PHYSICIAN REQUESTED Dr. Tony Goodbar APPT DATE ? TIME ?
REFERRED BY Dr. Frank Gonda PHONE NUMBER 864-578-9735
ADDRESS 2212 Old Furnace Rd. ^{Bolings Springs} SC 2986 FAX 578-7098 BACK LINE none
REFERRAL OFFICE CONTACT Donna MED RECORDS REQUESTED YES

PATIENT INFORMATION

NAME William "Mark" Cary DOB [REDACTED] 15X SSN [REDACTED]
Parent Name (if minor) None Work Place Michelin
HOME ADDRESS 240 Lightwood Farm Road
CITY Woodruff STATE SC ZIP 29388
HOME PHONE (864) 486 9131
PRIMARY INS: BC/BS SECONDARY INS: _____
CHIEF COMPLAINT Depression; Anxiety D/O

Precipitants/Stressors: _____

Current Medications: Wellman 50mg; Zanaflex 4mg; Latuda 10/500; Buprop 20mg
L.M. 20mg; 30/10 100mg 1/2 tab.

Alcohol/Drug Use: _____

Prior Treatment: _____ Outpatient _____ Inpatient _____

FAX NUMBER (864) 676-9432

DATE APPT SCHEDULED: _____

ATTENTION: _____

NEW PT PACKET MAILED: _____

2094 Woodruff Rd. * Greenville, South Carolina 29607 * 864-676-9211 * Fax 864-676-9432

THOMPSON 036503

GLENN L. SCOTT, M.D.
200 DILLON CIRCLE
SPARTANBURG, SC 29307

Orthopaedic Surgery

Phone (864)582-3456
Fax (864)583-3579

NAME: William Casey

ADDRESS: 240 Lightwood Farm Rd
Woodruff, SC 29388

SSN: [REDACTED]

AGE: 45

TELEPHONE: 864-486-9131

DATE OF EXAM: 09-20-04

This 45 year old male patient was seen with complaints of chronic low back pain dating back to several years. He is an employee of Michelin Tire Corporation where he works on the production line. However, he has not worked since May 28. This has been for reasons other than his back, although he was advised to have his back evaluated prior to returning to work. He states that the job that he does is quite strenuous, that he works 12 hour shifts and he has a lot pushing, pulling and rotation type movements associated with his job. He has worked for Michelin for about 20 years. He states that his back pain is relatively constant, but worse when he first wakes up the a.m. He also has some pain in the anterior aspect of his chest. He has had an extensive evaluation for cardiac disease which, apparently, has been nonrevealing.

His complete medical history was documented and reviewed. He smokes about a quarter of a pack of cigarettes a day, drinks socially but not excessively. Other than mentioned above, his review of systems, medical and social history and family history are nonrevealing.

On exam, the patient is a well developed male. Weight 177. Blood pressure 102/74. Pulse 88. Head is normocephalic. Pupils are equal and reactive and extra ocular muscles are intact. He shows good range of motion without spasm or tenderness in the cervical spine. Also, motion is symmetrical from side to side. His upper extremities show good range of motion in the shoulders, elbows, wrists and hands. His muscular development is symmetrical and reflexes are symmetrical at the biceps, triceps and brachial radialis. He has good grip. His chest shows good expansion and contraction. There is no thoracic spasm or point tenderness. His heart has a regular rate and rhythm.

Exam of the lumbar spine, again, shows no visible or palpable sustained paravertebral spasm. He has a reversal of his lumbar curve as he flexes and extends. There is no list and his motions from side to side are symmetrical. He has some increased pain on hyper extension and at the end ranges of rotation. Straight leg

THOMPSON 036504

GLENN L. SCOTT, M.D.
200 DILLON CIRCLE
SPARTANBURG, SC 29307

Orthopaedic Surgery

Phone (864)582-3456
Fax (864)583-3579

William Casey
[REDACTED]

09-20-04 continued...

Page 2

raising is negative for acute nerve root irritation. Reflexes are 2+ and symmetrical at the knee and ankle. He has normal motor strength and normal sensation.

He has had previous x-rays done AP, lateral and spot of the lumbosacral junction. In addition, oblique x-rays were done today which showed some moderate degenerative changes in the facet joints at L4-5 and L5-S1. The disc spaces are fairly well maintained. Likewise, he had an MRI done on 10-31-03 at Mary Black. These films, as well as the radiologist's report, were reviewed. He has some moderate degenerative changes at L4-5 and L5-S1 with some mild bulging. There is no real lateralization, no herniation or direct nerve root compression. Arthritic changes in the facet joints are again, noted.

IMPRESSION

Degenerative lumbar spine and disc disease.

I don't feel that these are advanced or acute changes, although certainly have the potential of gradual worsening with time. The condition has the potential to be aggravated or accelerated by strenuous and sustained activities, both occupationally and recreationally. In discussing his job at some length with him in the office today it does have strenuous aspects which potentially could be aggravating factors to his back. I don't see any reason why, at this point, he can't return to his regular job, but I feel it would be advisable for him to explore, with the company, different jobs that might become available that would be less demanding as far as his back is concerned. He currently is using nonsteroidal anti-inflammatory agents, is on a regular back exercise program and, at times, uses a back support and he was advised to continue with this program.

Glenn L. Scott, M.D. ,
GLS:km
cc: Patient

THOMPSON 036505

17804



MICHELIN

MICHELIN TIRE MANUFACTURING
US-3 Facility Personnel
Post Office Box 5049
Spartanburg, SC 29304
864-599-3157, Office
864-599-3222, Fax

**ATTENDING PHYSICIAN'S REPORT
(FOR EXTENDED LEAVES OF ABSENCE)**

Date: SEPT. 27, 2004
Sept 7, 2004

Employee's Name: William Mark Casey

Address: 240 Lightwood Farm Road

Date original medical leave of absence: MAY 28, 2004

Expected date of return to work: APPROXIMATELY 30 DAYS

Physical findings (diagnosis): INITIAL AND TERMINAL SLEEP DISTURBANCE

DEPRESSIVE AFFECT MOST DAY & ATYPICAL CYNICISM, IRRITABILITY WITH LOW FRUSTRATION TOLERANCE, ANXIETY AND RESTLESSNESS, ATYPICAL SOMATIC SYMPTOMS, EXCESSIVE WORRY, EASILY FATIGUED, AND AN INABILITY TO COPE WITH NORMAL LIFE STRESSES, AND DECREASED MOTIVATION.

Treatment and/or recommendation: FOR ALL ACTIVITIES.

CONTINUED COGNITIVE, INSIGHT ORIENTED PSYCHOTHERAPY,

INCREASE ZOLOFT TO 150 MG. QD (OCCURRED 9-23-04), SWITCH TO OR COMBINE CYMBALTA (SEE ACCOMPANYING LETTER TO DR. GORDA), CONSIDER ADDING BUSPAR FOR ANXIETY, AND REFER TO PSYCHIATRIST IF NOT SIGNIFICANTLY IMPROVED IN THREE WEEKS.

DXS. MAJOR DEPRESSIVE DISORDER,
SINGLE EPISODE (296.2),
POSTTRAUMATIC STRESS
DISORDER-RESOLVING (309.81)
GENERALIZED ANXIETY
DISORDER (300.02)

JOSEPH G. GRACE, III, PH.D.
OUTPATIENT COUNSELOR - SRHS
SPARTANBURG, S.C. 29303
(853 N. CHURCH ST., SUITE 510)
Telephone: (864) 560-1512

NOTE: Michelin employees may receive full or 60% pay during Medical Leave of absence. Verification of information regarding this request for leave would be greatly appreciated. To assure continuity in the employee's pay, this form must be returned promptly. Your cooperation would be appreciated.

LCF/62/FORMS/DELX1LV.DOC

P.1

(864) 486-9131

Mark Casey

THOMPSON 036506

11804

JOSEPH G. GRACE III, PH.D
LICENSED COUNSELING PSYCHOLOGIST
853 N. CHURCH STREET, SUITE 510
SPARTANBURG, SC 29303
(864) 560-1512

September 16, 2004

Frank E. Gonda, MD
2212 Old Furnace Rd.
Spartanburg, SC 29316
Fax #: 578-7098

Re: William Mark Casey
D.O.B. [REDACTED]/58
SS# [REDACTED]

Dear Frank,

I have been following Mark Casey on a weekly basis and saw him most recently on September 16, 2004. He reportedly has been taking Zoloft, 100 mg per day for about eight weeks now as you prescribed. He estimated that he has gained about 50% benefit from Zoloft, but for about the past four weeks he seems to have plateaued and there appears to be no subjective or objective improvements. Thus, the following depressive symptoms persist: initial and terminal sleep disturbances, depressive affect most days with atypical cynicism, irritability with low frustration tolerance, anxiety and restlessness, atypical somatic symptoms, excessive worry, easily fatigued, and an inability to deal with normal life stresses.

On August 9, 2004, I administered to Mark the MMPI-II. The validity scales indicate that his test results are valid and the clinical picture is probably unchanged since that test administration. The clinical scales of his MMPI-II indicate that he is moderately depressed, moderately anxiety, but in good reality contact. He is prone to develop ulcers and other GI disturbances under stress. Also, he is prone to sudden anxiety and panic episodes. Test results confirm that he is overwhelmed with problems, is guilt-ridden, and has feeling of inadequacy and unworthiness. He tends to be quite despondent and is slowed in thought and action. Mark is also inclined to experience obsessional thoughts which trigger compulsive behaviors. His personality profile also indicates that he is angry and resentful, rigid and stubborn. He tends to be suspicious and inclined to question the motives of others. However, when not overwhelmed and depressed, he is likely to be much more adaptable, dependable and responsible. In addition, when not in an emotional crisis, he is probably realistic and practical, and is viewed by others as sociable, friendly and enthusiastic.

Mark has a twenty-plus year history with Michelin and reportedly has been a very productive employee. He indicated, however, that he has been out of work since May 28th and several very recent phone calls from Michelin supervisors indicate that his job

9/20/04 J

THOMPSON 036507

Mark has a twenty-plus year history with Michelin and reportedly has been a very productive employee. He indicated, however, that he has been out of work since May 28th and several very recent phone calls from Michelin supervisors indicate that his job may be in jeopardy. Thus, it seems only reasonable that we accelerate his treatment in an effort to expedite his return to work. The simplest solution seems to be to increase his Zoloft to 150 mg per day. Another possibility would be to augment the therapeutic benefit of Zoloft with a second anti-depressant such as Cymbalta. Cymbalta would probably be a good choice since it would be combining the serotonergic benefits of Zoloft with the norenergic benefits of Cymbalta. Also, the addition of BuSpar could be helpful in the treatment of Mark's numerous anxiety symptoms.

If you are not comfortable, Frank, with a more complex psychotropic regimen, then either you or I can refer him to one of the Greenville psychiatrists with the recommendation that he be seen at their earliest opening. Michelin is not really satisfied with Mark being out on a three and one-half month leave under the care of a family physician and psychologist for a psychiatric disorder. However, since it could take two to three weeks for Mark to be seen by a psychiatrist, please consider a medication increase/change in the meantime.

Please advise (560-1512).

Sincerely yours,

A handwritten signature in black ink, appearing to read 'Jay Grace', with a long horizontal flourish extending to the right.

Jay Grace, Ph.D.
Licensed Counseling Psychologist

THOMPSON 036508

17801



Lung and Chest Medical Associates

Charles M. Fogarty, M.D.
J. Douglas Clark, M.D.
Rico V. I. Mendoza, M.D.
J.P. Elm, F.N.P.

Fax: (864) 585-2102

Wilson P. Smith, Jr., M.D.
E. Bert Knight, III, M.D.
Mary Lou Applebaum, M.D.
Beth V. Edwards, PA-C

Fax: (864) 582-3750

WILLIAM CASEY

OFFICE NOTE

Mr. Casey returns for a follow up visit today. He is trying to resume activities. He has developed chest pain with exertion and so in view of the finding of coronary artery calcification on his CT scan and his exertional chest pain we will refer him for a Cardiolite stress test and consideration of pulmonary rehabilitation. EKG today is within normal limits and shows no acute changes.

Wilson P. Smith, Jr., M.D.
WPSjr/ns
cc: Dr. Gonda

MSD
8/24/04

2030 North Church Place, Spartanburg, South Carolina 29303 (864) 582-6858

Pulmonary Medicine

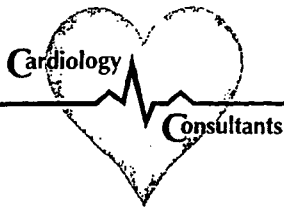
Critical Care

Bronchoscopy

Asthma Therapy

Sleep Disorders

THOMPSON 036509



Joseph R. Dorchak, M.D., F.A.C.C.
James R. Story, M.D., F.A.C.C.
F. Michael Eickman, M.D., F.A.C.C.
Barry L. Huey, M.D., F.A.C.C.

David G. Ike, M.D., F.A.C.C.
Larry E. Kibler, M.D., F.A.C.C.
Nalin K. Srivastava, M.D., F.A.C.C.
David J. Rodek, M.D., F.A.C.C.

Alejandro N. Lopez, M.D., F.A.C.C.
Kristen P. Nawabi, M.D.
John J. Gallagher, M.D., F.A.C.C.
Robin Simpkins, R.N., A.N.P., A.C.N.P.

17804

NUCLEAR STRESS STUDY

NAME: CASEY, WILLIAM M.

DOB: [REDACTED]/58

DATE: AUGUST 2, 2004

CLINICAL HISTORY:

Mr. Casey is a 45-year-old patient of Dr. Gonda. The patient has also seen Dr. Srivastava. This study is ordered by Dr. Wilson Smith for evaluation of chest pain. The patient had an abnormal calcium score by CT. The patient also had a normal catheterization in the year 2000.

DESCRIPTION OF STUDY:

Resting images were obtained after the administration of 10 mCi of Cardiolite. The patient then underwent Bruce protocol stress testing completing 9 minutes of exercise achieving 10.1 mets and 87 percent of the predicted maximum heart rate. At peak exercise, 25 mCi of Cardiolite were administered.

FINDINGS:

The raw images revealed no significant lung uptake.

The SPECT images revealed normal perfusion on stress and rest images. There was no evidence for ischemia.

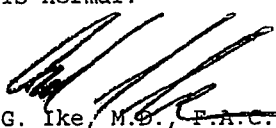
The gated images revealed normal systolic function with a calculated ejection fraction of 58 percent. There were no regional wall motion abnormalities present.

IMPRESSION:

Normal study.

COMMENT:

Previous Cardiolite in July of 2000 revealed inferior ischemia. This was subsequently found to be a false-positive study. This study is normal.


David G. Ike, M.D., F.A.C.C.
Cardiology Consultants, P.A.
DGI:MSM

cc: Nalin K. Srivastava, M.D.
Frank E. Gonda, M.D.
Wilson P. Smith, Jr., M.D.

MSD
8/12/04

1083 Boiling Springs Road • Spartanburg, SC 29303-2298 • (864) 583-8647 • Fax: (864) 542-2227

THOMPSON 036510



CAROLINAS CENTER For Advanced Management of Pain

Comprehensive Evaluation
and Medical Management

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Implantable Pain
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Neuroablative
Procedures

International Spinal Injection Society

June 17, 2004

Gregory J. Feldman, M.D.
1091 Boiling Springs Road
Spartanburg, SC 29303

RE: CASEY, William

Dear Dr. Feldman:

Thank you referring Mr. Casey to our pain clinic. He was seen about three and one-half years ago, after being referred by his family physician, Dr. Gonda. He was diagnosed with mechanical low back pain. I ordered an MRI scan of his lower back, but the patient never returned.

Today, the patient's clinical features have not really changed except for Mr. Casey appearing to be more depressed. He is also having some epigastric pain but on examination, this looks as if it is coming from his chest wall. I think he may benefit from being seen by a gastroenterologist. As far as his low back pain is concerned, it is purely mechanical, and his MRI is practically normal with two slightly bulging disks that are obviously not his source of pain. He received an epidural steroid injection by a radiologist at Mary Black, which did not help. Firstly, according to the picture that I have seen, they never got the needle into the epidural space and, secondly, the patient did not have pain that can be alleviated with an epidural steroid injection. I discussed treatment options with Mr. Casey, and, again, I think he would benefit from diagnostic and, hopefully, therapeutic lumbosacral joint injections. If this would provide relief for only a short period of time, then we would set him up for specific therapy for his pain.

Also, I believe Mr. Casey would benefit from seeing a psychologist or psychiatrist to treat his anxiety and depression. At this point, however, we will not address this issue.

Again, thank you again for allowing me to participate in the consultation and treatment of this patient.

Sincerely,

Y. Eugene Mironer, M.D.

YEM/ss/mds

cc: Frank E. Gonda, M.D.

(Dictated, not read)

American Pain Society

Society for Private Practice in
Management

Carolinus Center for Advanced Management of Pain

69 McDowell Street
Asheville, NC 28801

54 Bear Drive
Greenville, SC 29605

279 East Kennedy Street

THOMPSON 036511

DISCHARGE SUMMARY

PATIENT NAME: CASEY, WILLIAM

DOB: [REDACTED]/1958

MEDICAL RECORD #: 146220

ACCOUNT NUMBER: 415400048

ADMISSION DATE: 06/03/2004 DISCHARGE DATE: 06/06/2004

ATTENDING PHYSICIAN: FELDMAN, GREGORY

FINAL DIAGNOSES:

1. Status post recent bronchoscopy with laser for abnormal appearing airway, on flexible bronchoscopy suspected foreign body.
2. Complication of the procedure was pneumomediastinum and pneumothorax requiring chest tube insertion by Dr. Nguyenduy.
3. Asthma and heavy smoking..
4. Disabling back pain with a bulging disk and arthritis, long.

PLAN: The patient is discharged home on prednisone 20 mg q.d., Percocet 1-2 pills t.i.d. p.r.n. The patient will be seen in my office within a week. Diet and activity as tolerated.

HOSPITAL COURSE: This is a patient who underwent initial bronchoscopy by Dr. Boscia with finding of a quite irritated, blistered airway. Corresponding chest x-ray appeared to be missing dental material. The patient underwent bronchoscopy for assumption of airway caused by retained foreign body. It appeared to be that there was granulation tissue; however, after laser was applied it became apparent that instead of a normal airway, it is a pouch and procedure terminated with no foreign body recovered. The patient tolerated the procedure well; however, in recovery the patient suddenly developed subacute emphysema and x-ray revealed pneumomediastinum with pneumothorax on the left side. A small chest tube was inserted. The patient was kept on the respiratory overnight. His subcu air has subsided remarkably. The patient felt much, much improved. He was extubated and transferred to the floor. Repeat chest x-ray showed pneumothoraces on both right and left but unchanged in size and small at the time of discharge. The patient felt good with no complaints and was discharged home. We will assess in my office within the next two days. The patient has been instructed if he develops fever or increased subcu air or shortness of breath immediately to come back to see me.

Dictated by: GREGORY FELDMAN, M.D.

D:06/07/2004 09:28:57

T:06/11/2004 08:24:49/bt

68523/67665

CC:

TUAN NGUYENDUY, M.D., Consulting Physician

PRINTED BY: MB24851

DATE 6/29/2004

THOMPSON 036512

SPARTANBURG REGIONAL HEALTHCARE SYSTEM
SPARTANBURG, SC 29303

CONSULT

PATIENT NAME: CASEY, WILLIAM
DOB: [REDACTED] 3/1958
MEDICAL RECORD #: 146220
ACCOUNT NUMBER: 414900306
DATE OF SERVICE:
ATTENDING PHYSICIAN: KOSER, ANDRAS
ROOM:

HISTORY OF PRESENT ILLNESS: This 46-year-old smoking male presented to the hospital for chest pain. An initial chest x-ray on admission showed what appears to be a foreign body in the left mainstem bronchus. I am being asked to comment on this. This patient complains of pain in his chest that is sharp that goes directly straight to his back. There is a history of cough. No history of hemoptysis.

PAST MEDICAL HISTORY: includes hypercholesterolemia. No history of hypertension or diabetes.

SOCIAL HISTORY: He has a 25 pack year smoking history. He works at Michelin.

FAMILY HISTORY: Is noncontributory.

REVIEW OF SYSTEMS: Includes all mentioned in history of present illness. Also, he has chronic back pain, occasional headaches, occasional constipation. All other review of systems are negative.

PHYSICAL EXAMINATION: He appears well in no acute respiratory distress. Blood pressure is 150/90, pulse is 84. Pupils react to light. The oral mucosa is moist without thrush. Neck is supple. Heart is regular. Lungs are clear bilaterally. Abdominal exam reveal no hepatosplenomegaly. Extremities are without clubbing, cyanosis or edema. Skin is intact with no rashes. Joints are not inflamed. Neurologically, cranial nerves II through XII are intact without focality.

Chest x-rays been reviewed in it does show what appears to be an irregular metallic foreign body in the left mainstem bronchus.

IN SUMMARY: 46-year-old gentleman with what appears to be a foreign body in the left mainstem bronchus. He has consented to fiber-optic bronchoscopy which would be the most reasonable next step. Will perform fiber-optic bronchoscopy to see if this foreign body is removable. If it is not removable or granulated in, than rigid bronchoscopy in the operating room

CONSULT
CASEY, WILLIAM
146220

Page 1 of 2

*Luc - Brothman
FR 7/1/2004*

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DATE 6/29/2004

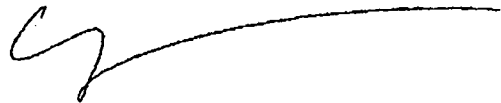
THOMPSON 036513

will be performed. Risks, benefits, and alternatives were discussed with Mr. Casey and he agrees to proceed with bronchoscopy.

dictated BY: JOSEPH A BOSCIA III, M.D.
D:05/28/2004 14:26:33
T:06/03/2004 11:25:39/b
65506/64110

cc: ANDRAS KOSER, M.D., Admitting Physician

2 cc
CSF
D
rigid
Bronchoscopy
procedures
very complex
(for about
bleeding
premedication
cases



CONSULT
CASEY, WILLIAM
146220

Page 2 of 2

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DATE 6/29/2004

THOMPSON 036514

OP REPORTS

PATIENT NAME: CASEY, WILLIAM

DOB: [REDACTED]/1958

MEDICAL RECORD #: 146220

PROCEDURE DATE: 6/3/04

ACCOUNT NUMBER: 415400048

ROOM:

ICU

PROCEDURE PERFORMED: Rigid bronchoscopy with laser bronch.

ENDOSCOPIST: Dr. Feldman.

INDICATIONS FOR PROCEDURE: 45 year old had been worked up by Dr. Paladugu and my partner, Dr. Boscia, with the finding of abnormal granulation tissue and abnormal subsegment in the left upper lobe corresponding to what appeared to be a crown foreign body on chest x-ray. The patient is now undergoing procedure in attempt to removal of chest x-ray abnormality suggestive of a crown; the patient does have a history of a missing crown.

After general anesthesia was induced, the patient was intubated with a rigid bronchoscope, size 16, without any difficulty. Careful inspection of the tracheobronchial tree was undertaken. The entire tracheobronchial tree was examined, there was no finding of a foreign body, however, a quite abnormal subsegment in the left upper lobe which appeared to be a pouch/granulation tissue has been identified. Laser of the area has been done with 45 watts over a 2-second period. Granulation tissue has been vaporized with the appearance of what appeared to be crown lying on the surface. With using 35 watts energy of the laser, there was no possibility of removal of the crown because it was deeply imbedded, and laser energy was applied to the center of the crown and it has been vaporized. However, below the surface there has been no further foreign body seen. The assumption was made that the entire crown other than on the surface had been vaporized, and attempt to pull it with a biopsy forceps and passage of the basket was unsuccessful. The washings were done of the area, and the procedure was terminated. The patient was extubated in recovery.

Although the patient did quite well during the procedure, he suddenly developed considerable pneumomediastinum and having immediately arrived to the bedside, Dr. Nguyenduy's consultation has been obtained. The decision was done by Dr. Nguyenduy and myself to place a chest tube, because of the impossibility to rule out pneumothorax, however, chest x-ray does not show pneumothorax, there is no foreign body seen, and also endotracheal tube is in good position. The patient was intubated by Anesthesia prior to that.

IMPRESSION: It is unclear to me at this point whether the laser went through the cartilage, and since I have not identified or pulled the crown itself, if in fact there was a crown it has been vaporized and is no longer seen on x-ray. At this point the patient will transfer to the ICU, DATE 6/29/2004

THOMPSON 036515

antibiotics will be administered for disruption of the bronchus and pneumomediastinum. This will be followed by CT surgery and certainly if air leak into the pneumomediastinum would not stop, surgical intervention will be required. Hopefully this can be avoided by conservative management, but it is uncertain to me at this time whether the crown was vaporized or essentially the laser went through the highly abnormal area of the lung suggestive of closed congenital pouch rather than a foreign body, and significant irritation from previous bronchoscopy.

Dictated by: GREGORY FELDMAN, M.D.

D:06/03/2004 16:02:26
T:06/03/2004 16:44:07/lb
67504/64298

cc:

OP REPORTS Page 2 of 2
CASEY, WILLIAM
146220

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Authenticated by Gregory Feldman, M. D. On 6/04/04 2:35:35 PM

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DATE 6/29/2004

THOMPSON 036516

OP REPORTS

PATIENT NAME: CASEY, WILLIAM
DOB: [REDACTED]/1958
MEDICAL RECORD #: 146220
PROCEDURE DATE: 06/03/2004
ACCOUNT NUMBER: 415400048
ROOM:

PREOPERATIVE DIAGNOSES:

1. Possible left tension pneumothorax.
2. Bronchial trauma status post rigid bronchoscopy and laser therapy.
3. Cigarette smoking.
4. Dyslipidemia.

POSTOPERATIVE DIAGNOSES:

1. Possible left tension pneumothorax,
2. Bronchial trauma status post rigid bronchoscopy and laser therapy.
3. Cigarette smoking.
4. Dyslipidemia.

PROCEDURE: Emergency placement of a left thoracostomy tube.

SURGEON: Dr. Nguyenduy.

ANESTHESIA: IV narcotics.

INDICATIONS: The patient is a 45-year-old white male who is status post a rigid bronchoscopy for possible foreign body aspiration and postoperatively in the recovery room he developed subcutaneous emphysema and respiratory distress requiring insertion of endotracheal tube. He then became stable and concern of a left pneumothorax because of his subacute emphysema. Was asked to put in an emergency left thoracostomy tube.

PROCEDURE IN DETAIL: This is happening in the recovery room.

The patient was in the supine position, intubated and ventilated on the respirator. The left chest was scrubbed and painted with Betadine solution. A 3 cm incision was made at the x-ray line that is just above the 2nd intercostal space. A quick dissection was carried through with subcutaneous tissue to the muscle using the Metzenbaum scissors down to the intercostal space. Then using a Kelly clamp, the left pleural space was entered without any problems. Digital examination was performed and the lung was mobile and free from any adhesions at the site of entry. A 32 French trocar was inserted in the left pleural space without any problems with good air return which fogged the chest tube. The chest tube was anchored and stayed with 2-0 Prolene mattress sutures. The chest tube was then connected to collecting unit and placed on -20 cm water continuous wall suction.

Postprocedure chest x-ray was obtained and showed that the tube is in good vision in left pleural space with extensive

DATE 6/29/2004

THOMPSON 036517

subacute and some continuous emphysema.

DICTATED BY: TUAN NGUYENDUY, M.D.

D:06/03/2004 18:40:28

T:06/09/2004 06:07:50/abi

67596/66415

CC:

GREGORY FELDMAN, M.D., Admitting Physician

OP REPORTS Page 2 of 2

CASEY, WILLIAM

146220

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Authenticated and Edited by Tuan Nguyenduy, M.D. On 6/14/04 2:02:37 AM

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DATE 6/29/2004

THOMPSON 036518

DISCHARGE SUMMARY

PATIENT NAME: CASEY, WILLIAM

DOB: [REDACTED]/1958

MEDICAL RECORD #: 146220

ACCOUNT NUMBER: 414900306

ADMISSION DATE: 05/28/2004 DISCHARGE DATE: 05/29/2004

ATTENDING PHYSICIAN: KOSER, ANDRAS

PRESENTATION AND HOSPITAL COURSE: This 45-year-old Caucasian male with a history of elevated cholesterol, history of herniated disc, history of arthritis, who apparently has been having vague chest discomfort every time when he goes to work. The patient came in because of tightness that went straight to the back according to the emergency room physician; however, upon the workup the patient was found to have a left main bronchus containing some foreign body that was metallic in nature. It looks like a screw. It could have been dental filling. The patient was seen in consultation with Dr. Feldman who asked Dr. Boscia to do fiberoptic bronchoscopy and take a look inside and see if he can get it out. Apparently the area was quite difficult to get to. Some bleeding was visualized on the left main bronchus and then tried to dig it out but couldn't find any piece of metal and, hence, he did not do it. The patient was to undergo rigid bronchoscopy a week or two weeks later in Dr. Feldman's office. We feel at this time that the patient does not need any further inpatient stay.

DISCHARGE DIAGNOSES:

1. Noncardiac chest pain.
2. Metallic foreign body in the left main bronchus.
3. Elevated cholesterol.
4. White coat hypertension.

DISCHARGE MEDICATIONS:

1. Lipitor 10 mg p.o. q.d.

DISCHARGE DISPOSITION: The patient is going home.

FOLLOW UP: The patient will follow up with Dr. Gonda in one week.

Dictated BY: RAJA PALADUGU, M.D.

D:05/29/2004 14:35:42

T:06/03/2004 08:31:40/bt

65743/64000

cc:

ANDRAS KOSER, M.D., Admitting Physician

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##END

Authenticated by Raja Paladugu, M.D. On 6/03/04 3:37:13 PM

THOMPSON 036519

PATIENT NAME: CASEY, WILLIAM
MEDICAL RECORD #: 146220
DATE OF BIRTH: [REDACTED]/1958
ACCOUNT NUMBER: 414900306
DATE OF ADMISSION: 05/28/2004
ROOM:

434

CHIEF COMPLAINT: Chest pain.

HISTORY OF PRESENT ILLNESS: This is a 45-year-old Caucasian male with a history of elevated cholesterol, history of herniated disk, and a history of arthritis apparently been having vague chest discomfort every time he goes to work. The patient comes in because of substernal chest tightness that radiates to the back. The patient had extensive cardiac workup done on the last admission which was in the year 2000, July. At that time the patient underwent cardiac catheterization, which showed normal coronaries. The patient comes in, does not give this chest pain history, doesn't have any associated symptoms whatsoever. No diaphoresis, no shortness of breath. Radiating to the back is the only one. No nausea. Currently feels fine. He says the patient was given some aspirin, nitroglycerin.

PHYSICAL EXAMINATION:

CNS: The patient is alert and oriented times three.
HEENT: Normocephalic, atraumatic. Pupils are equal, round, and reactive to light and accommodation.
CHEST: Clear to auscultation bilaterally.
CARDIOVASCULAR: Regular rate and rhythm.
ABDOMEN: Soft, nontender.
EXTREMITIES: No cyanosis, clubbing, or edema.
NEUROLOGICAL: Cranial nerves II through XII grossly intact. Motor 5/5 bilaterally. Sensory intact bilaterally.

REVIEW OF SYSTEMS: no fever or chills. No headache or dizziness. No cough or phlegm. Chest pain as described above. The rest of the review of systems essentially negative.

PAST MEDICAL HISTORY: Reveals a herniated disk and arthritis.

MEDICATIONS: Lipitor, Bextra, Ultram, Lortab.

ALLERGIES: No known drug allergies.

PAST SURGICAL HISTORY: Negative.

SOCIAL HISTORY: Positive smoker. Occasional ETOH.

ALLERGIES: No known drug allergies.

LABORATORY DATA: : CPK 103, MB 1.4, index 1.1 troponin less than 0.07, myoglobin 28.9, PT 12.3, INR 1.1, PTT 29.8.
Sodium 137, potassium 3.9, chloride [REDACTED] BUN 12,
creatinine 0.8, glucose 106, WBC 9.1, hemoglobin 12,
hematocrit 36, platelets 539.
DATE 6/29/2004

THOMPSON 036520

IMPRESSTON/PLAN:

1. Noncardiac chest pain most likely secondary to _____ in the left main bronchus. We will get pulmonary to see this patient for possible bronchoscopy and removal if possible.
2. Hypertension. The patient's blood pressure is elevated. Never told that he has been hypertensive before, although the patient has been noncompliant with medications and follow up and, hence, we will keep an eye on the blood pressure. We will place the patient on Lopressor 50 mg q.d. for now. Has multiple blood pressure readings in the emergency room. Continues to stay high diastolic of 109.
3. Elevated cholesterol. We will check a lipid profile in the morning.

DICTATED BY: RAJA PALADUGU

D:05/28/2004 13:31:23
T:05/28/2004 15:55:39/bt
65475/62344

Cc:
ANDRAS KOSEK, M.D., Attending Physician

H & P Page 2 of 2
CASEY, WILLIAM
146220

Note: Document is draft unless signed.<END FOOTER>

Authenticated by Raja Paladugu, M.D. On 5/29/04 4:43:13 PM

PRINTED BY: MB24851
DATE 6/29/2004

THOMPSON 036521

SPARTANBURG REGIONAL HEALTHCARE SYSTEM
SPARTANBURG, SC 29303

CONSULT Page 1 of 2
CASEY, WILLIAM
146220

Note: Document is draft unless signed.
<END FOOTER>

CONSULT
PATIENT NAME: CASEY, WILLIAM
DOB: [REDACTED]/1958
MEDICAL RECORD #: 146220
ACCOUNT NUMBER: 414900306
DATE OF SERVICE:
ATTENDING PHYSICIAN: KOSER, ANDRAS
ROOM:

HISTORY OF PRESENT ILLNESS: This 46-year-old smoking male presented to the hospital for chest pain. An initial chest x-ray on admission showed what appears to be a foreign body in the left mainstem bronchus. I am being asked to comment on this. This patient complains of pain in his chest that is sharp that goes directly straight to his back. There is a history of cough. No history of hemoptysis.

PAST MEDICAL HISTORY: includes hypercholesterolemia. No history of hypertension or diabetes.

SOCIAL HISTORY: He has a 25 pack year smoking history. He works at Michelin.

FAMILY HISTORY: Is noncontributory.

REVIEW OF SYSTEMS: Includes all mentioned in history of present illness. Also, he has chronic back pain, occasional headaches, occasional constipation. All other review of systems are negative.

PHYSICAL EXAMINATION: He appears well in no acute respiratory distress. Blood pressure is 150/90, pulse is 84. Pupils react to light. The oral mucosa is moist without thrush. Neck is supple. Heart is regular. Lungs are clear bilaterally. Abdominal exam reveal no hepatosplenomegaly. Extremities are without clubbing, cyanosis or edema. Skin is intact with no rashes. Joints are not inflamed. Neurologically, cranial nerves II through XII are intact without focality.

Chest x-rays been reviewed in it does show what appears to be an irregular metallic foreign body in the left mainstem bronchus.

IN SUMMARY: 46-year-old gentleman with what appears to be a foreign body in the left mainstem bronchus. He has consented to fiber-optic bronchoscopy which would be the

DATE: 6/29/2004

THOMPSON 036522

most reasonable next step. Will perform fiber-optic bronchoscopy to see if this foreign body is removable. If it is not removable or granulated in, than rigid bronchoscopy in the operating room will be performed. Risks, benefits, and alternatives were discussed with Mr. Casey and he agrees to proceed with bronchoscopy.

DICTATED BY: JOSEPH A BOSCIA III, M.D.
D:05/28/2004 14:26:33
T:06/03/2004 11:25:39/lb
65506/64110

CC:
ANDRAS KOSER, M.D., Admitting Physician

\$\$\$END
Authenticated by Joseph A. Boscia, MD. On 6/07/04 5:08:48 PM

PRINTED BY: MB24851
DATE 6/29/2004

THOMPSON 036523

OP REPORTS

PATIENT NAME: CASEY, WILLIAM

DOB: [REDACTED]/1958

MEDICAL RECORD #: 146220

PROCEDURE DATE: 5/28/2004

ACCOUNT NUMBER: 414900306

ROOM:

PROCEDURE(S) PERFORMED: Bronchoscopy.

REASON FOR PROCEDURE: 45 year-old male with what appears to be a foreign body.

MEDICATIONS: Versed 10 mg IV (intravenous), Fentanyl 100 mcg IV (intravenous), topical lidocaine.

DESCRIPTION OF PROCEDURE: After informed consent was obtained, the right nostril was anesthetized with topical lidocaine. The bronchoscope was advanced to the trachea without difficulty. Trachea as well as right segmental and subsegmental bronchi were normal, patent, without bronchial pathology. However, upon entering the left main stem bronchus, the distal end where the take off of the left upper lobe starts on the medial wall, there is a very erythematous area that was easily friable. No observable foreign body was noted. The airway post the erythematous take off of the left upper lobe was normal. The bronchoscope was withdrawn. The patient tolerated the procedure well.

DICTATED BY: JOSEPH A BOSCIA III, M.D.

D:05/28/2004 14:37:52

T:06/03/2004 21:43:08/lf

65517/64371

cc:

ANDRAS KOSER, M.D., Admitting Physician

OP REPORTS Page 1 of 1

CASEY, WILLIAM

146220

Note: Document is draft unless signed.<END FOOTER>

##END

Authenticated by Joseph A. Boscia, MD. On 6/07/04 5:08:47 PM

PRINTED BY: MB24851

DATE 6/29/2004

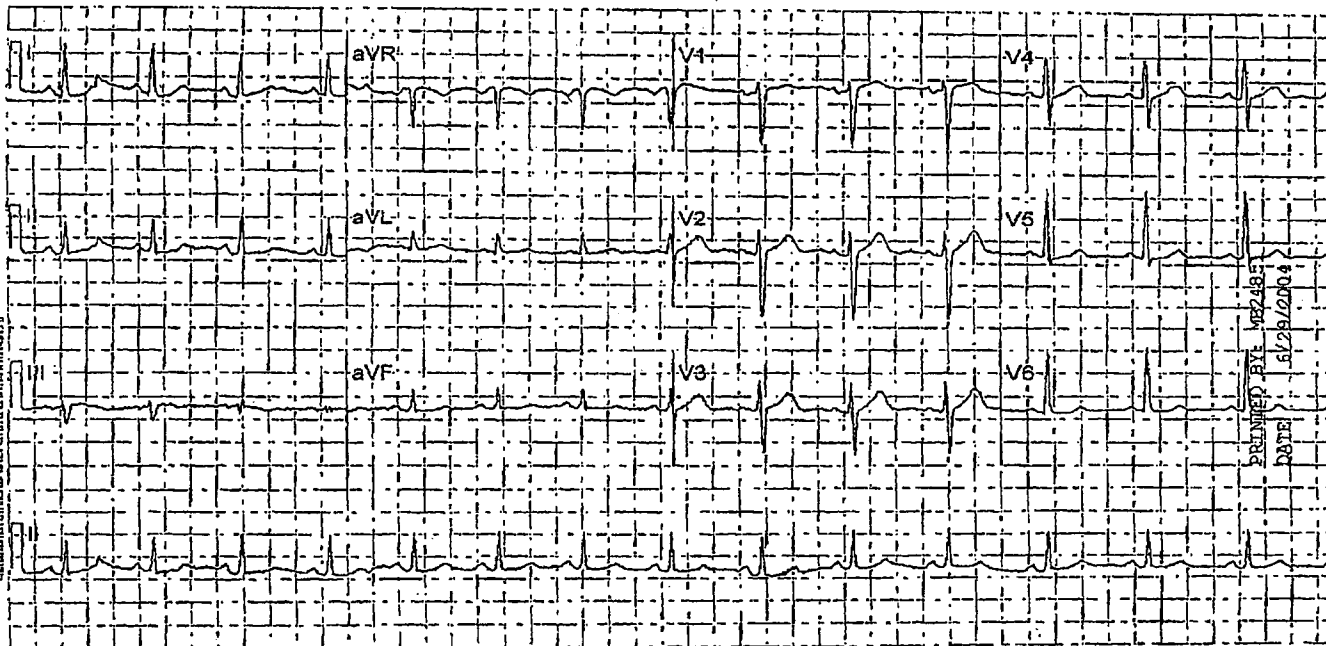
THOMPSON 036524

CASEY, WILLIAM
 ID#:146220
 45 years Male Caucasian
 Ord.Dr.BILL
 Tech:RB
 OPT. Priority:STAT
 DX:V82.9
 ACC#:0414900306

Vent rate: 87 Sinus rhythm
 Lateral ST-T changes are nonspecific
 Borderline ECG
 --Durations--
 P : 100
 QRS: 80
 --Intervals--
 PR : 134
 QT : 356
 QTc: 401
 QTd: 24
 --Axes--
 P : 45
 QRS: 29
 T : 32
 Reviewed by: Dr. Tom Robinson

HR
 Time:09:44.50 05/28/04
 SPARTANBURG REG.MED.CENT.

Speed: 25 mm/s Limb Lead Gain: 10.0 mm/mV Chest Lead Gain: 10.0 mm/mV Filter(s): 60Hz Notch, 40Hz Artifact



CONFIRM Current ECG Printed 05/29/04 11:52:41 Transcribed By: Dr. Tom Robinson 05/29/04 11:52:36
 PLUS1 PLUS11.93/3.19/16.11/1.64

Page 1 of 1

THOMPSON 036525

2123

PATIENT RENEWAL REQUEST:

"New prescription needed... there are no refills remaining on my existing prescription"

Your patient has no refills remaining for this prescription with the Medco Health Home Delivery Pharmacy Service.™ Please follow the three simple steps below to ensure continuation of therapy. If you have any questions, please call us at 1 888 327-9791.

34510

Step 1 • Review

Please review the following information and make any necessary changes.

Prescriber

Name FRANK GONDA
Address 2212 OLD FURNACE RD
BOILING SPRINGS SC 29316-5760
Phone (864) 578-9735
Fax (864) 578-7098

Patient

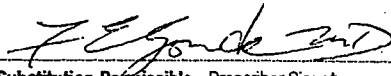
Name MARK CASEY
Address 240 LIGHTWOOD FARM RD
WOODRUFF SC 29388-0000
Phone (864) 486-9131
Date of Birth 1958/

☐ ONLY check here if this fax number is NOT SECURE to receive confidential patient information. If checked, please provide secure fax number above.

Step 2 • Complete

Please UPDATE as needed, sign and DATE below.

Prescription	
	Patient MARK CASEY
	Medication TIZANIDINE HCL TABS
	Strength 4MG
	Quantity 180
	Refills 1

Directions	Required
TAKE 2 TABLETS AT BEDTIME FOR MUSCLE SPASM AS DIRECTED	 Substitution Permissible - Prescriber Signature (We cannot accept Signature Stamps)
Required Date 5/27/04	Dispense as Written - Prescriber Signature (We cannot accept Signature Stamps)

Step 3 • Fax

To ensure continuation of your patient's therapy, please fax completed form to:

1 800 837-0959

Please do not fax with cover sheet. For verification purposes, please fax directly from your office.

Your fax machine receipt is confirmation that we have received your fax.

☐ Check here if you do NOT authorize this prescription request.

Reason: _____

00148988344
Case Item #

0414720966
Rx #

03
Location

Member Number

Confidentiality Notice: This telecopy transmission contains confidential information belonging to the sender that is legally privileged. This information is intended only for the individual or entity named above. The authorized recipient of this information is prohibited from disclosing this information to any other party. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution or action taken in reliance on the contents of this document is strictly prohibited. If you have received this telecopy in error, please notify the sender immediately to arrange for the return of this document.

medcohealth 

THOMPSON 036526

No refills available after April 14, 2001 - Renew by fax



ULTRAM TABS, 50MG

TAKE 2 TABLETS FOUR TIMES A DAY FOR BACK PAIN

Rx number 0031300424-03
Original quantity 720
Quantity
Original refills 1
Refills
Member ID 0251022977
Group PD1 MICHELN
Patient WILLIAM CASEY
714 THREE WOOD LN
WOODRUFF SC 29388
Phone (864) 476-9100
Shipping address if different

Phone



See instructions on back of form.

TEAR HERE

Frank Gonda
4/19/01

TEAR HERE

41011

To be completed by the prescriber

Dr. FRANK GONDA
2312 OLD FURNACE RD
BOILING SPRINGS, SC 29330-0000

PHONE (864) 578-9735

FAX

See renewal instructions on the back.

X *Frank Gonda MD* 4/19/01
Substitution Permissible Date
Prescriber signature (We cannot accept signature stamps)

X
Dispense as Written Date
Prescriber signature (We cannot accept signature stamps)

If you intend to continue prescribing this medication, verify, sign, and date this form and fax it to 1-800-837-0959.

Fax this form in the direction of the arrow, so this side will be transmitted top edge first.



Please DO NOT MAIL this form

THOMPSON 036527

Instructions for the patient

If it is appropriate to renew your prescription, you may:

Renew your prescription(s) online at www.merckmedco.com after 04-14-2001. Our simple point-and-click ordering makes renewing prescriptions easy.

or

Take this renewal form to your prescriber and have your prescriber fax it directly to your mail service pharmacy after 04-14-2001.

If your prescriber prefers not to renew this medication by fax, but gives you a new prescription, use the Order New Medications by Mail form. **Do not mail us this Renewal form.**

Instructions for the prescriber

If you intend to continue prescribing this medication, please:

- 1 Review and verify medication information and make any necessary changes.
- 2 Sign and date this form on the reverse side, and fax it to **1-800-837-0959 after 04-14-2001.**

Fax this form in the direction of the arrow, so the opposite side will be transmitted top edge first.



If you prefer to write a new prescription, you may fax it directly to our pharmacy after 04-14-2001. Please call 1-888-EasyRx1 (1-888-327-9791) for instructions and to receive a fax form. Or you may provide your patient with a new prescription to be mailed in after 04-14-2001.

Patient WILLIAM CASEY
Member ID 0251022977
Group number PD1 MICHELN

Prescriber Dr. FRANK GONDA
2312 OLD FURNACE RD
BOILING SPRINGS, SC 29330-0000

DAY (864) 578-9735

FAX () - -



0031300424-03

Please DO NOT MAIL this form

THOMPSON 036528



CAROLINAS CENTER For Advanced Management of Pain

Comprehensive Evaluation
and Medical Management

Diagnostic and
Therapeutic Injections

Implantable Pain
Control Systems

Neuroablative
Procedures

International Spinal Injection Society

November 18, 2000

Dr. Frank Gonda
2212 Old Furnace Road
Boiling Springs, SC 29316

RE: William Casey

Dear Dr. Gonda:

Thank you for referring Mr. Casey to our pain clinic. The patient was examined on 11/08 and diagnosed with chronic mechanical low back pain, rule out degenerative disc disease, rule out facet joint pain, and myofascial dysfunction pain. Unfortunately, patient is still due for a MRI which he was planning to cancel. We had a lengthy discussion, and I advised him that, without that study, it is very hard to decide what can be done to help him with his pain. I am not in favor of any injection until we know the reason for his low back pain. Meanwhile, I advised him to continue with his Ultram, and I also put him on a trial of low dose Zanaflex. In my opinion, he should not be on any opioids at this time. He will call me if he proceeds with a MRI so that I can obtain the results and offer him some more appropriate modalities of treatment.

Thank you again for letting me participate in the treatment of this interesting patient. Please do not hesitate to call me if you have any questions.

Sincerely,

Y. Eugene Mironer, M.D.

American Pain Society

Society for Private Practice in Management

Carolinus Center for Advanced Management of Pain

54 Bear Drive
Greenville, SC 29605
864-295-6399

279 East Kennedy Street
Spartanburg, SC 29302
864-583-0053

12/15/00

7

THOMPSON 036529



CAROLINAS CENTER For Advanced Management of Pain

Comprehensive Evaluation
and Medical Management

Diagnostic and
Therapeutic Injections

Implantable Pain
Control Systems

Neuroablative
Procedures

International Spinal Injection Society

November 18, 2000

Dr. Frank Gonda
2212 Old Furnace Road
Boiling Springs, SC 29315

RE: William Casey

Dear Dr. Gonda:

Thank you for referring Mr. Casey to our pain clinic. The patient was examined on 11/08 and diagnosed with chronic mechanical low back pain, rule out degenerative disc disease, rule out facet joint pain, and myofascial dysfunction pain. Unfortunately, patient is still due for a MRI which he was planning to cancel. We had a lengthy discussion, and I advised him that, without that study, it is very hard to decide what can be done to help him with his pain. I am not in favor of any injection until we know the reason for his low back pain. Meanwhile, I advised him to continue with his Ultram, and I also put him on a trial of low dose Zanaflex. In my opinion, he should not be on any opioids at this time. He will call me if he proceeds with a MRI so that I can obtain the results and offer him some more appropriate modalities of treatment.

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Y. Eugene Mironer, M.D.

American Pain Society

Society for Private Practice
Pain Management

Carolinus Center for Advanced Management of Pain

54 Bear Drive
Greenville, SC 29605
864-295-6399

279 East Kennedy Street
Spartanburg, SC 29302
864-583-0053

THOMPSON 036530

REGIONAL HEALTHCARE SYSTEM
Dept. of Cardiology Services
101 East Wood Street
Spartanburg, SC 29303

10967

CARDIAC CATHETERIZATION REPORT: Left Heart Cath

NAME: CASEY, WILLIAM

UNIT#: 000146220

DATE: 07-20-2000 REFERRING MD: GONDA

AGE: 41

SEX: Male

RACE: CAUCASIAN

2020100104 000-146220 07/19/00
CASEY, WILLIAM 58 M 41Y
ADM SRIVASTAVA, NALIN K
REF SRIVASTAVA, NALIN K

HT: 68.0

WT: 175.0

BSA: 1.93

SMOKER: 0.5PPD X20YRS



CLINICAL HISTORY:

William Casey is a 41 year old gentleman with chest pain. Cardiolite stress testing showed inferior ischemia and he is now referred for cardiac catheterization.

PROCEDURE:

Left heart cath
Left ventriculography
Coronary angiography

COMMENTS ON PROCEDURE:

After informed consent was obtained the patient was brought to the Cath Lab for the procedure and prepped and draped in the usual fashion. The right femoral artery was anesthetized and punctured without difficulty and a 6 French sheath was placed. 6 FR JL4, JR4 and pigtail catheters were used for the procedure. After the procedure all catheters were removed. The sheath was removed and hemostasis was achieved without difficulty. The patient tolerated the procedure without difficulty and was returned to recovery in stable condition.

HEMODYNAMICS:

Blood pressure was 123/81. Left ventricular end diastolic pressure was normal. There was no gradient across the aortic valve on pullback.

ANGIOGRAPHIC DATA:

The left main coronary artery is normal.

The LAD and diagonal branch are normal.

The left circumflex and obtuse marginal branch are normal.

The RCA and posterior descending artery are normal.

Left ventricular ejection fraction was 60%. There was no mitral insufficiency.

At the end of the procedure the sheath was removed and a vasoseal collagen plug placed without difficulty.

SUMMARY:

NORMAL CORONARY ANATOMY.

7/31/00

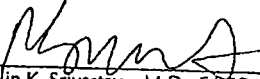
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SERIES IV - WITH BIONAZICAL

THOMPSON 036531

RECOMMENDATION:

EVALUATE NONCARDIAC CAUSES FOR CHEST PAIN.


Nalin K. Srivastava, M.D., FACC
Cardiology Consultants

NKS/rf

cc: Office
Medical Records

D.D.: 7/20/00
T.D.: 7/21/00

2020100104 000-146220 07/19/00
CASEY, WILLIAM 58 M 41Y
ADM SRIVASTAVA, NALIN K
REF SRIVASTAVA, NALIN K



- 2 -

Printed On: 07-21-2000 10:02:38

SE2/ES IV - WTTT BIOMEDICAL

THOMPSON 036532

Spartanburg Regional Health
Center for Family Medicine
853 N. Church St., Suite 510
Spartanburg, SC 29303

Thompson Watts, M.D., F.A.C.C.
Robin Simpkins, R.N., A.N.P.,

STRESS DUAL-ISOTOPE STUDY

NAME: CASEY, WILLIAM

DOB: [REDACTED]/58

DATE: JULY 17, 2000

CLINICAL HISTORY:

The patient is a 41-year-old gentleman with chest pain symptoms, referred for nuclear stress study.

DESCRIPTION OF STUDY:

Resting images were obtained after 3 mCi of thallium were injected. Subsequently, the patient walked for 9 minutes of the Bruce protocol, achieving a peak heart rate of 150. His EKG revealed nondiagnostic ST changes with peak exercise. Cardiolite, 25 mCi, was administered for the stress dose.

FINDINGS:

Interpretation of the rest and stress images reveals an inferior wall defect on the stress images, improved on the rest images, consistent with possible mild ischemia.

Gated ventriculography reveals an ejection fraction of 43 percent. The inferior wall appears to be hypokinetic.

IMPRESSION:

In summary, Mr. Casey's nuclear stress study today reveals possible mild inferior ischemia.

Nalin K. Srivastava, M.D.
Nalin K. Srivastava, M.D., F.A.C.C.
Cardiology Consultants, P.A.

NKS:AKW

cc: Frank E. Gonda, M.D.

1083 Boiling Springs Road • Spartanburg, South Carolina 29303-2298 • (864) 583-8647

THOMPSON 036533

PHONE (804) 573-3828

Fax (864) 573-3152

THOMPSON HOSPITAL

PT Therapy Discharge Summary

Patient's Name William Casey
 Diagnosis: chronic low back pain
 Treatment Rendered: Partial exc. home program instructions and training - PFC & slush & MTH, Theraex
 Date of Service 5-20-00, 5-24-00

1. Assessment of Present Status: Pt. states partial compliance i home program. Pt. rates 3/10 pain lumbar back. Also AROM trunk ext 90%, rotation 70%. Pt. states no lumbar lordosis.

2. Were short term goals met? Yes ☒ No
 3. Were long term goals met? Yes ☒ No

4. If goals were not met, please explain: Reason stated below.

5. Discharge Recommendations/ Pt/ Family Education/ Home program instructions?

Recommend pt return to MR for further
24 - options

6. Reason for discontinuation of therapy:

☐ Met goals	☐ Pt. gained max. benefit
☐ Decline in medical condition	☒ Multiple refusals or noncompliant & physician is notified
☐ Failure to progress towards goals	☐ Non-Rehab candidate
☐ Prescribed # of treatments has been given	☐ Hospital discharge/ transfer

Other: _____

7. Patient discharged to: ☒ Home ☐ Rehab facility ☐ SNF

☐ Another facility ☐ Expired

Therapist Signature: Scott M. Linn PT Date: 6-16-00

ADDRESSOGRAPH

THOMPSON 036534

Mary Black
MEMORIAL HOSPITAL

OUTPATIENT THERAPY SERVICES

1700 Skylyn Drive
Spartanburg, SC 29307

Phone: (864) 573-3828
Fax: (864) 573-3152

PLAN OF CARE

☒ PT

☐ OT

☐ ST

Patient Name: Mark Case: I

Date Of Birth: [REDACTED] -58

Diagnosis: Lowback pain

Referral: Dr. Bunda

Patient Comments/Complaints: pt. ch. lumbar back pain since 6/10. Pt states pain worse p work, golf or p sleeping

Evaluation Results

Problem List

① Tdclg gain

② AROM ⑥ hip flex 75%, add. 95%, ER 75%

③ L4 lumbar lordosis ④ ④ lightness/spasm ⑤ lumbar paraspinal m. and ⑥ piriformis mm

Comments: _____

Treatment Plan / Modalities:

① modalities prn, MH, IFC Estim.

② Therex/home p. gram ROM, stretching and strengthening

Frequency: 2-3x/wk

Duration: 3-4 wks

Therapist Signature: [Signature]

Date: 5-22-00

Physician's Signature: [Signature]

Date: 5/30/00

[Signature]
5/30/00

THOMPSON 036535

Phone (864) 573-3828
Fax (864) 573-3152



MARY BLACK
HEALTH SYSTEM

- ☒ Physical Therapy
☐ Occupational Therapy
☐ Speech Therapy

THERAPY PRESCRIPTION

Patient: William Casey
Diagnosis: Chronic LBP
Frequency: ☐ 1 visit ☐ 2 x Wk ☒ 3 x Wk ☐ 5 x Wk
Precautions: _____

☒ Eval and Treat

PROGRAMS/PROTOCOLS

☐ Hand Program	☐ Spinal Stabilization
☐ Wrist Program	☐ Total Joint Program
☐ Elbow Program	☐ Stroke Program
☐ Shoulder Program	☐ Parkinson's Program
☐ Cervical Program	☐ Fibromyalgia
☐ Back Rehab Program	☐ Aquatic Program
☐ Hip Program	☐ Amputee Program
☐ Knee Program	☐ Body Conditioning
☐ Foot/Ankle Program	☐ Program

MODALITIES

- ☐ Splinting
☐ Ultrasound
☐ E-Stim
☐ Iontophoresis
☐ Soft Tissue Mobilization
☐ Joint Mobilization
☐ Heat/Ice
☐ Paraffin Bath
☐ Traction
☐ TENS
☐ Whirlpool
☐ Wound Care

THERAPEUTIC EXERCISES/ACTIVITIES

☐ AAROM/AROM/PROM	☐ Gait Training
☐ Isometrics	☐ Balance Training
☐ Resistive/PREs	☐ Work Conditioning

SPEECH LANGUAGE PATHOLOGY

☐ Eval and Treat	☐ Language
☐ Videofluoroscopy/MBS	☐ Voice
☐ Swallowing	☐ Cognition

Specific Instructions:

Physician: Frank E. Spence MD Date: 5/22/00

THOMPSON 036536

10967

OP

MARY BLACK MEMORIAL HOSPITAL
Cardiology Services

CASEY, WILLIAM

Electroencephalographic Report

Date of Request: Age: 33 Sex: Male
Previous EEG (Date Taken):

REQUESTING PHYSICIAN: Dr. Gonda.

REPORT ON ELECTROENCEPHALOGRAM

COMMENTS: Posterior waking rhythm consisted of 9 hertz 25-30 microvolt symmetrical alpha activity that attenuated with eye opening. Hyperventilation and photic stimulation evoked little additional change.

Periods of light sleep are obtained with generalized symmetrical slowing of the background activity.

INTERPRETATION: This represents normal during waking state and brief periods of light sleep. If a seizure disorder is strongly suspected, repeat study with deeper stages of sleep following overnight sleep deprivation and/or sedation may be helpful.

EEG NUMBER ASSIGNED: #: 052-93
ID: 9/30/92
DT: 10/01/92
BY: RG

ROBERT A. RINGEL, M.D.

[Handwritten signature]

THOMPSON 036538

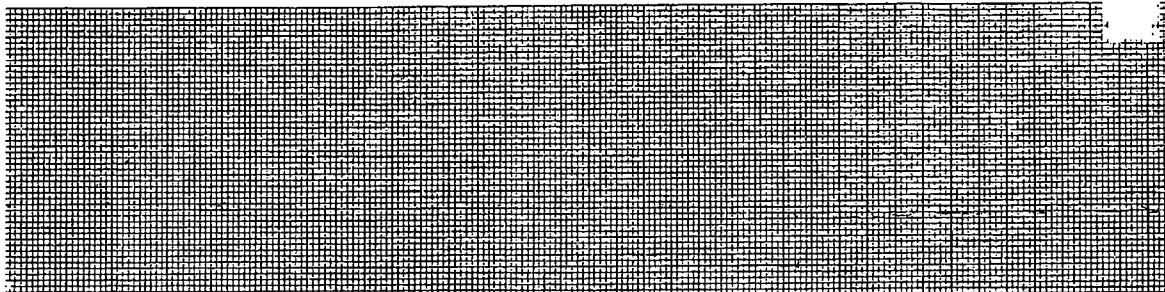
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Burdick

P/N 007941

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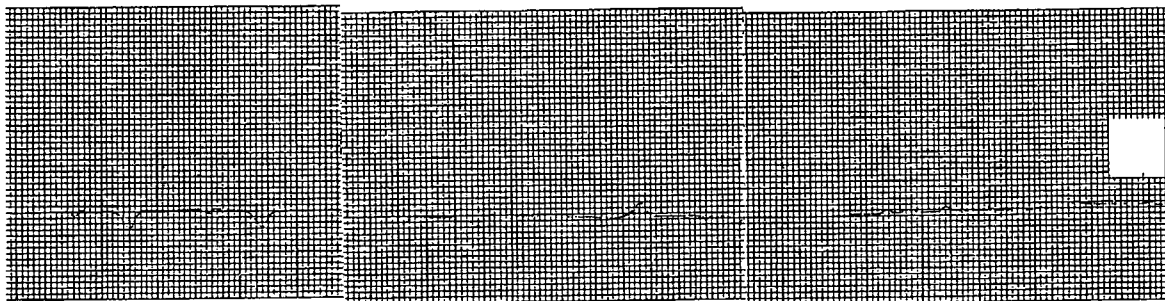
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aVF

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P/N 007941

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Burdick

P/N 007941

VENTRICAL RATE _____ RHYTHM _____
VENT. RATE _____ P WAVES _____
P-R INTERVAL _____ T WAVES _____
QRS INTERVAL _____ S-T SEGMENT _____
Q-T INTERVAL _____ REMARKS _____
ELEC. AXIS _____
ELEC. POS. _____
PATIENT POS. _____

THOMPSON 036539

PATIENT William Casey AGE 33 SEX WM DATE 9-23-92
ADDRESS P.O. Box 299 HEIGHT _____ WEIGHT _____ ECG. NO. _____
Probusk, S.C. 29376 BUILD { LINEAR _____ CASE NO. _____
INTERMEDIATE _____
LATERAL _____
TELEPHONE _____ BLOOD PRESSURE _____ ROOM NO. _____
OCCUPATION _____ MEDICATION _____

DOCTOR(S) Gonda

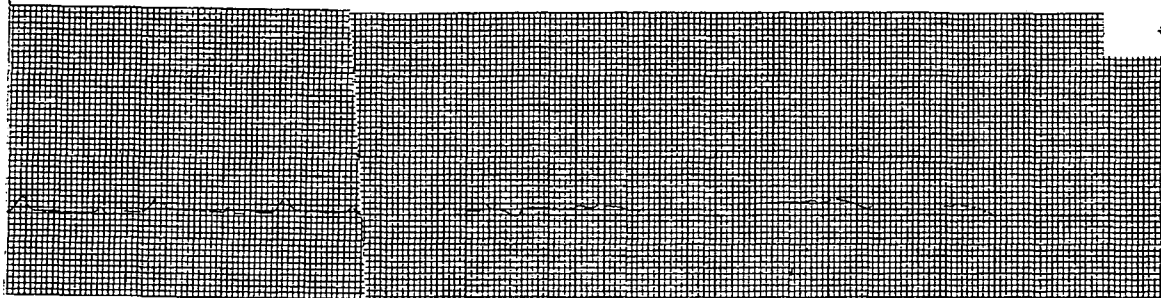


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THOMPSON 036540

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C-00-81

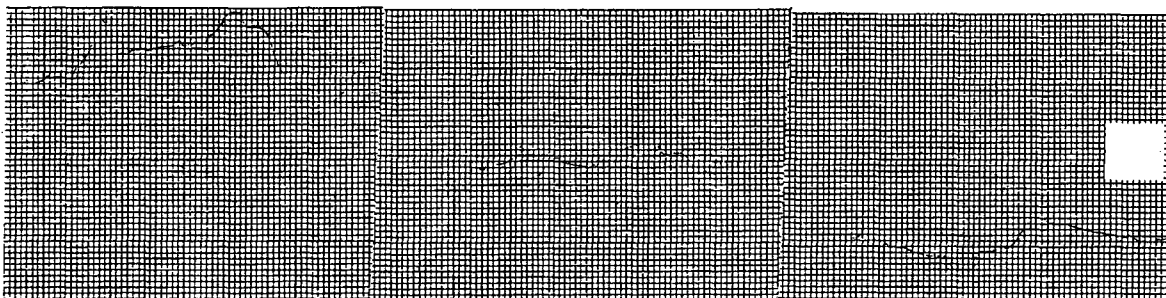
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V2

V3



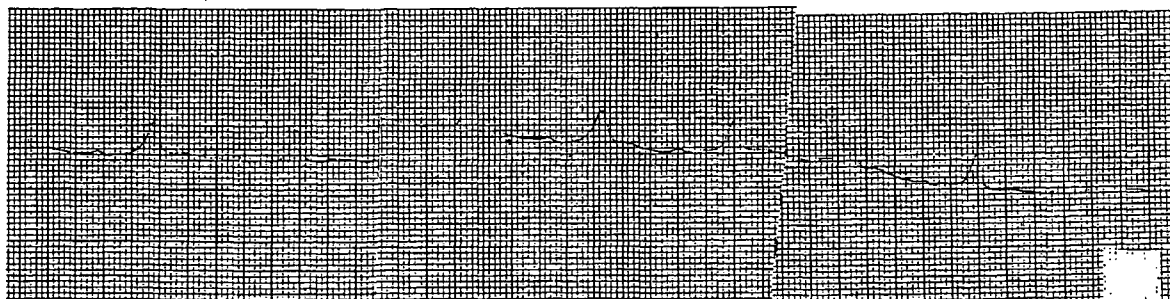
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V4

V5

V6



T

Burdick

T

T

Burdick

P/N C

THOMPSON 036541

PATIENT _____ AGE _____ SEX _____ DATE _____
ADDRESS _____ HEIGHT _____ WEIGHT _____ ECG. NO. _____
_____ BUILD { LINEAR _____ CASE NO. _____
INTERMEDIATE _____
LATERAL _____
TELEPHONE _____ BLOOD PRESSURE _____ ROOM NO. _____
OCCUPATION _____ MEDICATION _____

DOCTOR(S) _____



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THOMPSON 036542

7804

AETNA
P.O. BOX 14554
LEXINGTON, KY 40512-4554

MAIL/Bill
←

FACSIMILE TRANSMITTAL SHEET

TO:	FROM:
Dr. Frank Gonda Attention: Medical Records Representative	Debi Harrison
COMPANY:	DATE:
	04-18-05
FAX NUMBER:	TOTAL NO. OF PAGES INCLUDING COVER:
864-578-7098	5
PHONE NUMBER:	SENDER'S REFERENCE NUMBER:
RR:	YOUR REFERENCE NUMBER:
William Casey DOB: [REDACTED]-58	

☐ URGENT ☐ FOR REVIEW ☐ PLEASE COMMENT ☒ PLEASE REPLY ☐ PLEASE RECYCLE

NOTES/COMMENTS:

We have received a disability claim for the above named patient, but need further medical information before we can make a claim determination.

We ask that you please fax all medical records for your patient William Casey covering the period of May 2004 through the present. Please also fully complete the enclosed Attending Physician Behavioral Health Statement. Please fax this information to the below fax number.

Thank you for your cooperation. Please call us at 1-800-726-7777 if you have any questions or concerns regarding this request. Our business hours are Monday through Friday 8:00am to 5:00pm EST.

Sincerely,

Debi Harrison
Return Fax: 1-800-333-8309

DOS 5-4-06 1-12-05
6-29-04 4-5-05
7-27-04
9-10-04
10-19-04

SDS
4/27/05
8/17/05
refaxed
Aetna
rec. OK
(see note)

THOMPSON 036543



Authorization For Aetna To Request Protected Health Information Necessary To Process A Disability Claim

0317200200269

Please Read The Following Carefully Before Completing Your Authorization. You May Refuse To Sign This Authorization (See Section 6).

1. Member Information (Information About Person For Whom This Authorization Is Requested.)

Last Name: CASEY	First Name: William	Member Initial: W
Member ID Number / Social Security Number: [REDACTED]	Birth Date (MM/DD/YYYY): 1958	Daytime Telephone Number (Area Code): 864 486-9631
Street Address: 240 Lightwood Farm Rd	City, State and Zip: Woodruff SC 29388	

2. This form requests a Member's unconditioned authorization for Aetna to ask another person or organization to disclose Member's Protected Health Information ("PHI") to Aetna for the purpose of processing my disability claim.

3. The specific PHI we are asking you to authorize Aetna to request is (This section completed by Aetna):

Any and all medical information including but not limited to information which relates to psychiatric or mental health, drug, substance abuse, and/or HIV infection, including AIDS and related illnesses, concerning health care, advice and treatment (including but not limited to treatment notes).

4. By signing this form, you will authorize Aetna to request PHI described above from the following person or organizations (or classes of persons or organizations):

Providers, including but not limited to physicians, therapists, medical practitioners, health care professionals, diagnostic facilities, hospitals, clinics (including individuals or facilities which provide rehabilitation services or treatment).

5. Expiration of this Authorization (Select one):

When the following event occurs:
This Authorization is valid throughout the processing and any term of your disability claim.

Please review and complete important information on the reverse of this form.

THOMPSON 036544

6. Important! Your signature below means that you understand and agree to the following:

- You authorize Aetna to request from the persons or organizations named above, the PHI described above, for the purposes stated above.
- The information to be disclosed may be protected by law. Information disclosed under this authorization may be redisclosed and no longer protected by federal privacy regulations.
- Failure to complete this form may prevent Aetna from receiving information necessary for the processing of your disability claim, which may result in a disability claim denial. Failure to complete this form will not however impact your receipt of medical services from providers.
- You may revoke this Authorization at any time by notifying Aetna in writing, but please note that notification must be taken before we receive your revocation or it will not be valid. This authorization.
- You may receive a copy of this form if you request it in writing from the address listed below.

7. Expiration of this Authorization (Select one):

Signature of Member or Legal Representative <i>William M Casey</i>	Date <i>April 11, 2005</i>
Print Name <i>William M Casey</i>	

If not the Member, describe your relationship to the Member.

- ☐ Caregiver
☐ Legal Representative
☐ Other: _____

If Member's legal representative is signed _____

Return this completed form to:

Attention: _____
 Aetna Life Insurance Company
 P.O. Box 14554
 Lexington, Kentucky 40512-4554

Telephone Number: 877-465-0424
 Fax Number: 866-889-2308

ME
GR47343 (1-01)

Form 1 of 1 Rev 05

THOMPSON 036545



Attending Physician Statement

Complete and sign the form using BLUE or BLACK Ink.

1. Patient Instructions – The Physician will complete Sections 2 through 9.
The Patient will complete Section 1. The Patient should also fill in their name at the top of Page 2.

The Patient is responsible for completing this section, and for ensuring that their Attending Physician completes the remainder of this statement. The Patient is responsible for paying any fees that may be charged for completion of this form by their physician. If you have any questions, please call (877) 465-0424.

(a) Control Number 607472

(b) Casey William M 1 1958 15'8" 175
Patient Name (Last, First, Middle Initial) Social Security Number Birth Date (MM/DD/YYYY) Height Weight (lb)

(c) Patient Gender ☒ Male ☐ Female

(d) 240 Lightwood Farm Road Woodruff SC 29388
Patient Home Address – Required (Current No., St., Town, State, Zip – no PO boxes) ☐ Check if New

(e) Mailing Address, if different from Home address _____

(f) Patient Employer Name/City/State Michelin Tire Corp Spartanburg SC

(g) Patient Telephone Number 864 486-9131 ☐ Check if New

(h) Job Title/Occupation PAPP/BUS operator - MPI

(i) Type of Claim: ☐ Short Term Disability ☐ Long Term Disability ☐ Waiver of Premium
☐ Long Term / Permanent Total Disability

2. Physician Instructions

The Attending Physician should complete the items below, based upon a recent examination. Attach additional documentation as needed. If you have any questions, please call (877) 465-0424.

Please complete form in its entirety and fax to (866) 888-2308. Page 2 MUST be completed before faxing.

3. Impairing Diagnosis & Treatment

(a) Primary Diagnosis: Chronic LBP Primary ICD Code _____
Secondary Diagnosis: Degen. Arthritis Secondary ICD Code _____
Other Diagnoses: Depression Other ICD Codes _____

(b) Height _____ Weight 177 LB Date Measured (MM/DD/YYYY) 10/19/04

(c) If Pregnancy related, delivery or expected date N/A MM _____ DD _____ YYYY _____ Delivery
Type: ☐ Vaginal ☐ Cesarean

(d) Primary Procedure N/A Primary CPT Code _____
Secondary Procedure _____ Secondary CPT Code _____
Other Procedures _____ Other CPT Codes _____

(e) Medication(s)/Dose/Frequency Ultram 500mg 2x/d, Zanaflex 4mg 2x/ds, Loraz 10/500 6/d
Beytra 20mg qd, Zolof 100mg 1x qd
Impairment from medication effects _____

(f) Is patient still under your care for this condition? ☒ Yes ☐ No, date service terminated _____ (MM/DD/YYYY)

(g) Treatment summary Exam, X-rays, MRI, ortho consult, medication, psych consult

(h) Office visit dates: First 11/14/97 Last 10/19/04 Next ? Frequency of appointments q 3 wks
(MM/DD/YYYY) (MM/DD/YYYY) (MM/DD/YYYY)

(i) Was patient recently hospitalized? ☒ No ☐ Yes Date hospitalized: Admit _____ Discharge _____ (MM/DD/YYYY) (MM/DD/YYYY)

(j) Hospital Name/City/State _____

4. History

(a) Symptoms: Chronic back pain made worse w/ strenuous activity
Depression & Anxiety

(b) Date symptoms first appeared or accident happened _____ MM 11 DD 14 YYYY 1997

(c) Has patient ever had same or similar condition? ☐ No ☐ Yes, state when and describe.

(e) Is condition due to injury or sickness arising out of patient's employment? ☒ No ☐ Yes ☐ Unknown

(f) Other Treating Physicians
Name Glen Scott Specialty ortho City Spartanburg State SC
Name Eugene Wilson Specialty Chronic Pain City Spartanburg State SC

AP DT 01-001 ME
GC-1486-1 (8-03)

FAXED (per pt request)

Page 1 of 2 RA-POD

THOMPSON 036546

Patient Name (Last, First Middle Initial) R. Jured

5. Abilities/Limitations

(a) Patient is: Place remarks in item (d) below, if applicable.

- Competent to endorse checks and direct the use of proceeds thereof ☒ Yes ☐ No ☐ Other/describe in (d)
- Able to work with others ☒ Yes ☐ No ☐ Other/describe in (d)
- Able to give supervision ☒ Yes ☐ No ☐ Other/describe in (d)
- Able to work cooperatively with others in group setting ☒ Yes ☐ No ☐ Other/describe in (d)
- Able to do? Select one: Place remarks in item (d) below, if applicable.

- ☐ Heavy work activity. No limitations of functional capacity.
- ☐ Medium work activity. Exerting 20-50 pounds of force occasionally, and/or 10-25 pounds of force frequently, and/or greater than negligible up to 10 pounds of force constantly
- ☒ Light work activity. Exerting up to 20 pounds of force occasionally and/or up to 10 pounds of force frequently
- ☒ Sedentary work activity - moderate limitation of functional capacity. Exerting up to 10 pounds of force occasionally. Sedentary work involves sitting most of the time, but may involve walking or standing for brief periods of time
- ☐ No ability to work. Severe limitation of functional capacity; incapable of minimal activity
- ☐ Other. Place remarks in item (d) below.

(b) What medical restrictions/limitations are you placing on patient? (Activities of Daily Living, Driving, Lifting, Pulling, Pushing, and Amounts, etc.) No bending, squatting, lifting greater than 20 lbs
prolonged standing > 2 hrs

- Number of Hours patient is capable of working in a day: ☐ 12 ☐ 10 ☐ 8 ☐ 6 ☐ 4 ☒ 2 ☐ 1 Hour/Day
- Number of Days per week patient is able to work: ☐ 1 ☐ 2 ☒ 3 ☐ 4 ☒ 5 ☐ 6 ☐ 7 Days/Week
- Date you prescribed restriction on work activities: Month _____ Day _____ Year _____
- How long are these restrictions/limitations in effect? Days _____ Weeks 3 Months _____ ☐ No Longer
- Estimated return to work date? 1/20/05 modified duty 3 full duty
(MM/DD/YYYY) (MM/DD/YYYY)

(c) Objective findings that substantiate impairment (current laboratory, physical and/or mental status examination, and other testing)
X-rays on RI show degenerative arthritis

(d) Other/Comments _____

6. Current Status

- (a) Patient has ☐ Improved ☒ Stabilized ☐ Regressed ☐ Not Applicable
- (b) Is there a medical contraindication for patient to participate in Vocational Rehabilitation (job training) programs?
☒ No ☐ Yes, please explain _____
- (c) In your opinion, is your patient motivated to return to work? maybe

7. Regulation Notice

It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to claim was provided by the applicant.

California Residents: For your protection, California law requires notice of the following: Any person who knowingly and with intent to defraud or deceive any insurance company files a statement of claim containing any materially false, incomplete or misleading information is guilty of a crime and may be subject to fines, confinement in a state prison and substantial civil penalties.

Colorado Residents: An insurer or agent who knowingly provides false or misleading information to defraud a claimant regarding insurance proceeds must be reported to the Insurance Division.

Pennsylvania Residents: 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.

8. Physician Certification

Attending Physician's Name (Print) <u>Frank E. Gonda</u>	Degree <u>MD</u>	Specialty <u>F.P.</u>
Address (No. Street, City, State, Zip Code) <u>2212 Old Furnace Rd SE</u>	Telephone Number <u>864-578-9735</u>	Fax Number <u>864-578-7098</u>

9. Physician Signature

Signature <u>F E Gonda MD</u>	Date (MM/DD/YYYY) <u>12/21/04</u>

THOMPSON 036547

Universal Request Form
Fax Request to MedSolutions at (888) 693-3210

Patient Name <u>William Casey</u>	DOB <u>58</u>	Member ID# <u>01</u>
HealthPlan & State <u>Cigna PPB</u>	PCP <u>Dr. Gionda</u>	MD Requesting Exam <u>Dr. Frank Gionda</u>
Tel # Requesting MD Office <u>(804) 578-9735</u>	FAX # Requesting MD Office <u>(804) 578-7098</u>	
Office Contact Person <u>Jaime Calvert</u>	Date Request Submitted <u>10/28/03</u>	
Specialist Referral # _____	Specialty of Referring MD <u>family practice</u>	
Requested Facility for Procedure <u>Mary Black Hospital</u>	MVA ☐	Workers Comp ☐

Working Diagnosis/ICD9 code low back pain

- o This form must be accompanied by medical notes/previous imaging reports that support the medical necessity for the study requested.

Please check the procedure(s) being requested:

☐ CT Head	☐ MRI Brain
☐ CT Orbit, Sella, Ear	☐ MRI Temporomandibular Joint
☐ CT Maxillofacial	☐ MRI Orbit, Face, Neck
☐ CT Coronal Sinus	☐ MRI Chest
☐ CT Soft-tissue Neck	☐ MRI Abdomen
☐ CT Chest	☐ MRI Pelvis
☐ CT Chest Limited for Interstitial Disease	☐ MRI C-Spine
☐ CT Abdomen	☐ MRI T-Spine
☐ CT Screen for Appendicitis	☒ MRI L-Spine <u>L5 spine</u>
☐ CT Pelvis	☐ MRI Upper Extremity other than Joint
☐ CT Urogram	☐ MRI Upper Extremity Joint
☐ CT Limited Abdomen Followup	☐ MRI Lower Extremity other than Joint
☐ CT Upper Extremity	☐ MRI Lower Extremity Joint
☐ CT Lower Extremity	☐ MRI Breast Unilateral
☐ CT C-Spine	☐ MRI Breast Bilateral
☐ CT Myelogram C-Spine	☐ MRA Head
☐ CT T-Spine	☐ MRA Neck
☐ CT Myelogram T-Spine	☐ MRA Chest (non cardiac)
☐ CT L-Spine	☐ MRA Abdomen
☐ CT Myelogram L-Spine	☐ MRA Pelvis
☐ CT Angiogram	☐ MRA Upper Extremity
☐ CT Guidance for Stereotactic Localization	☐ MRA Lower Extremity
☐ CT Guidance for Needle Biopsy	☐ Nuclear Myocardial Perfusion Imaging
☐ CT Guidance for Cyst Aspiration	☐ Nuclear Cardiac Blood Pool Imaging
☐ PET scan - body/cardiac	☐ PET scan - brain

Revised 9/24/01 dm

THOMPSON 036548

10967

Mar 11, 2002



Attn: Dr. Gonda
2212 Old Terrace Rd
Bouley Springs, SC 29316

Member Name: William Casey
Physician Name: Dr. Gonda
Member ID#: 250376304-02
Requested Drug: Viagra

Dear Dr. Gonda,

We have reviewed your request to cover the drug shown above. Because medical necessity for this drug has not been established, we have denied the request.

Consideration for this drug is based on the following criteria:

- * Patient is a male
- * Patient has been diagnosed with Organic Impotence (disease or surgically induced) per documented medical history (must not be the result of concomitant drug therapy).

607.84

AND

The following lab values are normal.

(Note: The patient must first be treated to correct the abnormal value, once corrected and the patient has no nocturnal erections, then he is considered to have organic impotence)

- * Normal androgen level (testosterone). If low, the patient is treated with testosterone (patches, injections, etc.)
- * Normal prolactin level. If high, the patient is treated with bromocriptine
- * Normal thyroid function. If hypothyroidism, the member is treated with Synthroid or some other type of thyroid medication.

OR

- * Patient is a diabetic with confirmation of Insulin or hypoglycemic use on the patients medication profile
- * Patient has a neurological impairment (i.e. spinal cord injury, Multiple Sclerosis, Pituitary microadenoma with Hyperprolactinemia or Cardiovascular Accident)
- * Patient has vascular disturbances (i.e. aortic aneurysm, atherosclerosis or Leriche's syndrome)
- * Patient has had a radical prostatectomy (surgically induced impotence).
(Note: Trans Urethral Prostatectomy (TURP) should not cause impotence and therefore the patient would need to be evaluated for organic impotence.)

Based on the information given, your patient did not meet the following criteria:

No documented medical history of Organic Impotence

ID: 25037630402 William Casey

Page 1 of 2

03/11/02

PL70 Doc 133784 AZ RT

THOMPSON 036549

Failure to list all required levels

Your patient's benefits provide coverage for medically necessary prescription drugs listed on the CIGNA HealthCare formulary. Our Pharmacy & Therapeutics Committee (primarily composed of practicing physicians and pharmacists) develops the formulary based on peer-reviewed literature, FDA approved product labeling, and information from outside experts.

If you feel this deserves further consideration, you or the patient may appeal this decision. An explanation of your appeal rights is enclosed.

If the physician would like to discuss this decision with our pharmacist or physician, please call our toll-free number, 800.832.3211.

If the patient should have any questions regarding this matter or any of their CIGNA HealthCare benefits, please have them call Member Services at the number listed on their CIGNA ID card.

Sincerely,

Debora Scavone

Debora Scavone
CIGNA HealthCare Pharmacy Services

THOMPSON 036550



CIGNA HealthCare

Important Information about your CIGNA HealthCare Appeal Rights

If you feel this deserves further consideration, you or the patient may appeal this decision. Be sure to include additional information (not previously submitted) which will support your request. This will assist us in our review. Please send your request to PACES Unit, CIGNA HealthCare, 2202 North West Shore Blvd, Suite 400, Tampa, FL 33607.

We process appeals within 30 calendar days, unless otherwise required by state law(s). However, you or the patient may file an expedited appeal (processed within 72 hours), if your patient's life, health, or ability to regain maximum function could be seriously harmed by waiting up to 30 calendar days. Keep in mind if your patient's specific situation does not meet these guidelines, it will be considered under our standard appeal process. To file an expedited appeal, it is important that you call us at 800.832.3211.

If you would like to discuss this decision with our pharmacist or physician, please call our toll-free number, 800.832.3211.

If the patient should have any questions regarding this matter or any of their CIGNA HealthCare benefits, please have them call Member Services at the number listed on their CIGNA ID card.

THOMPSON 036551

10141



CIGNA HealthCare

Pharmacy Services

Exception Request Notification

From: Debora Scavone Mar. 11, 2002
CIGNA HealthCare
CIGNA HealthCare Pharmacy Services
Fax: 800.896.3032 Phone: 800.832.3211

To: Dr. Gonda
2212 Old Terrace Rd
Bouley Springs, SC 29316
Fax: (864) 578-7098 Phone: (864) 578-9735

Patient: William Casey
Patient ID#: 250376304-02
Requested Drug: Viagra
Decision: Your request for Viagra has been denied.
Reason: Criteria for this medication has not been met.

We encourage you to immediately notify your patient of this decision. We will mail you a formal letter with specific details of the decision within five days, and a copy will be sent to the patient.

If you feel this deserves further consideration, you may appeal this decision. Be sure to include additional information (not previously submitted) which will support your request. This will assist us in our review. Please send your request to: PACES Unit, CIGNA HealthCare, 2202 North West Shore Blvd, Suite 400, Tampa, FL 33607.

We process appeals within 30 calendar days, unless otherwise required by state law(s). However, you or the patient may file an expedited appeal (processed within 72 hours), if your patient's life, health, or ability to regain maximum function could be seriously harmed by waiting up to 30 calendar days.

Keep in mind if your patient's specific situation does not meet these guidelines, it will be considered under our standard appeal process. To file an expedited appeal, it is important that you call us at 800.832.3211.

*f. 11
10/10/02
A. M. H. H.*
*You denied this Rx, you notify him
immediately & have him curse @ you!!*
F. E. Gonda (M.D.)

ID: 25037630402

Mbr: William Casey

03/11/2002 PL70 Doc 133784

AZ RT

3/13/02

THOMPSON 036552

 CIGNA HealthCare Prescription Authorization Form- Viagra		
View our formulary online at http://www.cigna.com		
Notice: Failure to complete this form in its entirety may result in delayed processing or a denial for insufficient information		
Our standard turnaround time for prescription authorization requests is 2-4 business days. If your request is urgent, it is important that you call Pharmacy Services at 800.622.5579 to expedite the request.		
Name: <u>Dr. Frank Gonda</u> ☐ PCP ☐ Specialist Office contact: <u>Emily</u> Facsimile #: <u>(843) 578-9735</u> Phone #: <u>(843) 578-9735</u> Address: <u>2212 Old Sumner Rd.</u> <u>Bolton Springs, SC 29316</u>	Name (last, first): <u>Casper, William</u> CIGNA HealthCare ID #: <u>250376304-02</u> Client code (for CIGNA use): Birth date: <u>58</u> Address: <u>714 Julie Wood Lane</u> <u>Woodruff, SC 29387</u> Phone #: <u>843-476-9100</u>	
Drug: ☒ Viagra 25mg ☐ Viagra 50mg ☒ Viagra 100mg		
Diagnosis: <u>Erectile Dysfunction</u>		
Origin of the patient's impotence: <u>Smoking</u>		Date diagnosis was made: <u>9/7/01</u>
Required Labs (Lab levels are only required for a diagnosis related to hormone deficiency ED or ED of unknown origin): Testosterone level: <u>Total 245</u> Prolactin level: <u>0</u> Thyroid level: <u>0</u> <u>Free 14.8</u>		
Is this patient currently being treated with any form of nitrates? ☐ yes ☒ no Is this patient currently being treated with a drug that may cause impotence? ☐ yes ☒ no		
Additional remarks:		Date: <u>02/28/2002</u>
Physician Signature: <u>Frank Gonda MD</u>		Date: <u>3/6/02</u>
CSR RECOMMENDATION: ☐ CRITERIA MET Duration of authorization: ☐ PENDED- CRITERIA NOT MET Request taken by: Date/ Time: <u>02/28/2002 12:01 PM</u>	PSA RECOMMENDATION: ☐ CRITERIA MET Duration of authorization: ☐ CRITERIA NOT MET Letter #: PSA Reviewer: Date/ Time:	RPH/ MD DECISION: ☐ APPROVED Duration of authorization: ☐ DENIED Letter #: Reviewed by: Date/ Time:
Comments to be inserted into letter:		RPH/ MD Comments:
DATABASE RECORD #:	FUNDING TYPE (ASO, COMMERCIAL, ETC):	PRODUCT TYPE (2 TIER OR 3 TIER):
CIGNA Pharmacy Services phone: 800.622.5579 Attention CSAs: Email completed telephone requests to your department's clinical review area.		FAX form to: 800.442.9047

faxed 3/7/02

THOMPSON 036553

REQUEST FOR SPINE IMAGING
Fax to MedSolutions at (888) 693-3210

Patient Name <u>William Casey</u>	DOB _____	Member ID# _____
Health Plan <u>IGNA Healthcare Plan</u>	PCP <u>Frank E. Gonda</u>	MD Requesting Exam <u>Frank E. Gonda</u>
tel # Requesting MD Office <u>(804) 578-4735</u>	FAX # Requesting MD Office <u>(804) 578-2098</u>	
Office Contact Person <u>Erin</u>	Date Request Submitted <u>10/26/07</u>	
Specialist Referral # _____	Specialty of Referring MD _____	
Requested Facility for Procedure <u>Spotsylvania Regional Health System</u>		MVA ☐ Workers Comp ☐

Procedure: MRI Cervical Spine (CPT 72141) _____ CT Cervical Spine (CPT 72125) _____ with Myelogram _____
 MRI Thoracic Spine (CPT 72146) _____ CT Thoracic Spine (CPT 72128) _____ with Myelogram _____
 MRI Lumbar Spine (CPT 72148) ☒ CT Lumbar Spine (CPT 72131) _____ with Myelogram _____

- Advanced imaging for suspected herniated disc should be reserved for those patients whose symptoms are persistent or worse despite 4-6 weeks of conservative Rx which should include limitation of activity and/or physical therapy.
- Generally either MRI or CT Myelography, but not both should be considered to evaluate persistent radiculopathy.
- Bone Scan is recommended in patients with known cancer, pain and no neuro findings.
- Plain films should be considered prior to advanced imaging in elderly patients with symptoms suggesting compression fracture.
- Emergent neurosurgical/orthopedic or neurological consultation is recommended for patients with progressive motor loss, incontinence, loss of anal sphincter tone.
- Initial MRI for MS should be requested by a neurologist following evaluation. Follow-up MRI is usually unnecessary to evaluate progression/remission of MS once diagnosis has been made.

Working Diagnosis: Chronic Low Back Pain

ptoms: Pain ☒	Radiculopathy _____
Loss of Motor Function/Weakness _____	What Level? _____
Loss of Sensation _____	What Level? _____
Loss of reflexes _____	Where? _____
Loss of Bowel/Bladder Function _____	Fever _____
Elevated WBC _____	Elevated sed rate _____

Duration of Symptoms _____

Is there a history of trauma? Yes _____

Conservative Rx Interval (4-6 weeks min):

Home exercise _____	Dates _____	Limited Activity _____	Dates _____
PT _____	Dates _____	NSAIDS _____	Dates _____
Steroid Injections _____	Dates _____	Medrol Dosepak _____	Dates _____

Known cancer diagnosis? (submit office notes) Yes _____ Location(s) _____

Does the patient have known metastatic disease? Yes _____ Location(s) _____

Has patient had previous surgery in the region of current symptoms? Yes _____

Is surgery being considered for this patient? Yes _____

Previous Imaging Procedures (submit reports): Plain Films _____ CT _____ MRI _____ Myelogram _____

For CT Myelogram: What additional information will be obtained from this procedure not obtained from previous MRI? _____

9/22/99

THOMPSON 036554

From: gfeld3232@aol.com
Sent: Saturday, May 01, 2010 7:59 PM
To: sking@wardfirm.com; milton.mann@gmail.com
Subject: WAID-Fogarty
Attachments: Feldman Defendant's Memo in Sppt of Def Mtn to Dmss - rev 4-23.doc; Aetna Letters for Disability.pdf

PS I attached motion, cause it has WAID's evaluation in Aetna file attachments)...And in another note that Noel brought to Fogarty Deposition..he writes "Common Complication....Spencer, Do you have Fogarty attachnments to deposition? (I need to go over all of his attachments)

Fogarty, July 21, 05 progress note

"with reference to the patient's difficulty concentrating, he undoubtedly had air emboli given his lengthy duration of aneesthesia and laser perforation of the endotracheal tree with resultant leakage of air into extra pleural and vascular extra pleural mediastinal and vascular spaces. although he is fortunate not to have any gross motor deficit, he may well have a permanent neurological deficit in which case the indication for taking medication may be moot and the patient may simply need to recognise that although he would like to go back to work, he may be chronically disabled by his neurological impairment"

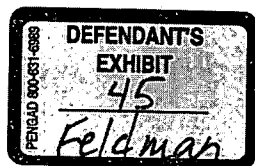
Compare to Waid note (probably minor, but curious) Waid writes:

Dr. Fogarty stated that with regard to Mr. Casey difficulty concentrating..(and Waid puts it in quote unquote)

"air emboli have been reported as a complication of laser bronchoscopy , even without perforation of the endotracheal tree with resultant leakage of air into extrapleural , vascular and mediastinal spaces"

1. First he quotes Fogarty (different quote)
2. No such record was found at Waid's office neither Fogarty note not above quote (removed)

But at this point they are trying to get him DISABILITY (other than mental..Aetna does not allow for mental)...and here we go Record generated!



1

MANN 005153

TS, TURNER, RHODES & THOMPSON

ATTORNEYS AT LAW

260 NORTH CHURCH STREET

SPARTANBURG, S.C. 29306

SAM BURTS (1907 - 1982)
NOEL TURNER
RICHARD H. RHODES
RAY E. THOMPSON, JR.
M. NOEL TURNER, III

MAILING ADDRESS
P.O. BOX 3408 29304
PHONE: 864-583-8166
FAX: 864-583-6927

June 20, 2006

VIA HAND DELIVERY

William U. Gunn, Esq.
P.O. Box 1897
Spartanburg, SC 29304

RE: William Mark Casey

Dear Billy:

Enclosed please find a complete copy of the following medical records for Mark Casey as delivered from his medical providers:

1. Spartanburg Regional Medical Center - Diagnostics 2000
2. Spartanburg Regional Medical Center - Admission 5/28/04
3. Spartanburg Regional Medical Center - Admission 6/3/04
4. Upstate Lung & Critical Care - Drs. Feldman & Boscia
5. Carolinas Ctr. For Advanced Mgmt. of Pain - Dr. Eugene Mironer
6. Lung and Chest Medical - Dr. Charles Fogarty
7. Dr. Glenn Scott, Orthopedist
8. Dr. Jay Grace, Licensed Counseling Psychologist
9. Piedmont Psychiatric - Dr. Jeffrey Smith
10. Foothills Family Medicine - Dr. Frank Gonda

The charge from Kinko's to make this copy is \$37.54.

Also, my legal assistant, Ms. Karen Greer, has made several attempts to make contact with Spencer King with no success. If Spencer contacts you and wants a copy of these records, I have no objection to allowing him to copy them.

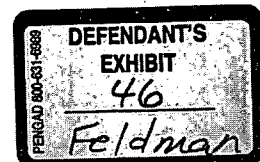
With warm regards,

I remain,
BURTS, TURNER, RHODES & THOMPSON

By: Ray E. Thompson, Jr.
RAY E. THOMPSON, JR.

RET:ar
Encl.

POSTED



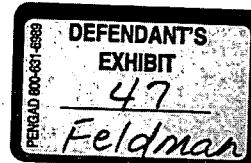
THOMPSON 000514

1 went from there. Other techniques would be just to
2 do a Google search or a Pub Med search on air
3 emboli on the YAG laser bronchoscopy. Let me take
4 a step back to clarify this for the court. If I
5 have a patient with an interesting problem, then I
6 will often -- it's so easy, just see what's
7 available on the Internet.

8 Q. When did you do this research in procuring these
9 articles?

10 A. This has been ongoing. I initially did some
11 preliminary research when I saw Mr. Casey. And I
12 had just seen the wife of a physician who had had
13 open heart surgery. And she was thinking about --
14 she had a separate career. And she was thinking
15 about giving up her career, even though the surgery
16 was successful, because she could not organize her
17 day. And she just -- you know, she was fine. She
18 was reading books in the book club and all, but she
19 just felt she was not comfortable. And, of course,
20 that was easy for me to say to this patient that
21 surgery success, you don't have any energy but it's
22 not because your lungs are puny. Your lungs are
23 fine. But you most likely, you know, had something
24 happen to settle -- happen to your -- the thinking
25 higher executive parts of your brain. Whether that

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(864) 585-0642



THOMPSON 017750

1 was from the anesthesia, from particles, from
2 bubbles, you know, we're never going to know. And
3 since you had your open heart surgery like a year
4 ago, you know, it's unlikely that this is going to
5 change a whole bunch. So having been through that
6 experience with that patient, when I saw Mr. Casey
7 and was aware from our chart review that he had had
8 a lot of air, not to mention tissue trauma, that
9 something similar might have gone on with his
10 complaints of no energy, shortness of breath but
11 normal breathing tests, and his lack of response to
12 medicines. And at that point I did a quick search.
13 And while he was still there, based on -- I
14 actually had one of these texts in the office -- I
15 think I actually had access to both of them in the
16 office at the time. But based on a quick search, I
17 said, you know, you may -- I kind of said, this is
18 in your head but it's not in your head. This is
19 not -- because this whole issue of are you just
20 being lazy? If you push yourself and work out more
21 and take more notes and think harder, this will get
22 better. Or is this something real? And based on
23 the other patient -- I'd actually seen more than
24 one patient, of this physician's wife -- it's fresh
25 in your memory. I said, you know, this is probably

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(864) 585-0642

THOMPSON 017751

1 what's going on.

2 Q. You said both texts, what are both texts?

3 A. The two texts that I left you with.

4 Q. I'm sorry.

5 A. These textbooks here (indicating). Let's see, this
6 here.

7 Q. Okay. Interventional ---

8 A. Let's see here. Some of these textbooks I kept at
9 Lung and Chest. But I have shifted more and more
10 texts -- textbooks over to the medical office. But
11 this book would have been at my office at Lung and
12 Chest.

13 Q. And that's pulmonary?

14 A. Interventional Pulmonology.

15 Q. And the other one?

16 A. And I think this one was too, upstairs.

17 Q. Flexible Bronchoscopy?

18 A. Yeah. These textbooks here would -- these are
19 aimed at lay people. This one I would not have
20 looked at initially. That would have been sitting
21 elsewhere.

22 Q. Doctor, what are the basic facts that occurred
23 involving Mr. Casey that are going to bring him to
24 your care and treatment?

25 A. That brought him to my care initially?

1 Q. Yes. Yes, sir.

2 A. As I mentioned in my summary, Mr. Casey ---

3 Q. Let me interrupt.

4 A. Yes, sir.

5 Q. I'm sorry. Poor question. I'm sorry. This
6 morning when you arrived, you gave me copies of
7 some notes that you had prepared?

8 A. Yes, sir. Realizing that I might have
9 neurocognitive impairment, I went through -- I
10 briefly reviewed Mr. Casey's chart. That's this
11 thing. Over the weekend. And last night --
12 yesterday afternoon, thanks to the football game
13 last night, I ended up completing this report. So
14 I may have started the report on Saturday and
15 finished last night.

16 Q. And this is dated December 20th?

17 A. Yes, sir.

18 Q. 2008?

19 A. Yes, sir.

20 BY MR. KING:

21 Let's mark that as the next exhibit.

22 BY COURT REPORTER:

23 17.

24 (COURT REPORTER MARKS TEN-PAGE DOCUMENT AS DEFENDANTS'
25 EXHIBIT NO. 17; ATTACHED TO DEPOSITION).

1 BY MR. GUNN:

2 Spencer, is that the one with 345 lines? The pages
3 aren't numbered.

4 DIRECT EXAMINATION RESUMED BY MR. KING:

5 Q. Is that correct? To answer Mr. Gunn's question, it
6 actually ends ---

7 A. Yes, sir.

8 Q. --- on line 345?

9 A. Yes, sir. I knew -- this is a new software
10 program. I found the button to line the page, but
11 I didn't find the button to number the page, so ---

12 Q. Doctor, have you ---

13 BY MR. GUNN:

14 That would be preferable.

15 DIRECT EXAMINATION RESUMED BY MR. KING:

16 Q. Have you rendered any other written reports in this
17 case?

18 A. I did not render a written report, but I did render
19 a list of findings, conclusions, questions. As I
20 mentioned, that's a two-page list that I failed to
21 produce. I can produce it. I think -- I don't
22 know if it's two pages or three pages. But ---

23 BY MR. TURNER:

24 That is -- I want to say it's five pages.

25 BY THE WITNESS:

0001

1 STATE OF SOUTH CAROLINA COURT OF COMMON PLEAS
2 COUNTY OF SPARTANBURG C.A. NO. 2006-CP-42-1728

3 WILLIAM MARK CASEY,
4 Plaintiff,

5 -vs-

6 GREGORY J. FELDMAN, M.D.,
7 JOSEPH A. BOSCIA, III, M.D.,

8 UPSTATE LUNG AND CRITICAL
9 CARE SPECIALISTS, PC, and

10 DEVENDRA SHANTA, M.D.,
11 Defendants.

12 ~~~~~

13 VIDEOTAPED DEPOSITION OF

14 MICHAEL A. JANTZ, M.D.

15 Thursday, January 8, 2009
16 10:21 a.m.

17
18 University of Florida Medical Center
19 1600 SW Archer Road
20 Room M-452
21 Gainesville, Florida

22
23
24
25 Patijo Brown, RPR, FPR

0002

1 A P P E A R A N C E S

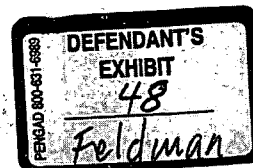
2 ON BEHALF OF THE PLAINTIFF:

3 RAY E. (CHUCK) THOMPSON, Esquire
4 NOEL TURNER, III, Esquire
5 Burts, Turner, Rhodes & Thompson
6 260 North Church Street
7 Spartanburg, SC 29306

8 ON BEHALF OF DEFENDANTS
9 GREGORY J. FELDMAN, M.D.,
10 JOSEPH A. BOSCIA, III, M.D.,
11 and UPSTATE LUNG AND CRITICAL
12 CARE SPECIALISTS:

13 H. SPENCER KING, Esquire
14 The Ward Law Firm
15 233 South Pine Street
16 Spartanburg, SC 29304

17



MANN 005664

RECEIVED

SEP 07 2007

Marsh USA, Inc.
Greenville, SC

THE WARD LAW FIRM, P.A.

ATTORNEYS AT LAW
POST OFFICE BOX 3188
SPARTANBURG, SOUTH CAROLINA 29304

JAMES W. HUDGENS
GENE ADAMS
H. SPENCER KING
ROBERT E. DAVIS*
JASON IMHOFF
JOHN ROGERS

RUFUS M. WARD (1908-1988)
L. PAUL BARNES (1931-1986)

233 SOUTH PINE STREET
SPARTANBURG, S.C. 29302

FAX: No. (864) 583-8961
E-mail: sking@wardfirm.com

Direct No. (864) 591-2364

*ALSO MEMBER NORTH CAROLINA BAR

September 4, 2007

Judy Wilbanks, Claims Specialist
JUA
PO Box 128
Greenville, SC 29602

Re: William Mark Casey v. Gregory J. Feldman, MD, Joseph A. Boscia, III,
MD, Upstate Lung and Critical Care Specialists, PC, and Devendra
Shantha, MD
CA No.: 2006-CP42-1728
Our File No.: 26-0266

Dear Judy:

We deposed Plaintiff William Mark Casey. We will forward the deposition transcript to you as soon as it arrives. In the meantime, I will summarize.

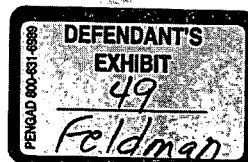
Mr. Casey is a nice-appearing 49 year-old gentleman, high school graduate and 22 year employee of Michelin Tire in Spartanburg. His only other job was for seven (7) years at Lockwood Green. At Michelin, he was a BNS operator, which is a truck tire builder. This is a very hard, physically demanding job which actually wears people out over a period of time, and most begin having physical problems as the approach 20+ years of work.

He had a history of low back pain and two (2) episodes of chest pain suspicious for cardiovascular causes which turned out not to be remarkable. His father died from a heart attack, and he admits to being very anxious about chest pain.

He describes himself as very physically active prior to late May 2004. He underwent several stresses in life in the 2002-2003 time frame. His wife and he separated after 20 years of marriage, and later divorced, which resulted in some financial stresses. He had difficulties with his teenage children, primarily a 14 year-old daughter he says was 14 going on 18, and the lack of her discipline and her activities contributed to the problems that led to his separation and divorce.

He began treatment for depression under his family physician, Dr. Frank Gonda, although he says he did not know he was being treated for depression.

May 28, 2004, while at work, he began experiencing chest pain caused by exertion. He says he had been having these problems over the past several weeks. He reported to the nurse at



JUA 000389

Michelin, was evacuated by EMS to Spartanburg Regional Emergency Department. On a plain film chest X-ray taken at that time, there appeared to be a metallic foreign body in the left mainstem bronchus. Drs. Feldman and Boscia, your insureds, were consulted. Dr. Boscia saw Mr. Casey in the emergency department and recommended and proceeded with a flexible bronchoscopy.

The flexible bronchoscopy was not successful in retrieving any object. Dr. Boscia ordered a CT scan after the flexible bronchoscopy, which resulted in normal findings and no foreign object.

I am told by my clients the CT scans in such cases are often not accurate, and Drs. Feldman and Boscia elected to proceed with a rigid bronchoscopy and lasering. On June 3, Dr. Feldman performed a rigid bronchoscopy with laser, but again was unable to locate any foreign object, or at least none was found to extract. The procedure was thought to be uneventful, but upon recovery, Mr. Casey developed a pneumothorax and was hospitalized three (3) days.

During the course of his treatment, his sister, who works in food service at Spartanburg Regional Medical Center and apparently knows everyone in the Spartanburg medical community, got very involved in his care. She is the driving force behind the lawsuit. Her name is Carol Hayslip and in the several weeks that followed, she and her brother met with Drs. Feldman and Boscia who, Mr. Casey says did not give them a satisfactory answer as to why he is now having short-term memory loss, black-out spells, anxiety, depression, inability to work, and constant pacing and sleeplessness.

He says he has not been able to return to work at Michelin since that time. Michelin has a policy of one (1) year. If you are not back on the job in that time, you are terminated, thus he was terminated from Michelin June 3, 2005, and has not worked since June 3, 2004. He is drawing Social Security Disability.

When he and his sister did not get satisfactory answers from the insureds, they visited the competitive pulmonology group, Lung and Chest. Dr. Fogarty of Lung and Chest, and your insured, Dr. Feldman, are bitter rivals and have been involved in litigation. Apparently, both believe that every problem in their lives stem from some action of the other. Dr. Feldman, in this case, believes Dr. Fogarty is supporting Casey in this litigation.

The complaint alleges brain damage caused by an air embolus resulting from the lasering, which allegedly is the case of all Mr. Casey's complaints. However, Mr. Casey admitted in his deposition that no one has told him that most probably he has brain damage and there have been no diagnostic studies of his head or brain. In my judgment, Mr. Casey is anxious by nature and prone to worry. He has undergone numerous stressors in life with his family, the episode with his treatment primarily by Dr. Feldman, and the loss of his job and accompanying financial problems. It is not surprising he is anxious and depressed.

I am not prepared at this point to give you an opinion as to whether or not Dr. Feldman breached the standard of care in that he proceeded with the rigid bronchoscopy without viewing a negative CT scan and without doing any additional testing. A pneumothorax resulted which arguably would be supportive of breach of the standard of care and Plaintiff has an expert who

JUA 000390

will testify accordingly. However, I do not believe there is any true permanent aggravation or exacerbation of Plaintiff's problems which existed prior to the procedures.

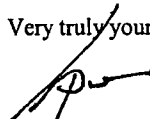
The deposition took approximately six (6) hours. Mr. Casey appears to be reasonably articulate, candid, not fidgety or emotional. He does not give the impression of anyone who has any type of brain injury or significant ongoing mental/emotional problems. In short, I do not think there is much of a damage claim.

I suggest employment of a private investigator. Perhaps Steve Byce can give us the names of some he considers to be good. I think that might be fruitful. I am attempting to get the Social Security Disability file, which will require a release or a court order. I have already talked with Dr. Bill Alleyne, a Rock Hill pulmonologist who is an excellent witness and is supportive of Dr. Feldman. Perhaps we need to consider a second pulmonologist, depending upon how strong the plaintiff's expert is.

After you have an opportunity to review the deposition, please give me some guidance as to your suggestions.

I am

Very truly yours,



H. Spencer King
The Ward Law Firm, P.A.

HSK/dch

JUA 000391

THE WARD LAW FIRM, P.A.

ATTORNEYS AT LAW
POST OFFICE BOX 3188
SPARTANBURG, SOUTH CAROLINA 29304

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FAX No. (864) 583-8961
E-mail: sking@wardfirm.com

Direct No. (864) 591-2364

October 10, 2007

Judy Wilbanks, Claims Specialist
JUA
PO Box 128
Greenville, SC 29602

Re: William Mark Casey v. Gregory J. Feldman, MD, Joseph A. Boscia, III,
MD, Upstate Lung and Critical Care Specialists, PC, and Devendra
Shantha, MD
CA No.: 2006-CP42-1728
Our File No.: 26-0266

Dear Judy:

Just for your information, I am copying you on some, but not all of the e-mails that Dr. Feldman has sent to me attempting to direct this litigation, most of which deal with ancillary issues, minutia such as the article in the Herald-Journal, all suits against competitors, etc., etc.

I have directed him to seek legal advice of others (he has his own attorney) if he feels he has redress. My sole job is to defend this lawsuit. That does not include filing suit against anyone.

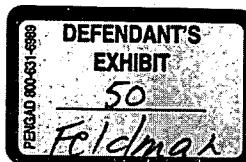
I just wanted you to have this information.

I am

Very truly yours,

H. Spencer King
The Ward Law Firm, P.A.

HSK/dch



KING 001571

From: gfeld3232@aol.com
Sent: Monday, February 04, 2008 6:40 PM
To: milton.mann@gmail.com
Subject: Re: Moonlighting

1. MoonLIGHTING is allowed after she becomes Partner/Shareholder and Maintain Positive Balance after overhead is paid
2. If she remains Employee, all money must be delivered to Upstate Account and subject to the same formula (over \$600,000 100%, until than \$50,000)

-----Original Message-----

From: gfeld3232@aol.com
To: sauyinwan@gmail.com; milton.mann@gmail.com
Sent: Mon, 4 Feb 2008 5:34 pm
Subject: Moonlighting

Moonlighting for Research, however should go directly to you, bypassing Upstate Account not to dilute your effort/incentive (Again minimal effort time would be necessary and does not involve Weekends/Nights that can impact your Productivity)

-----Original Message-----

From: gfeld3232@aol.com
To: sauyinwan@gmail.com; milton.mann@gmail.com
Sent: Mon, 4 Feb 2008 5:23 pm
Subject: Re: Greetings from Malaysia

Greetings to you as well and we are almost ready to Welcome you on Board!

sec NINE

Greg, maybe you would like to put a number on your CME reimbursement>>>>

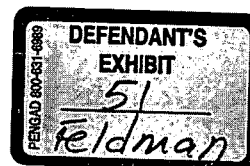
It is in our interest that you pass and get over Boards! Just put "Reasonable Expenses, it is not the sum, flying by First-class is not reasonable, unless you pay yourself :)

Moonlighting for Research is encouraged! (Takes little or no time)....Since you are on Productivity (bonuses) you can Moonlight as long as Money is going to Upstate Account, until you reach Magic Number \$600,000 in receipts after that 100% of money is yours anyway
That is my thinking, otherwise nothing in theory prevents you from doing more for moonlighting

-----Original Message-----

From: sauyin wan <sauyinwan@gmail.com>

1



MANN 023062

STATE OF SOUTH CAROLINA

COUNTY OF SPARTANBURG

Gregory J. Feldman, M.D., Joseph A.
Boscia, III, M.D., Upstate Lung and
Critical Care Specialists, P.C., and
Devendra T. Shantha, M.D.,

Plaintiffs,

v.

William Mark Casey, Ray E. "Chuck"
Thompson, and Charles M. Fogarty, M.D.,

Defendants.

) IN THE COURT OF COMMON PLEAS
) SEVENTH JUDICIAL CIRCUIT

) C.A. NO.: 2010-CP-42-05743

) PLAINTIFF GREGORY J. FELDMAN, MD'S
) RESPONSE TO CHARLES M. FOGARTY, MD'S
) FIRST REQUESTS FOR ADMISSION (1-20)

Now comes the Plaintiff, Gregory J. Feldman, MD, responding to Defendant Charles M.

Fogarty, MD's First Request for Admissions (1-20):

1. Admit that you were a principal of S. Carolina Pharmaceutical Research ("S.
Carolina") in 2007.

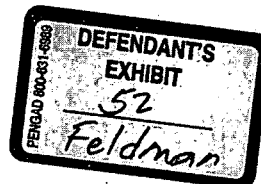
RESPONSE: Admit.

2. Admit that S. Carolina dismissed with prejudice its' claims against Fogarty in the
S. Carolina Action in February 2007.

RESPONSE: Admit.

3. Admit that as a principal of S. Carolina in 2007, you participated in the decision
to dismiss with prejudice S. Carolina's claims against Fogarty in the *S. Carolina* Action.

RESPONSE: Deny.



4. Admit that the document attached hereto as Exhibit A is a true and accurate copy of the "Stipulation of Dismissal with Prejudice" file in the *S. Carolina* Action.

RESPONSE: Admit.

5. Admit that the Medical Malpractice Action was among the reasons *S. Carolina* dismissed its claims against Fogarty in the *S. Carolina* Action.

RESPONSE: Deny.

6. Admit that Fogarty never told you that he would cause the Medical Malpractice Action to be filed or maintained against you unless *S. Carolina* dismissed its' claims against Fogarty in the *S. Carolina* Action.

RESPONSE: Admit.

7. Admit that you never received a demand by Fogarty in relation to the Medical Malpractice Action.

RESPONSE: Admit.

8. Admit that you never received a demand by Fogarty to take, or desist in taking, any action in relation to Fogarty's alleged involvement in the Medical Malpractice Action.

RESPONSE: Admit.

9. Admit that you never received a demand to settle the Medical Malpractice Action for anything other than the payment of money to Casey.

RESPONSE: Deny.

10. Admit that the document attached hereto as Exhibit B is a true and accurate copy of the Medical Malpractice Action Complaint.

RESPONSE: Admit.

11. Admit that the Medical Malpractice Action Complaint alleges, among other things, that Casey suffered permanent brain injury as a result of Plaintiffs' acts and/or omissions in providing medical treatment to Casey in 2004.

RESPONSE: Admit.

12. Admit that the Medical Malpractice Action Complaint is based, in part, on the Permanent Brain Injury Theory.

RESPONSE: Admit.

13. Admit that the Medical Malpractice Action Complaint states, among other things, what you contend is the Permanent Brain Injury Theory.

RESPONSE: Admit.

14. Admit that the document attached hereto as Exhibit C is a true and accurate copy of a subpoena dated June 16, 2006, that your counsel in the Medical Malpractice Action served on Lung and Chest Medical Associates, seeking that entity's medical records and billing records concerning Casey.

RESPONSE: Admit.

15. Admit that the document attached hereto as Exhibit D is a true and accurate copy of a cover letter dated June 16, 2006, that your counsel in the Medical Malpractice Action sent to Lung and Chest Medical Associates, enclosing a subpoena seeking that entity's medical records and billing records concerning Casey.

RESPONSE: Admit.

16. Admit that in August 2006, Lung and Chest Medical Associates produced records to your counsel in the Medical Malpractice Action in response to the subpoena dated June 16, 2006, that your counsel served on Lung and Chest Medical Associates in that action.

RESPONSE: Deny.

17. Admit that the document attached hereto as Exhibit E is a true and accurate copy of the July 21, 2005, Fogarty Office Note that Lung and Chest Medical Associates produced to your counsel in the Medical Malpractice Action in August 2006, in response to your counsel's subpoena in that action.

RESPONSE: Deny.

18. Admit that the July 21, 2005, Fogarty Office Note states, among other things, what you contend is the Permanent Brain Injury Theory.

RESPONSE: Deny.

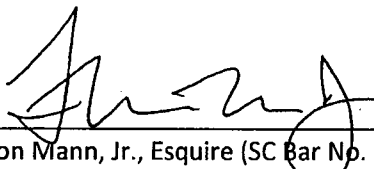
19. Admit that by February 2007, you knew that Fogarty had published the Permanent Brain Injury Theory.

RESPONSE: Deny.

20. Admit that by February 2007, you believed that the Permanent Brain Injury Theory formed a basis for the claims alleged in the Medical Malpractice Action Complaint.

RESPONSE: Deny.

By: _____


F. Milton Mann, Jr., Esquire (SC Bar No. 68250)
Attorney for Plaintiffs
151 Harold Fleming Court
Spartanburg, SC 29303
864/680-5079
Milton.Mann@gmail.com

October 22, 2015

From: gfeld3232@aol.com
Sent: Friday, August 08, 2008 2:36 PM
To: milton.mann@gmail.com
Subject: shield

1. Fogarty/Kimbrell send Casey to Chuck (Smith did not cut it)

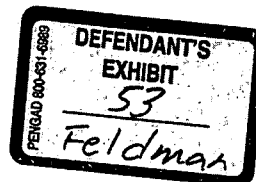
2. CHUCK TALKED TO FOGARTY, i DO NOT HAVE ENOUGH TO SUE

3. FOGARTY SAID BRING HIM-IN (i GIVE YOU THE REASON)

He was there as Chuck instructed...kaboom...laser/air emboli and without a doubt (Which Chuck had to have for shield

Law does not provide for that kind of shield

It's time to go back to school! Get the latest trends and gadgets that make the grade on [AOL Shopping](#).



MANN 019507

WILLIAM CASEY

77168

07-21-05

Page Three

Comment

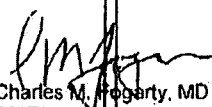
With reference to the patient's chronic squeezing chest pain, he does have risk factors for coronary artery disease in terms of his hyperlipidemia, family history, previous smoking and incidentally noted coronary calcification on Spartanburg Regional Medical Center CT. A formal coronary calcium score may be indicated and if elevated may be an indication to proceed with more vigorous cardiac workup. However, the chronicity increases the likelihood his chest pain is benign.

With reference to the patient's GI symptoms they do seem improved since discontinuing the Strattera and this really did not help with his staying focused anyway. However, he may still have some underlying pathology such as cholelithiasis or peptic ulcer disease and ultrasound of the gallbladder appears warranted. If symptoms persist we may consider an upper GI.

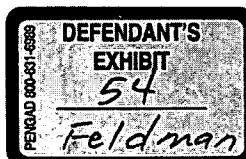
With reference to the patient's difficulty concentrating, air emboli have been reported as a complication of laser bronchoscopy even without perforation of the endotracheal tree with resultant leakage of air into extrapleural, vascular and mediastinal spaces. Although he is fortunate not to have any gross motor deficit, he may well have a permanent neurologic deficit in which case the indication for taking medication, such as Strattera, may be moot; the patient may simply need to recognize that although he would like to go back to work, he may be chronically disabled by his neurologic impairment/permanent brain damage.

Plan

We will check back with the patient with reference to his coronary calcium score and his gallbladder ultrasound. Further evaluation will proceed pending the results of above.


Charles M. Fogarty, MD
CMF/ns

cc: Dr. Gonda
Dr. Grace



THOMPSON 044532

STATE OF SOUTH CAROLINA)
COUNTY OF GREENVILLE)
Greenville Pharmaceutical Research, Inc.,)
Plaintiff,)
vs.)
Parham & Smith, LLC and Gerald H.)
Sokol, M.D.,)
Defendants.)

IN THE COURT OF COMMON PLEAS
THIRTEENTH JUDICIAL CIRCUIT

Verified

COMPLAINT
(Jury Trial Demanded)

Case No. 2014-CP-23-

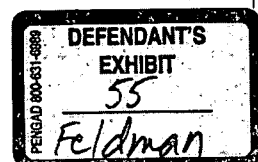
05776

FILED-CLERK OF COURT
GREENVILLE CO. S.C.
PAUL B. WICKENSIMER
OCT 20 PM 3 38

Now comes the Plaintiff complaining of the Defendants and allege:

Venue and Jurisdictional Allegations

1. The Plaintiff, Greenville Pharmaceutical Research, Inc., ("GPR") is a corporation in good standing, formed within the State of South Carolina with its principal place of business in Greenville County.
2. Upon information and belief, Parham & Smith, LLC is a corporation in good standing, formed within the State of South Carolina with its principal place of business in Greenville County.
3. Upon information and belief, Gerald H. Sokol, M.D. ("Sokol") is a resident of the State of Florida, with substantial ties to South Carolina through his paid-for witness services and therefore this court has personal jurisdiction over him.
4. Venue and jurisdiction are vested in the Circuit Court of the Thirteenth Judicial Circuit in and for Greenville County, South Carolina.



General Factual Allegations

5. This action arises out of alleged conduct by David Michael Parham, Esquire, ("Parham") as an attorney with Parham & Smith, LLC, Plaintiff's counsel and Sokol as a paid-for witness in a prior lawsuit captioned *John L. Bruce and Marilyn Bruce v. Greenville Pharmaceutical Research, Inc. and Alliance Biomedical Group*, ("underlying action" or "Bruce litigation") filed on October 20, 2011 in the Court of Common Pleas for Greenville County, Thirteenth Judicial Circuit, case number 2011-CP-23-6967.
6. According to the Bruce litigation court records, Parham served Plaintiff with the Notice of Intent to File Suit on or about July 13, 2011, which is required pursuant to §15-79-125 South Carolina Code of Laws in order to bring a medical malpractice claim within South Carolina.
7. Sokol's affidavit was offered in compliance with §15-7-125 South Carolina Codes of Law, a copy of which is attached herewith and incorporated herein as Exhibit A.
8. In the Bruce litigation, John L. Bruce and Marilyn Bruce ("Bruces"), through their attorney, Parham, alleged that Greenville Pharmaceutical Research, Inc. ("GPR") and Alliance Biomedical Research Group, LLC, failed "to possess the degree of care, competence and skill ordinarily and customarily possessed by similar healthcare providers in similar circumstances or failing to exercise that degree of care, competence and skill ordinarily and customarily exercised by similar health-care providers under similar circumstances and in deviating from ordinary and customary standards of medical care", and acted in a fashion of "negligence, carelessness,

recklessness, willfulness and wantonness", which caused the Plaintiffs to suffer real and immediate injury.

FIRST CAUSE OF ACTION
(Fraud as to Sokol)

9. Plaintiff realleges all of the above paragraphs, to the extent not inconsistent herewith, as if each is set forth *in toto* hereunder.
10. Sokol is a licensed physician and a member of the American Medical Association, who is engaging in the service of providing paid-for testimony and affidavits in many states, including the State of South Carolina, and has testified in several hundred medical negligence cases.
11. There is a high probability that Sokol will continue selling his testimony and affidavits in South Carolina in the future.
12. South Carolina Code of Laws §15-79-125 is meant to protect the public and to discourage or eliminate the filing of the lawsuits without credible expert support in the form of a pre-suit affidavit, or a certificate of merit from a physician.
13. If physicians deliver dishonest or fraudulent medical testimony and affidavits, they discredit physicians as a group, unjustly cause meritless litigation and endanger the public's trust in physicians, as well as the legal system.
14. South Carolina requires an individual bringing a medical malpractice claim to file an expert affidavit in a proceeding called the Pre-Suit Notice of Intent, §15-79-125 South Carolina Code of Laws.
15. In South Carolina, the expert witness is required to specify at least one negligent act or omission claimed to exist, by an Affidavit, before a Notice of Intent may be filed §15-36-100, South Carolina Code of Laws.

16. Sokol was recruited to provide a deviation of the standard of care affidavit pursuant to §15-79-125, South Carolina Code of Laws, regarding GPR for Bruce.
17. Sokol knew very well about this South Carolina requirement respecting affidavit by virtue of his years at selling his testimony and affidavits.
18. Parham prepared and presented the affidavit attached as Exhibit A to Sokol, who signed it without modification or sufficient information to form good faith opinions.
19. During his recruitment, Sokol received a letter from Parham by way of his handler, Ellen Rieback, RN, in which he advised Sokol that a pre-suit affidavit was required for Parham to bring suit.
20. Parham's letter stated that the medical records provided were incomplete.
21. Sokol never requested any additional medical records.
22. The standard of the profession for providing expert testimony in medical negligence liability cases requires that they be willing to evaluate cases objectively and derive an independent opinion, not simply sell their credentials.
23. The South Carolina requirement of a sworn statement is meant to prevent frivolous claims before they make it into the court system.
24. In his affidavit, Sokol fraudulently claimed that he had based his opinion as to liability upon his review of medical records.
25. Sokol received limited medical records and no records indicating medical care allegedly given by GPR.
26. Sokol thereby made false and material misrepresentations, which he knew to be false or had a reckless disregard for its truth or falsity, which he intended said representations to be acted upon, by the hearer's ignorance of its falsity, hearer's

- reliance on its truth, hearer's right to reply, and consequence and proximate injury by signing Parham's Affidavit.
27. During Sokol's deposition, he was clearly unfamiliar with the facts of the case, and spoke only in generalities.
 28. Sokol candidly admitted he only testifies for Plaintiffs' counsel.
 29. Sokol refused to answer questions about his prior work as a paid-for witness during his deposition.
 30. Ultimately, Sokol left his deposition before its conclusion, thereby necessitating it being reconvened at a later time.
 31. Upon reconvening Sokol's deposition, he admitted he had insufficient evidence and would not opine as to any standard of care that may have applied to Greenville Pharmaceutical Research.
 32. Sokol's actions clearly established he sold his signature fraudulently to Parham.
 33. Sokol intentionally marketed and sold his medical license by executing a fraudulent Affidavit merely for the purpose of circumventing the pre-suit requirements of §15-79-125 South Carolina Code of Laws.
 34. Sokol clearly intended to appease his handler, Ellen Rieback, RN, as it was in his best economic interest to continue a positive and prosperous business relationship in order to obtain future Plaintiff's cases.
 35. At all times material, Sokol was willing to state anything requested by Parham, regardless of its truth, veracity and medical accuracy.
 36. Sokol provided no medical literature to support his opinion.

37. Plaintiff has suffered damages, loss and harm, including but not limited to their reputations, money, emotional tranquility, and privacy.
38. That said damages, loss and harm was the proximate and legal result of the aforementioned fraud.

SECOND CAUSE OF ACTION
(Defamation Per Se as to Parham & Smith, LLC)

39. Plaintiff realleges all of the above paragraphs, to the extent not inconsistent herewith, as if each is set forth *in toto* hereunder.
40. Parham took the deposition of Gregory J. Feldman, M.D. ("Feldman"), on March 12, 2012.
41. Feldman produced numerous pieces of medical literature at said deposition.
42. Feldman's medical literature was the only medical literature produced in the underlying lawsuit.
43. Sokol did not provide any medical literature to refute or counter that of Feldman.
44. Based upon Sokol's deposition testimony, admissions that he was not prepared to offer testimony against the Plaintiff respecting liability as to standard of care, and lack of supportive medical literature, it was unreasonable for Parham to rely on Sokol.
45. However, subsequent to the depositions of Sokol and Feldman, Parham sent a letter to the Institutional Review Board ("IRB") dated June 4, 2012, a copy of which is attached hereto and incorporated herein as Exhibit B.
46. The IRB is a third-party regulatory body that oversees pharmaceutical studies, which is the primary function of GPR.

47. The IRB ensures that FDA protocols are followed by the sponsor and pharmaceutical research entity, including that non-eligible participants are not permitted to participate in a study.
48. In the letter to the IRB, Parham stated that Mr. Bruce suffered from Stage IV Lung Cancer and his "involvement in a Glaxo study has caused this."
49. Further, Parham wrote that GPR did not follow the protocols.
50. Parham alleges in his letter to the IRB that Mr. Bruce's inoperable cancer and death was caused by GPR, which is manifestly against the information that he had, and therefore reckless and/or untruthful.
51. The IRB and medical community takes very seriously the allegations that a pharmaceutical research entity caused the death of any person.
52. Parham was fully aware of the seriousness of his allegations made in the IRB letter against Plaintiff.
53. Parham knew the importance of the IRB to clinical research entities such as GPR based upon the sworn testimony in several prior depositions.
54. Parham crafted the letter to the IRB after Sokol had been discredited, and Feldman had provided undisputed medical literature, in a reckless and intentional effort to force a settlement with GPR.
55. Parham knew of the untruthfulness or he had a reckless disregard as to the truthfulness of the IRB letter at the time the letter was sent.
56. Parham sent the IRB letter with the full knowledge that John Bruce was never accepted as a volunteer for a GSK research study; that John Bruce "screen failed" and

thus never participated in the GSK study at issue, never had any procedures performed at GPR and never took the GSK study medicine.

57. Parham made false and defamatory statements in the IRB letter against Plaintiff, to third parties, through the fault of Defendant Parham & Smith, LLC which caused harm to Plaintiff by harming its reputation, by lowering it in the estimation of the community, and/or deterring third persons from associating or dealing with it.

58. Plaintiff has suffered damages, loss and harm, including but not limited to their reputations, money, emotional tranquility, and privacy.

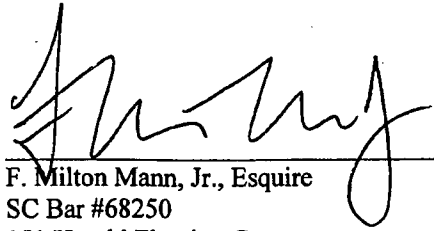
59. That said damages, loss and harm was the proximate and legal result of the defamation per se aforementioned.

WHEREFORE, having fully set forth its Complaint above, the Plaintiff prays:

- a. For a jury trial to be conducted in this matter;
- b. For actual and compensatory damages in an amount to be determined by the jury;
- c. For punitive damages in an amount to be determined by the jury; and
- d. For the cost of this action, including reasonable attorney's fees and for other such relief as appears just and equitable in the premises.

Dated: _____

10/20/14



F. Milton Mann, Jr., Esquire
SC Bar #68250
151 Harold Fleming Court
Spartanburg, SC 29303
864/680-5079

Attorney for Plaintiff

JURY REQUEST

The Plaintiff hereby respectfully requests a trial by jury

Dated: 10/20/14

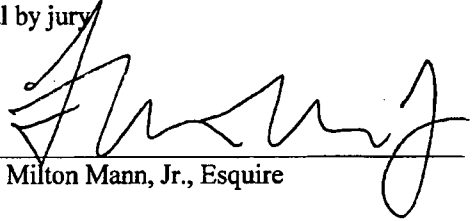

F. Milton Mann, Jr., Esquire

EXHIBIT "B"

AFFIDAVIT OF GERALD H. SOKOL, MD

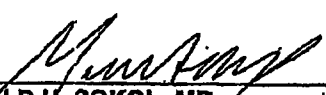
1. I am over eighteen (18) years of age and legally competent to make this Affidavit based upon my background, education, training and experience, as well as a review of the medical records from Greenville Pharmaceutical Research, Upstate Lung and Critical Care Specialists, PC and Greenville Radiology a part of GHS Partners in Health INC. regarding John L. Bruce. My qualifications and background are listed in my attached *Curriculum Vitae*.
2. In this case, based upon my review of the medical records as stated, specifically the radiology report of Nayan Desai, MD on Mr. Bruce's chest film of January 26, 2010, there is at least one negligent deviation from the standard of care on behalf of Nayan Desai, M.D., North Hills Medical Center, and Greenville Pharmaceutical Research in the care given to John Bruce.
3. According to the Medical Records, John Bruce began participating in a research study for COPD with Greenville Pharmaceutical Research in 2006. This study required Mr. Bruce to have a chest x-ray on January 26th, 2010. Dr. Nayan Desai of North Hills Medical Center read Mr. Bruce's chest x-ray on January 28th, 2010. Dr. Desai's conclusion was that there was a suggestion of a small soft tissue density measuring 1.8 cm in size in the right upper lung field medially at about T5 level. He recommended a CAT scan with and without contrast for further evaluation.
4. Mr. Bruce never received the information found in the January 26th 2010 x-ray. He was never informed that he had a 1.8 cm density in his upper right lung, nor was he told that he should have a CAT scan for further evaluation.
5. The Greenville Pharmaceutical Research study required Mr. Bruce to have another chest x-ray in August of 2010. Dr. Desai generated the x-ray report on August 3, 2010 and his conclusion that of an abnormal density seen in the right upper lung field medially and posteriorly. Dr. Desai stated that the density had increased in size in comparison to the 1/26/2010 x-ray, and the density currently measured 3.05 cm in size. Dr. Desai strongly recommended a CT scan, and concluded that the rest of the chest was within normal limits.

COMPLAINT EXHIBIT
"A"

10.

6. Mr. Bruce was informed of the August 2010 x-ray results and a CT scan was done of his chest with and without contrast on 8/19/2010. The CT scan was interpreted by Paresh Shah, M.D. at North Hills Medical Center. Dr. Shah's impression of the study was that Mr. Bruce had a 4 cm x 3 cm sized mass in the right upper lobe posteriorly or it could be in superior segment of the right lower lobe. It probably represented carcinoma of the lung, and there was lymph node enlargement in the right hilum and mediastinum, probably representing a metastatic disease. Dr. Shah suggested a percutaneous biopsy. The cancer had grown and spread.
7. Mr. Bruce underwent a needle biopsy on 8/26/2010 which revealed T2 N3 squamous cell carcinoma of the lung. It was determined that Mr. Bruce's large cell carcinoma had metastasized and was non-operable. He began radiation and chemotherapy treatments.
8. Mr. Bruce's prognosis at stage 3(B) squamous cell carcinoma is grim to incurable.
9. In my opinion, more probably than not to a reasonable degree of medical certainty, had the results of Mr. Bruce's January 26th, 2010 chest x-ray been reported to his treating physicians and had those physicians acted appropriately upon that information, Mr. Bruce would have undergone a CAT scan with and without contrast and a needle biopsy which would have revealed that the 1.8 cm density in his lung was stage one squamous cell carcinoma and that his tumor was operable.
10. It is further my opinion that had Mr. Bruce's tumor been diagnosed and treated at the time of the January 26th, 2010 x-ray, he more probably than not to a reasonable degree of medical certainty would have had a prognosis of greater than fifty percent for survival.
11. There may be other deviations from the standard of care and there may be additional bases for the opinions expressed herein that may be discussed or discovered at a later time. As a result, I reserve the right to modify, change and/or supplement these opinions in the future.

Dated this 26 day of May, 2011.


GERALD H. SOKOL, MD

LL

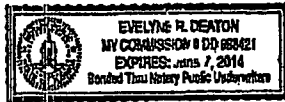
Subscribed and sworn to before me this
26 day of May, 2011.

Evelyn R. Deaton

Notary Public

In and For the State of Florida

My Commission Expires: June 7, 2014



June 4, 2012

Schulman Associates
Attention: Legal Department
4290 Glendale-Milford Road
Cincinnati, Ohio 45242

Via: Fed-Ex Delivery

Re: GlaxoSmithKline studies GSK573719 and GW642444 in subjects with COPD
Our client: John L. Bruce
Date of study: January, 2010

Dear Ladies and Gentlemen:

Please be advised that we hereby submit a contractual claim for medical bills and other expenses which are attached hereto as exhibit A.

We represent John Bruce, a 65 year old gentleman that has a history of Chronic Obstructive Pulmonary Disease. This veteran of our Armed Forces has been diligent in seeking medical treatment and care. From time to time, John would be asked to engage in various "research studies" wherein he would receive experimental treatment. He was a compliant and conscientious patient.

Today, John is dying. John suffers from Stage IV Lung Cancer. This should not have occurred. John's involvement in a Glaxo study has caused this. Medical bills and expenses have occurred as a result of a physical injury suffered by John during a procedure that was performed only because he was participating in this study. The study that your company commissioned involved John undergoing a variety of "pre-screens." Everything was done "on site" save a chest X-ray which was required but done off site. Off site, the chest x-ray was read correctly by the radiologist contracted to review a batch of films. Dr. Desai properly noted that lurking within John's lung was a lesion measuring 1.8 cm. Contrary to the policy which had been instituted, neither the film nor the report was ever reviewed by the entity known as Greenville Pharmaceutical Research, which was carrying out the study.

The evidence shows the chest x-ray was delivered to Greenville Pharmaceutical Research by the North Hills Medical Clinic in a batch delivery which was promptly paid for by Greenville

COMPLAINT EXHIBIT
"B"

Pharmaceutical. Therefore, it is our position that the chest x-ray was, in some way, disregarded, or its interpretation was mis-placed. One plausible argument to be made for allowing John to fall through the cracks (as he was told by the Greenville Pharmaceutical Director) was the fact that after the chest x-ray was taken off site and correctly interpreted, but before the results of the film were made known to him, is that he had failed the EKG portion of his screening and he had therefore been exempted from the study.

Although John had "washed out" of the study, the policies and protocols were clear in that all of the information requested had to be reviewed. The study itself references the WMA Declaration of Helsinki as well. All of these protocols were for the protection of the patient and were not followed. We learned this from the written policies and the sworn testimony of the Primary Investigator.

Upon return to apply for another study in August, 2010, another chest x-ray was performed off site and when the results were received by way of interpretation from the radiologist, the previous 1.8 centimeter lesion had grown to 3.05 centimeters. A subsequent CT scan showed the lesion to have dimensions of four centimeters by three centimeters (4 cm x 3 cm) on 8-19-2010. The President of Greenville Pharmaceutical Research then advised John that he had "fallen through the cracks" in January and this gentlemen, who is a nurse practitioner was very kind in speaking with John. He shared his sorrow for the tragic mistake which occurred as a result of the study. Had John not signed for the August study, he would have been totally unaware of the existence of the lesion which went un-reported to him in January. Therefore, its suggestion in the interpretive report of a CT scan was also un-reported.

By the time of the August study, when a second chest x-ray was performed, Greenville Pharmaceutical learned of the growth of the tumor and surgery for treatment was out of the question. As of today, all chemotherapy and radiation has ceased to be administered so that Mr. Bruce may have *some* quality to the rest of his life. He is trying to enjoy his last days with his loving wife. Unfortunately, the quality is not very good at this time.

We recognize that your responsibility is only to pay medical expenses which generated as a result of this delayed diagnosis. Again, those expenses are attached hereto and included herein as exhibit A. As a result of John's condition at this time, we must ask that you accept and pay these sums immediately. John has very little time within which to operate.

If we fail to hear from you or your representative with reference to this claim and payment of these expenses, we shall proceed with the filing of a contractual action, pursuant to the terms of the informed consent agreement which Mr. Bruce signed to enter this study.

We thank you in advance for your attention to this matter.

I remain,

Yours very truly,

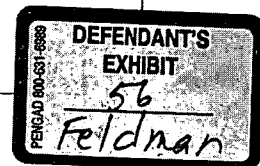
Michael Parham

MP:ae
Enclosures

Gregory Feldman
December 16, 2015

1 STATE OF SOUTH CAROLINA
2 COURT OF COMMON PLEAS
3 COUNTY OF PICKENS
4 ALLIANCE BIOMEDICAL RESEARCH, LLC,
5 Plaintiff,
6 vs. CASE NO. 2014-CP-39-350
7 JUDITH H. PARHAM, PERSONAL
8 REPRESENTATIVE OF THE ESTATE
9 OF DAVID MICHAEL PARHAM, DECEASED,
10 AND SMITH & PARHAM, LLC,
11 Defendants.
12 DEPOSITION OF: GREGORY J. FELDMAN, M.D.
13 DATE: December 16, 2015
14 TIME: 2:00 p.m.
15 LOCATION: Upstate Lung & Critical Care
16 151 Harold Fleming Court
17 Spartanburg, South Carolina
18 TAKEN BY: Counsel for the Defendants
19 REPORTED BY: ANGELA D. ZUVER,
20 Court Reporter
21
22 A. WILLIAM ROBERTS, JR., & ASSOCIATES
23 Fast, Accurate & Friendly
24
25 Charleston, SC Hilton Head, SC Myrtle Beach, SC
(843) 722-8414 (843) 785-3263 (843) 839-3376
Columbia, SC Greenville, SC Charlotte, NC
(803) 731-5224 (864) 234-7030 (704) 573-3919

U.S. LEGAL SUPPORT
(305) 373-8404



ULCC-FELDMAN-BOSCIA 000001

1 APPEARANCES OF COUNSEL: 2 ATTORNEYS FOR THE PLAINTIFF 3 ALLIANCE BIOMEDICAL RESEARCH, LLC: 4 F. MILTON MANN, JR. 5 BY: F. MILTON MANN, JR. 6 151 Herold Fleming Court 7 Spartanburg, SC 29303 8 (864) 208-0359 9 milton.mann@gmail.com 10 11 ATTORNEYS FOR THE DEFENDANTS 12 JUDITH N. PARHAM, PERSONAL 13 REPRESENTATIVE OF THE ESTATE OF DAVID 14 MICHAEL PARHAM, DECEASED, AND SMITH & 15 PARHAM, LLC: 16 BARNWELL, WHALEY, PATTERSON & HELMS 17 BY: JEFFREY M. BOGDAN 18 288 Meeting Street, Suite 200 19 Charleston, SC 29401 20 (843) 577-7700 21 jbogdan@barnwell-whaley.com 22 23 (INDEX AT REAR OF TRANSCRIPT)	Page 2 1 25 times. Were you an expert witness or were you 2 an actual witness to the case? 3 A. Well, the majority of my depositions 4 would be for my patients, workers' comp, 5 disability, things like that. 6 Q. So as a treating physician? 7 A. A treating physician. 8 I also have given depositions in 9 several lawsuits against me and also filed by us. 10 And by us I mean various companies that I have a 11 holding and myself personally. 12 Q. Okay. Can you think of how many times 13 either yourself personally or one of your companies 14 has been sued? 15 A. Yes. The companies have been sued by 16 your clients, okay? And that was Alliance 17 Biomedical Research and Greenville Pharmaceutical 18 Research. So against the companies I'm aware of 19 two lawsuits, okay? Against myself, I have been 20 sued I believe two or three times. 21 Q. Okay. 22 A. And my personal lawsuit is -- I have 23 one lawsuit which is pending against Chuck 24 Thompson, Mark Casey and Charlie Foggerty, Charles 25 Foggerty. That is a personal lawsuit that is filed
1 GREGORY J. FELDMAN, M.D. 2 being first duly sworn, testified as follows: 3 EXAMINATION 4 BY MR. BOGDAN: 5 Q. Dr. Feldman, my name is Jeff Bogdan. 6 We met just a moment ago off the record. I'm with 7 the law firm of Barnwell, Whaley, Patterson & 8 Helms. I'm the only attorney here today, to your 9 disappointment. I represent another law firm in a 10 lawsuit that was filed by Alliance Biomedical 11 Research. My client is Parham & Smith, LLC, as 12 well as Judith Parham, who is the personal 13 representative of the estate of Michael Parham, who 14 has passed away. 15 Do you understand you're here today to 16 give your deposition. 17 A. Yes. 18 Q. Have you ever given a deposition 19 before? 20 A. Yes. 21 Q. How many times? 22 A. About 20, 25 times. 23 Q. And I know of one deposition you've 24 given which was in the Bruce versus Greenville 25 Pharmaceutical case. Tell me about the other 20 or	Page 3 1 by myself, my partner Dr. Boscia and an 2 anesthesiologist, Dr. Shanta, spelled S-H-A-N-T-A, 3 and I believe that is what I remember at the 4 moment. 5 MR. MANN: Can we go off the record for 6 one second? 7 MR. BOGDAN: Sure. 8 MR. MANN: Are you okay with that? 9 MR. BOGDAN: (Nodding head.) 10 (Off-the-record conference.) 11 THE WITNESS: Yes, there was -- 12 MR. MANN: Hold on. Wait for his 13 question. 14 BY MR. BOGDAN: 15 Q. Dr. Feldman, are there any other 16 lawsuits that have been filed against either you 17 personally or your company that you have not just 18 told me about? 19 A. Yes. There was one more filed by your 20 clients, Parham & Smith, against me personally as 21 well as against Upstate Lung & Critical Care as a 22 company. 23 Q. Okay. And when you say filed by my 24 clients, were they the people -- I know they're the 25 attorneys who brought the suit, but who was their
	Page 4
	Page 5

Page 6 1 client? 2 A. I don't remember the names. 3 Q. Okay. But they were representing 4 somebody, correct? 5 A. Yes. 6 Q. So it wasn't Parham & Smith versus 7 Dr. Feldman? 8 A. That would be correct. 9 Q. Okay. And that was against you said 10 Upstate Lung & Critical Care? 11 A. Against me personally and Upstate Lung 12 & Critical Care as a respondent superior. 13 Q. What happened with that lawsuit? 14 A. Well, they dropped -- I was dismissed 15 from the lawsuit. 16 Q. What about Upstate Lung & Critical 17 Care? 18 A. I'm not sure. I wasn't present. I've 19 got to ask my lawyers about that. That was long, 20 long ago. 21 Q. Do you think it's over now? 22 A. Yes, I believe it is. 23 Q. Did it settle? 24 A. I'm not sure. I know that I was 25 dismissed.	Page 8 1 Q. How do you spell Boscia? 2 A. B-O-S-C-I-A. 3 Q. Okay. Thank you. 4 A. Dr. Shanta, and it was Upstate Lung & 5 Critical Care as well as respondents superior. 6 Q. And what was the subject of that 7 lawsuit? 8 A. There was allegations that we had 9 produced brain damage resulting in psychological 10 problems and physical disability to Mr. Casey. 11 Q. I believe you said there were a number 12 of plaintiffs. You said Chuck Thompson or was that 13 the lawyer? 14 A. That was the lawyer that represented 15 Mr. Casey. 16 Q. So Mr. Casey was the injured person or 17 allegedly injured person? 18 A. Well, he wasn't injured, but he was a 19 plaintiff. 20 Q. Okay. He claimed he was injured? 21 A. Yes. 22 Q. And Mr. Thompson represented Mr. Casey? 23 A. Well, Mr. Thompson and his law firm. 24 Q. Okay. Mr. Thompson and his law firm 25 represented Mr. Casey --
Page 7 1 Q. How long ago was that lawsuit? Was 2 that before the Bruce lawsuit or after the Bruce 3 lawsuit? 4 A. It was before. 5 Q. Before the Bruce lawsuit. Okay. 6 A. It was in early 2002, 2003. 7 Q. You talked about -- I believe it was 8 two situations where you've been sued personally, 9 correct? 10 A. Yes. 11 Q. And is one of them what you just told 12 me about? 13 A. Yes. 14 Q. How about the other one? 15 A. The other one, the lawsuit was filed by 16 Chuck Thompson and Burts, Turner & Rhodes, a law 17 firm, on behalf of Mark Casey, and that lawsuit was 18 filed in 2006. 19 Q. And what happened with that lawsuit? 20 A. It went to the jury and the jury found 21 for the defendants which was one of -- I was one of 22 them. 23 Q. Okay. Who were the other defendants? 24 A. The other defendant was Dr. Boscia. It 25 was --	Page 9 1 A. Yes. 2 Q. -- brought a lawsuit against you, your 3 partners and Upstate Lung & Critical Care? 4 A. An anesthesiologist, Dr. Shanta. 5 Q. And that case went to the jury and 6 there was a defense verdict? 7 A. Yes. 8 Q. And, now, I believe you said that you 9 have brought a lawsuit against Mr. Thompson -- 10 A. Against Mr. Thompson -- 11 Q. -- and his law firm? 12 A. -- Charles Foggerty and Mr. Casey. 13 Q. Where is that lawsuit right now? Is 14 that pending? 15 A. Yes. 16 Q. What is the nature of that lawsuit? 17 What are your claims against them? 18 A. Well, the lawsuit was for abuse of 19 process, and originally it was for conspiracy, but 20 now it's one count for abuse of process. 21 Q. So very similar to the lawsuit that 22 you've filed against my clients? 23 A. It's very similar, but it is one of the 24 counts, abuse of process, against your clients. 25 MR. MANN: Jeff, can we go off the

Page 10 1 record one second. 2 (Off-the-record conference.) 3 BY MR. BOGDAN: 4 Q. Who is representing you in that 5 lawsuit? 6 A. Mr. Mann. 7 Q. Mr. Mann. Okay. 8 Who represented you in the first 9 lawsuit that Parham & Smith brought? 10 A. Spencer King. 11 Q. Spencer King. Was Mr. Mann involved in 12 the defense of your lawsuit? 13 A. No, he wasn't. We're talking about 14 2003. 15 Q. Okay. And I want to tell you a couple 16 things -- I should have done this at the 17 beginning -- a couple rules about depositions. I'm 18 sure you know this by now because you've done many 19 depositions. 20 A. I do. 21 Q. If you need a break at any time, please 22 let me know. I told you before we started -- 23 you've got your phone out. If it rings and you 24 need to take a phone call, I'm happy to stop and 25 take a break.	Page 12 1 allowed to ask about them when we come back on the 2 record. Fair? 3 A. Understood. 4 Q. And this I think almost came up a 5 minute ago, but if I ask you a question and your 6 answer is going to be something that, my attorney 7 told me this or my attorney told me that, you don't 8 need to tell -- you don't need to say what your 9 attorney told you previously, okay? 10 A. I understand. 11 Q. That's privileged. And I'm sure 12 Mr. Mann will chime in if that -- if we get close 13 to doing that, but it's not my intention to elicit 14 any of that testimony, okay? 15 MR. MANN: And, Jeff, just to respond, 16 probably not. If we've got information we're going 17 to give it to you. 18 BY MR. BOGDAN: 19 Q. All right. So we are here today 20 because Alliance Biomedical Research has brought a 21 lawsuit against Parham & Smith and Ms. Judith 22 Parham, but I'm just going to call them Parham & 23 Smith today. Is that fair? 24 A. That's fine. 25 Q. Just to not go through Judith Parham
Page 11 1 A. I very much appreciate it. 2 Q. I would just ask that if there is a 3 question on the table you just answer the question 4 before we take a break. We'll work through that if 5 it comes up. 6 If you don't understand one of my 7 questions, ask me to clarify it. You have your 8 lawyer, Mr. Mann, here with you today, but during 9 the deposition you're not allowed to speak with him 10 about my questions. You can't look to him for 11 advice about how to answer the questions. So if 12 you don't understand something I say, don't look to 13 Mr. Mann for help. Ask me to clarify and I'll be 14 happy to do that. 15 A. Understood. 16 Q. If you answer one of my questions I'm 17 going to assume you understood it. Is that fair? 18 A. Yes. 19 Q. If we do take a break at some time 20 you're not supposed to talk with Mr. Mann about 21 your deposition testimony. You can talk to him 22 about the weather or about anything else, but not 23 about what we're doing here today. 24 A. Okay. 25 Q. If you do talk about those things I'm	Page 13 1 and the personal representative stuff, when I say 2 Parham & Smith I'm going to be referring to all the 3 defendants in this case, okay? 4 A. I understand that you represent two 5 different parties. 6 Q. Okay. Great. 7 So who is the person at Alliance 8 Biomedical Research, LLC, who made the decision to 9 file this lawsuit? 10 A. There's five foremen, myself, 11 Dr. Joseph Boscia and Dr. -- not Dr., but Mr. Steve 12 Clemons, spelled C-L-E-M-O-N-S. There's two other 13 owners of the corporation which is Anna Buice, 14 B-U-I-C-E, and there's Haley Williams, 15 W-I-L-L-I-A-M-S. Those are the five owners. 16 Q. Okay. 17 A. The decision was made by the majority, 18 and I represent today, at your request, the 19 company. 20 Q. Okay. And when you say five owners, 21 this is an LLC so they're actually members, 22 correct? 23 A. Correct. 24 Q. Okay. And does each of the five 25 members have an equal membership share?

Page 14 1 A. Yes. 2 Q. 20 percent for each person? 3 A. Yes. 4 Q. So the majority of the five made the 5 decision to file this lawsuit. Tell me what you 6 know -- what is this lawsuit based on? 7 A. It is based on the conduct of 8 Mr. Parham and his law firm. 9 Q. Okay. And what exactly about his 10 conduct do you find to be actionable? 11 A. Mr. Parham filed a lawsuit without any 12 grounds against Alliance Biomedical Research 13 without any investigation. Because he'd been 14 repeatedly told we have nothing to do with the 15 case. 16 Q. Okay. 17 A. He proceeded to litigate the case with 18 full knowledge of, number one, we have nothing to 19 do with the case and, number two, we have 20 absolutely no connection to Greenville 21 Pharmaceutical Research to begin with. And what we 22 find more objectionable is the scheme that 23 Mr. Parham engaged in to extort the money from a 24 company that has nothing to do with this case 25 without knowledge or consent of his client.	Page 16 1 A. No. 2 Q. Do you know that Greenville 3 Pharmaceutical Research paid a lot of money to 4 settle that case? 5 A. Yes, I do. 6 Q. So why would they do that if there were 7 no legitimate grounds? 8 A. Extortion scheme. We were facing a 9 very drastic decision as a group with Mr. Parham 10 threatening to reveal confidential information to 11 outside parties not involved in the lawsuit, 12 including pharmaceutical companies, including our 13 bloodline. At that point a decision was either to 14 pay a lot of money in the extortion which we have 15 or pay far more in the collapse of our business. 16 Q. So why hasn't Greenville Pharmaceutical 17 Research filed an abuse of process case against 18 Parham & Smith? 19 A. That would be confidential discussion 20 between me and my lawyers. 21 Q. So you're refusing to answer that 22 question? 23 A. I'm not refusing. I'm just explaining 24 to you. If you want me to go into this, I can, but 25 you asked me at the start of the deposition not to
Page 15 1 Q. And when you say filed a lawsuit, 2 you're referring to a lawsuit that he filed on 3 behalf of Mr. and Mrs. Bruce; is that correct? 4 A. I won't characterize what he thought. 5 I'll characterize it's unjust to file a lawsuit 6 against innocent -- a party that he knew to be 7 innocent. 8 Q. But you're talking about the Bruce 9 lawsuit, correct? 10 A. I'm talking about the lawsuit against 11 Alliance Biomedical Research. 12 Q. The one that was -- 13 A. I would not characterize that he filed 14 on behalf of Bruce. Mr. Bruce did not know about 15 Alliance. 16 Q. But the entire lawsuit was filed on 17 behalf of Mr. Bruce, correct? 18 A. In the name of Mr. Bruce. 19 Q. Okay. 20 A. Not on behalf of Mr. Bruce. 21 Q. Do you think that Mr. Bruce and 22 Mr. Parham had legitimate grounds to sue Greenville 23 Pharmaceutical Research? 24 A. No, I don't. 25 Q. No?	Page 17 1 do it, but if you want, I can. 2 Q. No. That's fair. 3 MR. MANN: And I'm fine with you 4 answering. 5 BY MR. BOGDAN: 6 Q. Okay. Then answer, please. 7 A. Okay. The Greenville Pharmaceutical 8 Research cared about the gentleman in question a 9 lot, okay? 10 Q. Mr. Bruce? 11 A. Mr. Bruce. He was a good man. He was 12 misled. He was -- by his lawyers. He was misled 13 by a lot of people around him, okay, but we felt 14 very, very strongly that the man should be 15 separated from his lawyer. 16 Q. Okay. So why hasn't Greenville 17 Pharmaceutical Research sued the lawyer for abuse 18 of process? 19 A. We sued the lawyer for what he'd done, 20 which is enormous damage to the company, after -- 21 which is writing the letter not within the lawsuit, 22 okay? We're big people. We can defend ourselves 23 among the judge. As you know, we went to the jury. 24 We can defend ourselves among the jury. 25 We respect the American system of

Page 18 1 justice a lot, but when somebody tries to assault 2 our name and reputation outside of the legal system 3 that's a kick into the groin, okay? 4 So abuse of process and defamation are 5 two different things, okay? 6 Q. I understand that. 7 A. So our problem with Mr. Parham in that 8 particular lawsuit was what he did outside the 9 lawsuit, okay? He basically under the cover of 10 darkness wrote a defamation letter -- none of it 11 was true, not a thing, okay -- to our business 12 partners, okay? So we took it very, very 13 seriously, all right? And we do not think that -- 14 that falls into that abuse of process. It may go 15 into fraud, but we do not have sufficient 16 information to allege fraud. We may have a 17 discovery and we might, but at the time the 18 decision was on defamation because defamation has 19 now occurred repeatedly. 20 I have in my business and with my 21 business partners repeatedly told them what 22 Mr. Parham -- and that may be for the rest of our 23 business construction, which is an enormous 24 enterprise. I don't know if we'll get into it in 25 the deposition, but this is so complex, so dear to	Page 20 1 Research, correct? 2 A. Yes. 3 Q. You also told me that they had no 4 legitimate grounds to sue Greenville Pharmaceutical 5 Research, correct? 6 A. They did not. 7 Q. So Alliance Biomedical Research has 8 brought a suit for abuse of process because the 9 allegation is Parham & Smith had no legitimate 10 grounds to sue them, correct? 11 A. Right. Right. 12 Q. So why did not Greenville 13 Pharmaceutical Research also bring an abuse of 14 process case? I understand why they brought the 15 defamation case, which is what you answered. 16 A. Right. 17 Q. Why have they not brought an abuse of 18 process case -- 19 A. Right. 20 Q. -- if Greenville Pharmaceutical 21 Research also feels that Parham & Smith had no 22 legitimate grounds to sue them? 23 A. You ask me to play a lawyer, which I'll 24 do the best I can -- 25 Q. Okay.
Page 19 1 my heart and really the mission of my life. I have 2 to explain it to the very serious people, what 3 Mr. Parham wrote, okay? So this is going to be now 4 maybe a hundred people I have to explain what he 5 wrote and have to explain to them not only that it 6 was nonsense, how it was done and the purpose of 7 what was done, okay, rather than talking about 8 business that touches -- has an enormous name 9 recognition, such a clear name, such overwhelming 10 respect. Now I have to talk about this, okay, 11 about this allegation. Not to the judge, not to 12 the jury, but to my business partners, potential 13 associates and so forth. 14 That's why I felt that this -- now I 15 have an explanation. I'm going to fight and fight 16 for that not to stand, this type of conduct by the 17 lawyer because he could. 18 Q. Okay. I'm not sure that you answered 19 my question. I appreciate your answer, but my 20 question is -- and let me do a little prefacing 21 here. That might make it easier. 22 You told me that this lawsuit Alliance 23 Biomedical Research filed against Mr. Parham and 24 his law firm, Parham & Smith, was because they had 25 no legitimate grounds to sue Alliance Biomedical	Page 21 1 A. -- but by my education I'm a physician. 2 Q. I understand. 3 A. So maybe a misunderstanding between you 4 and me will come from me having a physician 5 background. So I'm going to explain to the best I 6 can that abuse of process is something that people 7 get sued for, okay, for ulterior purpose, okay, 8 which is Alliance, all right, which it means to 9 accomplish something not intended within that 10 lawsuit. 11 I believe that frivolous lawsuits are 12 filed all the time, as you know. They're not 13 necessarily abuse of process, okay? That is 14 allowed by our legal system, and that's what we 15 fight for, for our rights, okay? So I do not think 16 that the filing the lawsuit against Alliance -- 17 rather against Greenville Pharmaceutical Research 18 was an abuse of process. It was a frivolous 19 lawsuit, okay, but not necessarily abuse of 20 process. 21 But again, taken with a grain of salt 22 as a physician, okay? I certainly don't pretend to 23 be a lawyer or have a legal education. I'm trying 24 to just simply answer the best I can your question 25 lawyer to a doctor.

Page 22 1 Q. Okay. I understand. 2 And let me see if I'm understanding 3 this correctly, and I think I am. Greenville 4 Pharmaceutical Research felt that the lawsuit that 5 Parham & Smith filed -- and I'm going to say on 6 behalf of the Bruces, and I understand you don't 7 agree with that -- was frivolous, but was not abuse 8 of process? 9 A. I think let's separate the two 10 companies because you're mixing them together. 11 Bruce has nothing to do with Alliance. 12 Q. I'm just asking about Greenville. 13 A. Bruce has a lot to do with Greenville. 14 Before -- that's not the same, okay? Bruce did not 15 go to Mr. Parham with a case against Alliance. He 16 went to Mr. Parham to see whether anything was done 17 wrong by Greenville, okay? So I'm not mixing those 18 two cases together whatsoever. 19 Q. I understand. 20 A. Two totally different cases. 21 Q. Right. Okay. 22 A. So to be sure -- and I don't -- 23 certainly don't imply to tell what you to do at 24 your own deposition, okay, but I want you to 25 separate Greenville and Alliance questions because	Page 24 1 Alliance's eyes, but not in Greenville 2 Pharmaceutical's eyes? 3 A. Okay. Alliance has nothing to do with 4 the Bruce case. Bruce didn't know Alliance. 5 Alliance did not know Bruce. We're innocent 6 bystanders, okay? That would be the same for 7 Mr. Bruce suing any company in the upstate, okay, 8 just because he feels they have money, okay? But 9 on top of it -- on top of it, it was a frivolous 10 lawsuit against an innocent party, okay, initiated 11 by the lawyer, not by the Bruces, okay? It's 12 completely different against a frivolous lawsuit 13 where the patient may not understand, may not 14 really be explained, may have been misled. That is 15 American system of justice, okay, which is his full 16 right to do that, okay? He can file any lawsuit, 17 however frivolous it may be, okay? That is a key 18 distinction between those two. 19 Q. Do you understand what a parent company 20 is? 21 A. Yes. Of course. 22 Q. Okay. Would you agree that it would 23 not be abuse of process for someone to sue one 24 company and its parent company in the same lawsuit 25 even though the parent company didn't have any
Page 23 1 the answer may not be the same. 2 Q. I understand. 3 A. Since you're representing two different 4 entities then -- and we have a deposition on 5 Alliance and you ask a question about Greenville, 6 make sure they're separate. 7 Q. Right. 8 A. If that's a legitimate question. 9 Q. Absolutely. And I think I did that 10 with the question, but let me ask it again in case 11 I misspoke. 12 A. Okay. 13 Q. So Greenville Pharmaceutical Research 14 felt that the lawsuit that Parham & Smith filed on 15 behalf of Mr. Bruce was frivolous but not abuse of 16 process? 17 A. Yes. 18 Q. Okay. And on the other hand, Alliance 19 Biomedical Research felt that the lawsuit that 20 Parham & Smith filed on behalf of Mr. and 21 Mrs. Bruce was both frivolous and abuse of process? 22 A. That is -- sums up exactly what my 23 answer would be. Thank you. 24 Q. Okay. And why is that? Why the 25 distinction? Why is it abuse of process in	Page 25 1 direct contact with the injured person? 2 A. Yeah, sure. I'll agree with that. 3 Q. All right. So if Alliance 4 Biomedical -- and I know that the claim is that 5 Alliance Biomedical Research is not Greenville 6 Pharmaceutical Research's parent company, correct? 7 A. No. It's a different claim. 8 Q. All right. 9 A. The claim that money -- that it is not, 10 but Mr. Parham knew that it was not. That's the 11 claim. 12 Q. Let me ask you this. If Alliance 13 Biomedical Research was Greenville Pharmaceutical 14 Research parent company, would it have been okay 15 for Mr. Parham to include them in the lawsuit? 16 A. It would be not okay without 17 investigation. In fact, it would be contrary to 18 the spirit of laws in South Carolina. 19 Q. I'm asking that if in fact Alliance 20 Biomedical Research was Greenville Pharmaceutical 21 Research's parent company -- I know that it's not, 22 but let's just assume that it is -- would it have 23 been okay for Alliance Biomedical Research to be in 24 the case? 25 A. Let me answer the question as best I

Page 26 1 can, okay -- 2 Q. Okay. 3 A. -- because maybe -- let me -- 4 hypothetically any parent company would be okay to 5 be sued for the deeds of the company that it 6 owns -- 7 Q. Right. 8 A. -- whether it's Alliance or whether 9 it's a subsidiary of Google. 10 Q. Okay. 11 A. If Google owns a company, Google can be 12 sued for the deeds of the company. 13 Q. I gotcha. 14 A. Alliance would be falling into the same 15 situation, okay? 16 Q. Yes. 17 A. All right. 18 Q. That's -- 19 A. Is that fair? 20 Q. Yes. 21 A. I answered your question? 22 Q. Yes, you did. 23 A. Okay. 24 Q. And you have said repeatedly that 25 Mr. Parham and Parham & Smith did not do any	Page 28 1 There was intentional, willful misconduct on behalf 2 of Mr. Parham and Parham & Smith, okay? 3 Q. How do you know -- 4 A. So that's why they got sued. 5 Q. How do you know that? 6 A. We're going to prove it to the jury to 7 the result beyond a reasonable doubt, okay? 8 Q. Okay. 9 A. And how do I know that? 10 Q. Right. 11 A. They did not -- because the very first 12 thing when I received the intent -- do you know 13 what intent to file a lawsuit -- 14 Q. Sure. 15 A. I know you do. That's rhetorical, the 16 initial rhetorical question. It does not require 17 an answer. You're the lawyer, okay? 18 Q. Correct. 19 A. But, you know, you don't need a 20 physician to educate you on that. So that was a 21 rhetorical question. 22 Q. Okay. 23 A. Okay. Of course you do. 24 All right. The first thing that we 25 received -- when Mr. Mann received the lawsuit,
Page 27 1 investigation into whether or not Alliance 2 Biomedical Research was Greenville Pharmaceutical 3 Research's parent? 4 A. I did not say that. 5 Q. All right. 6 A. I said they did an investigation. They 7 had discovered that Alliance had nothing to do with 8 Greenville and they still proceeded with a lawsuit. 9 It's a quantitatively different thing of knowing, 10 okay -- would file intentionally knowing, okay? 11 Q. Okay. 12 A. So let's separate those two. 13 Q. Sure. 14 A. Our claim is they knowingly, willfully 15 and maliciously prosecuted an innocent company 16 knowing that they're innocent, okay, and put a 17 blind eye on repeated attempts, okay, to stop that 18 nonsense, okay? 19 Okay. They were repeatedly told that 20 we have nothing to do with this company. 21 Q. Okay. 22 A. So it's one thing to do it by mistake. 23 It was not a mistake, okay? 24 Q. Okay. 25 A. People make mistakes. That was not.	Page 29 1 okay, we had asked Mr. Ashby -- I don't know if you 2 know him. 3 Q. Ashby Davis? 4 A. Ashby Davis, right. Mr. Ashby Davis to 5 relay a message to Mr. Parham that we have nothing 6 to do with that. We will produce every document 7 that he requested or will request to show him that 8 we have nothing to do with that, okay? We have 9 asked him to come and review any record that he 10 wants to review. We have asked him to talk to our 11 accountants and produce any accounting information 12 demonstrating that this company has no ownership or 13 anything to do with that. It has a different 14 ownership, okay? 15 All right. He took it under 16 advisement. Next we know, he filed a lawsuit 17 against Alliance. Not come to talk to our 18 accountant. Not come to look through the records. 19 Not requesting any records. Which we said, any 20 record that you want, we will give it to you. He 21 done none of that. The next thing he does, he 22 filed a lawsuit. 23 After the lawsuit was filed we 24 immediately responded with the same approach. We 25 have nothing to do with that. We don't know who

Page 30 1 Mr. Bruce is. We have nothing to do with 2 Greenville Pharmaceutical Research. Our company 3 absolutely has just a commonality in ownership and 4 not even complete commonality. Some commonality, 5 okay? Please drop the lawsuit, okay? No. 6 Okay. Later on it became apparent that 7 there was a scheme and Mr. Parham, God bless his 8 soul, okay, and his company, okay, is now sued for 9 doing tremendous damage to an innocent bystander, 10 okay, that has aspirations, that has a right to 11 conduct their own business, that has a right to 12 create what we do, which is enormous good will in 13 our business community in the upstate, and he 14 crushed all of that and that's why he's in a 15 lawsuit and his firm is in a lawsuit as an 16 accomplice. 17 Q. Okay. 18 A. Does that answer your question? 19 Q. Yes. And I'm going to ask a follow-up 20 question now. You told me that Mr. Parham did some 21 investigation and that he determined that 22 Alliance -- and I'm just going to call it Alliance. 23 Is that okay? 24 A. That'll be fine. 25 Q. That's Alliance Biomedical Research	Page 32 1 behind closed doors? I mean, they could have 2 gone -- they could have done their own independent 3 research and somehow determined that, well, I think 4 there's a reasonable basis to allege that Alliance 5 is Greenville's parent company. 6 A. Fair enough. We will conduct that 7 investigation. 8 Q. Okay. 9 A. We do not have a judge order, I don't 10 believe. Milton is not here. Maybe you know. Do 11 we have a judge order that's scheduling 12 depositions, things like that? 13 Q. We're free to do that whenever we want 14 to. That's why I'm here taking yours. 15 A. That's right. So we will absolutely 16 take the deposition. 17 Q. Okay. 18 A. But it is our firm belief on the basis 19 of what we know that it was an intentional scheme 20 and it is supported by Mr. Parham's conduct and his 21 firm. 22 Q. Okay. 23 A. So we most certainly would like to hear 24 an explanation, okay, and we will most certainly 25 take the deposition of everybody involved, but from
Page 31 1 Group, the plaintiff in this case. 2 A. Why don't we agree that we're going to 3 call it Alliance. 4 Q. And I know down the road there's going 5 to be some other companies. 6 A. Can I interrupt and return a page? 7 MR. BOGDAN: Yes. Off the record. 8 (Off-the-record conference.) 9 BY MR. BOGDAN: 10 Q. All right. So you told me that -- and 11 correct me if I'm wrong, that Parham & Smith did an 12 investigation and determined that Alliance was not 13 Greenville Pharmaceutical Research's parent company 14 but sued Alliance anyway? 15 A. Yes. 16 Q. But then when you went through the 17 response you told me about what Parham & Smith and 18 Mr. Parham did not do. You said they didn't 19 request the records, they didn't come talk to you, 20 they didn't come talk to the accountants. So what 21 did they do? 22 A. Nothing. They created a scheme to 23 pressure Alliance into essentially an extortion 24 scheme. That's what they created. 25 Q. Well, how do you know what they did	Page 33 1 what we know today, the extortion is not in doubt 2 in our mind. Both extrajudicial and likely 3 investigation, as you know, very much supports the 4 contention that it was a scheme. 5 Q. Well, I don't know that. 6 A. Well, you -- it's not your deposition. 7 It's my -- 8 Q. Right. But you said as I know, and I'm 9 just going to clarify for the record that that's 10 not what I believe at all. 11 A. Well, you may disagree with it -- 12 Q. Sure. 13 A. -- but that doesn't mean that I'm not 14 entitled to that opinion. And you know that. 15 Q. You absolutely are. 16 A. It certainly came from my mouth, not 17 yours. 18 Q. I understand. 19 A. You don't need to defend something that 20 I say. 21 Q. You can say whatever you want in your 22 deposition, sir. 23 A. Exactly. 24 Q. All right. I'm going to back up now. 25 We've kind of got a good overview of what we're

Page 34 1 doing here and I'm going to back up. We're going 2 to talk about some details later on, but I want to 3 first talk about yourself. What -- 4 A. I don't know how good it was, but I'm 5 here to answer to the fullest and if sometimes I 6 don't then, as as you would, probe me more. 7 Q. I certainly will. 8 A. Because I have nothing to hide. 9 Q. I understand that. 10 Tell me about yourself. Where were you 11 born? Where were you raised? Tell me about your 12 medical training. Give me the story of 13 Dr. Feldman. 14 A. Well, that would require probably an 15 unauthorized biography, but -- 16 Q. Give me the shortest version that you 17 can. 18 A.. Give me a second. I'm going off the 19 record. 20 (Off-the-record conference.) 21 BY MR. BOGDAN: 22 Q. I wanted the story of Dr. Feldman as 23 quick as you can do it. And they're going to get 24 me a copy of your CV, so I don't think we need the 25 details of your medical training.	Page 35 1 A. I'll give you the official version. I 2 was born in Moscow, which at the time was the 3 Soviet Union, and I finished medical school back in 4 the USSR, which was in 1973. I entered medical 5 school in 1979. I finished medical school. I came 6 to the United States in 1981, which is a totally 7 different story. If you're interested you ask me a 8 question. Otherwise, I'll skip that. After I 9 finished my residency at New Jersey, which was 10 Seton Hall University, St. Elizabeth Hospital, then 11 I have -- there was -- I finished in '88 and then I 12 moved to New Hampshire which is where I finished my 13 residency and fellowship in pulmonary and critical 14 care medicine. That was between '88 and 1992 at 15 Dartmouth-Hitchcock Medical Center, 16 Dartmouth-Hitchcock Medical School, and from 17 Dartmouth I came to the upstate in 1992 where I was 18 in lung and chest private practice -- the name of 19 the group was Lung & Chest -- since 1992 to year 20 2000. Since year 2000 I was on my own. I have 21 founded Upstate Lung & Critical Care Specialists, 22 PC, which is where you are today. I have been with 23 that group for that many years. It was just me. 24 Now we have ten physicians and three nurse 25 practitioners and PA providers, and we also do a	Page 36 1 lot of -- when I say we, not -- Upstate Lung has 2 nothing to do with it, but we as in many of our 3 physicians, myself including, are involved very 4 much in international level of world class 5 pharmaceutical research. 6 Q. Since you invited me to ask, why did 7 you come to the United States? 8 A. Well, my dad was actually a political 9 prisoner back in Russia under Stalin. He spent 10 16 years in Gulag in Siberia. And I was raised to 11 get out. The reason my family could not get out, 12 because first of all, it was the Soviet Union. 13 Second, my dad was a super secret scientist in a 14 military program and he wasn't really -- never 15 could leave Moscow, never mind the country. But my 16 dad was 20 years older than my mom and he died. I 17 was 20 when he died and at the time there was winds 18 of change and people started trickling out of the 19 Soviet Union and I fulfilled my dad's dream to come 20 to the United States. And I was raised to do that. 21 Q. And how did you get -- I believe you 22 went from Dartmouth to this area, correct? 23 A. To Spartanburg. 24 Q. To Spartanburg? 25 A. Yes.	Page 37 1 Q. How did that happen? How did you get 2 here to Spartanburg? 3 A. Well, there's a -- usually the process 4 is people are looking for -- there's a job and 5 there's some physician looking for the part. In my 6 particular case, I'm an interventional 7 bronchoscopist. Interventional bronchoscopists are 8 very rare today, but it did not exist back when I 9 was -- there was very few of us. I trained in 10 Spain to do that. And Spartanburg Regional Medical 11 Center had equipment that I needed. And for me 12 there was really a reason, okay, because it was 13 equipment that I wanted, I needed, and incidentally 14 although nobody was using it they had this -- what 15 would be required for me to do what I love to do. 16 That was the reason. 17 In addition, of course Spartanburg is a 18 major tertiary center and the highly trained 19 pulmonologist that I was, that was very attractive. 20 And we wanted to be in the Carolinas as well. And 21 coming from New Hampshire, it was not necessarily 22 weather related, but I can't discount the weather. 23 Q. Well, it had to be cold in Moscow, 24 right? 25 A. True, but by then I was in Houston,

Page 38 1 Texas and it was not an immediate transition from 2 Moscow to Spartanburg. 3 Q. You like the warm weather? 4 A. Well, I don't know who likes the cold 5 weather, but -- 6 Q. You'd be surprised. 7 A. Maybe. 8 Q. There are people out there. 9 A. Maybe. But the major reason was 10 professional. 11 Q. Okay. Do you have any legal education? 12 A. I feel like I do, but I don't. I have 13 absolutely never went to school, but if somebody 14 can say they have a hobby, I'm interested in the 15 legal issues as a hobby, and history. 16 Q. Have you attended any seminars or 17 continuing medical education courses that talk -- 18 touch on legal subjects? 19 A. No, I did not. 20 MR. MANN: Off the record for a minute. 21 (Off-the-record conference.) 22 BY MR. BOGDAN: 23 Q. All right. We've talked about -- 24 there's a lot of different companies, I believe, 25 that you are a partial owner of. Is that fair to	Page 40 1 more -- there's not another version that has those 2 listed, is there? 3 A. Well, there's another version fairly 4 recently, but the substance of that would be only 5 what I authored, and that may be four or five extra 6 articles being added. If you want a more recent 7 version I can get it before the deposition is over. 8 (Off-the-record conference.) 9 MR. MANN: I will represent that is his 10 current CV. 11 THE WITNESS: I can tell you that since 12 January I wrote another four or five. 13 BY MR. BOGDAN: 14 Q. That's fair. Okay. 15 I had asked you a question a little bit 16 ago, and we went off the record and had some 17 explanation. The question I asked you was to give 18 me a list of all of the companies that you have 19 either ownership or management or some other sort 20 of interest in. We went off the record and you 21 told me that -- and Mr. Mann told me that there's a 22 lot of those companies, 20 plus companies, correct? 23 A. Yes. 24 Q. So what we're going to do is we're 25 going to get a list of those companies printed out
Page 39 1 say? 2 A. Yes. 3 Q. Okay. Tell me about all the companies, 4 and we'll start by just listing them, that you have 5 either ownership interest or management interest or 6 some other sort of interest in. 7 A. Okay. Well, let's start with Upstate 8 Lung & Critical Care. 9 MR. MANN: Jeff, hold on. We can make 10 this a lot quicker. 11 (Off-the-record conference.) 12 (DFT. EXH. 1, Curriculum Vitae, was 13 marked for identification.) 14 BY MR. BOGDAN: 15 Q. Dr. Feldman, as a housekeeping matter, 16 I've marked as Exhibit 1 to your deposition a 17 current copy of your -- what I believe to be a 18 current copy of your CV. Can you look at that and 19 just tell me if that is indeed current. 20 A. Well, it is marked 1/27/15, which is 21 January. Since then, that time, there will be 22 several articles that I wrote and authored, of 23 course, but nothing really substantial. It will be 24 on the medical journals. Fair enough? 25 Q. Sure. That's fair. And there's no	Page 41 1 and we're going to mark it as Exhibit 2 to your 2 deposition. 3 A. Okay. 4 MR. MANN: And, Jeff, if I may speak 5 quickly, given that the document that I just have 6 provided to you has ownership interests of 7 individuals that are not a party to this litigation 8 I would request that that information be 9 confidential and can be used within the purposes of 10 the litigation. 11 MR. BOGDAN: Absolutely. 12 MR. BOGDAN: So we now have a copy of a 13 list of companies that you have ownership interest 14 in and we're going to mark this as Exhibit 2. 15 (DFT. EXH. 2, List of companies Dr. 16 Feldman has ownership interest in, was marked for 17 identification.) 18 BY MR. BOGDAN: 19 Q. And I'm not going to ask you about 20 every single one of these companies, but I am going 21 to ask you about a few of them. 22 A. You can ask me any questions as you 23 please. 24 Q. Thank you. 25 We're going to start with Alliance

Page 42	Page 44
1 Biomedical Research. 2 A. Absolutely. 3 Q. That's the plaintiff in this lawsuit. 4 That's why we're here today. 5 You've already told me the five 6 owners -- five members of Alliance Biomedical 7 Research, LLC, are yourself -- 8 A. Yes. 9 Q. -- Dr. Feldman, Dr. -- it's Boscia, 10 right? 11 A. Boscia, B-O-S-C-I-A. 12 Q. Dr. Boscia. 13 A. She pronounces it Boscia. 14 Q. Steve Clemmons? 15 A. Yes. 16 Q. Anna Buice? 17 A. Buice. 18 Q. And Haley Williams, correct? 19 A. Correct. 20 Q. And each one of those individuals owns 21 20 percent interest in the LLC, correct? 22 A. That is correct. 23 Q. All right. How many employees does 24 Alliance Biomedical Research, LLC, have? 25 A. Alliance Biomedical has -- the reason	1 MR. BOGDAN: Yeah. 2 (Off-the-record conference.) 3 BY MR. BOGDAN: 4 Q. You've told me that to your knowledge 5 Alliance Biomedical Research, LLC, has two 6 employees. That would be Holly Mann and Milton 7 Mann? 8 A. Directly. You asked me to whom we 9 write checks. 10 Q. Correct. 11 A. But with subsidiaries, research 12 companies, there's other employees. 13 Q. Right. I understand. But Alliance 14 Biomedical Research, two direct employees? 15 A. Right. 16 Q. And those are -- and one of them is an 17 attorney, Milton Mann, correct? 18 A. Correct. 19 Q. And Holly Mann is a paralegal? 20 A. She's a paralegal. 21 Q. Does Alliance Biomedical Research have 22 outside counsel? 23 A. I don't know whether Holly Mann is a 24 paralegal or not, by the way. I don't know if -- 25 Q. You don't know what she is, but she
Page 43	Page 45
1 I'm hesitating is because Alliance Biomedical maybe 2 only has a legal department because the rest of the 3 employees -- Alliance Biomedical Research owns the 4 companies and those are directly employed not by 5 Alliance but by the companies. 6 Q. But its subsidiary companies? Alliance 7 Biomedical Research, LLC, is a parent company for 8 some companies? 9 A. Yes, but there are some other owners. 10 We may not own them outright, so it's difficult, 11 but if I were to guess an approximate number there 12 would be about 12. 13 Q. Okay. I want -- and are these the ones 14 that are including the other companies or just -- 15 A. No, no. We're talking about Alliance. 16 Q. Right. How many people does Alliance 17 Biomedical Research employ? How many people does 18 it write paychecks to? 19 A. Write paychecks to? 20 Q. Right. 21 A. At the moment there are two, which are 22 the legal department, Holly Mann and Milton Mann. 23 And Holly Mann and Milton Mann are not related. 24 MR. MANN: Jeff, can we go off the 25 record for a little bit?	1 works for the company? 2 A. She works for the company. 3 Q. She's not a lawyer, correct? 4 A. No. 5 Q. Law clerk? Yes? 6 A. Law clerk. I mean, that's fair enough. 7 Q. What does Alliance Biomedical Research 8 do? What is the business of Alliance Biomedical 9 Research? 10 A. Now you're asking a very, very, very 11 complex question and I'm going to ask you to hold 12 off if it's not sufficient. Alliance Biomedical 13 Research's stated mission, okay, is to educate and 14 create research sites outside of South Carolina, 15 okay? 16 Q. Okay. 17 A. However, the mission has changed -- not 18 changed. I mean, it was my lifelong mission, but 19 also to unite all the companies together into a 20 worldwide and United States nationwide company with 21 the purpose of consulting, with the purpose of 22 creating business enterprises with academia, with 23 the hospitals and so forth because we have an 24 enormous expertise, a unique expertise. So our 25 business model is to partner with people who do not

Page 46 1 have expertise, okay? And that's what we are 2 moving toward, creation of that enterprise. We 3 have been for a while, okay, that -- which is what 4 my mission is. But for us, we needed to create a 5 sense of excellence, okay, outside of South 6 Carolina to demonstrate our capacity to the 7 potential business partners, to the pharmaceutical 8 industry, to the industries that support the 9 pharmaceutical industry and to parlay our enormous 10 expertise we have accumulated into a 11 internationally recognized company, which is what 12 the stated mission of Alliance Biomedical Research 13 is. 14 Q. What is the expertise that Alliance 15 Biomedical Research has? 16 A. It will be no different than to explain 17 it in terms of what McDonald's has. It's a unique 18 expertise. 19 Q. Okay. 20 A. You can open a burger shop, but you 21 can't open a McDonald's. Same with Alliance. We 22 are premier people in the face of the industry that 23 has not only outstanding recognition and an 24 outstanding track record, but we're the only people 25 that are capable -- the only people we know of that	Page 48 1 A. We do not. 2 Q. Okay. Instead it has ownership 3 interest in other companies that do perform 4 pharmaceutical research, correct? 5 A. Yeah. There's different steps, but we 6 also have a tremendous expertise in the consulting 7 of other people in how to do that. 8 Q. Okay. 9 A. So it's a -- when I say other people, 10 it can range from doctors, sponsors, global 11 enterprises and so forth. This is a type of 12 knowledge which will be indeed comparable of 13 Starbucks or McDonald's in the food industry. It 14 is not a coffee shop. It's knowledge of how to 15 create a network. 16 Q. So me being a lawyer, it won't make 17 much sense, but let's just assume that I wanted to 18 open up a pharmaceutical research company. I could 19 come to Alliance Biomedical Research and get 20 assistance and advice in getting my company running 21 and off the ground? Is that something that works? 22 A. Yeah, conceivably, simplistically you 23 can. Whether we partner with you or not will 24 depend on many different circumstances. 25 Q. Absolutely.
Page 47 1 are capable of creating a network. Not a burger 2 shop, but McDonald's. Anywhere we want to go, 3 okay, we have the capacity to create a network. 4 So let me explain it to you in probably 5 the same example. Anybody can open a burger shop 6 or a store shop. Not anybody can open Walmart or 7 McDonald's. That's the kind of expertise that we 8 have. 9 Q. Well, you don't make cheeseburgers? 10 A. We're making a far more complex 11 product, but in an example of a network -- I'm 12 trying to explain it's not a burger shop, it's a 13 network -- expertise of how to create a network. 14 It's far, far more complex than just opening a 15 research site. 16 Q. Okay. A network of what? 17 A. Research sites that are capable to 18 conduct a trial across very, very, very many 19 different landscapes and different places as a 20 unit, okay? That quantitatively has not been done 21 before, okay? No such thing exists. That is what 22 our expertise is. 23 Q. Okay. So Alliance Biomedical Research 24 does not actually perform pharmaceutical research, 25 correct?	Page 49 1 A. But conceivably you can. 2 Q. Are those the type -- how does Alliance 3 Biomedical Research make money? 4 A. Alliance Biomedical Research is 5 creating companies that make money that we have 6 ownership in, but our goal -- and, again, this is 7 confidential, right, that you ask me my intimate 8 business questions? 9 Q. Absolutely. Everything we say in here 10 is confidential. It will not leave this 11 litigation. 12 A. Well, our goal is creating a Wall 13 Street company. So intellectual knowledge, okay? 14 It would be similar documented knowledge of Google 15 who was in debt, okay, before they became Google. 16 We invest a lot into the intellectual property and 17 the training and so forth, but our strategy is 18 creation of a company that is very, very large. 19 And that is our strategy not for tomorrow, but for 20 today. That's what we're doing. 21 MR. MANN: Jeff, can we take a real 22 quick break? 23 MR. BOGDAN: Sure. 24 (A recess transpired.) 25 BY MR. BOGDAN:

Page 50 1 Q. We took a quick break, Dr. Feldman, and 2 right before we came back you said you were 3 concerned about Exhibit 2 being marked and that it 4 could be disbursed to people. We've already put an 5 agreement on the record. This is confidential. 6 It's staying within the confines of this 7 litigation. Nobody is getting a copy of it. 8 A. But my deposition, is it public record? 9 Q. It will not be public record, no, sir. 10 A. Okay. Then we're fine. 11 Q. Portions of it may be filed in 12 connection with a summary judgment motion, but 13 we'll deal with that with your lawyer at the time. 14 MR. MANN: Exactly. 15 BY MR. BOGDAN: 16 Q. It certainly will not -- not everybody 17 will be able to go find your deposition. 18 A. If I have another deposition and 19 somebody asked me a question, what lawsuits have 20 you been involved in, and somebody will write a 21 request for you subpoenaing my deposition, how will 22 that work? 23 Q. I'm sorry? 24 A. If somebody will subpoena your law firm 25 for my deposition --	Page 52 1 Research makes money? 2 A. I just explained it to you. Alliance 3 Biomedical Research makes money a double way. 4 First of all, it is creating a company that makes 5 money. Alliance Biomedical Research owns those 6 companies. The second is we're building 7 intellectual property with our business plan to 8 parlay it into quite a significant business plan. 9 Q. But that hasn't made any money yet, the 10 second part? 11 A. The second part is -- if you are 12 talking about taking it to Wall Street, no, but 13 it's in plan. 14 Q. It's in plan, but as of today -- 15 A. As of today, it hasn't happened yet. 16 Q. -- it has not made any money for 17 Alliance Biomedical Research, correct? 18 A. As of today it didn't happen yet. 19 We're moving in that direction. 20 Q. So as of today, Alliance Biomedical 21 Research make money through companies that it owns? 22 A. Yes. 23 Q. And what companies does it own? 24 A. It owns several companies. One is 25 Duluth Biomedical Research, Duluth, Georgia. One
Page 51 1 Q. Right. 2 A. -- you will have to comply with the 3 subpoena? 4 Q. We have to comply with subpoenas. 5 A. Well, then it means that I have 6 outlined my business plans for our competitor. 7 Q. Well, your competitor will not be able 8 to ask us for -- 9 MR. BOGDAN: Go off the record. 10 (Off-the-record conference.) 11 BY MR. BOGDAN: 12 Q. Dr. Feldman, before we took a short 13 break I was asking you some specific questions 14 about Alliance Biomedical Research, LLC, about its 15 business and how it operates and its employees, and 16 you gave me some answers, but I understand that you 17 might not be the best person to answer those 18 questions. Do you think that's fair? 19 A. I don't know. About the strategy I am. 20 Q. Okay. About strategy, but about the 21 nitty gritty details there might be other people 22 better able to answer those questions? 23 A. It depends on what you mean by nitty 24 gritty. 25 Q. Do you know how Alliance Biomedical	Page 53 1 is Hendersonville Pharmaceutical Research, which is 2 in Hendersonville, North Carolina. And the other 3 company is Rock Hill Pharmaceutical Research. I 4 made a mistake in how Rock Hill is spelled, but 5 it's biomedical research, but the company is Rock 6 Hill. 7 Q. Okay. And Alliance Biomedical Research 8 makes money only if those companies make money, 9 correct? 10 A. You're talking about for the last 11 quarter or for the next quarter? 12 Q. Up until today. 13 A. Up until today, yes. 14 Q. And Hendersonville Pharmaceutical 15 Research and Duluth Biomedical Research, these are 16 pharmaceutical research companies? 17 A. Correct. 18 Q. I know they're different than 19 Greenville Pharmaceutical Research, but do they do 20 the same thing that Greenville Pharmaceutical 21 Research does? 22 A. Yes. 23 Q. But Alliance Biomedical Research does 24 not own any part of Greenville Pharmaceutical 25 Research?

Page 54 1 A. Does not. Never leave. 2 Q. All right. 3 Do you know what Alliance Biomedical 4 Group International, LLC, is? 5 A. Yes. 6 Q. Okay. What is that company? 7 A. This is a company that concerns itself 8 with expertise in Europe. 9 Q. Okay. So is it similar to Alliance 10 Biomedical Research, LLC, which is in the United 11 States, but Alliance Biomedical Research Group 12 International is in Europe? 13 A. Yes. 14 Q. How about Alliance Biomedical Group 15 USA, Incorporated? 16 A. Alliance Biomedical Group USA has only 17 one mission. It provides its services to S 18 Carolina Pharmaceutical Research. 19 Q. Okay. Which is -- you pointed out the 20 window. It's across the street from where we are? 21 A. Yes. 22 Q. And where we are right now is the 23 Upstate Lung & Critical Care office building, 24 correct? 25 A. Yes.	Page 56 1 the lung cancer would have been diagnosed earlier 2 he would have a better outcome. 3 Q. Okay. And the allegation was that 4 Greenville Pharmaceutical Research had an 5 opportunity to detect that cancer in its early 6 stage and it failed to do so? That's the 7 allegation? I'm not saying that's what happened, 8 but is that your understanding? 9 A. Yeah. I'm trying to remember whether 10 there was any physician -- you understand that 11 building doesn't treat people? 12 Q. I understand. 13 A. Right. So I'm trying to remember was 14 there any physician -- I don't believe any medical 15 provider was named. I believe only the building 16 was named. 17 Q. I believe you're correct. 18 A. Am I correct? 19 Q. As far as I know. 20 A. Okay. 21 Q. So is that your understanding of the 22 allegation against Greenville Pharmaceutical 23 Research, that its employees or its personnel had 24 an opportunity to detect Mr. Bruce's cancer at an 25 early stage, but failed to do so?
Page 55 1 MR. MANN: Angie, off the record a 2 second. 3 (Off-the-record conference.) 4 BY MR. BOGDAN: 5 Q. I want to talk about the lawsuit that 6 was Mr. and Mrs. Bruce versus Greenville 7 Pharmaceutical Research, Alliance Biomedical 8 Research, and I believe it was North Hills Medical 9 Center; is that correct? 10 A. Sounds correct. 11 Q. Okay. We've talked about that lawsuit 12 a little bit already. You remember that lawsuit, 13 correct? 14 A. I do. 15 Q. And just for ease of this deposition, 16 I'm going to call it the Bruce lawsuit. Do you 17 understand what I'm talking about? 18 A. Yes. 19 Q. Okay. So tell me what your 20 understanding of what the Bruce lawsuit was. What 21 were the allegations? What was the -- what was the 22 alleged injury that happened? Why did the lawsuit 23 occur? 24 A. The allegation was that Mr. Bruce has 25 been diagnosed with lung cancer late and that if	Page 57 1 A. Let me characterize. Maybe you know 2 better than I because I don't have the lawsuit in 3 front of me. Employees, secretaries and so forth, 4 they don't have a medical license. 5 Q. Right. 6 A. So I'm not -- I'm not really sure how 7 somebody can fail to diagnose something not being a 8 medical physician. I'm confused by that. So I'm 9 not -- I don't have the lawsuit in front of me, but 10 I don't believe any physician, nurse practitioner, 11 anybody was named. 12 Q. Right. 13 A. So how is it -- I mean, was it the 14 secretary committed malpractice? What was alleged? 15 Q. I'm asking you what your understanding 16 of the allegations were against -- 17 A. And I don't have an understanding. 18 Q. Okay. And if you don't have an 19 understanding then that's fine. You just have -- 20 A. Because I don't know -- I fail to 21 understand how somebody can be sued for medical 22 malpractice not being -- practicing medicine. 23 You're a lawyer and made a rhetorical question. 24 You understand a secretary cannot practice 25 medicine.

Page 58 1 Q. I certainly do. 2 A. Well, then that's why I don't 3 understand what the lawsuit was alleging. 4 Q. What if it just alleged negligence? 5 A. I haven't been sued for negligence, as 6 far as I know. 7 Q. Well, has Greenville Pharmaceutical 8 Research? 9 A. No. Nobody ever alleged negligence of 10 anyone. 11 Q. Who represented Greenville 12 Pharmaceutical Research in the Bruce litigation? 13 A. Ashby Davis. 14 Q. Ashby Davis. And who paid for that? 15 A. For Ashby Davis? We did not pay for 16 that. 17 Q. Did the insurance company pay for that? 18 A. Yes. 19 MR. MANN: Mag Mutual. 20 THE WITNESS: Mag Mutual Insurance. 21 BY MR. BOGDAN: 22 Q. And Alliance Biomedical Research was 23 also a defendant in that, in the Bruce litigation, 24 correct? 25 A. It was named as a defendant.	Page 60 1 Pharmaceutical Research? 2 A. It did not. 3 Q. Alliance Biomedical Research was 4 dismissed from the Bruce litigation, correct? 5 A. Eventually it was. 6 Q. And how much did it pay to get it 7 dismissed? 8 A. Alliance Biomedical Research refused. 9 We were dismissed with prejudice. 10 Q. You paid zero dollars? 11 A. We paid zero. 12 Q. Okay. How long was Alliance in the 13 Bruce litigation? 14 A. For nine months. 15 Q. Nine months? 16 A. And four months prelitigation. 17 Q. Okay. Tell me about what efforts 18 Alliance had to take to defend itself in the Bruce 19 litigation. 20 A. Let me emphasize, because it's 21 important, prelitigation. Why it is important? 22 There was a key time for Alliance that has to put 23 on hold multiple, multiple business opportunities, 24 okay? We simply basically had to shelf, okay? 25 Q. Had to what?
Page 59 1 Q. And who paid for -- who represented 2 Alliance Biomedical Research? 3 A. Mr. Mann. 4 Q. Okay. And who paid for that 5 representation? 6 A. Us. 7 Q. When you say -- who is us? 8 A. Me and Alliance. We agreed us, 9 Alliance, means Alliance. 10 Q. Okay. 11 A. I mean, let's stipulate Alliance is 12 Alliance. So that's -- when I say us, I mean 13 Alliance. 14 Q. All right. 15 A. That's who I represent today. 16 Q. That's fine. Sometimes when you say us 17 it means different things so I might ask you to 18 clarify that. 19 A. Sure, but for purposes of the 20 deposition I represent Alliance. 21 Q. So Alliance Biomedical Research paid 22 for Mr. Mann to defend it in the Bruce litigation? 23 A. Yes, we have. 24 Q. But Alliance Biomedical Research did 25 not pay for the defense of Greenville	Page 61 1 A. Shelf. Shelf. 2 It was a critical, critical time. 3 There has never been a more critical time in the 4 life of Alliance Biomedical Research when the 5 lawsuit was filed. Therefore, I based my finger 6 pointing at Parham at the inception when we have 7 received this outrageous allegation and had 8 responded practically with a week, maybe within a 9 day because it was so important, okay? So that is 10 where my finger pointing starts at Mr. Parham and 11 his firm. Week or ten, maybe two, maybe months, 12 okay? So we received it in July. In August it 13 should have been stopped. It has not, okay? So it 14 has been dragging on for nine to ten months putting 15 our most ambitious plans on hold, okay? That's 16 what this lawsuit seeks to address. No more. 17 Number two, it seeks to address 18 continuous damage for what has occurred. This is 19 my life dream that was put on hold, the aspirations 20 of many, many people that are working tirelessly 21 day and night to bring it to something that perhaps 22 a research group has never seen before, okay? This 23 is what this lawsuit is all about really, okay? 24 As far as my personal expenses, I 25 estimate about 150 hours. How much I make I will

Page 62 1 leave it to the experts because I really don't 2 know, okay? I'm probably very successful at what I 3 do, but how to quantify that -- I'm not even going 4 to try, okay? Our legal expenses we'll produce in 5 due time because, again, this is not my strength. 6 I don't know, but it was a lot of back and forth 7 hours being spent to defend that lawsuit. 8 Q. Okay. 9 A. Now, I believe I'm answering your 10 question, what your damages are. I may have 11 misread your question. 12 Q. That's what I was about to say. 13 A. I'm telling you that because I may have 14 understood you incorrectly, all right? You're 15 asking about what kind of damages we're claiming, 16 right? 17 Q. I haven't asked that yet. I think 18 that's what you answered. I'm going to get to it 19 later. I want to know what Alliance -- what 20 efforts did it take to defend itself in the Bruce 21 litigation. What did it have to do? 22 A. It has to spend time, money, energy, 23 and it has to go through the legal process at the 24 mercy of Mr. Parham with multiple depositions of 25 our members and he probably would be in many	Page 64 1 Q. That's fine. 2 A. Let me count. Ben Karzai, Susie Cross, 3 David Feldman, Emily Feldman. That's four. And 4 maybe there was somebody else. Yeah, Brianna. I 5 forgot Brianna's name. There was five and -- there 6 was seven. 7 Q. So those five that you just named and 8 Milton and Holly? 9 A. Uh-huh. 10 Q. Is that a yes? 11 A. At the time there were seven employees. 12 Q. What did all those people do? I know 13 what Milton and Holly do. What did the other five 14 people do for Alliance? 15 A. Same business plan as I just outlined. 16 Q. What did each -- 17 A. Organize the network, develop 18 intellectual property, developing expertise and 19 organizing companies. Including Duluth 20 Pharmaceutical Research, including Hendersonville 21 Pharmaceutical Research. All of that, that's what 22 the people were trained for. 23 Q. When did Alliance streamline down to 24 two employees from the seven that it had 25 approximately?
Page 63 1 lawsuits. This is one of the worst things that can 2 happen to the company. In our particular situation 3 it happened at the worst possible time imaginable 4 or we would not be sitting here today. We would 5 probably sitting in probably downtown New York in 6 Alliance offices. 7 Q. Okay. And -- 8 A. If not for that. 9 Q. All right. That's back to damages, 10 which I'm going to get to in a second. I want to 11 talk back to the efforts that Alliance had to take 12 to defend itself. 13 A. I just explained it to you. 14 Q. Now, Alliance has two employees, 15 correct? Two direct employees? 16 A. Well, at the time we had six, but now 17 we have two. And the reason now we have two again 18 goes into the business plan, okay? Because now all 19 those companies are going to be united. 20 Q. All right. Well, let me get back to -- 21 tell me about the six employees that it had. And 22 then what's the time period here? When did it have 23 six employees? 24 A. Approximately six. I'm not sure. I 25 can name people.	Page 65 1 A. About maybe 2012. 2 Q. Okay. Why did it do that? 3 A. Change in business plan. 4 Q. Okay. It had nothing to do with the 5 Bruce litigation, did it? 6 A. No. 7 Q. So you had these five people who were 8 Alliance employees and their scope of employment 9 was to advance Alliance's grand business plan, 10 correct? 11 A. Yes. 12 Q. And then you had Milton and Holly who 13 were the legal department, correct? 14 A. They are the legal department. 15 Q. Okay. So when you get into the Bruce 16 litigation did the five employees who we just 17 talked about -- did they have anything to do with 18 defending Alliance in the Bruce litigation? 19 You can answer it. 20 MR. MANN: Off the record. 21 (Off-the-record conference.) 22 BY MR. BOGDAN: 23 Q. The other five employees who you just 24 named, not including Milton and Holly, did any of 25 those five employees have to focus their efforts on

Page 66 1 defending Alliance in the Bruce litigation? 2 A. They did not. 3 Q. They did not. 4 Milton and Holly handled the Bruce 5 litigation on behalf of Alliance, correct? 6 A. Them and five of us. 7 Q. And the five members? 8 A. Yes. 9 Q. Okay. What did the five members have 10 to do to defend Alliance? 11 A. Each one of us had to have a 12 deposition. 13 Q. Each one of the five members was 14 deposed? 15 A. Four were deposed. 16 Q. Four were deposed? 17 A. Right. We had to have a lot of 18 preparation for those depositions. I don't want to 19 get into what's confidential, but since Milton says 20 it's okay I'll say that we had multiple board 21 meetings on that subject, how to handle not just 22 the lawsuit itself, but what we had to do with our 23 business model because it was put to a screeching 24 halt. 25 Q. Okay. Why was it put to a screeching	Page 68 1 Q. What is Anderson Pharmaceutical 2 Research? 3 A. Anderson Pharmaceutical Research is a 4 company that conducts a similar business as 5 Greenville Pharmaceutical Research. In fact, we 6 abandoned the project as Alliance. Greenville 7 eventually did it, but we abandoned it. 8 Q. Did the members keep logs of the amount 9 of time that they expended dealing with the Bruce 10 litigation? 11 A. I do, yes. Me personally. 12 Q. Okay. Did the other members? 13 A. I'm not sure. 14 Q. Do you still have those logs of time? 15 A. I have numerous e-mails. 16 Q. Okay. Tell me how you kept track of 17 your time spent on the Bruce litigation. 18 A. By e-mails. 19 Q. Okay. E-mails -- 20 A. They have times. 21 Q. E-mails to whom? 22 A. To Ashby and other members of Alliance. 23 Q. Okay. Why were you e-mailing Ashby? 24 A. Because at the time it was 25 confidential. And it's not now, but at the time
Page 67 1 halt? 2 A. You cannot partner with people that 3 you're selling -- and when I say selling, quote, 4 unquote, a business model, okay, when somebody is 5 suing you. It's not possible. In our business 6 it's not possible. Even today it's a huge stain on 7 the business because it is not possible to be sued 8 in this business for medical malpractice when you 9 don't practice medicine. So no physician would 10 even be in the same room with you. 11 Q. So it wasn't that the plan had to be 12 put on halt because everybody was too busy dealing 13 with the Bruce litigation, it was just because the 14 Bruce litigation was out there? 15 A. Yes. 16 Q. And what exactly was it that had to be 17 put on halt? You said that people wouldn't partner 18 with you if you were involved in the litigation. 19 Who are these people? 20 A. First of all, it was a self center. We 21 would not go and do what we do. Second of all, we 22 had to put on halt a specific project, which was 23 Anderson Pharmaceutical Research, okay? And 24 Anderson Pharmaceutical Research had to be put on 25 halt for about eight months.	Page 69 1 you had to have a lawyer involved. 2 Q. Well, Milton was your lawyer, correct? 3 A. I'll leave Milton off as well because 4 of the confidentiality of his involvement. 5 Q. Okay. But Ashby was not Alliance's 6 lawyer? 7 A. Well, Ashby has represented our point 8 of view that Alliance has nothing to do with that. 9 And it was through Ashby that Greenville 10 Pharmaceutical Research and Ashby, the lawyer, has 11 educated, yes, it's a frivolous lawsuit, but leave 12 Alliance out of it. So it was Ashby who has 13 related to Parham that Alliance has nothing to do 14 with it and should be dismissed. 15 Q. So why were you sending your time logs 16 to Ashby? 17 A. Ashby and Parham are friends. 18 I didn't say -- I didn't say about time 19 logs. I said e-mails. 20 Q. But I thought you said the e-mails was 21 how you kept track of your time? 22 A. You asked me who did I send e-mails to. 23 E-mails were sent with a cc to Ashby with that in 24 mind, that Alliance must be dismissed and must be 25 dismissed now. I had asked Ashby, who is a

Page 70 1 personal friend of Mr. Parham, to relay to him a 2 message that I do what I can and he's welcome to do 3 anything that he wants to do to find out, okay, to 4 his satisfaction that Alliance is an innocent 5 bystander. That's a word, innocent bystander. We 6 have nothing to do with that. Please. We've got 7 to be out of here, okay? That goes to immediately 8 within a week of receiving an intent to lawsuit. 9 Intent, okay? That was a critical time for us, 10 okay? 11 So as far as my personal time when I -- 12 maybe I misunderstood the log, but I will be more 13 than happy to produce you e-mails, and by e-mails 14 you may probably understand what my time was spent 15 on. 16 Q. Okay. I want to ask the question that 17 I thought you answered and then I think you might 18 have changed your answer, and I'm not sure if you 19 meant to or not. 20 A. I may have. I may be because when you 21 ask about the log, it's not -- it's lawyers that 22 keep a log. 23 Q. Exactly. 24 A. We don't keep a log, okay. We keep -- 25 we don't like -- we don't register with -- we do	Page 72 1 A. That would be a guess, yes. Probably 2 more than 100 to 150 hours. 3 Q. You're just guessing that based on the 4 amount of e-mails you sent? 5 A. Uh-huh, yes. 6 Q. What else did you do? 7 A. A bunch of e-mails and research that I 8 had to do. 9 Q. What kind of research did you do? 10 A. Medical -- well, first of all, I am an 11 international pulmonologist that deals with lung 12 cancer. I'm a world recognized expert in that, 13 okay? However, being a recognized expert is not 14 enough. It's enough when you testify, but it's not 15 enough when you're being sued. So I had to pull 16 out a lot of medical literature even though it was 17 not a medical lawsuit. Alliance doesn't practice 18 medicine. Neither does Greenville. Not a 19 physician or nurse practitioner was named, but you 20 still have to -- who knows? I mean, it looked 21 bizarre. This lawsuit looked bizarre, but we 22 didn't know at the time it was a scheme, okay, but 23 what we -- but I still had to do a lot of medical 24 research. I think I'm the most qualified person to 25 do it. I think everybody would agree, okay, at
Page 71 1 not do that, okay? So if you're asking me did 2 anybody really write down time, I worked on 3 Alliance from this to this, no. That was not even 4 conceivable. How would you do that? 5 Q. I do it every day. 6 A. Well, you may do because you're the 7 lawyer, but for me I don't even understand how it's 8 possible. 9 Q. I understand. Which is why I thought 10 it was strange when you -- I thought you initially 11 answered the question yes, which is why I was 12 following up with it. 13 A. Well, I mean, the definition of a log 14 is different. Yes, I understand for billing 15 purposes. I wasn't billing anyone. I was being 16 billed, but I wasn't billing. 17 Q. So you don't know exactly how much time 18 you spent -- 19 A. I do. 20 Q. You do? 21 A. I do. 22 Q. How much time did you spend working on 23 the Bruce litigation? 24 A. A lot. 25 Q. Okay. How much?	Page 73 1 least within our organization. So that was most of 2 the time I spent on that. 3 The second was a business decision. We 4 had a business decision to make, okay? This is a 5 most important circumstances in the life of a young 6 company, okay? So I had to deal with that, 7 strategy and so forth, but no, I did not keep a log 8 of those activities. I can tell you by the amount 9 of e-mails, yes. Probably at least 100 to 150 10 hours by the amount of e-mails and research I have 11 done, yes. 12 Q. You told me that Alliance's business 13 operations was affected by the Bruce litigation 14 because it had to put on hold its plan, correct? 15 A. Profound effect. 16 Q. Shelf its plan? 17 A. Yes. We had to shelf its plan. 18 Q. Is there any other way that Alliance's 19 business operations were affected? 20 A. Yes. 21 Q. How so? 22 A. It continues to affect until -- we are 23 in the process of creating a very large company, 24 and for the purpose of deposition and the assurance 25 of confidentiality, it involved a very large

Page 74 1 brokerage firm in the United States. 2 Q. Okay. 3 A. And the name of the brokerage firm is 4 Raymond James, okay? This is a very, very, very 5 advanced process, okay? So we will have to 6 interview approximately a hundred people, okay, 7 starting soon. All those hundred people -- this is 8 an issue that we'll have to deal with for probably 9 many months to come. It's a very acute issue 10 today, okay? Our name -- we cannot be sued. We 11 really can't. I don't know if anybody can be sued. 12 But we don't practice medicine, okay? 13 So now this issue -- we will have to vet it with 14 every potential investor and then Wall Street. 15 Today I'm going through this process, okay, with 16 Raymond James. How it's going to play out I'll let 17 you know. I'm sure it will be before the jury. 18 We'll have to decide. But it's coming soon, okay? 19 And I will certainly submit myself to a deposition 20 when it will come. But that's a major issue -- 21 Q. Okay. 22 A. -- whether the company can be sued for 23 malpractice without ever practicing medicine. That 24 is a major issue concerning those investors. 25 Q. So as of today -- as we sit here today	Page 76 1 A. I would hope, but it's not about Bruce. 2 The Bruce case is over. 3 Q. Sure. 4 A. It's about the issue that Parham has 5 created, okay, whether he can go out and sue 6 somebody in an unrelated business that has never 7 been taking care of any patients. That is an issue 8 that he has created which I will defend, okay? 9 Absolutely. 10 All right. How investors will react to 11 that and so forth, who knows? It's a serious 12 issue. 13 Q. Right. They might think it's okay? 14 They might not have any problem with it? 15 A. Yeah. We might spend about what, 16 \$200,000 to explain it maybe. 17 Q. But you were going to have to spend 18 that money to explain other things, correct? 19 A. The glory of the company. 20 Q. Right. 21 A. Not the issue that Parham has created 22 us. I'll give you that. Let's return to this 23 conversation when we go through the vetting 24 process. 25 Q. Okay. But that issue could possibly be
Page 75 1 that hasn't happened yet? 2 A. It is scheduled for February, March and 3 April. Today I believe -- what month is this, 4 December? 5 Q. December. 6 A. You would be correct. 7 Q. So you are anticipating that the 8 investors may look poorly on Alliance because of 9 the Bruce litigation? 10 A. I don't know that. 11 Q. You don't know. 12 A. The issue is not about Bruce. The 13 issue was the company can be subjected to the 14 litigation on the basis of practicing medicine when 15 it doesn't, okay? So that is an issue that has to 16 be explained, okay, at probably considerable cost 17 of what, 500 to \$1,000 an hour those people charge 18 at brokerages. That issue has to be explained. So 19 the ultimate bill interviewing 100 people I don't 20 know, but I will certainly let you know when I do. 21 Q. Well, they're going to be asking other 22 questions also, aren't they? 23 A. I would hope. 24 Q. They're not just going to be asking 25 about litigation, correct?	Page 77 1 explained satisfactorily in one sentence? 2 A. Let's do that, okay? Let's see what it 3 can be. 4 Q. Okay. 5 A. Okay. 6 Q. All right. 7 A. Because I don't know. 8 Q. So after this -- 9 A. What I do know -- what I do know, that 10 you have -- your clients have derailed my plans for 11 12 months, okay? What that will translate 12 damages-wise is not for me to decide. I am not 13 competent to do that. I have no business 14 accounting or any other way to calculate that. I'm 15 not involved with that, okay? If you're asking me 16 what damages the experts will come up with by 17 delaying our plans for that long, okay, I'm not 18 prepared to answer that. I don't have the 19 expertise. Nor do I -- I mean, they may say 20 whatever they say. They're experts, okay? We're 21 sure we're going to hire competent experts. I'm 22 not competent to answer that question. 23 Q. Did Mike Parham or Parham & Smith know 24 about Alliance's plan? 25 A. They should have known, yes. I mean, I

Page 78 1 don't have my deposition, but I told him about 2 that, yes. I have told him in my deposition quite 3 extensively what Alliance is. And I didn't tell 4 him out of the goodness of my heart. He asked me. 5 I responded like you do. 6 Q. And did you tell him that you were 7 going to have to be talking to investors and 8 explaining why Alliance was in this litigation? 9 A. He didn't ask me specific questions 10 like you're doing today. 11 Q. Okay. 12 A. He asked me the question what Alliance 13 does and I believe my answer was very similar to 14 what you just said. 15 Q. Okay. Do you have any reason to 16 believe that Mr. Parham or Parham & Smith knew that 17 Alliance was going to be talking to investors in 18 the future? 19 A. Yeah. Of course. I told him that's 20 what we do. I told him that we assemble the 21 companies -- that our mission is to assemble the 22 companies. Our mission is to -- I mean, nothing 23 that I told you today I didn't tell Mr. Parham. 24 Q. I understand. And this was at your 25 deposition, correct?	Page 80 1 going to have to explain the idea that it could be 2 sued -- potentially be sued for medical 3 malpractice, correct? 4 A. We will have to provide a brief with 5 quite extensive research, yes. 6 Q. Those were the two categories of how 7 Alliance's business operations have been affected 8 that you've told me. Are there any other 9 categories that have affected the business 10 operations? 11 A. At the moment those two are the ones 12 that I really know about. If I -- if something 13 will come up related to the litigation I most 14 certainly will update my answer. 15 Q. Okay. 16 A. But at the moment I have nothing to go 17 to. 18 Q. So, for example, Alliance owns 19 Hendersonville Pharmaceutical Research, correct? 20 A. Yes, we do. 21 Q. And Alliance makes money when 22 Hendersonville Pharmaceutical Research makes money, 23 correct? 24 A. Today? 25 Q. Today, yes.
Page 79 1 A. Yes. Yes. The deposition happened in 2 December. 3 Q. Let me ask you this. Before Mr. Parham 4 and Parham & Smith filed the lawsuit against 5 Alliance was there any reason for Mr. Parham at 6 that time to know of Alliance's plan? 7 A. Yes. 8 Q. Okay. Why? 9 A. He has a website. 10 Q. Okay. Does it say on the website that 11 Alliance is going to be potentially partnering with 12 investors to create this huge national conglomerate 13 of companies like McDonald's that you were talking 14 about earlier? 15 A. Yeah, Alliance's website was saying 16 what we do. Absolutely. I mean, this website 17 didn't go into specifics, we're going to talk to 18 Raymond James. We didn't have Raymond James at the 19 time, okay, but that's been our business plan for 20 years. I am working on this project for ten years. 21 It's ten years of my life. 22 Q. All right. Alliance's business 23 operations being affected by the Bruce litigation. 24 You've told me that you had to -- Alliance had to 25 put on hold its plan and that in the future it's	Page 81 1 A. But in the future it will make money 2 when those companies are going to be sold to the 3 private investors. 4 Q. Sure. Sure. 5 A. So that is our game plan. 6 Q. Okay. I understand. 7 A. But, yes. Today, yes. 8 Q. The Bruce litigation did not in any way 9 affect Hendersonville Pharmaceutical Research's 10 profits? 11 A. Yes, it has. 12 Q. It has? 13 A. Yes. 14 Q. How so? 15 A. Hendersonville was put on hold for that 16 long. Hendersonville did not start until the 17 litigation was almost over. 18 Q. How about Duluth Biomedical Research? 19 A. Duluth Biomedical Research has been 20 incorporated, I believe, right after we finished 21 the litigation. And, yes, it affected Duluth as 22 well, but primarily affected projects. Only now 23 we're beginning to expand our projects with 24 Alliance's name on it because only now -- when I 25 say only now, you know, in the lifespan of the

Page 82 1 business it takes two or three years to create it. 2 So to bring a business like that to any stature it 3 takes three years. So one year in this business is 4 everything, okay? You cannot create a business and 5 have results -- in fact, the first couple of years 6 you are dealing with all that. This is a long-term 7 business. This is not a short-term business. It's 8 a highly complex business. So one year in the life 9 of a business is for experts to calculate, but it 10 is a lot. 11 Q. Okay. Do you have an expert to 12 calculate that yet? 13 A. I don't believe we're in discovery yet, 14 but we will certainly submit an expert by the 15 deadline. 16 Q. Okay. 17 A. Do you know when the deadline is? 18 Q. I don't off the top of my head. 19 A. Okay. But it's not my job to follow 20 the deadlines. 21 Q. How as we sit here today -- not in the 22 future, but as we sit here today, has Alliance's 23 reputation been adversely affected by the Bruce 24 litigation? 25 A. Alliance's reputation has not been	Page 84 1 all things to your partners. You're better off to 2 put them on hold. Which we had no choice. 3 Q. Did you try? 4 A. No. It is not possible. 5 Q. It's not possible? 6 A. Some things are not possible, okay? 7 This is not possible in our business to be under a 8 cloud of malpractice litigation to six partners 9 into the company of the business. It's not 10 possible. 11 Q. Are you aware of how the Bruce 12 litigation ended entirely? 13 A. I'm well aware, yes. 14 Q. What is your understanding of how it 15 ended? 16 A. Well, Mr. Parham wrote a letter 17 threatening to report us to our clients and 18 potential sponsors and so forth. And at the time 19 those two companies were sued, Greenville and so 20 forth, and for unknown to me the reason Parham 21 abruptly dropped the lawsuit. 22 Q. Against Alliance? 23 A. Against Alliance, and basically put a 24 knife into the throat of Greenville, but that is a 25 different lawsuit. I'm not here for Greenville
Page 83 1 affected adversely. 2 Q. Okay. 3 A. Alliance's reputation has been 4 defended, but as we sit here today it's not about 5 reputation. It's about -- it's about damages to 6 the right of pursuing a business plan, not being 7 dragged into litigation without any reason as an 8 innocent bystander. It is not about a reputation 9 issue, okay? This is not a reputation -- it's not 10 a defamation case. 11 Q. Did Alliance lose any clients because 12 of the Bruce litigation? 13 A. We create clients. 14 Q. Right. Did it's lose any? 15 A. Yes. We probably postponed our 16 business plan for that long and we -- 12 months. 17 We create two companies a year. So we would 18 potentially have two more companies today. We 19 create every year two companies. 20 Q. And you couldn't create those companies 21 while the Bruce litigation was pending? 22 A. Yeah. It was not possible. 23 Q. And why wasn't it possible? 24 A. Under the cloud of being filed a 25 lawsuit it's not possible. You have to disclose	Page 85 1 Pharmaceutical Research. 2 Q. Right. 3 A. The extortion scheme continued, but he 4 had decided to concentrate his extortion on another 5 company. 6 Q. Greenville Pharmaceutical Research? 7 A. Right. He dismissed us. I'm not sure 8 why. Maybe the lawyers know. 9 Q. Who would be the best person to ask for 10 Alliance's opinion of why it was dismissed from the 11 Bruce litigation? 12 A. Me. 13 Q. I thought you just said you don't know 14 why? 15 A. You asked me who is the best person. 16 That's me. 17 Q. All right. But you don't know. 18 A. You can depose Ashby and he may know 19 more, okay, but for Alliance the best person to ask 20 is me. I do not know why he has decided to put a 21 knife into the Greenville throat and take off his 22 choke hold of our throat. I don't know, okay? His 23 scheme continued. Don't be mislead. He continued 24 his extortion scheme, all right, but he took the 25 hand off of my throat.

Page 86 1 Q. But you don't know why he did that? 2 A. Yeah, I do. 3 Q. Why? 4 A. Because the doctor that he sued, 5 Dr. Desai, that's the only doctor that he sued. 6 That settled. And I believe that his scheme was to 7 implicate that doctor. Once he had achieved that 8 scheme there was no really -- Alliance doesn't have 9 insurance. We're not doing medicine. So he has 10 decided that he has achieved the goal of his 11 scheme, and I believe it was decided with Dr. Desai 12 settling. So he has no use to continue torturing 13 us. He achieved his mission of basically settling 14 with Dr. Desai. 15 Q. Okay. So you believe it was 16 Mr. Parham's motive in including Alliance in the 17 case to put pressure on Dr. Desai? 18 A. On us. To put pressure on Alliance to 19 implicate Desai to pressure Greenville. I don't 20 know how much you know about Greenville, but 21 there's some -- not total, but co-ownership. So 22 Parham's goal was all along to pressure us to 23 settle. He could care less if Alliance settled or 24 Greenville settled. Basically his scheme was to 25 pressure Alliance Biomedical Research in making	Page 88 1 bizarre, okay? You know, it's like go ahead and 2 sue your famous company McDonald's that you love so 3 much. 4 Q. Does Alliance have any relationship 5 with Parham & Smith? 6 A. We have no relationship with Parham & 7 Smith, no. We have none. 8 Q. They have never represented Alliance 9 before? 10 A. No. They have not represented anybody. 11 (A recess transpired.) 12 BY MR. BOGDAN: 13 Q. Quick housekeeping. We had marked as 14 Exhibit 2 a list of companies that you had 15 ownership interest in and after we marked that 16 Holly brought in an updated list. 17 A. Okay. 18 MR. BOGDAN: So I am going to take this 19 sticker off -- 20 MR. MANN: No objection. 21 MR. BOGDAN: -- the old Exhibit 2 and 22 put it on the new Exhibit 2. 23 MR. MANN: Thank you so much. 24 (DFT. EXH. 3, Release, was marked for 25 identification.)
Page 87 1 others to settle. As far as Desai is concerned, 2 yes. He basically came here interrogating me -- 3 which I have nothing to do with the case. I never 4 saw the patient and so forth. 5 Yeah, it was about Desai. Yeah, I 6 think that it's pretty striking that as soon as 7 Desai had settled he dropped Alliance. So, yes, to 8 answer your question, absolutely I know why he 9 dropped Alliance at this time, not before. He 10 dropped Alliance as Desai had settled. 11 Q. And Alliance and Dr. Desai do not have 12 any relationship with each other, do they? 13 A. No, we have no relationship. 14 Q. And Dr. Desai works -- do you know who 15 he work for? 16 A. Yes. He works for North Hills. 17 Q. North Hills -- is it medical center? 18 A. I believe it's called North Hills 19 Medical Center. 20 Q. And North Hills Medical Center does not 21 have any relationship with Alliance, does it? 22 A. No. We have no relationship. We have 23 no relationship to Greenville either. It's just a 24 common ownership. We have no relationship to 25 anybody in this lawsuit. This is what's so	Page 89 1 BY MR. BOGDAN: 2 Q. Dr. Feldman, I've marked as Exhibit 3 a 3 copy of a release. Have you seen this document 4 before? 5 A. You're asking me? 6 Q. Yes. 7 A. I believe I did, but I don't have a 8 precise memory. 9 Q. Okay. Do you know what this is? 10 A. Yes. 11 Q. Okay. What is it? 12 A. It's a release of -- it's a settlement 13 between Greenville Pharmaceutical Research and 14 Mr. Bruce. 15 Q. Okay. And is it your understanding 16 that this is the document that finally ended the 17 Bruce litigation? 18 A. Yes. 19 Q. Greenville Pharmaceutical Research was 20 the last party left in the case and once they 21 settled out the case was over, correct? 22 A. Yes. 23 Q. Because by this point -- and this 24 release was signed when? 25 A. It says October 2012, right?

Page 90	Page 92
1 October 1, 2012. 2 Q. Correct. And by that point, October 1, 3 2012, Alliance had already been dismissed from the 4 Bruce litigation? 5 A. We had been dismissed way before that. 6 Q. Okay. And by way of this release, 7 Greenville Pharmaceutical Research paid Mr. Bruce 8 \$325,000, correct? 9 A. That's what it says. We didn't pay. 10 The insurance company did. 11 Q. The insurance company paid. 12 MR. MANN: Jeff, can we put on the 13 record that this was a confidential settlement and 14 this too will be treated as a confidential document 15 within this litigation? 16 MR. BOGDAN: We can. Does it say it's 17 confidential in here? 18 MR. MANN: It may not say it on it. 19 And this is -- quite frankly, this is to protect 20 parties not part of this litigation. So that's why 21 I'm making that request. 22 MR. BOGDAN: I have no problem with it 23 being confidential. 24 MR. MANN: To include your own clients. 25 BY MR. BOGDAN:	1 Williams has nothing to do with Greenville 2 Pharmaceutical. 3 Q. Okay. So the only thing -- tell me if 4 this is true. Is the only thing that those five 5 people have in common Alliance Biomedical Research? 6 A. Yes. 7 Q. Okay. 8 A. Well, there's more in common than that. 9 Q. Well, those five people -- is there any 10 other company that is owned by those five people 11 exclusively? 12 A. Yes. Well, there's many, many 13 commonalities in those ownership in many different 14 companies. In fact, probably 15 out of 20. 15 Q. If we turn to Exhibit A on the release, 16 which is what the paragraph I just read refers 17 to -- 18 A. Yeah. 19 Q. -- are those a list of all the 20 companies that those five people have ownership in? 21 A. Well, now -- more now. We created two 22 companies. 23 Q. At that time. 24 A. Well, I mean, no. Some of the 25 companies they have, some they do not. So if you
Page 91	Page 93
1 Q. I want you to turn to page two of this 2 release. 3 A. On it. 4 Q. The last paragraph before the 5 signatures says, further, Parham & Smith, LLC, 6 acknowledge to the extent allowed by law their firm 7 will not bring any suits now or in the future 8 against any entity owned in whole or in part by 9 Gregory J. Feldman and/or Joseph Boscia, III, 10 and/or Anna Buice and/or Steve Clemens and/or Haley 11 Williams, including but not limited to the entities 12 listed in Exhibit A attached hereto. 13 Did I read that correctly? 14 A. Yes. I see that. 15 Q. Okay. Those five people are the five 16 members of Alliance, correct? 17 A. Correct. 18 Q. Are those five people also the five 19 owners of Greenville Pharmaceutical Research? 20 A. No. 21 Q. So what those five people have in 22 common -- 23 A. They're not. 24 Q. They're not. Right. 25 A. Let me clarify that question. Haley	1 want to go one by one, some people have ownership 2 in Union, others in Gaffney. It's not exactly like 3 that. 4 Q. Okay. 5 A. It's a much more complex structure. 6 Q. On this list is Alliance Biomedical 7 Research, correct? 8 A. Yes. 9 Q. So by way of this release, Parham & 10 Smith has agreed to never sue Alliance Biomedical 11 Research again, correct? 12 A. No. Alliance Biomedical Research can 13 become a new company, okay, and there's nothing on 14 this release that prevents him from suing the new 15 company. 16 Q. But according to this release Parham & 17 Smith can never sue Alliance Biomedical Research 18 again? 19 A. I agree, yes. 20 Q. But this is the release that released 21 Greenville Pharmaceutical Research from the case? 22 A. Yes. 23 Q. Greenville Pharmaceutical Research you 24 told me earlier has nothing to do with Alliance 25 Biomedical Research, right?

Page 94 1 A. No. 2 Q. So why would Greenville Pharmaceutical 3 Research care at all that Parham & Smith cannot sue 4 Alliance Biomedical Research? 5 A. It doesn't, but our lawyers did because 6 we were subjected to extortion from Greenville and 7 we did not want the extortion to continue into the 8 future, okay, because this law firm has 9 demonstrated perfect willingness to extort money 10 from innocent bystanders. So it was very, very 11 good lawyering work to prevent them from engaging 12 in this type activity again. 13 So it has nothing to do with 14 Greenville. It has to do with good lawyering, 15 okay? That is this is a company -- law firm that 16 is perfectly willing to extort people, okay? So as 17 a condition of ending extortion that was put in. 18 Kudos to them because how often do you find people 19 like that, okay, that are willing to extort -- to 20 the blackmail extortion for an illegitimate reason. 21 It's very rare. That's why it's there. It's not 22 so much that it has to do with Greenville 23 Pharmaceutical Research. It has to do with 24 Parham & Smith's tactics. That's what it has to do 25 with.	Page 96 1 another person. That's what's litigated in our 2 legal system. This is not a frivolous lawsuit. 3 It's an extortion lawsuit against an innocent 4 person that has nothing to do with it whatsoever. 5 Q. Are you aware of the South Carolina 6 Civil Frivolous Proceedings Act? 7 A. No, I'm not. 8 Q. It's actually an act that says 9 frivolous lawsuits are not okay. 10 A. Well, maybe. I'm not -- and when I use 11 law frivolous I don't use it as a lawyer, but as a 12 nonlawyer. 13 Q. Bear with me. I'm going through my 14 list here, but some of these questions we've 15 already talked about. 16 A. I apologize for my longwinded answers. 17 I know we can be here forever. So I'll try to 18 check my answers and answer questions yes or no. 19 Q. It's okay. Even though when you answer 20 the questions sometimes they're more than I ask 21 for, it answers later questions. So there's 22 benefit. 23 A. Okay. 24 Q. After the Bruce litigation ended 25 Alliance decided to bring a lawsuit against Parham
Page 95 1 Q. Do you know of any other people or 2 companies or entities who claim to have been 3 extorted by Parham & Smith? 4 A. I'm not in other people's business. 5 Q. I was just curious if you knew. 6 A. No, I don't. I mean, we'll find out in 7 litigation I'm sure. 8 Q. Right. I just -- 9 A. But at the moment it's not my concern. 10 Q. I was just curious if maybe you had 11 talked to some of your friends who are doctors. 12 A. Well, I've been subjected to the 13 lawsuit by Parham & Smith which was frivolous. 14 Q. Right. 15 A. But it wasn't -- I'm talking about me 16 personally. 17 Q. Right. 18 A. Okay. I consider it totally frivolous, 19 but a frivolous lawsuit is a legal lawsuit. It is 20 not -- do you see the distinction between those 21 two? The frivolous is an accepted tactical 22 litigation, okay? 23 Q. Right. 24 A. It is -- what is in the eyes of 25 somebody frivolous, okay, may not be in the eyes of	Page 97 1 & Smith? 2 A. Yes. 3 Q. Okay. 4 (DFT. EXH. 4, Second Amended Complaint, 5 was marked for identification.) 6 BY MR. BOGDAN: 7 Q. Dr. Feldman, I've marked as 8 Exhibit 4 -- let me take this from you. No. You 9 keep that. Actually, give that to Milton and I'm 10 going to give you that one so everybody's got a 11 copy. Milton doesn't have to look at it if he 12 doesn't want to. 13 I've marked as Exhibit 4 a copy of the 14 second amended complaint that Alliance Biomedical 15 Research filed against Parham & Smith. So there 16 was an initial complaint, then an amended 17 complaint, then the second amended complaint. The 18 second amended complaint is the pending complaint. 19 So that's why we're -- 20 A. That's what I have in front of me. 21 Q. That's what you have in front of you. 22 So we're going to talk about that one. Now, do you 23 understand what a verified complaint is versus a 24 nonverified complaint? 25 A. No.

Page 98 1 (DFT. EXH. 5, Amended complaint, was 2 marked for identification.) 3 BY MR. BOGDAN: 4 Q. Dr. Feldman, I've marked as Exhibit 5 a 5 copy of the amended complaint, whereas Exhibit 4 is 6 the second amended complaint. So I want you right 7 now to look at the amended complaint which is 8 Exhibit 5 and flip to the last page. 9 A. I see that. 10 Q. Okay. And do you see that this is 11 called a verification? 12 A. I see that. 13 Q. And it says, personally appeared before 14 me Gregory J. Feldman who after first being duly 15 sworn says that he is the plaintiff in the 16 foregoing action, that he has read the foregoing 17 complaint, that the statements contained therein 18 are true to the best of his knowledge except as to 19 those stated to be based upon information and 20 belief as to which he believes such matters are 21 true. 22 Did I read that correctly? 23 A. I see that. 24 Q. And you signed this document, correct? 25 A. I did.	Page 100 1 A. I see that. 2 Q. -- under the general factual 3 allegations section paragraph six says, this action 4 arises out of conduct -- out of alleged conduct by 5 Parham as counsel and P&S, which is Parham & Smith, 6 as the representing firm in a prior lawsuit 7 captioned John L. Bruce and Marilyn Bruce v. 8 Greenville Pharmaceutical Research, Inc., and 9 Alliance Biomedical Group filed on October 20, 2011 10 in the Court of Common Pleas, Greenville County, 11 Thirteenth Judicial Circuit, Case Number 12 2011-CP-23-6967. 13 Okay. So my question is: Do you know 14 of any evidence that Mike Parham or Parham & Smith 15 acted wrongfully other than in their representation 16 of the Bruces in this lawsuit -- in this underlying 17 lawsuit? Did they do anything else besides what 18 they did during the underlying lawsuit? 19 A. We don't have a discovery yet so 20 everything that's alleged here is what I know. 21 Q. Okay. 22 A. What I don't know will be amended if I 23 do. 24 Q. Okay. 25 A. As of today, everything that is written
Page 99 1 Q. Now, if we look at Exhibit 4 and you 2 flip to the end, there's not a verification for 3 Exhibit 4. 4 A. I see that. 5 Q. Okay. Do you know why there was a 6 verification for the amended complaint but not one 7 for the second amended complaint? 8 A. I don't. I'll be happy to sign. 9 Q. Okay. So basically you believe -- have 10 you read the second amended complaint? 11 A. Yes. 12 Q. And you believe everything in here is 13 true? 14 A. Yes. 15 Q. All right. Well, let's look -- I'm 16 going to ask you some questions about the second 17 amended complaint which I'll tell you as it relates 18 to Parham & Smith it's essentially identical to the 19 amended complaint. 20 A. Okay. 21 Q. Okay. 22 A. You answer questions -- ask me 23 questions. I'll answer questions. 24 Q. All right. Here we go. Page two of 25 the second amended complaint, which is Exhibit 4 --	Page 101 1 in this complaint is what I know today. If it's 2 not saying that it's not there. 3 Q. Okay. 4 A. It doesn't mean it didn't happen. 5 Which I don't have that information yet. 6 Q. As we sit here today you don't know of 7 anything that Parham & Smith did outside of the 8 this litigation -- 9 A. I'm going to refer you to this 10 complaint. What's in the complaint is what I 11 allege today that I know. It doesn't mean there's 12 not more to that. 13 Q. All right. Page four, sir. 14 A. Yes. 15 Q. Paragraph 15 -- 16 A. Okay. 17 Q. -- says, on April 16, 2012 Mr. Bruce 18 testified in his deposition within the underlying 19 action that he had never spoken with anyone from 20 the plaintiff. The plaintiff is Alliance, correct? 21 A. Correct. 22 Q. All right. Have you read that 23 deposition? 24 A. Deposition of Mr. Bruce? 25 Q. Yes.

Page 102 1 A. Probably I did, yes. 2 Q. You were there, right? 3 A. I was not. 4 Q. You weren't? 5 A. Yes, but I read everything -- I was not 6 at Bruce's deposition, no. 7 Q. But you have read his transcript? 8 A. Yes, I have. 9 Q. Okay. 10 A. But it wasn't recently. 11 Q. Okay. 12 A. It was back in 2012. 13 Q. Do you recall when you read his 14 transcript that Mr. Bruce testified that he spoke 15 with Steve Clemons? 16 A. I recall that. 17 Q. But here you said in the complaint that 18 Mr. Bruce testified in his deposition that he had 19 never spoken with anyone from the plaintiff. 20 A. Yeah. That's a quote from Alliance. 21 He spoke only with Steve Clemons, a representative 22 of Greenville. 23 Q. But Mr. Clemons is a member of 24 Alliance? 25 A. Not that Mr. Bruce knew that he was.	Page 104 1 Mr. Bruce did not know what Alliance was. That was 2 my answer to the question. I will be happy to 3 answer any other questions. 4 Q. Okay. Tell me if this sentence is 5 true. 6 A. I answered that it is. 7 Q. I haven't asked the question yet. Tell 8 me if this sentence is true. 9 A. Which sentence? 10 Q. I'm about to read it to you. 11 MR. MANN: Time out. Hold on. Off the 12 record for a second. 13 (Off-the-record conference.) 14 BY MR. BOGDAN: 15 Q. I'm going to read you a sentence and I 16 want -- when I finish reading it I want you to tell 17 me if it's true or if it's false. 18 A. Okay. 19 Q. Mr. Bruce testified in his deposition 20 that he had never spoken with anyone from the 21 plaintiff. 22 A. Yes. I remember reading that in his 23 deposition. 24 Q. So you think that is true? 25 A. Well, I don't know whether it's true or
Page 103 1 He didn't know about Alliance. He didn't know 2 about anything. He spoke to him only as a 3 representative of Greenville Pharmaceutical 4 Research. It's quantitatively different, okay? 5 Completely different about talking to somebody in 6 an official capacity and talking to somebody as 7 individual. Mr. Clemons as an individual spoke to 8 Mr. Bruce. He has never spoke to him as a 9 representative of Alliance. That's acknowledged 10 right here by everyone. 11 Q. You agree that Mr. Clemons and 12 Mr. Bruce have spoken before? 13 A. I do. 14 Q. Tell me if this sentence is true. 15 A. It is true, but not the meaning that 16 you're trying to ascribe to it. 17 Q. No, no. Tell me -- I'm going to read 18 this and tell me if it's true. 19 A. Let me rephrase my answer. My answer 20 is a two-part. The first part, that Mr. Clemons 21 has talked to Mr. Bruce as a representative of 22 himself and Greenville Pharmaceutical Research. My 23 second part, Mr. Clemons has never talked to 24 Mr. Bruce as a representative of Alliance, okay? 25 Was asked to talk by Mr. Bruce, and moreover,	Page 105 1 not. I'm just saying it is a true quote of 2 Mr. Bruce. Yes, it's a true quote from Mr. Bruce. 3 Q. Okay. Number 17. We're still on page 4 four. 5 A. Okay. 6 Q. Prior to the suit being filed Parham 7 was placed on notice by GPR's attorney, that's 8 Greenville Pharmaceutical Research's attorney, that 9 there was a complete lack of ownership between GPR 10 and the plaintiff, who is Alliance. 11 A. Yes. 12 Q. All right. In this number 17 when 13 you -- when Alliance is writing GPR's attorney, who 14 is that referring to, Ashby Davis or Milton Mann? 15 A. Yes. It wasn't -- no. Milton had 16 nothing to do with GPR at the time, so it has to 17 have been Ashby Davis. 18 Q. And this is what you -- this is an 19 important part for you, correct? 20 A. For you. For me what's important is to 21 answer questions. 22 Q. I understand it's important for you to 23 answer questions today, but this allegation is 24 important to Alliance in this case because it 25 believes at this time that when Ashby Davis told

Page 106 1 Mike Parham that GPR and Alliance have nothing to 2 do with each other then Mike Parham should have 3 stopped, right? 4 A. No. It's important for my time of 5 damages. It is not important at all for the 6 lawsuit. Mr. Parham has continued his litigation 7 after he filed the lawsuit. Within a week we had 8 provided him information that it's not true. For 9 me it is only important to demonstrate to the jury 10 what he has done, okay, his intent, investigation. 11 That goes to the merits, okay, and in the time 12 frame of damages, okay? It has nothing 13 particularly -- of any other particular 14 significance other than damages that he has created 15 and his conduct, okay? Because within a week of 16 receiving the lawsuit -- which we never expected to 17 receive, okay? We told him that we have nothing to 18 do with that. Not only he sues us, but he ignores 19 our answer telling him we have nothing to do with 20 that for another six months or seven months, okay? 21 So continuation, that's much more important for me 22 than initiation. If he would call me and say, 23 Greg, I apologize. It's just a clerical error. 24 Just send me the information and sorry about that, 25 we would not have filed a lawsuit. It's not what	Page 108 1 A. No, I did not. 2 Q. Do you know if Steve Clemons did? 3 A. No, I did not. It would be improper. 4 Q. You don't know or he didn't? 5 A. I don't know if he did. It would be 6 improper. 7 Q. Okay. So the first time that you told 8 Mr. Parham to his face that Alliance and Greenville 9 Pharmaceutical Research were unrelated was at your 10 deposition? 11 A. No. The first time I have answered in 12 my verified answer to the complaint that we have 13 nothing do with that, and that was in 2011. 14 Q. Not what I asked. What I asked was: 15 The first time you told him to his face sitting 16 across the table in a conversation that Alliance 17 and Greenville Pharmaceutical Research are not 18 related was at your deposition? 19 A. It's not what I said. What I said -- 20 Q. I'm not asking what you said. I'm 21 asking you to answer the question. 22 A. I am answering the question. 23 Q. All right, sir. 24 A. It's not what I told him. I told him 25 that I could not possibly believe that we're
Page 107 1 he did, okay? Not what he did. 2 Honorable people, highly reputable 3 people have told him, we have nothing to do with 4 it, Mr. Parham. 5 Q. Which people? 6 A. Me. Mr. Clemons. Okay? Highly 7 respectable, honorable people have told him we have 8 nothing to do with that. Mr. Ashby Davis is an 9 honorable man. Everyone has told Mr. Parham we 10 have nothing to do with that. Mr. Parham, what are 11 you doing? Well, he knew what he was doing. We 12 just didn't know what he was doing. 13 Q. You and Mr. Clemons told him that 14 during your depositions, correct? 15 A. No. Mr. Clemons told him in the 16 deposition. I have told him in a deposition, but 17 before we had a deposition we answered the 18 complaint, okay? A complaint. What grounds does 19 Mr. Parham have to suspect that Dr. Feldman will 20 lie in his answer that -- it's incomprehensible to 21 me, okay? Now, I understand what he did. 22 But I answered your question. So are 23 we still on 15? 24 Q. Have you spoken to Mr. -- did you speak 25 to Mr. Parham personally before your deposition?	Page 109 1 sitting here today for me to tell you that. I 2 could not possibly believe that it's really 3 happening that I'm sitting here telling you that. 4 That's what I told him. I didn't tell him that for 5 the first time. I told him different. I told him 6 I'm shocked that we're sitting today, that it came 7 to this. 8 Q. Right. I understand that you told him 9 more than the fact that they're just unrelated, but 10 let me ask the question a different way then. Was 11 there any time before your deposition when you 12 spoke to Mr. Parham in person and told him, 13 Mr. Parham, Alliance and Greenville Pharmaceutical 14 Research are not related? 15 A. I have a better answer for you. I 16 never spoke to Mr. Parham before my deposition. I 17 never spoke to Mr. Parham before my deposition. I 18 never met Mr. Parham even in my previous 19 litigation. I only met his partner Smith -- Blake 20 Smith. 21 Q. So why was -- when did you meet Blake 22 Smith? 23 A. At my previous lawsuit in 2002, I 24 believe, or 2003. 25 Q. So why was it that before your

Page 110 1 deposition that Mr. Parham should have known that 2 Alliance and Greenville Pharmaceutical Research 3 were not related? 4 A. He couldn't possibly not know. He was 5 told by Ashby Davis. He was told by Mr. Clemmons, 6 who was deposed before me in 2011, okay? 7 Q. Okay. 8 A. He was told by the answer of my 9 complaint -- answer to his complaint by Alliance. 10 He was told in the neighborhood of five times by 11 different people and still deposed me. 12 Q. Okay. I mean, he's entitled to take 13 discovery, isn't he, just like you're entitled to 14 take discovery in this case? 15 A. Of course. He is not entitled to have 16 discovery of innocent people that he dragged into a 17 lawsuit that has nothing to do with the company or 18 the lawsuit. He is not entitled. I disagree. I 19 disagree vehemently. He's not entitled to that. 20 Q. Well, you know, when he -- when I 21 answered the complaint in this case on behalf of 22 Parham & Smith we said that Parham & Smith didn't 23 do anything wrong. Are you supposed to believe 24 that? 25 A. Yes. If you tell me Parham & Smith	Page 112 1 scheme, not a lawsuit. 2 Q. So he's just supposed to believe 3 everything that the lawyer says? 4 A. He's supposed to investigate. I don't 5 know whether you're familiar with that. It's a 6 rhetorical question. But, yes, in filing a 7 malpractice lawsuit you're supposed to investigate 8 it, yes. 9 Q. Okay. What did he do to investigate? 10 A. He did what he's supposed to do. He 11 talked to Ashby Davis. He took the deposition of 12 Mr. Clemmons. 13 Q. No. I want to talk about before the 14 lawsuit was filed. 15 A. I don't know about anything before the 16 lawsuit. I cannot -- I'm not a mind reader. I 17 don't know what he did. 18 Q. Well, you told me that he didn't 19 investigate. 20 A. We'll find out whether he conceived it 21 even before he filed the lawsuit. Okay? I'm not a 22 mind reader. What's in my complaint is what I 23 know. I do not know what he did before the 24 lawsuit. 25 Q. You don't know?
Page 111 1 doesn't own the Parham & Smith company I'm entitled 2 to believe that he doesn't and I'm entitled to 3 receive the documents to confirm whether he does or 4 he doesn't, okay? It is not a germane question. 5 The germane question is did Parham know that 6 Alliance did not own Greenville Pharmaceutical 7 Research. Yes, he did. Did he know that in July? 8 Yes, he did. Did he know that prior to the 9 lawsuit? Yes, he did. Did he know after one week 10 after he filed the lawsuit? Yes, he did. Did he 11 know at the deposition of Mr. Clemmons that happened 12 three months before mine? Yes, he did. 13 Q. Okay. Let's focus on one area of time 14 there. Previous to filing of the lawsuit how did 15 Mr. Parham know that Alliance did not own 16 Greenville Pharmaceutical Research? 17 A. I'm not going to go and answer 18 hypothetical questions. 19 Q. Well, you just said that he knew. 20 A. He has known after he filed intent, 21 okay, from the very same people he sued who has 22 told him through the lawyers who told him 23 through -- personally and answered the complaint, 24 you're suing the wrong people, okay? He completely 25 disregarded this information because he has a	Page 113 1 A. No. Okay? I do not know what he did 2 before the lawsuit. 3 Q. Well, you just told me what he did 4 before and what he didn't do before. You said that 5 before the lawsuit he knew that there was not any 6 ownership -- 7 A. I'm talking about there was an intent 8 to file the lawsuit that's required in South 9 Carolina. 10 Q. The notice of intent -- 11 A. That's where he should have known and 12 did, between the lawsuit and intent. That is a 13 period of time, approximately five, six months, 14 where he knew what he was doing. 15 Q. So between the notice of intent and the 16 lawsuit being filed how is it that he knew that 17 Alliance did not own Greenville Pharmaceutical 18 Research? 19 A. He'd been told, and he'd been told so 20 on several occasions. 21 Q. By whom? 22 A. By Ashby Davis. 23 Q. And is he supposed to believe that? 24 A. He is. 25 Q. He is?

Page 114 1 A. He's not supposed to believe it. He's 2 supposed to verify it. 3 Q. What did he do to verify it? 4 A. Nothing. 5 Q. How do you know? 6 A. Because he filed the lawsuit. 7 Q. Well, what if he did some research and 8 his research determined that there's a very 9 probable probability that Alliance does own 10 Greenville Pharmaceutical Research? 11 A. We'll find out, won't we? But I told 12 you for me it matters very little. It only matters 13 to me that he continues the lawsuit without any 14 grounds for it, okay, and no prior investigation. 15 Prior investigation was key in this matter. He was 16 asked to come to talk to our accountant. He was 17 asked to come to talk to our office. He was 18 offered every possible document to satisfy his 19 curiosity, okay? He refused all that. 20 Q. Perhaps because he wants to hear you 21 say it under oath. Under oath is a very important 22 thing, is it not? 23 A. Because he wanted to extort money as 24 alleged. 25 Q. Do you know --	Page 116 1 He had basically took extrajudicial matters in his 2 own hands, okay? Just like that, okay? Didn't 3 write to the judge. Didn't file the lawsuit 4 against the pharmaceutical company. He wrote and 5 threatened that he would and that's what he did, 6 okay? It was blackmail basically, okay? And, yes, 7 we have succumbed to the blackmail because we had 8 no choice. 9 I don't know if you ever knew 10 Mr. Parham, okay? I only knew him at my 11 deposition. He's a very intimidating man, okay? A 12 powerful lawyer. One of the most powerful lawyers 13 in the upstate. I would venture to say the most 14 powerful lawyer in the upstate who threatened to 15 ruin your business and your life. What would you 16 do? 17 Q. Have you heard about Mr. Parham's 18 reputation in the community? 19 A. Very powerful man, okay, who is not 20 going to stand for anything until he gets his way. 21 Q. Have you heard that he is well 22 respected in the community? 23 A. In the legal community or physician 24 community? 25 Q. Let's not go with the physician
Page 115 1 A. Isn't that for a jury to decide? 2 Q. Do you know why he did it? 3 A. Yes. 4 Q. Why? 5 A. Because he wanted to apply pressure, 6 okay? 7 Q. What evidence do you have of that 8 besides what you believe? 9 A. Letters that he has wrote to the -- 10 extortion letters that he has wrote. Now, you may 11 disagree it's an extortion letter, but you asked me 12 a question. It was a blatant extortion, okay, a 13 threat of reporting us to the pharmaceutical 14 industry if we don't settle. 15 Q. You're talking about the letter he 16 wrote to the institutional review board? 17 A. No. He has wrote a letter to our 18 lawyers and us telling them that if you don't do 19 what I say I'm going to drag in the pharmaceutical 20 company into your frivolous litigation, okay? Not 21 only was it frivolous, but he was trying to drag 22 in -- or he wasn't trying. He was trying to tell 23 us that he was going to report -- and he did, okay? 24 He did. And that's what led to the Greenville 25 Pharmaceutical insurance settlement because he did.	Page 117 1 community. 2 A. I'm going to go to with physician 3 community because I'm a member of that. 4 Q. All right. Let's talk about -- 5 A. He was -- he was terrifying, 6 intimidating. He would not stop at anything. That 7 is the physician community reputation. 8 Q. Was he respected? 9 A. No. 10 Q. No? 11 A. No. Not for his tactics. He was 12 probably one of most feared men for his tactics in 13 the medical community, and those are good people in 14 the medical community. 15 Q. How about outside of the medical 16 community? 17 A. I'm not privy to that. I'm a member of 18 the medical community. 19 Q. But you're also a member of just the 20 Spartanburg community, correct? You do, think 21 outside of the medical -- 22 A. Mr. Parham is not a member of the 23 Spartanburg community. Mr. Parham is an outside 24 lawyer who will come to this community and file 25 lawsuits right and left.

Page 118 1 Q. Had you ever heard of Mr. Parham 2 outside of the medical community? 3 A. Not in Spartanburg. I don't believe he 4 ever had a presence in Spartanburg. 5 Q. Do you have any -- well, let's look at 6 paragraph 18. 7 A. Let's do that. 8 Q. It says, filing suit against the 9 plaintiff, which is Alliance, was merely an effort 10 to include another party irrespective of the lack 11 of liability to have leverage against Greenville 12 Pharmaceutical Research in an effort to overcome 13 its meritorious defense. 14 A. I see that. 15 Q. Okay. Do you have -- well, Alliance 16 and Greenville Pharmaceutical Research are not 17 related, correct? 18 A. They're not. 19 Q. All right. So why would bringing 20 Alliance in provide any leverage against Greenville 21 Pharmaceutical Research? 22 A. He discovered that several members of 23 Alliance have shares in Greenville Pharmaceutical 24 Research and he concocted a scheme of basically 25 extorting Alliance to apply pressure on GPR to give	Page 120 1 why you believe this to be evidence that Parham & 2 Smith included Alliance in the Bruce litigation to 3 gain leverage against GPR. 4 A. This deposition happened within weeks 5 after Desai had settled. 6 Q. And? 7 A. That's my answer. I previously have 8 testified that the leverage was against Desai and 9 GPR and all along they knew that GPR has nothing to 10 do with that, as well as Alliance, because they did 11 not provide him with materials. 12 Q. Why don't you tell me what on this 13 piece of paper shows you that -- or speaks to you 14 that Alliance was only included to gain leverage 15 against GPR. 16 A. It's self-explanatory. 17 Q. Not to me. So I wonder if you -- 18 A. That's the best I can answer. 19 Q. Okay. 20 A. It says directly that the only expert 21 witness in the case was not even provided 22 intentionally any materials that says that GPR and 23 by proxy Alliance did anything wrong whatsoever. 24 They filed a lawsuit intentionally not providing 25 any materials that will demonstrate that we've done
Page 119 1 him money. 2 Q. Okay. And what evidence -- what 3 objective evidence do you have of this scheme? 4 A. I'm going to present you some objective 5 evidence. 6 Q. Okay. 7 A. I'm going to read it to you. 8 Q. Okay. 9 A. It's my answer. 10 Q. Okay. 11 A. This is an answer from the deposition 12 of Dr. Gerald -- 13 MR. MANN: Let's go off the record for 14 a minute. 15 (A recess transpired.) 16 (DPT. EXH. 6, Excerpt of deposition of 17 Gerald Sokol, was marked for identification.) 18 BY MR. BOSCIAN: 19 Q. Dr. Feldman, I asked you for evidence 20 that you had that Parham & Smith included Alliance 21 as a means to gain leverage against Greenville 22 Pharmaceutical Research and you handed me a 23 document that you pulled out of your pocket which 24 we've marked as Exhibit 6, and this is a page from 25 Dr. Gerald Sokol's deposition, S-O-K-O-L. Tell me	Page 121 1 anything wrong. 2 Q. That's what this says? 3 A. Yes, that's what it says. 4 Q. Okay. 5 A. If it's not good enough for you, it's 6 good enough for the jury. 7 Q. Do you have any other evidence that 8 Alliance was included solely as a leverage position 9 against GPR? 10 A. I do. That's the letters -- extortion 11 letters that he wrote. 12 Q. Okay. And where are those letters? 13 A. It's in a file. 14 Q. Okay. Where is that file? 15 A. At Parham & Smith. 16 Q. Do you have a copy of the letters? 17 A. We do, but I don't have it in my hands. 18 Q. I understand. 19 A. But we do. 20 Q. Where is your copy of the letter? 21 A. It's in the files. I mean, it's so 22 many of them. I don't know. You want me to pull 23 it for you? 24 Q. I'm just curious where it is. Do you 25 have a file room? Do you have a file cabinet?

Page 122 1 A. I don't keep those files, but what I 2 can tell you is that I can find them for you. 3 MR. BOGDAN: Okay. Has all that been 4 produced, Milton? 5 MR. MANN: Off the record. 6 MR. BOGDAN: Yeah. 7 (Off-the-record conference.) 8 BY MR. BOGDAN: 9 Q. Dr. Feldman, you told me that you have 10 a file somewhere, you're not quite sure where it 11 is, that has -- does it have all of the evidence 12 that Alliance was only included as a means to gain 13 leverage against GPR? Do you have one file that 14 has all of this? 15 A. No. 16 Q. Okay. 17 A. I have a general file. 18 Q. But you have somewhere collected all of 19 this evidence? 20 A. I think that this is good enough, what 21 I gave you. 22 Q. You might think that, but I want all of 23 it. 24 A. Just request what I didn't give to you 25 already. I think I gave you everything I've got.	Page 124 1 Q. Dr. Feldman, I know that I did not ask 2 you to bring anything with you to this deposition. 3 What I'm asking you to do now is after this 4 deposition to go collect all of this evidence that 5 you say that you have to support your case against 6 Parham & Smith. 7 A. Fair enough. It doesn't have to be 8 tonight? 9 Q. It does not have to be tonight. 10 A. Absolutely. 11 MR. MANN: And, Jeff, just for the 12 record, number one, I understand that additional 13 evidence is going to be provided to you. This 14 deposition will be automatically continued. I'm 15 not suggesting by any stretch of the imagination 16 you have one bite of the apple. And things that 17 you identify through this deposition, I also 18 acknowledge that we have an ongoing duty to 19 supplement our responses to discovery. 20 MR. BOGDAN: Okay. Thank you. 21 MR. MANN: So we should be good. 22 MR. BOGDAN: Okay. 23 THE WITNESS: Not tonight. Sure. 24 BY MR. BOGDAN: 25 C. Not tonight.
Page 123 1 Q. What I'd like you to do after the 2 deposition -- 3 A. If you're saying I didn't comply with 4 the subpoena -- 5 Q. I'm not saying anything like that, sir. 6 MR. MANN: One at a time talk, please. 7 Thank you. 8 BY MR. BOGDAN: 9 Q. What I'd like you to do after this 10 deposition because it's already after 4:30 and I 11 don't want to keep you here all night and I don't 12 want to be here all night -- 13 A. I'm here to answer questions. 14 Q. I understand that. What I want you to 15 do after the deposition is go find your file and 16 pull every piece of evidence that you think 17 supports your case against Parham & Smith. 18 A. I can't do that. I don't know where 19 they are. 20 MR. MANN: Hang on a second. Let's go 21 off the record, please. Can we go off the record 22 for one second? 23 MR. BOGDAN: Yes. 24 (Off-the-record conference.) 25 BY MR. BOGDAN:	Page 125 1 MR. MANN: We're good. 2 THE WITNESS: We're good. 3 BY MR. BOGDAN: 4 Q. And, in fact, because of the late hour. 5 Otherwise, I would ask you to go get it right now, 6 but it's too late. 7 A. We're good. 8 MR. MANN: Thank you, Jeff. 9 MR. BOGDAN: We'll do it next week. 10 MR. MANN: Yes, sir. 11 THE WITNESS: Christmas day. 12 MR. BOGDAN: We'll do it after 13 Christmas day. We don't want to mess with the 14 holidays. We'll do it in January. 15 MR. MANN: And I will tell you on the 16 record Dr. Feldman will be having call on Christmas 17 day because he takes good care of all his 18 physicians. 19 Thank you, Dr. Feldman. 20 THE WITNESS: That is right. Thank 21 you. 22 BY MR. BOGDAN: 23 Q. Paragraph 19. We're still on page four 24 of exhibit -- I don't remember what number it was. 25 I think --

Page 126 1 A. I still have it open. We're good. 2 It's page four, paragraph 19, line one. 3 Q. All right. It says, in response to the 4 underlying action the plaintiff filed a motion to 5 dismiss. 6 A. I see that. 7 Q. Do you recall Alliance filing a motion 8 to dismiss the Bruce litigation? 9 A. Yes. 10 Q. What happened to that motion to 11 dismiss? 12 A. The motion to dismiss was filed to let 13 Mr. Parham know that he needs to dismiss the case. 14 Once he did not dismiss the case we had no other 15 choice but to fight it. 16 Q. And did you win that motion to dismiss? 17 A. We decided to pull the motion. That 18 was a decision that was -- it was not done by me 19 and it goes to the confidentiality of lawyer 20 conversation. 21 Q. All right. Turn the page, please. 22 A. Page five. 23 Q. Page five, paragraph 26. Due to the 24 plaintiff's inclusion in the Bruce litigation it 25 was involved in no less than ten depositions	Page 128 1 Q. He's paid by what? 2 A. By billing. 3 Q. So he doesn't make a salary? 4 A. He makes a retainer and he's paid by 5 billing hours. 6 Q. So he records his time and submits a 7 bill to Alliance? 8 A. He submits bills to Alliance, yes. 9 Q. Does Alliance still have those bills? 10 A. I'm sure, but I don't have them. That 11 will be one of the requests we will be happy to 12 provide you. 13 Q. And those bills would include those 14 costs -- travel costs and everything? 15 A. I'm sure, but I don't deal with the 16 bills. We will provide you with everything you 17 request. 18 Q. Okay. 19 All right, sir. Next page, please. If 20 you'd look at paragraph 30. Parham's letter -- and 21 this is in reference to a letter that was sent to 22 the institutional review board. Do you understand 23 that? 24 A. No, I don't. 25 Q. What do you think this letter was -- in
Page 127 1 resulting in time, effort and costs, including 2 travel costs to and from Florida. 3 A. I see that. 4 Q. All right. How much time did it take 5 for Alliance to do all this? 6 A. Well, we paid a lot of money to 7 lawyers. It was two depositions, two travels, 8 several days of lawyer time, okay, as far as with 9 the travel costs, lodging and so forth. It has 10 also taken three or four hours of deposition which 11 I had to be on the phone myself personally. There 12 were ten depositions of Alliance members that had 13 been taken in this litigation. And I'm not an 14 expert to calculate all that. I'm going to defer 15 to the expert to calculate the costs. 16 Q. There were ten depositions of Alliance 17 members? 18 A. I believe it was ten depositions that 19 required Alliance lawyers to be there. 20 Q. Okay. But Alliance's lawyer was Milton 21 Mann, correct? 22 A. Alliance's lawyer was Milton Mann. 23 Q. And he's an employee of Alliance, 24 correct? 25 A. He's paid by billing hours.	Page 129 1 paragraph 30 it's referencing a letter, Parham's 2 letter. 3 A. It was sent to Alliance -- to Alliance 4 Biomedical Research. 5 Q. Parham's letter was sent as a threat in 6 order to extort monies from the plaintiff and GPR 7 by intentionally interfering with the business 8 relationship between GPR and GSK -- that's 9 GlaxoSmithKline, correct? 10 A. That's correct. 11 Q. -- an innocent third party, in order to 12 blackmail a settlement from GPR. 13 A. The innocent third party is Alliance. 14 Q. I thought you -- doesn't this suggest 15 that GSK is the innocent third party? 16 A. Yeah, it suggests an innocent third 17 party. It suggests interference between GSK and 18 GPR, and the innocent third party is -- let me read 19 it. Parham's letter was sent as a threat in order 20 to extort money from the plaintiff and GPR by 21 intentionally interfering with business relations 22 between GPR and GSK. Yes, it's referring to GSK in 23 this context. 24 Q. In order to blackmail a settlement from 25 GPR, correct?

Page 130 1 A. Yes. 2 Q. Do you believe that Mr. Parham was 3 trying to blackmail a settlement from Alliance? 4 A. Yes. He was trying to blackmail a 5 settlement from GPR by threatening Alliance. 6 Q. Do you believe he was trying to 7 blackmail a settlement from Alliance? 8 A. Yes. That's what I said. I believe he 9 was trying to blackmail Alliance to pressure GPR. 10 Q. Okay. 11 A. And it was threatened against Alliance 12 as well. He was threatening everyone, Alliance and 13 GPR. 14 Q. All right. Just the way that this 15 reads it suggests that he's only trying to 16 blackmail a settlement from GPR. 17 A. That's why I'm answering your question, 18 okay? The allegations are that he blackmailed both 19 GPR and Alliance. He blackmailed everyone. But 20 I'm here sitting as a plaintiff for -- as a 21 respondent for Alliance. 22 Q. I understand. 23 Paragraph 32. 24 A. Yes, sir. 25 Q. Plaintiff has suffered damages, loss	Page 132 1 Q. It might happen in the future? 2 A. The answer to this question, it 3 definitely might happen in the future. It did not 4 happen because we had to change our business plan. 5 Is that an accurate answer to your question? 6 Q. That's a good answer, yes. 7 The next one is money. I think we've 8 already been over that one, the money that you had 9 to pay Milton Mann to defend the case. 10 A. We'll come back to that one because I 11 can't give you an amount. 12 MR. MANN: Whoa. Timeout. He's asking 13 the questions. You'll take them in the order he 14 asks. 15 THE WITNESS: Yeah. So what was the 16 question? 17 BY MR. HOGDAN: 18 Q. The second category of damages you say 19 you have suffered or Alliance has suffered is 20 money? 21 A. Yes. 22 Q. Okay. I understand that one portion of 23 that money is money that Alliance had to pay to 24 Milton Mann to defend it? 25 A. Yes.
Page 131 1 and harm including but not limited to their 2 reputations -- 3 A. Uh-huh. 4 Q. -- money -- 5 A. Uh-huh. 6 Q. -- emotional tranquility -- 7 A. Uh-huh. 8 Q. -- and privacy. 9 A. Yes, sir. 10 Q. All right. Reputation. Let's start 11 with that one. You told me earlier this had 12 nothing to do with reputation. 13 A. It has to do with a lot of 14 representation going forward, an ability of 15 Alliance to have a clean slate, never been sued. 16 Q. But you haven't suffered those damages 17 yet? 18 A. That's what exactly we discussed, that 19 I have -- as Alliance Alliance Biomedical Research 20 have not suffered damage in reputation for the 21 simple reason that I had to put on hold those 22 business relationships. That's the reason why I 23 haven't suffered damage to my reputation. 24 Q. It hasn't happened yet? 25 A. No.	Page 133 1 Q. As well as his costs? 2 A. Yes. 3 Q. All right. What other money has 4 Alliance lost? 5 A. Travel, lodging, deposition, my time, 6 the Alliance board members' time, and that is what 7 the statement is referring to. 8 Q. Okay. Anything else? Any other items 9 of money? 10 A. In this particular question I just 11 answered to you we have discussed at length other 12 issues. I'm referring to that paragraph, okay, 13 that we just discussed, okay? 14 Q. All right. 15 A. So narrow paragraph -- my answer to 16 that question about that paragraph that you read 17 me, okay, as far as a business relationship and 18 business plan and so forth I think we discussed it 19 at length and we agreed that we're going to wait 20 for the expert opinion. 21 Q. Okay. 22 A. Does that answer your question? 23 Q. I think so -- 24 A. Okay. 25 Q. -- but let me make sure.

Page 134 1 A. Okay. 2 Q. Because this paragraph says that 3 plaintiff has suffered damages and one of those 4 items of damages is money. 5 A. Yes. 6 Q. Okay. And I want to know all of the 7 ways that Alliance has lost money. 8 A. And I have promised you the expert 9 opinion once available to calculate the damages. 10 Q. All right. But as we sit here today, 11 the money that Alliance has lost from today 12 backwards -- 13 A. Yes. 14 Q. -- not today forwards, but today 15 backwards -- 16 A. Yes. 17 Q. -- is the money that it had to pay to 18 Milton Mann to defend you -- 19 A. Right. 20 Q. -- as well as his costs, which include 21 travel and lodging and meals -- 22 A. Right. 23 Q. -- and then your time and the other 24 members' time? 25 A. Yes.	Page 136 1 me, to the company of the highest degree. Again, 2 this is my answer. You may disagree with it. 3 Q. So while the lawsuit was pending, 4 what were the other -- you've talked about these 5 other five employees of Alliance who are no longer 6 still employees. Were they still employed while 7 the lawsuit was pending? 8 A. Milton and Holly were. The other 9 people were reassigned. 10 Q. Because of the lawsuit? I thought you 11 had said they were reassigned in 2012? 12 A. I believe it was -- they were 13 reassigned between 2012, 2013. Yeah, I think that 14 the lawsuit has changed the business plan. So 15 everything changed when the business plan was 16 changed. We don't -- no longer create companies 17 for a while, okay? So I believe I answered that 18 question seven to ten times. I don't know what 19 else I can add. 20 Q. Once -- 21 A. If I can, tell me. 22 Q. Once the lawsuit was filed did Alliance 23 just stop doing everything? 24 A. Yeah. Our mission was to create 25 companies. We stopped creating companies, yes,
Page 135 1 Q. Okay. And then going forward it might 2 lose money? 3 A. We already lost money. We created two 4 sites a year. Okay? That's what I'm trying to 5 explain. The expert will calculate what that 6 demonstrated loss is. It takes three years to 7 build a company to profitability. We lost 8 12 months. 9 Q. All right. The next one is emotional 10 tranquility. Explain how Alliance's emotional 11 tranquility has been damaged. 12 A. Our world has been turned upside down. 13 Instead of focusing on our business plan we have 14 been focusing on the lawsuit. What can be worse? 15 Q. You had to put all of Alliance's 16 resources into defending the lawsuit? 17 A. We had to stop our business plan 18 pending the resolution of this bogus lawsuit. The 19 entire business plan was put on hold. 20 Q. So Alliance did not make any money 21 during the years that this lawsuit was pending? 22 A. Alliance could not contact any 23 potential partners, could not execute its business 24 plan, has lost 12 months of the most precious time, 25 okay? That is a loss of emotional tranquility to	Page 137 1 sir. 2 Q. What about the companies that it 3 already -- had it already created any companies 4 before the lawsuit was filed? 5 A. Once the company has been created, 6 okay, it's -- you know, it's a company. The 7 minority shareholders have the responsibility of 8 Alliance to support all of that. It cannot be 9 stopped. 10 Q. I understand. But Alliance -- 11 A. What has stopped is the creation of the 12 new companies. 13 Q. So Alliance -- 14 A. Which Alliance does. 15 Q. Alliance was able to continue to 16 service the companies it had already created? 17 A. Those companies basically will continue 18 to be able to function on their own. We already 19 created them, okay? The mission of Alliance is not 20 to service the company. The mission of Alliance is 21 to create the company. 22 Q. Once Alliance creates the company it 23 stops all servicing of the company? Does it 24 continue to help the company? 25 A. I'm going to try, Jeff, to explain to

Page 138 1 you what it involves. To start the company we need 2 to have between six to twelve months of training of 3 the operations manager. We need to have another 4 three to five months of training of the 5 coordinators. You need to have a -- build up a 6 database. It's about 24 months work time, okay? 7 So it's already been done to those companies that 8 had been started, okay? Those investments have 9 been already made in time, in money, in effort and 10 so forth. 11 Now, you're asking me did Alliance 12 continue to help those companies to function. Yes, 13 but that's not the major mission of Alliance. The 14 major mission of Alliance is to create those 15 companies. And, yes, we had stopped creating them, 16 yes. We had no choice. 17 Q. Okay. But while the lawsuit was 18 pending Alliance continued to do some work, 19 correct? It didn't just stop all of its 20 operations. I understand it stopped creating new 21 companies. 22 A. Because that's what Alliance does. 23 Q. But you said that it still does some 24 servicing of the old companies. It's not its main 25 function, but it still does some work with the	Page 140 1 said, pay me \$100,000 and you're out of the case? 2 He never did anything like that? 3 A. No. No. I don't think he ever 4 intended for Alliance -- I think that he never did. 5 Q. All right. Number 42. It's on page 6 seven of the second amended complaint. 7 A. What page? 8 Q. Page seven. 9 A. I'm seeing it. 10 Q. All right. And paragraph -- 11 A. Now, what? 12 Q. Paragraph 42. 13 A. I see that too. 14 Q. It says, Parham was driven by greed for 15 his own monetary gain because of the contingency 16 fee contract with his clients. 17 Do you have any evidence to support 18 this allegation? 19 A. Parham was driven by greed for his -- 20 yes, I do. 21 Q. What evidence do you have to support 22 this allegation? 23 A. Mr. Bruce, he don't know who Alliance 24 was. It couldn't come from him. He didn't know 25 who we were.
Page 139 1 companies it already created, correct? 2 A. You know, I suppose. Here's what I'm 3 going to ask you to do. Talk about it to Steve 4 Clemons, okay, because he is very much involved in 5 servicing of the companies and so forth. Yes, it 6 wasn't stopped, no. 7 Q. That's all I want to know, was once 8 this lawsuit -- 9 A. But I don't do that, okay? My major 10 mission as the COO is to identify opportunity, to 11 arrange partnerships and so forth. I'm not 12 wishy-washy. There's other people who'll answer 13 you better. They services those companies. My 14 work has stopped, yes, as a COO. On behalf of 15 Alliance it has stopped. 16 Q. Okay. 17 Did Mr. Parham ever make a settlement 18 demand on Alliance in the Bruce litigation? 19 A. Yes. He did not make a specific 20 monetary -- he just basically threatened us with 21 repercussions. 22 Q. Okay. 23 A. But he never really said how much he 24 wants. 25 Q. So he never came out to Alliance and	Page 141 1 Q. Well, wouldn't -- 2 A. It wasn't Mr. Bruce's demand. It was 3 Mr. Parham's demand. Mr. Bruce testified that he 4 didn't know who Alliance is. 5 Q. Wouldn't any monetary gain also benefit 6 Mr. Bruce? 7 A. Mr. Bruce don't know who Alliance was. 8 Q. Not my question. Wouldn't any monetary 9 gain in the Bruce litigation, any settlement, also 10 benefit Mr. Bruce? 11 A. We will find out in discovery. I don't 12 know that today. 13 Q. Okay. Again, just bear with me. 14 MR. MANN: Take your time. 15 BY MR. BOGDAN: 16 Q. We've answered some of these questions, 17 so I'm going to try to check them off the list. 18 A. I'm going to -- I'm going to try to 19 really keep it to a focus. I apologize. 20 Q. No. Don't apologize. 21 A. Because I'm probably responsible for 22 about 40 minutes of this conversation. 23 MR. MANN: Off the record. 24 (Off-the-record conference.) 25 BY MR. BOGDAN:

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1 Q. Dr. Feldman, it's your position and
2 Alliance's position that Mr. Parham included
3 Alliance in the Bruce litigation solely to make
4 more money for himself, correct?
5 A. No, it's not my position. My position
6 is that he has included Alliance as an innocent
7 party to influence the outcome of the lawsuit and
8 using it as a club, okay? Basically included an
9 innocent party --
10 Q. Okay.
11 A. -- knowingly and willfully, and whether
12 he intended to make more money for himself, I'm
13 certain.
14 Q. Okay.
15 A. It wasn't all his -- it wasn't his --
16 maybe not even his major goal, money, okay, but
17 certainly it was included for his own financial
18 benefit, okay? His major goal was to terrorize us
19 so we'll basically apply pressure on GPR. I mean,
20 that's what his major goal was.
21 Q. Apply pressure so that GPR would pay
22 more money to settle the case?
23 A. No. So GPR would settle, not more
24 money. He knew they would not settle without his
25 shenanigans. He didn't have a case, okay? So,

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1 yes, that was his major reason. Greed was a
2 second.
3 Q.. Is it your belief that without Alliance
4 being included in the Bruce case GPR wouldn't have
5 paid any money to settle or do you not know?
6 A. I don't know what his behavior would
7 have been, okay, but the extrajudicial attack on
8 GPR, that's what led to the settlement. He
9 dismissed Alliance after Desai settled. So that's
10 clear that he was done with us after he obtained
11 settlement from Desai.
12 Q. Do you think that it was Mr. Parham's
13 intent to derail Alliance's business plan?
14 A. It became his intent, okay? His intent
15 was to pressure us, okay, to submission. That was
16 his intent, okay? When it didn't work he resorted
17 to extrajudicial attack and threats.
18 Q. So is that answer yes?
19 A. Yes. It's a qualified answer. I
20 explained to you what yes means.
21 Q. Okay. Do you believe that that was his
22 intent before the lawsuit was filed, to derail
23 Alliance's business plan?
24 A. I'm not going to go into his state of
25 mind at that time. I certainly don't go into his

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1 state of mind one he starts threatening us, yes.
2 Q. I'm trying to figure out if you think
3 that Mr. Parham had other motives besides just
4 financial gain in adding Alliance to the case.
5 A. I put financial gain as number two.
6 Q. And number one --
7 A. Number one is basically using it as a
8 club and a threat to hold us by our throat so
9 we'll -- so we have some influence on other members
10 of GPR.
11 Q. To pay him money?
12 A. No. I didn't say to pay him money.
13 Q. Well, why would he want to influence
14 GPR? To do what? Influence them to do what?
15 A. For sure, yes, his ultimate goal was to
16 enrich himself, but that goal has changed, okay?
17 Initially his goal was to extort the money from
18 Alliance. When he --
19 MR. MANN: Off the record for a minute,
20 please.
21 (Off-the-record conference.)
22 THE WITNESS: I'm not going to go into
23 the state of mind of Mr. Parham, okay? I'm going
24 to stick to the facts that suggest what he did.
25 BY MR. BOGDAN:

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1 Q. Okay.
2 A. What I think and so forth is less
3 relevant than what he did. He was heated. He
4 threatened us. He threatened our business
5 relationship. He threatened our vital business
6 relationship. He has provided no materials
7 knowingly to his expert witness, okay? He has no
8 expert witness that has said we have done anything
9 wrong. I say we, Greenville by proxy by Alliance.
10 He had no facts for the case. He has hidden the
11 evidence, okay, that -- and he has withheld
12 evidence from the only expert witness that he had,
13 okay? He was provided numerous evidence by
14 Dr. Gregory J. Feldman, M.D., who is truly, truly
15 an expert in his particular field, explained to him
16 what a bogus lawsuit it was, and he still proceeded
17 to threaten the company that he knew has no
18 ownership in GPR. That's the facts.
19 His state of mind, how much money he
20 wanted to make, whether it was support for him to
21 destroy Greg Feldman or his company, okay, that's
22 the state of mind and maybe a jury will be
23 interested in that, okay? What I'm interested in
24 is what he's done, how much damage he's done and
25 his company has done to my company. That's what my

Page 146 1 interest is. I'm not his psychologist, okay, or 2 Blake Smith's psychologist. I want other people to 3 judge, okay, how greedy they are. 4 All right. That's my answer. 5 MR. MANN: Thank you. 6 BY MR. BOGDAN: 7 Q. Let's talk about the Internet. 8 A. Let's do that. I'm not Al Gore, but -- 9 Q. Are you familiar with the Internet? 10 A. I am. 11 Q. Do you know how to use it? 12 A. Yes. 13 (DFT. EXH. 7, Printout from GPR's 14 website, was marked for identification.) 15 BY MR. BOGDAN: 16 Q. Exhibit 7 -- 17 MR. BOGDAN: Here you go, Milton. You 18 can follow along. 19 MR. MANN: Thank you, sir. 20 BY MR. BOGDAN: 21 Q. This is a printout that I printed out 22 from Greenville Pharmaceutical Research's website. 23 Do you see this? 24 A. I haven't been on that site for a long 25 time. I'll take your word that you printed it out	Page 148 1 A. Yes. 2 Q. One of those bullet points is Alliance 3 Biomedical Group? 4 A. Yes. 5 Q. So this is a printout from Greenville 6 Pharmaceutical Research's website and under the Our 7 Company tab is a link to Alliance Biomedical Group? 8 A. Yes. 9 Q. Correct? 10 A. Yes. 11 Q. Why is that there? 12 A. Alliance Biomedical Group International 13 is a European thing and GPR was a major training 14 ground. That's where we bring our international 15 coordinators from Spain, Russia and Hungary to be 16 trained. It has nothing to do with American 17 operations. 18 Q. Okay. 19 A. Alliance Biomedical -- GPR was serving 20 as a training institution for international 21 coordinators. 22 Q. So that doesn't suggest to you that 23 Alliance Biomedical Research is part of GPR? 24 A. Where does it say Alliance Biomedical 25 Research here?
Page 147 1 from there. 2 Q. All right. You can kind of follow 3 along. This -- if you look up on the top left 4 there's a bunch of things that you can click. 5 They're in blue print. Do you see that? 6 A. Yes. 7 Q. And one of them says, Our Company. Do 8 you see that? 9 A. Yes. 10 Q. So I clicked on that link and it took 11 me to this page where you can see the large heading 12 is Our Company? 13 A. Yes. 14 Q. So this is a printout from the GPR 15 website, the Our Company tab? 16 A. Yes. 17 Q. Okay. Now, if you turn to the next 18 page you can see under the Our Company heading -- 19 A. I don't have a next page. I have a 20 blank page next page. 21 Q. No. There's writing on it. 22 A. Oh. I see. 23 Q. So if you go back to the first page you 24 see there's, Our Company, and underneath of it 25 there's three bullet points.	Page 149 1 Q. It says Alliance Biomedical Group. 2 A. Okay. Do you see the exhibit that I 3 provided to you that has many different companies? 4 Q. Yes. 5 A. Can you look at the difference between 6 Alliance -- 7 MR. MANN: Objection. Dr. Feldman, 8 there's only one person asking questions and that's 9 Jeff. 10 BY MR. BOGDAN: 11 Q. Did Mike Parham have a copy of that 12 list of companies that you've provided to me before 13 he filed this lawsuit? 14 A. He did not. 15 Q. So he wouldn't have had that benefit, 16 would he? 17 A. Of what? 18 Q. Of having that list of companies. 19 A. I don't know if it was a benefit for 20 him or not. I think he could care less, 21 personally. 22 Q. But if he looked at this website he may 23 have concluded, when I click on Greenville 24 Pharmaceutical Research's tab there's a link to 25 something called Alliance Biomedical Group?

Page 150 1 A. He could have, but not after Ashby 2 calling him and telling him it has nothing to do 3 with that, come and verify it for himself. No, he 4 couldn't. He probably still keeps missing -- there 5 was five months between intent and final lawsuit. 6 MR. MANN: Objection. There's no 7 question on the table. Let him ask the questions, 8 Dr. Feldman. 9 (DFT. EXH. 8, Printout from GPR's 10 website, was marked for identification.) 11 BY MR. BOGDAN: 12 Q. Dr. Feldman, Exhibit 8 is another 13 printout from the web page and I will represent to 14 you that when I clicked on the Alliance Biomedical 15 Group tab this is what came up. 16 A. Is there anything I need to do with 17 this exhibit? 18 Q. I'm going to ask you some questions 19 about it. 20 A. All right. 21 Q. First of all, do you dispute that what 22 I've just handed you marked as Exhibit 8 is a 23 printout of the web page that popped up when I 24 clicked on Alliance Biomedical Group? 25 MR. MANN: We will stipulate that it's	Page 152 1 would have been correct, but in year 2011 he was 2 told on numerous occasions there is no relationship 3 between the those two companies. There was none. 4 The network was in construction for ten years, 5 okay? This is what my dream is and the purpose. 6 If you ask me, the most important project of my 7 life. 8 Q. Okay. 9 A. And, yes, those websites were to 10 educate the medical community about the 11 construction of a network. It would have taken 12 five minutes for Mr. Parham to be disabused of that 13 notion that there's any relationship, or less. 14 Q. Because somebody told him? 15 A. Not somebody. His friend and highly 16 reputable lawyer, Ashby Davis. That's not 17 somebody. 18 Q. That's somebody, right? He's a person, 19 isn't he? 20 A. Okay. He's not a person off the 21 street. You wouldn't be suggesting that Mr. Ashby 22 Davis would be lying to Mr. Parham, would you? 23 Q. Certainly not. 24 MR. MANN: Hold on a second. Motion to 25 strike. Move to strike.
Page 151 1 a correct and accurate comment. 2 THE WITNESS: Yes. It's correct. 3 BY MR. BOGDAN: 4 Q. If you look at that printout which is 5 Exhibit 8 there is a sentence that starts with, 6 Alliance's network provides onsite training. 7 A. I see that. 8 Q. What is included in that Alliance's 9 network? 10 A. Russia, Hungary, Spain. 11 Q. So Russia, Hungary and Spain provides 12 onsite training? 13 A. Greenville Pharmaceutical Research 14 provides training for Russia, Hungary and Spain. 15 Q. All right. The sentence says, 16 Alliance's network -- 17 A. Oh, yeah. I'm confused. We'll go to a 18 different issue. This is a life dream of Greg 19 Feldman of assembling Greenville Pharmaceutical 20 Research, S Carolina Pharmaceutical Research and 15 21 companies in what's going to be Alliance Medical 22 Research, okay, into the one large internationally 23 recognized expertise of excellence company, okay? 24 So, yes, if Mr. Parham would have sued 25 us in 2016, and I hope to be 2017 at the latest, he	Page 153 1 Dr. Feldman, answer the gentlemen's 2 questions. If you don't have a question, sit there 3 quietly. He'll form a question and we'll get that 4 accomplished, okay. 5 THE WITNESS: Hopefully. 6 MR. MANN: No. We will. You have a 7 role, and that is to answer questions, please. 8 THE WITNESS: Exactly. Yeah, you're 9 right. 10 (DFT. EXH. 9, Plaintiff's Responses to 11 Interrogatories, was marked for identification.) 12 BY MR. BOGDAN: 13 Q. Dr. Feldman, I've marked as Exhibit 9 14 Alliance Biomedical Research's answers to 15 interrogatories in this case. Do you recognize 16 this document? 17 A. Yes. 18 Q. If you flip to the end, second to last 19 page, you signed a verification, correct? 20 A. Correct. 21 Q. Verifying that you have read this and 22 that everything is correct? 23 A. Yes. 24 Q. I'm just going to flip through and ask 25 you a few questions. So we're going to bounce

Page 154	Page 156
1 around a little bit. 2 A. Sure. 3 Q. Page two -- 4 A. Yes. 5 Q. -- the response to the second 6 interrogatory letter A says -- and it asks if any 7 recorded statements have been taken, okay? Letter 8 A identifies yourself and it says, Plaintiff Parham 9 & Smith have copies of the recorded statement. 10 Are you referring to your deposition or 11 is there another recorded statement? 12 A. Deposition. 13 Q. Page 12, please. 14 A. Okay. 15 Q. Number ten says, please state whether 16 or not the plaintiff, Alliance Biomedical Research, 17 has ever been a party to any other civil action, 18 and if so, give the names of all parties, the date 19 of such suit and the court in which each suit was 20 brought. Your response was none. 21 That's not true, is it? 22 A. Yeah. I need to amend it. It slipped 23 my mind. Alliance did sue an individual by name of 24 Charles Foggerty in year 2005. That suit was 25 resolved in 2007.	1 wasn't it? 2 A. Which one? 3 Q. The one that was filed by John and 4 Marilyn Bruce. 5 A. Well, right. Of course, but the one 6 that I have admitted, okay, is that Alliance was 7 involved in a lawsuit against Dr. Foggerty's. And 8 I apologize. I'll amend this response. 9 Q. And you would also need to include the 10 Bruce lawsuit because this asks for all other 11 lawsuits. 12 A. Those two lawsuits. 13 Q. I'm just trying to get a complete list. 14 A. Okay. 15 Q. And it's fine that you forgot. It's 16 okay. 17 A. Okay. 18 Q. I'm not taking you -- 19 A. I understand. I understand. But I 20 will amend this response. 21 Q. Okay. 22 A. And you know what? I'm going to -- 23 MR. MANN: Hold on a second. 24 THE WITNESS: I'm going to drop that. 25 It was S Carolina Pharmaceutical Research. It was
Page 155	Page 157
1 Q. Why did Alliance sue Charles Foggerty? 2 A. Well, Charles Foggerty started writing 3 letters around the pharmaceutical industry with -- 4 let me clarify that. On Anna Bulce, Steve Clemons 5 later and Haley Smith at the time -- she's Haley 6 Williams now -- used to work for Dr. Foggerty's 7 company which at the time was called Spartanburg 8 Pharmaceutical Research or something. 9 Q. It's called what? 10 A. Spartanburg Pharmaceutical Research or 11 something like that. 12 Q. Okay. 13 A. And they left Dr. Foggerty's 14 organization in 2004. I think Steve Clemons left 15 in 2005. In 2005 we had discovered that 16 Dr. Foggerty maligned our organization in speaking 17 to the many, many different people writing him 18 letters. We had discovered it by accident, okay? 19 We had filed a lawsuit to stop him from 20 continuation of those letters and he did stop. 21 Q. So that's one lawsuit that Alliance was 22 involved in? 23 A. That was the only one lawsuit that 24 Alliance was involved. 25 Q. Well, it was involved in another one,	1 only one. Sorry about that. It was S Carolina. 2 It was not Alliance. Alliance did not exist back 3 then. 4 BY MR. HOGAN: 5 Q. All right. 6 A. Sorry. Bruce. 7 Q. Page 13, please. 8 A. Strike that as my answer because I will 9 not be providing other than -- nothing but Bruce. 10 Okay. I see that, page 13. 11 Q. All right. Page 13 I said. Are you on 12 13? 13 A. 13. 14 Q. I thought you said 15. 15 A. No. 16 Q. And I'm going to go to number 15, which 17 says, describe in detail the relationship between 18 Alliance and GPR, and the response is ABR, 19 Alliance, provides legal services for GPR? 20 A. Yes. 21 Q. Is Alliance a law firm? 22 A. You can say that. We have a legal 23 department. 24 Q. Does Alliance have a trust account? 25 A. I'm not aware of it, but I'm going to

Page 158 1 verify that for sure. 2 Q. Okay. 3 A. But, yes, you can say it's a legal firm 4 in part. 5 MR. MANN: Objection. I'm going to 6 throw that out there. Objection. 7 BY MR. BOGDAN: 8 Q. Is there anything else besides 9 providing legal services for Greenville 10 Pharmaceutical Research that Alliance does for 11 Greenville Pharmaceutical Research? 12 A. No. 13 Q. And why does it provide legal services 14 for Greenville Pharmaceutical Research? 15 A. Because we have a legal department. 16 Q. Okay. Well, I mean, do you provide 17 legal services for anybody? 18 A. No. We could -- we provide legal 19 services for some other people, yes, but not 20 just -- but Greenville can seek another lawyer for 21 sure. 22 Q. Okay. 23 A. There's no -- there is no agreement 24 with Alliance to use our legal services. 25 Q. So why do you provide legal services	Page 160 1 Pharmaceutical Research. 2 A. Greenville was very well aware of our 3 expertise. It's pretty extensive. So they would 4 have firsthand knowledge of that degree of 5 expertise. 6 Q. Does Greenville pay Alliance for the 7 legal service? 8 A. Only for work done. 9 Q. Excuse me? 10 A. Only for work done. If it's not done 11 it doesn't pay. 12 Q. But if Alliance provides a legal 13 service for Greenville Pharmaceutical Research, 14 Greenville Pharmaceutical Research will pay 15 Alliance for that legal service? 16 A. Uh-huh. 17 Q. Yes? 18 A. Yes. 19 Q. Next page, please. This says -- it's 20 number 17 and it's kind of the same question that 21 we asked earlier, but as to some different -- 22 A. Just ask me questions. 23 Q. Describe in detail the relationship 24 between Alliance and the following entities. 25 A. What page we're on?
Page 159 1 for Greenville Pharmaceutical Research as supposed 2 to McDonald's? 3 A. Because basically we have expertise not 4 in the food industry, but in the pharmaceutical 5 research. 6 Q. Okay. 7 A. There's the contracts that need to be 8 done. There's the different assessment of 9 partnership arrangements. There's different 10 complexities that we have very, very large 11 expertise. And Mr. Mann has been with Alliance for 12 a good number of years and I believe he has pretty 13 significant expertise in those matters. 14 Q. Okay. Do you provide -- 15 A. I don't really know anybody but us 16 having that tremendous expertise in that particular 17 area. 18 Q. Does Alliance provide legal services 19 for every pharmaceutical research company in the 20 state of South Carolina? 21 A. Alliance has provided legal services 22 for many companies and other individuals that are 23 not associated with Alliance. 24 Q. I'm just trying to figure out why it 25 would provide legal services for Greenville	Page 161 1 Q. 14, sir. 2 A. 14. I see that. And what paragraph? 3 Q. Number 17. 4 A. Okay. 5 Q. It's the first one at the top. 6 A. All right. 7 Q. It says, describe in detail the 8 relationship between Alliance and then the 9 following entities, and the entities listed are 10 Alliance Biomedical Group International, LLC -- 11 A. Uh-huh. 12 Q. -- Alliance Biomedical Group USA, and 13 Alliance Biomedical Research of Europe, LLC, okay? 14 A. Right. I see that. 15 Q. And the answer to that question as to 16 all three of those entities is simply that Alliance 17 provides legal services to each of them? 18 A. Yeah. Alliance Biomedical Research of 19 Europe, LLC, is a dissolved company. 20 Q. Okay. 21 A. In fact, it has been renamed. It's 22 Alliance Biomedical Group International. 23 Q. Is there anything that Alliance 24 Biomedical Research provides to any of these 25 companies besides legal services?

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1 A. Nothing. Just legal services. 2 Q. A lot of these have been answered. So 3 that's why I'm not asking you. 4 A. You ask me any questions. 5 MR. MANN: Wait for a question, 6 Dr. Feldman. Let the record reflect multiple slaps 7 on the shoulder. 8 THE WITNESS: I know. 9 (A recess transpired.) 10 BY MR. BOGDAN: 11 Q. Page 16, sir. 12 A. Okay. 13 Q. Number 27. 14 A. I see it. 15 Q. It says, identify all willful acts that 16 plaintiff alleges Parham took in the use of process 17 that were not proper in the conduct of the 18 underlying litigation. 19 A. Okay. 20 Q. And the answer is, the fact that Parham 21 brought the litigation against the plaintiff and 22 continued it after knowing the plaintiff had 23 nothing to do with any allegations alleged in the 24 underlying lawsuit. 25 My question is this.	1 Q. How -- 2 A. I had not met him before that 3 litigation. 4 Q. You had not met him before that? 5 A. No. 6 Q. Have you met him since then? 7 A. Since the litigation has ended? 8 Q. Yes. 9 A. No. 10 Q. Did you deal with him a lot during that 11 litigation? 12 A. Yes. 13 Q. Did you find him to be competent? 14 A. Yes. 15 Q. An insurance company was paying for 16 Mr. Davis, correct? 17 A. I believe so. 18 Q. Yes. Okay. 19 So when it came time to depose 20 Dr. Sokol -- and you understand that Dr. Sokol was 21 the expert witness who was hired by Mr. Parham, 22 correct? 23 A. I understand that. 24 Q. When it came down to take his 25 deposition, why did Alliance take the lead and not
Page 163	Page 165
1 A. Uh-huh. 2 Q. Do you believe that a plaintiff in a 3 lawsuit should drop that lawsuit as soon as it 4 knows that the lawsuit is meritless? 5 A. We'll go farther than that. First of 6 all, I do believe in the law, but I also say he 7 shouldn't be filing it. 8 Q. As we sit here today, you don't know 9 how much money Alliance paid to defend itself in 10 the Bruce litigation, do you? 11 A. Paid to who? 12 Q. Paid to Mr. Mann, the attorney. 13 A. No, I don't. 14 Q. Okay. But we have those records 15 somewhere? We can get them? 16 A. Yes. Absolutely. You're going to get 17 any records you want or I have. 18 MR. MANN: Hold on. Okay. 19 BY MR. BOGDAN: 20 Q. We've talked about Ashby Davis a little 21 bit. He was representing Greenville Pharmaceutical 22 Research, right? 23 A. Yes, he was. 24 Q. Do you know him? 25 A. Yes.	1 Greenville Pharmaceutical Research? 2 A. We had extensive expertise in this type 3 of litigation. 4 Q. Did you not think -- 5 A. Not we, but Mr. Mann has extensive 6 expertise in this type of litigation, being 7 involved in this type of litigation. 8 Q. Okay. Did you believe Ashby Davis 9 wasn't qualified to take that deposition? 10 A. No. Absolutely he was qualified. It 11 was not my decision. It would be fine either way. 12 But Alliance was sued -- 13 Q. Okay. 14 A. -- and that was my responsibility, to 15 defend Alliance. 16 Q. Now, after Alliance was dropped from 17 the Bruce litigation do you understand that 18 Mr. Mann continued on in the litigation to 19 represent Greenville Pharmaceutical Research? 20 A. Yes. 21 Q. So why did that happen? Greenville 22 Pharmaceutical Research already had an attorney. 23 Why did they need Mr. Mann as well? 24 A. Dr. Sokol walked out of his deposition, 25 just took off and walked out. Mr. Mann wanted to

Page 166 1 finish it. He was taking his deposition. He 2 didn't finish it. 3 Q. And at the time that it was reconvened 4 Alliance was no longer in the case? 5 A. No, it wasn't. 6 Q. Okay. 7 A. But he also was providing legal 8 services to Greenville for a while. 9 Q. Did Greenville Pharmaceutical Research 10 pay Alliance for Mr. Mann's representation of it at 11 Dr. Sokol's second deposition? 12 A. I don't know that. I don't deal with 13 bills. I don't know whether Greenville billed him 14 for that or not. 15 Q. Do you know what malice is? 16 A. Yes. 17 Q. Okay. Do you that Mr. Parham acted 18 with malice? 19 A. Without a doubt. 20 Q. Explain that to me. Why do you believe 21 that? 22 A. He started writing extortion letters. 23 He threatened us with repercussions toward our 24 bloodline. 25 Q. Do you believe that Mr. Parham had any	Page 168 1 Q. Psychology? 2 A. Cytology. 3 Q. Can you spell that, please? 4 A. C-Y-T-O-L-O-G-Y, cytology report -- 5 Q. And where -- 6 A. -- from Greenville Hospital System. It 7 indicated a type of cancer that cannot be cured by 8 any means. 9 Q. If even if it was caught in the early 10 stages? 11 A. Even if he caught it -- but he has 12 withheld it from the expert witness. He didn't 13 give it to him. 14 Q. Did you give it to him? 15 A. Yes. 16 Q. Okay. 17 A. And he still didn't give it to him. I 18 gave him the report, literature. A file that big I 19 gave him. 20 Q. Is it a requirement that an attorney 21 who hires an expert give him every piece of paper 22 in the litigation? 23 A. This piece of paper that goes to the 24 heart of the testimony? 25 Q. Yeah.
Page 167 1 probable cause for including Alliance in the Bruce 2 litigation? 3 A. No. 4 Q. I think you've answered this already, 5 but I just want to be clear. What ulterior purpose 6 did Mr. Parham have in including Alliance? 7 A. The entire lawsuit was ulterior 8 purpose, okay? The ulterior purpose was to 9 threaten -- basically influence the GPR case and 10 Desai case and basically threatening everyone with 11 serious repercussions if we don't follow his way. 12 We didn't have a lawsuit, okay? There was no 13 malpractice or anything that was done. There was 14 no expert to testify that we had done anything. He 15 didn't provide him any materials. That all goes to 16 malice in my case, in my opinion. It is malice 17 from start to finish. But I'm answering your 18 question, what led me to believe it was malice. He 19 has withhold exculpatory evidence to expert 20 witness. 21 Q. What was that? 22 A. Cytology report that indicated the 23 cancer wasn't curable. 24 Q. A what report? 25 A. Cytology.	Page 169 1 A. That goes to the malice in my case. 2 Yes. Totally. 3 You asked me the question, what I 4 consider malice. This is more than malice. This 5 is an outrage. 6 Q. Actually, sir, the question was about 7 ulterior purpose. We already moved on from malice. 8 A. Then I misunderstood you. I was still 9 on malice. His ulterior purpose has been discussed 10 ten times. I'm going to repeat myself in the 11 interest of time. You can go back through my 12 deposition. 13 Q. Do you think that Mr. Parham set out to 14 destroy Alliance Biomedical Research? 15 A. He grew into this, yes. He grew into 16 beating us into submission. No doubt. 17 Q. Do you believe that he set out to 18 destroy the company? Was it his goal to to bury 19 this company? 20 A. Listen very carefully to what I said. 21 Q. I did. That's why I asked the 22 question. 23 A. I said that he grew into it. I didn't 24 say set out, okay? He grew into destroying our 25 company, yes.

Page 170 1 Q. No, sir. You said that he grew into 2 beating it into submission, which is -- 3 A. Okay. Let me rephrase it. Yes, he 4 grew into doing enormous harm to us by being upset 5 that we were not being beat into submission -- 6 Q. Do you -- 7 A. -- would be the proper answer to that. 8 Q. Let me ask the question again. Do you 9 believe that he either set out or grew into 10 destroying Alliance Biomedical Research? 11 A. Yeah, I believe that he set out -- grew 12 in -- not set out to destroy Alliance. He grew 13 into the idea that if they will not submit I'll 14 destroy them. I have no doubt that he would have. 15 Q. But Alliance did not submit? 16 A. We did not. 17 Q. And Mr. Parham did not destroy them? 18 A. Desai had settled and he had decided to 19 destroy Greenville instead. 20 Q. Well, he didn't destroy Greenville 21 either. 22 A. Yeah, because we had no choice -- 23 Greenville had no choice -- had little choice but 24 to submit. So he basically executed an extortion 25 scheme.	Page 172 1 did wrong that we haven't discussed today or that's 2 not included in any of the litigation papers? 3 A. It's been a long day. If I come up 4 with something I will let you know. 5 Q. As we sit here today -- 6 A. I think I answered every question you 7 asked me. I expressed my feelings, probably in too 8 many words that I should not have. I apologize for 9 that. But if I admitted something I will amend my 10 interrogatories or submit my deposition at your 11 request. 12 Q. Okay. Let's take five minutes. I just 13 want to look through my notes real quick. I think 14 I'm finished. 15 A. It is your call. 16 MR. BOGDAN: Go off the record for just 17 a couple minutes. (Off-the-record conference.) 18 BY MR. BOGDAN: 19 Q. I've just got one more question, 20 Dr. Feldman. 21 A. Yes, sir. 22 Q. And of course it's not just going to be 23 one question, but probably a few questions to get 24 to the answer, but that's okay.
Page 171 1 Q. Is there anything else -- we've been 2 here for a while today and we've talked about a 3 lot. Is there anything else that you haven't told 4 me today and that's not contained in the complaint 5 or in the interrogatory answers? 6 A. Is there anything you didn't ask me? 7 Q. No, no, no. That's not my question. 8 Let me finish the question. 9 MR. MANN: Wait. Dr. Feldman, wait for 10 a question and then answer it. 11 BY MR. BOGDAN: 12 Q. And it's kind of a long question, so 13 just be patient with me. We've been here for a 14 long time today. We've talked about a lot of 15 things. Is there anything that you have not told 16 me today or that's not included in any of the 17 complaints in this case or in the answers to 18 interrogatories that you believe Mr. Parham or 19 Parham & Smith did wrong? 20 A. Yes. This is totally my belief that 21 the group needs to be reported to the appropriate 22 authorities for the conduct of this case. 23 Q. Okay. That wasn't my question. That's 24 what remedy do you think should be taken. 25 Do you think there's anything else they	Page 173 1 A. It's your call. 2 Q. We have talked about -- I've asked you 3 before if you believe that Mr. Parham had any 4 reasonable basis to include Alliance in the Bruce 5 litigation. (Off-the-record conference.) 6 BY MR. BOGDAN: 7 Q. We have talked about -- I've asked you 8 before if you believe that Parham & Smith had any 9 reasonable basis to include Alliance in the Bruce 10 litigation and your answer was no, correct? 11 A. Correct. 12 Q. Okay. And then we got -- I started 13 asking you about what investigation they did and 14 what evidence they had and you said we'll see in 15 discovery, correct? 16 A. Yes. 17 Q. Because you don't know what they did -- 18 as we sit here today you don't know what 19 Alliance -- I'm sorry -- what Parham & Smith did 20 behind the scenes to determine that they wanted to 21 include Alliance in this case? 22 A. We knew that we were sued. 23 Q. Right, but you don't know what they 24 did -- what they typed into their computers, what

		Page 178	
1	deposition of Gerald Sokol		
2	DFT. EXH. 7, Printout from	146	13
3	GPR's website		
4	DFT. EXH. 8, Printout from	150	9
5	GPR's website		
6	DFT. EXH. 9, Plaintiff's	153	10
7	Responses to Interrogatories		
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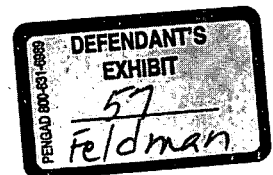
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STATE OF SOUTH CAROLINA	)	IN THE COURT OF COMMON PLEAS
	)	THIRTEENTH JUDICIAL CIRCUIT
COUNTY OF PICKENS	)	
	)	
Alliance Biomedical Research, LLC,	)	
	)	
Plaintiff,	)	AMENDED COMPLAINT
	)	(Jury Trial Demanded)
vs.	)	
	)	
Judith H. Parham, Personal Representative	)	
of the Estate of David Michael Parham,	)	C.A. No. 2014-CP-23-350
Deceased and Gerald H. Sokol, M.D.,	)	
	)	
Defendants.	)	

Now comes the Plaintiff complaining of the Defendants and allege:

Venue and Jurisdictional Allegations

1. The Plaintiff, Alliance Biomedical Research, LLC, is a limited liability corporation in good standing, formed within the State of South Carolina with its principal place of business in Spartanburg County.
2. Upon information and belief, David Michael Parham ("Parham") was a resident and citizen of the County of Pickens, State of South Carolina before his death and an Estate has been opened with the Pickens County Probate Court.
3. Upon information and belief, the personal representative, Judith H. Parham, is a resident and citizen of Pickens County, South Carolina.



4. Upon information and belief, Gerald H. Sokol, M.D. ("Sokol") is a resident of the State of Florida, with substantial ties to South Carolina through his paid-for witness services and therefore this court has personal jurisdiction over him.
5. Venue and jurisdiction are vested in the Circuit Court of the Thirteenth Judicial Circuit in and for Pickens County, South Carolina.

General Factual Allegations

6. This action arises out of alleged conduct by Parham as counsel and Sokol as a paid-for witness in a prior lawsuit captioned *John L. Bruce and Marilyn Bruce v. Greenville Pharmaceutical Research, Inc. and Alliance Biomedical Group*, ("underlying action" or "Bruce litigation") filed on October 20, 2011 in the Court of Common Pleas for Greenville County, Thirteenth Judicial Circuit, case number 2011-CP-23-6967.
7. According to the Bruce litigation court records, Parham served Plaintiff with the Notice of Intent to File Suit on or about July 13, 2011, which is required pursuant to §15-79-125 South Carolina Code of Laws in order to bring a medical malpractice claim within South Carolina.
8. Sokol's affidavit was offered in compliance with §15-7-125 South Carolina Codes of Law, a copy of which is attached herewith as Exhibit A.

FIRST CAUSE OF ACTION
(Abuse of Process as to Parham)

9. Plaintiff realleges all of the above paragraphs, to the extent not inconsistent herewith, as if each is set forth in toto hereunder.

10. Parham's legal career spanned more than thirty (30) years within the State of South Carolina with a legal specialty in Tort/Personal Injury Law in his representation of injured individuals.

11. South Carolina Code of Laws §15-79-125 states in part that:

Prior to filing or initiating a civil action alleging injury or death, as a result of medical malpractice, the plaintiff shall contemporaneously file a Notice of Intent to File Suit and an affidavit of an expert witness, subject to the affidavit requirement established in Section 15-36-100...

12. Following the pre-suit period of time, on October 20, 2011, Parham signed and filed the underlying litigation.

13. In the Bruce litigation, John L. Bruce and Marilyn Bruce ("Bruces"), through their attorney, Parham, alleged that Greenville Pharmaceutical Research, Inc. ("GPR") and Alliance Biomedical Research Group, LLC, failed "to possess the degree of care, competence and skill ordinarily and customarily possessed by similar healthcare providers in similar circumstances or failing to exercise that degree of care, competence and skill ordinarily and customarily exercised by similar health-care providers under similar circumstances and in deviating from ordinary and customary standards of medical care", and acted in a fashion of "negligence, carelessness, recklessness, willfulness and wantonness", which caused the Plaintiffs to suffer real and immediate injury.

14. Within the underlying action, Parham alleged on behalf of the Bruces: "Upon information and belief, Alliance Biomedical Research, LLC, is a corporation whose principal place of business is in the County of Spartanburg, State of South Carolina. Alliance Biomedical Research, LLC is the parent company of Greenville Pharmaceutical Research, Inc. At all times herein mentioned, the Defendant Alliance

Biomedical Research, LLC, acted by and through its subsidiary Greenville

Pharmaceutical Research, Inc. together with its servants, agents and employees.”

15. Parham sought actual and punitive damages arising out of the underlying action for the Bruces against Plaintiff for GPR’s alleged conduct.
16. On April 16, 2012, Mr. Bruce testified in his deposition within the underlying action that he had never spoken with anyone from the Plaintiff; did not know of any meetings with anyone from the Plaintiff; and had never had contact with anyone from the Plaintiff.
17. The underlying litigation was purely at the insistence of Parham, as his client in the underlying case had no knowledge of the Plaintiff.
18. Prior to the suit being filed, Parham was placed on notice by GPR’s attorney that there was a complete lack of ownership between GPR and the Plaintiff.
19. Filing suit against the Plaintiff was merely an effort to include another party, irrespective of the lack of liability, to have leverage against GPR in an effort to overcome its meritorious defenses.
20. In response to the underlying action, the Plaintiff filed a Motion to Dismiss on November 17, 2011, which stated that the Bruce litigation failed to state a cause of action.
21. As a result of the Motion to Dismiss, Parham was reminded, yet again, that he had included a party without any business relationship with his client.
22. Plaintiff’s Answer, filed on November 23, 2011, further placed Parham on notice that there was a complete absence of liability on the part of the Plaintiff due to a lack of

ownership by the Plaintiff of GPR, not business relationship of any kind with his client.

23. Within Plaintiff's Answer in the Bruce litigation, the Plaintiff reaffirmed the absence of any relationship between itself and GPR nor business relationship with his clients.
24. On November 10, 2011, the Plaintiff served Interrogatory Answers clearly stating that "Defendant Alliance Biomedical Research, LLC has no knowledge of Plaintiffs John L. Bruce and/or Marilyn Bruce".

25. Further, the Plaintiff's Interrogatory answers stated that:

"Defendant Alliance Biomedical Research, LLC has knowledge that Greenville Pharmaceutical Research, Inc. is a South Carolina corporation, duly registered with the Secretary of State. Defendant Alliance Biomedical Research, LLC is a South Carolina limited liability company, duly registered with the Secretary of State. Neither entity has any ownership interest in the other. Defendant Greenville Pharmaceutical Research, Inc. provides no services to Defendant Alliance Biomedical Research, LLC. Defendant Alliance Biomedical Research, LLC provides no training or administrative management services to Defendant Greenville Pharmaceutical Research, Inc. Defendant Alliance Biomedical Research, LLC does provide legal services to Defendant Greenville Pharmaceutical Research, Inc."

"Defendant Alliance Biomedical Research, LLC has no knowledge of John L. Bruce and thus no physician/patient relationship, no business relationship, nor any relationship, in any form or fashion, existed between the Plaintiff John L. Bruce and Defendant Alliance Biomedical Research, LLC."

26. The continuation of the underlying lawsuit against Plaintiff was done for ulterior purposes to pressure GPR with Parham repeatedly being advised of the deficiencies of the Bruce litigation in that the Plaintiff had no ownership interest in GPR nor relationship with his clients.
27. Due to the Plaintiff's inclusion in the Bruce litigation, it was involved in no less than ten (10) depositions, resulting in time, effort, and costs, including travel costs to and from Florida.

-
28. On April 16, 2012, Parham further set out his scheme by sending a letter to counsel "to give [them] a heads up" he may be filing a Motion to Amend the Complaint to include a study sponsor and important business partner with GPR. Glaxo-Smith Kline ("GSK"). (Exhibit B)
29. The letter was an attempt to extort settlement monies by threat to include another innocent third party business partner of GPR and in an effort to coerce Plaintiff to act upon Parham's behalf.
30. Parham sent the letter with the full knowledge that John Bruce was never accepted as a volunteer for a GSK research study; that John Bruce "screen failed" and thus never participated in the GSK study at issue, never had any procedures performed and never took the GSK study medicine.
31. Parham's letter was sent as a threat in order to extort monies from the Plaintiff and GPR by intentionally interfering with a business relationship between GPR and GSK, an innocent third party, in order to blackmail a settlement from GPR.
32. Parham instituted and/or continued the underlying judicial proceeding in instituting such proceeding and by a lack of probable cause, which resulted in injury and/or damage to the Plaintiff.
33. Plaintiff has suffered damages, loss and harm, including but not limited to their reputations, money, emotional tranquility, and privacy.
34. Such damages, loss and harm were the proximate and legal result of the misuse of such legal proceedings aforementioned.
35. Once Parham recognized that Plaintiff would not be extorted into a nuisance settlement or that his efforts would not affect the GPR case, he dismissed this

- Plaintiff from the lawsuit, turning his attention to different tactics to apply pressure to GPR and the owners of Alliance Biomedical Research, LLC.
36. The Bruce litigation terminated in the favor of the Plaintiff on May 4, 2012, by a Stipulation of Dismissal with Prejudice.
 37. Parham brought suit against the Plaintiff in an effort to affect the litigation as it concerned GPR.
 38. The inclusion of Plaintiff in the underlying lawsuit was intended to apply pressure towards the owners of GPR because of the overlap of some individual owners between the two entities and affect the outcome of the claims against GPR.
 39. At all times material, the lawsuit against Plaintiff was a sham and never intended to establish liability against Alliance Biomedical Research, LLC.
 40. Parham lacked probable cause in initiating the lawsuit and possessed a reckless indifference at the inception of the lawsuit by his failure in determining the association between the entities.
 41. Parham was informed prior to the filing of the underlying lawsuit, and was repeatedly put on notice, that the Plaintiff did not carry liability insurance.
 42. As such, the owners were fully and wholly responsible and liable to cover the litigation expenses, which Parham willingly used to cause an economic drain and thereby serving as economic coercion on the Plaintiff's owners to settle, regardless of liability.
 43. Parham was driven by greed for his own monetary gain because of the contingency fee contract with his client.

44. Filing suit against the Plaintiff was purely a scheme to include an innocent party in an effort to extract money for the benefit of his own personal gain by attempting to affect another Defendant.
45. Plaintiff has suffered damages, loss and harm, including but not limited to their reputations, money, emotional tranquility, and privacy.
46. That said damages, loss and harm was the proximate and legal result of the misuse of such legal process aforementioned.

SECOND CAUSE OF ACTION
(Malicious Prosecution as to Parham)

47. Plaintiff realleges all of the above paragraphs, to the extent not inconsistent herewith, as if each is set forth in toto hereunder.
48. As previously alleged, the institution of the proceedings occurred by the filing of the lawsuit on October 20, 2011, which continued for no less than ten (10) depositions, numerous pleadings, and One Hundred Ninety-Seven (197) days.
49. Given the lack of knowledge by the Bruce's, the litigation against Alliance Biomedical Research, LLC was purely at the insistence of Parham.
50. Such litigation terminated in favor of Alliance Biomedical Research, LLC as alleged in paragraph 36 above.
51. Parham proceeded with malice in the institution and continuation of the litigation against Alliance Biomedical Research, LLC, as evidenced by:
- a. Parham's lack of investigation;
 - b. Parham's callous disregard for the rights of Alliance Biomedical Research, LLC;

- c. Parham's wrongful continuation of the litigation against Alliance Biomedical Research, LLC, in the face of insurmountable evidence of a lack of culpability; and,
- d. Parham's unjust attempt to affect the litigation against GPR by the suit against Plaintiff and threats towards GSK.

- 52. From the inception, Parham was well aware that the litigation against Alliance Biomedical Research, LLC lacked probable cause and was merely a sham lawsuit.
- 53. Parham instituted and/or continued the underlying judicial proceeding with malice in instituting such proceeding with a lack of probable cause which resulted in injury and/or damage to the Plaintiff.
- 54. The Bruce litigation terminated in the favor of the Plaintiff on May 4, 2012, by a Stipulation of Dismissal with Prejudice.
- 55. Plaintiff has suffered damages, loss and harm, including but not limited to their reputations, money, emotional tranquility, and privacy.
- 56. That said damages, loss and harm was the proximate and legal result of the malicious prosecution aforementioned.

THIRD CAUSE OF ACTION
(Fraud as to Sokol)

- 57. Plaintiff realleges all of the above paragraphs, to the extent not inconsistent herewith, as if each is set forth *in toto* hereunder.
- 58. Gerald H. Sokol, M.D. ("Sokol") is a licensed physician and a member of the American Medical Association, who is engaging in the service of providing paid-for testimony and affidavits in many states, including the State of South Carolina, and has testified in several hundred medical negligence cases.

59. There is a high probability that Sokol will continue selling his testimony and affidavits in South Carolina in the future.
60. South Carolina Code of Laws §15-79-125 is meant to protect the public and to discourage or eliminate the filing of the lawsuits without credible expert support in the form of a pre-suit affidavit, or a certificate of merit from a physician.
61. If physicians deliver dishonest or fraudulent medical testimony and affidavits, they discredit physicians as a group, unjustly cause meritless litigation and endanger the public's trust in physicians, as well as the legal system.
62. South Carolina requires an individual bringing a medical malpractice claim to file an expert affidavit in a proceeding called the Presuit Notice of Intent, §15-79-125 South Carolina Code of Laws.
63. In South Carolina, the expert witness is required to specify at least one negligent act or omission claimed to exist, by an Affidavit, before a Notice of Intent may be filed §15-36-100, South Carolina Code of Laws.
64. Sokol was recruited to provide a deviation of the standard of care affidavit pursuant to §15-79-125, South Carolina Code of Laws, regarding GPR, and therefore Plaintiff, for Bruce.
65. Sokol knew very well about this South Carolina requirement respecting affidavit by virtue of his years at selling his testimony and affidavits.
66. During his recruitment, Sokol received a letter from Parham by way of his handler, Ellen Rieback, RN, in which he advised Sokol that a presuit affidavit was required for Parham to bring suit. (Exhibit C).
67. Parham's letter stated that the medical records provided were incomplete.

68. The standard of the profession for providing expert testimony in medical negligence liability cases requires that they be willing to evaluate cases objectively and derive an independent opinion, not simply sell their credentials.
69. The South Carolina requirement of a sworn statement is meant to weed out frivolous claims before they make it into the court system.
70. In his affidavit, Sokol fraudulently claimed that he had based his opinion as to liability upon his review of medical records.
71. Sokol received limited medical records and no records indicating medical care allegedly given by GPR, and thereby the Plaintiff.
72. Parham prepared and presented an affidavit to Sokol, who signed it without modification.
73. Sokol thereby made false and material misrepresentations, which he knew to be false or had a reckless disregard for its truth or falsity, which he intended said representations to be acted upon, by the hearer's ignorance of its falsity, hearer's reliance on its truth, hearer's right to reply, and consequence and proximate injury by signing Parham's Affidavit.
74. Sokol never requested any additional medical records.
75. During Sokol's first deposition, he was clearly unfamiliar with the facts of the case, and spoke only in generalities.
76. Sokol candidly admitted he only testifies for Plaintiffs' counsel.
77. Sokol refused to answer questions about his prior work as a paid-for witness during his deposition.
78. Ultimately, Sokol left his deposition before its conclusion.

79. Upon reconvening Sokol's deposition, he admitted he had insufficient evidence and would not opine as to any standard of care that may have applied to Greenville Pharmaceutical Research and thereby Plaintiff, Alliance Biomedical Research, LLC.
80. Sokol's actions clearly established he sold his signature fraudulently to Parham.
81. Sokol intentionally marketed and sold his medical license by executing a fraudulent Affidavit merely for the purpose of circumventing the pre-suit requirements of §15-79-125 South Carolina Code of Laws.
82. Sokol clearly intended to appease his handler, Ellen Rieback, RN, as it was in his best economic interest to continue a positive and prosperous business relationship in order to obtain future Plaintiff's cases.
83. At all times material, Sokol was willing to state anything requested by Parham, regardless of its truth, veracity and medical accuracy.
84. Plaintiff has suffered damages, loss and harm, including but not limited to their reputations, money, emotional tranquility, and privacy.
85. That said damages, loss and harm was the proximate and legal result of the aforementioned fraud.

FOURTH CAUSE OF ACTION
(Negligence Per Se as to Sokol)

86. Plaintiff realleges all of the above paragraphs, to the extent not inconsistent herewith, as if each is set forth *in toto* hereunder.
87. Gerald H. Sokol, M.D. ("Sokol") is a licensed physician and a member of the American Medical Association, who is engaging in the service of providing paid-for testimony and affidavits in many states, including the State of South Carolina, and has testified in several hundred medical negligence cases.

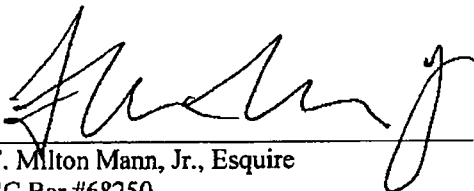
88. South Carolina Code of Laws §15-79-125 is meant to protect the public and to discourage or eliminate the filing of the lawsuits without credible expert support in the form of a pre-suit affidavit, or a certificate of merit from a physician.
89. If physicians deliver dishonest or fraudulent medical testimony and affidavits, they discredit physicians as a group, unjustly cause meritless litigation and endanger the public's trust in physicians, as well as the legal system.
90. South Carolina requires an individual bringing a medical malpractice claim to file an expert affidavit in a proceeding called the Presuit Notice of Intent, §15-79-125 South Carolina Code of Laws.
91. In South Carolina, the expert witness is required to specify at least one negligent act or omission claimed to exist, by an Affidavit, before a Notice of Intent may be filed §15-36-100, South Carolina Code of Laws.
92. Sokol was recruited to provide a deviation of the standard of care affidavit pursuant to §15-79-125, South Carolina Code of Laws, regarding GPR, and therefore Plaintiff, for Bruce.
93. Sokol knew very well about this South Carolina requirement respecting affidavit by virtue of his years at selling his testimony and affidavits.
94. During his recruitment, Sokol received a letter from Parham by way of his handler, Ellen Rieback, RN, in which he advised Sokol that a presuit affidavit was required for Parham to bring suit.
95. The standard of the profession for providing expert testimony in medical negligence liability cases requires that they be willing to evaluate cases objectively and derive an independent opinion, not simply sell their credentials.

96. The South Carolina requirement of a sworn statement is meant to weed out frivolous claims before they make it into the court system.
97. In his affidavit, Sokol fraudulently claimed that he had based his opinion as to liability upon his review of medical records.
98. Parham prepared and presented an affidavit to Sokol, who signed it without modification.
99. During Sokol's first deposition, he was clearly unfamiliar with the facts of the case, and spoke only in generalities.
100. Sokol candidly admitted he only testifies for Plaintiffs' counsel.
101. Further, during Sokol's first deposition, he admitted he did not have an opinion regarding breaches of the standard of care respecting GPR, and thereby the Plaintiff, which directly contradicts his sworn affidavit.
102. Ultimately, Sokol left his deposition before its conclusion.
103. Upon reconvening Sokol's deposition, he admitted he had insufficient evidence and would not opine as to any standard of care that may have applied to Greenville Pharmaceutical Research and thereby Plaintiff, Alliance Biomedical Research, LLC.
104. Sokol's actions clearly established he sold his signature fraudulently to Parham.
105. Sokol intentionally marketed and sold his medical license by executing a fraudulent Affidavit merely for the purpose of circumventing the pre-suit requirements of §15-79-125 South Carolina Code of Laws.
106. At all times material, Sokol was willing to state anything requested by Parham, regardless of its truth, veracity and medical accuracy.

WHEREFORE, having fully set forth its Complaint above, the Plaintiff prays:

- a. For a jury trial to be conducted in this matter;
- b. For actual and compensatory damages in an amount to be determined by the jury;
- c. For punitive damages in an amount to be determined by the jury; and
- d. For the cost of this action, including reasonable attorney's fees and for other such relief as appears just and equitable in the premises.

Dated: June 19, 2014


F. Milton Mann, Jr., Esquire
SC Bar #68250
151 Harold Fleming Court
Spartanburg, SC 29303
864/680-5079

Attorney for Plaintiff

JURY REQUEST

The Plaintiff hereby respectfully requests a trial by jury.

Dated: June 19, 2014

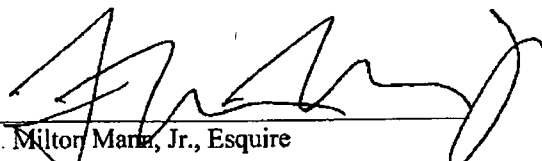

F. Milton Mann, Jr., Esquire

EXHIBIT "B"

AFFIDAVIT OF GERALD H. SOKOL, MD

1. I am over eighteen (18) years of age and legally competent to make this Affidavit based upon my background, education, training and experience, as well as a review of the medical records from Greenville Pharmaceutical Research, Upstate Lung and Critical Care Specialists, PC and Greenville Radiology a part of GHS Partners in Health INC. regarding John L. Bruce. My qualifications and background are listed in my attached *Curriculum Vitae*.
2. In this case, based upon my review of the medical records as stated, specifically the radiology report of Nayan Desai, MD on Mr. Bruce's chest film of January 26, 2010, there is at least one negligent deviation from the standard of care on behalf of Nayan Desai, M.D., North Hills Medical Center, and Greenville Pharmaceutical Research in the care given to John Bruce.
3. According to the Medical Records, John Bruce began participating in a research study for COPD with Greenville Pharmaceutical Research in 2008. This study required Mr. Bruce to have a chest x-ray on January 26th, 2010. Dr. Nayan Desai of North Hills Medical Center read Mr. Bruce's chest x-ray on January 28th, 2010. Dr. Desai's conclusion was that there was a suggestion of a small soft tissue density measuring 1.8 cm in size in the right upper lung field medially at about T5 level. He recommended a CAT scan with and without contrast for further evaluation.
4. Mr. Bruce never received the information found in the January 26th 2010 x-ray. He was never informed that he had a 1.8 cm density in his upper right lung, nor was he told that he should have a CAT scan for further evaluation.
5. The Greenville Pharmaceutical Research study required Mr. Bruce to have another chest x-ray in August of 2010. Dr. Desai generated the x-ray report on August 3, 2010 and his conclusion that of an abnormal density seen in the right upper lung field medially and posteriorly. Dr. Desai stated that the density had increased in size in comparison to the 1/26/2010 x-ray, and the density currently measured 3.05 cm in size. Dr. Desai strongly recommended a CT scan, and concluded that the rest of the chest was within normal limits.

PLANTIFF'S AMENDED
COMPLAINT EXHIBIT
"A"

10.

6. Mr. Bruce was informed of the August 2010 x-ray results and a CT scan was done of his chest with and without contrast on 8/19/2010. The CT scan was interpreted by Paresh Shah, M.D. at North Hills Medical Center. Dr. Shah's impression of the study was that Mr. Bruce had a 4 cm x 3 cm sized mass in the right upper lobe posteriorly or it could be in superior segment of the right lower lobe. It probably represented carcinoma of the lung, and there was lymph node enlargement in the right hilum and mediastinum, probably representing a metastatic disease. Dr. Shah suggested a percutaneous biopsy. The cancer had grown and spread.
7. Mr. Bruce underwent a needle biopsy on 8/26/2010 which revealed T2 N3 squamous cell carcinoma of the lung. It was determined that Mr. Bruce's large cell carcinoma had metastasized and was non-operable. He began radiation and chemotherapy treatments.
8. Mr. Bruce's prognosis at stage 3(B) squamous cell carcinoma is grim to incurable.
9. In my opinion, more probably than not to a reasonable degree of medical certainty, had the results of Mr. Bruce's January 26th, 2010 chest x-ray been reported to his treating physicians and had those physicians acted appropriately upon that information, Mr. Bruce would have undergone a CAT scan with and without contrast and a needle biopsy which would have revealed that the 1.8 cm density in his lung was stage one squamous cell carcinoma and that his tumor was operable.
10. It is further my opinion that had Mr. Bruce's tumor been diagnosed and treated at the time of the January 26th, 2010 x-ray, he more probably than not to a reasonable degree of medical certainty would have had a prognosis of greater than fifty percent for survival.
11. There may be other deviations from the standard of care and there may be additional bases for the opinions expressed herein that may be discussed or discovered at a later time. As a result, I reserve the right to modify, change and/or supplement these opinions in the future.

Dated this 26 day of May, 2011.


GERALD H. SOKOL, MD

11

Subscribed and sworn to before me this
26 day of May, 2011.

Evelyn R Deaton

Notary Public

In and For the State of Florida

My Commission Expires: June 7, 2014



PARHAM & SMITH, L.L.C.

Attorneys At Law

COPY

MICHAEL PARHAM
S. BLAKELY SMITH

M. BROOKE ARCHENHOLD
JAMIE RAWLINGS DEMINT
ROBERT W. JONES

501 RIVER STREET
SMITH BARNEY BUILDING - SECOND FLOOR
GREENVILLE, SOUTH CAROLINA 29601
www.parhamlaw.com
(864) 242-9008

MAILING ADDRESS:
P.O. Box 2800
GREENVILLE, SC 29602
FAX: (864) 271-6155

BARNEY O. SMITH, JR.
(1952-1996)

April 16, 2012

Ashby W. Davis, Esq.
Davis & Snyder, PA
5 Hawthorne Park Court
Greenville, SC 29615

Re: Bruce v. Greenville Pharmaceutical Research, Inc, et al.
C.A. No.: 2011-CP-23-6967

Dear Ashby:

I hope this letter finds you well.

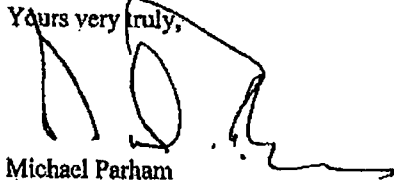
I am writing to inform you that we have been reviewing the pertinent documents in this matter as we continue along the road to discovery. We came upon GPR00687, which discusses compensation for injury. We believe it is feasible to bring a claim against the sponsor "GSK" and wanted to give you a heads up that a Motion to Amend the Complaint in that regard may be forthcoming.

Again, I wish we could bring this matter to an amicable conclusion; however, it looks like John is going to have to exhaust all remedies in order to achieve compensation.

We recognize that arguments can swing both ways on this issue and that various indemnification agreements might exist about which we are unaware. However, I just wanted to let you know that there may be another party out there who is potentially liable.

I remain,

Yours very truly,



Michael Parham

PLAINTIFF'S AMENDED
COMPLAINT EXHIBIT
"B"

MP: ae

Enclosure

CC: Milton Mann, Esq.
1089 Boiling Springs Rd.
Spartanburg, SC 29303

Sam McEwen
2000 Center Point Drive
Suite 2275
Columbia, SC 29210

PARHAM & SMITH, L.L.C.

Attorneys At Law

**MICHAEL PARHAM
S. BLAKELY SMITH**

**M. BROOKE ARCHENHOLD
JAMIE RAWLINGS DeMINT
ROBERT W. JONES**

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**MAILING ADDRESS:
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GREENVILLE, SC 29602
FAX: (864) 271-6155**

**BARNEY O. SMITH, JR.
(1952-1998)**

March 29, 2011

Via FED-EX DELIVERY

**Ms. Ellen Rieback, RN
Rieback Medical-Legal Consultants, Inc.
772 N.W. 100th Terrace
Fort Lauderdale, FL 33324**

Re: John Bruce - Requested Reviewer: Gerald H. Sokol, MD

Dear Ellen:

I hope this letter finds you well.

Pursuant to your recent communication with our office, please find enclosed herewith the pertinent medical records relating to our client John Bruce. John is a retired trucker who lives in the Greenville area of South Carolina.

We are now in the early stages of investigating a potential claim which involves Mr. Bruce and his medical treatment and care rendered by physicians and physician extenders at Greenville Pharmaceutical Research, a local research entity established by several physicians in Greenville and Spartanburg Counties. Mr. Bruce tells us that he has COPD. His sister-in-law had, from time to time, become a patient at Greenville Pharmaceutical Research herself and had mentioned that he might go with her to Greenville Pharmaceutical Research to seek relief from his complaints of trouble breathing. Shortly thereafter, Mr. Bruce went with his sister-in-law to Greenville Pharmaceutical Research and was treated and evaluated by members of their staff.

When Mr. Bruce first appeared, he advised Greenville Pharmaceutical Research of his thirty year past history of smoking, however, he had quit smoking twelve

**PLAINTIFF'S AMENDED
COMPLAINT EXHIBIT
"C"**



years earlier. He also revealed his diagnosis of COPD. As a part of his study, he was required to obtain a chest x-ray by the group's personnel on January 26, 2010. This x-ray was read by Nayan R. Desai, MD, a local radiologist, who runs a Medicaid clinic in Greenville, South Carolina. The report of the film on January 26, 2010 is neither signed or nor does it indicate that it was ever seen by any physician. On this particular x-ray, Dr. Desai noted a small soft mass measuring 1.8 cm in the right upper lobe and a CT scan was recommended. Mr. Bruce denies that anyone either told him of this finding or of the need to obtain a CT scan. 1/26/10 7/10

When Mr. Bruce returned for a follow-up in August of 2010, another film was obtained. The initial lesion appeared to now be 3.05 cm in size and Mr. Bruce was notified of the need for a CT scan. This led to a fine needle aspiration and diagnosis of large cell lung cancer which had metastasized. It was noted that the growth of the lesion and its metastasis caused it to be non-operable. Mr. Bruce recently finished 35 treatments of radiation and 9 treatments of chemotherapy.

Mr. Bruce seems to be a fine gentleman. He has been married for the past 44 years. He has no children. He left the workforce in 2003 and his wife is on disability for her back.

We have attempted to organize the records in the best way we can. They have not been forwarded to us in any timely or organized fashion. Two things to draw from the records, however, are clear. This large cell carcinoma was not reported to either the patient or another physician in January of 2010 as it should have been. Secondly, once reported, following the August study, Mr. Bruce had ceased to be a surgical candidate and had to undergo excruciating chemotherapeutic and radiation therapy. While I am pleased to enclose herewith certain recent radiographic studies of March 18, 2011 indicating some significant response to chemotherapy and radiation, I think that all of us are aware of the usual customary course of this disease once allowed to metastasize.

As per our previous conversation, I would appreciate your best efforts in obtaining from Dr. Sokol his opinion upon several issues:

1. Did Dr. Desai deviate from ordinary and customary standards of care in failing to inform the patient and/or the referring physician of the existence of the lesion in January of 2010?
2. Did Dr. Desai deviate from ordinary and customary standards of care in failing to advise the patient and/or the referring physician of the need for follow-up with CT scan following the study of January, 2010?

3. Had diagnosis of this lesion been made in January of 2010, was the lesion, in your opinion, to a reasonable degree of medical certainty, most probably an operable lesion?
4. Due to the pathology of the lesion and its small size without metastasis in January of 2010, had surgery taken place would Mr. Bruce, most probably, live his full and complete life expectancy?
5. Had Mr. Bruce undergone surgical intervention in January of 2010 with reference to this lesion, would he most probably have avoided the necessitation of having to undergo both radiation and chemotherapy?

If Dr. Sokol can be positive on these issues, we would be pleased to prepare for his review the appropriate Affidavit which would then allow us to place this matter in early litigation. As you know, here in South Carolina we cannot sue the physician directly. Rather, we bring an action known as a Notice of Intent to File Suit and then proceed for 120 days to mediation in which all parties hope that some type of closure can be brought to the matter prior to the filing of a formal complaint.

As you might guess, our client is anxious to proceed. He cherishes each day of his life, however, he is aware of how uncertain day to day living has become. He continues to be tortured with terrible coughing spasms since his radiation and chemotherapy. If Dr. Sokol can help, we need to move quickly.

We thank you in advance for your cooperation and assistance with this matter. Upon completion of Dr. Sokol's review, I ask that he please contact my assistant Christen Blom so that she can arrange a telephone conference wherein we can discuss his thoughts and opinions regarding this case. Christen can be reached in the office at 864-242-9008.

I remain,

Yours very truly,

Michael Parham
MP:cb

Enclosures

Cc: Mr. John Bruce
P.O. Box 24
Marietta, SC 29661

CLERK OF COURT
PICKENS COUNTY
SOUTH CAROLINA

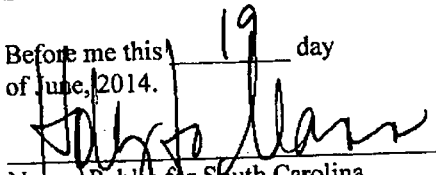
STATE OF SOUTH CAROLINA JUN 19 P 3:27
COUNTY OF PICKENS)
Alliance Biomedical Research, LLC,)
Plaintiff,) VERIFICATION
vs.)
Judith H. Parham, Personal Representative)
of the Estate of David Michael Parham,) C.A. No. 2014-CP-39-350
Deceased and Gerald H. Sokol, M.D.,)
Defendants.)

PERSONALLY appeared before me, Gregory J. Feldman, who, after first being duly sworn, says:
that he is the Plaintiff in the foregoing action; that he has read the foregoing Complaint; that the
statements contained therein are true to the best of his knowledge, except as to those stated to be
based upon information and belief, as to which, he believes such matters to be true.

 (SEAL)
Gregory J. Feldman, M.D.

SWORN TO AND SUBSCRIBED

Before me this 19 day
of June, 2014.

 (SEAL)
Notary Public for South Carolina
My commission expires: September 12, 2016

From: David Feldman <davfeldman@gmail.com>
Sent: Wednesday, March 25, 2009 4:14 PM
To: Milton Mann
Cc: Gregorgy Feldman,MD
Subject: Schools + Internships

Hey Milton!

We need to start contacting upstate schools about internship programs at our sites. The Alliance Website should launch in the next two weeks-- so I am plan to get Chris and I put together a contact list for upstate schools (see below). Shall we divide and conquer?

USC Upstate
Mary Black School of Nursing
800 University Way
Spartanburg, SC 29303
Phone: 864-503-5440
nursing@uscupstate.edu

Greenville Tech
Nursing Advisors
Debbie Sears ARC (864) 250-8703
Jessica Johnson ARC (864) 250-8701

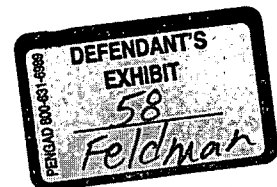
Converse College
Prehealth ProgramsDr. Edna Steele
edna.steele@converse.edu
864-596-9120

Wofford
Premed Charles G. Bass (864) 597-4631
basscg@wofford.edu
<http://webs.wofford.edu/basscg>

Furman
john.banisaukas@furman.edu (864) 294-2000

Clemson
Contacted Adam Gauth (Clemson Alum) For Info

Bob Jones
Barge Memorial Hospital
864.242.5100 ext. 5200
Fax: 864.232.4703, or, 864.242.5100



MANN 016416

From: gfeld3232@aol.com
Sent: Thursday, March 26, 2009 8:45 AM
To: davfeldman@gmail.com; milton.mann@gmail.com
Subject: Re: Schools + Internships

NO BOB JONES OR CONVERSE PLEASE!
BUT CHESTER (FOR UNION) HAS COLLEGE AND WE ARE ALREADY ON TRACK WITH THEM FOR
2 PEOPLE

-----Original Message-----

From: David Feldman <davfeldman@gmail.com>
To: Milton Mann <Milton.mann@gmail.com>
Cc: Gregorgy Feldman, MD <gfeld3232@aol.com>
Sent: Wed, 25 Mar 2009 4:14 pm
Subject: Schools + Internships

Hey Milton!

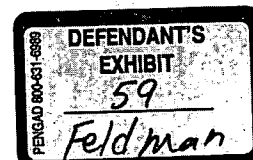
We need to start contacting upstate schools about internship programs at our sites. The Alliance Website should launch in the next two weeks-- so I am plan to get Chris and I put together a contact list for upstate schools (see below). Shall we divide and conquer?

USC Upstate
Mary Black School of Nursing
800 University Way
Spartanburg, SC 29303
Phone: 864-503-5440
nursing@uscupstate.edu

Greenville Tech
Nursing Advisors
Debbie Sears ARC (864) 250-8703
Jessica Johnson ARC (864) 250-8701

Wofford
Premed Charles G. Bass (864) 597-4631
basscg@wofford.edu
<http://webs.wofford.edu/basscg>

Furman
john.banisaukas@furman.edu (864) 294-2000



MANN 016424

From: gfeld3232@aol.com
Sent: Sunday, April 26, 2009 1:46 PM
To: davfeldman@gmail.com; milton.mann@gmail.com; boushkanaka@gmail.com
Subject: Milton, bio..Final Comments please

I took civil litigation out..we need constructive approach

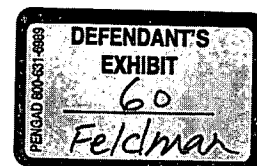
Milton Mann, Esq. graduated Cum laude from Florida State University College of Law. He is licensed in Florida, Georgia and South Carolina with expertise in health care law, immigration law, abd corporate law . He has PROVIDED LEGAL ASSISTANCE TO Alliance Biomedical Research and its affiliates FROM INCEPTION. Mr. MANN HAS accumulated EXTENSIVE expertise to meet the specialised needs of PHARMACEUTICAL RESEARCH Companies and Individual sites., including

- clinical trial regulations and procedures as they relate to company-sponsored clinical, investigator-sponsored, post-authorisation safety and outcomes studies;
- regulatory inspection and enforcement activities in the clinical trial contexts;
- drug safety issues and risk management strategies;

Green cleaning products -- do they work as well? [Find out now!](#)

Green cleaning products -- do they work as well? [Find out now!](#)

Green cleaning products -- do they work as well? [Find out now!](#)



MANN 015920

Milton Mann Responsibilities

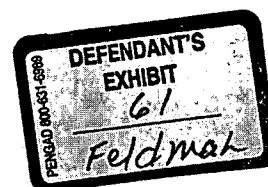
1. Organize Alliance Biomedical Research
2. Create contacts to promote business opportunities for Alliance
3. Create website for company marketing
4. Start marketing project for Dr. Mironer patent
5. Structure/advise on real estate venture with Clinchfield
6. Legal advise/representation for all companies involved: Upstate Lung and Critical Care, S. Carolina Pharmaceutical Research, Greenville Pharmaceutical Research, Union Pharmaceutical Research, Gaffney Pharmaceutical Research, Alliance Biomedical Research,, Clinchfield, F,B, & E
7. Contract creation for MD's working with our organizations
8. Assisting with employee altercations/mediator
9. Assisting with and growing SOP's in each office
10. Assisting with set up for cardiology research at Upstate Office (acting as contact for Cardiology Consultants)

Salary will be paid out of Alliance Biomedical Research. Milton Mann will carry private policy with Blue Cross, Blue Shield to be set up with Horton Investments (864)583-0963 (Miranda Crist will take care of) This will include coverage for children (2).

Space will be leased by Alliance Biomedical Research. (1 office room). Telephone will need to be established with internet capability. This could be included in lease fee since Upstate has all the capabilities in place at the present moment.

Office furniture to be provided. Milton has agreed to use his personal computer.

Salary agreed \$50,000 per year. Cell phone to be provided. All law license fees will be paid each year by Alliance Biomedical Research. Law seminar's will be approved on case basis and covered by Alliance Biomedical Research. (Seminar approved for Dec 2007)



MANN 023753

From: gfeld3232@aol.com
Sent: Monday, November 05, 2007 11:58 AM
To: sking@wardfirm.com; miltymann@gmail.com
Subject: Milton Mann

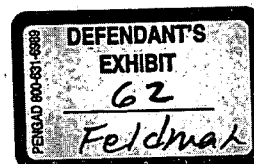
Spencer, this is to notify you that Milton Mann has joined our newly created Alliance Biomedical Research, full-time
He will continue to function as Personal Council to Upstate Lung and Individuals

It is possible that in the future certain activities related to Malpractice Lawsuit issues needs to be coordinated with you..

Greg

PS Not sure if you need to notify opposing council or nor about this

Email and AIM finally together. You've gotta check out free [AOL Mail!](#)



MANN 023744

From: miltymann@gmail.com
Sent: Tuesday, June 30, 2009 3:09 PM
To: gfeld3232@aol.com
Subject: Re: CMF funding

I'm fine with that. I have a call into Lisa. Thanks.

Sent from my Verizon Wireless BlackBerry

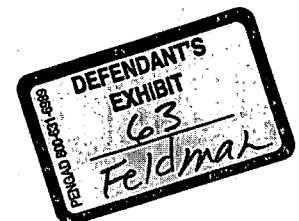
From: gfeld3232@aol.com
Date: Tue, 30 Jun 2009 14:44:28 -0400
To: <milton.mann@gmail.com>
Subject: CMF funding
i think we have gentlemen agreement

1. 33-33-25% (if we ever win)
2. We fund with Money but partially only (through payments to alliance) you fund with your time

Credit Card (We need "CMF" credit card (Feldman/Boscia/Milton))

Ann Coggin gets the glimpse of charges (restaraunts/resorts, ets..She is not part of our relationship
..where a lot is "understood" not in stone and she does not need to be

An Excellent Credit Score is 750. See Yours in Just 2 Easy Steps!



MANN 014685

F. MILTON MANN, JR.
ATTORNEY AT LAW
LICENSED IN SC, GA & FL
1089 BOILING SPRINGS ROAD
SPARTANBURG, SC 29303
OFFICE: 864 208-0359
FAX: 864 208-0233
CELL: 864 680-5079
E-MAIL: MILTON.MANN@GMAIL.COM

INVOICE

PLEASE MAKE CHECKS PAYABLE TO:

ALLIANCE BIOMEDICAL RESEARCH, LLC
1089 BOILING SPRINGS ROAD
SPARTANBURG, SC 29303

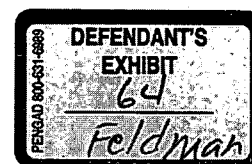
TO:

Upstate Lung and Critical Care Specialists, P.C.
191 Boiling Springs Road
Spartanburg, SC 29303

FOR:

Legal Services

DESCRIPTION	HOURS	RATE	AMOUNT
Retainer for Medical Malpractice Defense legal fees.			\$40,000.00
TOTAL			\$40,000.00



ULCC-FELDMAN-BOSCIA FINANCIALS 000312

7 2008

ULCC-FELDMAN-BOSCIA FINANCIALS 000313

Upstate Lung and Critical Care Specialists, P.C.
191 Bolling Springs Road
Spartanburg, SC 29303

ALLIANCE BIOMEDICAL RESEARCH, LLC
1089 BOILING SPRINGS ROAD
SPARTANBURG, SC 29303

Drs. Feldman and Boscia

[illegible]

F. MILTON MANN, JR.
ATTORNEY AT LAW
LICENSED IN SC, GA & FL
1089 BOILING SPRINGS ROAD
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INVOICE

PLEASE MAKE CHECKS PAYABLE TO:

ALLIANCE BIOMEDICAL RESEARCH, LLC
1089 BOILING SPRINGS ROAD
SPARTANBURG, SC 29303

TO:

Upstate Lung and Critical Care Specialists, P.C.
 Attn: Drs. Feldman and Boscia
 191 Boiling Springs Road
 Spartanburg, SC 29303

FOR:

Legal Services

DESCRIPTION	HOURS	RATE	AMOUNT
Legal Fees for Medical Malpractice Defense legal fees for September to December of 2010. Services include post trial motions, client meetings, meetings with co-counsel, second law suit regarding the counter action, SC Bar complaint, travel, review of e-mails, review of discovery, review of depositions, draft pleadings, etc.	235	\$225	\$52,875
Less professional discount			(\$23,750)
TOTAL			\$29,125

ULCC-FELDMAN-BOSCIA FINANCIALS 000320

Sep-Dec '10

ULCC-FELDMAN-BOSCIA FINANCIALS 000321

TO:

PLEASE MAKE CHECKS PAYABLE TO:

ALLIANCE BIOMEDICAL RESEARCH, LLC
1089 BOILING SPRINGS ROAD
SPARTANBURG, SC 29303

FOR:

November 2007

[illegible]

ULCC-FELDMAN-BOSCIA FINANCIALS 000308

Nov 07

ULCC-FELDMAN-BOSCIA FINANCIALS 000309

F. MILTON MANN, JR.
ATTORNEY AT LAW
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1089 BOILING SPRINGS ROAD
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E-MAIL: MILTON.MANN@GMAIL.COM

INVOICE

PLEASE MAKE CHECKS PAYABLE TO:

ALLIANCE BIOMEDICAL RESEARCH, LLC
1089 BOILING SPRINGS ROAD
SPARTANBURG, SC 29303

TO:

Upstate Lung and Critical Care Specialists, P.C.
 191 Boiling Springs Road
 Spartanburg, SC 29303

FOR:

December 2007

DESCRIPTION	HOURS	RATE	AMOUNT
Conference with Judy Hamer regarding freedom of information, Lung & Chest, recruitment of doctors and hospitalists issues; review e-mails and conference with client re: same; and draft and finalize freedom of information letter to Ms. Hamer	12.5	\$200	\$2500
Review of Dr. Abreu Employment Contract; review e-mails from client and employee; meeting with client re: same. Draft addendum to employee contract, meeting with Dr. Abreu re: same.	11.75	\$200	\$2350
Review of Dr. DeLaCruz's Employment Contract, meeting with client and review of e-mails re: same, meeting with Dr. DeLaCruz re: same.	5.75	\$200	\$1150
Review materials re: Leapfrog	2.25	\$200	\$450
Meeting with client re: Malicious Prosecution Claims, review e-mails re: same.	1.75	\$200	\$350
Meeting with Randy Fowler and Stan McDaniel Re: North Grove; meeting with client re: same; review e-mails re: same; meeting with McDaniel; request documents; review LLC and access agreements re: North Grove	15.75	\$200	\$3150
TOTAL			\$9950

ULCC-FELDMAN-BOSCIA FINANCIALS 000310

Dec 07

ULCC-FELDMAN-BOSCIA FINANCIALS 000311

F. MILTON MANN, JR.
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INVOICE

PLEASE MAKE CHECKS PAYABLE TO:

ALLIANCE BIOMEDICAL RESEARCH, LLC
1089 BOILING SPRINGS ROAD
SPARTANBURG, SC 29303

TO:

Upstate Lung and Critical Care Specialists, P.C.
191 Boiling Springs Road
Spartanburg, SC 29303

FOR:

January-March Retainer for Medical Malpractice Defense legal fees
per Drs. Boscia and Feldman

Description	Amount
January Retainer for Medical Malpractice Defense legal fees per Drs. Boscia and Feldman	\$2000
February Retainer for Medical Malpractice Defense legal fees per Drs. Boscia and Feldman	\$2000
March Retainer for Medical Malpractice Defense legal fees per Drs. Boscia and Feldman	\$2000
Total:	\$6,000

ULCC-FELDMAN-BOSCIA FINANCIALS 000314

Jan-Mar 09

ULCC-FELDMAN-BOSCIA FINANCIALS 000315

F. MILTON MANN, JR.
ATTORNEY AT LAW
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SPARTANBURG, SC 29303
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E-MAIL: MILTON.MANN@GMAIL.COM

INVOICE

PLEASE MAKE CHECKS PAYABLE TO:

ALLIANCE BIOMEDICAL RESEARCH, LLC
1089 BOILING SPRINGS ROAD
SPARTANBURG, SC 29303

TO:

Upstate Lung and Critical Care Specialists, P.C.
 Attn: Drs. Feldman and Boscia
 191 Bolling Springs Road
 Spartanburg, SC 29303

FOR:

Legal Services

DESCRIPTION	HOURS	RATE	AMOUNT
Retainer for Medical Malpractice Defense legal fees for August to December of 2009. Services include trial prep for October, depositions, client meetings, meetings with insurance carrier, meetings with co-counsel, second law suit regarding the declaratory action, travel, review of e-mails, review of discovery, review of depositions, draft pleadings, etc.	286.5	\$200	\$57,300
Less professional discount			(\$28,650)
TOTAL			\$28,650

ULCC-FELDMAN-BOSCIA FINANCIALS 000316

Aug-Dec 09

ULCC-FELDMAN-BOSCIA FINANCIALS 000317

F. MILTON MANN, JR.
ATTORNEY AT LAW
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INVOICE

PLEASE MAKE CHECKS PAYABLE TO:

ALLIANCE BIOMEDICAL RESEARCH, LLC
1089 BOILING SPRINGS ROAD
SPARTANBURG, SC 29303

TO:

FOR: LEGAL SERVICES

Upstate Lung and Critical Care Specialists, P.C.
 191 Boiling Springs Road
 Spartanburg, SC 29303

DESCRIPTION	HOURS	RATE	AMOUNT
Billing for legal services from May through December 2009 Including:			
Client meetings regarding Dr. Abreu's buy out, meetings with Mike Swaim and Bill Strickland, oversight of payment.	10	\$200.00	\$2,000.00
Administrative issues regarding employee issues, contracts, policies and procedures.	25	\$200.00	\$5,000.00
Review numerous e-mails respecting 401(k) meetings with client; meetings with CPA. Meetings with plan administrators, drafting of ee notice	21	\$200.00	\$4,200.00
Review of management fee agreement with research companies.	15	\$200.00	\$3,000.00
Assistance with immigration process for Dr. De La Cruz, including discussions with client and immigration attorney. Oversight of posting of labor notices. Return documents to Immigration attorney and draft letters and obtain signatories of client.	10	\$200.00	\$2,000.00
Review of various contracts and negotiations with third parties, including, but not limited to hospital system, etc.	13	\$200.00	<u>\$2,600.00</u>
Subtotal			\$18,800.00
Less professional discount			(\$7,500.00)
		TOTAL	\$11,300.00

MANN 010373

F. MILTON MANN, JR.
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1089 BOILING SPRINGS ROAD
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INVOICE

PLEASE MAKE CHECKS PAYABLE TO:

ALLIANCE BIOMEDICAL RESEARCH, LLC
1089 BOILING SPRINGS ROAD
SPARTANBURG, SC 29303

TO:

Upstate Chest Partners, LLC

FOR:

Legal Services

DESCRIPTION	HOURS	RATE	AMOUNT
Legal services from Jan to Dec 2009:			
Management fee for duties regarding North Grove			\$500
Management of property; marketing of property with individuals from Easley; listing of property and additional services respecting it being vacated and brought to market	23		<u>\$4,600</u>
Subtotal			\$5,100
Less professional discount			<u>(\$2,200)</u>
TOTAL			\$2,900

MANN 010374

F. MILTON MANN, JR.
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INVOICE

PLEASE MAKE CHECKS PAYABLE TO:

ALLIANCE BIOMEDICAL RESEARCH, LLC
1089 BOILING SPRINGS ROAD
SPARTANBURG, SC 29303

TO:

Upstate Lung and Critical Care Specialists, P.C.
Attn: Drs. Feldman and Boscia
191 Boiling Springs Road
Spartanburg, SC 29303

FOR:

Legal Services

DESCRIPTION	HOURS	RATE	AMOUNT
Retainer for Medical Malpractice Defense legal fees for August to December of 2009. Services include trial prep for October, depositions, client meetings, meetings with insurance carrier, meetings with co-counsel, second law suit regarding the declaratory action, travel, review of e-mails, review of discovery, review of depositions, draft pleadings, etc.	286.5	\$200	\$57,300
Less professional discount			(\$28,650)
TOTAL			\$28,650

MANN 010375

7

F. MILTON MANN, JR.
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1089 BOILING SPRINGS ROAD
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E-MAIL: MILTON.MANN@GMAIL.COM

INVOICE

PLEASE MAKE CHECKS PAYABLE TO:

ALLIANCE BIOMEDICAL RESEARCH, LLC
1089 BOILING SPRINGS ROAD
SPARTANBURG, SC 29303

TO:

FOR: LEGAL SERVICES

Westside Vision, LLC

DESCRIPTION	HOURS	RATE	AMOUNT
Legal services from January to December, 2009: Assistance with the leasing of property, including meetings with client and leasee, drafting agreement, collection of rents			\$500
TOTAL			\$500

MANN 010376

F. MILTON MANN, JR.
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 E-MAIL: MILTON.MANN@GMAIL.COM

INVOICE

PLEASE MAKE CHECKS PAYABLE TO:

ALLIANCE BIOMEDICAL RESEARCH, LLC
 1089 BOILING SPRINGS ROAD
 SPARTANBURG, SC 29303

TO:

Union Pharmaceutical Research, LLC
 319 West South Street
 Suite A, Union, SC 29379

FOR:

Legal Services

DESCRIPTION	HOURS	RATE	AMOUNT
Legal services from May to Dec. 2009:			
Negotiations regarding compensation	6	\$200	\$1,200
Discharge of Debra Cooper, RN with follow up	5	\$200	\$1,000
Chester building issues including foreclosure, appraisal and purchase	7	\$200	<u>\$1,400</u>
Subtotal			\$3,600
Less professional discount			(\$1,300)
		TOTAL	\$2,300

MANN 010372

F. MILTON MANN, JR.
ATTORNEY AT LAW
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1089 BOILING SPRINGS ROAD
SPARTANBURG, SC 29303
OFFICE: 864 208-0359
FAX: 864 208-0233
CELL: 864 680-5079
E-MAIL: MILTON.MANN@GMAIL.COM

INVOICE

PLEASE MAKE CHECKS PAYABLE TO:

ALLIANCE BIOMEDICAL RESEARCH, LLC
1089 BOILING SPRINGS ROAD
SPARTANBURG, SC 29303

TO:
Clinchfield, LLC

FOR: LEGAL SERVICES

DESCRIPTION	HOURS	RATE	AMOUNT
Legal services from Jan. through Dec. 2009:			
Meetings with City of Spartanburg regarding the property's condition; management of the property's maintenance; response to city complaints respecting condition of property; negotiations with city for demolition of empty houses with financing; oversight of clearing.	76	\$200	\$15,200
Less professional discount			(\$7,500)
TOTAL			\$7,700

MANN 010368

North Grove Medical Investors, LLC

PLEASE MAKE CHECKS PAYABLE TO:

**ALLIANCE BIOMEDICAL RESEARCH, LLC
1089 BOILING SPRINGS ROAD
SPARTANBURG, SC 29303**

FOR: LEGAL SERVICES

TOTAL	\$500

2286

F. MILTON MANN, JR.
ATTORNEY AT LAW
LICENSED IN SC, GA & FL
1089 BOILING SPRINGS ROAD
SPARTANBURG, SC 29303
OFFICE: 864 208-0359
FAX: 864 208-0233
CELL: 864 680-5079
E-MAIL: MILTON.MANN@GMAIL.COM

INVOICE

PLEASE MAKE CHECKS PAYABLE TO:

ALLIANCE BIOMEDICAL RESEARCH, LLC
1089 BOILING SPRINGS ROAD
SPARTANBURG, SC 29303

TO:

Upstate Lung and Critical Care Specialists, P.C.
 191 Bolling Springs Road
 Spartanburg, SC 29303

FOR:

November 2007

DESCRIPTION	HOURS	RATE	AMOUNT
Research, draft and file amendment to registered agent information with Secretary of State's Office			\$250
Revisions to Employee Handbook			\$500
Conference with client re: Judy Hamer, freedom of Information, Lung & Chest, recruitment of doctors and hospitalists issues; review e-mails; and request meeting with Ms. Hamer	10.25		\$2050
Initial review of Dr. Abreu Employment Contract; review e-mails from client and employee; meeting with client re: same;	2.25		\$450
Conference with client re: medical claim, attorney misconduct, insurance coverage and claims.	2.75		\$550
TOTAL			\$3800

ULCC-FELDMAN-BOSCIA FINANCIALS 000308

F. MILTON MANN, JR.
ATTORNEY AT LAW
LICENSED IN SC, GA & FL
1089 BOILING SPRINGS ROAD
SPARTANBURG, SC 29303
OFFICE: 864 208-0359
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E-MAIL: MILTON.MANN@GMAIL.COM

INVOICE

PLEASE MAKE CHECKS PAYABLE TO:

ALLIANCE BIOMEDICAL RESEARCH, LLC
1089 BOILING SPRINGS ROAD
SPARTANBURG, SC 29303

TO:

Upstate Lung and Critical Care Specialists, P.C.
 191 Boiling Springs Road
 Spartanburg, SC 29303

FOR:

December 2007

DESCRIPTION	HOURS	RATE	AMOUNT
Conference with Judy Hamer regarding freedom of information, Lung & Chest, recruitment of doctors and hospitalists issues; review e-mails and conference with client re: same; and draft and finalize freedom of Information letter to Ms. Hamer	12.5	\$200	\$2500
Review of Dr. Abreu Employment Contract; review e-mails from client and employee; meeting with client re: same. Draft addendum to employee contract, meeting with Dr. Abreu re: same.	11.75	\$200	\$2350
Review of Dr. DeLaCruz's Employment Contract, meeting with client and review of e-mails re: same, meeting with Dr. DeLaCruz re: same.	5.75	\$200	\$1150
Review materials re: Leapfrog	2.25	\$200	\$450
Meeting with client re: Malicious Prosecution Claims, review e-mails re: same.	1.75	\$200	\$350
Meeting with Randy Fowler and Stan McDaniel Re: North Grove; meeting with client re: same; review e-mails re: same; meeting with McDaniel; request documents; review LLC and access agreements re: North Grove	15.75	\$200	\$3150
TOTAL			\$9950

ULCC-FELDMAN-BOSCIA FINANCIALS 000310

F. MILTON MANN, JR.
ATTORNEY AT LAW
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1089 BOILING SPRINGS ROAD
SPARTANBURG, SC 29303
OFFICE: 864 208-0359
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CELL: 864 680-5079
E-MAIL: MILTON.MANN@GMAIL.COM

TO:

Upstate Lung and Critical Care Specialists, P.C.
191 Boiling Springs Road
Spartanburg, SC 29303

INVOICE

PLEASE MAKE CHECKS PAYABLE TO:

ALLIANCE BIOMEDICAL RESEARCH, LLC
1089 BOILING SPRINGS ROAD
SPARTANBURG, SC 29303

FOR:

Legal Services

DESCRIPTION	HOURS	RATE	AMOUNT
Retainer for Medical Malpractice Defense legal fees.			\$40,000.00
TOTAL			\$40,000.00

ULCC-FELDMAN-BOSCIA FINANCIALS 000312

F. MILTON MANN, JR.
ATTORNEY AT LAW
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FAX: 864 208-0233
CELL: 864 680-5079
E-MAIL: MILTON.MANN@GMAIL.COM

INVOICE

PLEASE MAKE CHECKS PAYABLE TO:

ALLIANCE BIOMEDICAL RESEARCH, LLC
1089 BOILING SPRINGS ROAD
SPARTANBURG, SC 29303

TO:

Upstate Lung and Critical Care Specialists, P.C.
Attn: Drs. Feldman and Boscia
191 Boiling Springs Road
Spartanburg, SC 29303

FOR:

Legal Services

DESCRIPTION	HOURS	RATE	AMOUNT
Retainer for Medical Malpractice Defense legal fees for August to December of 2009. Services include trial prep for October, depositions, client meetings, meetings with Insurance carrier, meetings with co-counsel, second law suit regarding the declaratory action, travel, review of e-mails, review of discovery, review of depositions, draft pleadings, etc.	286.5	\$200	\$57,300
Less professional discount			(\$28,650)
TOTAL			\$28,650

ULCC-FELDMAN-BOSCIA FINANCIALS 000316

F. MILTON MANN, JR.
ATTORNEY AT LAW
LICENSED IN SC, GA & FL
1089 BOILING SPRINGS ROAD
SPARTANBURG, SC 29303
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E-MAIL: MILTON.MANN@GMAIL.COM

INVOICE

PLEASE MAKE CHECKS PAYABLE TO:

ALLIANCE BIOMEDICAL RESEARCH, LLC
1089 BOILING SPRINGS ROAD
SPARTANBURG, SC 29303

TO:

Upstate Lung and Critical Care Specialists, P.C.
191 Boiling Springs Road
Spartanburg, SC 29303

FOR:

Legal Services for Drs. Feldman and Boscia

DESCRIPTION	HOURS	RATE	AMOUNT
Legal services for Drs. Feldman and Boscia regarding the Casey litigation, including: attending depositions; meetings with clients; meeting with co-counsel; meetings with JUA adjuster; review and drafting of e-mails; telephone calls; travel to Charleston for medical records; meetings with expert witnesses; attendance of scheduling meeting with Court; review of discovery; review of medical records; review of articles; and preparation thereof.	153	\$200	\$30,600.00
Less professional discount			(\$9,600.00)
Less 2009 retainer paid to date			(\$3,000.00)
TOTAL			\$15,000.00

MANN 015881

STATE OF SOUTH CAROLINA)

COUNTY OF SPARTANBURG)

William Mark Casey)

Plaintiff,)

-vs-)

Gregory J. Feldman, MD, Joseph A.
Boscia, III, MD, Upstate Lung and Critical
Care Specialists, PC, And Devendra
Shantha, MD,)

Defendants.)

IN THE COURT OF COMMON PLEAS
SEVENTH JUDICIAL CIRCUIT

NOTICE OF TAKING DEPOSITION

C.A. No. 2006- CP-42-1728

TO: WILLIAM U. GUNN, of Holcombe Bomar, P.A., Attorney for Defendant Devendra Shantha, MD, and H. SPENCER KING, of The Ward Law Firm, P.A., Attorney for Defendants Gregory J. Feldman, MD, Joseph A. Boscia, MD, and Upstate Lung and Critical Care Specialists, P.C.

YOU WILL PLEASE TAKE NOTICE that the Plaintiff William Mark Casey, by and through his undersigned attorney, will cause to be taken the deposition of Neil H. Parnes, M.D. at the offices of Spartanburg Regional Medical Center, Radiology Department, 101 East Wood Street, Spartanburg, South Carolina, upon oral examination, commencing on May 08, 2009 at 10:00 a.m. before a notary public or some other official authorized by law to take depositions. The oral examination will continue from day to day until completed. You are invited to attend and take such part as shall be fit and proper.

BURTS, TURNER, RHODES & THOMPSON

By: Chris Thompson

RAY E. THOMPSON, JR.
Attorney for Plaintiff, William Mark Casey
Post Office Box 3408
Spartanburg, S. C. 29304
(864) 585-8166; Fax (864) 583-6927

Dated: May 05, 2009
Spartanburg, South Carolina



THOMPSON 001125

THE WARD LAW FIRM, P.A.

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JASON IMHOFF
JOHN ROGERS

*ALSO MEMBER NORTH CAROLINA BAR

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L. PAUL BARNES (1931-1988)

233 SOUTH PINE STREET
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FAX. No. (864) 593-8961
E-mail: sking@wardfirm.com

Direct No. (864) 591-2364

September 14, 2009

Ray E. Thompson, Jr., Esquire
PO Box 3408
Spartanburg, SC 29304

Re: William Mark Casey v. Gregory J. Feldman, MD, Joseph A. Boscia, III,
MD, Upstate Lung and Critical Care Specialists, PC, and Devendra
Shantha, MD

CA No.: 2006-CP42-1728

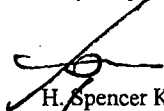
Our File No.: 26-0266

Dear Chuck:

Enclosed is Affidavit of Neil H. Parnes, M.D.

I am

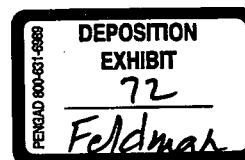
Very truly yours,


H. Spencer King
The Ward Law Firm, P.A.

HSK/dch

Enclosure

cc: William U. Gunn, Esquire w/enclosure



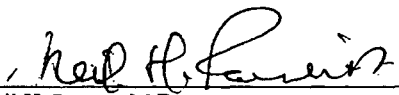
THOMPSON 014530

STATE OF SOUTH CAROLINA	)	IN THE COURT OF COMMON PLEAS
	)	
COUNTY OF SPARTANBURG	)	FOR THE SEVENTH JUDICIAL CIRCUIT
William Mark Casey,	)	
	)	
Plaintiff,	)	
	)	C.A. No.: 2006-CP-42-1728
v.	)	
	)	
Gregory J. Feldman, MD, Joseph A.	)	AFFIDAVIT OF NEIL H. PARNES, M.D.
Boscia, III, MD, Upstate Lung and Critical	)	
Care Specialists, PC, and Devendra	)	
Shantha, MD,	)	
	)	
Defendants.	)	

Before me appeared Neil H. Parnes, M.D., being first duly sworn deposes and says that he gives this affidavit to correct testimony given in deposition on May 8, 2009.

In that deposition, you affiant testified that AP radiograph taken May 28, 2006, showed a possible metallic foreign body that appeared to be in the aortic-pulmonary window as opposed to the left main stem bronchus.

That your affiant, after further review of the portable chest film concluded that the patient was rotated to the right, causing it to appear that the object is in the vicinity of the aortic-pulmonary window. Upon further review it is more likely that the object in the left main stem bronchus near the take-off of the left upper lobe bronchus. This is the location of erythematous granulation tissue in the drawing by Joseph A. Boscia, III, M.D. of May 28, 2004.


 Neil H. Parnes, M.D.

SWORN TO before me this 9th
 day of September, 2009.
Theresa D. Spencer

Notary Public for the State of South Carolina
 My Commission Expires
 My Commission Expires: January 12, 2016

THOMPSON 014531

From: gfeld3232@aol.com
Sent: Friday, April 02, 2010 3:21 PM
To: milton.mann@gmail.com
Subject: MRI, how about something like that?

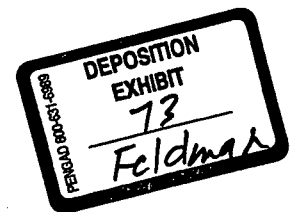
I, Neil Parnes, MD am Board Certified Radiologist and licensed Physician in the state of SC since ...

I have had an opportunity to review Mr. William Mark Casey MRI of the brain, done on February 4, 2007 at Charlotte Presbyterean Hospital, Charlotte, NC.

I have also had an opportunity to review MRI report that was done by Charlotte Radiologist Dr. Gregory Joseph.

MRI of the brain plays a vital part in the Diagnosis of vascular brain injuries, such as Cerebral Air or Tissue Emboli to the Brain as well as other suspected brain injuries. Confirmation or Exclusion of Brain Injury of both acute and permanent nature depends on Neuroimaging techniques, such as MRI of the brain.

I concur with Dr. Joseph report that Mr. Casey MRI of the brain is entirely normal



MANN 007382

From: gfeld3232@aol.com
Sent: Friday, April 02, 2010 4:42 PM
To: milton.mann@gmail.com
Subject: Compromise Language of affidavit

I, Neil Parnes, MD am Board Certified Radiologist and licensed Physician in the state of SC since ...and an Expert Witness in this case

I have had an opportunity to review Mr. William Mark Casey MRI of the brain, done on February 4, 2007 at Charlotte Presbyterean Hospital, Charlotte, NC.

I have also had an opportunity to review MRI report that was done by Charlotte Radiologist Dr. Gregory Joseph.

MRI of the brain constitute a vital part in the evaluation, treatment decisions making and patient counseling when brain injuries are suspected.

Vascular ischemic injuries of permanent nature caused by Cerebral Air or tissue Emboli are defined as an infarction of central nervous system tissue as diagnosed or excluded by neuroimaging, such as MRI.

A Confirmation or Exclusion of permanent vascular Brain Injuries such as Cerebral Air or Tissue Emboli depend on Neuroimaging techniques, such as MRI.

I concur with Dr. Joseph report that Mr. Casey MRI of the brain is entirely normal

From: gfeld3232@aol.com
Sent: Friday, April 02, 2010 5:33 PM
To: milton.mann@gmail.com
Subject: BINGO!

I, Neil Parnes, MD am Board Certified Radiologist and licensed Physician in the state of SC since ...and an Expert Witness in this case

I have had an opportunity to review Mr. William Mark Casey MRI of the brain, done on February 4, 2007 at Charlotte Presbyterian Hospital, Charlotte, NC. Neuroimaging, such as MRI of the Brain constitute a single most important diagnostic modality in evaluation and diagnosis of suspected vascular brain injuries due to Cerebral Air or Tissue emboli.

Permanent vascular brain injury is defined as an infarction of central nervous system tissue as diagnosed or excluded by neuroimaging, such as MRI.

I have also had an opportunity to review MRI report by Charlotte Radiologist Dr. Gregory Joseph.

I concur with my Radiology colleague from North Carolina, Dr. Joseph that Mr. Casey MRI of the brain done on February 4, 2007 is entirely normal.

From: gfeld3232@aol.com
Sent: Friday, April 02, 2010 5:56 PM
To: milton.mann@gmail.com
Subject: Vital language

I, Neil Parnes, MD am Board Certified Radiologist and licensed Physician in the state of SC since ...and an Expert Witness in this case

I have had an opportunity to review Mr. William Mark Casey MRI of the brain, done on February 4, 2007 at Charlotte Presbyterian Hospital, Charlotte, NC. Neuroimaging, such as MRI of the Brain constitute a single most important diagnostic modality in evaluation of suspected vascular brain injuries due to Cerebral Air or Tissue emboli.

MRI of the Brain is vital for the diagnosis or exclusion of Permanent vascular embolic brain injuries.

I have also had an opportunity to review MRI report done by Charlotte Radiologist Dr. Gregory Joseph.

I concur with my Radiology colleague from North Carolina, Dr. Joseph that Mr. Casey MRI of the brain done on February 4, 2007 is entirely normal.

From: gfeld3232@aol.com
Sent: Friday, April 02, 2010 8:27 PM
To: milton.mann@gmail.com
Subject: Required language

I, Neil Parnes, MD am Board Certified Radiologist and licensed Physician in the state of SC since ...and an Expert Witness in this case

I have had an opportunity to review Mr. William Mark Casey MRI of the brain, done on February 4, 2007 at Charlotte Presbyterian Hospital, Charlotte, NC. Neuroimaging, such as MRI of the Brain constitute a single most important diagnostic modality in evaluation of suspected vascular brain injuries due to Cerebral Arterial or Tissue emboli.

Neuroimaging of the brain, such as MRI is required for the diagnosis of Permanent vascular embolic brain injuries.

I have also had an opportunity to review MRI report done by Charlotte Radiologist Dr. Gregory Joseph.

I concur with my Radiology colleague from North Carolina, Dr. Joseph that Mr. Casey MRI of the brain done on February 4, 2007 is entirely normal.

Subj: Re: SC
Date: 6/14/2007 11:26:14 A.M. Eastern Daylight Time
From: GFeld3232
To: GFeld3232

http://www.dbq-oracle.com/internet_laws_message_boards_forums_blogs_personal_liability.htm

The laws also vary by State and Nation, and South Carolina has strict laws against invasion of privacy. In the publication "THE RIGHT TO PRIVACY vs. THE FIRST AMENDMENT" (1978), author Alice Marie Beard notes that in many States it appears to be illegal to intrude upon someone's seclusion or solitude, to publicly disclose embarrassing private facts about someone; or to generate publicity that places the someone in a "false light" in the public eye: (see Renwick, 310 N.C. at 322, 312 S.E.2d at 411)

Four areas of the right to privacy are recognized:

- (1) intrusion upon the plaintiff's seclusion or solitude, or into his private affairs;*
- (2) public disclosure of embarrassing private facts about the plaintiff;*
- (3) publicity that places the plaintiff in a false light in the public eye, and*
- (4) appropriation, for the defendant's advantage, of the plaintiff's name or likeness.*

Now, a lot has changed since 1978, but much it it moves in the direction of making people responsible for what they publish, even if they are grossly unprepared to be a journalist. In this great essay title "Here Come the Judges (and Lawyers)", Dan Gillmor notes that old Aunt Sara's catty blog is now subject to U.S. Libel laws:

Online journalists are no less required

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Saturday, September 29, 2007 AOL: GFeld3232



MANN 000084

From: gfeld3232@aol.com
Sent: Wednesday, March 19, 2008 5:03 PM
To: milton.mann@gmail.com
Subject: Fwd: SC

-----Original Message-----

From: GFeld3232@aol.com
To: milton@ppmplaw.com
Sent: Thu, 16 Aug 2007 7:43 pm
Subject: Fwd: SC

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Attached Message

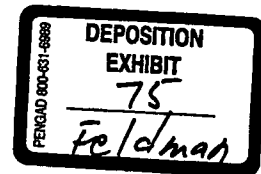
From:	gfeld3232@aol.com
To:	gfeld3232@aol.com
Subject:	Re: SC
Date:	Thu, 14 Jun 2007 11:26:14 -0400

http://www.dba-oracle.com/internet_laws_message_boards_forums_blogs_personal_liability.htm

The laws also vary by State and Nation, and **South Carolina has strict laws against invasion of privacy.** In the publication "THE RIGHT TO PRIVACY vs. THE FIRST AMENDMENT" (1978), author Alice Marie Beard notes that in many States it appears to be illegal to intrude upon someone's seclusion or solitude, to publicly disclose embarrassing private facts about someone; or to generate publicity that places the someone in a "false light" in the public eye: (see Renwick, 310 N.C. at 322, 312 S.E.2d at 411)

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- (1) intrusion upon the plaintiff's seclusion or solitude, or into his private affairs;*
- (2) public disclosure of embarrassing private facts about the plaintiff;*
- (3) publicity that places the plaintiff in a false light in the public eye, and*
- (4) appropriation, for the defendant's advantage, of the plaintiff's name or likeness.*



Now, a lot has changed since 1978, but much it it moves in the direction of making people responsible for what they publish, even if they are grossly unprepared to be a journalist. In this great essay title "Here Come

the Judges (and Lawyers)", Dan Gillmor notes that old Aunt Sara's catty blog is now subject to U.S. Libel laws:

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From: gfeld3232@aol.com
Sent: Wednesday, March 19, 2008 5:00 PM
To: milton.mann@gmail.com
Subject: Fwd: Countersuit

In order to prove malicious prosecution, the plaintiff physician must show: 1) that the defendant instituted (or continued) a prior judicial proceeding against the plaintiff physician; 2) that the prosecution was instituted without probable cause; 3) that the defendant acted maliciously in instituting the action; 4) that the prosecution terminated in the plaintiff physician's favor, and; 5) that the plaintiff physician was damaged by the action:

If an attorney, acknowledging there is no cause of action, and knowing this dishonestly and for some improper purpose files suit, or even if an attorney merely acts knowing that his client has no just claim and that his client is actuated by illegal or malicious motives, the attorney may be held liable for malicious prosecution.(6)

Nevertheless, the courts have declined to hold attorneys liable for malicious prosecution, **except in a few extreme cases**

And that may be our case!

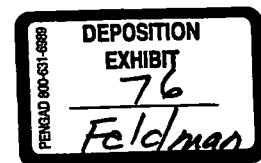
-----Original Message-----

From: GFeld3232@aol.com
To: GFeld3232@aol.com
Sent: Fri, 17 Aug 2007 6:34 pm
Subject: Countersuit

[Click here: Fighting Fire With Fire: Physician Countersuits](#)

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MANN 022484

From: gfeld3232@aol.com
Sent: Thursday, August 07, 2008 7:45 PM
To: milton.mann@gmail.com
Subject: Fwd: Check out South Carolina Judicial Department - Opinions

NOT THE FIRST TIME I HAVE SENT THIS , I KNOW :)
MY EXCUSE? This is SC (not South California)
could not resist :)

-----Original Message-----
From: GFeld3232@aol.com
To: GFeld3232@aol.com
Sent: Fri, 17 Aug 2007 6:53 pm
Subject: Check out South Carolina Judicial Department - Opinions

Conspiracy may be inferred from the very nature of the acts done, the relationship of the parties, the interests of the alleged conspirators, and other circumstances. Island Car Wash, Inc. v. Norris, 292 S.C. 595, 358 S.E.2d 150 (Ct. App. 1987). "Civil conspiracy is an act which is by its very nature covert and clandestine and usually not susceptible of proof by direct evidence.

[Click here: South Carolina Judicial Department - Opinions](#)

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MANN 001167

STATE OF SOUTH CAROLINA) IN THE COURT OF COMMON PLEAS
)
COUNTY OF SPARTANBURG) C.A. NO. 2010-CP-42-05743

Gregory J. Feldman, MD, Joseph A.)
Boscia, III, MD, Upstate Lung & Critical)
Care Specialists, PC, and Devendra)
Shantha, MD,)

Plaintiffs,)

Versus)

William Mark Casey, Ray E. "Chuck")
Thompson, and Charles M. Fogarty, MD,)

Defendants.)

DEPOSITION OF
JOSEPH A. BOSCIA, M.D.

Pursuant to Notice of Deposition and/or agreement
in the above-entitled case, the deposition of JOSEPH A.
BOSCIA, M.D. was taken on the 19th day of October, 2016,
commencing at the hour of 9:12 a.m. in the offices of
Wilkes Law Firm, Attorneys at Law, Spartanburg, South
Carolina.

REPORTED BY: Rosalind Poole Walters,
Certified Verbatim Reporter-Master

LEGAL EAGLE
Certified Verbatim Reporters
Post Office Box 5682
Greenville, South Carolina 29606
(864) 587-7050 or (864) 467-1373
depos@legaleagleinc.com

APPEARANCES:

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milton.mann@gmail.com

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todd@mbllc.com

Attorney for Defendant William Mark Casey,
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HENRIKSON LAW FIRM
Post Office Box 26554
Greenville, South Carolina 29616

Attorney for Defendant Ray E. "Chuck" Thompson,
ELLEN S. CHEEK, ESQUIRE
WILKES LAW FIRM, P.A.
127 Dunbar Street, Suite 200
Spartanburg, South Carolina 29306

Attorney for Defendant Charles M. Fogarty, M.D.

Also attending: Mr. Charlie Fogarty

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

1 STIPULATIONS:

2 It is agreed by and between the counsel for the parties as
3 follows:

- 4 1. That this deposition is being taken pursuant to rule 30
5 of the South Carolina Rules of Civil Procedure;
6 2. That the deponent waives the right to read and sign the
7 deposition transcript.

8 *****

9 JOSEPH A. BOSCIA, M.D., being duly sworn to tell the truth,
10 the whole truth, and nothing but the truth of his own
11 knowledge concerning the matter herein, testified as
12 follows:

13 *****

14 EXAMINATION BY MR. HENRIKSON:

15 Q. Please state your full name for the record.

16 A. Joseph Anthony Boscia, III.

17 Q. Dr. Boscia, my name is Matt Henrikson. I represent
18 Chuck Thompson in a lawsuit where you're a plaintiff.
19 I'm going to ask you some questions today about this
20 lawsuit. I understand you've given some depositions
21 before in the last few minutes, but there are a few
22 things I need to clear with you right now. I'm
23 required to tell you that now that the deposition has
24 started and you've been sworn, that if you have any
25 questions about anything that I ask you, you need to

1 direct your questions to me instead of your counsel.
2 okay?

3 A. Okay.

4 Q. And we can take a break at any time you want. Just let
5 us know. I'll probably try to break every, you know,
6 hour and a half or so, but I don't know how long this
7 will be. If you want to take a break, just tell me.
8 we'll stop. The only thing I ask is that if there's a
9 pending question, that you answer the question before
10 we break. Obviously, of course, during the breaks
11 you're not allowed to discuss your testimony, either
12 past or anticipated, with your attorney. He's not
13 going to let you do that, but I have to tell you that
14 if he does, then that is a waiver of the attorney-
15 client privilege and then I can talk to you about it
16 when we get back. So if we have a break, if somehow we
17 don't complete the deposition today, and that's
18 unlikely, but if we do go off the record at any time,
19 you just can't discuss your testimony. Okay?

20 A. Thank you for the break, and I understand.

21 Q. Sure. You're doing a great job so far. Sometimes in
22 the flow of a deposition, it's tempting for a witness
23 to say uh-huh or uh-uh or nod or shake his head as an
24 answer, and while I understand what you're saying, it's
25 difficult for the court reporter. So if you could just

1 make sure your answer is yes or no or whatever it may
2 be verbally, then we're okay.

3 A. I understand.

4 Q. If I ask you a question that you think you may not
5 completely understand, please ask me to repeat it,
6 rephrase it, or explain it, and I'll be happy to do
7 that. And if you say something to me that I don't
8 think I completely understand, then I'll ask you to do
9 the same. Is that fair?

10 A. Fair.

11 Q. Great. How many depositions have you given?

12 A. Many. I don't recall the exact number, but many.

13 Q. And when is the last time you've given a deposition?

14 A. Was for a disability case in my office for one of my
15 patients.

16 Q. Other than treating-physician depositions, how many
17 depositions do you think you've given?

18 A. Two, I think.

19 Q. Is that S. Carolina and --

20 A. S. Carolina.

21 Q. -- Casey?

22 A. And Casey.

23 Q. And Casey was sort of a treating-physician case, I
24 guess.

25 A. Yes, it was.

1 Q. But S. Carolina and Casey, and then the other
2 depositions you've given have been on behalf of
3 treating patients as a fact witness?

4 A. Correct.

5 Q. Have you ever testified as an expert witness at any
6 time?

7 A. No.

8 Q. We may have this information somewhere, but I just want
9 to get it today. What states have you practiced
10 medicine in?

11 A. Massachusetts, New York, South Carolina.

12 Q. And do you have licenses in any state currently other
13 than South Carolina?

14 A. Yes. I believe New York State, North Carolina, and
15 Florida.

16 Q. Have you ever practiced medicine in North Carolina or
17 Florida?

18 A. Yes.

19 Q. And when did you practice in North Carolina?

20 A. Well, I'm part of a group that has an outreach clinic
21 in North Carolina, and I sometimes might be asked to go
22 out and practice there, but I do hold a license in
23 North Carolina.

24 Q. And what is the name of that group?

25 A. Upstate Lung and Critical Care Specialists.

1 Q. And is that in Monroe?

2 A. No, sir. It's Hendersonville.

3 Q. Hendersonville?

4 A. North Carolina.

5 Q. And is there also a facility in Florida?

6 A. No.

7 Q. Then have you ever practiced in Florida?

8 A. No.

9 Q. So, just out of curiosity, why do you have a license in
10 Florida?

11 A. Because I won't be 53 for the rest of my life, so I'm
12 thinking retirement. We have properties in Florida, so
13 I got my Florida license just in case.

14 Q. Fair enough. How long did you practice in
15 Massachusetts?

16 A. For my three years in residency.

17 Q. And how about New York?

18 A. Three years in fellowship.

19 Q. And then you have been in South Carolina for how long?

20 A. I'm sorry. Can I retract?

21 Q. Sure.

22 A. Not three years in New York City. It was five years in
23 New York State.

24 Q. Okay. And that was a fellowship in what specific---

25 A. Three years of fellowship in pulmonology and critical

1 care medicine and a two-year academic faculty position
2 with the University of Rochester.

3 Q. How long have you practiced in South Carolina?

4 A. It will be 16 years in May.

5 Q. The facility in North Carolina that you go to, what is
6 the name of that facility?

7 A. Upstate Lung and Critical Care Specialists
8 Hendersonville.

9 Q. And is that in the same property or the same location
10 as the research facility?

11 A. It is close to the research facility, but I believe
12 it's on campus, I think, of the hospital system up
13 there, Park Ridge Hospital System, if I recall.

14 Q. Do you have any hospital privileges in North Carolina?

15 A. I do.

16 Q. And where do you have those?

17 A. At Park Ridge Hospital.

18 Q. And what hospitals do you have privileges in in South
19 Carolina?

20 A. Spartanburg Regional Medical Center, Spartanburg
21 Hospital for Restorative Care, Mary Black Hospital.

22 Q. And what are your board certifications?

23 A. Internal medicine, pulmonary medicine, and critical
24 care medicine.

25 Q. Have you ever had any complaints filed against you as a

1 physician?

2 A. Could you be more specific?

3 Q. Have you ever had any complaint, any patient complaint,
4 any employee complaint, have you ever had any
5 complaints filed against you in any hospital, in any
6 practice, against your license in any state, anything
7 like that?

8 A. No.

9 Q. And you've never had any suspensions or discipline with
10 respect to your medical license in any state that you
11 practiced?

12 A. No.

13 Q. Have you ever been sued for malpractice?

14 A. Yes.

15 Q. Other than the Casey case, any other times?

16 A. No.

17 Q. Who is your medical malpractice insurance carrier now?

18 A. They're a group in Greenville. I don't remember their
19 name.

20 Q. Is it the same carrier you had during the Casey matter?

21 A. No.

22 Q. A different group?

23 A. Yes.

24 Q. As we sit here today, is Milton Mann your attorney?

25 A. Yes.

1 Q. And without telling me anything that Mr. Mann has told
2 you or that you have told Mr. Mann, what have you done
3 specifically to prepare for this deposition?

4 A. I reviewed the Complaint, discussed the case with my
5 senior partner, Dr. Gregory Feldman, and my attorney,
6 Milton Mann.

7 Q. Anything else?

8 A. No.

9 Q. Tell us a little bit about the discussions you had with
10 Dr. Feldman in preparation for your deposition. When
11 did those discussions take place?

12 A. Ongoing since discovery, and I don't recall when
13 discovery started, but the conversations started during
14 discovery.

15 Q. Discovery in this case?

16 A. Yes.

17 Q. And how about recently, in the last several weeks, when
18 have you last spoken to Dr. Feldman about this matter?

19 A. Last night.

20 Q. And tell us about that conversation.

21 A. I don't recall the exact specifics, because the
22 conversation had two facets. One was medical care,
23 because I covered his patients while he was here for
24 his two-day deposition. So I had to bring him up-to-
25 date on his patients. And then the second was him

1 telling me some of the questions that he was asked.

2 Q. And what do you remember him telling you about some of
3 the questions that he was asked?

4 A. I don't recall exactly what we talked about, because it
5 was pretty rapidfire, if you've ever met Dr. Gregory
6 Feldman.

7 Q. I've known him for two days.

8 A. So hopefully you understand what I -- what I mean by
9 that, that comment.

10 Q. Sure. How about generally? If it was a conversation
11 last night, I'm trusting that you remember generally
12 what y'all talked about.

13 A. Yes. Reminding me about my involvement in the Casey
14 case and then timelines. I'm not very good with
15 timelines. So he was bringing me up to speed about
16 when we started to look into issues, when we started
17 discovery.

18 Q. And what timeline did he give you regarding when you
19 started looking into issues? What does that mean
20 exactly, when you started looking into issues?

21 A. Again, specifically, unless you ask me a specific
22 question, I mean, it was a very general discussion. It
23 was a very generalized discussion about timelines. In
24 2004, when we started to take care of Mark Casey, in
25 two thousand -- again, my recollection of time is just

1 not very good.

2 Q. Well, you mentioned that you and he discussed the
3 timeline that involved when you started looking into
4 issues, and what did you understand him to mean by
5 that?

6 A. The ongoing discovery of the Casey case.

7 Q. Was that the discovery in the Casey matter or the
8 discovery in this lawsuit that arises out of the Casey
9 matter?

10 A. Both.

11 Q. Both, all right. And so did he mention any years to
12 you or any time when you, quote, started looking into
13 issues?

14 A. He probably did. I think he did, but, I mean, my,
15 again, recollection for dates are just jumbled.
16 Remember, I was new to the community and starting a new
17 practice. It was a pretty grueling time in my life.

18 Q. Right. But I guess I'm really sort of referring to the
19 conversation that was, what, 8 or 9 o'clock last night?

20 A. Correct. Again, the majority of it was on his
21 patients.

22 Q. Right.

23 A. I mean, I had to cover his patients for two days, and
24 he's covering my patients today. So we'll have another
25 conversation so that he can bring me up to speed on my

1 patients.

2 Q. Right. And then the other facet, the one that I was
3 really interested in is when he's talking to you last
4 night about giving you a timeline, and there had to be
5 some reason why he was talking to you about that, and I
6 I'm trying to figure out what you meant by your
7 testimony that he gave you a timeline regarding when
8 you, quote, started looking into issues, end quote.

9 A. Correct. About the Casey discovery and about the
10 current case, those timelines.

11 Q. And so did he just say the words, hey, we started
12 looking into issues, and that was it, or did---

13 A. Sir, I don't recall the exact words that he used.

14 MR. MANN:

15 whoa, whoa, whoa, whoa.

16 EXAMINATION RESUMED BY MR. HENRIKSON:

17 Q. I'm not really asking you to tell me the exact words,
18 but I am asking you about a conversation that took
19 place literally, you know, 12 hours ago.

20 MR. MANN:

21 Matt, hold on, please, if you don't mind. One
22 person needs to speak at a time. Okay? It's very hard
23 for the court reporter.

24 WITNESS:

25 Sorry.

1 MR. MANN:

2 So make sure that he finishes what he's asking
3 before you talk.

4 WITNESS:

5 I'm sorry.

6 MR. MANN:

7 Sorry, Matt. Thank you.

8 EXAMINATION RESUMED BY MR. HENRIKSON:

9 Q. Sure. So, again, I'm not asking you to quote him
10 directly, but I'm just trying to figure out, I'm trying
11 to ask you if you can give me the gist of what he was
12 talking about relative to the Casey case, and you're
13 saying you just can't remember from last night what he
14 said?

15 A. No, I don't remember the specifics of what we talked
16 about last night.

17 Q. Do you remember---

18 A. I do remember the gist of the conversation.

19 Q. And the gist of the conversation was?

20 A. Is that we took care of Casey in 2004.

21 MR. MANN:

22 Wait.

23 WITNESS:

24 I'm sorry.

25 EXAMINATION RESUMED BY MR. HENRIKSON:

1 Q. Go ahead. Complete your answer.

2 A. That we took care of Mark Casey in 2004, that we were
3 served our lawsuit in 2006, and in between 2004 and
4 2006, we underwent a defamation lawsuit, and then, of
5 course, the discovery of the Casey case was done by our
6 attorneys, by our malpractice attorneys and not by us,
7 and that was about it, to the best of my recollection.

8 Q. How long was the conversation with Dr. Feldman last
9 night that was related not to his patients but to this
10 matter?

11 A. About five minutes.

12 Q. And I think at one point you also mentioned that he
13 told you about some questions that he was asked in this
14 case. Do you recall what he said regarding that?

15 A. I don't recall. Perfectly honest, I wasn't paying
16 attention.

17 Q. Have you and Dr. Feldman ever sent each other e-mails
18 at any time since 2010 -- well, strike that -- at any
19 time regarding this matter, the Casey matter or your
20 lawsuit against Casey and the other defendants?

21 A. I might have. Dr. Feldman and I exchange many, many e-
22 mails about many, many topics, and it's possible that I
23 received some e-mails on this case.

24 Q. Have you ever been requested by any person to identify
25 or locate or copy any e-mails that you have sent

1 pertaining to this matter?

2 A. I don't recall.

3 Q. Typically, how did you communicate with Dr. Feldman
4 regarding this case after it was filed in 2006 and
5 moved forward?

6 A. We sit right in front of each other, behind each other.
7 So we see each other on a daily basis. It's usually
8 with verbal communications.

9 Q. And, at the time, did you and he ever text or e-mail
10 about this case?

11 A. I might have. We might have.

12 Q. And no one has ever asked you to try to locate any of
13 those texts or e-mails?

14 A. I don't remember. I don't recall.

15 Q. Would you agree that Dr. Feldman appears to be a
16 prolific e-mailer?

17 A. I agree.

18 Q. And, I mean, we've seen a lot of e-mails that you were
19 either copied on or received from Dr. Feldman. Have
20 you had a chance to review any of those prior to your
21 deposition?

22 A. I have not.

23 Q. Have you reviewed any documents other than the Second
24 Amended Complaint in this case prior to today?

25 A. I was shown some documents while we were going through

1 discovery, and the---

2 Q. In the Casey case?

3 A. No, sir, in this case. And the Second Amended
4 Complaint.

5 Q. And do you recall what documents you reviewed other
6 than the Second Amended Complaint?

7 A. Medical records, testimonies from depositions from the
8 Casey case, if I recall.

9 Q. Have you reviewed your deposition in the Casey case at
10 any time since you gave it?

11 A. No.

12 Q. Who was your lawyer in the Casey case?

13 A. Billy Gunn.

14 Q. And prior to Mr. Gunn being your lawyer, were you
15 represented by anybody else?

16 A. It might have been Spencer King, but Mr. King and Mr.
17 Gunn were our attorneys, Mr. King for Dr. Feldman and
18 Mr. Gunn for me.

19 Q. And then did Mr. Mann ever represent you at any time
20 during the Casey case?

21 A. Yes.

22 Q. And when did he represent you during the Casey case?

23 A. Since he was employed by us and our corporation. He's
24 been representing me ever since.

25 Q. And when was that?

1 A. I don't recall the exact date of when I incorporated
2 Mr. Mann or when I employed, rather, Mr. Mann, but he's
3 been our corporate attorney and our private attorney
4 for many years.

5 Q. And when you say "our," what are you referring to?

6 A. Alliance Biopharmaceutical Research attorney, and he
7 also does work for -- for myself and my family.

8 Q. Did you say Alliance Biopharmaceutical?

9 A. Mm-hmm. Yes.

10 Q. You're saying yes? All right. And which entity is
11 that? Is that the new company, or is that an older
12 company?

13 A. That's an older company.

14 Q. And then he does some personal work for you, as well?

15 A. Yes.

16 Q. And how is that billed and paid for?

17 A. I don't understand what "it" means.

18 Q. The personal work that Mr. Mann does for you.

19 A. Mr. Mann submits a bill and we pay his bill.

20 Q. And does that bill come from Mr. Mann individually, or
21 does it come from one of the entities?

22 A. Personal work for us comes from me personally.

23 Q. No, from him. Does the bill from him for your personal
24 work come from Mr. Mann individually --

25 A. Yes.

1 Q. -- or does it come from one of the entities?

2 A. No, from Mr. Mann.

3 Q. Okay. How involved are you with the administration or
4 operation of any of these entities?

5 A. I don't understand what "these" means, "these
6 entities." I don't know what that means.

7 Q. All right. My understanding is right now that there is
8 a corporation that was formed just recently after GPP
9 group purchased an interest in several of the
10 pharmaceutical research facilities. Is that correct?

11 A. You can -- you can link these pharmaceutical research
12 companies into Alliance Biopharmaceutical Research.
13 It's the parent company of all these research companies
14 that you refer to. So Alliance Biopharmaceutical
15 Research was established with the intention of
16 eventually incorporating multiple research sites. So
17 Mr. Mann was attorney for Alliance Biopharmaceutical
18 Research Company. What you speak of, Great Point, is a
19 capital investment in Alliance Biopharmaceutical
20 Research, which has now turned into a new corporation
21 called Alliance Biopharmaceutical Research Holdings
22 Company where Great Point Partners holds a 60-percent
23 interest and the founding members of Alliance
24 Biopharmaceutical Research hold a 40-percent interest.
25 Q. And what interest do you hold within that 100 percent?

1 A. I'm one-fifth of the 40 percent. So we'll have to do
2 the math somehow, and I didn't bring a calculator.

3 Q. I did.

4 A. Great.

5 Q. That may be a fancier one right there.

6 A. You're going to make me do high level math?

7 Q. I am.

8 A. So let's see. Anybody? Anybody? Anybody? I do this
9 stuff with my eighth grader, and I'm miserable at it.

10 Can I phone a friend on this one?

11 Q. Would it be 100 times point-four times point-two?

12 A. One hundred times -- what did you say? Point-four?

13 Q. Point-four.

14 A. That's 40 percent times---

15 Q. Times point-two.

16 A. Point-two, 20 percent. Right? Times point-two. There
17 you go. Eight percent. Whew.

18 Q. All right. Yesterday we understood that Dr. Feldman
19 has a percentage that is equal to yours. He thought it
20 was seven, but if it's eight. Who are the other people
21 who hold the rest of that 40 percent?

22 A. Mrs. Anna Buice, Mrs. Hailey Williams, Mr. Steve
23 Clemons, Dr. Gregory Feldman.

24 Q. So GPP -- Ms. Buice, Dr. Williams, Steve Clemons, Dr.
25 Feldman, and you are -- you own the rest of the 40?

1 A. We are Alliance Biopharmaceutical Research, yes. Great
2 Point Partners has purchased Alliance Biopharmaceutical
3 Research or has instilled capital into Alliance
4 Biopharmaceutical Research. They have a 60-percent
5 interest, and the five founding members of Alliance
6 Biopharmaceutical Research have a 40-percent interest.

7 Q. As a result of that transaction, was there any
8 distribution to you of cash or other property?

9 A. Yes.

10 Q. And what was the distribution to you?

11 A. The corporation was valued at 54 million, and I believe
12 after expenses I was distributed I think just shy of \$7
13 million.

14 Q. And that would be true for each of the other of the
15 five members who make up the 40 percent?

16 A. No. No. The way we distributed -- the way we
17 distributed Alliance Biopharmaceutical Research was
18 based on interests that each of us had. So Dr. Feldman
19 and I each had I believe a 25-percent interest in toto
20 of Alliance Biopharmaceutical Research. So we had
21 almost 50 percent interest in Alliance
22 Biopharmaceutical Research.

23 Q. Do you remember the distributions to the other four or,
24 I guess, the other three?

25 A. Well, it's a little more complicated than that because

1 there are minority owners, as well. Each of the
2 principal investigators of all 10 sites have a percent
3 minority interest. So it's a little bit more
4 complicated than that. Again, we just went through,
5 you know, a lot of numbers and crunching, and I have
6 attorneys and lawyers that have all that information
7 about the specific breakdowns for you.

8 Q. So the 40 percent now, the people who own the 40
9 percent of Alliance Biopharmaceutical Holdings, Inc. --
10 is it Inc.?

11 A. I believe it is.

12 Q. That does not include the minority holders of the pre-
13 existing facilities?

14 A. No.

15 Q. And are you saying I'm right or are you saying I'm
16 wrong?

17 A. I'm saying you're wrong.

18 Q. Okay. Explain that to me then.

19 A. Again, Alliance Biopharmaceutical Research are five
20 founding members with different owner interests along
21 with principal investigators or other non-principal
22 investigator owners that are minority owners in that
23 corporation. They still hold their interests in the
24 new Alliance Biopharmaceutical Research Holdings
25 company. So that 40 percent really has not changed.

1 The interests in the 40 percent has not changed.

2 Q. All right. I hope you don't have to break out the
3 calculator again, but if we've got one entity owning 60
4 percent and five entities owning 40 percent---

5 A. No, sir. It's more complicated than that.

6 Q. And I understand it's more complicated, but are you
7 saying then that the five owners that were also
8 previous owners, their total ownership does not add up
9 to 40 percent?

10 A. Correct.

11 Q. So how many other minority owners are there?

12 A. Many.

13 Q. And they are comprised of PIs from the facilities?

14 A. Principal investigators and/or other owners, whether
15 they be coordinators or nurses or...

16 Q. Is your wife one of those owners?

17 A. No, sir.

18 Q. Is she a PI in one of the facilities?

19 A. Yes, she is.

20 Q. Where is she a PI?

21 A. Hendersonville Pharmaceutical Research.

22 Q. How long has she been there?

23 A. A couple years. Since Hendersonville Pharmaceutical
24 Research started. She holds a North Carolina license,
25 so we put her up there first to get Hendersonville up

1 and running.

2 Q. Where does she go to work every day? I mean, as a PI,
3 is she at the site all the time, or how does that work?

4 A. No. She is responsible for one to two days a week to
5 cover the research physicals and paper signing.

6 Q. Tell me how that works. If somebody comes in, I guess
7 there's some advertisement or marketing for a
8 particular study?

9 A. Yes.

10 Q. And that's how -- what do you call them? I hate to say
11 test subject. That sounds bad. What is the
12 professional term for somebody who submits to a study?

13 A. Research subject.

14 Q. Subject, okay. So the research subjects come in and
15 they are screened before they're entered in, or what
16 happens if somebody just walks in the door for the
17 first time? Do they sign anything right away?

18 A. Correct.

19 Q. What do they sign?

20 A. They sign an informed consent that says we will be
21 gathering all the medical records so that we can see if
22 you -- if you qualify for this study. Once they sign
23 consent, then they usually get prescreened. A
24 prescreening in a respiratory study is usually done
25 with a spirometer to see if they at least qualify for

1 the study based on their breathing tests. The next
2 phase of the screening process is then gathering of
3 their -- gathering their medical records and seeing,
4 again, if there's any inclusion or exclusion criteria
5 that would potentially make it dangerous for them to
6 enter a research trial.

7 Q. And are x-rays routine?

8 A. No.

9 Q. When would a subject be requested to submit to an x-
10 ray?

11 A. If it's part of the study protocol.

12 Q. And if it's part of the study protocol, is that
13 something that's going to be done up front at the
14 beginning, like at the time that the medical records
15 are being collected to be reviewed?

16 A. Usually before you send them for those types of
17 ancillary studies, you want to make sure that, again,
18 they fit inclusion and exclusion criteria. That's
19 usually the next phase where they would go do a chest
20 x-ray if that's part of the protocol. The majority of
21 protocols will allow you to use historical data. So a
22 chest x-ray that you had within the past X number of
23 years, they would allow you to use historical data.

24 Q. But some protocols require a current x-ray?

25 A. Yes.

1 Q. At any time, is there a physician-patient relationship
2 established between the research subject and any person
3 at the facility or any person connected with the
4 facility?

5 A. It's a difficult question for me to answer, because I
6 know as a physician, the physician-patient relationship
7 is one of education and guidance, which means you try
8 to get to their psychosocial issues, utilize
9 medications based on physical examination to alter a
10 disease process. That's in my mind what a physician-
11 patient relationship is all about. In a research
12 trial, your responsibility is to make sure that it is
13 safe for that patient to continue. So technically,
14 you're not dispensing medications to alter -- to alter
15 physiology, because they may be on placebo, they may be
16 on a sugar inhaler which will not alter a disease
17 process. So it's kind of a complicated answer for me
18 to give, because, again, my understanding of what I do
19 as a physician is to gather psychosocial information,
20 perform a physical exam, and utilize medications to
21 alter disease processes. As an investigator, you're
22 just making sure that it's safe for them to continue on
23 in the trial.

24 Q. All the investigators are M.D.s. Is that right?

25 A. Principal investigators --

1 Q. Principal investigators, they're all---

2 A. -- are all M.D.s, true.

3 Q. Does the M.D. have any duties to the research subject
4 other than you said generally to make sure that the
5 testing is done safely? Are there any other duties
6 that you're aware of?

7 A. Again, I don't understand testing is done safely. I
8 don't understand that.

9 Q. Those are your words. You said that --

10 A. That's not---

11 Q. -- when a test subject comes in, that one of the things
12 that you try to do is make sure that the testing is
13 done safely. That's what I understood. That's what I
14 wrote down.

15 A. Okay. No, that's not technically true. It's to make
16 sure that there's no underlying medical problems that's
17 going to make it unsafe for them to continue in the
18 study. In other words, an EKG showing ST segment
19 elevations which might indicate an acute heart attack
20 or an ischemic heart problem, a breathing test that's
21 just too low for them to enter the trial safely because
22 you know they're probably going to end up with a lot of
23 infections which could potentially put their lives in
24 jeopardy. The other responsibilities of the PI is to
25 gather information, and any of those data that could

1 potentially be harmful to the patient should be
2 disclosed with the patient and should be -- should be
3 given the opportunity to make connection with their
4 primary care doctor or seek other professional help for
5 that problem. In other words, an EKG that's showing an
6 aggressive heart block should be referred immediately
7 to a cardiologist or at least to their primary care.
8 You should at least make somebody aware that now we've
9 reached the point of you are unsafe, you need to be
10 seen for this, for this problem.

11 Q. Right. And, for instance, a suspicious spot on a lung,
12 chest x-ray would require notification to the patient
13 and advice to follow up with the appropriate
14 professional?

15 A. Yes.

16 Q. If an x-ray is required either by the protocol or for
17 some other reason for a research subject, does that
18 have to be ordered by a physician?

19 A. I'm not sure of the answer to that question. I'm not
20 sure. If it's part of the protocol where the hospital
21 receives a contract from the provider of the study, the
22 parent sponsor of the study, and whether or not those
23 orders are directly sent on behalf of the sponsor or by
24 the principal investigator, I don't really know the
25 answer to that question. I know that in my studies

1 where I would do x-rays, I am not writing a physical
2 order for them to go get a chest x-ray.

3 Q. Are you a PI at any time?

4 A. I am.

5 Q. Where are you a PI?

6 A. At Union Pharmaceutical Research.

7 Q. So if you have people who need x-rays who have entered
8 into one of the Union programs, how do you handle x-
9 rays if you need an x-ray?

10 A. I get a report.

11 Q. Well, I mean, how do you get the x-ray to be created?
12 If the person needs a new x-ray, how do you generate
13 that?

14 A. I believe my coordinators -- again, I think it's part
15 of the -- the contract that the sponsor has with the
16 hospital, because I believe the sponsor pays for that,
17 for that study. So it's just part of the -- part of
18 the research protocol that the, you know, patient goes,
19 gets their x-ray, a report is generated, and then I
20 have to sign off on it.

21 Q. So there's some -- I mean, I can't just walk into your
22 office at Upstate Lung and say, you know what, I feel
23 like a chest x-ray today, can we pop one out.

24 A. For Upstate Lung, you'd have to be seen by me, yes. I
25 would have to deem it necessary for you to obtain a

1 chest x-ray, correct.

2 Q. So y'all have contracts with, I guess, facilities that
3 have x-ray capability, and those patients or subjects
4 are sent to those contracted places to have their x-
5 rays?

6 A. Correct.

7 Q. So there's some documentation that comes from, in your
8 case, the Union facility. Whether it's something
9 signed by an M.D. or not, there's some document that
10 gives that x-ray facility the right, I guess, or the
11 instructions to give that person an x-ray.

12 A. It would seem so.

13 Q. Well, I mean, can you imagine a situation where
14 somebody shows up at one of the contracted facilities
15 for an x-ray without any documents and says, you know
16 what, the very nice people at Union told me to come get
17 an x-ray, and they said, oh, yeah, sure?

18 A. That would not happen.

19 Q. Okay. How much of your time is spent treating patients
20 in the traditional physician-patient relationship that
21 you described and how much of your time is spent in
22 what I guess I would call the research end of it being
23 a PI or otherwise being involved in the research
24 element of your practice?

25 A. I would say 95 percent and 5 percent. And the reason

1 why I use such a high percentage of physician-patient
2 relationships is because there's a lot of overlap,
3 especially in Union being that it's such a small
4 community. The majority of the subjects on clinical
5 trials are coming from my practice. So I would have
6 already a doctor-patient relationship with those
7 patients even though they are in studies. But there's,
8 you know, a good number, maybe five percent, that do
9 come from other physicians or answer ads in newspapers
10 that I do not have a doctor-patient relationship with
11 but I do still take care of them on clinical trials.

12 Q. So let me make sure I get the numbers right. The five
13 percent of your practice is with research subjects with
14 whom you have no prior patient relationship. Is that
15 right?

16 A. I think so, yes.

17 Q. And approximately 95 percent is comprised of research
18 subjects with whom you have had a previous relationship
19 or just a traditional coming to the doctor's office
20 patient relationship?

21 A. Yes, and I know their families and I know their family
22 members. I've been in the community in Union for about
23 10 years. So it's a small community.

24 Q. Is there an Upstate Lung facility in Union --

25 A. Yes.

1 Q. -- that's apart from the research?

2 A. We share one building.

3 Q. And how many days a week do you spend in Union?

4 A. Two.

5 Q. And where are the other days you spend?

6 A. Upstate Lung and Critical Care Specialists Spartanburg.

7 Q. Let me ask you this. You mentioned before that you
8 don't recall anyone ever asking you to locate,
9 identify, or produce any e-mails related to this case,
10 either the Casey case or this case. Were you e-mailing
11 your attorneys or Dr. Feldman or anyone else during the
12 Casey malpractice action that you remember?

13 A. I don't recall. I might have. I might have been
14 copied on e-mails, certainly.

15 Q. Do you know who Dessa Ballard is?

16 A. No, sir.

17 Q. Have you ever been represented by Dessa Ballard?

18 A. To my knowledge, no.

19 Q. So when I say the name Dessa Ballard, you've never
20 heard that name before today?

21 A. No.

22 Q. Let me ask you this. In April of 2016, a lot of
23 documents were produced by all of the parties in this
24 case, including what has been called the Chuck Thompson
25 production which was tens of thousands of documents

1 from the underlying medical malpractice action. Have
2 you looked at or reviewed any of those records?

3 A. The only records that I reviewed were produced to me by
4 Dr. Feldman.

5 Q. And do you remember which records Dr. Feldman gave to
6 you that you looked at?

7 A. A lot of them were depositions. Again, our desks are
8 like back-to-back, like us, and, I mean, we are
9 constantly communicating. And then in April, it really
10 became his interest to look at the boxes of papers
11 while I kept the practice kind of rolling and moving
12 and seeing patients and doing what I do best, which is
13 see patients and be the best lung doctor that I can
14 possibly be. So any documents that might have been
15 shown to me were through Dr. Feldman.

16 Q. And as we sit here today, do you recall specifically
17 any documents that you looked at that either made an
18 impression on you or that you remember looking at?

19 A. I remember the only document that really kind of got me
20 was a consult note, a multiple letter consult note that
21 almost looked like it was kind being changed to kind of
22 fit circumstances is what it looked like to me, but,
23 then again, I moved on and I went about seeing
24 patients.

25 Q. Do you remember any---

1 A. I thought it was interesting.

2 Q. Do you remember anything else other than the consult
3 notes?

4 A. That's the only thing that stuck out.

5 Q. During the Casey litigation, the medical malpractice
6 action, how involved were you with sort of the day-to-
7 day occurrences in the case? And let me just preface
8 it by saying this, that I represent a lot of doctors
9 who get sued in malpractice actions, and some of them
10 tell me I want to know everything that's happening at
11 every minute, and I might imagine that Dr. Feldman
12 might be one of those clients. And then I have doctors
13 who say, look, tell me when I got to show up for a
14 deposition, tell me when I got to show up for a trial,
15 I don't want to hear from you until then, and maybe
16 you're closer to that. But where on that spectrum do
17 you think you fell in Casey? How involved were you at
18 all?

19 A. Directly, I'm more of a give me the highlights and tell
20 me when I need to show up for a deposition. Of course,
21 prep me before my deposition, and let's move on.
22 Indirectly, through, again, our desks being so close to
23 each other, somewhat involved.

24 Q. Do you have any kind of position, or are you an officer
25 or director, whatever, in the new company, Alliance

1 Holdings, Inc.?

2 A. No.

3 Q. Who are the officers of that new corporation?

4 A. We have a chief executive officer by the name of Joe
5 Petrillo. We have a chief financial officer whose name
6 escapes me. Wow. The name escapes me, but those are
7 the only two officers right now that are -- that are
8 functioning in Alliance Biopharmaceutical Research
9 Holdings company.

10 Q. And did they come with GPP, or were they pre-existing--
11 -

12 A. They were appointed by Great Point, yes.

13 Q. So did they have any previous involvement with any of
14 the entities?

15 A. No.

16 Q. And when I say entities in that sense, I mean, frankly,
17 there are numerous iterations of Alliance Biomedical or
18 Biopharmaceutical, there are all of the research
19 facilities that are separate corporate entities, but I
20 think you mentioned that Alliance was the parent
21 corporation for all of the research facilities. Is
22 that right?

23 A. Yes.

24 Q. So I guess in that context when I say entities, I mean
25 all of those entities, many of which I understand from

1 you and from Dr. Feldman have sort of been merged into
2 this new company through various ownership interests?

3 A. Yes.

4 Q. Does the new corporation have a Board of Directors?

5 A. Yes.

6 Q. And who is on the board of directors?

7 A. To the best of my recollection -- again, names escape
8 me, but I believe there's five board members, three of
9 which are appointed by Great Point, two are appointed
10 by us, by the five founding members of Alliance
11 Biopharmaceutical Research, and our two board members
12 are Gregory Feldman and Steve Clemons.

13 Q. Is there any extra compensation for being a board
14 member?

15 A. No.

16 Q. And it's anticipated, I suppose, that the new company
17 will earn money?

18 A. Yes.

19 Q. And will that be distributed according to the
20 percentages that you outlined before?

21 A. No.

22 Q. How will that be distributed?

23 A. It goes to the investors. It goes to the 60-percent
24 investors who came up with the capital to get the
25 corporation, A, organized and, B, hopefully to the next

1 -- to the next level with the ultimate goal of bringing
2 this company or corporation to Wall Street. That's the
3 -- that's the goal. So the distributions will be done
4 to the shareholders, not necessarily to the -- to the
5 owners. That's my understanding.

6 Q. Are you a shareholder in the corporation?

7 A. I am.

8 Q. How many shares do you own, or what percentage of the
9 total authorized shares do you own? Is that the seven
10 percent? That's what we're talking about?

11 A. Yes.

12 Q. And so in terms of drawing income from this company, do
13 you anticipate drawing income from this company or only
14 having distributions based on share ownership?

15 A. My income will be based on my productivity as a
16 principal investigator. So the more studies I get, the
17 more my compensation is. The distribution will come in
18 the next -- the next phase. Once we can organize
19 Alliance Biopharmaceutical Research Holdings and it
20 starts turning a profit, we'll start looking to expand
21 by bringing in more investors or maybe selling it to a
22 bigger entity that is looking for a premier pulmonary
23 research location in the United States with the
24 ultimate goal to get it public.

25 Q. And you guessed my next question. Are you employed by

1 this company as a PI or do you have contract as a PI?

2 A. I'm an independent contractor. I have an independent
3 contractor contract.

4 Q. And what are the terms of your independent contract?

5 A. I know that I can't -- oh, I guess the independent
6 contract states that I have to maintain a license, I
7 have to be ethical, you know, for audits I have to not
8 have one of the flags that the federal government gives
9 you. I mean, anything that, again, goes against me
10 being a principal investigator leads to my termination.

11 Q. And how are you compensated under that contract?

12 A. Right now we're struggling with that, because Dr.
13 Feldman and I particularly are underpaid for what we do
14 because we were owners of Alliance Biopharmaceutical
15 Research. So we are technically underpaid, but I
16 believe the standard is somewhere between 5 and 10 to
17 15 percent of -- of earnings.

18 Q. Is there also a company called Select Biomedical Group
19 International?

20 A. I'm not sure.

21 Q. I understood from previous testimony that there is a
22 facility in Monroe, North Carolina, that is owned by
23 Select Biomedical Group International.

24 A. It may be.

25 Q. And that is owned by Dr. Feldman and others, and I

1 thought you were one of those others.

2 A. No.

3 Q. You're not?

4 A. No.

5 Q. Okay. So other than Hendersonville and you're not sure
6 about Monroe, but other than Hendersonville, are there
7 any -- and I asked that wrong. Hendersonville is not
8 part of the holding corporation. Is that right? Is
9 that still separate?

10 A. No.

11 Q. It is part of the holding company?

12 A. Yes. Monroe is not part of the holding company.

13 Q. Are you aware that there is a facility in Monroe?

14 A. I am.

15 Q. Are you involved in that at all?

16 A. No.

17 Q. Do you know who the PI is for that?

18 A. I do not.

19 Q. Other than you and your wife, are there any other
20 people involved with these entities with a North
21 Carolina license?

22 A. Yes.

23 Q. Who else has a North Carolina license?

24 A. The Upstate Lung and Critical Care Medicine physicians
25 have North Carolina licenses. So Dr. Gregory Feldman,

1 myself, Dr. Luis De La Cruz, Dr. David Erb, Dr. Farhan
2 Siddiqui, and Dr. Chandar Abboy.

3 Q. And that makes up Upstate Lung?

4 A. Yes.

5 Q. And all of those physicians have a North Carolina
6 license?

7 A. Yes.

8 Q. Do you think one of those would be the PI for Monroe?

9 A. They are not.

10 Q. They're not, okay.

11 A. Dr. Farhan Siddiqui is a PI in Hendersonville.

12 Complicated. We have PIs that worked for Pardee

13 Hospital System in Hendersonville. They got bought out

14 by Pardee Hospital. They had to give up their

15 principal investigator interests in Hendersonville

16 Pharmaceutical Research, and that's when we put my wife

17 up there temporarily to take over those studies, to act

18 as PI until those studies closed. But right now, once

19 those studies close, she'll just be sub investigator.

20 Dr. Farhan Siddiqui will take over as principal

21 investigator at Hendersonville Pharmaceutical Research

22 Company.

23 Q. I'm sure it varies from facility to facility, but can
24 you give me some sense or idea of the number of studies
25 that are ongoing at any one time?

1 A. Correct, it varies. Anywhere from 5 to 10 studies
2 could be concurrently going, ongoing. Some of them are
3 phone calls because they're long-term studies, so we
4 have to count those as some of our 10 studies. But the
5 active, really true active studies are about five or
6 six active.

7 Q. And these facilities, on average, how many employees --
8 other than the PI who I understand is an independent
9 contractor, how are these facilities staffed? Just,
10 again, I'm sure it varies. Just give me a sense of how
11 big these are in terms of employees.

12 A. Correct, it varies. Hendersonville is our newest, so
13 they're still in the process. They have a front desk
14 person, and they have two coordinators, plus, again, my
15 wife who's finishing up her principal investigator
16 studies and then she'll become sub investigator for Dr.
17 Siddiqui. And then you've got S. Carolina
18 Pharmaceutical Research, for instance, that has more
19 than -- more than three. I believe there's two front
20 secretaries, upwards of five coordinators. So yeah, it
21 varies.

22 Q. How about Greenville Pharmaceutical Research?

23 A. Greenville Pharmaceutical also is somewhat big only
24 because of the area that they -- that they take care
25 of. Dr. Luis De La Cruz is our principal up there

1 along with Dr. Chandar Abboy, and, again, front staff
2 people, coordinators, three to five coordinators, if I
3 recall.

4 Q. Let's take a look, if you don't mind, at the -- there
5 is an Exhibit 2. There it is right there. Just grab
6 Exhibit 2, if you don't mind. Do you recognize that
7 document?

8 A. Yes.

9 Q. While you're doing that, let me ask you this. Of all
10 of the entities that were -- and this is not a great
11 descriptor, but of all the entities that were sort of
12 rolled into the new company, if that makes sense -- do
13 you understand what I'm saying when I say that?

14 A. Yes.

15 Q. Were there any of those that you did not have an
16 interest in prior to the creation of the new
17 corporation?

18 A. Well, with the first four or five entities, I had
19 direct interest in. As we got more and more diluted,
20 the interests were that collectively of Alliance
21 Biopharmaceutical Research. So the interest in S.
22 Carolina, Union Pharmaceutical Research, Gaffney
23 Pharmaceutical Research, Greenville Pharmaceutical
24 Research were all directly with me as well as partners,
25 but then as we started to grow and expand, of course,

1 Alliance Biopharmaceutical Research Company now is
2 formed. Our interests were turned over to Alliance
3 Biopharmaceutical Research.

4 MR. MANN:

5 Can we go off the record for a minute?

6 MR. HENRIKSON:

7 All right. Let's take a break.

8 (Off the Record; 10:08 -- 10:22 a.m.)

9 EXAMINATION RESUMED BY MR. HENRIKSON:

10 Q. Let's look at Exhibit 2 to Dr. Feldman's deposition,
11 and, rather than re-marking exhibits, we're just going
12 to go through some of the exhibits and refer to them as
13 the number that they received in the deposition
14 yesterday. So this is the Second Amended Complaint,
15 and let me ask you, there was a First Amended
16 Complaint, and then there was an original Complaint,
17 also. Did you have any direct participation in the
18 wording of any of the language in either Exhibit 2 or
19 any of its predecessors?

20 A. No.

21 Q. Did you authorize Exhibit 2 or any of its predecessors
22 to be filed on your behalf?

23 A. Yes.

24 Q. Our guess is that -- and I think you've alluded to this
25 -- Dr. Feldman was kind of driving the bus on this

1 case. Is that essentially true?

2 A. Yes.

3 Q. And your involvement, can you sort of describe your
4 involvement in this case? Other than what Dr. Feldman
5 directly subjects you to, what is your involvement in
6 this case?

7 A. In the -- in this case?

8 Q. Yeah, in Feldman, Boscia, Shantha versus Casey,
9 Thompson, Fogarty case, what really is your
10 involvement?

11 A. It is, again, helping, you know, kind of review
12 records, and, again, I rely on -- really relied on Dr.
13 Feldman and Mr. Mann to put the specifics together.

14 Q. And I guess my understanding is what you recall today
15 is you've reviewed different versions of an office note
16 and you have reviewed Exhibit 2, and you don't
17 specifically remember -- you think you reviewed other
18 documents; you just don't specifically remember what
19 they were?

20 A. Correct.

21 Q. And did you give any specific input to Dr. Feldman
22 regarding your review of the office notes other than
23 you mentioned that that was interesting?

24 A. No.

25 Q. Have you and Dr. Feldman discussed getting any -- and,

1 again, anything I ask you is to exclude anything told
2 to you by Mr. Mann. If you think I'm asking you
3 something that was told to you by Mr. Mann, please
4 stop, because that's not my intention. So my
5 discussions or my questions refer to your discussions
6 with Dr. Feldman. Have you and Dr. Feldman ever
7 discussed getting expert witnesses in this case to
8 prove any of the things that need to be proven in order
9 to prevail in this case?

10 A. No.

11 MR. MANN:

12 Matt, can we go off the record for one second?

13 MR. HENRIKSON:

14 Sure.

15 (Off the Record; 10:25 -- 10:26 a.m.)

16 EXAMINATION RESUMED BY MR. HENRIKSON:

17 Q. Do you understand? What Mr. Mann just told us and
18 reminded us is that attorney-client privilege would
19 prevent me from asking you any questions regarding
20 communications you had with Mr. Mann from the time the
21 original lawsuit was filed in October of 2010 until
22 today.

23 A. Yes.

24 Q. Anything prior to that time, the attorney-client
25 privilege has specifically been waived by all the

1 parties to this case, and so, to the extent that any
2 answer may include information that you received from
3 or gave to Mr. Mann prior to October of 2010, then
4 that's something that you would be obligated to
5 discuss.

6 A. Yes.

7 MR. MANN:

8 And, Matt, let's also add Spencer King and Billy
9 Gunn to that, as well, because those privileges were
10 waived, as well, is my understanding.

11 MR. HENRIKSON:

12 For everybody, that's right. Yeah, thanks for
13 correcting me on that, as well.

14 MR. MANN:

15 Thank you, Matt.

16 MR. HENRIKSON:

17 Sure. Appreciate your doing that.

18 EXAMINATION RESUMED BY MR. HENRIKSON:

19 Q. So with respect to the Second Amended Complaint, my
20 understanding is that you did not specifically
21 contribute to any of the language in the Complaint or
22 discuss that with Dr. Feldman but that you authorized
23 the suit to proceed to some extent in your name?

24 A. Yes.

25 Q. When you reviewed it, you reviewed it yesterday,

1 recently?

2 A. Yes.

3 Q. Did you review it for any specific reason?

4 A. My attorney asked me to.

5 MR. MANN:

6 Objection.

7 EXAMINATION RESUMED BY MR. HENRIKSON:

8 Q. Yeah, I will ask you this way. Other than anything
9 that Mr. Mann may have told you, were you looking for
10 anything in particular to review? It's about a 20-page
11 complaint that has 137 paragraphs. Was there anything
12 in particular you were looking for, or were you just
13 reviewing it in general?

14 A. Reviewing it in general.

15 Q. Okay. What is your understanding of why you are suing
16 Mr. Casey, Mr. Thompson, and Dr. Fogarty?

17 A. I was involved in a medical malpractice lawsuit back in
18 2006 or '08. I guess 2010 was the -- was the trial.
19 And a verdict was -- was rendered on our behalf. So
20 the defendants won that case. The specifics of getting
21 to that point in court, I believe, were suppressed, and
22 had those informations been available, it might have
23 led to us not having to spend more time in court.

24 Q. And what informations do you have personal knowledge of
25 were suppressed?

1 A. Yes.

2 Q. And what were those? What elements of information were
3 suppressed, you believe?

4 A. Specifically, number one was a -- a review of Mr.
5 Casey's medical records by Aetna insurance. These
6 records were reviewed by a neurologist who rendered an
7 opinion that Mr. Casey did not have any neurological
8 deficits, which is what they were claiming in the
9 original lawsuit. Number two, that an MRI that Mr.
10 Casey under oath and in a deposition said that he never
11 received, my attorneys, my malpractice attorneys, Mr.
12 King and Mr. Gunn, received an anonymous envelope with
13 this MRI, and it was later tracked and traced to an
14 orthopedic surgeon who facilitated getting this MRI. I
15 think had those two bits of information been available
16 to us during discovery, then quite possibly the basis
17 of brain damage was, I believe, was not -- not founded.
18 That was just no basis. The other bit of information,
19 again, was the multiple opinions by Dr. Fogarty that,
20 again, I didn't see until April of 2016. Had those
21 been maybe available, then the basis of a brain damage
22 claim might not have moved forward.

23 Q. That was not information that you personally had at the
24 time that this lawsuit was filed. Is that correct?

25 A. My attorneys, Mr. King and Mr. Gunn, did not have that

1 information when we went -- underwent discovery for the
2 medical malpractice lawsuit.

3 Q. Well, that's your understanding?

4 A. Correct.

5 Q. And whether they had it or not, you just don't think
6 they did. Has anyone other than Mr. Mann told you that
7 they didn't have that information?

8 A. Again, I'm kind of a, you know, give me the highlights
9 and let's move on, and I just remember having many
10 conversations with Mr. Gunn and Mr. King that
11 plaintiffs had not produced anything, haven't produced
12 a neurologist, haven't produced an MRI, haven't
13 produced anything. And I think had those documents
14 been available, then maybe we might not have gone to
15 trial.

16 Q. Well, the MRI was eventually produced. Correct?

17 A. Somebody anonymously sent it to us. It wasn't done
18 through the -- through a discovery process. It was
19 anonymously sent.

20 Q. Right. But at some point, it appeared in the offices
21 of your attorneys, and the case still proceeded to
22 trial. Is that right?

23 A. Correct.

24 Q. Okay. And---

25 A. With no neurologist to give an opinion as to what that

1 MRI truly meant.

2 Q. Okay. And the court, even without a neurologist,
3 allowed those opinions to get to the jury, didn't they?

4 A. I believe they did not. That---

5 Q. The case went to the---

6 A. Oh, the case did, yes.

7 Q. The case went to the jury.

8 A. I'm sorry. I thought you meant the MRI. I'm sorry.

9 The MRI, I believe, was not entered into evidence, I
10 don't believe.

11 Q. Okay. And I'm not going to blame you for not
12 remembering something that happened six years ago.

13 A. Thank you.

14 Q. I think it's universally accepted that the MRI was
15 admitted at trial and was the focal point of arguments
16 by plaintiff's counsel, but, anyway, that's really not
17 material here. The question I wanted to ask you is,
18 you indicated that you felt like or your understanding
19 of the basis of the lawsuit that has been brought on
20 your behalf is that you think that information was
21 suppressed during discovery of the Casey case which, if
22 your attorneys had had possession of, may have
23 shortened that case or prevented it from going to
24 trial. Is that correct?

25 A. Yes.

1 Q. And the MRI eventually did get to your attorneys
2 through one mechanism or another I think about two
3 years prior to the trial. Isn't that correct?

4 A. I believe so.

5 Q. So they had that information, and still continued to go
6 to trial two years later. So your attorneys having
7 that MRI obviously did not prevent the case from going
8 any further. Right?

9 A. Correct.

10 Q. And would you agree that there can be a brain injury
11 without manifestation on an MRI?

12 A. Yes.

13 Q. So the fact that there was a clear normal MRI of the
14 brain could be evidence of there being no brain injury,
15 but it does not rule out a brain injury?

16 A. Correct.

17 Q. So, just to be sure, Mr. Casey could have had a brain
18 injury that was at some level not detectable by an MRI
19 and in fact -- well, let me ask you. Is that correct?

20 A. Yes.

21 Q. Okay. And do you recall that being a point of
22 contention between the experts regarding the MRI?

23 A. That he did not have brain damage and he had no
24 structural damage on his MRI?

25 Q. Right.

1 A. Any of those statements are true.

2 Q. And do you recall -- and I think you just agreed to
3 this. Do you recall the arguments on Mr. Casey's
4 behalf that you can have a normal MRI but still have a
5 brain injury?

6 A. Yes.

7 Q. And those issues all went for the jury to decide.
8 Correct?

9 A. Yes.

10 Q. All right. One second. So I want to make sure that I
11 understand that that is what you believe these items
12 that you have described to me, this is what you think
13 the basis of the case that was filed on your behalf is.
14 And that's probably not grammatical, but if you
15 understand it.

16 A. I understand, but it's those points that, again, kind
17 of made me think that maybe there was some other --
18 some other issue that would tie me up now for many,
19 many years in a court of law that, again, I should not
20 be involved in, but, you know, how are you going to
21 prove, you know, brain damage with a normal MRI when an
22 abnormal MRI does not rule out brain damage. So it's
23 almost a rabbit hole that you could kind of go down for
24 years, which we did, which we did, because that's what
25 was asked of me at the time after the -- you know, it

1 started with a newspaper article and being served with
2 my first lawsuit.

3 Q. And there were other damages claimed in the other suit
4 other than a brain injury. Is that right?

5 A. I just remember the brain, brain damage, and a botched
6 bronchoscopy leading to brain damage, permanent brain
7 damage is all I remember, sir.

8 Q. Wasn't Mr. Casey in ICU for some period of time?

9 A. He was sedated because of a pneumothorax and a
10 pneumomediastinum, and while he was settling down
11 getting his chest tube, yes, he was on life support,
12 sedated, and then quickly extubated the next morning.

13 Q. And that was as a result of the bronchoscopy, the
14 pneumothorax?

15 A. A bronchoscopy that I never performed.

16 Q. I didn't ask you that. Somebody did. Right? It was
17 Dr. Feldman.

18 A. Correct.

19 Q. We know that.

20 A. Correct.

21 Q. So I'm not asking you for that. I'm just saying that
22 there was a pneumothorax that resulted from a procedure
23 that Dr. Feldman performed that ultimately resulted in
24 the patient having to be on life-support in ICU for
25 some period of time?

1 A. Yes.

2 Q. So aside from a brain injury, there's still some other
3 injury that resulted from the procedure. Do you agree
4 with that?

5 A. Yes. Yes.

6 Q. Did you participate at all in the decision to proceed
7 with the rigid bronchoscopy?

8 A. Yes.

9 Q. And what was your input into that decision?

10 A. I did the original flexible fiber optic bronchoscopy
11 for chest pain. Based on my findings, which are
12 documented in other areas, with some granulation tissue
13 in the left bronchus, I felt it important for that
14 piece of tissue to be investigated through a
15 intervention -- with an interventional bronchologist,
16 which my partner is.

17 Q. And there was a CT taken at some point?

18 A. Correct.

19 Q. And the CT was clear. Is that correct?

20 A. Correct.

21 Q. So do you think that there was any fair criticism of
22 doing the rigid bronchoscopy on the basis of a clear
23 CT?

24 A. You would have to ask Dr. Feldman what the indications
25 for a rigid bronchoscopy are. My responsibility was to

1 bring the patient to a higher level of care. That was
2 my responsibility.

3 Q. And I thought you answered this before, but did you --
4 you said you participated in the decision for Dr.
5 Feldman, your partner, to do the rigid bronchoscopy.
6 Is that right?

7 A. Yes, because as a consultant, you must give the
8 consultant ample information to make a decision. So my
9 trained many, many years of doing bronchoscopies saw an
10 abnormal area, abnormal tissue, and it needed to be
11 sent to an interventional bronchologist for further
12 evaluation.

13 Q. And did you recommend in any way the rigid
14 bronchoscopy?

15 A. Yes.

16 Q. At the time that you recommended the rigid
17 bronchoscopy, did you know that there was a clear CT
18 scan?

19 A. Yes.

20 Q. Do you understand that there were medical professionals
21 in the case who criticized that and testified that that
22 was below the standard of care?

23 A. Yes.

24 Q. Are you aware that Dr. Feldman did a consent and
25 history and physical and placed it in the record after

1 the procedure?

2 A. I don't recall.

3 Q. If that happened, would that be within the standard of
4 care, in your opinion?

5 A. It depends.

6 Q. In a nonemergent case, wouldn't it be within the
7 standard of care for any bronchoscopy that there be
8 informed patient consent and a history and physical?

9 A. Yes.

10 Q. And that that be done before the procedure?

11 A. Yes.

12 Q. And placed in the record before the procedure?

13 A. Yes.

14 Q. In a nonemergent situation, would it be a deviation
15 from the standard of care to not do any one of those
16 things until after the procedure?

17 A. Maybe. Documentation is one thing. Performing the
18 exam and performing the informed consent is another
19 thing. So you would have to ask Dr. Feldman if he did
20 either of those two things before he physically
21 documented it. I don't---

22 Q. If he didn't or if any physician in that situation
23 didn't, would you agree that that's below the standard
24 of care?

25 A. If the physician did not do a physical examination and

1 did not get informed consent, that would be against
2 standard of care.

3 Q. Do you know Chuck Thompson? Do you know who that is as
4 we sit here today?

5 A. Yes.

6 Q. Did you know him at any time prior to the filing of the
7 Casey lawsuit in May of 2006?

8 A. No.

9 Q. Do you know from your discussions with Dr. Feldman or
10 independently whether or not Dr. Feldman had ever known
11 or had any association with Mr. Thompson prior to May
12 of 2006?

13 A. I don't know.

14 Q. Were you involved at all in the decision to bring a
15 lawsuit against Dr. Fogarty in the S. Carolina matter?

16 A. Yes.

17 Q. In I think that was 2004?

18 A. Yes.

19 Q. And what was your motivation or intent or your basis
20 for your agreeing to or approval of that lawsuit being
21 filed?

22 A. Dr. Fogarty was sending letters to sponsors saying that
23 we were unethical, we weren't fit to do research, and
24 we thought that was damning to a new research company,
25 and we just wanted it to cease and desist.

1 Q. And then at some point thereafter, the case was
2 voluntarily dismissed?

3 A. Yes.

4 Q. Did you participate in the decision to voluntarily
5 dismiss the S. Carolina case?

6 A. Yes. It was a corporate decision to dismiss that case,
7 yes.

8 Q. And what individuals within the corporation were
9 involved in that decision?

10 A. Dr. Feldman, myself, Anna Buice, and our attorney, Mr.
11 Milton Mann.

12 Q. Tell me how those discussions went. You have a case.
13 I guess you feel---

14 MR. MANN:

15 Objection.

16 MR. HENRIKSON:

17 Form?

18 MR. MANN:

19 You want an explanation?

20 MR. HENRIKSON:

21 No. It looked like you were going to add to it.
22 You were just making an objection on the record?

23 MR. MANN:

24 (Counsel nods head).

25 MR. HENRIKSON:

1 Okay, fair enough.

2 EXAMINATION RESUMED BY MR. HENRIKSON:

3 Q. Tell me what you remember about those discussions. How
4 did the four of you arrive, if at all, to this
5 decision?

6 MR. MANN:

7 Objection. Hang on one second. Let's have an
8 attorney conference right fast, please.

9 MR. HENRIKSON:

10 If it's what we mentioned yesterday---

11 MR. MANN:

12 No.

13 MR. HENRIKSON:

14 All right. Something different?

15 MR. MANN:

16 Yes.

17 MR. HENRIKSON:

18 All right. Sorry. We'll be right back.

19 (Off the Record; 10:45 -- 10:46 a.m.)

20 EXAMINATION RESUMED BY MR. HENRIKSON:

21 Q. All right. I'm going to do my best not to confuse you,
22 because we've told you a couple different things, well,
23 not really different, but for the purposes of this
24 question, I would ask that you exclude any comments
25 made by Mr. Mann, because this has to do with S.

1 Carolina.

2 A. Okay.

3 Q. And to a great extent, S. Carolina may or may not be
4 involved in this case. It's certainly mentioned in the
5 lawsuit, and we'll get to that, but the four of you
6 then, I suppose, the corporate members excluding Mr.
7 Mann, can you tell me the process whereby y'all went
8 from an active lawsuit to agreeing to voluntarily
9 dismiss it?

10 A. Yes. Once the lawsuit was filed, word got around to
11 the sponsors pretty quickly. In fact, one of the
12 sponsors, our relationship was -- was pretty well
13 damaged, and we figured that if we continued or
14 perpetuated this, all we want is just letters to be
15 stopped and to give us a fair share in this community
16 of doing research. And I believe that was part of the
17 deal that was -- that was made. We dropped the lawsuit
18 with the understanding that, you know, we're not going
19 to -- the other party was not going to send letters to
20 any more sponsors. So it was a business decision to
21 move forward to get S. Carolina into its premier
22 standing that it is to this day.

23 Q. And what was the breakdown of the four of you in terms
24 of whether to proceed or not to proceed?

25 MR. MANN:

1 Objection.

2 EXAMINATION RESUMED BY MR. HENRIKSON:

3 A. It was quite unanimous. Proceed with the dismissal or
4 the -- I'm sorry.

5 Q. Yeah, that was inartfully phrased. Let me try it
6 again. You've identified the four corporate members
7 who made this decision.

8 A. Yes.

9 MR. MANN:

10 Objection.

11 EXAMINATION RESUMED BY MR. HENRIKSON:

12 Q. And there was a decision to withdraw the case with
13 prejudice, and my question is how did the four of you,
14 how did y'all comment on that? And how many people did
15 you say?

16 A. Three.

17 Q. why did I think four? All right, the three of you.

18 A. Because, again, we're a new company. Word was getting
19 to other sponsors that we were involved in a lawsuit
20 with another local research group, and it was bad for
21 business and bad for the community.

22 Q. Did y'all have like a vote or---

23 A. Correct. We sat at a table and said what do you think.

24 Q. And how did you vote?

25 A. Yes.

1 Q. And how did Ms. Buice vote?

2 A. Yes.

3 Q. How did Dr. Feldman vote?

4 A. Yes. It was unanimous.

5 Q. When did you first become aware that Dr. Fogarty had
6 either seen Mr. Casey or was otherwise involved in the
7 Casey case?

8 A. I knew, again, through the community. It's a very
9 small community. There's not that many practicing
10 physicians. So when Mr. Casey left our practice, he
11 already was I believe either seeing or had made an
12 appointment to see Dr. Fogarty. So it was pretty --
13 pretty early in 2004, if I recall, through the
14 community.

15 Q. When did you first learn that there had been any kind
16 of problem with the rigid bronch procedure?

17 A. The morning -- the morning after, I believe. Dr.
18 Feldman, of course, called me. I'm the consultant. I
19 mean, I'm the one who started the consult, so he called
20 me that afternoon and told me that he unroofed the area
21 of granulation, that under that granulation he didn't
22 find anything metallic, but it's gone, it's cauterized,
23 and that was the last I heard until the following day
24 when he said, you know, he had a pneumothorax. A known
25 complication of doing any type of manipulation with an

1 airway is a pneumomediastinum or a pneumothorax.

2 Q. And that's caused by what mechanically?

3 A. Mechanical perforation of an airway.

4 Q. I mean, that's with the laser?

5 A. Most likely from a laser, yeah. Now, I don't know if
6 he put any other instruments down there. That I don't
7 know. I wasn't at the procedure, but my understanding
8 was it was a laser that helped to unroof.

9 Q. And do you not do rigid bronchoscopies?

10 A. No, sir.

11 Q. Let me ask you then about the next time that you had
12 any contact with Mr. Casey. Do you recall when that
13 was after the procedure?

14 A. I'm sure it was within a month of the procedure. I
15 don't remember specifically.

16 Q. Do you recall seeing Mr. Casey and his sister in your
17 office?

18 A. That was after subsequent follow-ups.

19 Q. And do you recall at some point they were asking
20 questions about why it was necessary to proceed so
21 quickly with the rigid bronchoscopy?

22 A. I'm sure there's records somewhere, because I believe
23 that conversation was all recorded by my office staff.

24 Q. Right. I'm just asking what you remember.

25 A. I don't remember much.

1 Q. Do you remember anything about that?

2 A. I do remember them mentioning about a CT scan and that
3 you'll be hearing from my attorneys. That's about all
4 I remember.

5 Q. Can you locate Exhibit 23 in that stack? It should be
6 in order.

7 A. 23.

8 Q. Okay, great. If you can go then to -- down at the
9 bottom there are Bates stamps, and it's Thompson 32209,
10 and this refers to -- is this an office note from
11 Upstate Lung?

12 A. This I believe is a summation of what happened, but
13 there were actually handwritten -- handwritten yellow
14 note paper by my staff. Here's one of them. No. But
15 I believe that's a summary of what was said. Hold on.
16 Okay.

17 Q. So page 209?

18 A. 209.

19 Q. Does that appear to be a summary of the patient
20 complaint in connection with a June 25, 2004 visit?

21 A. Yes.

22 Q. And it looks like there are some quotes there.

23 "Patient and sister here this visit. Patient came back
24 for a return follow-up visit. Patient's sister started
25 asking questions to Dr. Boscia re: the rigid bronch.

1 Sister, Carol Casey, wanted to know, quote, why the
2 urgency of doing a bronch, end quote. Explained to
3 patient that something was seen on the x-ray, but he
4 was unable to see it on the fiber optic bronch, but
5 something was there." Do you recall being asked that
6 question and providing that response, understanding
7 this is a summary and it's not word for word?

8 A. Yes.

9 Q. You remember that, okay. Do you recall Mr. Casey
10 having any problems following the procedure that were
11 reported to you or your office such as his having
12 trouble sleeping, his feeling like he had to pace,
13 being unable to stop pacing, him having personality
14 changes, anything like that?

15 A. All subjective issues. The answer is yes. He
16 expressed those issues to me subjectively.

17 Q. And do you recall him saying that he just wanted to be
18 able to rest and stop pacing?

19 A. He reported to me subjectively, yes.

20 Q. And when you say subjectively, you mean that there was
21 no objective evidence of that other than just what he
22 told you?

23 A. Correct. What he said.

24 Q. And at that point, did you have any reason to
25 disbelieve him?

1 A. No.

2 Q. Do you have some reason to disbelieve him now?

3 A. Yes.

4 Q. And what is your reason for disbelieving now what he
5 said to you in the summer of 2004?

6 A. Well, there was issues with pain medications,
7 depression medications that he was getting from
8 multiple people. So now that I think back
9 retrospectively, maybe he was going through withdrawal
10 of his pain medications which can give you pretty much
11 exactly what he was complaining of.

12 Q. And what do you base that connection on? Is that just
13 something that seems to fit and it works, or do you
14 have --

15 A. No. I believe that --

16 Q. -- some evidence of it?

17 A. -- was expressed in trial, that I -- during discovery
18 and then at the -- at the lawsuit, the malpractice
19 lawsuit trial. But there were multiple prescriptions
20 for pain medications and anxiety medicines, if I
21 recall. It's a long time ago.

22 Q. Did you ever prescribe any medications for Mr. Casey?

23 A. I do not -- yes. I prescribed him Ambien for sleep. I
24 was going to say I don't recall, but I see it right
25 here. Ambien for sleep.

1 Q. Did you ever explain to Mr. Casey or his sister that
2 the rigid bronchoscopy proceeded with a negative CT
3 scan?

4 A. Yes.

5 Q. And when did you first tell them that?

6 A. Well, she had the report with her.

7 Q. So that was something that she knew already?

8 A. Correct. She came in with the CT scan report.

9 Q. And did she ask you why the rigid bronchoscopy was done
10 --

11 A. Yes.

12 Q. Let me finish the question for the court reporter.

13 A. I'm sorry.

14 Q. -- in the face of a negative CT scan?

15 A. Yes.

16 Q. And what was your response?

17 A. "You need to ask Dr. Feldman." In fact, I believe I
18 got them an appointment to talk to him about that rigid
19 bronch. Anything specifically related to the flexible
20 bronch I was more than happy to comment on and the
21 reason of why I sent them for the flexible bronch and
22 the rigid bronch. Again, it's clearly stated here
23 about a foreign body and came to the hospital with
24 chest pain. So chest pain, foreign body required a
25 bronchoscopy, and -- a flexible bronchoscopy for direct

1 visualization of the airways and then, based on what my
2 findings were, I sent him to a higher level of care.
3 So anything related to the rigid bronch I deferred to
4 Dr. Feldman.

5 Q. But I understood you to say that you recommended the
6 rigid bronch and that you recommended the rigid bronch
7 with the knowledge that the CT was clear. Is that
8 right?

9 A. Correct.

10 Q. And if there was a metallic object in his chest,
11 wouldn't that have been revealed by the CT?

12 A. No.

13 Q. No?

14 A. Not necessarily.

15 Q. Tell me why not.

16 A. CAT scans are very good for parenchymal abnormalities.
17 They're not very good for airway pathology.

18 Q. Why was a CT scan ordered then?

19 A. To see if it was a parenchymal problem, if this foreign
20 body had eroded in the parenchyma, in which case I
21 would have needed a surgeon, not an interventional
22 bronchologist.

23 Q. Do you contend that the -- let me strike that. You
24 talked about the bases for the filing of your lawsuit,
25 and, as I understand what you said, was you were really

1 concerned about the continuation of the lawsuit in the
2 face of two items that you think if your lawyers had
3 received would have truncated the length of time that
4 you had to participate in the lawsuit. That's really
5 your argument. Right?

6 A. Correct.

7 Q. So the continuation of the lawsuit, did that damage you
8 in any way?

9 A. Yes.

10 Q. How were you damaged?

11 A. Number one, there was a newspaper article that was on -
12 - in the Herald-Journal that specifically listed my
13 name as performing a botched bronchoscopy leading to a
14 patient with a permanent brain damage. So I had only
15 been in the community for three years, and I thought
16 that was unfair considering I didn't recall doing a
17 flexible fiber optic bronchoscopy leaving a man
18 permanently brain-damaged. So recuperating from those
19 types of things in a very small community is somewhat
20 difficult. I have since overcome that, but at the
21 time, it took many, many years to finally gain the
22 trust of this community because of that newspaper
23 article.

24 Q. How do you know that?

25 A. Because patients would come in and say it to the other

1 physicians, to Dr. Feldman and then eventually to Dr.
2 Erb, that they didn't want to see Boscia because he
3 does botched procedures and leaves people brain-
4 damaged.

5 Q. Well, wasn't Dr. Feldman's name in there, too?

6 A. I can't speak on behalf of Dr. Feldman, but I can tell
7 you that on my behalf it was very difficult for
8 somebody being in the community for only three years
9 recovering from that type of publicity in the
10 newspaper.

11 Q. Let me ask you to take a look at Exhibit 28. Is this
12 the article that you're talking about?

13 A. Yes.

14 Q. And your name is mentioned as a defendant. Is that
15 correct?

16 A. Yes.

17 Q. But doesn't it specifically say that Dr. Feldman
18 performed a rigid bronchoscopy and it was during that
19 surgery that Casey suffered a perforated bronchial wall
20 and the procedure was continued even after Casey's
21 vital signs began to destabilize? Are you reading
22 that?

23 A. At the end of the paragraph, it specifically states
24 that Feldman performed a rigid bronchoscopy on Casey,
25 but if you look in the first to second paragraph there,

1 my name is listed right there in the article.

2 Q. Right. It says---

3 A. Gregory Feldman and Joseph Boscia and anesthesiologist.
4 Man sues. Claims surgery was botched. And everybody
5 knows that I do bronchoscopies. They don't know the
6 difference between a rigid bronchoscopy or a flexible
7 bronchoscopy. They just know that I do bronchoscopies.

8 Q. But do you think they know what it says when the
9 article says, "On June 3 of that year, Feldman
10 performed a rigid bronchoscopy on Casey using a laser
11 even though a CT scan showed there was no such object
12 in the lung, according to the Complaint. It was during
13 that surgery -- Feldman's surgery, not Boscia's
14 surgery, Feldman's surgery -- that Casey suffered a
15 perforated bronchial wall and the procedure was
16 continued even after Casey's vital signs began to
17 destabilize the lawsuit states." Isn't that what the
18 article says?

19 A. Yes.

20 Q. And you're saying that people based on this article
21 would go to Dr. Feldman and say, hey, Dr. Feldman, I
22 don't want to see Boscia based on this article?

23 A. Correct.

24 Q. But they are delighted to see Feldman who the article
25 specifically says caused the problem?

1 A. Correct, because he had been in the community a lot
2 longer than I had. That's correct.

3 Q. So how many patients did you lose?

4 A. Again, I'd have to undergo, you know, discussions with
5 accountants.

6 Q. I'm asking as you know today.

7 A. I don't know.

8 Q. You say you've been damaged. Were you damaged
9 financially?

10 A. By, again, taking a long time to build up a practice
11 that should have been, you know, quicker to build in
12 three or four years.

13 Q. And over what period of time did you suffer that
14 damage?

15 A. Five to six years after that, after that suit.

16 Q. How do you know when that period ended? I mean, what's
17 the demarcation of when you stopped being damaged by
18 the lawsuit?

19 A. Because a jury of my peers found me not guilty.

20 Q. And that was in May of 2010?

21 A. Correct.

22 Q. So your testimony is the damage started from the time
23 the lawsuit was filed?

24 A. Yes.

25 Q. Do you have any opinions as to how this story got in

1 the newspaper?

2 A. I don't know.

3 Q. And the newspaper story was about a week after the
4 filing of the lawsuit?

5 A. Yes.

6 Q. As we sit here today, you do not have any idea as to
7 the amount of damages you think financially you think
8 you lost?

9 A. No. I would defer that to my accountants.

10 Q. If I were to represent to you that your adjusted gross
11 income in 2007 was \$652,505, does that sound about
12 right to you?

13 A. Yes.

14 Q. And that would have been the next tax year after the
15 lawsuit and the article?

16 A. Yes.

17 Q. And then the following year it was \$994,580?

18 A. Yes.

19 Q. And the next year it was \$1,111,724?

20 A. Yes.

21 Q. And the next year it was \$1,868,148?

22 A. Yes.

23 Q. And the next year it was \$2,026,549?

24 A. That is -- no, that can't be correct. Those are
25 combinations of research and practice.

1 Q. Yeah, it's income to you.

2 A. Okay, total income.

3 Q. From whatever source. Yeah, adjusted gross income.

4 A. Total income, yes. That's not the practice.

5 Q. You only file one return. Right?

6 A. Correct, but, I mean, I have two jobs at that point.

7 Q. Right.

8 A. I have two -- I'm doing two jobs. I have a day job and
9 a night job is what I have, and the night job seems to
10 be doing better than the day job.

11 Q. But the income is---

12 A. Yes.

13 Q. It looks like it tripled between the time that the
14 lawsuit was filed and the time of the trial?

15 A. Yes. Thank God for research.

16 Q. That's right. And, yet, you think you spend only about
17 five percent of your time on your research? Was that
18 true back at that time, as well?

19 A. No. No. Again, as I -- my practice in Union is pretty
20 much incorporative. So I could tell you 100 percent of
21 both, 50 percent research, 50 percent, you know,
22 practice. I'm physically there, and, like I said, 95
23 percent of those patients are mine.

24 Q. Okay. In 2007, which was the first year after the
25 lawsuit and the article, if I represented to you that

1 your tax returns indicate that your income from Upstate
2 Lung and Critical Care was \$248,399, does that sound
3 right?

4 A. Yes.

5 Q. And if I represented to you that the last return that
6 we received from you, I believe, in 2013 that your
7 income from Upstate Lung and Critical Care was
8 \$256,184?

9 A. Yes.

10 Q. And it looks like in 2010, it was 323. In 2012, it was
11 363. Does that sound about right?

12 A. Yeah, because I'm getting my compensation for PI fees
13 sent through Upstate Lung as a management fee. So
14 yeah, the salary would reflect a higher -- higher
15 salary, correct. The only way I pay the bills.

16 Q. So you're not able to pay the bills on 248,000 a year?

17 A. We're deep into our credit lines as you expand.

18 Q. Well, the company. Upstate --

19 A. Upstate Lung.

20 Q. -- Lung was expanding then?

21 A. Yeah.

22 Q. So that was a business investment?

23 A. I mean, 48 hours on, 48 off, and 72 hours on was -- was
24 getting brutal. So the more partners you get, the
25 easier it is to not have to stay up all night.

1 Q. Right. So during this time, your income is affected by
2 the fact that you're bringing --

3 A. They're---

4 Q. -- in other partners.

5 A. That's exactly correct, yeah.

6 MR. MANN:

7 One at a time. I'm sorry.

8 EXAMINATION RESUMED BY MR. HENRIKSON:

9 Q. And the other partners are seeing patients, and if you
10 own the business, the pie is getting bigger because
11 there are more physicians. Isn't that correct?

12 A. Yes.

13 Q. And your income during this period may be suppressed a
14 little bit if you and the other owners are investing in
15 Upstate Lung and Critical Care by expanding. Isn't
16 that right?

17 A. Yes.

18 Q. And y'all were expanding from 2006 up until -- you're
19 still expanding, aren't you?

20 A. Yes.

21 Q. Okay. Let me ask you to look at Exhibits 5, 6, and 7,
22 and I'll represent to you that these are three exhibits
23 which purport to be an office note dated 7/21/05 from
24 Lung and Chest Medical Associates regarding William
25 Casey. Have you ever seen these three documents

1 before?

2 A. Yes.

3 Q. When is the first time that you've seen all three of
4 these together?

5 A. Sometime after April of 2016.

6 Q. Is there one of these that you had seen before then,
7 one or two?

8 A. I want to say -- I don't recall which one I saw first,
9 but I saw one of these during discovery of the medical
10 malpractice case.

11 Q. And, if you will, on each of these exhibits, if you
12 could turn to the very last page. And while you're
13 doing that, are these the documents that Dr. Feldman
14 got you to look at in April of this year?

15 A. Yes.

16 Q. And did he point out anything in particular to you?

17 A. Again, as a medical professional, he doesn't have to
18 point out anything specifically to me. When we give
19 opinions, we stick to them. We can addendumize and add
20 an addendum to what we put down, and I believe this is
21 an electronic record, because I want to say they kind
22 of outdated -- predated us for electronic medical
23 records. We were still doing paper handwritten stuff,
24 I think, but, yeah, I mean, I thought that was strange
25 to see, you know, three different letters without them

1 being addendumized.

2 Q. All right, I appreciate your answer. The question was,
3 did Dr. Feldman point out any differences in these
4 documents --

5 A. Yes.

6 Q. -- specifically to you? What did he point out?

7 A. That they're different.

8 Q. How are they different?

9 A. In their content.

10 Q. And in what respect? What is the content that is
11 different between the three letters?

12 A. I mean, the format. The content, I mean, it's very
13 busy. There's almost like three different opinions,
14 three different plans.

15 Q. Did you read every word of each one of these?

16 A. No.

17 Q. All right. What did you read of each one of these?

18 A. Just, again, how strange it would be to have three
19 separate opinions on the same problem, the same issue.

20 Q. As we sit here today, are you really aware of the
21 actual substantive differences between these three?

22 A. No.

23 Q. Okay. Well, let me ask you then if you would look --

24 so let me ask you this. Did you at any time become

25 aware that Dr. Fogarty had been reported to the medical

1 board for any reason?

2 A. Yes.

3 Q. When did you first become aware that that happened?

4 A. We had our case looked at by ethics, and the ethics
5 person advised us to have the South Carolina board
6 investigate.

7 Q. And what was the basis on which that recommendation was
8 made? Were you ever made aware of that?

9 A. My attorney. I wouldn't know when to call an ethics
10 person with respect to the legal system. I rely on my
11 attorneys for those decisions.

12 Q. Aside from anything that Mr. Mann told you, were you
13 made aware of the reason or the basis on which a
14 complaint was going to be made?

15 A. Yes.

16 Q. And what was the reason or the basis?

17 A. Falsified medical information.

18 Q. And you understand that referred to these three
19 records?

20 A. Yes.

21 Q. And did you authorize that complaint to be made to the
22 board?

23 A. Yes.

24 Q. So you authorized that an ethical complaint would be
25 made against Dr. Fogarty with the South Carolina

1 medical board based on three different notes, and you
2 did not read every word of these notes, and you don't
3 know the substantive differences between the notes
4 other than the format looks different and it looks
5 different. Is that right?

6 A. Correct. I relied on Dr. Feldman, the senior partner
7 of our practice who thoroughly reviewed all of these
8 records, and my attorney, Mr. Milton Mann, and I
9 authorized, yes.

10 Q. Well, let's look at the third paragraph of these
11 exhibits, and what I'd like to do is have you read to
12 yourself for the next however long it takes the third
13 paragraph of the last page of each of these, and just
14 let me know when you've done that. It's under the word
15 Comment. So the third paragraph on the last page under
16 the word Comment.

17 MR. MANN:

18 Matt, while he does that, can we step out for a
19 minute?

20 MR. HENRIKSON:

21 when you say "we," you mean the attorneys?

22 MR. MANN:

23 Let him look at that and go off the record.

24 (Off the Record; 11:19 -- 11:32 a.m.)

25 EXAMINATION RESUMED BY MR. HENRIKSON:

1 Q. Dr. Boscia, have you had an opportunity to read
2 paragraph three of the last page? And just for the
3 record, I'll identify you would have been looking at
4 Thompson 3172, Thompson 59625, and Thompson 36485. Is
5 that correct?

6 A. Yes.

7 Q. All right. Tell me what you see are the differences in
8 these three paragraphs.

9 A. That the 3172 mentions a gentleman here that is -- may
10 well have a permanent neurological deficit in which the
11 case -- in which case the indication for taking
12 medications may be moot. The patient may simply need
13 to recognize that although he would like to go back to
14 work, he may not be chronically disabled by his
15 neurologic impairment. Issue number one, the physical
16 exam doesn't reflect a neurological examination. I see
17 kind of a psychological kind of a mini mental status
18 exam repeating some numbers backwards that I referred
19 to, but, you know, in the plan, again, there doesn't
20 really seem to be anything of interest to him in this
21 consult except that he's got some gallbladder
22 ultrasound and that, you know, he has some coronary
23 calcification, which, again, we'll learn that he did
24 have -- Mr. Casey did have a catheterization for that
25 and that he was going to get a language summary.

1 Then in the second one, number 59625, again,
2 neurological impairment. This time, though, boy, the
3 neurological exam gets a little bit -- kind of a little
4 bit more in-depth that -- I'm sorry. It is not a
5 neurological examination. It's a mini mental status
6 exam. So I think it's -- it's not truly a neurological
7 exam, but basically the only thing for a neurological
8 exam I see here is just pupils were symmetric. That's
9 the only neurological exam I see. So he kind of gets a
10 little bit more in-depth on 59625 in his mini mental
11 status exam where he talks about the five number repeat
12 backwards for a cognitive screen, which he didn't have
13 in the first one. So that's issue number one. And
14 then he says we're going to check back with Dr. Grace
15 regarding the persistence of his neurological
16 impairment where it almost looks like he -- he knows or
17 he sees Dr. Grace, but it's not the first, you know, in
18 the first note here. So did something happen in
19 between? Again, I'd be okay with an addendum, hey,
20 this person has been seeing Dr. Grace, we'll check with
21 him. But it's almost like now I've got a fresh new
22 embellished-upon history and physical. That's number
23 59625.

24 And then we go to number 36485, and it looks like
25 that whole Dr. Grace thing has been kind of removed.

1 It's not there anymore. And he talks again about
2 neurological deficits, which again there really is no
3 neurological exam except a pupils are symmetric, but, I
4 mean, there's no, you know, muscle strength or, you
5 know, other cranial nerves exam. It's a very
6 superficial exam with really just one element of a
7 neurological exam being done. He does have again a
8 psychological exam, and, again, Dr. Grace is a
9 psychologist, not a neurologist.

10 Q. And I appreciate that sort of global assessment of all
11 three, but what I was really asking about specifically
12 with that question was if you look at paragraph three
13 under Comment on the pages that we discussed, what
14 differences do you see in the third paragraph of each
15 of these? Are there any significant differences there
16 that you see?

17 A. No.

18 Q. Okay. So the difference that you have pointed out are
19 that under the neurological on Exhibit 5 it says, "The
20 patient had some readily apparent difficulty staying
21 focused with answers to questions and had difficulties
22 repeating numbers backwards on a simple cognitive
23 screen." That's what that says. Right? And then on
24 Exhibit 6 under neurological, it says, "The patient had
25 difficulty staying focused with answers to questions

1 and could not repeat five numbers backward on a simple
2 cognitive screen but could repeat four numbers"?

3 A. Yes.

4 Q. They both said pupils symmetric. Right?

5 A. All three did.

6 Q. All three did. And then on Exhibit 7 under
7 neurological, it says, "The patient had difficulty
8 staying focused with answers to questions and could not
9 repeat five numbers backwards on a simple cognitive
10 screen but could repeat four numbers."

11 A. Correct.

12 Q. So under physical examination and neurological, the
13 only difference is that in Exhibit 5 it doesn't mention
14 being able to get four out of five numbers. Is that
15 right?

16 A. Correct. There was an addition to the original
17 consult, not addendumized. It was kind of scratched
18 and let me start again, and it was added. It was added
19 on.

20 Q. And if this is not an EMR, an electronic medical
21 record, then you wouldn't be able to add something and
22 have it time stamped and all of that. You would have
23 to physically go in and change the wording, would you
24 not?

25 A. Yes.

1 Q. And so that I understand, you believe the significant
2 differences between these three documents are that
3 under neurological, two of them say he could not repeat
4 five numbers backwards but could repeat four, and then
5 one of them does not say that. In terms of the exam
6 and comment, those are the only difference you think
7 are significant between these three. Is that correct?

8 A. Correct.

9 Q. And then under plan, I think you said one of them
10 mentions Dr. Grace and one of them doesn't, and that's
11 the only difference you see between the three under
12 plan?

13 A. I would also -- yes, and I would also add that there
14 was a carbon copy on Exhibit number 7 to Dr. Grace.

15 Q. Right. And to Dr. Gonda on all three of them.

16 A. And to Dr. Gonda on all three of them, yes.

17 Q. Okay. And all of them say that the patient may well
18 have permanent neurologic deficit. Is that right?

19 A. Yes, with no neurological examination, correct.

20 Q. And a neurological deficit can be perceived by a
21 psychological exam?

22 A. No, sir.

23 Q. It cannot. Can it be perceived or suspected by a
24 simple examination and conversation with the patient?

25 A. It usually takes a detailed cranial nerve examination

1 and a detailed motor and sensory nerve to claim a
2 neurological deficit.

3 Q. And here a neurological deficit is not specifically
4 claimed but just suggested. Would you agree with that?

5 A. He is claiming may well have a permanent neurological
6 deficit without any basis.

7 Q. And that's different than saying this patient has a
8 permanent neurological deficit. Isn't that right?

9 A. Yes.

10 Q. It's a lesser degree of opinion?

11 A. Yes.

12 Q. Do you agree that a patient who has the procedure that
13 Mr. Casey had and had the outcome that Mr. Casey had
14 could have had air emboli as a result of that, of the
15 perforation of the pleural wall?

16 A. No.

17 Q. Do you think that's impossible?

18 A. Yes.

19 Q. Now, when you read the initial Casey Complaint, and
20 that is Exhibit 1 -- I apologize. Before I get to that
21 let me finish with these three documents, and you don't
22 have to necessarily get them out again unless you want
23 to. You're certainly welcome to, but I'm not going to
24 ask you to read anything out of them. My understanding
25 is that your authorization or approval of bringing a

1 medical board complaint against Dr. --

2 MR. MANN:

3 Objection.

4 EXAMINATION RESUMED BY MR. HENRIKSON:

5 Q. -- against Dr. Fogarty, your participation in that
6 approval was you had not actually read and compared
7 these three documents --

8 MR. MANN:

9 Objection.

10 EXAMINATION RESUMED BY MR. HENRIKSON:

11 Q. -- at that time?

12 MR. MANN:

13 Dr. Boscia, do not answer, please.

14 MR. HENRIKSON:

15 what's wrong with that question?

16 MR. MANN:

17 I think you're asking about the formation of the
18 ethical complaint.

19 MR. HENRIKSON:

20 I'm asking about his contribution to that.

21 MR. MANN:

22 I'm fine with that, so I will retract that
23 objection with that understanding.

24 EXAMINATION RESUMED BY MR. HENRIKSON:

25 Q. I'm asking about your contribution to the decision,

1 your contribution to the approval to do this, to make
2 this complaint was done based on these three documents,
3 but at the time you had not actually compared them.

4 A. Part A of your question is I relied on the input by my
5 senior partner, Dr. Gregory Feldman, and my attorney to
6 raise those complaints, and no, I did not actually read
7 it.

8 Q. Okay. Do you think that it's fair to criticize another
9 doctor based on documents that you have not reviewed?

10 MR. MANN:

11 Objection.

12 EXAMINATION RESUMED BY MR. HENRIKSON:

13 Q. And I'm asking about you. Do you think it's fair---

14 EXAMINATION RESUMED BY MR. HENRIKSON:

15 Dr. Boscia, please do not answer that. I'm going
16 to object on that one.

17 MR. HENRIKSON:

18 This is different.

19 EXAMINATION RESUMED BY MR. HENRIKSON:

20 Q. Do you think it's fair for you, Dr. Boscia, to
21 criticize another physician or to participate in the
22 complaint against another physician based on documents
23 that you, Dr. Boscia, have not even reviewed?

24 A. Again, my answer is I relied on my senior partner, Dr.
25 Gregory J. Feldman, and my attorney for that decision.

1 Q. Can I just assume then fairly that for this entire
2 matter, the Casey matter, this case that you're
3 bringing now, that you would defer to Dr. Feldman for
4 his decisions and opinions and input?

5 A. Depends on the question.

6 Q. Okay. With respect to Dr. Feldman when he first got
7 this lawsuit, did you have a discussion with him about
8 it?

9 A. Yes.

10 Q. What was his reaction to getting this lawsuit? And
11 when I mean this lawsuit, I mean the Casey lawsuit in
12 2006.

13 A. I'm sorry. The malpractice case?

14 Q. Yes, the 2006 case.

15 A. In 2006, when we got served for our malpractice case in
16 2006?

17 Q. Yes, sir, exactly.

18 A. It was disheartening.

19 Q. Well, what was his reaction regarding the substance of
20 the allegations?

21 A. That we'll see what discovery brings out and we'll
22 either defend it or settle depending on what the --
23 depending on what the -- what the complaint is.

24 Q. Did he believe that he had been negligent?

25 A. No.

1 Q. Did he believe that the lawsuit was baseless?

2 A. In 2006, no.

3 Q. Did he believe that it had merit in 2006, or did he
4 believe it was baseless?

5 A. We were served papers, and we relied on our attorneys
6 for discovery to give us information. Now, in 2008, I
7 mean, it was a different story. Now two years' lag
8 time go by, you know, that, you know, we're not hearing
9 from anybody. Of course, our attorneys were saying,
10 well, maybe this case will be dropped, there's really
11 no activity going on in this case. So, you know, a
12 brain-damaged person, you know, after a procedure is a
13 pretty serious allegation. I mean, that should have
14 been wrapped up pretty quick in my mind.

15 Q. But you were---

16 A. That's what I would want for my loved one.

17 Q. You were deferring to Dr. Feldman to communicate with
18 the lawyers and manage the case on behalf of he and you
19 and Upstate Lung?

20 A. Which case?

21 Q. Casey.

22 A. Casey case. Yes, Dr. Feldman and my attorneys under
23 the guidance of Mr. King and Mr. Gunn.

24 Q. But you personally as a defendant, you were sort of
25 allowing Dr. Feldman to kind of run that show on behalf

1 of you and him and Upstate Lung?

2 A. Mr. King and Dr. Gunn ran that show. They told us what
3 to do. They were our malpractice attorneys, and we pay
4 them for them to advise us what to do. That's how the
5 medical malpractice case was.

6 Q. well, y'all didn't really pay them, did you? The JUA
7 was paying them.

8 A. well, I pay JUA.

9 Q. Right. My question was, as between -- I get that Mr.
10 King and Mr. Gunn are lawyers, and early on Mr. Gunn
11 represented Dr. Shantha which had nothing to do with
12 you or Upstate Lung. Right?

13 A. Correct.

14 Q. So my question was, with respect to Upstate Lung and
15 Dr. Boscia and Dr. Feldman communicating with Mr. King
16 and Mr. Gunn, you were sort of allowing Dr. Feldman to
17 take the lead on all of that. Is that correct?

18 A. On -- yes. Yes. Yes.

19 Q. Okay, thank you. And just so that I understand, the
20 only significant differences that you see in these
21 three are the addition of the can do four numbers but
22 not five and the deletion of a reference to Dr. Grace
23 on one of them. Is that right?

24 A. Correct.

25 Q. Okay. Let me go back for a minute on the damages that

1 you talked about. The 95 percent of your practice is
2 actual patient care in the office and 5 percent -- is
3 that right?

4 A. A hundred percent is patient care. I do 100 percent of
5 my stuff in my offices. I don't go to another facility
6 to do my research. They're done in my office.

7 Q. Okay, I appreciate that correction. Before, I
8 understood that 95 percent of your practice was a
9 traditional patient-physician relationship where a
10 patient comes to your office for medical care and is
11 not part of a research group and that you were seeing
12 that patient either initially or in follow-up or
13 something like that, that that constituted about 95
14 percent of your practice. Is that right?

15 A. Part of my medical practice, correct.

16 Q. Part of your practice as a person who earns income.

17 A. Medical practice, yes.

18 Q. So you define that as your medical practice---

19 A. That 95 percent is from my -- they're my patients. I
20 spend two days in Union, and, again, it's either my
21 patients or their families that are participating in
22 clinical -- in clinical trials. Union is a very small
23 community. Five percent will come from the surrounding
24 communities that I don't know, they heard by word of
25 mouth, they saw an ad, that I have never treated

1 before, they're not -- they're not part of my --
2 they're not part of my practice.

3 Q. All right. Let me make sure then that I understand---

4 A. Part of my families.

5 Q. I appreciate that. Let me make sure that I understand
6 these numbers then, and I may have asked the question
7 incorrectly. When you say medical practice, you are
8 excluding research practice. Is that right?

9 A. Yes.

10 Q. How much of your time now is devoted to your medical
11 practice and how much of your time now percentage-wise
12 is devoted to your research practice?

13 A. Again, 100 percent. I'm in the same facility. I'm
14 doing the same job as a provider of pulmonary services
15 to my patients and the fine patients of Union County
16 and surrounding counties sometimes and also providing
17 principal investigator duties for research which is in
18 the next hall. So I'm in the same facility. So 100
19 percent, or 95 percent my patients, 5 percent not my
20 patients, came from somewhere else.

21 Q. All right. I'm going to try it again. Are there
22 patients that you see who are research -- strike that.
23 Are there people you see who are research subjects and
24 who are not traditional patients for whom you are
25 prescribing medicine or otherwise seeing?

1 A. Yes.

2 Q. Okay. Do you see the difference between those two?

3 A. Huge difference.

4 Q. All right. That's the percentage I'm after. Can you
5 break that down for me? What percentage of your time
6 is devoted to the people who are research subjects only
7 and what percentage of your time is devoted to whatever
8 other human beings on the planet you are providing
9 medical care to who are not research subjects?

10 A. 50-50.

11 Q. 50-50. And you spend two days in the facility in --

12 A. Union.

13 Q. -- Union, some of which time is spent seeing medical
14 care patients and some of which time is spent seeing or
15 working on research subjects?

16 A. Yes.

17 Q. And when you work on research subject matter, do you
18 ever actually see the patients, or are you looking at
19 test results or something like that?

20 A. All of the above.

21 Q. How often do you see a research -- again, I'm sure it
22 varies. Just give me an idea. How often do you see a
23 single research subject in a single research study?

24 A. For what?

25 Q. Anything. I'm just trying to get an idea of how many

1 times you have face-to-face contact as a principal
2 investigator with a research subject.

3 A. Again, it depends on the study, and it depends what
4 they're doing at that time. I mean, you've got some
5 studies that will require a physical examination or,
6 again, a lab that I need to go over with them. Then
7 there's other times when they come in with the girls
8 and they do their spirometries, which I sign off. I
9 never really face-to-face with them. I just look at
10 their data, make sure it's safe, check their labs, make
11 sure it's safe, and never lay eyes on them. It depends
12 on the -- on the day and what part of the -- what part
13 of the protocol they're in. It depends.

14 Q. Do you always see somebody at the beginning?

15 A. I usually get e-mailed a statement from my girls for
16 informed consent. So I'm always available by phone so
17 the patients can kind of ask me. I'm there for the
18 first physical exam. So they have to kind of go
19 through their prescreen, screen, meet inclusion/
20 exclusion, and then comes kind of my face-to-face where
21 everything's safe, I've reviewed their records, now
22 it's time to actually lay hands on them and examine
23 them and make sure they're good.

24 Q. So they come in, they walk in the door, the very first
25 day they have to sign some kind of consent in order for

1 there to be any further proceedings?

2 A. Yes.

3 Q. And then after they have been screened and I guess the
4 PI makes the decision, yes, this is somebody who can
5 proceed in the study---

6 A. The girls gather all the information and data for you,
7 that's correct, and there's check-off sheets that
8 usually the sponsor gives you for inclusion and
9 exclusion. You're then given that chart, and then you
10 make the decision yes, they fit, no, they do not fit.
11 Then they go to the next phase, which is usually
12 spirometries or x-rays or physical exam or the next
13 phase of the -- of the trial.

14 Q. And before -- I don't want to interrupt you, but before
15 we get to that point, before they're actually in the
16 study, they also sign another consent, which is a
17 consent specifically to be in this study. Is that
18 right?

19 A. Correct.

20 Q. And that is when you first see them, after they've
21 signed that consent, and you are always there for the
22 initial physical exam because there's a physical exam
23 for every research subject. Right?

24 A. Yes.

25 Q. And the PI is there and responsible for that?

1 A. Correct.

2 Q. And then, from time to time, as either the protocol or
3 some other matters dictate, you may or may not see the
4 patient during the course of the study?

5 A. Yes.

6 Q. And do you always see -- and I say patient. I meant
7 research subject. When you see the research subject,
8 do you always see the research subject at the end of
9 the study when it's over?

10 A. Not necessarily. Not necessarily. Again, it depends.
11 Some of them do require an exit physical examination;
12 some studies do not.

13 Q. Why don't we break for lunch now, come back at 1:00,
14 and we will pick up there.

15 A. Sure.

16 (Off the Record; 11:54 a.m. -- 1:10 p.m.)

17 EXAMINATION RESUMED BY MR. HENRIKSON:

18 Q. Doctor, take a look at Exhibit 1. I think it's right
19 there on top. And we'll call that the Casey complaint.
20 That's the one that was filed in 2006 against you and
21 the stated defendants and which was referenced in the
22 newspaper article that we talked about. Is that
23 correct?

24 A. Yes.

25 Q. Have you reviewed that lately?

1 A. Not lately.

2 Q. Do you understand as identified in the newspaper
3 article that the Complaint alleges that during the
4 rigid bronch procedure that air emboli got to the
5 brain? Is that correct?

6 A. Yes.

7 Q. And caused permanent brain damage. Is that right?

8 A. Yes, to my understanding.

9 Q. And you had earlier testified today that you knew that
10 to be atomically impossible?

11 A. Yes.

12 Q. So when you read this Complaint in 2006 after you were
13 served, you understood and you knew that the
14 allegations were anatomically impossible. Is that
15 right?

16 A. Yes.

17 Q. And so you knew at the time in 2006 when you got this
18 lawsuit that it was false and baseless, because you
19 knew that physically, atomically what was being alleged
20 was not possible?

21 A. Yes.

22 Q. Okay. You had mentioned that you do numerous
23 disability claim depositions?

24 A. On behalf of my patients, yes.

25 Q. Right. And, typically, that is a situation where there

1 is some administrative proceeding with either the state
2 or the federal government and you are asked questions
3 about your patient's condition, or typically what does
4 it involve?

5 A. Well, yes to the question. The specifics, it's usually
6 on behalf of an attorney who's covering a client who
7 wants to know if the inhalational -- if the inhalation
8 of certain substances, you know, hurts them when they
9 work.

10 Q. And are you compensated for that testimony?

11 A. Yes, for my time.

12 Q. And do you have some sort of standard rate for
13 testifying in a case like that?

14 A. My office sets the -- sets the fee.

15 Q. Do you have any idea what it is?

16 A. I think it's somewhere between 150 and \$200 maybe for
17 an hour.

18 Q. Are you aware of any -- how long have you been doing
19 disability case testimony like that?

20 A. For the 16 years that I've been here.

21 Q. And did you do it at any other place?

22 A. I don't recall if I did it at the University of
23 Rochester. I might have. I don't recall.

24 Q. As I understand, the five years that you spent in New
25 York, was that all in Rochester?

- 1 A. Correct.
- 2 Q. And the three years was fellowship --
- 3 A. Training
- 4 Q. -- training, and then two years teaching? Is that
- 5 right?
- 6 A. Full-time faculty appointment, correct.
- 7 Q. Were you seeing patients clinically --
- 8 A. Yes.
- 9 Q. -- also at that time?
- 10 A. Yes.
- 11 Q. And then in terms of research in the drug company
- 12 context that you're doing now, you didn't start that
- 13 until you came to South Carolina?
- 14 A. Correct.
- 15 Q. And when you came to South Carolina, where did you
- 16 immediately start working?
- 17 A. In Upstate Lung and Critical Care Specialists.
- 18 Q. And that was what year?
- 19 A. 2001.
- 20 Q. 2001. At that time, do you know where Mr. Clemons was?
- 21 A. No.
- 22 Q. Do you know when Mr. Clemons came to Upstate Lung?
- 23 A. After 2004.
- 24 Q. Do you know where he was at any time before that?
- 25 A. After 2004?

1 Q. Prior to 2004.

2 A. No.

3 Q. And in your years of doing disability claim testimony,
4 are you aware of any requirement that a lawsuit has to
5 be filed against some third party in order to maintain
6 a disability claim?

7 A. I don't know.

8 Q. Okay. That is not something you've ever been made
9 aware of or---

10 A. They asked for my opinion on whether or not the injury
11 -- the inhalation could potentially cause injury which
12 could keep them out of work, and my opinion is either
13 yes or no, and that's all I know. I've never been
14 asked to be an expert witness in a legal proceeding.

15 Q. I guess, in a sense, you're sort of an expert in these
16 disability because you're offering an opinion. Is that
17 correct? But as a treating physician.

18 Q. I'm a triple board certified pulmonologist, yes. The
19 American Board of Internal Medicine considers me an
20 expert in the field of pulmonology medicine.

21 Q. Right, I'm sure that's well founded, but you are
22 offering an opinion as to whether or not certain
23 substances inhaled causes a certain reaction or
24 condition in the patient. Isn't that right?

25 A. Yes. Based on specific data like MSDS sheets and

1 specific mechanisms, yes, I can render an opinion.

2 (Defendant's Exhibit Number 65 marked)

3 EXAMINATION RESUMED BY MR. HENRIKSON:

4 Q. I'm going to show you what's marked as Exhibit 65. Do
5 you want to take some time to look at this document?

6 A. Sure.

7 Q. And, for the record, this is entitled Plaintiff Joseph
8 A. Boscia, III, M.D.'s response to Charles M. Fogarty's
9 M.D.'s First Requests for Admission 1 through 20.

10 A. Okay.

11 Q. Have you seen these before today?

12 A. Yes.

13 Q. When did you first see these?

14 A. When Mr. Mann brought them to me.

15 Q. Number three says, "Admit that as a principal of S.
16 Carolina in 2007, you participated in the decision to
17 dismiss with prejudice S. Carolina's claims against
18 Fogarty in the S. Carolina action." And it looks like
19 in October of 2015, you denied that, and I wanted to
20 ask you, in terms of your testimony previously today
21 where you said that the three of you made the decision
22 with counsel that it was unanimous and everybody
23 thought it was the best thing, can you tell me why that
24 was denied in 2015 and why you testified differently
25 today?

1 A. No.

2 Q. Do you admit that the response in 2015 was erroneous?

3 A. Yes.

4 Q. Number five indicates that admit that the medical
5 malpractice action was among the reasons S. Carolina
6 dismissed its claims against Fogarty in the S. Carolina
7 action, and you indicated deny. Is that correct?

8 A. Correct.

9 Q. Number nine requests you to admit that you never
10 received a demand to settle the medical practice action
11 for anything other than payment of money to Casey, and
12 your answer in 2015 was deny. Is that right?

13 A. Yes.

14 Q. Tell me why that was denied.

15 A. I don't know.

16 Q. Do you read request to admit number nine to ask if
17 there was some different type of demand or coercion to
18 settle other than just to get money out of the
19 malpractice suit?

20 A. No. I believe if there was a settlement, it would have
21 been monies to pay to Casey.

22 Q. Was there some demand to settle for something other
23 than money?

24 A. No.

25 Q. Then do you know why this request to admit was denied?

1 A. No, I do not.

2 Q. Do you agree that this request was answered in error?

3 A. Yes.

4 Q. Let's go back to Exhibit 2. If you can look on page 4,
5 paragraph 29, do you agree or did you allege there that
6 Dr. Fogarty directly benefited himself by derailling
7 business competitors' efforts in the S. Carolina
8 litigation due to the tremendous pressure created in
9 their lives by the publicizing of the baseless
10 allegations of the permanent brain injury?

11 A. Yes.

12 Q. That's what you alleged?

13 A. Yes.

14 Q. And you alleged that the permanent brain injury was
15 developed by Dr. Fogarty at some point in 2004 and was
16 published in the medical records on July 21, 2005?

17 A. Yes.

18 Q. Since the beginning of this deposition, have you had
19 any contact with, either by text, e-mail, phone, face,
20 or any other medium with Dr. Feldman?

21 A. Yes.

22 Q. And when have you contacted Dr. Feldman? How have you
23 contacted Dr. Feldman?

24 A. Again, on Monday night, Tuesday night by phone.

25 Q. wait a second. Maybe you misunderstood the question.

1 I asked you since the beginning of this deposition.

2 A. Oh, I'm sorry.

3 Q. Nine o'clock this morning.

4 A. I'm sorry.

5 Q. Have you had any contact through any medium with Dr.
6 Feldman?

7 A. Yes.

8 Q. Tell me about that.

9 A. E-mail and phone conversation.

10 Q. Tell me about your e-mails with Dr. Feldman.

11 A. Of course, my cell phone has been off. So I opened it
12 up when I went outside. There were three, three e-
13 mails about -- am I allowed?

14 Q. Yeah. If you want to.

15 A. I can tell you about the conversations?

16 Q. Sure.

17 A. Of course, today---

18 MR. MANN:

19 I have no objection unless I'm copied.

20 EXAMINATION RESUMED BY MR. HENRIKSON:

21 A. Today is our first strategy meeting with our new
22 partners, of which I won't be available for. So I had
23 to call my new chief executive officer who personally
24 invited me to the meeting and give my regrets and,
25 also, part of the conversation was please give my

1 regrets to my new corporation that I will not be there
2 for my first planning meeting. The other part of it
3 was, again, some of the questions and issues that arose
4 in my deposition about the three letters, the three
5 opinion letters, about, again, what we knew in 2004
6 during the -- or 2006 when we did the first discovery,
7 about what was produced, that we saw only the one
8 letter in that discovery and that the other letters
9 were not -- were not shown to us.

10 Q. And how many e-mails do you have between you and Dr.
11 Feldman since 9 o'clock this morning?

12 A. Again, I opened up my phone at 12 o'clock, and he sent
13 me three e-mails, which two I trashed because I didn't
14 know how to handle them, but first was, again, a PDF
15 file that he sent me, and it said CMF December 22, '08
16 deposition record subpoena. You open it up.

17 MR. MANN:

18 As long as I'm not copied on it, you're fine. And
19 Matt, you're welcome, if you've got somewhere you want
20 to forward a copy, we can print it off. I don't care.

21 EXAMINATION RESUMED BY MR. HENRIKSON:

22 A. And what was highlighted, it says here, "Dr. Fogarty,
23 the notice of deposition asked you to bring records
24 with you. Have you seen that notice?" "Yes, sir. Mr.
25 Thompson showed me the notice this weekend." "Did you

1 bring those records?" "Yes, sir." "Can I see what you
2 brought?" "Do you want to put the box on the"---
3 "Yeah, that's the best thing." "Okay." Then
4 attachments is just again that one -- that one letter.

5 Q. Let me ask you. How many e-mails since 9 o'clock this
6 morning, how many e-mails either to Dr. Feldman or from
7 Dr. Feldman have you engaged in?

8 A. Three were sent to me.

9 Q. Have you sent any back?

10 A. No.

11 Q. And how about the two that you received that were
12 deleted?

13 A. That's two of the three. All three have been deleted.
14 They're in my trash bin.

15 Q. But they're still retrievable?

16 A. Correct. I just read you the first one. You want to
17 read -- I can read you the second one, too.

18 Q. That's all right. What we'll probably do is just get
19 you to forward those e-mails to us.

20 MR. MANN:

21 If you'll forward them to me, I can send them
22 immediately to you.

23 WITNESS:

24 And I believe they're all public record, too,
25 because they're already---

1 MR. MANN:

2 Boscia, just send them to me, please, and then I
3 will get them to them. If they want to make a copy,
4 they're welcome to print them out.

5 WITNESS:

6 Can I do that?

7 MR. HENRIKSON:

8 Yeah.

9 MR. MANN:

10 Just forward them to me.

11 WITNESS:

12 You're forwarded on them.

13 MR. MANN:

14 So you've already forwarded them to me?

15 WITNESS:

16 No. Okay, wait. One of them was forwarded.

17 MR. MANN:

18 So you forward them to me.

19 WITNESS:

20 I'm going to forward you the ones that are not
21 forwarded.

22 MR. MANN:

23 I didn't see where was I copied on any of them.

24 WITNESS:

25 That's what it says. Your name is there.

1 MR. MANN:

2 Do you want to go off the record?

3 MR. HENRIKSON:

4 We're still on until we get this squared away.

5 MR. MANN:

6 Okay, I do see one that he's talking about where I
7 was copied on. Without waiving attorney-client
8 privilege, I will send it to you. I don't have any
9 problem with that, but I'm not doing a global waiving
10 of attorney-client privilege. Okay? Is that fair?

11 MR. HENRIKSON:

12 Yeah. I mean, I think under the circumstances
13 since they were received during the deposition, that
14 that wouldn't apply anyway.

15 MR. MANN:

16 But, you know, you understand I didn't originate
17 them.

18 MR. HENRIKSON:

19 I understand.

20 WITNESS:

21 No, he definitely didn't originate them.

22 MR. HENRIKSON:

23 I believe you. We need to take a break and take a
24 look at those.

25 EXAMINATION RESUMED BY MR. HENRIKSON:

1 Q. Before we go, if you have any other communications with
2 anybody until the deposition is over, can you just
3 preserve those, let us know?

4 A. So open up my phone and check my e-mails or just let
5 you know?

6 Q. I don't have a problem with you doing that, but if
7 you're receiving communications from Dr. Feldman or
8 anybody else --

9 MR. MANN:

10 Absolutely.

11 EXAMINATION RESUMED BY MR. HENRIKSON:

12 Q. -- then we just want to be able to look at it.

13 MR. MANN:

14 Sure.

15 EXAMINATION RESUMED BY MR. HENRIKSON:

16 A. Will do.

17 Q. And just before we go, since 9 o'clock this morning,
18 have you sent anybody any texts or e-mails?

19 A. No.

20 Q. Okay. Thank you.

21 (Off the Record; 1:32 -- 1:54 p.m.)

22 (Defendant's Exhibit Numbers 66, 67, and 68 marked)

23 EXAMINATION RESUMED BY MR. HENRIKSON:

24 Q. Dr. Boscia, we are back from a break, and we've learned
25 earlier that Dr. Feldman has been communicating with

1 you during the deposition, and you have produced to us
2 three e-mails that were sent to you by Dr. Feldman.
3 Have you read these e-mails?

4 A. No.

5 Q. And the first one was sent to you by Dr. Feldman at
6 9:30 a.m. this morning, and that was Exhibit 66. Is
7 that correct?

8 A. Yes.

9 Q. And the subject of that e-mail is "CMF Decem 22, 08
10 deposition records subpoena." Is that right?

11 A. Yes.

12 Q. And your e-mail here is bronchnu@aol.com. How long has
13 that been your e-mail address?

14 A. A long time.

15 Q. Do you receive---

16 A. When e-mails started. When AOL started their e-mail
17 server. So add it up.

18 Q. Okay. At least it isn't CompuServe. Do you have any
19 other e-mails that are in use, that have been in use
20 since 2006?

21 A. Yes.

22 Q. And what are those?

23 A. I don't know their names specifically because they're
24 part of the research company. One is through CU
25 Pharmaceutical Research. The other is through S.

1 Carolina Pharmaceutical Research.

2 Q. Can you get those and provide those to your lawyer?

3 A. I can.

4 Q. Thank you. How about Dr. Feldman? It looks like his
5 is Gfeld3232@aol.com. Have you been communicating with
6 him at that e-mail address since 2006?

7 A. Yes.

8 Q. To your knowledge?

9 A. Oh, yes.

10 Q. So the second e-mail is Exhibit 67, and that was sent
11 to you from Dr. Feldman at 10:04 this morning. Is that
12 correct?

13 A. Yes.

14 Q. And the subject of that is, "Knew no evidence for Brain
15 Damage." Is that what that says?

16 A. Yes.

17 Q. And then there's an attachment that is entitled, "In
18 their own writing.pdf." Is that correct? If you look
19 at the top where it was sent to Mr. Mann at 1:31.

20 A. Oh, attachment, yes. Yes. Okay, yeah. Yes, I see it.

21 Q. And then in Exhibit 66, there's an attachment that just
22 has a number identification, 201605111524.pdf?

23 A. Yes.

24 Q. And then the third e-mail is Exhibit 68, and that was
25 sent to you at 10:26 today by Dr. Feldman. Is that

1 correct?

2 A. Yes.

3 Q. And that is entitled "Electronic Medical Records," and
4 the attachments are "Wilson Smith-dash-electronic
5 medical records.pdf." Is that right?

6 A. Yes.

7 Q. And Dr. Feldman and you discussed last night that you
8 were going to give your deposition this morning. Is
9 that correct?

10 A. Yes.

11 Q. And he knew that you were going to give your deposition
12 this morning starting at 9 o'clock?

13 A. Yes.

14 Q. And he was covering your patients for you today knowing
15 that you would be in this deposition today. Is that
16 correct?

17 A. Correct.

18 Q. Now, you have also testified that today since 9 o'clock
19 when the deposition started and you were sworn that you
20 have had a phone conversation with Dr. Feldman?

21 A. Yes.

22 Q. Do you remember what you talked about with Dr. Feldman
23 in that phone conversation? Let me ask you this first.
24 when was that phone conversation?

25 A. when we took our break at 12 o'clock.

1 Q. And where did you go? Where were you between the time
2 we broke at 12:00 till the time we got back at 1:00?

3 A. In my car.

4 Q. And where is your car parked?

5 A. In the parking lot across the street.

6 Q. And tell me what you did in your car.

7 A. Called my wife, hung up with her. Called Feldman to
8 get an update on my patients. Again, he's covering my
9 practice today. And then he said, I sent you e-mails.
10 I said, oh, that's -- that's great, that's great. And
11 that was it.

12 Q. And did he drop the topic then, or did you and Dr.
13 Feldman have any --

14 A. No, because I told him---

15 Q. Let me get my question on the record, please, sir.

16 A. I'm sorry. I'm sorry.

17 Q. -- any conversation whatsoever about either the
18 substance of the e-mails or the substance of your
19 testimony in any way?

20 A. Dr. Feldman said, you read the e-mails, you understand
21 when you read the e-mails. And then I asked him to
22 give my condolences or my regrets to the -- to my new -
23 - my new bosses.

24 Q. Did Dr. Feldman say anything else to you relative to
25 this case in that phone conversation?

1 A. No.

2 Q. How long was that phone conversation?

3 A. Do not recall.

4 Q. It was literally an hour --

5 A. Five, 10 minutes.

6 Q. -- and a half ago.

7 A. Five, 10 minutes.

8 Q. Five, 10 minutes?

9 A. It might have been seven and a half minutes, maybe 8.6
10 minutes.

11 Q. Well, then we'll just ask you to preserve your records
12 regarding that so if we ever have to find out --

13 A. You can have---

14 Q. -- specifically---

15 A. You can have access to that, yes, sir.

16 Q. Thank you. I would also ask that you preserve any
17 communication that you've had written, electronically
18 stored in any way with Dr. Feldman for the last 30
19 days. Okay?

20 A. Sure.

21 Q. And if you would preserve that and provide that to your
22 attorneys, I would appreciate it.

23 A. Sure.

24 Q. And when you talked to Dr. Feldman, about what time was
25 that?

1 A. Between 12:00 and 12:15.

2 Q. Because we broke here I think about 11:56. So did you
3 call Dr. Feldman first or your wife?

4 A. My wife.

5 Q. So that would have been a short call then. Right?

6 A. You'll have to subpoena my phone records to find out
7 for sure. I don't remember. I don't recall.

8 Q. I'm trying to put the math together. We left here at
9 12:56.

10 A. I thought it was --

11 Q. I mean 11:56.

12 A. -- 12 o'clock. Yeah.

13 Q. You said you had a phone call---

14 A. I walked across the street.

15 Q. Okay. Can I just get the question out?

16 A. Sorry.

17 Q. You said you had a phone call with Dr. Feldman between
18 12:00 and 12:15. Right?

19 A. Yes.

20 Q. So after you hung up with Dr. Feldman, what did you do
21 then?

22 A. Went to Groucho's and -- well, actually, I called my
23 new boss and gave him my regrets that I couldn't make
24 our first planning meeting. And then I called my wife
25 back, and then I walked to Groucho's and realized I

1 didn't have my wallet, and so I went back here and
2 called my wife again. She said she was going to bring
3 me some money or food, and I said no, it's okay. And
4 then I came up here.

5 Q. When you talked to Dr. Feldman last night and you
6 talked about the substance of this case and his
7 testimony and your testimony. Correct?

8 A. Yes.

9 Q. Did he tell you that he was still under oath and that
10 he had been instructed to not discuss his testimony or
11 this case with any person?

12 A. I don't remember him saying that.

13 Q. And you understand what under oath means. Right?

14 A. Mm-hmm. Yes.

15 Q. You and Dr. Feldman both took the same oath that you
16 would take in court, and it obligates everyone who
17 takes that oath to tell the truth.

18 A. Yes.

19 Q. And the truth being the complete truth without any
20 hesitation. Correct?

21 A. Yes.

22 Q. And you understand that there are legal consequences
23 for not doing that?

24 A. Yes.

25 Q. In the conversation with Dr. Feldman last night, do you

1 recall now about how long that conversation was?

2 A. I don't. Again, probably 10 minutes, 15 minutes,
3 again, the majority of it being discussing our
4 patients, our sign-outs.

5 Q. Did he initiative the call?

6 A. He did.

7 Q. What number did he call you on?

8 A. My cell phone.

9 Q. What is that number?

10 A. 706-7992.

11 Q. And who is your cell provider?

12 A. Verizon.

13 Q. How long have you had that number?

14 A. For 16 years.

15 Q. When you talked to Dr. Feldman last night, you
16 testified that you and he discussed the timeline of
17 events. Is that right?

18 A. Yes.

19 Q. Isn't it true that Dr. Feldman told you that the
20 timeline that he thought you should discuss was from
21 2008 forward?

22 A. No. I'm bad with all timelines. Again, it was a very
23 busy time in my life. It all meshed together. So I
24 don't remember when I became certified as a PI. I
25 don't remember when I had to recertify my boards. I

1 don't remember a lot of things, being so busy. So it
2 was, put it into perspective, Joe. 2004, we opened up
3 our research business. 2005, we had the letters sent
4 to the sponsors. Then we wrote the lawsuit cease and
5 desist. Are you following me? Yes, I got it. 2008,
6 finally we go to, you know, the Casey lawsuit. 2010,
7 we go to court. In 2008, we start noticing that
8 there's some funniness going on in the discovery of
9 information that Spencer King and -- and Billy Gunn are
10 going through. So to put that into perspective because
11 I'm just bad with -- with dates.

12 Q. That's what he told you last night?

13 A. Mm-hmm.

14 Q. Yes?

15 A. Yes.

16 Q. You just need to say yes for the record.

17 A. Yes.

18 Q. How about prior to last night, when is the last time
19 you have had a substantive conversation with Dr.
20 Feldman about this case?

21 A. Monday night.

22 Q. And tell me about that conversation.

23 A. Again, I testified that it was sign-outs of patients,
24 which was the majority of the conversation because I'd
25 been covering his practice for two days, and then

1 issues. What did they ask you? What -- what were the
2 questions? Are they going back to 2004? Are they
3 going specifically 2008 forward? You know, give me a
4 time frame so I know to put my mind in a time frame.

5 Q. This is Monday of this week?

6 A. Mm-hmm.

7 Q. Monday evening?

8 A. Mm-hmm.

9 Q. You're saying yes?

10 A. Yes.

11 Q. And are you asking him those questions, or is he asking
12 you those questions?

13 A. I don't recall, because, again, the conversation's back
14 and forth. Joe, I know you bad with dates. I'm like,
15 yeah, I'm really bad with dates, you know.

16 Q. Did he provide you with any information regarding the
17 questions that were asked of him and the testimony?

18 A. General comments.

19 Q. And how long was that conversation?

20 A. I don't recall.

21 Q. Was it more or less than 30 minutes?

22 A. Less than 30 minutes.

23 Q. And did he initiate the phone call to you?

24 A. Yes.

25 Q. And was that on your cell phone?

1 A. Yes.

2 Q. Between Monday night, that phone call and -- today's
3 Wednesday. Right? So Tuesday night when you had that
4 call, did you have any other conversation with Dr.
5 Feldman through any medium regarding or touching in any
6 way on this case?

7 A. No, not on the case. He called me again this morning
8 because he just needed to know where my patients were
9 and what he had to do for me. So...

10 Q. And this morning, did y'all say anything about this
11 case?

12 A. Mm-mm. That I had to be here at---

13 Q. You're saying no?

14 A. No. No, no.

15 Q. And then with respect to prior to Monday, when is the
16 last time you and Dr. Feldman had any contact or
17 conversation through any medium regarding the substance
18 of this case?

19 A. I don't recall.

20 Q. Was it more than a week or 10 days?

21 A. Sir, I don't recall that.

22 MR. HENRIKSON:

23 You know, this is just unusual. So let me do
24 this. I'm not wasting your time, but we do need to
25 take a short five-minute break before we go forward.

1 MR. MANN:

2 No objection.

3 MR. HENRIKSON:

4 I want to make sure we do everything correctly,
5 and we'll be right back, promise.

6 (Off the Record; 2:09 -- 2:21 p.m.)

7 EXAMINATION RESUMED BY MR. HENRIKSON:

8 Q. Dr. Boscia, we had talked earlier about Exhibit 2,
9 paragraph 29. Is that still handy? And in that
10 allegation, you indicated that you felt like the S.
11 Carolina litigation was related to the Casey
12 litigation. You alleged that in 2010. Do you believe
13 that to be true?

14 A. Sir, I don't see the connection between line 29. I was
15 focusing on line 29. I'm sorry.

16 Q. That's all right. It's paragraph 29.

17 A. I'm sorry. Paragraph 29, okay.

18 Q. It says, "Dr. Fogarty directly benefited himself by
19 derailing his business competitors' efforts in the S.
20 Carolina litigation due to the tremendous pressure
21 created in their lives by the publicizing of the
22 baseless allegations of a permanent brain injury in the
23 destructive scheme," which refers to the 2006 Casey --

24 A. Yes.

25 Q. -- med malpractice Complaint. Is that correct?

1 A. Yes. Yes.

2 Q. So your allegation is that the S. Carolina litigation
3 you believe was related to the Casey malpractice case.
4 Is that right?

5 A. Yes.

6 Q. And you believe that the Casey case was somehow a
7 retaliation by Dr. Fogarty for the S. Carolina
8 litigation. Is that right?

9 A. Yes.

10 Q. And I think you've already testified you believe that
11 the Casey malpractice case, that it was improper to
12 file that lawsuit?

13 A. Yes.

14 Q. Now, when that lawsuit was filed and you testified that
15 you and Dr. Feldman knew immediately that, based on the
16 allegations being anatomically impossible, that you
17 knew that that was a baseless lawsuit at that point.
18 Correct?

19 A. Yes.

20 Q. When did you first from any source begin to get any
21 inkling that you had grounds to file any kind of claim
22 against Dr. Fogarty, Mr. Casey, or Mr. Thompson arising
23 out of the Casey lawsuit?

24 A. Part of the discovery after we were served with the
25 Casey lawsuit, the discovery went very, very slowly. I

1 remember Mr. Gunn and Mr. King telling us there's
2 really nothing going on in this case, guys, we don't
3 really hear much and it's probably going to be dropped.
4 And then in 2008, Mr. King produced the MRI. Because
5 he had already deposed Mr. Casey, and at that time, the
6 understanding was nobody told Mr. Casey he was brain-
7 damaged until he read it in the newspaper, that no MRI
8 was obtained to either confirm or dispute brain injury
9 on diagnostic studies. So when we got the MRI scan,
10 you know, we raised kind of a hand like, boy, this is
11 kind of getting a little convoluted, it's getting a
12 little -- you know, a little strange, and then Mr. King
13 let us know that it was -- the MRI was done under a
14 false name to try to cover the identity of Mr. Casey.
15 So when we started to hear about backdoor -- scratch
16 that.

17 Q. She can't scratch it. Whatever you say gets on the
18 record.

19 A. -- shady dealings, shady dealings, it just made me
20 raise my hand and say are we dealing with straight -- a
21 straight problem, or are we dealing with another
22 underlying problem that may tie us up the next six-plus
23 years and it not necessarily be directly related to a
24 medical malpractice case. Of course, as the -- so 2008
25 really is when we started to kind of raise our hands in

1 conscientious objection to what was going on.

2 Q. Do you recall there ever being any kind of discussions
3 or communications involving you and/or Dr. Feldman
4 about either filing a counterclaim or raising some sort
5 of claim against Dr. Fogarty, Mr. Thompson, and Mr.
6 Casey as early as 2007?

7 A. Those decisions -- I believe those conversations were
8 held around the time of the trial, if I recall. I just
9 remember some of the things that the judge said, again,
10 without the jury being present about the MRI, about
11 neither their expert witnesses or our expert witnesses
12 could show that the procedure that we did led to the
13 damages claimed that led to permanent disability.
14 That's when, again, I raised my -- raised my hand in
15 conscientious objection that something else is going
16 on. So I think it was around the time -- for me,
17 anyway, it was more around the time of the actual
18 trial.

19 Q. That's May of 2010.

20 A. Yeah.

21 Q. So let me just make sure I understand. Are you saying
22 that as early as 2007, you had never from any source
23 had any kind of suggestion or any thought that you may
24 have a claim against Mr. Thompson, Dr. Fogarty, and Mr.
25 Casey?

1 A. No, because nothing was going on with the case in 2007.
2 To the best of my recollection, Mr. Gunn and Mr. King
3 would bring us up to speed of kind of what was going
4 on, and they said there's really nothing going on,
5 guys, we haven't heard from anybody, haven't heard from
6 anything. Again, after all depositions were taken
7 there was really no action kind of going on.

8 Q. Do you remember in August of 2007 Dr. Feldman sending
9 you an e-mail telling you that you and he had causes of
10 action against Dr. Fogarty, Ray Thompson -- Chuck
11 Thompson, and Mr. Casey?

12 A. I don't. I don't recall, but you do understand that I
13 receive a lot of e-mails from Dr. Feldman that usually
14 get sent over to the trash bin. And, again, we sit so
15 close to each other, anything important he lets me
16 know.

17 Q. Right. I mean, y'all talk about these things. Right?

18 A. Mm-hmm.

19 Q. Yes?

20 A. Yes.

21 (Defendant's Exhibit Number 69 marked)

22 EXAMINATION RESUMED BY MR. HENRIKSON:

23 Q. Okay. Let me show you what's been marked as Exhibit
24 69, and if you'll look at the bottom where it says
25 original message, and that is from Greg Feldman to you.

1 Is that correct?

2 A. Yes.

3 Q. And the date is Saturday, 11 August 2007. Is that
4 right?

5 A. Yes.

6 Q. And there is a section of law setting for civil
7 conspiracy. Is that right?

8 A. Yes.

9 Q. Down below that on this e-mail there are two sentences,
10 and can you please read those into the record?

11 A. "One, we have at least Casey plus his lawyer and
12 possibly Fogarty plus Chuck Thompson's wife."

13 Q. Number two?

14 A. "Two, As for abuse of process that is already fact. He
15 had no right to speak to press about trial matter,
16 violation of civil procedure."

17 Q. Now, does this refresh your recollection as to whether
18 or not you had communications with Dr. Feldman
19 regarding having causes of action against Mr. Thompson,
20 Dr. Fogarty, and Mr. Casey in August of 2007?

21 A. Clearly, it was sent to me. Clearly, it was sent on
22 August 11, 2007. I do not recall this e-mail at all.
23 Again, my issues were more in 2008 when the MRI showed
24 up from Mr. King's office.

25 Q. That is your e-mail. Correct?

1 A. That is correct.

2 Q. And even this e-mail does not -- let me ask you this.
3 Does this refresh your recollection as to having these
4 types of discussions with Dr. Feldman as early as
5 August 2007?

6 A. No.

7 Q. Okay. I think I'm about through, and if you'll just
8 give me one minute.

9 (Off the Record; 2:31 -- 2:36 p.m.)

10 EXAMINATION RESUMED BY MR. HENRIKSON:

11 Q. Dr. Boscia, I don't have any other questions at this
12 time. Please answer any questions any of the other
13 lawyers may have for you.

14 MS. CHEEK:

15 I don't have any, Dr. Boscia. Todd, do you have
16 any questions for Dr. Boscia?

17 MR. NICHOLS:

18 No, no, I don't think I do.

19 MR. MANN:

20 And I don't, and we'll waive reading and signing.

21 MR. HENRIKSON:

22 And the only thing I would just want to do is sort
23 of reiterate the agreement that you gave that you will
24 preserve all of your communications with Dr. Feldman
25 for the last 30 days in any medium and produce those to

1 your attorney.

2 WITNESS:

3 Yes.

4 MR. MANN:

5 why don't let's pick dates? Hold on, Matt. Let's
6 look at a calendar and make this easy. Let's see if
7 this suits you. Why don't we go from the 1st of
8 September through the 4th of November. Okay?

9 MR. HENRIKSON:

10 All right.

11 MR. MANN:

12 So that's going to give you two weeks---

13 MR. HENRIKSON:

14 of 2016?

15 MR. MANN:

16 Yeah. That's going to give you two weeks before
17 and that's going to give you four or five weeks before
18 this week. Is that okay?

19 MR. HENRIKSON:

20 Yeah. Any e-mail address, any---

21 MR. MANN:

22 Any of that kind of stuff. So we're going to make
23 sure we maintain it, and we'll go from there.

24 (There being no further questions, this deposition concluded
25 at 2:38 p.m.)

CERTIFICATE OF REPORTER

I, ROSALIND POOLE WALTERS, a Notary Public in and for the State of South Carolina, do hereby certify that the foregoing 130 pages represents a true and accurate transcript of the deposition of JOSEPH A. BOSCIA, III, M.D., which was taken by me on the 19th day of October, 2016.

That the witness was first duly sworn to tell the truth, the whole truth and nothing but the truth of his own knowledge concerning this matter.

That I am not related to nor the employee of any of the parties hereto, nor related to or employed by any attorney or counsel employed by the parties hereto, nor interested in the outcome of this action.

Rosalind Poole Walters, CVR-M
Notary Public for South Carolina
Commission Expires: 12-18-16