THE STATE OF SOUTH CAROLINA
In The Court of Appeals

APPEAL FROM SPARTANBURG COUNTY
Court of Common Pleas

R. Keith Kelly, Circuit Court Judge

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OCT 18 2018
SC Court of Appeals

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

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 XI

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Henrikson Law Firm
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FACSIMILE TRANSMITTAL

Date: 8-30-05 Time: _____

TO: Sylvia (Name) Dr. Grace (Company)

Fax #: 560-1510

FROM: Shea (Name) Grant Office (Department)

Phone #: 582-6858

TOTAL PAGES SENT: 4

****

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MESSAGE: William Casey DOB: [redacted]-58

*** This facsimile is intended for the use of the person or entity to which it is addressed. It contains information that may be confidential under law. You are required to maintain this information in a secure and confidential manner. If you have received this message in error, please notify us immediately by phone (collect if necessary) and return this message to us by mail. Thank you.

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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...

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 SaO_2 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...

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

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1.5.0 2.8

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13.0 2.8

GUNN 004367

Thomason & French

George H. Thomason
Robert S. French

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TELEPHONE (864) 582-5857
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MAILING ADDRESS:
POST OFFICE BOX 772
SPARTANBURG, SOUTH CAROLINA 29304

RECEIVED
SEP 8 2005
By

September 6, 2005

Dr. Wilson Smith
Lung & Chest Medical Associates
2030 N. Church Place
Spartanburg, S. C. 29303

Subject: William M. Casey
240 Lightwood Farm Road
Woodruff, S. C. 29388
SSN [redacted]

Dear Dr. Smith:

We represent Mr. Casey on a Social Security disability claim. He may be eligible for Social Security payments until, hopefully, he is able to return to work. Social Security has asked that we obtain updated information from your office. We have no information on Mr. Casey after March 15, 2005. Thank you for providing us with copies of records for any visits after that date.

If you require prepayment, give us call. If not, please send a bill with the records and we will promptly pay it. We can also handle prepayment by credit card over the phone if that makes it easier for processing this request. An authorization and return envelope are enclosed.

With kindest regards, I am

Very truly yours,

George H. Thomason
GHT/gl
ENCLOSURE: Authorization; Return envelope

cc: William M. Casey

OK per Dr. WM
Date
Fax ✓ Mail
Date 9/9/05
By MC

✓

Thomason & French

Attorneys at Law

George H. Thomason
Robert S. French

PO Box 772 - 164 Oakland Avenue
Spartanburg, South Carolina 29304
Telephone 864/582-5857
FAX 864/582-5853

HIPAA AUTHORIZATION AND MEDICAL RELEASE FORM

Claimant William Mark Casey **SS #** [redacted]

I hereby authorize use or disclosure of protected health information about me as described below:

1. The following specific person or class of persons or facility is authorized to make the requested use or disclosure: Dr. Wilson Smith
   Lung & Chest Medical Associates
   2030 N. Church Place
   Spartanburg, SC 29303
2. The following person or class of persons may receive disclosure of protected health information about me:

   George H. Thomason and/or Robert S. French
   THOMASON & FRENCH
   PO Box 772
   Spartanburg, SC 29304 864/582-5857

3. The specific information that should be disclosed is:
   All medical records for after March 15, 2005 to the present.

4. I understand that the information used or disclosed may be subject to re-disclosure by the person or class of persons of facility receiving it, and would then no longer be protected by federal privacy regulations.

5. I understand that the information used or disclosed may contain private information such as drug or alcohol use, hepatitis, HIV or AIDS, mental illness, sexual abuse, physical abuse, etc., and I specifically authorize the release of this private and sensitive information.

6. I may revoke this authorization by notifying Thomason & French in writing of my desire to revoke it. However, I understand that any action taken in reliance on this authorization cannot be reversed, and my revocation will not affect those actions. I understand that the medical provider to whom this authorization is furnished may not condition its treatment of me on whether or not I sign the authorization.

6. This authorization expires on 9/6/06 or upon occurrence of the following event that relates to me or to the purpose of the intended use or disclosure of information about me: **None applicable**

THIS FORM MUST BE FULLY COMPLETED BEFORE SIGNING

✓ William Mark Casey 9/6/05; DOB: [redacted]/58
Signature of individual, date signed, date of birth or Social Security number

or, if applicable

Legal Guardian or person authorized to sign for claimant

GUNN 004369

Lung and Chest Medical Associates

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FACSIMILE TRANSMITTAL

Date: 8-16-05 Time: _____

TO: Chuck Thompson (Name) Burts Law Firm (Company)

Fax #: 583-6927

FROM: Maria Kinbrell CMA (Name) _____ (Department)

Phone #: 582-6703 ext. 502

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√	Nurse Station B:	864-585-2102 - Drs. Fogarty, Clark and Mendoza

MESSAGE: Mark Casey; notes to follow.
Please call 4 any questions. Thanks, Maria

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FAX NO./NAME	5836927
DURATION	00:01:19
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RESULT	OK
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GUNN 004371

1 of 3 pages D

TELEPHONE CALL BACK - UPSTATE LUNG AND CRITICAL CARE SPECIALISTS

DATE 06/25/04 TIME: ___ AM/PM CHART# 11686 BY DF

___ / ___ called RE: William Casey
(caller name/relation)

TELEPHONE# ___ PT PHONE# ___

DATE OF LAST VISIT ___ NEXT APPT DATE ___ DOB [redacted]58

#1: NEED DRUG REFILL (For patient doing well and no reason not to refill)

Drug Name: ___ Strength: ___ Freq: ___

Name of Pharmacy: ___ Pharmacy Telephone# ___

Drug Called in: ___ / ___ am/pm BY ___ ___
(Staff) (Doctor)

#2: PATIENT COMPLAINT

Pt and sister here this visit. Pt come back for a return follow-up visit. Patient's sister started asking questions to Dr. Boscia re: the rigid Bronch. Sister (carol Casey) wanted to know "Why the urgency of doing a bronch". Explained to patient that something was seen on the x-ray but he was unable to see it c the fibroptic-branch but something was there.

Nursing Interventions/Advice Pt stated he did not have a prm with what Dr. Boscia had done. He reports he came to the hospital with pain in his chest reports ongoing pain sensations - Pt reported that all he wanted was something that

M.D. Signature

JUN 28 2004

CALLED

JUN 28 2004

Call 911 ___ Go to ER ___ Appointment given in office ___

Referral(s) ___ Instructions Accepted Yes ___ No ___

___ / ___ By: Dr. Jotin Boscia
(Date/Time) (Staff) (Doctor)

GUNN 004372

(2)

TELEPHONE CALL BACK - UPSTATE LUNG AND CRITICAL CARE SPECIALISTS

DATE ____/____/____ TIME: ____ AM/PM CHART# _____ BY _____

_____/_____ called RE: _____
(caller name/relation)

TELEPHONE# _____ PT PHONE# _____

DATE OF LAST VISIT _____ NEXT APPT DATE _____ DOB _____

#1: **NEED DRUG REFILL** (For patient doing well and no reason not to refill)

Drug Name: _____ Strength: _____ Freq: _____

Name of Pharmacy: _____ Pharmacy Telephone# _____

Drug Called in: _____/____am/pm BY _____ _____
(Staff) (Doctor)

#2: **PATIENT COMPLAINT**

would stop him from pacing All the time and be able to sleep at night. He reported that he has to take the Zanaflex prn just to sleep but he did not want to just be put to sleep he just wanted to rest and stop pacing. Pt reported he was able to rest, sit and watch TV before All this happened + now he just finds himself pacing. Dr. Boscia told patient he was notable to answer all his questions because the procedure he did should Not we caused all these prns. Dr. Boscia Suggested

Nursing Interventions/Advice

Call 911 _____ Go to ER _____ Appointment given in office _____

Referral(s) _____ Instructions Accepted Yes ____ No ____

_____/_____ _____ Boscia
(Date/Time) (Staff) (Doctor)

3

TELEPHONE CALL BACK - UPSTATE LUNG AND CRITICAL CARE SPECIALISTS

DATE ____/____/____ TIME: ____ AM/PM CHART# _____ BY _____

_____/_____ called RE: _____
(caller name/relation)

TELEPHONE# _____ PT PHONE# _____

DATE OF LAST VISIT _____ NEXT APPT DATE _____ DOB _____

#1: NEED DRUG REFILL (For patient doing well and no reason not to refill)

Drug Name: _____ Strength: _____ Freq: _____

Name of Pharmacy: _____ Pharmacy Telephone# _____

Drug Called in: _____/____am/pm BY _____ _____
(Staff) (Doctor)

#2: PATIENT COMPLAINT

to them that they should talk to his partner who performed the other procedure. Patient's sister quickly said that she ~~dead~~ & see that they were not going to get any answers here. Encouraged her to make an appointment to see Dr. Feldman next week. She shook her head "no" that she would have "someone" contact us. At one point during the visit Mr. Casey stated "I don't want no parts of this' I just want to be able to rest + stop pacing". At one point the sister talked about all the expenses of the hospital bill.

Nursing Interventions/Advice

Call 911 _____ Go to ER _____ Appointment given in office _____

Referral(s) _____ Instructions Accepted Yes ___ No ___

_____/_____ _____ Boscia
(Date/Time) (Staff) (Doctor)

Patient was given an Prescription for Ambien And was Advised not to take this medication in conjunction with Cortab And Zanaflex.

DiAnn Foster

1:25pm William Casey

- Why such urgency of flexible bronch?

Bascia: "window of opportunity"

- had CT before discharge

- Pt went to hospital orginally for chest pain

Bascia: "Pain predates us. He had the pain before this procedure."

Pt Sister: "He is having pain from this procedure?"

6:25:04 William Casey

Bascia: "I want to be sure. Don't take Ativan, Zantac & Robinul together. It will suppress your respirations!"

William Casey: "The only question I have for you is what can you do to help me stop walking in circles?"

M.D. Signature

JUN 28 2004

RTR

GUNN 004376

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
Society for Private Practice in Pain Management
American Pain Society

M.D. Signature

JUN 28 2004

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)

RECEIVED
JUN 28 2004
BY:

Carolinas Center for Advanced Management of Pain

69 McDowell Street
Asheville, NC 28801
828-777-1055

54 Bear Drive
Greenville, SC 29605
864-295-6399

279 East Kennedy Street
Spartanburg, SC 29302
864-583-0053

GUNN 004377

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

#17168
8-21-05
1 — 8-4-05
12 — 7-19-05
11-10-04 -2
8-12-04 - 2
7-29-04 - 2
7-14-04 - 2

August 8, 2005

VIA FAX ONLY
542-9043

Ms. Maria Kimbrell
Lungs and Chest Medical Associates
Office 2030 N. Church Pl
Spartanburg, SC 29304

RE: William Mark Casey vs. Donna Lynn Haulbrook Casey
C.A. No.: 2004-DR-42-3758

Dear Maria:

Enclosed please find a Medical Authorization signed by Mark Casey. I would appreciate your forwarding me his updated medical records.

With kind regards,

Sincerely,

BURTS, TURNER, RHODES & THOMPSON

By: Chuck Thompson
RAY E. THOMPSON, JR

RET:ar
Encl.

8/9/05 - faxed
Maria
requested 5/28/04 ✓

✓

GUNN 004378

AUTHORIZATION TO RELEASE INFORMATION

Patient Identification

Patient Name: WILLIAM MARK CASEY Date of Birth: [redacted]58

Address: 240 Lightwood Farm Road, Woodruff, SC 29388

Social Security #: [redacted] Telephone: 486-9131

Covering Dates of Health Care

From: May 28, 2004 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 Burts Law Firm *PHONE: (864) 585-8166*
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 Lung and Chest Medical Associates to use and disclose the protected health information specified above to the authorized facility listed above.

Signature: William Mark Casey Date: 08/08/05
Relation If Not Patient:
Identity of Requestor Verified by Matching Signature of Photo ID.
Verified by:

William Casey #71108 updated 7-19-05 MA



SouthCarolinaBlues.com

380

WILLIAM M CASEY

ID:MIH052484753603

OV $20/$45

ROUTINE $20

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

[redacted]

For Online Service: Log into My Insurance Manager on SouthCarolinaBlues.com.
Mental Health & Substance Abuse Precertification/Claims: call ComPsych at 1-800-637-8221

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

Members: Personnel Service Center: 1-877-436-7868
BlueCross Customer Service: 1-800-772-3458
PPO Network Provider Information: 1-800-810-2583
First Advice Nurse Line: 1-866-621-2583 (anytime)
File all claims to: BlueCross BlueShield of South Carolina, Piedmont Service Center, P.O. Box 6000, 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

GUNN 004380



February 14, 2005

Ray E. Thompson, Jr.
Burts, Turner, Rhodes & Thompson
260 North Church Street
Spartanburg, SC 29306

RE: Authorization for Medical Records of William Mark Casey

Dear Mr. Thompson:

I have an Authorization to release pulmonary function tests of William Mark Casey to your law firm. Enclosed, are copies of those records.

Sincerely,

Sharon Zambrano
Paralegal

Michelin North America, Inc.
One Parkway South
P.O. Box 19001
Greenville, South Carolina 29602-9001
Tel: 864/458-5000

GUNN 004381

PULMONARY FUNCTION STUDIES RECORD

Name:	Date of Birth:	Body Type:	Sex:	Race *	Social Security Number
Casey, Wm. M.	[redacted]-58	[ ]Obese [✓]Normal [ ]Thin	[✓]Male [ ]Female	[✓]White [ ]Non-white	[redacted]

Test Date	Technician	Ambient Temp.°C	Age	Height †	PREDICTED NORMALS*		ACTUAL VALUE (BTPS)					CHANGE FROM BASELINE (± in liters)			Subject Cooperation (Good,Fair,Poor)
					FEV_1	FVC	FEV_1	% Pred.	FVC	% Pred.	FEV_1/FVC%	FEV_1	FVC	FEV_1/FVC%	
6/28/84	Valenzuela	72°	25	67½	3970	4880	4910	123%	5460	113%	89%				Good
8/5/86	Valenzuela	220	27	67½	3920	4820	4370	113%	5460	115%	80%	-240	—	-9%	

* In non-Caucasians an appropriate correction must be made in the determination of predicted normal values.

† In stocki t.

MTC 030-043 v.10/83)

4687

GUNN 004382

NAME CASEY. WILLIAM MARK SS [redacted]
last first middle

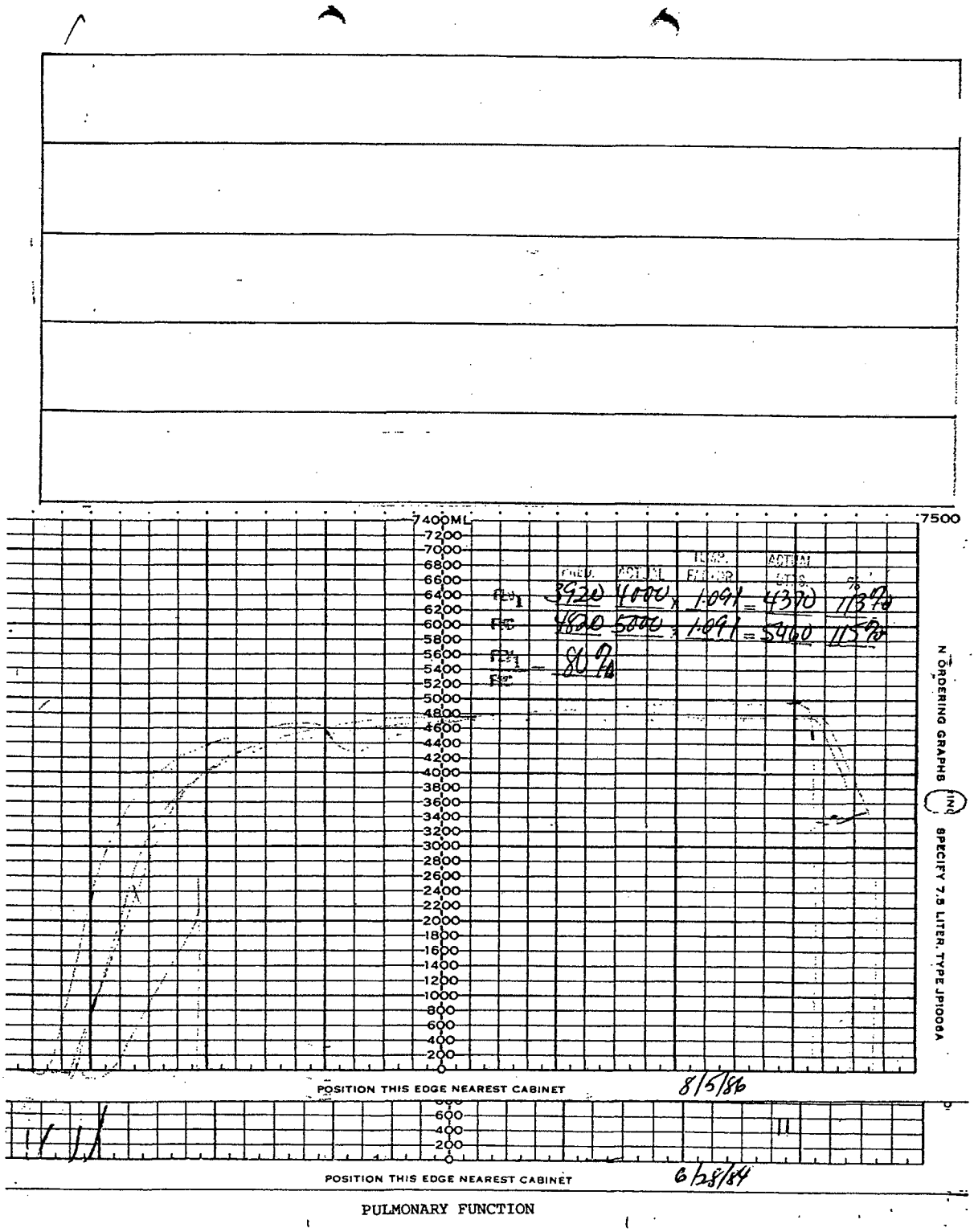
OCCUPATION (TYPE OF WORK)_____ DEPT./PLANT_____

	Yes	No
1. Do you have now or have you ever had: (a) Asthma (b) Bronchitis (c) Pneumonia (d) Pleurisy (e) Tuberculosis	( )	(✓)
2. Do you need extra pillows to sleep at night?	( )	(✓)
3. Do you regularly cough when you first get up?	( )	(✓)
4. Do you get short of breath climbing one flight of stairs?	( )	(✓)
5. Do you get short of breath walking on level ground?	( )	(✓)
6. Do you have seasonal Hay Fever?	( )	(✓)
7. Have you ever worked in a dusty trade?	( )	(✓)
8. Have you ever worked in a textile mill?	( )	(✓)
9. Have you ever worked with irritating gases or chemical fumes?	( )	(✓)
10. Have you ever worked with asbestos?	( )	(✓)
11. Do you have any allergies?	( )	(✓)
12. Have you ever had a Pulmonary Function test before? If yes, when?_____	( )	(✓)

COMMENTS:

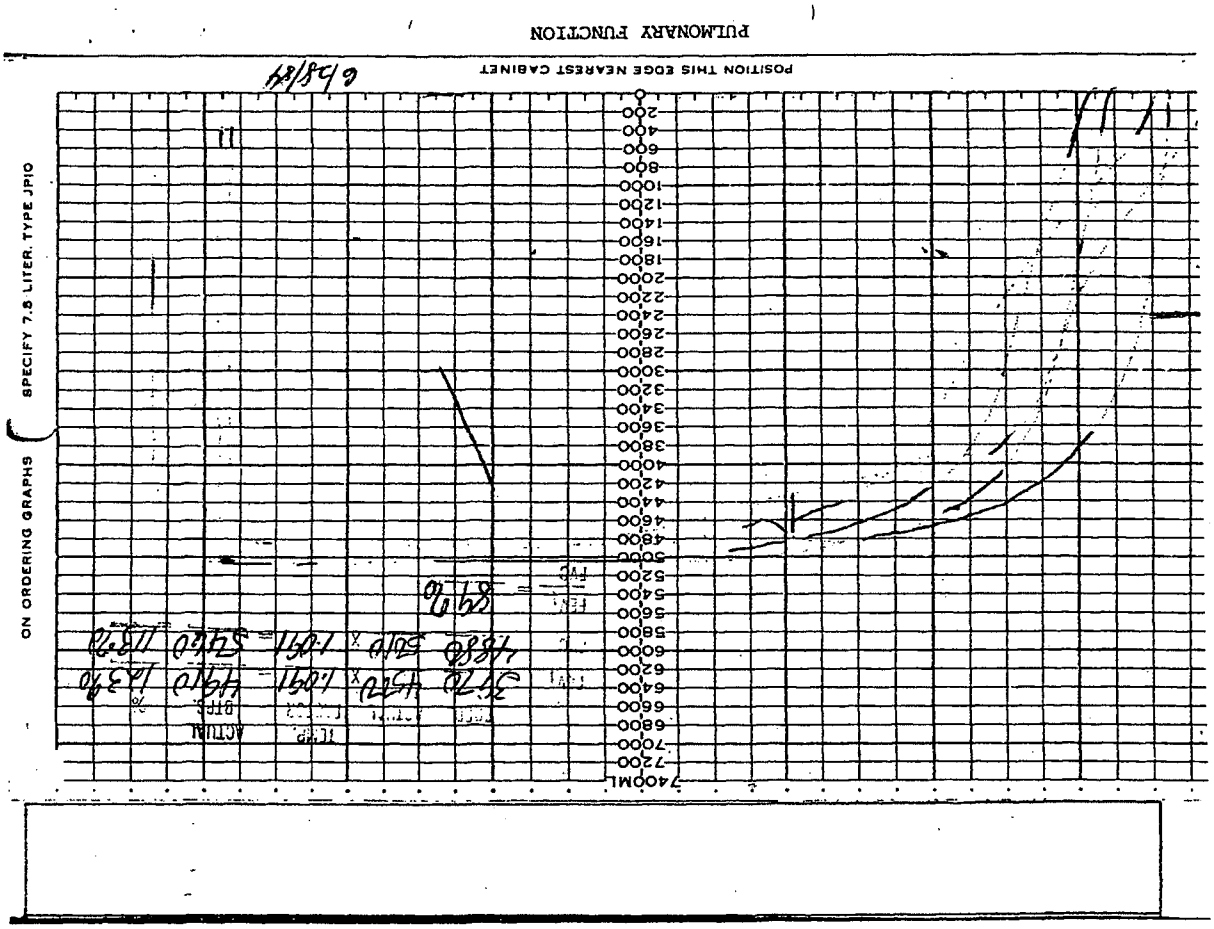
MTC 030-1 (8/76)

GUNN 004383



PULMONARY FUNCTION

GUNN 004384



DATE 6/15/84

REFERENCE NO.

TESTED BY Lawrence Hall

HEIGHT 6'1½" SEX M RACE C ROOM TEMP.

QUIRED: ☐ MANUALLY ☐ DATAMATIC ☐ DATAMITE

NO YES

PULMONARY FUNCTION QUESTIONS

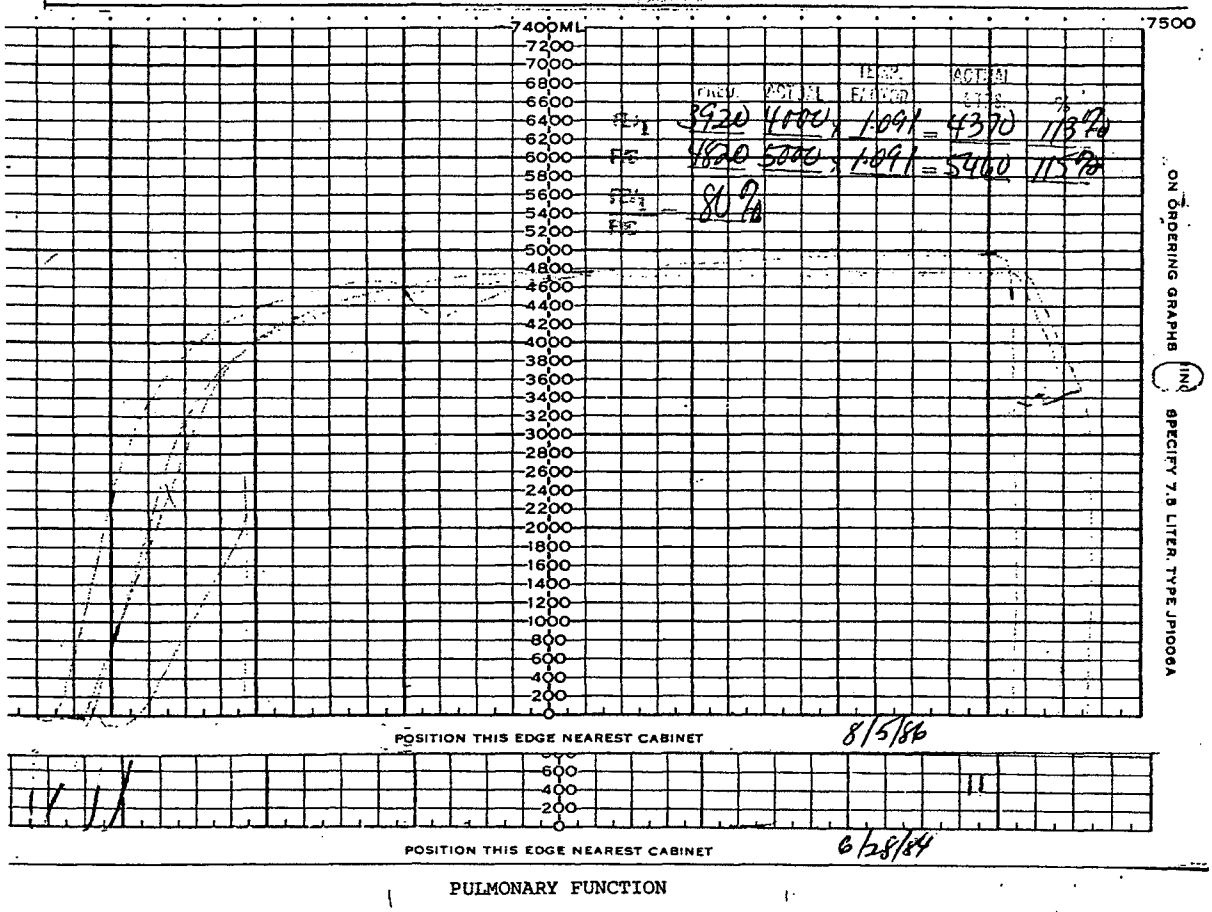
Name: William Mark Casey

1. Do you smoke? [4 Yes [ ] No
2. How long have you smoked? 12 yrs
3. How much do or did you smoke a day? ½ pack
4. How long ago did you quit? _____
5. How many years did you smoke? _____
6. When did you have your last cigarette? 10.00 AM
7. Have you had a respiratory infection in the past three (3) weeks? [ ] Yes [4 No
8. Have you had any history of lung problems? [ ] Yes [4 No
9. When did you last eat? 7.00 AM
10. Have you ever used any inhalant medication? [ ] Yes [4 No

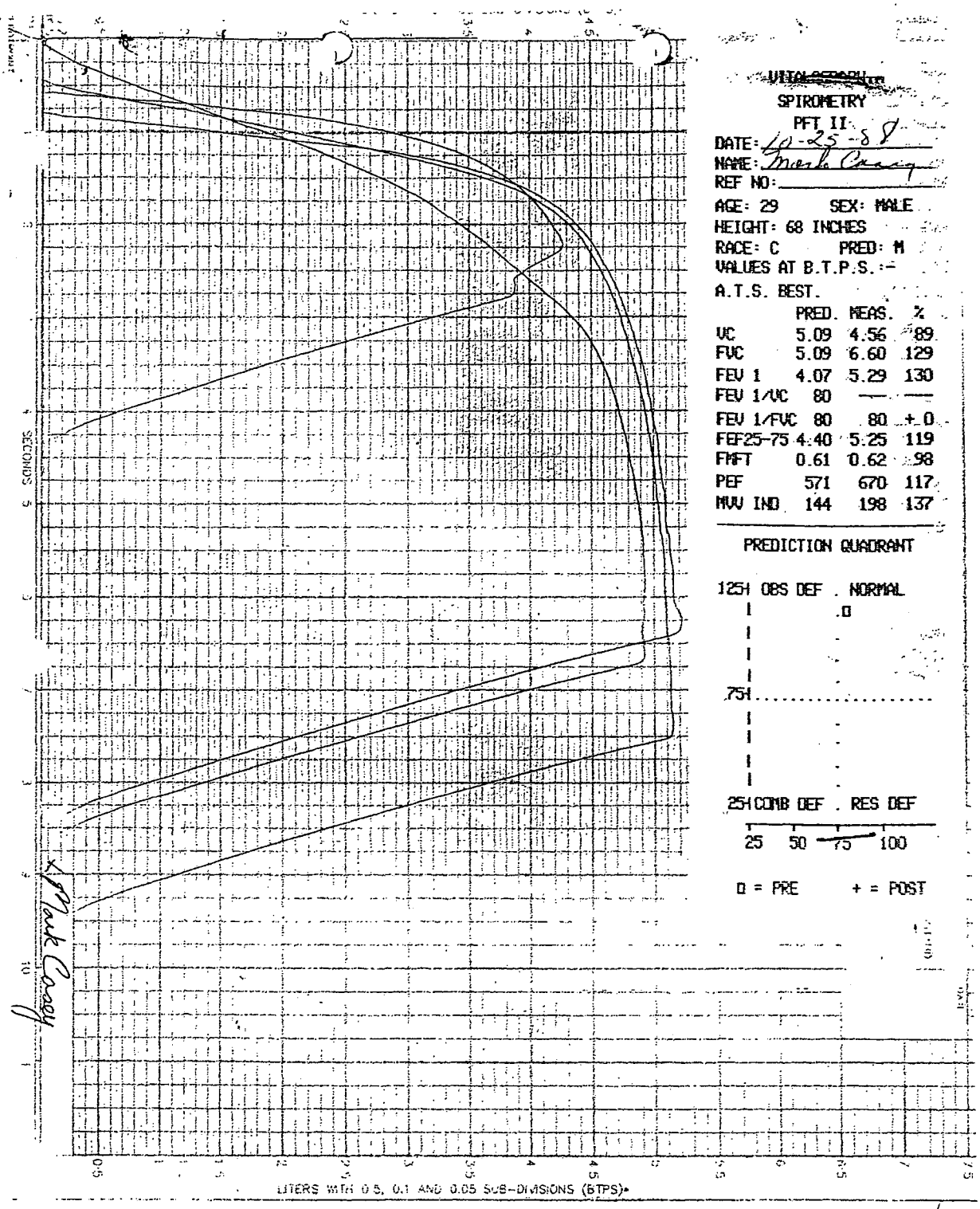
MTC 030-049 (Rev.3/84)

VOL. (IV) + IC) ✓

GUNN 004385


7400ML
7500
7200
7000
6800
6600
6400
6200
6000
5800
5600
5400
5200
5000
4800
4600
4400
4200
4000
3800
3600
3400
3200
3000
2800
2600
2400
2200
2000
1800
1600
1400
1200
1000
800
600
400
200
PRED.
ACTUAL
PRED. ADJUSTED
ACTUAL
%
FVC
9.20
4.40
1.091
4.30
113%
FEV1
4.20
5.00
1.091
5.40
115%
FEV1/FVC
80%
ON ORDERING GRAPHS SPECIFY 7.5 LITER, TYPE JP1006A
POSITION THIS EDGE NEAREST CABINET
8/5/86
600
400
200
II
POSITION THIS EDGE NEAREST CABINET
6/28/84
PULMONARY FUNCTION

GUNN 004386


SPIROMETRY
PFT II
DATE: 10-25-88
NAME: Mark Casey
REF NO:
AGE: 29 SEX: MALE
HEIGHT: 68 INCHES
RACE: C PRED: M
VALUES AT B.T.P.S.:-
A.T.S. BEST.
PRED. MEAS. %
VC 5.09 4.56 89
FVC 5.09 6.60 129
FEV 1 4.07 5.29 130
FEV 1/VC 80 — —
FEV 1/FVC 80 80 +0
FEF25-75 4.40 5.25 119
FMFT 0.61 0.62 98
PEF 571 670 117
MVV IND 144 198 137
PREDICTION QUADRANT
125 OBS DEF . NORMAL
.75
25 COMB DEF . RES DEF
25 50 75 100
0 = PRE + = POST
SECONDS
LITERS WITH 0.5, 0.1 AND 0.05 SUB-DIVISIONS (BTPS)
Mark Casey

GUNN 004387

NAME: CASEY (LAST) WILLIAM (FIRST) MARK (MIDDLE) S.S.# [redacted]

OCCUPATION (TYPE OF WORK) BOYS OPERATOR DEPT./PLANT US 3

	YES	NO
1. Do you have now or have you ever had: (a) asthma (b) bronchitis (c) pneumonia (d) pleurisy (e) tuberculosis (f) respiratory infection (g) seasonal hayfever (h) allergies	( )	(✓)
2. Have you ever used any inhalant medication?	( )	(✓)
3. Do you need extra pillows to sleep at night?	( )	(✓)
4. Do you regularly cough when you first get up?	( )	(✓)
5. Do you get short of breath climbing one flight of stairs?	( )	(✓)
6. Do you get short of breath walking on level ground?	( )	(✓)
7. Have you ever worked in a dusty trade?	( )	(✓)
8. Have you ever worked in a textile mill?	( )	(✓)
9. Have you ever worked with irritating gases or chemical fumes?	( )	(✓)
10. Have you ever worked with asbestos?	( )	(✓)
11. Have you ever had a Pulmonary Function test before? If yes, when? Last Physical	(✓)	( )
12. Do you smoke?	(✓)	( )

13. When did you last eat? At lunch
14. How long have you smoked? 12 yrs
15. How much do you or did you smoke a day? ½ pack
16. How long ago did you quit? _____
17. How many years did you smoke? _____
18. When did you have your last cigarette? 1:15

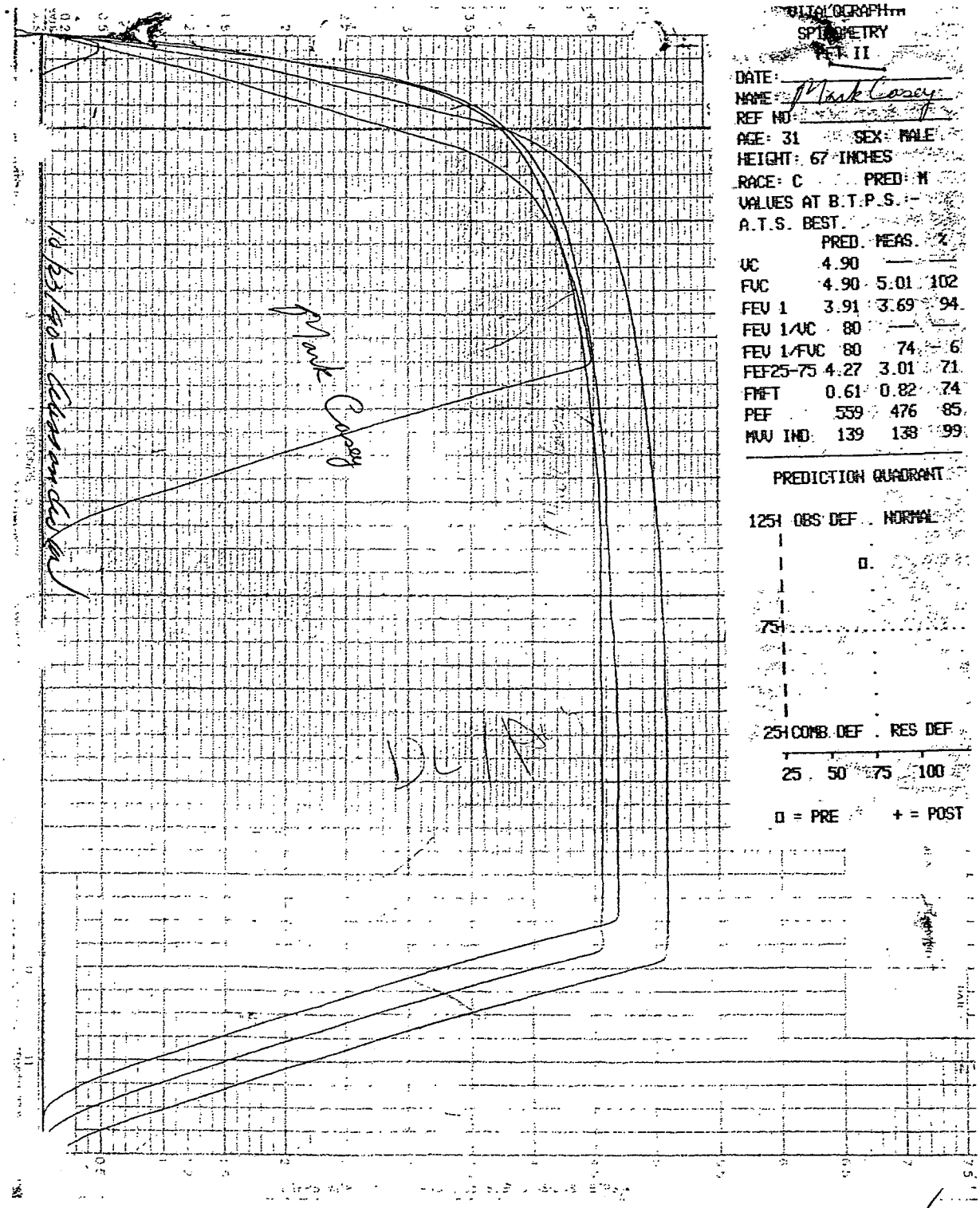
Employee's Signature: William Mark Casey Technician: Silvia Lopez

MTC 030-049 (Rev. 5/87)

PUC TEST COMPLETED
PLATION FAULT
PLATION FAULT
CLEARED

4693

GUNN 004388


SPIROMETRY
PRE II
DATE:
NAME: Mark Casey
REF NO:
AGE: 31 SEX: MALE
HEIGHT: 67 INCHES
RACE: C PRED: M
VALUES AT B.T.P.S.-
A.T.S. BEST.
PRED. MEAS. %
VC 4.90 —
FVC 4.90 5.01 102
FEV 1 3.91 3.69 94
FEV 1/VC 80 —
FEV 1/FVC 80 74 6
FEF25-75 4.27 3.01 71
FMFT 0.61 0.82 74
PEF 559 476 85
MVV IND 139 138 99
PREDICTION QUADRANT
125 OBS DEF . NORMAL
75
25 COMB DEF . RES DEF
25 50 75 100
□ = PRE + = POST
Mark Casey

GUNN 004389

NAME: CASEY (LAST) WILLIAM (FIRST) MARK (MIDDLE) S.S.# [redacted]

OCCUPATION (TYPE OF WORK) BNS OPERATOR DEPT./PLANT OPL/U53

	YES	NO
1. Do you have now or have you ever had: (a) asthma (b) bronchitis (c) pneumonia (d) pleurisy (e) tuberculosis (f) respiratory infection (g) seasonal hayfever (h) allergies	( )	(✓)
2. Have you ever used any inhalant medication?	( )	(✓)
3. Do you need extra pillows to sleep at night?	( )	(✓)
4. Do you regularly cough when you first get up?	( )	(✓)
5. Do you get short of breath climbing one flight of stairs?	( )	(✓)
6. Do you get short of breath walking on level ground?	( )	(✓)
7. Have you ever worked in a dusty trade?	( )	(✓)
8. Have you ever worked in a textile mill?	( )	(✓)
9. Have you ever worked with irritating gases or chemical fumes?	( )	(✓)
10. Have you ever worked with asbestos?	( )	(✓)
11. Have you ever had a Pulmonary Function test before? If yes, when? every 2 yrs	(✓)	( )
12. Do you smoke?	( )	(✓)

13. When did you last eat? 11:30 pm
14. How long have you smoked? _____
15. How much do you or did you smoke a day? less then pack a day
16. How long ago did you quit? 11 mths
17. How many years did you smoke? 12
18. When did you have your last cigarette? 11 mths

Employee's Signature: William Mark Casey Technician: _____

MTC 030-049 (Rev. 5/87)

GUNN 004390

SOUTH CAROLINA VOCATIONAL REHABILITATION DEPARTMENT

SCVRD

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

LUNG & CHEST MEDICAL ASSOCS
2030 NORTH CHURCH PLACE
SPARTANBURG SC 29303

ATTN: MEDICAL RECORDS

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.**

RECEIVED FEB 17 2005 BY

Sincerely,

Robert W. Heaton

Robert W. Heaton, Disability Examiner

PLEASE INCLUDE THIS LETTER AS PAGE 2 OF YOUR REPORT

ENC: Release, Envelope
KMM/473

Claim No: D91109
L1 (1/04)
DMA: Y

0034168432
TDN: 0034168432

OK per Dr _____
Date _____

Fax ✓ **Mail** _____
Date 3/29/05
By MK

GUNN 004391

Request sent to: LUNG & CHEST MEDICAL ASSOCS
2030 NORTH CHURCH PLACE
SPARTANBURG SC 29303

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.**

SSA
S87 SC DDS GREENVILLE
P.O. BOX 8706
LONDON, KY 40742-9915

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

- 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: 0034168432D91109 SITE: S87 DR: F
SSN: [redacted] DOCTYPE: 0001 RF: D CS: 8c21

KMM/473
Claim No.: D91109
AXD (8/04)
MA: Y

TDN: 0034168432

GUNN 004392

Form Approved
OMB No. 0960-0623

WHOSE *Records to be* closed

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:**

1. **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 CFR164.501)**
   - **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)**
2. **Information about how my impairment(s) affects my ability to complete tasks and activities of daily living, and affects my ability to work.**
3. **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.**
4. **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 known 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 or the material to be disclosed:

lung ; chest med records
5-25-04 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 thus 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. Casey

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	Street Address		
✓ Feb 8, 2005	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 ▶ ✓

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

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
FACSIMILE (864) 271-6155

BARNEY O. SMITH, JR.
(1952-1996)

December 20, 2004

Dr. Wilson Smith
2030 N. Church Place
Spartanburg, SC 29303

Re: Name: William Mark Cascy
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. Wilson Smith,** 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

Records faxed 1-19-05 - out for vacation after Christmas. MK

WM

RECEIVED
DEC 21 2004
By

GUNN 004394

Sincerely,

Kaye McCracken

Kaye McCracken
Paralegal

KM:sch

encl.

They have Feldman + SRMC
records per Mike
1.19.05 MK

F:\Users\SHARED\Joyce\casey\wilson smith med records request.wpd

AUTHORIZATION TO RELEASE RECORDS AND FILES

I hereby authorize and request Dr Wilson Smith to furnish my
(Organization to release information)

attorneys, **PARHAM, SMITH & DODSON, LLC**, 501 River Street, Greenville, South Carolina 29601, regarding: William Mark Casey [redacted] 158
(Patient Name) (DOB)

[redacted] 240 Lightwood Farm Rd Woodruff, SC
(Social Security Number) (Address at time of treatment)

All medical information of every kind and nature, including information received from other health care providers, correspondence, consultations, lab results, and any and all material concerning any history, examination, treatment, evaluation and/or hospitalizations for the periods from all treatment notes and records along with an itemized statement for services
(Date(s) of Service)

I have been fully advised of my rights under the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") and I intend for this authorization to satisfy the requirements of "HIPAA" and the rules and regulations thereof. In that regard, I certify that I consent to the release of my records to my Attorneys, that the purpose of this request is for my Attorneys to assist me in a legal claim, and that the release of my entire medical record is the minimum disclosure authorized by this request.

I, William Mark Casey, have read the above and do authorize and consent for Dr. Wilson Smith to disclose the said information. I understand that this consent may be withdrawn by me at any time except to the extent that action has been taken in reliance upon it or as otherwise specified by law. No individual has coerced me into signing this authorization and I am providing this authorization on my own free will. I understand that once this information is received by the authorized individual/organization, then this information may be subject to redisclosure, and may no longer be protected by federal privacy laws. I acknowledge that I have the right to revoke this authorization in writing by contacting the above named health care provider.

12/17/04
(Date)

+ William Mark Casey
(Signature of Patient or legal representative)

Kay McCrack
(Witness)

Unless otherwise revoked, this authorization will expire on the following date, event or condition: _____. If no date is specified, this authorization will expire in six months from the date of signature.

GUNN 004396

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
Cindy Edwards, F.N.P.

Fax: (864) 582-3750

Feldman 573-6323

560-6072 6270

Patient Authorization to Release Medical Information

I hereby authorize employees, Medical Staff Members or other agents of (name of organization) Upstate Lung & Critical Care and Spartanburg Regional to use or disclose the following information about me: _____

For the following purposes:
_____ At the request of the undersigned individual
_____ Other (describe) _____

The health information described above may be used or released to: Lung & Chest Medical & fax to 542-9043

This Authorization expires:
✓ On the following date: 12/31/2049, unless otherwise revoked by the patient, which is their right.
_____ When the following event occurs: _____
_____ No expiration (permitted only for authorizations used to create or maintain research databases or repositories)

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.

Patient Signature	Date	Date of Birth	Social Security Number
X William Mark Casey	X 10-22-2004	X [redacted]-1958	X [redacted]

William Mark Casey (Patient printed name) — Maria J. Kimbrell (Witness Signature)

****

The above individual is unable to consent because:
_____ Minor
_____ Incompetent
_____ Other (explain): _____

I therefore consent on behalf of the individual named above.

Signature _____ Relationship _____

Witness Signature _____ Date _____

Upstate Lung
H+P, last office notes, any diagnostics

Spartanburg Regional
ER, Admission, Discharge, Diagnostic Info, Bronch Report, Cytology

TRANSMISSION VERIFICATION REPORT

TIME : 10/22/2004 13:32
NAME : LUNG&CHEST MEDICAL
FAX : 8645823750
TEL : 8645826858
SER.# : BROJ2N537248

DATE,TIME	10/22 13:32
FAX NO./NAME	5736323
DURATION	00:00:21
PAGE(S)	01
RESULT	OK
MODE	STANDARD ECM

Faxed medical record release to Dr. Feldman's - re: William Mark Casey

Maria Kimbrell

GUNN 004398

HP OfficeJet
Personal Printer/Fax/Copier

Fax Log Report

Oct-29-04 02:56 PM

Identification	Result	Pages	Type	Date	Time	Duration	Diagnostic
srmc med rec	OK	01	Sent	Oct-29	02:56P	00:00:36	0024c2030022

1.3.0 2.8

Faxed Medical record release to SRMC
re: William Mark Carey
Maria Kinbrell CMA
10/29/04

Office Visit Confirmation Sheet

!!! Please fill out all blanks each time you visit our office.

Patient Name William Mark Casey Today's Date Aug 12 04

Doctor Smith Appt. Time 11:45 Arrival Time 11:40

Reason for visit:(check one) ____Having problems ✓Regular follow-up

Please confirm your personal information for our records:

Address 240 Lightwood Farm Rd

Home phone # 486-9131 Work Phone # 680.5929 Other Phone # _____

Emergency contact name: Carole Casey Phone # 680-9648

Type of Insurance: 1. B/C B/S 2. _____ 3. _____

E-mail address: _____

Updated 8/12/04

4705

NEW PATIENT APPOINTMENTS
LUNG AND CHEST MEDICAL ASSOCIATES
2030 NORTH CHURCH PLACE
SPARTANBURG SC 29303

CMF RVM JDC
WPS MLA EBK

APPT DATE 7/14
APPT TIME 10

DATE July 7, 2004

PT NAME William N. Casey
DOB: [redacted] 58 SS #

REFERRING DOCTOR Self
CONTACT PH#

HOME # 486-9131 WK#

MAILING ADDRESS 210 Lightwood Farm Rd 29388

REASON FOR VISIT Chest pain (not cardiac)
Went to ER - Felaman Sun - wants 2nd opinion
FAMILY PHSICIAN

INSURANCE BCBS REFERAL Y N

MEDICAL RECORDS
CHEST XRAY OR CT SCANS
COMMENTS:

QUESTIONAIRE MAILED BY
INFO LOGGED BY

3-25-04

GUNN 004401

Aetna Life Insurance Company
Centralized Appeals Unit
PO Box 14557
Lexington, KY 40512-4557

Carole Roy
Sr. Technical Specialist
Fax: (866) 275-2174
Tel: 1-877-238-6202

**** MAINTAIN A COPY OF THIS LETTER FOR YOUR RECORDS ****

October 13, 2006

Burts, Turner, Rhodes, & Thompson
Attorneys at law
260 North Church Street
Spartanburg, SC 29306

Re:	Appeal for Long Term Disability (LTD) Benefits
Claimant/Client:	William Casey
Group Control:	607472
Employer:	Michelin North America

Dear Attorney Thompson:

We have concluded our review of the decision to terminate Mr. Casey's benefits for LTD benefits. For the following reasons, the original determination is upheld upon appeal review.

The LTD plan defines the "Definition of Disability" as follows:

"You are deemed to be totally disabled while either of the following applies to you:

- During the period which ends right after the first 24 months benefits are payable in a period of total disability:

  You are not able, solely because of injury or disease, to perform the material duties of your own occupation; except that if you start work at a reasonable occupation you will no longer be deemed totally disabled.

- Thereafter during such period of total disability:

  You are not able, solely because of injury or disease, to work at any reasonable occupation."

The plan also states that "A Period of Total Disability":

"Also, a period of total disability will end after 24 monthly benefits are payable if it is determined that the disability is, at that time, caused to any extent by a mental condition (including conditions related to alcoholism or drug abuse) described in the most current edition of the Diagnostic and Statistical Manual of Mental Disorders, published by the American Psychiatric Association (hereafter called DSM). There are two exceptions to this rule which apply if you are confined as an inpatient in a hospital or treatment facility for treatment of that condition at the end of such 24 months. If the inpatient confinement lasts less than 30 days, the period of total disability will cease when you are no longer confined. If the inpatient confinement lasts 30 days or more, the period of total disability may continue until the date you have not been so confined for that condition for a total of 90 days during any 12 month period."

We have reviewed Mr. Casey's entire claim file including the documentation submitted on appeal.

The documentation contained in Mr. Casey's file indicated that he has been employed with Michelin North America since July 9, 1984. He held the position of HP Team Member prior to his last date worked of May 28, 2004. His disability began on May 29, 2004. Mr. Casey's medical conditions were listed as Major Depressive Disorder (single episode, severe) and Panic Disorder with Agoraphobia, his benefits were paid through the 24-month limitation (May 28, 2006) specified in the plan. The period in question is from May 29, 2006 forward.

In your appeal letter, you stated "...he has been physically and mentally disabled from any gainful employment since the last week of May and the first few days of June 2004." Along with your appeal letter, you submitted medical documentation from Dr. Joseph G. Grace, Dr. Jeffrey Smith, Dr. L. Randolph Waid, and Dr. Wilson P. Smith. As Mr. Casey's benefits had been approved and paid for the 24-month limitation for his mental nervous conditions, our review focused on his physical medical conditions.

To assist in the assessment of medical records, Milton Jay, Ed.D, Consulting Neuropsychologist, completed the review of Mr. Casey's entire claim file on October 6, 2006. Dr. Jay found that both Dr. Waid and Dr. Grace utilized the WAIS-III (plus two supplemental subtests, Letter-Number Sequencing and Symbol Search) to measure intellect. From Dr. Jay's inspection of the individual subtest findings, he noted variability among the subtests and did not appear at all consistent with a single-point neurological threat such as brain infarctions due to air emboli during laser bronchoscopy. Of the 13 subtests given, five subtests differed quite significantly from one another between the two evaluations by Dr. Grace and Dr. Waid (tested three months apart). These five subtests were Digit-Symbol Coding, Digit Span, Picture Completion, Vocabulary, and Letter-Number Sequencing. These five subtests differed at the level of 3 or 4 scaled scores, statistically significant differences at 1.0 to 1.33 standard deviations, respectively.

Dr. Jay found that depression and anxiety were prominently supported in this case. Dr. Jay stated: "From my review of the general medical records regarding physical medical problems, I saw no records that indicated neurological examination signs or neurodiagnostic studies showing evidence of neurological impairment. Dr. Fogarty's speculation regarding "neurologic impairment" did not seem supported by objective neurological evidence or abnormal neurological examination findings. Dr. Fogarty appeared to regard the claimant's report of cognitive difficulties, particularly in concentration, as the principal expression of neurologic difficulties." Dr. Jay further stated "Consequently, I do not see adequate support that there was a neurologic basis to the claimant's cognitive complaints and performances as of 5/29/2006 and forward in time. I saw no adequate basis for restrictions and limitations in this man's occupational capacity on the basis of underlying neurologic injury as a cause of cognitive difficulties. Far more likely, it seemed to me, was that the cognitive weakness and cognitive complaints resulted from this man's abnormal mood condition."

Mr. Casey's file was also reviewed by Brian Mercer, M.D., Board Certified in Neurology. Dr. Mercer reviewed all of the documentation in Mr. Casey's file and completed his review on October 6, 2006. Dr. Mercer found Mr. Casey complained of difficulties with concentration, attention and cognitive function which he dated to the bronchoscopy, which was complicated by pneumomediastinum and bilateral pneumothoraces. His treating physicians diagnosed a neurologic deficit due to air emboli as the cause for his symptoms.

Mr. Casey's medical documentation first indicated that the elemental neurologic examinations were described as normal with no focal deficits to support evidence of cerebral dysfunction that might occur with air emboli. Second, the medical records did not contain any cranial imaging studies or EEG's to show evidence of abnormalities consistent with focal cerebral lesions due to air emboli. Third, as outlined in the report of Dr. Milton Jay, the neuropsychological findings are felt to be consistent with depression and anxiety. Fourth, the time course of reported cognitive symptoms and examinations would be inconsistent with air emboli occurring on May 29, 2004. Furthermore, it was noted that his mental status examinations by his primary care physician on July 27, 2004 and September 10, 2004 were described as being normal. However, subsequent evaluations described difficulty in conversation with attention and focus.

The medical records indicated that Mr. Casey had a history of chronic low back pain antedating the events of May 29, 2004. A lumbar MRI scan was described as being "practically normal" with two slight bulging discs. His examinations have shown only limited findings of reduced range of motion and intermittently mildly positive straight leg raises. There was no evidence of focal neurologic deficit to substantiate the presence of a lumbosacral radiculopathy. Dr. Scott (his orthopedist) indicated that he was capable of returning to work from the orthopedic perspective. Dr. Mercer found that "The findings described relative to

the lumbosacral region would be consistent with at least a medium level of functionality."

In conclusion, Dr. Mercer stated "...from the neurologic perspective, the records do not provide objective evidence to substantiate that Mr. Casey's cognitive symptomatology are on a physical neurologic basis for the multiple reasons outlined above. There is a longstanding history of chronic low back pain which would be consistent with at least a medium level of functionality. This opinion applies to the time period in question of 5/29/06 and forward."

On April 10, 2006, Mr. Casey's occupation was identified as #750.384-010, Tire Builder, Automobile. Said occupation was identified as the closest to match the requirements of his job as an HP Team Member. The occupation of #750.384-010 is categorized by the Dictionary of Occupational Titles to require a medium physical demand level.

Therefore, we have determined that the medical documentation in Mr. Casey's file did not continue to show evidence of impairments resulting from his physical medical conditions that would have functionally impaired him to a degree in which he was unable to perform his own occupation for the period from May 29, 2006 forward. As such, the determination to terminate his benefits effective May 28, 2006 was appropriate and remains in effect.

Mr. Casey is entitled to receive, upon request and free of charge, reasonable access to and copies of all documents, records and other information relevant to the claim.

If Mr. Casey's plan is covered under the Employee Retirement Income Security Act (ERISA), and he does not agree with the final determination upon review, he has the right to bring a civil action under section 502(a) of ERISA.

If either you or Mr. Casey has any questions, please call 1-877-238-6202.

Sincerely,

Carole Roy
Aetna Life Insurance Company

PATIENT INFORMATION CMF

NAME William Mark Casey CHART # 77168

Mailing Address 419 Quail Ridge Circle

treet Address same Boiling Springs (City) SC (State) 29316 (Zip)

Date of Birth [redacted] -'58 Age 48 Sex M Race W Marital Status Divorced

Social security # [redacted] Tel. Home(864) 814-2617 Business (864) 680-5929

Your Employer/School DISABILITY Address

E-Mail address:

Spouse's/Parent's Name N/A Spouse's/Parent's Employer

Are you, the patient, covered by spouse's/ parent's insurance? Spouse's/Parent's Date of Birth

If yes, spouse's/parent's Social Security #

Family Physician Dr Frank Gonda

Referring Physician (if different)

Emergency Contact Carole Lynne Nyslop sister 864 680-9642

(Outside Household) (Name) (Relationship) (Phone)

PRIMARY INSURANCE CARRIER

BlueCross® BlueShield® MICHELIN PPO

SouthCarolinaBlues.com

WILLIAM CASEY 380

ID:MIH052484753663

OV $20/$45

ROUTINE $20

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

SECONDARY INSURANCE CARRIER

[redacted]

For Online Service: Log into My Insurance Manager on SouthCarolinaBlues.com. Mental Health & Substance Abuse Precertification/Claims: call ComPsych at 1-800-537-5221

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: 1-800-810-2583
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

LONG TERM INSURANCE AUTHORIZATION

I request payment of authorized benefits be made on my behalf to Charles M. Fogarty, MD, PA, Wilson P. Smith, MD, PA, E. Bert Knight, MD, PC, J. Douglas Clark, MD, PC and/or Rico Vicente I. Mendoza, MD, PA for any healthcare services rendered to me by that physician. I authorize any holder of medical information about me to release to Health Care Financing Administration and/or my other insurance companies any information needed to determine benefits payable. I understand I am responsible for any amounts approved but not covered by my insurance.

William Mark Casey
(Patient's Signature)

June 28, 2007
(Date)

C:\Documents and Settings\Administrator\My Documents\A Darla\AOM\Forms and Labels\Forms\PATIENT INFORMATION-pink sheet.doc 02/05/2007

PATIENT INFORMATION

NAME William Mark Casey CHART # 77168/UPS

Mailing Address 240

reet Address 240 Lightwood Farm Road Woodruff SC 29388
(City) (State) (Zip)

Date of Birth [redacted]-1958 Age 45 Sex M Race W Marital Status divorced

Social security # [redacted] Tel. Home(864) 486-9131 Business (864) 680-5929 cell

Your Employer/School Michelin Tire Corp Address

E-Mail address: MARKMARKKC@aol.com

Spouse's/Parent's Name _____ Spouse's/Parent's Employer _____

Are you, the patient, covered by spouse's/ parent's insurance? _____ Spouse's/Parent's Date of Birth ____-____-____

If yes, spouse's/parent's Social Security # _____-_____-_____

Family Physician Dr Frank Gonda

Referring Physician (if different)

Emergency Contact Carole Lynne Casey 680-9648

(Relationship) sister (Phone) ~~864 680-~~

MICHELIN PPO

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: 1-800-537-5321
Personnel Service Center (PSC): 1-877-4[illegible]-7808
BC/BS SC Customer Service: 1-888-772-3658
First Advice Nurse Line: 1-888-[illegible]-2583 (anytime)

Members: For information regarding PPO Network Providers, ca 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 to: BlueCross and BlueShield Piedmont Service Center P.O. Box 6000 Greenville, SC 29606-6000

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

LONG TERM INSURANCE AUTHORIZATION

I request payment of authorized benefits be made on my behalf to Charles M. Fogarty, MD, PA, Wilson P. Smith, MD, PA, E. Bert Knight, MD, PC, Mary Lou Applebaum, MD, PC, J. Douglas Clark, MD, PC and/or Rico Vicente I. Mendoza, MD, PA for any healthcare services rendered to me by that physician. I authorize any holder of medical information about me to release to Health Care Financing Administration and/or my other insurance companies any information needed to determine benefits payable. I understand I am responsible for any amounts approved but not covered by my insurance.

William Mark Casey
(Patient's Signature)

July 14, 2004
(Date) 7/14/04 pt

SOUTH CAROLINA DEPARTMENT OF MOTOR VEHICLES DRIVER LICENSE

CASEY,WILLIAM MARK DL#: [redacted]
240 LIGHTWOOD FARM RD Expires: [redacted]
WOODRUFF SC 293887600

Class: D Hgt: 5-08 Wgt: 165
Sex: M DOB: [redacted] 195
Issued: 10-15-2003 42079 R 4

Restrictions A

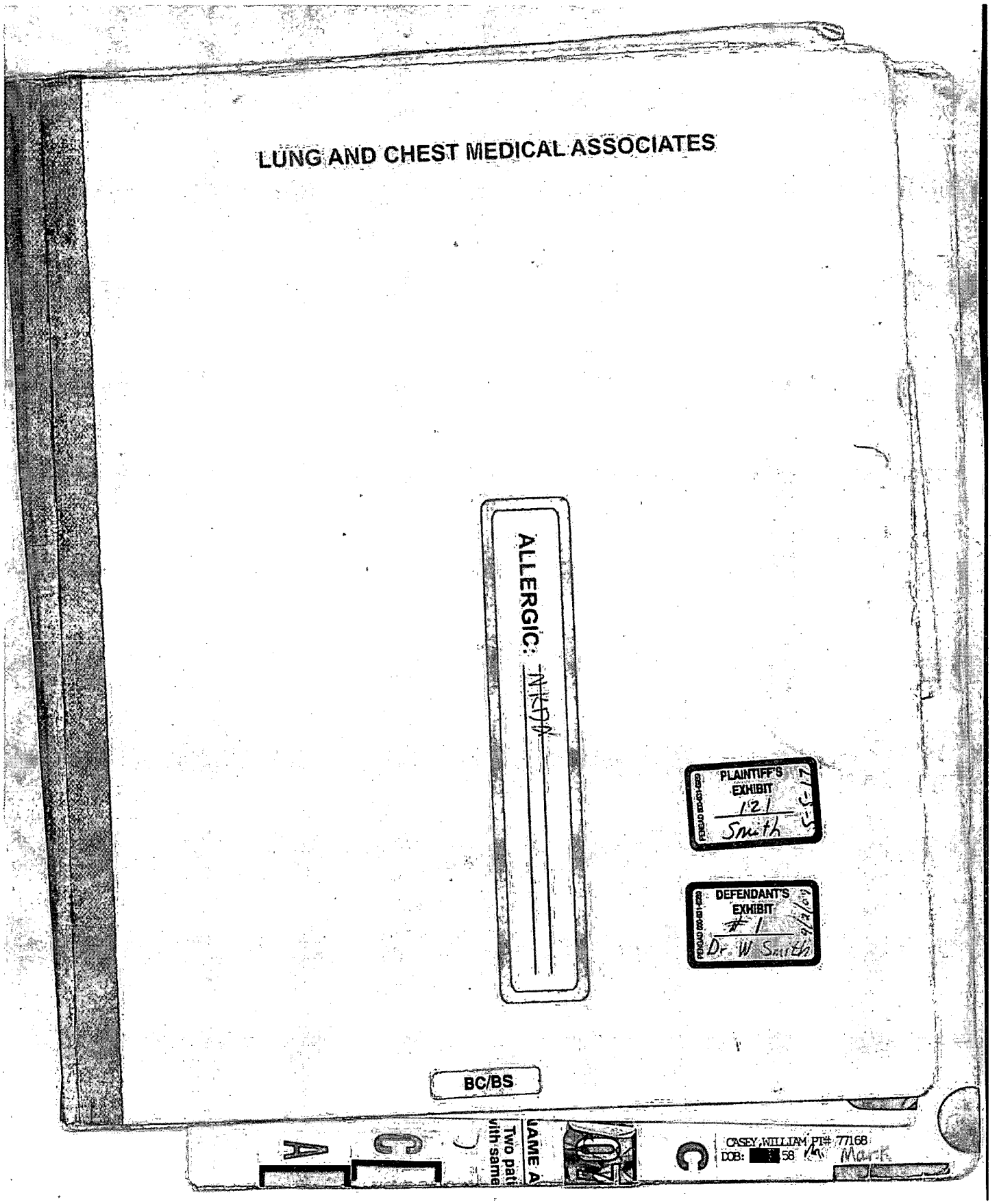


No new Cards to be Given Per Caller

A:\LC102 New Pt. Ins Form- pink.doc 01/05/2004

X

GUNN 004407


LUNG AND CHEST MEDICAL ASSOCIATES
ALLERGIC: NKDA
PLAINTIFF'S EXHIBIT 121 Smith
DEFENDANT'S EXHIBIT # 1 Dr. W Smith
BC/BS
CASEY, WILLIAM PT# 77168
DOB: 58
Mark

CASEY,WILLIAM
PI# 77168
C
07
LERT
ents
name
C
A

Lung & Chest Medical Associates

Chart No:_____

VACCINE

PNEUMOVAC ___/___/___

___/___/___

FLU VAC ___/___/___

___/___/___

___/___/___

___/___/___

___/___/___

REFERRING MD

Gonda

OTHER PHYSICIANS/SURGEONS

ALLERGIES

NKDA

PROCEDURES

PPD ___/___/___

α_1AT ___/___/___

IGE ___/___/___

BRONCH ___/___/___

C T LUNGS ___/___/___

UPPER GI ___/___/___

DXA ___/___/___

GXT ___/___/___

ECHO ___/___/___

OTHER: ___/___/___

_____ ___/___/___

_____ ___/___/___

LIVING WILL YES NO

CODE STATUS DNR FULL

HOME HEALTH AGENCY

_____

EQUIPMENT AGENCY

_____

PHARMACY

_____

DICTATION _____

L&C ✓ SRMC _____

MBMH _____

ALERT

CMF WPS

EBK RVM

MLA JDC



CASEY, WILLIAM M

51 Y old Male, DOB: [redacted]/1958
419 QUAIL RIDGE CIRCLE, BOILING SPRINGS, SC 29316-611
Home: 864-814-2617
Provider: FOGARTY,MD PA, CHARLES M

Telephone Encounter

Answered by Meyer, Theresia

Date: 05/03/201
Time: 01:53 PM

Reason letter from Medco

Message using excessive Rx on controlled medications and two Physician and Pharmacys (Lortab written by CMF and Oxycodon written by Dr. Jacob Thorpe, Rite Aid and CVS) see scanned in form from Medco, notice given mto CMF.

Action Taken Meyer,Theresia 5/3/2010 1:57:19 PM >

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)



CASEY, WILLIAM M

51 Y old Male, DOB: [redacted]/195[illegible]
Account Number: 7716[illegible]
515 RAINBOW LAKE RD, BOILING SPRINGS, SC-29316-574[illegible]
Home: 864-680-5929
Guarantor: CASEY, WILLIAM M
PCP: FRANK E GONDA
Appointment Facility: Lung and Chest Medical Associates Spartanburg

04/21/2010 — Charles M. Fogarty, MD

Current Medications

Taking
- Adderall XR 20 mg capsule, extended release 1 cap (s) orally tid
- Lortab 10 500 mg-10 mg tablet 1 tab(s) orally Q6H
- Ambien 10 mg 1 tab Oral q/hs/prn

Past Medical History

Chest wall pain
Back pain
Hyperlipidemia
Neurocognitive impairment:difficulty with multitasking, concentrating, s/post pneumomediastinum/pneumothorax due to rigid bronchoscopy/laser therapy of metallic foreign body mistakenly thought to be left lung but actually absent on prior CT chest.

Surgical History

Rigid bronchscopy and Yag laser of left lung surgery with subsequent mechanical ventilation, chest tube insertion for pneumomediastinum pneumothorax 5/2004

Family History

Mother: deceased, heart disease
Father: deceased, Myocardial infarction

Social History

Occupation: disabled from his Lungs.
Alcohol: reports, socially.
Tobacco Use: yes, PPD:close 1/2 , years:30, trying to cut down.
Education level: College one year.
Marital status: Divorced.
Exposed to second hand smoke: no .
Other MDs: Primary care Dr. Ganda.
CVS BS.

Allergies

NKMA

Review of Systems

CONSTITUTIONAL:
Negative for fever, weakness, fatigue.
RESPIRATORY:
Shortness of breath worse with exertion, relieved with rest. no Cough, Dry. no Wheezing.

CARDIOLOGY:
no Angina. no Leg edema. no Palpitations.
GASTROENTEROLOGY:

Reason for Appointment

1. 5 mo f/u
2. No change since last visit
3. Dyspnea with over exertion
4. Denies cough or wheeze
5. request refill on Lortab

History of Present Illness

Interim History:

Returns for follow up on chronic chest wall pain, neurocognitive impairment and hyperlipidemia. The patient is trying to cut down on his smoking. He is presently not having any cough or wheezing. He does have shortness of breath with strenuous exertion. He is limited as much by chest wall and back pain however as he is by dyspnea.

Vital Signs

Wt 197.8, BP 138/126, HR 100, O2 sat at rest 96, FIO2 .21, FVC 4.10, FEV1 3.03, FEV1/FVC% 74%, Ht 68, BMI 30.07.

Physical Examination

No acute distress at rest. Pupils symmetric. Oropharynx clear. Trachea midline. Chest expands symmetrically. No wheezes, rales or rhonchi. Heart tones regular. No murmur or gallop. No organomegaly, no edema. Coordination normal range. Patient has difficulty following complexed instructions.

Assessments

1. MILD COGNITIVE IMPAIRMENT - 331.83 (Primary), Neuro
2. Hyperlipidemia - 272.4
3. HISTORY OF TOBACCO USE - V15.82
4. Back pain - 724.5

Treatment

1. MILD COGNITIVE IMPAIRMENT

Continue Adderall XR capsule, extended release, 20 mg, 1 cap(s), orally, tid
Notes: The patient's difficulty with multitasking, prioritizing making judgements remains essentially unchanged. He is continuing to make an effort to write down detailed "to do" lists. He remains unable to organize himself beyond this however and is frustrated he has been unable to qualify for gainful employment. The patient from our standpoint has a paradox in that his lung function tests were in the normal range but the limiting factor is a subtle neuro cognitive impairment which impacts on basic judgement and leaves him precluded from doing anything but the most menial serial sequential tasks. His psychiatrist is refilling his Adderall.

2. Back pain

Refill Lortab 10 tablet, 500 mg-10 mg, 1 tab(s), orally, Q6H, 10 day(s), 40

no Nausea. no Vomiting. no Constipation.
Reviewed by: Rita Medley, LPN.

Labs

Lab: Spirometry

FVC	4.10/89%
FEV1	3.03/82%
%FEV1	74%

tammy cox 4/21/2010 4:18:05 PM > The vital capacity of 4.1 is in the normal range as is the FEV1. These values in the lower normal range still warrant continued efforts at smoking cessation. CMF/ns

Preventive Medicine

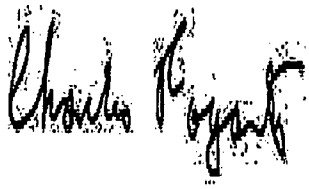
Immunizations: Influenza 2009.

Procedure Codes

94010 SPIROMETRY

Follow Up

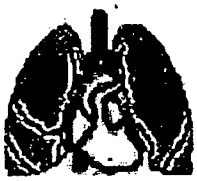
The patient will check back in six months/p.r.n. We are refilling the Lortab. CMF/ns



Electronically signed by CHARLES FOGARTY , MD on 05/04/2017 at 04:34 PM EDT

Sign off status: Pending

Lung and Chest Medical Associates Spartanburg
2030 North Church Place
Spartanburg, SC 293032799
Tel: 864-582-6858
Fax: 864-542-9043



CASEY, WILLIAM M

51 Y old Male, DOB: [redacted]/195
Account Number: 7716
515 RAINBOW LAKE RD, BOILING SPRINGS, SC-29316-574
Home: 864-680-5929
Guarantor: CASEY, WILLIAM M Insurance: UNITED HEALTHCARE Paye
ID: 8772
PCP: FRANK E GONDA
Appointment Facility: Lung and Chest Medical Associates Spartanbur

11/25/2009 Charles M. Fogarty, MI

Current Medications

Taking
- Adderall XR 20 mg capsule, extended release 1 cap (s) orally tid
- Lortab 10 500 mg-10 mg tablet 1 tab(s) orally Q6H
- Ambien 10 mg 1 tab Oral q/hs/prn

Past Medical History

Chest wall pain
Back pain
Hyperlipidemia
Difficulty with multitasking, concentrating, s/post pneumomediastinum/pneumothorax

Social History

Occupation: disabled from his Lungs.
Alcohol: reports, socially.
Tobacco Use: yes, PPD:close 1/2 , years:30, trying to cut down.
Education level: College one year.
Marital status: Divorced.
Exposed to second hand smoke: no .
Other MDs: Primary care Dr. Ganda.
CVS BS.

Allergies

NKMA

Review of Systems

CONSTITUTIONAL:
no Fever/Chills. no Night sweats.
RESPIRATORY:
c/o Shortness of breath, occasional. no Chest congestion. no Cough, Productive.
Wheezing Occasional. no Cough, Dry.
CARDIOLOGY:
c/o Angina, aggravated with exercise. no Leg edema.
GASTROENTEROLOGY:
no Nausea. no Vomiting. no Diarrhea.
Reviewed by: Joan Floyd, RN.

Reason for Appointment

1. 6 mo f/u
2. Lortab was refilled by Dr Fogarty last week.

History of Present Illness

Interim History:

Returns for follow up on his chest wall pain. He continues to have difficulties with concentrating. He is not on any medication at present for his hyperlipidemia. He is followed by psychiatry in Greenville who are prescribing the Adderall.

The patient reports some frustration with difficulties organizing his day getting anything done etc. He is very cautious about tasks even such as driving.

Vital Signs

Wt 185.5, BP 136/100, HR 84, O2 sat at rest 96%, FIO2 .21, FVC 3.90, FEV1 3.00, FEV1/FVC% 77%, Ht 68, Temp 98.8, BMI 28.20.

Physical Examination

No acute distress at rest. Pupils symmetric. Wearing glasses. Teeth in poor repair. Trachea midline. Chest expands symmetrically. No rales or rhonchi. Heart tones regular. No murmur or gallop. Patient experiences some pain with leaning forward consistent with his chronic back pain.

Assessments

1. Precordial pain - 786.51 (Primary), Chest wall pain
2. Hyperlipidemia - 272.4
3. Back pain - 724.5

Treatment

1. Precordial pain

Notes: The patient's lung function remains in the lower normal range and does not appear that he would have any benefit from addition of bronchodilator therapy. We again encouraged him to try to cut down on smoking.

2. Hyperlipidemia

Notes: The patient was instructed in low cholesterol diet.

3. Back pain

Notes: The patient was given a refill on his Lortab. He understands not to take this more than four times a day and to avoid asking any other physicians for refills on prescriptions for pain medications.

4. Others

Notes: Lortab was refilled last week by Dr Fogarty.

Labs

Lab: Spirometry

FVC	3.90/84%
FEV1	3.00/81%
%FEV1	77%

Gaffney,Jamie 11/25/2009 4:31:02 PM > The vital capacity is 3.9 or 84% of predicted. The FEV1 is 3.0, 80% of predicted. The above values are lower normal range. CMF/ns

Preventive Medicine

Immunizations: Influenza 2009.

Procedure Codes

94010 SPIROMETRY

Follow Up

He will check back with us in six months/p.r.n. CMF/ns



Electronically signed by CHARLES FOGARTY , MD on 05/04/2017 at 04:34 PM EDT

Sign off status: Pending

Lung and Chest Medical Associates Spartanburg
2030 North Church Place
Spartanburg, SC 293032799
Tel: 864-582-6858
Fax: 864-542-9043

Lung and Chest Medical Associates
MultiSpiro A

ID: 77168 Casey, William Mark
Ethnic: CAUCASIAN Height: 68.0 in. Sex: MALE Age: 51 Weight: 185.0 lb

COMMENTS:
PRE-BD COMMENTS:

LAST CALIBRATED: Wed Nov 25,2009 6:29:13 am

TYPE	Test Date and Time	Exp.Time	Normals	Test#
Pre-BD:	Wed Nov 25,2009 4:22:56 pm	8.1 secs	KNUDSON/IMTS	1

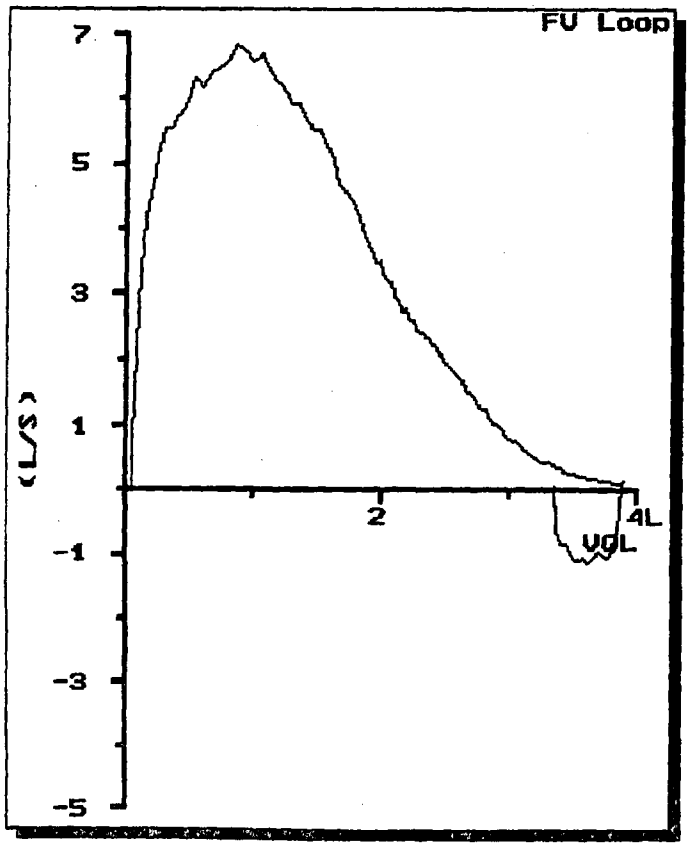
Expiratory	Actual	Predicted	% of pred
FVC	3.90 L	4.62 L	84.37 %
FEV 0.5	2.37 L	2.96 L	80.12 %
FEV 1.0	3.00 L	3.72 L	80.70 %
FEV 3.0	3.59 L	4.35 L	82.61 %
FEV 0.5/FVC	60.85 %	64.08 %	94.96 %
FEV 1.0/FVC	76.97 %	80.47 %	95.65 %
FEV 3.0/FVC	92.10 %	94.06 %	97.92 %
PEF	6.78 L/S	8.46 L/S	80.16 %
FEF 25-75%	2.65 L/S	3.72 L/S	71.25 %
FEF 75-85%	0.51 L/S	0.92 L/S	55.67 %
FEF 25	6.52 L/S	7.85 L/S	83.01 %
FEF 50	3.47 L/S	4.40 L/S	78.73 %
FEF 75	0.81 L/S	1.70 L/S	47.60 %
FEF .2-1.2	6.22 L/S	7.03 L/S	88.60 %

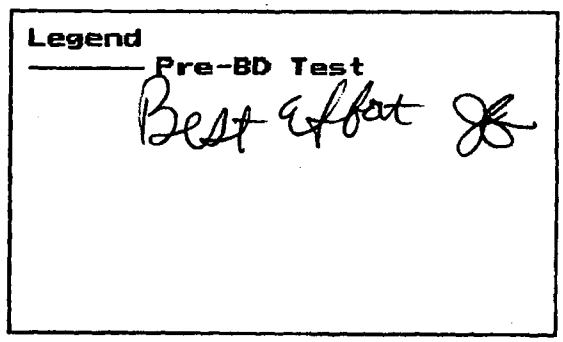
Inspiratory	Actual
IVC	0.56 L
FIV1	0.56 L
PIF	1.23 L/S
FIF50	1.22 L/S
FEF50/FIF50	283.33 %

Interpretation:

NORMAL

MAX FVC = 3.90L TEST # 1
MAX FEV-1 = 3.00L TEST # 1





6

TO: LUNG / CHEST MEDICINE

LabCorp
Laboratory Corporation of America

LabCorp Burlington
1447 York Court
Burlington, NC 27215-3361
Phone: 800-762-4344

Specimen Number	Patient ID	Control Number	Account Number	Account Phone Number	Route
267-497-1047-0	77168		3911469C	864-582-6703	35

Patient Last Name	Patient First Name	Patient Middle Name
CASEY	WILLIAM	M

Patient SS#	Patient Phone	Total Volume
[redacted]	864-814-2617	

Age (Y/M/D)	Date of Birth	Sex	Fasting
50/10/21	[redacted]/58	M	No

Account Address
LUNG / CHEST MEDICINE
2030N CHURCH PLACE
SPARTANBURG SC 29303

Patient Address

Additional Information

Date and Time Collected	Date Entered	Date and Time Reported	Physician Name	NPI	Physician ID
09/24/09 03:20	09/24/09	09/25/09 05:36ET			FOGARTY

Tests Ordered
Comp. Metabolic Panel (14); Hepatic Function Panel (7)

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
Comp. Metabolic Panel (14)					
Glucose, Serum	97		mg/dL	65 - 99	01
BUN	15		mg/dL	5 - 26	01
Creatinine, Serum	1.05		mg/dL	0.76 - 1.27	01
eGFR	>59		mL/min/1.73	>59	
eGFR AfricanAmerican	>59		mL/min/1.73	>59	
Note: Persistent reduction for 3 months or more in an eGFR <60 mL/min/1.73 m2 defines CKD. Patients with eGFR values >/=60 mL/min/1.73 m2 may also have CKD if evidence of persistent proteinuria is present. Additional information may be found at www.kdoqi.org.					
BUN/Creatinine Ratio	14			8 - 27	
Sodium, Serum	143		mmol/L	135 - 145	01
Potassium, Serum	4.7		mmol/L	3.5 - 5.2	01
Chloride, Serum	104		mmol/L	97 - 108	01
Carbon Dioxide, Total	23		mmol/L	20 - 32	01
Calcium, Serum	9.5		mg/dL	8.5 - 10.6	01
Protein, Total, Serum	7.3		g/dL	6.0 - 8.5	01
Albumin, Serum	5.0		g/dL	3.5 - 5.5	01
Globulin, Total	2.3		g/dL	1.5 - 4.5	
A/G Ratio	2.2			1.1 - 2.5	
Bilirubin, Total	0.4		mg/dL	0.1 - 1.2	01
Alkaline Phosphatase, S	45		IU/L	25 - 150	01
AST (SGOT)	12		IU/L	0 - 40	01
ALT (SGPT)	15		IU/L	0 - 55	01
Hepatic Function Panel (7)					
Bilirubin, Direct	0.12		mg/dL	0.00 - 0.40	01

01 BN LabCorp Burlington Dir: William F Hancock, MD
1447 York Court, Burlington, NC 27215-3361
For inquiries, the physician may contact **Branch: 800-762-4344** **Lab: 800-762-4344**

Charles M. Fogarty

CASEY, WILLIAM M	77168	267-497-1047-0	Seq # 0987

FINAL REPORT Page 1 of 1

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DOC1 Ver: 1.40



CASEY, WILLIAM M

50 Y old Male, DOB: [redacted]/195[illegible]
Account Number: 7716[illegible]
515 RAINBOW LAKE RD, BOILING SPRINGS, SC-29316-574[illegible]
Home: 864-680-5929
Guarantor: CASEY, WILLIAM M Insurance: NITED HEALTHCARE Payer
ID: 8772[illegible]
PCP: FRANK E GONDA
Appointment Facility: Lung and Chest Medical Associates Spartanburg

05/27/2009 Charles M. Fogarty, MD

Current Medications

Ta ing
- Tricor 145 mg tablet 1 tab(s) orally qd by Dr. Ganda has not taking any latly
- Vytorin 10 mg-40 mg tablet 1 tab(s) orally qd not taking
- mirtazapine 45 mg tablet 1 tab(s) orally once a day (at bedtime)
- Adderall XR 20 mg capsule, extended release 1 cap (s) orally tid
- Lortab 10 500 mg-10 mg tablet 1 tab(s) orally Q6H
- Ambien 10 mg 1 tab Oral q/hs/prn

Past Medical History

Chest wall pain
Back pain
Hyperlipidemia
Difficulty with multitasking, concentrating, s/post pneumomediastinum/pneumothorax

Social History

Occupation: disabled from his Lungs.
Alcohol: reports, socially.
Education level: College one year.
Marital status: Divorced.
Other MDs: Primary care Dr. Ganda.

Allergies

NKMA

Reason for Appointment

1. 6 mo f/u

History of Present Illness

Interim History:

The patient returns for follow up. He continues to have his chest wall and back pain. He is not been taking his Tricor.

Vital Signs

Wt 191.1, BP 136/95, HR 94, O2 sat at rest 94%, FIO2 .21, FVC 4.26, FEV1 3.28, FEV1/FVC% 77%, Ht 68 Meas.

Physical Examination

Patient's chest and cardiac exam are unremarkable.

Assessments

1. Precordial pain - 786.51 (Primary), Chest wall pain
2. Hyperlipidemia - 272.4
3. HISTORY OF TOBACCO USE - V15.82, Chronic

Treatment

1. Precordial pain

Notes: The patient is given a refill on his Lortab.

2. HISTORY OF TOBACCO USE

Notes: The patient was counseled on smoking cessation. He is under stress and frustrated with his difficulty with concentrating. At this point he does not think that Nicotrol etc. would help him but he will continue working on cutting down on his smoking.

Labs

Lab: Spirometry

FVC	4.26/92%
FEV1	3.28/88%
%FEV1	77%

Means,Marce 5/27/2009 2:38:16 PM > Vital capacity and expiratory flow rates are in the lower normal range. CMF/ns

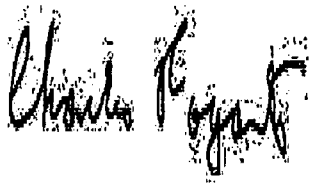
Preventive Medicine

Immunizations: Influenza 2007, decline.

Procedure Codes

94010 SPIROMETRY

Follow Up
CMF/ns



Electronically signed by CHARLES FOGARTY , MD on 05/04/2017 at 04:33 PM EDT

Sign off status: Pending

Lung and Chest Medical Associates Spartanburg
2030 North Church Place
Spartanburg, SC 293032799
Tel: 864-582-6858
Fax: 864-542-9043

Patient: CASEY, WILLIAM M DOB: [redacted]/1958 Progress Note: Charles M. Fogarty, MD 05/27/2009

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)



CASEY, WILLIAM M

47 Y old Male, DOB: [redacted]/195
Account Number: 7716
515 RAINBOW LAKE RD, BOILING SPRINGS, SC-29316-574
Home: 864-680-5929
Guarantor: CASEY, WILLIAM M Insurance: BCBS PPC/PPO Payer ID: SB88
PCP: FRANK E GONDA
Appointment Facility: Lung and Chest Medical Associates Spartanburg

07/07/2006

Charles M. Fogarty, MD

Current Medications
None

Reason for Appointment
1. Med refill



Electronically signed by CHARLES FOGARTY , MD on 05/04/2017 at 04:32 PM EDT

Sign off status: Pending

Lung and Chest Medical Associates Spartanburg
2030 North Church Place
Spartanburg, SC 293032799
Tel: 864-582-6858
Fax: 864-542-9043

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

CHARLES M. FOGARTY, MD 086917 WILSON P. SMITH, JR., MD 10510 E. BERT KNIGHT III, MD 8397
MARY LOU APPLEBAUM, MD 12969 J. DOUGLAS [redacted]RK, MD 19596 RICO V. I. MENDOZA, MD-23156
BETH V. EDWARDS, PA-C A465 [redacted]E L. CROCKFORD, PA-A945
J. P. ELM, FNP F2380 CINDY A. EDWARDS, FNP F[redacted]5 CHARLENE MCCRAW, ACNP-C AC68077
2030 North Church Place, Spartanburg, SC 29303 Telephone 582-6858

NAME	William Casey	DATE	7/19/05
ADDRESS			

LABEL DRUG NAME, STRENGTH, & QUANTITY ☐ YES ☐ NO

		STRENGTH	QUANTITY	REFILL
1	Rx Cyclobenzaprine SIG Take 1 tab PO QID prn	10mg	40	—
2	Rx SIG	STRENGTH	QUANTITY	REFILL
3	Rx SIG	STRENGTH	QUANTITY	REFILL

M.D. _____ Dispense as written
DEA _____

M.D. [signature] Substitution Permitted
DEA _____

LC-104

PLEASE NOTE

Prescriptions will be refilled only during office hours when your chart is available for review.

CHARLES M. FOGARTY, MD 08691 WILSON P. SMITH, JR., MD 10510 E. BERT KNIGHT III, MD 08397
MARY LOU APPLEBAUM, MD 12969 J. DOUGLAS CLARK, MD 19596
RICO V.I. MENDOZA, MD 23156 NICOLE L. CROCKFORD, PA A945
J.P. ELM, FNP F2380 CINDY A. EDWARDS, FNP F1885 CHARLENE MCCRAW, ACNP-C AC450
2030 North Church Place, Spartanburg, SC 29303 Telephone (864) 582-6858
2755 South Highway 14, Suite 2300, Greer, SC 29650 Telephone (864) 849-9500

NAME Wm M. Casey DATE 9/1/16

ADDRESS

LABEL DRUG NAME, STRENGTH, & QUANTITY ☐ YES ☐ NO

		STRENGTH	QUANTITY	REFILL
1	Rx Portal Ten SIG 1 q d prn back/chest pain	10	120	5
2	Rx SIG	STRENGTH	QUANTITY	REFILL
3	Rx SIG	STRENGTH	QUANTITY	REFILL

C/S - Replaces Page Rx

M.D. _____ M.D. [signature]
Dispense as written Substitution Permitted
DEA _____ DEA [illegible]

LC-104

PLEASE NOTE

Prescriptions will be refilled only during office hours when your chart is available for review.

CHARLES M. FOGARTY, MD 08691 WILSON P. SMITH, JR., MD 10510 E. BERT KNIGHT III, MD 08397
J. DOUGLAS CLARK, MD 19596 RICO V.I. MENDOZA, MD 23156
CINDY A. EDWARDS, FNP F1885 J.P. ELM, FNP F2380 NICOLE H. JACKSON, FNP F2972
NICOLE L. CROCKFORD, PA A945 CHARLENE MCCRAW, ACNP-C AC450
2030 North Church Place, Spartanburg, SC 29303 Telephone (864) 582-6858
2755 South Highway 14, Suite 2300, Greer, SC 29650 Telephone (864) 849-9500

NAME William Casey DATE 28 Jun 07

ADDRESS

LABEL DRUG NAME, STRENGTH, & QUANTITY ☐ YES ☐ NO

		STRENGTH	QUANTITY	REFILL
1	Rx Lortab SIG 1 q 4 h prn	10	120	5
2	Rx SIG			
3	Rx SIG			

M.D. _____ M.D. J M Fogarty
Dispense as written. Substitution Permitted
DEA _____ DEA AF3432683

LC-104

PLEASE NOTE

Prescriptions will be refilled only during office hours when your chart is available for review.

CHARLES M. FOGARTY, MD 086917 WILSON P. SMITH, JR., MD 10510 E. BERT KNIGHT III, MD 8397
MARY LOU APPLEBAUM, MD 12969 J. DOUGLAS CLARK, MD 19596 RICO V. I. MENDOZA, MD 23156
BETH V. EDWARDS, PA-C A465 NICOLE L. CROCKFORD, PA A945
J. P. ELM, FNP F2380 CINDY A. EDWARDS, FNP F1885 CHARLENE MCCRAW, ACNP-C AC68077
2030 North Church Place, Spartanburg, SC 29303 Telephone (864) 582-6858
2755 South Highway 14, Suite 2300, Greer, SC 29650 Telephone (864) 849-9500

NAME DATE

ADDRESS

LABEL DRUG NAME, STRENGTH, & QUANTITY ☐ YES ☐ NO

1	Rx	STRENGTH	QUANTITY	REFILL
	SIG			
2	Rx	STRENGTH	QUANTITY	REFILL
	SIG			
3	Rx	STRENGTH	QUANTITY	REFILL
	SIG			

M.D. _____ M.D. _____
Dispense as written Substitution Permitted

DEA _____ DEA _____

LC-104

PLEASE NOTE

Prescriptions will be refilled only during office hours when your chart is available for review.

CHARLES M. FOGARTY, MD 086917 WILSON P. SMITH, JR., MD 10510 E. BERT KNIGHT III, MD 8397
MARY LOU APPLEBAUM, MD 12969 J. DOUGLAS CLARK, MD 19596 RICO V. I. MENDOZA, MD 23156
BETH V. EDWARDS, PA-C A465 NICOLE L. CROCKFORD, PA A945
J. P. ELM, FNP F2380 CINDY A. EDWARDS, FNP F1885 CHARLENE MCCRAW, ACNP-C AC68077
2030 North Church Place, Spartanburg, SC 29303 Telephone (864) 582-6858
2755 South Highway 14, Suite 2300, Greer, SC 29650 Telephone (864) 849-9500

NAME William Casey DATE 2/12/26

ADDRESS

LABEL DRUG NAME, STRENGTH, & QUANTITY ☐ YES ☐ NO

		STRENGTH	QUANTITY	REFILL
1	Rx Lortab SIG 1 q 4h prn	10 mg	150	5
2	Rx SIG	STRENGTH	QUANTITY	REFILL
3	Rx SIG	STRENGTH	QUANTITY	REFILL

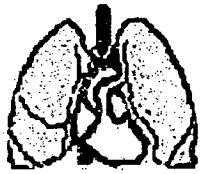
M.D. _____ M.D. _____
Dispense as written Substitution Permitted

DEA _____ DEA _____

LC-104

PLEASE NOTE

Prescriptions will be refilled only during office hours when your chart is available for review.



CASEY, WILLIAM M

50 Y old Male, DOB: [redacted]/1958
419 QUAIL RIDGE CIRCLE, BOILING SPRINGS, SC-29316-6119
Home: 864-814-2617
Guarantor: CASEY, WILLIAM M Insurance: BCBS PPC
PCP: FRANK E GONDA

12/08/2008 Charles M. Fogarty, MD

Current Medications

Tricor 145 mg 1 tab(s) qd by Dr. Ganda has not taking any latly
Vytorin 10 mg-40 mg 1 tab(s) qd not taking
mirtazapine 45 mg 1 tab(s) once a day (at bedtime)
Adderall XR 20 mg 1 cap(s) tid
Lortab 10 500 mg-10 mg 1 tab(s) Q6H
Ambien 10 mg 1 tab q/hs/prn

Past Medical History

Chest wall pain
Back pain
Hyperlipidemia
Difficulty with multitasking, concentrating, s/post pneumomediastinum/pneumothorax

Social History

Marital status: Divorced.
Education level: College one year.
Occupation: disabled from his Lungs.
Alcohol: reports, socially.
Other MDs: Primary care Dr. Ganda.

Allergies

NKMA

Review of Systems

CONSTITUTIONAL:
no Fever/Chills. no Night sweats.
ENT:
no Nasal discharge. no Sore throat.
RESPIRATORY:
no Shortness of breath. no Cough, Dry. no Wheezing. c/o Pleuritic Chest Pain, left chest wall.
CARDIOLOGY:
no Leg edema. no Dizziness.
GASTROENTEROLOGY:
c/o Nausea. no Vomiting.
Reviewed by: Theresia Meyers

CC

1. States still feelling the same, chest wall pain with exertion and back pain

HPI

Interim History:

Mr. Casey he reports no significant change in his chest wall pain or back pain. This is mainly related to movement or exertion. It is relieved by Lortab.

He continues to have difficulty in concentrating. He has to take notes to remember what is going to do later in the day. He is followed by a psychiatrist in Greenville and is on Adderall but still has difficulties with staying focused. He continues his regular followup with Dr. Gonda who is his primary care doctor.

Vital Signs

Wt: 182.6, BP: 124/80, HR: 99, O2 sat: 96%, FIO2: .21, FVC: 3.97, FEV1: 3.23, FEV1/FVC%: 81%, Ht: 68, BMI: 27.76.

Physical Examination

on exam the patient is no acute distress. The patient has not been paying as much attention by his own admission to oral hygiene and he has teeth are in only fair repair On exam today. The pupils are symmetric. Next her wrist pain. Trachea midline. No wheezes rales or rhonchi. The patient's chest wall pain increases with anterior-posterior compression suggesting a mass a skilled etiology. Fremitus is symmetric. Heart tones regular. No murmur or gallop. No abdominal organomegaly. No cyanosis edema or clubbing. Coordination normal range..

Assessments

the patient appears stable in terms of his lung function. He needs to followup with a dentist; The deterioration in his oral hygiene and condition of his teeth over the last year is rather striking but consistent with his lack of attention.. His overall functional status does not appear any worse or any better than on his last visit and we deferred his continued treatment to his primary care doctors..

Treatment

1. Others

Continue Lortab 10 tablet, 500 mg-10 mg, orally, 120, 1 tab(s), Q6H, 30 days, Refills 5
he continues with chronic chest wall and back pain. He does not appear to

EXHIBIT #2 Dr. Fogarty

be overusing or misusing his Lortab and we will continue to write refills as indicated.

Labs
Spirometry FVC - 3.97/86%, FEV1 - 3.23/86%, %FEV1 - 81%, Gaffney,Jamie12/8/2008 1:16:45 PM > The vital capacity is lower normal range crit is down slightly from the June value of 4.2 but stillin the lower normal range. FEV1 is 3.23. 6% of predicted also normal range. This

Procedure Codes
SPIROMETRY

Follow Up
6 Months

Electronically signed by CHARLES FOGARTY,MD PA on 12/22/2008 at 08:10 AM EST

Sign off status: Pending

Lung and Chest Medical Associates
2030 North Church Place
Spartanburg, SC 29303-2799
Tel: 864-582-6858
Fax: 864-542-9043

Lung and Chest Medical Associates
MultiSpiro A

ID: 77168 Casey, William Mark
Ethnic: CAUCASIAN Height: 68.0 in. Sex: MALE Age: 50 Weight: 182.0 lb

COMMENTS:
PRE-BD COMMENTS:

LAST CALIBRATED: Mon Dec 8,2008 7:33:27 am

TYPE	Test Date and Time	Exp.Time	Normals	Test#
Pre-BD:	Mon Dec 8,2008 1:16:40 pm	3.7 secs	KNUDSON/IMTS	1

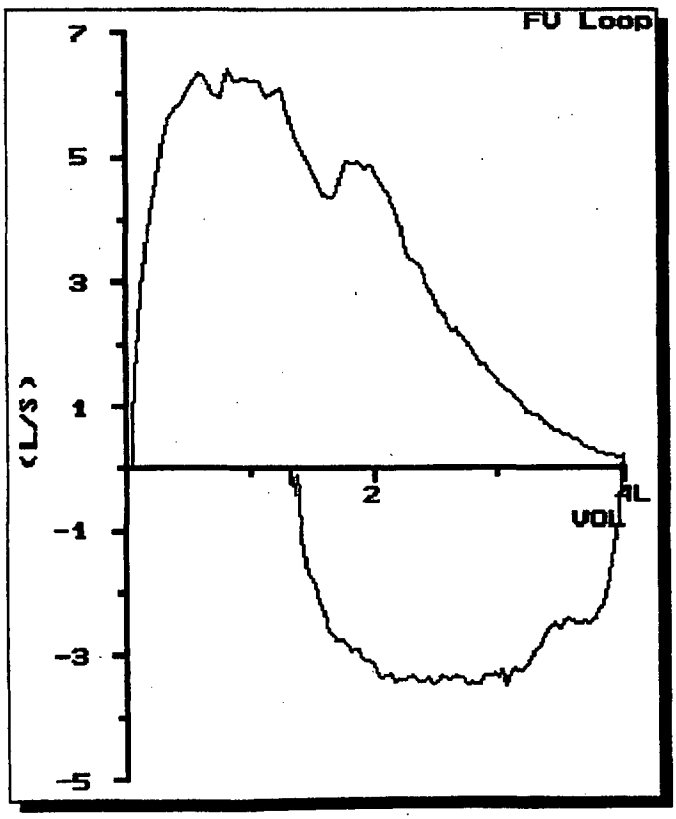
Expiratory	Actual	Predicted	% of pred
FVC	3.97 L	4.64 L	85.59 %
FEV 0.5	2.49 L	2.98 L	83.63 %
FEV 1.0	3.23 L	3.74 L	86.32 %
FEV 3.0	3.90 L	4.37 L	89.19 %
FEV 0.5/FVC	62.64 %	64.11 %	97.71 %
FEV 1.0/FVC	81.31 %	80.63 %	100.85 %
FEV 3.0/FVC	98.17 %	94.21 %	104.20 %
PEF	6.35 L/S	8.50 L/S	74.70 %
FEF 25-75%	3.31 L/S	3.76 L/S	88.14 %
FEF 75-85%	0.92 L/S	0.94 L/S	97.96 %
FEF 25	6.17 L/S	7.87 L/S	78.35 %
FEF 50	4.66 L/S	4.44 L/S	105.00 %
FEF 75	1.31 L/S	1.72 L/S	76.02 %
FEF .2-1.2	5.98 L/S	7.07 L/S	84.53 %

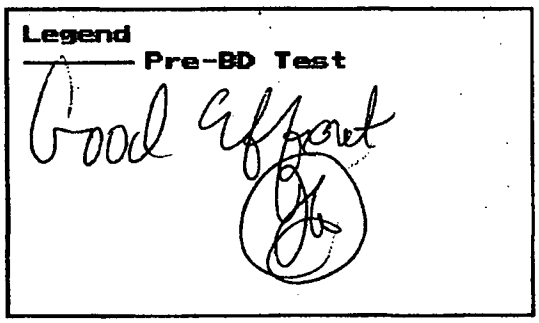
Inspiratory	Actual
IVC	2.67 L
FIV1	2.59 L
PIF	3.60 L/S
FIF50	3.47 L/S
FEF50/FIF50	134.34 %

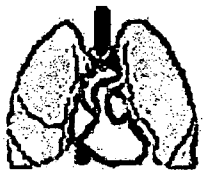
Interpretation:

NORMAL

MAX FVC = 3.97L TEST # 1
MAX FEV-1 = 3.23L TEST # 1







CASEY, WILLIAM M

49 Y old Male, DOB: [redacted]/1958
419 QUAIL RIDGE CIRCLE, BOILING SPRINGS, SC-29316-6119
Home: 864-814-2617
Guarantor: CASEY, WILLIAM M Insurance: BCBS PPC
PCP: FRANK E GONDA

06/11/2008

Charles M. Fogarty, MD

Current Medications

Tricor 145 mg 1 tab(s) qd by Dr. Ganda has not taking any latly
Vytorin 10 mg-40 mg 1 tab(s) once a day
Adderall XR 20 mg 1 cap(s) QAM
diazepam 10 mg 1 tab(s) TID
Lortab 10 500 mg-10 mg 1 tab(s) Q6H
Ambien 10 mg 1 tab q/hs/prn

Past Medical History

Chest wall pain
Hyperlipidemia
Difficulty with multitasking, concentrating, s/post pneumomediastinum/pneumothorax
Back pain
Neuro cognative impairment

Social History

Marital status: Divorced.
Education level: College one year.
Occupation: disabled from his Lungs.
Alcohol: reports, socially.
Other MDs: Primary care Dr. Ganda.

Allergies

NKMA

Review of Systems

CONSTITUTIONAL:
no Fever/Chills. no Night sweats.
ENT:
no Nasal discharge. no Sore throat.
RESPIRATORY:
no Shortness of breath. no Cough, Dry. no Wheezing. Chest Tightness c/o, Occasional, With activity.
CARDIOLOGY:
no Leg edema. no Dizziness.
GASTROENTEROLOGY:
no Nausea. no Vomiting. no Heartburn.
NEUROLOGY:
c/o Headache, some. Memory loss c/o.
ALLERGY:
no Runny nose. no Sinus congestion.
PSYCHOLOGY:
c/o Depression.
Reviewed by: Theresia Meyers

CC

1. 5-6 MO F/U
2. Some chest tightness with exertion
3. Short term memory loss
4. Back pain

HPI

Interim History:

Mr. Casey reports no major change. He continues to have problems getting through the day. He is easily distracted and has difficulty staying focused. He has difficulty concentrating. He forgets what he is set out to do. He feels that he is doing stupid things. He cuts the speaker on the stereo off and then wonders why the music is off. Occasionally he feels he is doing things that don't make sense when he is thought it through.

Separately,His chest wall discomfort is intermittent. He continues to have back pain.

Vital Signs

Wt: 192.7, BP: 130/100, HR: 116, O2 sat: 95%, FIO2: .21, FVC: 4.20, FEV1: 3.42, FEV1/FVC%: 81%, Ht: 68, BMI: 29.30.

Physical Examination

Appears comfortable at rest. Pupils symmetric. Oropharynx clear. Trachea midline. No wheeze rales or rhonchi. Heart tones regular. No murmur gallop. No organomegaly. No edema clubbing. Coordination normal range..

Assessments

1. Back pain - 724.5 (Primary)
2. Hyperlipidemia - 272.4

Treatment

1. Back pain

Continue Lortab 10 tablet, 500 mg-10 mg, orally, 120, 1 tab(s), Q6H, 30 days, Refills 5

Labs

Spirometry FVC - 4.20/90%, FEV1 - 3.42/91%, %FEV1 - 81%, Gaffney,Jamie 6/11/2008 3:25:28 PM > The vital capacity is stable or slightly improved compared to December value. As in the lower normal range of 4.2 L. The FEV1 is also well preserved at 3.4 L.

Procedure Codes
SPIROMETRY

Follow Up
The patient was given a prescription for Lortab. Dr. Gonda is prescribing his other medications. He will check back with us in 6 months urinne meanwhile he was encouraged to have an outline for how he is going to plan the day in a week and take additional notes. He was advised is unlikely his chest wall pain is related to his heart although he remains concerned about heart disease. He is not smoking at present. He remains unable to return to work.

Electronically signed by CHARLES FOGARTY,MD PA on 12/22/2008 at 08:10 AM EST

Sign off status: Pending

Lung and Chest Medical Associates
2030 North Church Place
Spartanburg, SC 29303-2799
Tel: 864-582-6858
Fax: 864-542-9043

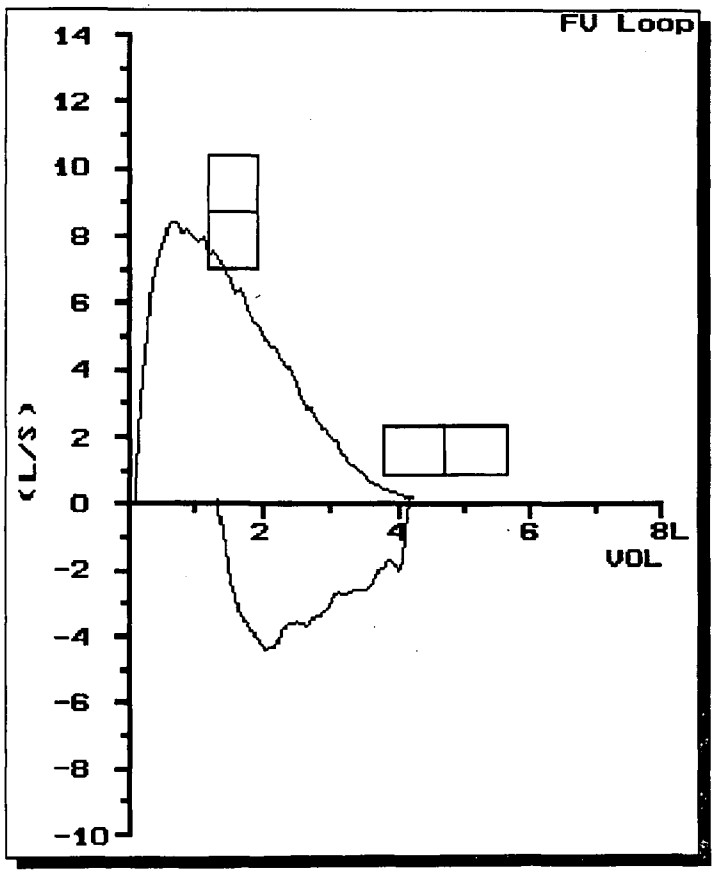
Lung and Chest Medical Associates
MultiSpiro A

ID: 77168 Casey, William Mark
Ethnic: CAUCASIAN Height: 68.0 in. Sex: MALE Age: 49 Weight: 192.0 lb

COMMENTS:
PRE-BD COMMENTS:

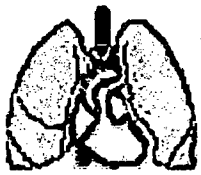
LAST CALIBRATED: Wed Jun 11,2008 7:23:22 am

TYPE	Test Date and Time		Exp.Time	Normals	Test#
Pre-BD:	Wed Jun 11,2008 3:20:28 pm		4.5 secs	KNUDSON/IMTS	1
Expiratory	Actual	Predicted	% of pred	Inspiratory	Actual
FVC	4.20 L	4.66 L	90.14 %	IVC	2.89 L
FEV 0.5	2.73 L	2.99 L	91.31 %	FIV1	2.53 L
FEV 1.0	3.42 L	3.77 L	90.83 %	PIF	4.56 L/S
FEV 3.0	4.06 L	4.40 L	92.18 %	FIF50	3.61 L/S
				FEF50/FIF50	127.57 %
FEV 0.5/FVC	64.98 %	64.14 %	101.30 %		
FEV 1.0/FVC	81.40 %	80.78 %	100.77 %	Interpretation:	
FEV 3.0/FVC	96.49 %	94.36 %	102.26 %		
				NORMAL	
PEF	8.34 L/S	8.53 L/S	97.75 %		
FEF 25-75%	3.60 L/S	3.79 L/S	94.81 %	MAX FVC = 4.27L TEST # 2	
FEF 75-85%	0.84 L/S	0.97 L/S	86.56 %	MAX FEV-1 = 3.42L TEST # 1	
FEF 25	7.85 L/S	7.89 L/S	99.48 %		
FEF 50	4.61 L/S	4.48 L/S	102.94 %		
FEF 75	1.35 L/S	1.74 L/S	77.25 %		
FEF .2-1.2	7.63 L/S	7.12 L/S	107.16 %		



Legend
Pre-BD Test

Good Effort
DG



CASEY, WILLIAM M

49 Y old Male, DOB: [redacted]/1958
419 QUAIL RIDGE CIRCLE, BOILING SPRINGS, SC-29316-6119
Home: 864-814-2617
Guarantor: CASEY, WILLIAM M Insurance: BCBS PPC
PCP: FRANK E GONDA

01/02/2008 Charles M. Fogarty, MD

Current Medications
None

Past Medical History
Chest wall pain
Hyperlipidemia
Difficulty with multitasking, concentrating, s/post pneumomediastinum/pneumothorax; neurocognitive impairment
Back pain

Allergies
NKMA

CC
1. Xrays

HPI
Interim History:
Mr. Casey is here to obtain some x-rays with a piece of metal in front of or in back of his chest per the letter from Mr. Thompson. He is still puzzled as to why the doctors felt there was a metal object in his chest when he does not have any recollection of ever having had anything go down into his windpipe.

Assessments
1. Back pain - 724.5 (Primary)

Treatment
1. Back pain
We showed Mr. Casey the frontal view of the x-ray taken today which shows a metallic object which appears to be overlying the left upper chest. We then showed Mr. Casey the side view which makes it clear that in fact the front to is potentially misleading in so far as a metallic object is actually outside the chest as evident on the lateral view.

Diagnostic Imaging
X ray : Chest PAL Front and side views of the chest were taken with a small metallic object takes to the back of his chest to simulate what might have happened if he had been lying on top of a small metallic object with his portable chest film was taken in May 2004.

Follow Up
Keep Exisitng

Electronically signed by CHARLES FOGARTY,MD PA on 12/22/2008 at 08:10 AM EST

Sign off status: Pending

Lung and Chest Medical Associates

2030 North Church Place
Spartanburg, SC 29303-2799
Tel: 864-582-6858
Fax: 864-542-9043

Patient: CASEY, WILLIAM M DOB: [redacted]/1958 Progress Note: Charles M. Fogarty, MD 01/02/2008

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

Lung and Chest Medical Associates
MultiSpiro A

ID: 77168 Casey, William Mark
Ethnic: CAUCASIAN Height: 68.0 in. Sex: MALE Age: 49 Weight: 184.0 lb

COMMENTS:
PRE-BD COMMENTS:

LAST CALIBRATED: Wed Dec 19,2007 7:30:36 am

TYPE	Test Date and Time	Exp.Time	Normals	Test#
Pre-BD:	Wed Dec 19,2007 2:12:35 pm	4.5 secs	KNUDSON/IMTS	1

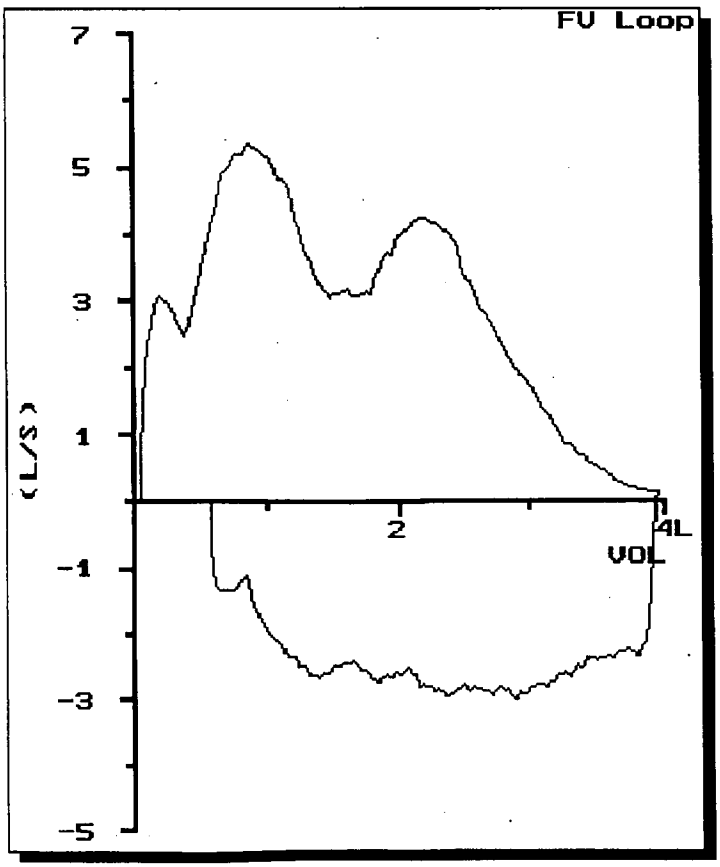
Expiratory	Actual	Predicted	% of pred
FVC	3.95 L	4.66 L	84.58 %
FEV 0.5	2.07 L	2.99 L	69.10 %
FEV 1.0	3.20 L	3.77 L	84.96 %
FEV 3.0	3.82 L	4.40 L	86.89 %
FEV 0.5/FVC	52.40 %	64.14 %	81.70 %
FEV 1.0/FVC	81.14 %	80.78 %	100.44 %
FEV 3.0/FVC	96.93 %	94.36 %	102.73 %
PEF	5.27 L/S	8.53 L/S	61.81 %
FEF 25-75%	3.23 L/S	3.79 L/S	85.05 %
FEF 75-85%	1.02 L/S	0.97 L/S	105.93 %
FEF 25	5.05 L/S	7.89 L/S	64.00 %
FEF 50	3.93 L/S	4.48 L/S	87.87 %
FEF 75	1.68 L/S	1.74 L/S	96.47 %
FEF .2-1.2	3.97 L/S	7.12 L/S	55.81 %

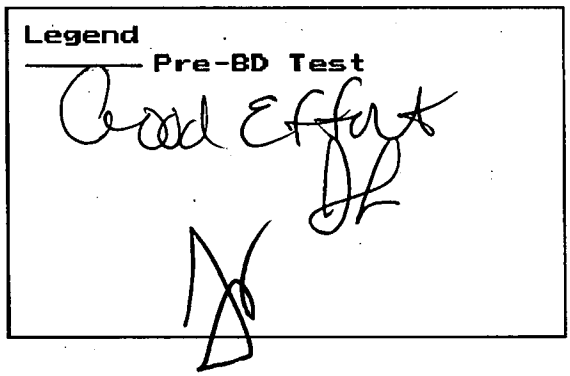
Inspiratory	Actual
IVC	3.39 L
FIV1	2.56 L
PIF	3.08 L/S
FIF50	2.95 L/S
FEF50/FIF50	133.45 %

Interpretation:

NORMAL

MAX FVC = 4.01L TEST # 2
MAX FEV-1 = 3.20L TEST # 1





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

December 27, 2007

VIA HAND DELIVERY

Charles M. Fogarty, MD
Lung and Chest Medical Associates
2030 N. Church Place
Spartanburg, SC 29303

RE: William Mark Casey
DOB: [redacted]/58

Dear Dr. Fogarty:

My client, William Mark Casey, is still trying to understand why Dr. Joseph Boscia and Dr. Gregory Feldman felt there was a metal object in his chest that needed bronchoscopies to get it out. I think it would be helpful to Mr. Casey to understand if you showed him how a piece of metal laying underneath him or on top of him appeared on his plain chest film.

Would you consider taking a front to back x-ray with a piece of metal underneath his body or on top of his body that would give the impression that the piece of metal is actually inside his chest? Also, would you consider taking a side view chest film that shows the metal object is really outside of his body? Although we will probably never know the proper identification of the piece of metal that appears in the May 28, 2004 portable chest x-ray, please presume it is a small screw or the back of an earring. I am enclosing along with this letter the back of an earring that appears to be of similar size to the metal object in the x-ray taken of Mr. Casey on May 28, 2004. Obviously, I do not want to request anything that would create a further health risk to Mr. Casey and I would defer that judgment to you. I think this would help Mr. Casey to understand and visualize what I have been unsuccessful in trying to explain to him.

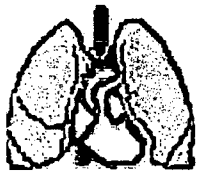
With warm regards,

I remain,
BURTS, TURNER, RHODES & THOMPSON

By: _____
RAY E. THOMPSON, JR.

2 Jan 08
PT. would like us to proceed c CXR

RET:ar
Enclosure



CASEY, WILLIAM M

49 Y old Male, DOB: [redacted]/1958
419 QUAIL RIDGE CIRCLE, BOILING SPRINGS, SC-29316-6119
Home: 864-814-2617
Guarantor: CASEY, WILLIAM M Insurance: BCBS PPC
PCP: FRANK E GONDA

12/19/2007

Charles M. Fogarty, MD

Current Medications

Tricor 145 mg 1 tab(s) once a day
Lortab 10 500 mg-10 mg 1 tab(s) Q6H
Vytorin 10 mg-40 mg 1 tab(s) once a day

Past Medical History

Chest wall pain
Hyperlipidemia
Difficulty with multitasking, concentrating, s/post pneumomediastinum/pneumothorax; neurocognitive impairment
Back pain

Social History

Marital status: Divorced.
Education level: College one year.
Alcohol: reports, socially.
Other MDs: Primary care Dr. Ganda.

Allergies

NKMA

Review of Systems

CONSTITUTIONAL:
no Fever/Chills. no Night sweats.
ENT:
no Sore throat. no Sinus pain.
RESPIRATORY:
no Shortness of breath. no Cough, Dry. Wheezing c/o, Occasional. Chest Tightness c/o, Occasional, With activity.
CARDIOLOGY:
no Heart Trouble. no Leg edema. no Dizziness.
GASTROENTEROLOGY:
c/o Nausea, some. no Vomiting.
ALLERGY:
no Runny nose. no Sinus congestion.

CC

1. Some chest tightness with exertion
2. Back pain

HPI

Interim History:

Mr. Casey reports continued troubles with the organizing his stay and remembering what he is supposed to do unless he takes notes or special effort to concentrate. He finds that his mood fluctuates. He is discouraged in that he does he should be capable of doing more.

Vital Signs

Wt: 184, BP: 120/86, HR: 115, O2 sat: 94%, FIO2: .21, FVC: 3.95, FEV1: 3.20, FEV1/FVC%: 81%, Ht: 68, BMI: 27.97.

Physical Examination

no acute distress at rest. Pupils symmetric. Oropharynx clear. Teeth good repair. Trachea midline. No jugular venous distention. No carotid bruit. Chest expands symmetrically. Heart tones regular no murmur gallop no edema or clubbing coordination normal range.

Assessments

1. Hyperlipidemia - 272.4 (Primary)
2. Back pain - 724.5

Treatment

1. Back pain

Continue Lortab 10 tablet, 500 mg-10 mg, orally, 40, 1 tab(s), Q6H, 10 day(s)

2. Others

With reference to the patient's difficulty concentrating and staying focused he was encouraged too take simple measures such as using a daytime her and less to keep on task. Review this at the start and end of the day. he is followed by Dr. Frank Gonda and we will defer any additional medicine/pharmacologic therapy to Dr. Gonda .He remains worried about his heart although his current chest pain is more consistent with chest wall pain he was encouraged take fish oil capsules on general principles since he does have a hyperlipidemia

Diagnostic Imaging

X ray : Chest PAL Meyer,Theresia 12/19/2007 2:58:27 PM > p.m. b the

chest showed clear lung fields bradycardic contours unremarkable. No localized infiltrates.

Labs
Spirometry FVC - 3.95/85%, FEV1 - 3.20/85%, %FEV1 - 81%, lawter,jamie 12/19/2007 2:20:11 PM > She from a tree shows a vital capacity and the lower normal range. Extraocular rates are normal range.

Preventive Medicine
Immunizations: Influenza , 2007, decline.

Procedure Codes
SPIROMETRY
CHEST X-RAY PAL

Electronically signed by CHARLES FOGARTY,MD PA on 12/22/2008 at 08:09 AM EST

Sign off status: Pending

Lung and Chest Medical Associates
2030 North Church Place
Spartanburg, SC 29303-2799
Tel: 864-582-6858
Fax: 864-542-9043

Patient: CASEY, WILLIAM M **DOB:** [redacted]/1958 **Age:** 48 Y **Sex:** Male **Telephone Encounter**
Phone: 864-814-2617 **Primary Insurance:**
Address: 419 QUAIL RIDGE CIRCLE, BOILING SPRINGS, SC 293166119
Encounter Date:
Provider: SMITH,MD PA, WILSON P

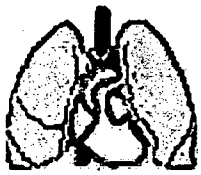
Answered by Thompson, Maria Date: 09/07/2007
Time: 02:44 PM

Caller Angela- Burts Law Firm

Reason needs med. records after 08-05

Message needs updated medical records on Mark Casey. They have up until August 2005. Double check release expiration, get signed and send updates to Burts Law Firm. MT

Action Taken Thompson,Maria 9/7/2007 2:48:03 PM >



CASEY, WILLIAM M

48 Y old Male, DOB: [redacted]/1958
419 QUAIL RIDGE CIRCLE, BOILING SPRINGS, SC-29316-6119
Home: 864-814-2617
Guarantor: CASEY, WILLIAM M Insurance: BCBS PPC
PCP: FRANK E GONDA

06/28/2007

Charles M. Fogarty, MD

Current Medications
Combivent 90 mcg-18 mcg/inh 2 puff(s) QID
Lipitor 20 mg 1 tab(s) once a day (at bedtime)
Tricor ? 1 tab(s) once a day
Lortab 10 500 mg-10 mg 1 tab(s) Q6H

Past Medical History
Chest wall pain
Hyperlipidemia
Difficulty with multitasking, concentrating, s/post pneumomediastinum/pneumothorax

Allergies
N.K.D.A.

CC
1. 6 MO F/U

Labs
Spirometry

Procedure Codes
SPIROMETRY

Electronically signed by CHARLES FOGARTY,MD PA on 12/22/2008 at 08:09 AM EST

Sign off status: Pending

Lung and Chest Medical Associates
2030 North Church Place
Spartanburg, SC 29303-2799
Tel: 864-582-6858
Fax: 864-542-9043

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

Patient: CASEY, WILLIAM M **DOB:** [redacted]/1958 **Age:** 48Y **Sex:** Male **Telephone Encounter**
Phone: 864-814-2617 **Primary Insurance:**
Address: 419 QUAIL RIDGE CIRCLE, BOILING SPRINGS, SC 293166119
Encounter Date:
Provider: FOGARTY,MD PA, CHARLES M

Answered by Pearson, Nicole

Date: 01/03/2007
Time: 03:04 PM

Refills

Start Lortab 10 500 mg-10 mg, 120, 1 tab(s) QID , Refills=5

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

December 27, 2007

VIA HAND DELIVERY

Charles M. Fogarty, MD
Lung and Chest Medical Associates
2030 N. Church Place
Spartanburg, SC 29303

RE: William Mark Casey
DOB: [redacted]/58

Dear Dr. Fogarty:

My client, William Mark Casey, is still trying to understand why Dr. Joseph Boscia and Dr. Gregory Feldman felt there was a metal object in his chest that needed bronchoscopies to get it out. I think it would be helpful to Mr. Casey to understand if you showed him how a piece of metal laying underneath him or on top of him appeared on his plain chest film.

Would you consider taking a front to back x-ray with a piece of metal underneath his body or on top of his body that would give the impression that the piece of metal is actually inside his chest? Also, would you consider taking a side view chest film that shows the metal object is really outside of his body? Although we will probably never know the proper identification of the piece of metal that appears in the May 28, 2004 portable chest x-ray, please presume it is a small screw or the back of an earring. I am enclosing along with this letter the back of an earring that appears to be of similar size to the metal object in the x-ray taken of Mr. Casey on May 28, 2004. Obviously, I do not want to request anything that would create a further health risk to Mr. Casey and I would defer that judgment to you. I think this would help Mr. Casey to understand and visualize what I have been unsuccessful in trying to explain to him.

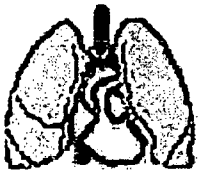
With warm regards,

I remain,
BURTS, TURNER, RHODES & THOMPSON

2 Jan 08
PT. would like to proceed c CXR

By: _____
RAY E. THOMPSON, JR.

RET:ar
Enclosure



CASEY, WILLIAM M

47 Y old Male, DOB: [redacted]/1958
419 QUAIL RIDGE CIRCLE, BOILING SPRINGS, SC-29316-6119
Home: 864-814-2617
Guarantor: CASEY, WILLIAM M Insurance: BCBS PPC
PCP: FRANK E GONDA

07/07/2006 Charles M. Fogarty, MD

Current Medications
None

CC
1. Med refill

Electronically signed by CHARLES FOGARTY,MD PA on 12/22/2008 at 08:08 AM EST

Sign off status: Pending

Lung and Chest Medical Associates
2030 North Church Place
Spartanburg, SC 29303-2799
Tel: 864-582-6858
Fax: 864-542-9043

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

Lung and Chest Medical Associates
MultiSpiro A

ID: 77168 Casey, William Mark
Ethnic: CAUCASIAN Height: 68.0 in. Sex: MALE Age: 48 Weight: 197.0 lb

COMMENTS:
PRE-BD COMMENTS:

LAST CALIBRATED: Thu Jun 28,2007 7:30:08 am

TYPE	Test Date and Time	Exp.Time	Normals	Test#
Pre-BD:	Thu Jun 28,2007 3:36:49 pm	6.8 secs	KNUDSON/IMTS	2

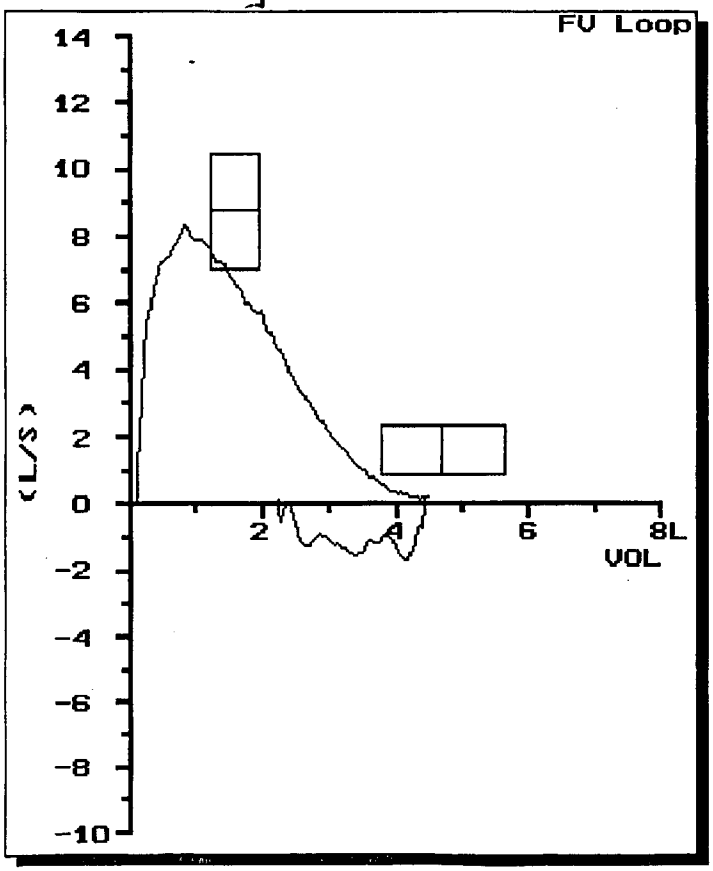
Expiratory	Actual	Predicted	% of pred
FVC	4.47 L	4.69 L	95.43 %
FEV 0.5	2.78 L	3.01 L	92.50 %
FEV 1.0	3.50 L	3.79 L	92.26 %
FEV 3.0	4.14 L	4.43 L	93.41 %
FEV 0.5/FVC	62.21 %	64.17 %	96.94 %
FEV 1.0/FVC	78.24 %	80.93 %	96.68 %
FEV 3.0/FVC	92.50 %	94.50 %	97.88 %
PEF	8.20 L/S	8.57 L/S	95.77 %
FEF 25-75%	3.17 L/S	3.83 L/S	82.86 %
FEF 75-85%	0.66 L/S	0.99 L/S	67.14 %
FEF 25	7.52 L/S	7.91 L/S	95.02 %
FEF 50	4.31 L/S	4.51 L/S	95.47 %
FEF 75	1.07 L/S	1.76 L/S	60.60 %
FEF .2-1.2	7.42 L/S	7.17 L/S	103.48 %

Inspiratory	Actual
IVC	2.25 L
FIV1	1.27 L
PIF	1.88 L/S
FIF50	1.67 L/S
FEF50/FIF50	257.76 %

Interpretation:

NORMAL

MAX FVC = 4.47L TEST # 2
MAX FEV-1 = 3.51L TEST # 1



Legend
Pre-BD Test

Spiro

CMF WPS MLA EBK JDC RVM Beth Darla Lab

Lung and Chest Medical Associates

Sptbg. ✓ Greer ____

Name: Wm. H. Casey Chart#: 77168 Date: 1-3-07

Wt 197 Ht ____ B/P 139/66 H/R 120 RR ____ Temp ____ 02Sat 97 FiO2 .21

Cough	Smoking
Sputum	Nausea
Dyspnea	Vomiting
Wheeze	Diarrhea
Edema	Chest Pain
Palpitations	Pain
Oriented	ETOH
New Allergies	Fever/chills

When was your last DEXA
Bone Densometry Testing done?
Seeing new doctors? no For: ____

Present Illness + reason for visit: having some Chest tightness. ↑ BP lately worse since elevation / worry refill needed for Lortab

Lortab 10 mg
ambien 10 mg
tramadol 50 mg

Still unable to organize self, plan day to day Heart stressed

Hospitalizations or major life changes since last visit: no

Meds. Review based on: ____ in bottle ____ on list ____ from memory

PHYSICAL EXAM: WNL/NEG ABN/POS

*General Appearance___
*Skin Turgor___
*ENT___
*Mouth___
*Sinus___
*Neck___
*Chest/Lungs: Breath Sounds ___
Wheezes___
Rales___
Effort___
Symmetry___
*Heart: Rhythm___
Murmurs___
Gallop___
Tones___
*Abdomen___
*Extremities___
*Mobility: Gait___
Reflexes___
Aides___
*Mental Status___

Cursed for disorbit but not on basis of neuro cognitive impairment

w/ memory, executive function not tested

LAB ORDER: Spirometry___ EKG___ Sinus___ CBC___ Glu___ PT___ INR___ O2Sat Rest___
Lung Vol___ DLCO___ U/A___ CXR___ ABG's___ Bun___ Cre___ K+___ Theo___ 02Sat Exercise___

Office Treatment: ____
Education: Does pt want to quit smoking? Yes/No Other: ____
Materials/counseling given: ____

PFTs WNL

Diagnosis: ____ Plan ____

___Abn CXR(lung fluid),793.1
___Anticoagulant Circulating,28615
___COPD,496
___Cough,786.2
___Dyspnea,786.09
___Fatigue(general),780.79
___Fever,780.6
___ILD,515
___Monitoring(drug name_____),V58.1
___Rhinitis,477.9
___Sleep Apnea/Disorders (nec), 780.53

1. Neuro cog. retro impairment
   s/p Lasix brain ? pneumomedia - stroke + dvt embolic
2. Chronic CW Pain - Lortab, Ambien Help
3. H-HTN - N ↓ added salt

Prescriptions: ____

Next appt: ___Weeks___Months W/ CMF WPS EBK MLA JDC RVM PA NP Signature ____ Staff___
Next Visit: Spiro L/V DLCO PA PAL Sinus DEXA BLDWK ____ Other ____

RTO 4 mo

Lung and Chest Medical Associates
MultiSpiro A

ID: 77168 Casey, William Mark
Ethnic: CAUCASIAN Height: 68.0 in. Sex: MALE Age: 48 Weight: 197.0 lb

COMMENTS:
PRE-BD COMMENTS:

LAST CALIBRATED: Wed Jan 3,2007 7:22:27 am

TYPE	Test Date and Time	Exp.Time	Normals	Test#
Pre-BD:	Wed Jan 3,2007 2:35:55 pm	7.4 secs	KNUDSON/IMTS	1

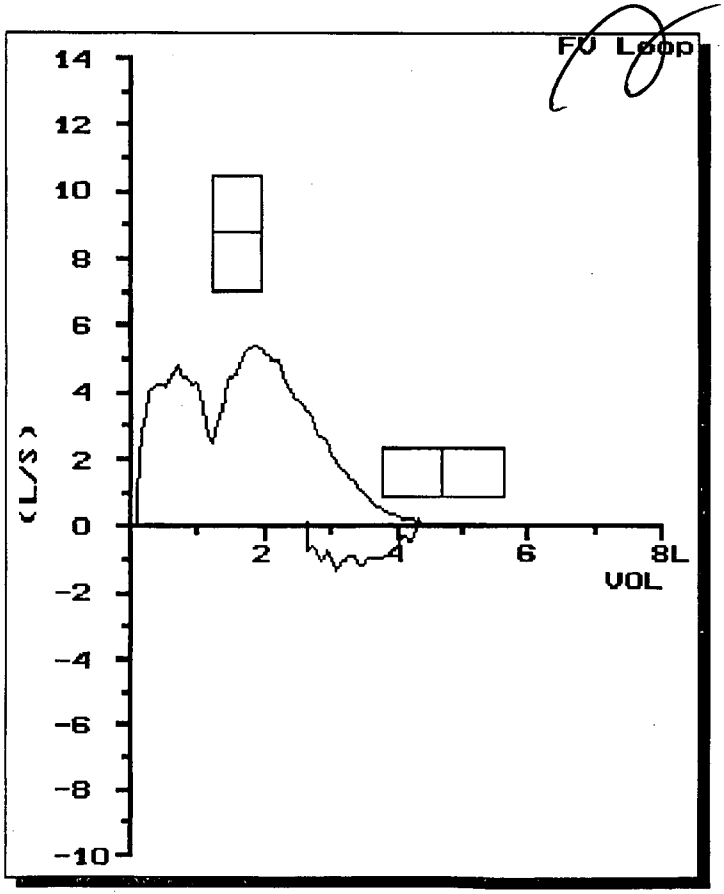
Expiratory	Actual	Predicted	% of pred
FVC	4.35 L	4.69 L	92.75 %
FEV 0.5	2.48 L	3.01 L	82.50 %
FEV 1.0	3.42 L	3.79 L	90.16 %
FEV 3.0	4.04 L	4.43 L	91.23 %
FEV 0.5/FVC	57.08 %	64.17 %	88.95 %
FEV 1.0/FVC	78.68 %	80.93 %	97.22 %
FEV 3.0/FVC	92.96 %	94.50 %	98.37 %
PEF	5.30 L/S	8.57 L/S	61.88 %
FEF 25-75%	3.11 L/S	3.83 L/S	81.22 %
FEF 75-85%	0.77 L/S	0.99 L/S	77.62 %
FEF 25	2.52 L/S	7.91 L/S	31.80 %
FEF 50	4.64 L/S	4.51 L/S	102.75 %
FEF 75	1.33 L/S	1.76 L/S	75.08 %
FEF .2-1.2	3.73 L/S	7.17 L/S	52.09 %

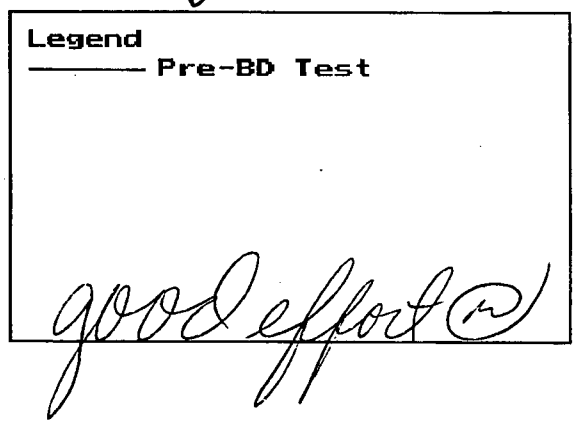
Inspiratory	Actual
IVC	1.73 L
FIV1	0.64 L
PIF	1.52 L/S
FIF50	1.35 L/S
FEF50/FIF50	344.62 %

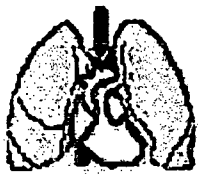
Interpretation:

NORMAL

MAX FVC = 4.35L TEST # 1
MAX FEV-1 = 3.42L TEST # 1







CASEY, WILLIAM M

48 Y old Male, DOB: [redacted]/1958
419 QUAIL RIDGE CIRCLE, BOILING SPRINGS, SC-29316-6119
Home: 864-814-2617
Guarantor: CASEY, WILLIAM M Insurance: BCBS PPC
PCP: FRANK E GONDA

01/03/2007

Charles M. Fogarty, MD

Current Medications
None

CC
1. 6 MO F/U

Vital Signs
Wt: 197.2, BP: 159/106, HR: 120, O2 sat: 97%, FIO2: .21, FVC: 4.35, FEV1: 3.42, FEV1/FVC%: 78.68%, Ht: 68, BMI: 29.98.

Labs
Spirometry FVC - 4.35/92%, FEV1 - 3.42/90%, %FEV1 - 78.68%, Marce 1/3/2007 2:46:02 PM >

Procedure Codes
SPIROMETRY

Electronically signed by CHARLES FOGARTY,MD PA on 12/22/2008 at 08:09 AM EST

Sign off status: Pending

Lung and Chest Medical Associates
2030 North Church Place
Spartanburg, SC 29303-2799
Tel: 864-582-6858
Fax: 864-542-9043

Lung & Chest Medical Associates

2030 N. Church Place, Spartanburg, SC 29303
(864) 582-6858

2755 S. Hwy. 14 Suite 2300 Greer, SC 29650
(864) 849-9500

Charles M. Fogarty, MD PA
Wilson P. Smith, Jr., MD PA
Fax (Insurance) 585-0999

Mary Lou Applebaum, MD PC
E. Bert Knight, III, MD PC
J. Douglas Clark, MD PC

CMF WPS EBK MLA JDC BE RVM

Rico V. Mendoza, MD PC
Beth V. Edwards, PA-C

Acct #	Voucher #	SSN #	DOB	AGE	Dr.	Appt Date & Time
77168	282505	[redacted]	[redacted]/58	47	FOGARTY,	02/09/06 1:45

Patient

WILLIAM M CASEY
240 LIGHTWOOD FARM RD

WOODRUFF SC 29388

NEXT APPT _____ WKS MONTHS OTHER _____

PROCEDURES AT NEXT APPT:

Prev Dx Code	Description of Diagnosis Code	Insurance	Referring Dr.
786.09	DYSPNEA -RESPIRATORY !!! GET DIAGNOSIS FR !!! GET DIAGNOSIS FR	BCBS-PPC PRI 0 SELF REFERRAL SEC COPAY: .00	
		Balance on Account 45.00	Dr.'s Signature CO-PAY $45

Description	CPT	Description	CPT	Description	CPT (HCPCS)
LAB		**OFFICE VISITS**		**OFFICE SURGERY** Use 25 Mod	
Routine Venipuncture	36415	**Consult, New, Estab.**		Ear wax removal	69210
Theophylline Level	80198	Problem Focused	99241	Laryngoscopy	31575
Glucose	82947	Expanded	99242	Thoracentesis - simple	32000
HBG A1C	83036	Detailed	99243	w/ catheter	32002
BUN	84520	Moderate Comprehensive	99244	**INJECTIONS - 90782 Units**	
Creatinine	82540	High Comprehensive	99245	Kefzol	J0690
K+	84132	**New Patient**		Gentamicin	J1580
HBG's	85018	Problem Focused	99201	Insulin, Reg	J1820
HCT	85014	Expanded	99202	Vitamin B12	J3420
UA	81002	Detailed	99203	Benadryl	J1200
PT	85610	Moderate Comprehensive	99204	Brethine	J3105
CBC-Automated	85025	High Comprehensive	99205	Decadron	J1100
ABG's, simultaneous	82803	IME non-treating	99456	Depo Medrol	J1030
Arterial Puncture	36600	IME non-treating, 2 areas	99457	Epinephrine	J0170
Blood Occult Stool	82270	**Established Patient**		Lasix	J1940
Rapid Strep	87081	Nurse Visit	99211	Phenergan	J2550
Z Stat Rapid Flu	87449QW	Problem Focused	99212	Cortisol Stimul.	J0835
		Expanded	99213	Triamin/Amst, 5mg	J3302
PFT's - 25 MODIFIER IN OFFICE		Detailed	99214	Rocephin	J0696
Pulse Oximetry	94760	Comprehensive	99215	Xolair, 5mg	J2357
Pulse Oximetry, multiple	94761	Prolonged Attendance	99354/55		
Spirometry	94010	IME est. pt.	99455		
Bronchospasm	94060	**CARDIOLOGY**		**MISCELLANEOUS**	
Broncho Challenge	94070	EKG w/ interpretation	93000	SUPPLIES & MATERIALS	
Lung Volumes:		Pulse Ox during exercise	94761	Surgical tray	(A4550)
Thoracic Gas Vol.	94260	Exercise w/ treadmill	93015	Duoderm	99070 (A4204)
Airway Resistance	94360	6 minute walk test	94620	Tegaderm	99070 (A4205)
DLCO	94720			Medical Testimony	99075
X RAYS				Medical Conference	99155
Sinus – 1-3 views	70210				
Chest – PA	71010				
PA & Lateral	71020	**OFFICE THERAPY/IMMUNIZATIONS**		~~Smoke~~ Tobacco Counseling	
Chest Lateral-Decubitus	71035	Aerosol Instruction Init.	94664	3-10 min.	G0375
Rib – 2 Projections	71100	Nebulizer Tx. init & sub.	94640	greater than 10	G0376
Thoracic Spine-2 views	72070	Pneumo Vac 90471/G0009	90732		
Lumbar – Spine	72100	Flu Vac 90472/G0008	90658		
		PPD	86580	**SNF HOSPICE**	
		Tetanus Toxoid	90703		
		Allergy Shots - Single Ant.	95115		
		Allergy Shot - Multiple Ant.	95117	Yes____	Yes____ No____
		UNITS			
		Prolastin, 10mg	J0256	No____	DR. _____
		IV Infusion - to 1 HR.	90780		

Mark all diagnoses in order of acuteness. Please indicate PRIMARY DIAGNOSIS

SYMPTOMS		SYMPTOMS		SYMPTOMS	
Abnormal Chest Sounds	786.7	Dy[redacted]a	786.09	[redacted]ive TB Test (PPD)	795.5
Abnormal EKG	794.31	Edema	782.3	Rapid Heart Beat	785.0
Abnormal Weight Loss	783.2	Headache	784.0		
Abnormal X-Ray Lungs	**793.1**	**Hemoptysis**	**786.3**	Syncope	780.2
Chest Pain, Unspecified	786.50	**Lung/Chest mass**	**786.6**		
Chest Tightness/Pressure	786.59	Palpitations	785.1	Pre-op resp. exam	V72.82
Cough	786.2	Shortness of Breath	786.05		
Hiccups	786.8	Wheezing	786.07		
DIAGNOSIS		**DIAGNOSIS**		**DIAGNOSIS**	
CANCER OF LUNG/OTHER		**INFECTION BY SITE**		**PLEURAL DISEASE**	
Trachea; Cartilage, Mucosa	162.0	**Bronchitis, Acute**	**466.0**	Acute/Chron pneumothorax	512.8
Main Bronchus	**162.2**	**Bronchitis, Chronic**	**491.0**	Empyema w/o Fistula	510.9
Other Parts, Bronchus, Lung	162.8	Laryngitis, Acute	464.0	Parapneumonic Effusion	511.1
Cancer, Larynx	161.1	Nasopharyngitis, Chronic	472.2	Pleural thickening	511
Cancer, Lung, unspec.	162.9	Pharyngitis, Acute -Sore Throat	462	Pleural Effusion	511.9
Cancer, Mouth	170.0	Pharyngitis, Chronic	472.1	Pleurisy w/o Effusion	511
		Rhinitis, Chronic	472.0		
		Sinobronchial Syndrome	461.1/	**CARDIAC**	
			491.0	Arrhythmia, unspecified	427.9
		Sinusitis	473.9	Atrial fibrillation	427.31
COPD		Maxillary Acute	461.0	Congestive Heart Failure	428.0
Bronchiectasis	494	Maxillary Chronic	473.0	Coronary Heart Disease	414.9
Bronchiolitis, Acute, Other Organism	466.19	Tracheobronchitis, Acute	466.0	Hypercholesterolemia	272
		Upper Resp infection	465.9	Hypertension	401.1
Emphysema - Other	**492.8**			Pulmonary Edema, cardiac	428.1
Lg Emphysematous Bleb(s)	492.0	**SLEEP DISORDERS**			
Bronchitis, Chronic		Dysfunctions Assoc. w/ Sleep		**INFLAMMATORY LUNG DISEASE**	
Asthmatic w/o Exacerbation - Dyspnea	491.20	stages/arousal from sleep	780.56	BOOP	516.8
		Idiopathic Hypersomnia	780.54	Hypersensity pneumonitis	495.9
Asthmatic w/Exacerbation	**491.21**	Idiopathic Insomnia	780.52	Pulmonary Fibrosis	515
Simple	491.0	Insufficient Sleep Synd	307.49	Rheumatoid Lung	714.81
COPD	**496**	Narcolepsy	347	Sarcoidosis	135
Resp Failure, Chronic	518.83	Obstructive Sleep Apnea	780.53	Sarcoidosis w/Lung invmt	717.8
Resp Failure, Acute & Chronic	518.84	Recurrent Hypersomnia	780.54	Syst Lupus Erythematosus	710
Resp Failure, Acute	518.81	Restless Leg Syndrome	333.99	Radiation pneumonitis	508
Resp Distress	518.82	Shift Work Sleep Disorder	307.45	Radiation fibrosis	508.1
ASTHMA AND ALLERGY		Sleep Apnea, Other Unspec	780.57		
Allergic Rhinitis		Sleep Apnea w/Insomnia	780.51	**INFECTION - CAUSES**	
Chronic	472.0	PLMS	780.58	Influenza	487.1
Cause Unspecified	477.9			W/Pneumonia	487.0
FIFTH DIGIT FOR 493: ASTHMA		**OCCUPATIONAL**		Pneumonia	
0-W/O STATUS ASTHMATICUS		Asbestosis	501	Bacterial	482.9
1-W STATUS ASTHMATICUS		Exposure to Asbestos	V158.4	**Unspecified**	**486**
Asthma, Chronic Obstructive	493.2	Silicosis	502		
Asthma, Extrinsic	493.0	Chemical fumes/vapor, acute	506.3	Pulmon Tuberculosis, Unspec.	011.92
Asthma, Intrinsic	493.1	Chemical fumes/vapor, chronic	506.4	Tuberculosis - Lung	011.20
Asthma, Unspecified	493.9	Coal Worker Pneumoconiosis	500		
PULMONARY EMBOLI / HTN / DVT					
Cor Pulmonale, Acute	415	**OTHER**			
Cor Pulmonale, Chronic	416.9			Obesity - Unspecified	278.00
Superficial Phlebitis	451	Atelectasis	518.0	Obesity - Morbid	278.01
Phlebitis, Thrombophlebitis	451.19	ARDS	518.82	Osteoporosis-Unspecified	733.00
Pulmonary Embolism	415.11	Bronchospasm	519.1	Osteoarthritis	715.90
Pul Hypertension primary	416				
Pul Hypertension second	416.8			Pul congestion, Edema	514
		Diabetes - Non Ins Depend	250.00		
		Diabetes Mell.- Ins Depend	250.02		
		Glucose? High due to Prednisone use	251.8		
Varicose Veins					
W/Ulcer	454.0			Reflux, Esophageal	530.81
W/Inflammation	454.1	**Lung Infiltrate**	**793.1**	Reflux, Esophagitis	530.11
W/Ulcer & Inflammation	454.2	Lung Nodule	518.89	Tobacco Use	305.1
W/O Ulcer or Inflammation	454.9				



LAB/XRAY/WEIGHT - FLOW SHEET (DONE IN OUR OFFICE)

PATIENT NAME William Casey CHART # 7716 5

DATE	HT / WT	F_1O_2 / SAO_2		PH / PCO_2	PO_2 / O_2SAT	FVC / FEV1	LV DLCO	CXR / SINUS	THEO / Hgb	BUN / CREAT	K+ / GLU	HgbA,C	MAMMO-GRAM / PSA	EKG
7/14/04	171.6	.21 / 95%				4.30 / 3.78		PAL						
7/15/05	174	.21 / 99%				5.02 / 3.90				29 / 0.7	4.2 / 121			
1/21/05	176.6	.21 / 98				4.65 / 3.76								
2/4/05	178	.21 / 98												

****** ALLOW 2 LINES FOR PREDNISONE

LUNG & CHEST MEDICAL ASSOCIATES
2030 North Church Place, Spartanburg South Carolina

NAME William Casey CHART # 77168

ALLERGIES NKDA

ROUTINE MEDICATION LIST:

MEDICATION	Dose & Freqency Ordered by MD	Dosee & Freqency Taken by Patient	Start Date	Stop Date
Lipitor	20mg qd			
Bextra	20mg qd			
Tramadol	50mg (2) qid			
Advair 250/50	1 p bid	not using	8/12/04	
Combivent	1 p 3-4 x day	not using	8/12/04	

Date Reviewed and Updated/ By Whom

6/12/04 JP	/	/	/	/
/	/	/	/	/
/	/	/	/	/
/	/	/	/	/

****** ALLOW 2 LINES FOR PREDNISONE

LUNG & CHEST MEDICAL ASSOCIATES

2030 North Church Place, Spartanburg South Carolina

NAME_____ **CHART #**_____

ALLERGIES _____

ROUTINE MEDICATION LIST:

MEDICATION	Dose & Freqency Ordered by MD	Dosee & Freqency Taken by Patient	Start Date	Stop Date

Date Reviewed and Updated/ By Whom

/	/	/	/	/
/	/	/	/	/
/	/	/	/	/
/	/	/	/	/

PROCEDURES-ADMISSIONS-REFERRAL FLOW SHEET/ PRECERTIFICATIONS (File)

PATIENT NAME William Casey CHART # 77168

INSURANCE CO: BC BS PPO /TEL #800327-3238 PRIMARY CARE MD

DATE AND INITIAL	O NAME OF PROCEDURE O ADMISSION O IN-PATIENT O REFERRAL O OUT-PATIENT	**** PRECERT AUTH # *****	AUTHORIZED BY	WHERE (BE SPECIFIC)	WHEN DATE/ TIME	D/C SUMMARY/ RESULTS TO CHART DATE/INT
7/19/04	Referral (records FAXed 560-1510)			Sylvia @ 560-1512 Dr. Joseph Grace	8-3-04	10:00am
AB 7.19.05	Upper GI Series r/o vomiting	only INPT Order per Back Card	Tes OS of Tasha	SRMC th.	7.28.05	8:30am
order faxed & sent w/ pt.				npo afternight.		
~~GB Series~~ ~~Gerald US GB~~ ~~IBS~~ ~~Screening~~ ~~Colonoscopy~~						
AB 7.21.05	Cardiac scoring	not cvered by insurance		Piedmont costs $99.00	7.25.05	8:30am
AB 7.20.05	US Gallbladder 787.03	NOT per	Rec Tasha	SRMC	8am	7.28

4762

PARFLOW.DOC

PROCEDURES-ADMISSIONS-REFERRAL FLOW SHEET/ PRECERTIFICATIONS

PATIENT NAME_____ CHART #_____

INSURANCE CO: /TEL # PRIMARY CARE MD

DATE AND INITIAL	O NAME OF PROCEDURE O ADMISSION O IN-PATIENT O REFERRAL O OUT-PATIENT	**** PRECERT AUTH # *****	AUTHORIZED BY	WHERE (BE SPECIFIC)	WHEN DATE/ TIME	D/C SUMMARY/ RESULTS TO CHART DATE/INT

4763

PARFLOW.DOC

LUNG & CHEST MEDICAL ASSOCIATES

MEDICAL PROBLEM LIST

PATIENT NAME William Casey CHART # 77168

DATE DOCUMENTED	DESCRIPTION OF PROBLEM	DOCUMENTED BY	DATE RESOLVED

PROBLEM. LST
10/10/96 LC-101

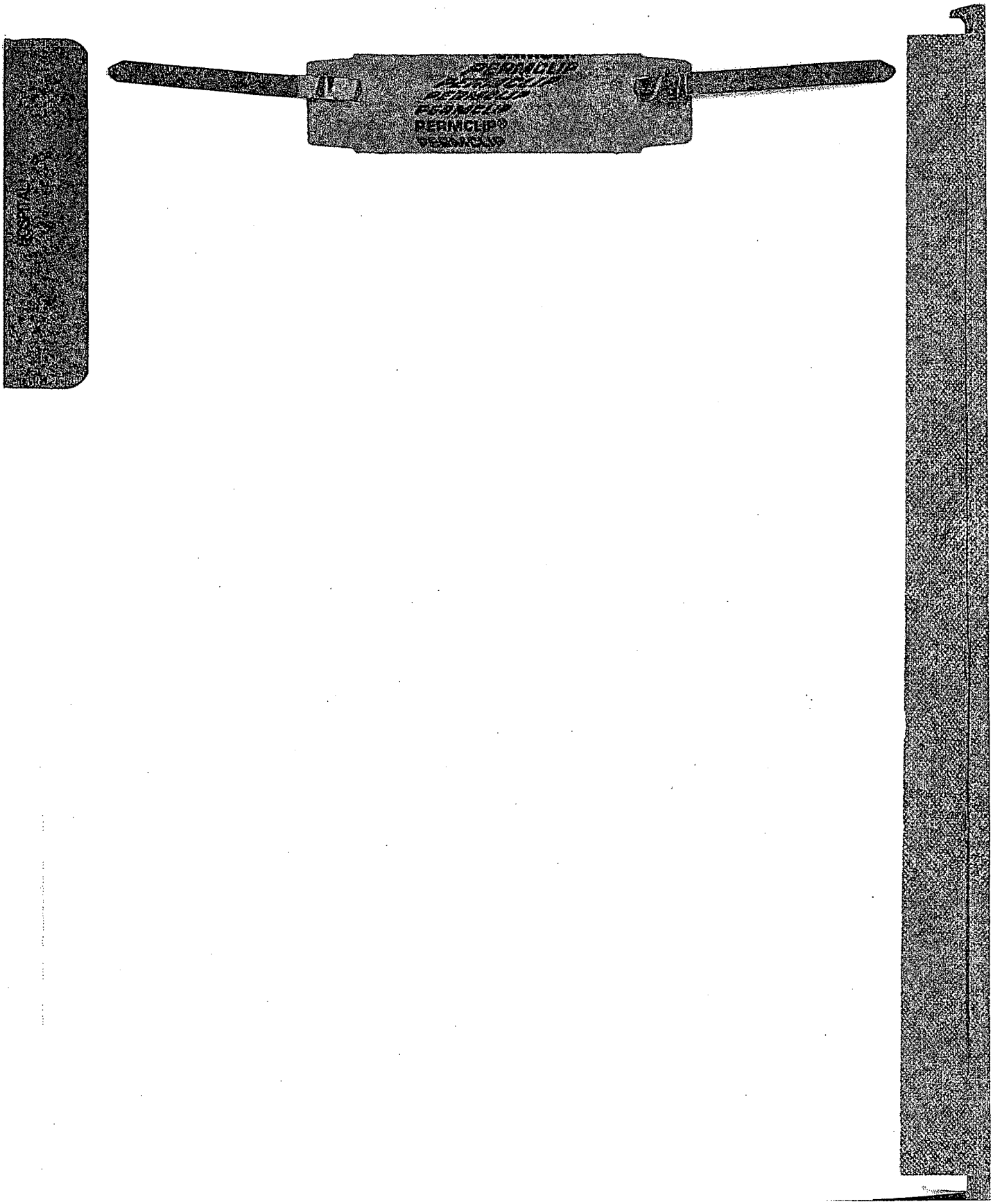
LUNG & CHEST MEDICAL ASSOCIATES

MEDICAL PROBLEM LIST

PATIENT NAME _____ CHART # _____

DATE DOCUMENTED	DESCRIPTION OF PROBLEM	DOCUMENTED BY	DATE RESOLVED

PROBLEM. LST
10/10/96 1 C-101


PERMCLIP
PERMCLIP
PERMCLIP

L. Randolph Waid, Ph.D.
Licensed Clinical Psychologist

Tidewater Executive Center
222 West Coleman Blvd.
Mt. Pleasant, S.C. 29464

Telephone
(843) 881-2778
Fax
(843) 881-6878

REPORT OF NEUROPSYCHOLOGICAL EVALUATION
Confidential-For Professional Use Only

Name: William Mark Casey

Age: 46 (DOB: [redacted]/58)

Sex: Male

Handedness: Right

Dates of Evaluation: August 30th and September 10th, 2005

Reason for Referral: William Mark Casey is a 46-year-old Caucasian male referred for neuropsychological evaluation through the offices of Ken Anthony, Esquire, and Ray E. Thompson, Jr., Esquire. The evaluation was conducted to assess Mr. Casey's brain behavior functions and emotional status. Mr. Casey's difficulties stem from medical procedures that were conducted due to recurrent chest pain in May of 2004. An emergent bronchoscopy was conducted following x-rays reportedly revealing a metallic fragment in the chest area. Reportedly, the bronchoscopy did not show a foreign body, but an area of erythema. The following week, Mr. Casey underwent a laser bronchoscopy that resulted in a perforation of the bronchial wall by the laser with resulting pneumomedistinum and respiratory distress necessitating intubation and heavy sedation. Subsequent to this, Mr. Casey has experienced disruptive symptomatology that has rendered him unable to return to employment capacities at the Michelin Company.

Relevant History: Mr. Casey was on time for his scheduled appointments. I reviewed with him the occurrence of chest pain for several weeks in May of 2004 while he was employed at resulting in him reporting it to the company nurse. Subsequently, he was transported to Spartanburg Regional Medical Center and underwent emergent evaluation. Medical records reveal that during the evaluation, Mr. Casey was found to have a left main bronchus containing some foreign body that was metallic in nature. Mr. Casey was seen in consultation by Dr. Feldman who asked Dr. Boscia to do a fiberoptic bronchoscopy. Reportedly, this procedure was undertaken but no piece of metal was found. Mr. Casey was discharged on 5/29/04.

Medical records reveal that Mr. Casey was re-admitted on June 3rd, 2004 and underwent an additional procedure conducted by Gregory Feldman, M.D. This involved bronchoscopy with laser. Acutely following the procedure, he developed considerable pneumomedistinum with reported pneumothorax on the left side. His condition necessitated placement of chest tubes, intubation and mechanical ventilation.

My understanding of Mr. Casey's case was assisted by review of the following medical records:

1. Extended medical records for treatment provided upon admission on 5/28/04 and 6/03/04.
2. Records from Spartanburg Regional Medical Center for procedures conducted in July of 2000.
3. Treatment records from Upstate Lung and Critical Care Specialists.
4. Treatment records from Lung and Chest Medical Associates.
5. Treatment records from Jeffrey Smith, M.D., Piedmont Psychiatric Services.
6. Treatment records from Joseph Grace, III, Ph.D.
7. Treatment records from Y. Eugene Mironer, M.D.
8. Mr. William Mark Casey's educational records from Spartanburg County School District #6.

Review of records revealed that Mr. Casey experienced disruptive symptoms following the procedure conducted on June 3rd of 2004. Initial follow-up treatment was provided at Upstate Lung and Critical Care Specialists with Mr. Casey complaining of fatigue, sleep disturbance, chest tightness, as well as being agitated and "unable to sit down." There was also report of longstanding chronic back pain. There was conservative intervention including use of Ambien. Difficulties persisted, and there was referral to Carolina Center for Advanced Management of Pain. Mr. Casey underwent evaluation by Eugene Mironer, M.D. He was assessed with mechanical low back pain, depression, and chest wall pain of no muscular origin. There was discussion regarding his treatment options.

Medical records reveal that Mr. Casey sought further evaluation for his difficulties at the Lung and Chest Medical Associates. Evaluation by Wilson P. Smith, Jr., M.D. reviewed the recent surgical procedures, noting that Mr. Casey remained with dyspnea and chest pain with exertion. Dr. Smith assessed Mr. Casey as being very anxious with report from family members noting a change in his ability to tolerate stress. It was noted that Mr. Casey was unable to participate in golf and other recreational activities. Dr. Smith's impression was that pulmonary functioning was normal and chest x-rays failed to show any evidence of sequelae of his bronchial perforation. Dr. Smith expressed concern that Mr. Casey may be experiencing a Posttraumatic Stress Disorder related to his injury and intensive care unit experience. There was recommendation of referral for a psychologist for further evaluation.

Records reveal that Mr. Casey subsequently came under the care of Joseph G. Grace, III, Ph.D. Care appeared to commence on August 4th, 2004. Initial medication intervention was coordinated with Frank Gonda, M.D., Mr. Casey's family physician. Subsequently, there was referral for psychiatric care with Jeffrey Smith, M.D. Treatment has been directed toward Mr. Casey's depression, sleep disturbance, anxiety, restlessness, irritability with low frustration tolerance, and poor stress tolerance. There has been use of antidepressants and other medications. Psychiatric evaluation with Jeffrey Smith, M.D., was conducted in early November. Dr. Smith modified the medication regimen including stopping use of Zoloft and adding Cymbalta 60 mg. Dr. Smith's assessment was one of major depression, single episode, moderate.

In interview, Mr. Casey reported that he has continued under the care of Joseph Grace, III, Ph.D. as well as Jeffrey Smith, M.D. Medical records reveal that Mr. Casey underwent further evaluation at the Lung and Chest Medical Associates in July of 2005. On initial evaluation, he was experiencing dry heaves and nausea as well as chest pain and a squeezing sensation present without exertion. A cardiogram was normal and Dr. Fogarty's impression was chest pain, probably chest wall; nausea and vomiting improved; persistent difficulty concentrating and staying focused; status post laser bronchoscopy complicated by pneumomediastinum and pneumothorax. Dr. Fogarty further stated that Mr. Casey's nausea/vomiting symptoms have appeared to improve since discontinuing Strattera. Dr. Fogerty stated that with regard to Mr. Casey's difficulty concentrating, "air emboli have been reported as a complication of laser bronchoscopy, even without perforation of the endotracheal tree with resulting leakage of air into extrapleural, vascular, and medistinal spaces. Although, he is fortunate not to have any gross motor deficit, he (Mr. Casey) may well have a permanent neurological deficit in which case the indication for taking medication such as Strattera may be mute."

Mr. Casey also underwent intellectual assessment by Joseph G. Grace, III, Ph.D., in June of 2005. Dr. Grace reviewed Mr. Casey's academic records, stating that Mr. Casey had undergone intelligence testing in the 2nd, 4th, and 6th grades with intellectual quotients in the high average range. Reportedly, academic achievement test scores were generally above the 65th percentile. Dr. Grace conducted intellectual testing with Mr. Casey earning a Full Scale I.Q. of 97, a Verbal I.Q. of 100, and a Performance I.Q. of 91. The test administered was the Wechsler Adult Intelligence Scale-III (WAIS-III). Dr. Grace opinioned that there was a significant discrepancy between Mr. Casey's early intellectual ability measures and the current I.Q. test results. Dr. Grace stated that the "only reasonable conclusion is that Mr. Casey has experienced a neurological event which has diminished his ability to process information and perform in a number of areas as effectively as he once did."

In interview, Mr. Casey reported that he continues with fatigue and "lack of motivation." He reported that he lost his job at Michelin approximately one year ago. This has resulted in financial stressors. He reported that he was an active employee at Michelin, performing 12-hour shifts. Mr. Casey also complained of a decreased capacity for attention and memory. As Mr. Casey stated, "I can't remember things." He provided examples of absentmindedness as well as making misjudgments that have resulted in accidents. There was also report of being socially withdrawn and isolated. Mr. Casey reported being avoidant of crowds, offering that he'd rather "stay at home and not be bothered." He acknowledged continuing back pain that pre-existed the medical incidents of May/June, 2004.

A structured symptom review failed to reveal any complaint by Mr. Casey with regard to sensory perceptual functions. Vision is corrected. There was no report of auditory acuity difficulties or tinnitus.

With regard to motor functioning, there was no report of paralysis or lateralized weakness. Mr. Casey reported continuing muscle spasms affecting the lower back. He denied coordination/balance problems. He reported occasional numbness affecting the hands and feet. There was report of paresthesias in the back region.

Mr. Casey reported that back pain is aggravated by physically exerting activities. He continues with episodic chest pain that is aggravated by exertional activities. Mr. Casey was not complaining of headache difficulties. There was report of occasional dizziness, but no report of vertigo, blackout spells, or seizures.

With regard to cognitive processes, Mr. Casey reported a decreased capacity for attention/concentration with an easy distractibility. He reported an inability to think as quickly as before (bradyphrenia). He also stated, "I know I am more forgetful."

With regard to psychological functioning, Mr. Casey acknowledged problems with sadness/depression, stating, "I don't have that much that is making me happy these days." There are episodic difficulties with sleep, though he did state that use of Ambien "definitely helps." He reported experiencing weird dreams, but denied disruptive nightmare activity. There is longstanding anxiety and fearfulness about heights. He reported being impatient and irritable with a lower ability to tolerate stress. Energy level was characterized as diminished. Clinical evaluation failed to reveal paranoid ideation or delusional thinking. Mr. Casey acknowledged considerable worry, particularly with regard to the future. There was no report of hallucinatory processes or evidence of psychotic symptomatology. Appetite was characterized as "variable." Libido was characterized as reduced with a lack of desire.

Mr. Casey reported a significant decline in his pursuit of social and recreational activities. This was particularly relevant to golf which he used to avidly pursue prior to his medical difficulties.

Mr. Casey reported current medications consist of Lipitor, Tricor, Mobic, Hydrocodone 10/500, Tramador 50 mg 2 tabs q.i.d., Cymbalta, and Ambien 10 mg as needed for sleep. There has also been use of Adderall XR 20 mg b.i.d. to assist with attention/focus. As of 9/10/05, Adderall had been discontinued.

Medical History: Mr. Casey denied previous head or neck injury. There is a history of back pain associated with two bulging discs and arthritis. He has undergone previous hemorrhoidectomy as well as hospitalization for evaluation of chest pain in 2000, undergoing cardiac catheterization.

Mr. Casey denied history of serious infections, allergies, diabetes, or hypertension.

Mr. Casey denied history of psychiatric illness or need for formal treatment. He denied having lifelong problems with his nerves, depression, or mood swings. He is a rare, occasional consumer of alcohol. He denied history of excessive alcohol usage. He does not utilize illicit drugs. There has been no history of formal substance abuse treatment.

Family History: Noncontributory for psychiatric illness and/or substance abuse problems. Family history is significant for diabetes in a mother and a heart attack in a father.

Psychosocial Review: Mr. Casey is a high school graduate. Reportedly, he was an active athlete while attending Dorman Senior High School in Spartanburg. He denied any repetition of grades or history of learning disabilities or Attention Deficit Disorder. Review of educational records confirmed him to be a high school graduate with a reported intellectual quotient of 113 attained in the 6th grade.

Mr. Casey reported that he was employed at the Michelin Company for over 20 years. His job title was manufacturing professional. He denied ever being in the military service. Mr. Casey attained a formal divorce from his wife after being married for 23 years. The couple were separated for several years before the divorce decree was attained in March of 2005. There are two biological children, a son, age 22, and a daughter, age 19.

Procedures: Wechsler Adult Intelligence Scale-III, Wechsler Memory Scale-III, California Verbal Learning Test-II, Stroop Test, Conner's Continuous Performance Test-II, Judgment of Line Orientation Test, Wisconsin Card Sorting Test, Trail Making Test, Controlled Oral Word Association Test, Paced Auditory Serial Addition Test, Seashore Rhythm Test, Speech Sounds Perception Test, Aphasia Screening Exam, Tactual Performance Test, Sensory Perceptual Examination, Finger Tapping Test, Grip Strength Test, Grooved Pegboard Test, Behavioral Dyscontrol Scale, Test of Memory Malingering, Word Memory Test, Personality Assessment Inventory, Ruff Neurobehavioral Inventory.

Examination Results

Neurobehavioral Status: Mr. Casey was on time for his scheduled appointments. He was appropriately attired with good personal hygiene. There was maintenance of appropriate eye contact. There was no evidence of psychomotor retardation or excitement. Mr. Casey was friendly and cooperative in his interactions with the examiner. There was no difficulty understanding instructional sets. He participated well in the evaluative process. He was observed to be somewhat fatigued following a lunch break. A second session was utilized to complete the evaluative process. Affect was mildly depressed, though psychological difficulties did not appear to interfere with his test performance. Specific assessment of effort was undertaken via administration of two symptom validity tests, the Test of Memory Malingering (TOMM) and Word Memory Test. Mr. Casey's performance on both of these tests was within stringent criteria consistent with our observation of providing good effort.

Language Functions: There was no aphasic or agnostic symptomatology. Mr. Casey's conversational speech was prosodic, fluent, of normal rate and tone with occasional slurring. There were no word finding difficulties in conversational speech. Mr. Casey's performance on a letter fluency test (T=45) was in the average range for an individual of his age and educational level. There was no evidence of receptive language dysfunction.

Sensory Perceptual/Motor Functions: Evaluation failed to reveal any evidence of imperceptions or suppressions affecting tactile or visual modalities during unilateral or bilateral stimulation paradigms. Mr. Casey demonstrated imperceptions and suppressions to left sided auditory stimulation. He performed efficiently on a tactile finger recognition test and made a few unsystematic errors on a Test of Graphesthesia. Mr. Casey had no difficulty recognizing gross tactile forms in each of his extremities.

Mr. Casey reports being right hand dominant. He ambulated without difficulty or need for assistance. He reported some residual low back pain that is aggravated by physically exerting activities. On a test demanding fine motor speed (Finger Tapping Test), he demonstrated bilateral slowness suggestive of moderate impairment. Assessment of grip strength revealed mild deviation from expected performance bilaterally. Mr. Casey's performance on a test demanding fine motor speed and dexterity (Grooved Pegboard Test) revealed deviation from expected performance bilaterally suggestive of mild impairment.

Attention/Memory Functioning: Mr. Casey was errorless in his performance on an extended test of information and orientation. On the Stroop Test, he demonstrated slowed and impaired processing speed for word (T=29) and color (T=35) stimuli. He remained mildly slow, but without added decrement in his performance on a divided attentional task (T=40). Mr. Casey's performance on an attentional task demanding discrimination of rhythmic sounds was below average (T=41) for an individual of his age and educational level. On an attentional task demanding discrimination of speech sounds and matching them to their phonemes (T=36), his performance was suggestive of mild impairment. Mr. Casey's performance on WAIS-III tasks assessing working memory placed him at the 25th percentile. Mr. Casey was also administered the Paced Auditory Serial Addition Test (PASAT), a measure of information processing speed and attentional regulation. Mr. Casey was able to meet the demands of this test. Observation of test performance revealed an average initial trial performance with mild decrements in his performance as the trials became more rapid and demanding. Mr. Casey's total recall score on the PASAT was within the average range (T=57) for an individual of his age and educational level.

Mr. Casey was also administered the Conner's Continuous Performance Test-II to further assess his attentional capacities. Observation of test performance revealed slow responding coupled with lots of errors which is a distinctively problematic pattern that cannot easily be explained by response style. Generally, this pattern is a strong indicator of an attention related deficit. Mr. Casey was generally erratic in his responding, indicative of poor attention capacity. He was also substantially affected by the interstimulus interval. Specifically, responses became slower and a lot more erratic when the interstimulus interval was slowed from one second to two and four seconds. The finding may reflect limitations in his ability to adjust to change in task demands.

Mr. Casey was administered the Wechsler Memory Scale-III (WMS-III) to assess different components of anterograde memory. Mr. Casey was variable in his performance across WMS-III tasks. Mr. Casey's performance on tasks assessing immediate auditory memory placed him at the 34th percentile. Mr. Casey was less efficient in his performance on WMS-III tasks assessing immediate visual memory (10th percentile). He demonstrated an adequate ability to retain auditory (30th percentile) and visual (50th percentile) information after a period of delay. Mr. Casey's performance on WMS-III tasks assessing working memory was in the low average range (21st percentile).

Analysis of separate WMS-III scale performance revealed Mr. Casey to have an average ability to immediately learn and recall orally presented narrative passages. Mr. Casey was below average in his performance on a visual memory task demanding free recall of family pictorial stimuli. He demonstrated a low average ability to retain and recall previously learned narrative passages after a period of delay (percent retention =81). Mr. Casey was deficient in his performance on a visual memory task involving the immediate learning and reproduction of visual designs (2nd percentile). He demonstrated an adequate ability to retain and reconstruct previously learned visual designs after a period of delay (percent retention =77).

Mr. Casey was also administered the California Verbal Learning Test-II (CVLT-II), a repetitive word list learning task. Mr. Casey's total recall score after five administrations of the word list placed him at the 50th percentile compared to age related peers. Observation of test performance revealed significant deficit in his initial trial performance consistent with difficulties with attentional capacities and immediate learning. Yet, Mr. Casey showed a good ability to profit from repetitive administrations, demonstrating a good learning curve. He demonstrated difficulties in his ability to retain and recall word list information in a short and long delay, free and cued recall process. Assessment of learning characteristics revealed heavy reliance on recall from the recency region of the word list. There were no excessive intrusive errors. Mr. Casey was generally efficient in his performance on a recognition task demanding that he discriminate target from non-target words, though he made six false positive errors. Mr. Casey performed efficiently on a long delay, forced choice recognition test consistent with our observation of providing good effort.

Visual Spatial/Visual Constructional Functions: There was no evidence of visual inattention or neglect processes. Nor was there evidence of constructional difficulties. Mr. Casey's performance on WAIS-III tasks assessing perceptual organizational skills placed him at the 63rd percentile. His performance was improved from that obtained in previous I.Q. testing conducted by Dr. Grace (47th percentile). On a test demanding fine discriminations of lines in space, Mr. Casey's performance was in the low average range (22nd percentile). On a visuographic sequencing test involving the serial processing of numbers, he was slow in the completion of the task (T=42) but without confusional error. When the task became more demanding, involving alternation between numbers and letters in sequential fashion, Mr. Casey's performance was within average limits (T=53).

Higher Reasoning/Problem Solving Abilities: Mr. Casey was able to inhibit and sequence fine motor movements on go-no go types of tasks. Mr. Casey performed efficiently on an executive functioning task involving letter fluency as well as being able to meet the set shifting skills associated with Trail Making Test-Part B.

Mr. Casey was re-administered the Wechsler Adult Intelligence Scale-III (WAIS-III) classifying his intellectual functioning to be in the average range with a Full Scale I.Q. of 96, a Verbal I.Q. of 91, and a Performance I.Q. of 104. Mr. Casey's Full Scale I.Q. places him at the 39th percentile. His performance was generally consistent with that obtained in previous evaluation conducted by Dr. Grace (FS I.Q.=97, V I.Q. =100, P I.Q. =104).

WAIS-III analysis revealed Mr. Casey to perform in the average range on tasks assessing perceptual organizational skills (63rd percentile). Mr. Casey was less efficient in his performance on WAIS-III tasks assessing verbal comprehension skills (32nd percentile). Mr. Casey's performance on tasks assessing working memory (25th percentile) was less efficient than that obtained in previous evaluation by Dr. Grace. Yet, Mr. Casey was more efficient with regard to his performance on processing speed tests (21st percentile) compared to that obtained by Dr. Grace (4th percentile).

Analysis of separate WAIS-III scale performance revealed significant strength on a task demanding attention to visual detail in the tangible environment (91st percentile).

Mr. Casey was administered the Wisconsin Card Sorting Test, which demands the ability to generate and discover the correct solution set as well as to shift the basis of one's responding when the externally imposed demands of the task necessitated this. Observation of test performance revealed Mr. Casey to readily identify the 1st correct hypothesis. Observation of test performance revealed that concentration difficulties interfered considerably with his effective problem solving abilities. Mr. Casey attained only four of the expected six categories but with an acceptable rate of perseverative errors (10%) and six failures to maintain set. The latter finding is consistent with disruption due to attention/concentration difficulties.

Mr. Casey was also administered the Tactual Performance Test (TPT) which demands keen kinesthetic/proprioceptive abilities as well as organizational/planning skills. Mr. Casey's initial dominant hand performance was above average (T=56). Yet, he demonstrated considerable difficulty profiting from this initial learning trial during his 2nd trial, non-dominant hand performance (T=36). Mr. Casey was improved in his 3rd trial, both hands performance (T=43). His incidental memory score (T=33) was suggestive of mild to moderate impairment. Yet, his location score (T=50) was in the average range.

Emotional/Mood State Functioning: Review of medical records revealed considerable concerns regarding Mr. Casey experiencing disruptive psychological difficulties as the result of his involvement in the medical incidents. There has been persistence of fatigue, agitation, and somatic symptomatology as well as concern regarding depression, anxiety, and posttraumatic stress.

In the current evaluation, Mr. Casey reported continuing difficulties with sadness/depression, sleep disturbance which is assisted by use of Ambien, irritability/impatience, and low energy level. He appears to be quite withdrawn and not engaging in social and recreational pursuits. There are additional environmental stressors including financial stress.

Mr. Casey was administered the Personality Assessment Inventory (PAI) to further assess his psychological functioning. Mr. Case's response set (validity scales) to the PAI indicated that he presented himself in an honest, straight forward fashion.

The obtained PAI clinical profile reveals an individual who is reporting significant unhappiness, moodiness, and tension. Mr. Casey's self esteem is quite low at this time, and he views himself as inafectional and powerless to change the direction of his life. The disruptions in his life have left him uncertain about his goals and priorities, and tense and pessimistic about what the future may hold. Mr. Casey reports difficulties in concentrating and making decisions.

Separate scale elevations reveal report of highly disruptive depression. Mr. Casey reports being severely depressed, discouraged, and withdrawn. He appears to be plagued by fears of worthlessness, hopelessness, and personal failure. There is also report of experiencing a discomforting level of anxiety and tension. He is socially isolated at this time and identifies few interpersonal relationships that he describes as being close and warm.

Consistent with ongoing disruptive somatic symptomatology, Mr. Casey reports concern about physical functioning and health matters. He sees his life as being highly compromised by his ongoing numerous and varied physical/health problems.

Mr. Casey reports experiencing recurrent episodes of anxiety associated with a traumatic experience in his life. He identifies the traumatic experience as being the medical incident.

Self concept appears to be quite harsh and negative at this time. Mr. Casey's interpersonal style is best characterized as being withdrawn and isolated at this time. He appears to be very uncomfortable in social situations at this time.

Mr. Casey also reported experiencing periodic and transient thoughts of self harm. He denied any specific suicidal plan. He does endorse being pessimistic and unhappy about his prospects for the future.

Overall, the PAI profile is consistent with an individual who is experiencing disruptive depression and anxiety in the context of ongoing somatic difficulties. There is report of associated neurocognitive difficulties as well as being quite socially withdrawn and isolated.

Mr. Casey also responded to the Ruff Neurobehavioral Inventory. The Ruff allows for an assessment of individuals in the domains of cognitive emotional and physical functioning as well as quality of life pre and post their involvement in a traumatic incident.

Mr. Casey's responses indicated that he did not believe he had any ongoing disruptions in the realms of cognitive, emotional, or physical functioning prior to his involvement in the medical incident.

Mr. Casey reported that post accident, he has experienced significant disruption in cognitive emotional, and physical realms of functioning as well as quality of life. In the cognitive domain, he identified significant disruption with regard to attention/concentration, executive functioning, and learning and memory.

In the emotional domain, Mr. Casey reported significant disruption with regard to anxiety, depression, posttraumatic stress, as well as anger and irritability.

In the physical realm, he reported significant disruption with regard to somatic symptomatology and pain. Mr. Casey also reported significant disruption of his ability to pursue vocational activities.

Summary/Integration: Mr. Casey is a 46-year-old Caucasian male referred for neuropsychological evaluation. Intellectual evaluation revealed Mr. Casey to be functioning in the average range of abilities. Neurocognitive evaluation revealed slowed mental/information processing speed with variability in Mr. Casey's attentional capacities. Assessment of memory functioning revealed difficulties with immediate learning/memory capacities but no compelling evidence of rapid forgetting (amnestic syndrome). Neuropsychological evaluation revealed Mr. Casey's primary impairments to be deficits in his speed of processing with difficulties sustaining attention/concentration, and reduced immediate learning capacities. There was no compelling evidence for impairment specifically affecting visual spatial skills, receptive or expressive language functions, or higher reasoning capacities. Assessment of sensory perceptual functioning revealed imperceptions and suppressions affecting left sided auditory processes. Motor functioning was characterized by slowness and weakness.

Assessment of emotional functioning revealed continuing difficulties with depression, fatigue/low energy level, anxiety/stress, social withdrawal/isolation, and disruptive pain and somatic symptomatology. Mr. Casey has not efficaciously responded to psychological/psychiatric treatment. This suggests the potential that difficulties/impairments are at least partially attributable to organic injury.

Overall, Mr. Casey's presentation is one of neurocognitive deficits that would be consistent with a subcortical injury. Dr. Fogerty provided rationale for the potential that Mr. Casey may well have a permanent neurological deficit. Pain symptomatology, depression, sleep disturbance, and fatigue could also be contributing to his experience of neurocognitive impairments. Mr. Casey's current neurocognitive and emotional/behavioral deficits are likely due to a multifactorial etiology. What is evident is that Mr. Casey has remained highly compromised with regard to cognitive, emotional, and physical functioning, rendering him unable to return to employment pursuits.

Based on The Diagnostic and Statistical Manual of Mental Disorders-4th Edition-TR (DSM-IV-TR), the following multiaxial assessment is provided:

Axis I	Mood Disorder with depressed mood (293.83) secondary to persistent somatic symptomatology and potential permanent neurological deficit due to complication of laser bronchoscopy. Cognitive Disorder, NOS (294.90) due to the interfering effects of somatic symptomatology, mood disturbance, sleep disturbance/fatigue, and potential permanent neurological deficit due to complications of laser bronchoscopy.
Axis II	No diagnosis (V71.09).
Axis III	Pain/somatic symptomatology; motor weakness; residual back pain; episodic chest pain; status post laser bronchoscopy complicated by pneumomedistmum and pneumothorax.
Axis IV	Marital separation/divorce; disability/unemployment; Workers' Compensation litigation.
Axis V	GAF=50 (Current).

Thank you for allowing me to participate in the evaluative care of Mr. William Mark Casey. If you have any questions regarding the evaluation or report, please do not hesitate to call me.

L. R. Waid Ph.D

L. Randolph Waid, Ph.D.
Licensed Clinical Psychologist
Clinical Associate Professor in Psychiatry/Neurology, MUSC

LRW/emf

1/10/06
WM

Joseph G. Grace III, Ph.D.
Licensed Counseling Psychologist
853 N. Church Street, Suite 510
Spartanburg, South Carolina 29303
(864) 560-1512

INTELLECTUAL ASSESSMENT

NAME:	William Mark Casey
AGE:	45
DATE OF BIRTH:	[redacted]/58
SS #:	[redacted]
EDUCATION:	Completed a year of college
OCCUPATION:	Disabled (Formerly a production worker with Michelin Tire Co.)
MARITAL STATUS:	Separated

COMPONENTS OF THE ASSESSMENT:

Spartanburg County School District #6 cumulative academic records of Mark Casey (10/17/66 – 06/08/77)
Wechsler Adult Intelligence Scale – 3rd Edition (WAIS-III) (06/02/05)

REVIEW OF MARK CASEY'S ACADEMIC RECORDS:

Mark Casey was administered three intelligence tests (readiness level ability testing) in the 2nd, 4th, and 6th grades. In the 2nd grade Mr. Casey earned an IQ score of 107 (67th percentile), in the 4th grade he earned an IQ score 115 (84th percentile), and in the 6th grade he earned an IQ score of 113 (81st percentile). Further, his achievement test scores from 2nd grade (1966) through 10th grade (1975) range from highs of 99th percentile to a low of 17th percentile with the vast majority of scores being above the 65th percentile. Also, Mr. Casey's Dorman Senior High School transcript reflects a well-rounded student who was a versatile athlete.

BEHAVIORAL OBSERVATIONS OF MARK CASEY FROM RECENT IQ TESTING:

Mr. Casey was administered the WAIS-III on 06/02/05. He appeared to make a conscientious effort throughout the thirteen test sections, but became frustrated and even dejected on Subtests in which he performed below his own expectations. Also, Mr. Casey exhibited lapses in concentration and memory, particularly on Subtests requiring abstract reasoning.

ANALYSIS OF TEST DATA:

Mark Casey earned a Full Scale IQ score of 97 (42nd percentile) on the Wechsler Adult Intelligence Scale – 3rd Edition. He earned a Verbal IQ score of 100 (50th percentile) and a Performance IQ score of 91 (27th percentile). These scores fall within the lower half of the "average" range of intellectual functioning (90 – 109). His Working Memory Index score of 106 (66th percentile) is his highest, while his Processing Speed Index score of 73 (4th percentile) is his lowest. Mr. Casey earned a Verbal Comprehension Index score of 100 (50th percentile) and a Perceptual Organization Index score of 99 (47th percentile). His Subtest scaled scores are as follows:

Verbal Subtests		Performance Subtests	
Vocabulary	11	Picture Completion	10
Similarities	10	Digital Symbol – Coding	4
Arithmetic	10	Block Design	9
Digit Span	11	Matrix Reasoning	11
Information	9	Picture Arrangement	10
Comprehension	10	Symbol Search	6
Letter–Number Sequencing	12		

The mean score for all Wechsler Subtests is 10 with a normal range of 8-12. Thus, Mr. Casey's scores on the two Processing Speed Index Subtests of Digit Symbol – Coding (4) and Symbol Search (6) are far below the normal range. These two Subtests are measures of visual perception analysis (ability to ascribe meaning to symbols, identify and discriminate between symbols), short-term visual memory, and visual-motor dexterity, speed and accuracy.

SUMMARY:

A review of Mr. Mark Casey's school records reveal that he was administered three IQ tests between the ages of about 7 and 12 years old. The average of these three ability measures is about 112 which placed him at the 79th percentile intellectually. Also, the vast majority of his achievement test scores between the 2nd and 11th grades are at or above the 65th percentile. However, Mr. Casey obtained a Full Scale IQ score of 97 (42nd percentile) on intellectual testing administered in June 2005. Further, he earned very deficient scores on Subtests involving processing speed (visual perception analysis, short-term visual memory, and visual-motor dexterity, speed and accuracy). IQ/intellectual

ability scores by test design remain unchanged over the course of one's lifetime except in the event of neurological disease or brain injury. Since there is a significant discrepancy between Mr. Casey's early intellectual ability measures and current IQ test results, the only reasonable conclusion is that he has experienced a neurological event which has diminished his ability to process information and perform in a number of areas as effectively as he once did.

Joseph G. Grace, III, Ph.D.
Licensed Counseling Psychologist
S. C. License # 278
June 17, 2005

1/10/06
WL

S[redacted]TANBURG REGIONAL MEDICAL C[redacted]TER
Radiology Report

NAME: CASEY,WILLIAM
ORDERING PHYSICIAN: FOGARTY,CHARLES M
LOC: OPT
Pt. 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

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

#71168
DOLV 7-21-05
no Appt.

SPARTANBURG REGIONAL HEALTHCARE SYSTEM
SPARTANBURG REGIONAL MEDICAL CENTER
Radiology Report
ACR Accredited Facility for Ultrasound

NAME: CASEY,WILLIAM
ORDERING PHYSICIAN: FOGARTY,CHARLES M
LOC: OPT
Pt. Type:OPT

DOB: [redacted]/58

UNIT #: 000146220
CI#: 1480525
AN#:S0520101451

Exam
80073 US GALLBLADDER
76705

Date: 07/28/05 0812
Ord Diag: 787.03-VOMITING ALONE

Sonogram of the gallbladder. 7/28/2005.

History: Epigastric pain with nausea.

Findings: Gallbladder is fluid filled. No stones are seen. Common duct is 5 mm which is normal. Pancreas and liver are unremarkable.

Conclusion: Negative sonogram of the gallbladder.

Read By: John HarrillMD
Released By: John HarrillMD

PL

FINAL

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

%%END
Authenticated by Raja Paladugu, M.D. On 6/03/04 3:37:13 PM

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

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

S[redacted]RTANBURG REGIONAL MEDICAL [redacted]TER
Radiology Report

NAME: CASEY,WILLIAM
ORDERING PHYSICIAN: KOSER,ANDRAS
LOC: 4W-434-A
Pt. Type:IP

DOB: [redacted]/58

UNIT #: 000146220
CI#: 1216733
AN#:S0414900306

Exam
60220 CT LUNG WITHOUT CONTRAST Date: 05/28/04 1805
71250 Ord Diag: Chest Pain NOS 786.50

Chest CT scan 5/28/2004.

Indication: Evaluate for possible foreign body. Patient works in construction and apparently on a chest x-ray had a metallic foreign body.

The chest x-ray cannot be located for comparison. Spiral images were obtained through the chest without contrast. There are no metallic foreign bodies evident other than snaps and monitoring leads on the patient's skin. The lungs are free of nodules and infiltrates. There is left anterior descending coronary artery calcification. No other abnormalities are evident of the noncontrasted mediastinum.

Impression:

1. Negative for opaque foreign body.

2. Left anterior descending coronary artery calcification.

Read By: Peter Ryan, M.D.
Released By: Peter Ryan, M.D.

LMB

FINAL

CASEY ,WILLIAM
ID#:146220
45 years Male Caucasian
Ord.Dr.HILL
Tech:RB
OPT. Priority:STAT
DX:V82.9
ACC#:0414900306

ER
Time:09.44.50 05/28/04
SPARTANBURG REG.MED.CENT.

Vent rate: 87

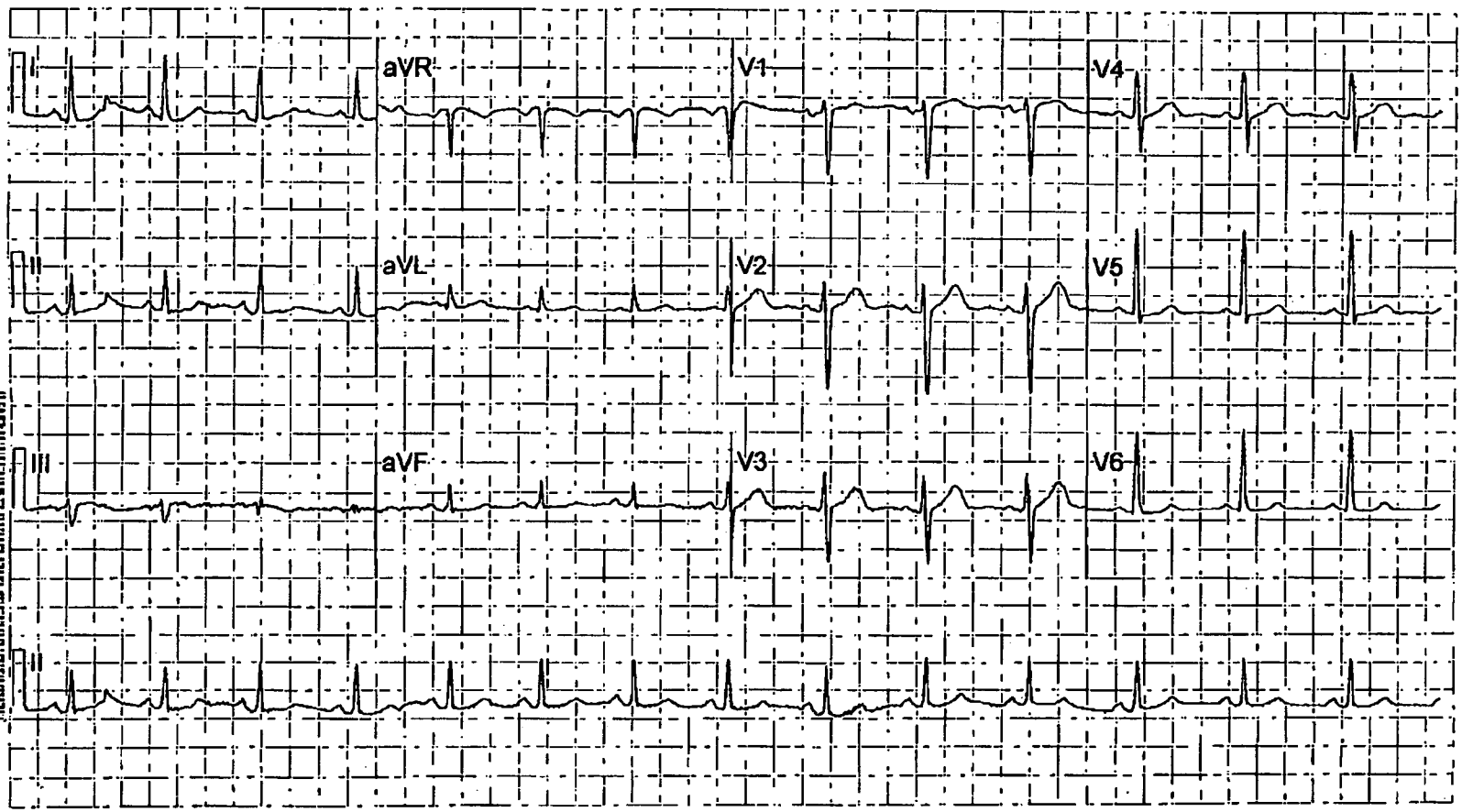
--Durations--
P : 100
QRS: 80
--Intervals--
PR : 134
QT . 356
QTc: 401
QTd: 24
--Axes--
P : 45
QRS: 29
T : 32

Sinus rhythm
Lateral ST-T changes are nonspecific

Borderline ECG

Reviewed by: Dr. Tom Robinson

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

4785

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

%%END
Authenticated by Gregory Feldman, M. D. On 6/19/04 10:26:38 AM

SPARTANBURG REGIONAL HEALTHCARE SYSTEM
SPARTANBURG, SC 29303

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 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

Note: Document is draft unless signed.

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

2 cc
CSIL

D
Rigid
Bronchoscopy

procedure/
risks explained
(See Heart
Bleeding
Pneumothorax/

Jesse

Note: Document is draft unless signed.

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,

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:

Note: Document is draft unless signed.<END FOOTER>

%%END
Authenticated by Gregory Feldman, M. D. On 6/04/04 2:35:35 PM

S[redacted]RTANBURG REGIONAL MEDICAL [redacted]NTER
Radiology Report

NAME: CASEY,WILLIAM
ORDERING PHYSICIAN: FELDMAN,GREGORY
LOC: DIS
Pt. Type:IP
DOB: [redacted]/58
UNIT #: 000146220
CI#: 1221417
AN#:S0415400048

Exam
50342 XR CHEST PA AND LATERAL Date: 06/06/04 1248
71020 Ord Diag: Foreign Body In Larynx 933.1

PA and lateral chest

June 6, 2004

Comparison: Previous day

Findings: Bilateral pneumothoraces again seen and appear unchanged from yesterday. Subsegmental atelectasis is noted in the lung bases. Subcutaneous air is noted in the neck.

Impression: Bilateral pneumothoraces appear similar in size compared to the previous day.

Read By: Joseph Kavanagh, M.D.
Released By: Joseph Kavanagh, M.D.

EH

FINAL

SPARTANBURG REGIONAL MEDICAL CENTER DEPARTMENT OF LABORATORY MEDICINE
101 E. WOOD STREET, SPARTANBURG, SOUTH CAROLINA 29303-3072/864-560-6212
DRS. DAVIS, LOWRY, WREN, NELSON, RAINER, LAPHAM, MIMS, CALDWELL \T\ BURKS

CASEY WILLIAM MR#: (0002)00014-62-20 Fin.No.:0421101061 Admitted: 29JUL04
45 YRS MALE DOB: [redacted]/1958 Office Id: Page: 1
Dr. SMITH WILSON P CUMULATIVE Printed: 03AUG04
Location: - PRIVATE OUT PT VISIT ANEMIA NOS 2027

CHEMISTRY

----------REFERENCE LAB TESTS----------

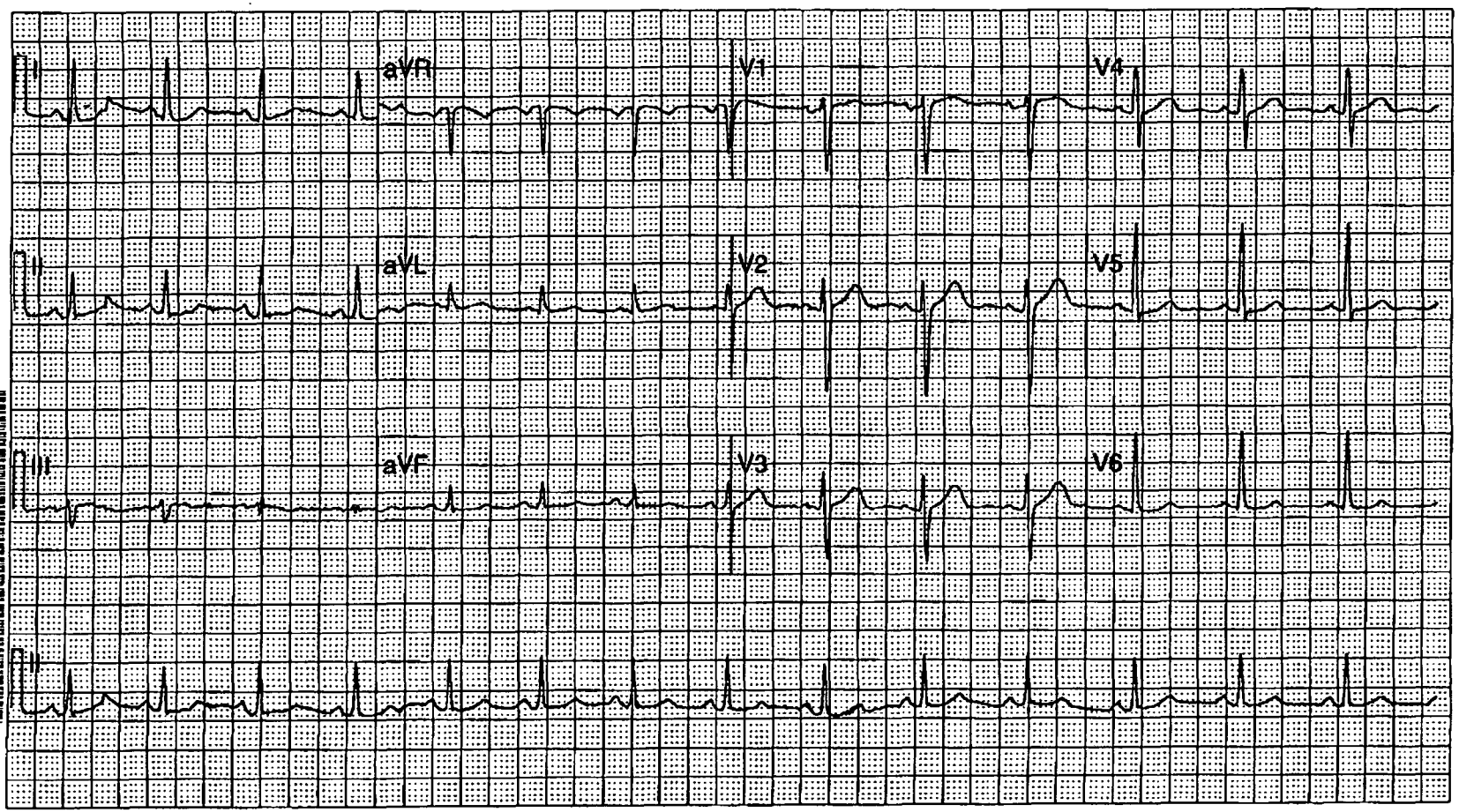
Procedure:	TIBC @	IRON @	% SATURATION @	
Units:	ug/dL	ug/dL	%	
29JUL04 1340	434 Hf	87 f	20 f	
TIBC.....				Reference Range: 250-400
IRON.....				Reference Range: 40-190

TIBC should be ordered with iron for optimal utility.

% SATURATION.. Reference Range: 15-50

CASEY ,WILLIAM	Vent rate: 87	Sinus rhythm
ID#:146220		Lateral ST-T changes are nonspecific
45 years Male Caucasian	--Durations--	
Ord.Dr.HILL	P : 100	Borderline ECG
Tech:KB	QRS: 80	
OPT: Priority:STAT	--Intervals--	
DX:V82.9	PR : 134	
ACC#:0414900306	QT : 356	
	QTc: 401	
	QTd: 24	
ER	--Axes--	
Time:09.44.50 05/28/04	P : 45	
SPARTANBURG REG.MED.CENT.	QRS: 29	Reviewed by: Dr. Tom Robinson
	T : 32	

Speed: 25 mm/s Limb Lead Gain: 10.0 mm/mV Chest Lead Gain: 10.0 mm/mV Filter(s): 50Hz Notch, 40Hz Artifact



RETRIEVE Current ECG Printed 06/03/04 10.08.02 Transcribed By: Dr. Tom Robinson 05/29/04 11.52.36

PLUSI PLUSI1.93/3.19/16.11/1.64

4794

Casey, William M. [redacted]/1958
Office/Outpatient Visit
Visit Date: Tue, Jul 12, 2005 10:31 am
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 08/16/2005 at 10:31 am.

SUBJECTIVE:

HPI:

"Maybe slight improvement" in memory and concentration. No s.e. to Adderall XR. Mood is pretty good. No s.i. Interest and motivation seem to be lagging more than he has previously indicated.

OBJECTIVE:

Exams:

Affect is euthymic. No s.i.

ASSESSMENT:

296.22 Major depression, single episode, moderate

PLAN:

Cont. Cymbalta 60 mg two qam.

Stop Adderall.

Add Strattera 40 mg one qam for seven days, then increase two qam. # 63 samples.

Cont. Ambien 10 mg one or two qhs. prn insomnia.

Ret. in 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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Casey, William M. [redacted]/1958
Office/Outpatient Visit
Visit Date: Mon, Jun 13, 2005 10:47 am
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 08/16/2005 at 10:31 am.

SUBJECTIVE:

HPI:

The depression is still pretty well controlled.

The Concerta has not helped with memory, concentration, or ability to focus. He tried taking 72 mg for two days and it did not help.

No s.i.

OBJECTIVE:

Exams:

Affect is euthymic.

ASSESSMENT:

296.22 Major depression, single episode, moderate

PLAN:

Cont. Cymbalta 60 mg two qam.

Stop Concerta.

Add Adderall XR 20 mg two qam.

Cont. Ambien 10 mg one or two qhs prn insomnia.

Ret. in 4 wks.

Major depression, single episode, moderate

Orders:
90862 Pharmacologic management with no more than minimal medical psychotherapy

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Casey, William M. [redacted]3/1958
Office/Outpatient Visit
Visit Date: Mon, May 16, 2005 10:26 am
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 08/16/2005 at 10:31 am.

SUBJECTIVE:

HPI:

He feels that depression and anxiety are well controlled. No medication s.e.

Memory is not good and concentration is poor. Has difficulty focusing on tasks.

OBJECTIVE:

Exams:

Affect is euthymic. No s.i.

ASSESSMENT:

296.22 Major depression, single episode, moderate

PLAN:

Cont. Cymbalta 60 mg two qam.

Cont. Ambien 10 mg one or two qhs prn insomnia.

Add Concerta 36 mg one qam.

Ret. in 4 wks.

Major depression, single episode, moderate

Orders:
90862 Pharmacologic management with no more than minimal medical psychotherapy

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Casey, William M. [redacted]/1958
Office/Outpatient Visit
Visit Date: Mon, Mar 14, 2005 10:56 am
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 08/16/2005 at 10:32 am.

SUBJECTIVE:

HPI:

"I believe it is definitely doing me good." "Less tense and less agitated." He thinks additional Cymbalta has really improved anxiety and depression. Stressors are about the same.

Some memory problems--he wonders if this is stress related or related to the Cymbalta.

OBJECTIVE:

Exams:
Affect is bright and relaxed.

ASSESSMENT:

296.22 Major depression, single episode, moderate

PLAN:

Cont. Cymbalta 60 mg two qam.

Cont. Ambien 10 mg one or two qhs prn insomnia.

Ret. in 8 wks.

Monitor memory--if does not improve, consider changing Cymbalta or adding a stimulant or Aricept.

Major depression, single episode, moderate

Orders:
90862 Pharmacologic management with no more than minimal medical psychotherapy

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Casey, William M. [redacted]/1958
Office/Outpatient Visit
Visit Date: Mon, Jan 17, 2005 10:17 am
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 08/16/2005 at 10:32 am.

SUBJECTIVE:

HPI:

"Some really good days." But, room for improvement in mood. No medicaiton s.e. No s.i.

OBJECTIVE:

Exams:

Affect is still down.

ASSESSMENT:

296.22 Major depression, single episode, moderate

PLAN:

Increase Cymbalta 60 mg two qam.

Cont. Ambien 10 mg one or two qhs prn insomnia.

Ret. in 4 wks.

Major depression, single episode, moderate

Orders:
90862 Pharmacologic management with no more than minimal medical psychotherapy

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Casey, William M. [redacted]/1958
Office/Outpatient Visit
Visit Date: Wed, Dec 15, 2004 10:14 am
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 08/16/2005 at 10:32 am.

SUBJECTIVE:

HPI:

Over the past 10 days, he is feeling better with more motivation and interest. No medication s.e. now--had some early nausea. Sleep is good on 20 mg Ambien.

OBJECTIVE:

Exams:

Affect is less constricted.

ASSESSMENT:

296.22 Major depression, single episode, moderate

PLAN:

Cont. Cymbalta 60 mg one qam and give it more time to work.

Cont. Ambien 10 mg two qhs prn insomnia. He does not take this every night.

Ret. in 4 wks.

Major depression, single episode, moderate

Orders:
90862 Pharmacologic management with no more than minimal medical psychotherapy

CPT® is a registered trademark of the American Medical Association.

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 08/16/2005 at 10:32 am.

SUBJECTIVE:

HPI:

46 yom referred by Dr. Joseph Grace.

See full history by Al Bennett on this same day.

He is Zoloft 150 mg qd and Ambien 10 mg one qhs prn insomnia.

He is reluctant to acknowledge depression despite symptoms that suggest this diagnosis. He does have a lot of ruminations.

He thinks Zoloft 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 Zoloft.

Add Cymbalta 60 mg one qam with food. # 42 samples.

Cont. Ambien 10 mg one qhs prn 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

CPT © is a registered trademark of the American Medical Association

Health Summary

Piedmont Psychiatric Services
2094 Woodruff Road
Greenville, SC 29607
Phone: (864)676-9211 Fax: (864)676-9432

Patient: Casey, William M.

Date: 8/16/2005

Current Problems

Major depression, single episode, moderate

Current Medications

Adderall XR 20mg Capsules, Extended Release two qam
Ambien 10mg Tablet 1-2 qhs prn
Cymbalta" 60 mg two qam
Lipitor
Lortab prn
Bextra

Allergies / Adverse Reactions

NKDA

Past Medical History

Past Medical History:
Buldging disk, back pain
Chest pain with exertion

Family History:
Denies.

Social History:
Divorce is pending. Sepateated 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.

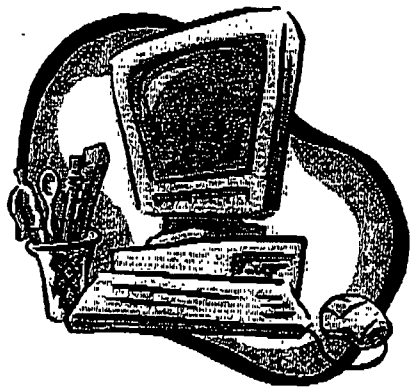
Mental Health History:
Current counseling with Jay Grace, PhD.

Past meds: Zoloft, Ambien Concerta Adderall XR

JOSEPH G. GRACE III, PH.D.
Center for Family Medicine
853 N. Church Street, Suite 510
Spartanburg, SC 29303
864-560-1512

FAX TRANSMITTAL

No. of Pages incl. Cover Sheet: 5 (oops!)



* Per Sylvia 10/27/04
Being referred to
Dr Jeff Smith for psych
consult.

To: Dr. Wilson Smith Attn: Maria Fax: ~~542-9043~~ 585-0999 RE: Mark Casey	From: Sylvia for J. Grace Date: 10-27-04 Phone: (864) 560-1512 Fax: (864) 560-1510

REMARKS: ☐ Urgent ☐ For Your Review ☐ Reply ASAP ☐ Please Comment

This facsimile transmission is intended for the use of the individual or entity to which it is addressed. It may contain information that is privileged, or Protected Health Information (PHI), as defined by the Health Insurance Portability and Accountability Act. This information is confidential and exempt from disclosure under applicable law.

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# 2[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.

FILE COPY

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 nordarenergic 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,

Jay Grace, Ph.D.
Licensed Counseling Psychologist

Aetna — Attending Physician Behavioral Health 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 MARK | [redacted] | [redacted] | -58 | 5'8" | 170
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, S.C. 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 (SAME)

(f) Patient Employer Name/City/State MICHELIN TIRE, SPARTANBURG, S.C.

(g) Patient Telephone Number (864) 486-9131 ☐ Check if New

(h) Job Title/Occupation PRODUCTION (ASSEMBLY LINE WORKER)

(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

DSM IV-TR MULTIAXIAL DIAGNOSIS: (please indicate the primary impairing diagnosis at this time with an*)

AXIS I	Primary Diagnosis 296.23	Secondary Diagnosis: 309.81	ICD-9 codes 300.02
AXIS II	Primary Diagnosis (NONE)	Secondary Diagnosis: —	ICD-9 codes —
AXIS III	Primary Diagnosis (DEFERRED)	Secondary Diagnosis: —	ICD-9 codes —
Axis IV	Primary Diagnosis OCCUPATIONAL PROBS.	Secondary Diagnosis: HEALTH PROBS, SUPPORT GROUP PROBS.	

Axis V (GAF) CURRENT 55 High last year 90 Goal for return to work 80

(Please support GAF with objective findings in the symptom assessment section below)

SYMPTOM ASSESSMENT

(a) Subjective symptoms and complaints: INITIAL AND TERMINAL SLEEP DISTURBANCES, DEPRESSIVE AFFECT ATYPICAL CYNICISM, IRRITABILITY & LOW FRUSTRATION TOLERANCE, ANXIETY AND RESTLESSNESS, ATYPICAL SOMATIC COMPLAINTS, EXCESSIVE WORRY, EASILY FATIGUED, AND INABILITY TO COPE NORMAL LIFE STRESSES.

(b) Objective findings(Include mental-status findings, testing results, rating scales, etc) BORDERLINE MENTAL STATUS EXAM, AND MMPI-II INDICATING MODERATE ANX. AND DEPRESS. PRONENESS TO DEVELOP G.I. DISTURBANCES, PANIC EPISODES, SLOWED IN THOUGHT & ACTION,

(c) Describe interpersonal stressors that impact ability to function OBSESSIONAL THOUGHTS AND COMPULSIVE BEHAVIORS.

(d) Describe work stressors that impact ability to function STRESS OF MEETING PRODUCTION, PHYSICALLY GRUELING FOR NUMBER OF HOURS AND LIFTING HEAVY TIRES CONTINUALLY

TREATMENT

(a) Medication(s) / Dose / Frequency: ZOLOFT 150MG QD. AND SOMA H.S.

(b) Impairment from medication effects SEDATION
Compliant with meds? YES

(c) Recent hospitalization? (where, when) RESPIRATORY ARREST AND COMA PRIOR TO PSYCH. SYMPTOMS.

(d) Office visit dates: First 8-4-04 Last — Next — Frequency of appointments WEEKLY

(e) Compliant with tx? YES Tx Goals VERY

4. History

(a) Has patient ever had same or similar condition? ☑ No ☐ Yes, state when and describe

(b) Is condition due to injury or illness arising out of patient's employment? ☑ No ☐ Yes ☐ Unknown

(c) Name / Specialty / City / State of other Treating Physicians or Therapists (NOT DIRECTLY)

Name WILSON SMITH, M.D. Specialty PULMONOLOGY City SPARTANBURG State S.C.
Name FRANK GONDA, M.D. Specialty FAM. PRACT. City " State "
Name JEFFREY SMITH, M.D. Specialty PSYCHIATRY City GREENVILLE State S.C.

Patient Name *(Last, First Middle Initial)* **Required**
~~LaVonda~~ CASEY, WILLIAM MARK

5. Abilities/Limitations

(a) **Is this person capable of signing checks and directing the proceeds?** _____

(b) **Please check the appropriate response of the employee's ability to perform these job functions now.**

	Unlimited Limitations	Limited	Marked	Unable To Perform
Follow work rules	☑	☐	☐	☐
Able to work with others	☑	☐	☐	☐
Able to give supervision to others	☐	☑	☐	☐
Able to work cooperatively with others in group settings	☐	☑	☐	☐
Able to maintain persistence to task	☐	☐	☑	☐
Able to maintain attention and concentration	☐	☐	☑	☐
Able to work alone or in physical isolation from others	☐	☑	☐	☐
Able to interact with supervisors	☑	☐	☐	☐
Able to interact with public/customers	☑	☐	☐	☐
Able to use judgement and make decisions	☐	☐	☑	☐
Able to attain set standards and limits	☐	☐	☐	☑
Able to direct, control or plan activities of others	☐	☐	☑	☐

(c) **Objective findings that substantiate impairment** *(current laboratory, physical and/or mental status examination, and other testing)*:
SEE "SYMPTOM ASSESSMENT" SECTION

(d) **What psychological/medical restrictions/limitations are you placing on this patient?** *(Activities of Daily Living, Driving, etc)*
LIMITED RECREATION ACTIVITIES AND VERY LIMITED VOCATIONAL ACTIVITIES

- Number of Hours patient is capable of working in a day: ☐12 ☐10 ☐8 ☐6 ☐4 ☐2 ☐1 Hour/Day NONE
- Number of Days per week patient is able to work: ☐1 ☐2 ☐3 ☐4 ☐5 ☐6 ☐7 Days/Week NONE
- Date you prescribed restriction on work activities ..... Month 8 Day 4 Year 04
- How long are these restrictions/limitations in effect? SYMPTOMS THAT INTERFERE WITH ANXIETY AND DEPRESSION ARE TREATED ☐ No Longer
  ROUGH ESTIMATE Days Weeks Months
- Estimated return to work date? Nov 30, 04 (MM/DD/YYYY) modified duty 1/2 TIME (MM/DD/YYYY) full duty INITIALLY

(e) **Other/ Comments** _____

6. Current Status

(a) Patient is/has ..... ☑ Improved ☐ Unchanged ☐ Regressed

(b) Is there a medical contra-indication for patient to participate in Vocational Rehabilitation (job retraining) programs?
☐ No ☑ Yes, please explain WOULD BE OF NO BENEFIT TO THIS PATIENT

(c) In your opinion, is your patient motivated to return to work? YES BUT RESTRICTED BY PSYCHIATRIC DISORDERS.

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)*	Degree	Specialty
JOSEPH G GRACE, III	PH. D.	CLINICAL/COUNSELING PSYCHOLOGY
Address *(No. Street, City, State, Zip Code)*	**Telephone Number**	**Fax Number**
853 N. CHURCH ST. SUITE 510 SPARTANBURG S.C. 29303	(864) 560-1512	(864) 560-1565

9. Physician Signature

Signature	Date *(MM/DD/YYYY)*
Joseph G. Grace, III, PhD	10-19-04

AP DT 01-002 ME
GC-1493-1 (6-03)

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

PRINTED BY: JC26378
%%END DATE 10/29/2004
Authenticated by Raja Paladugu, M.D. On 6/03/04 3:37:13 PM

SPARTANBURG
Regional Healthcare System

☐ SRMC ☐ SHRC ☐ BJW

MD ORDER TIME #1	#2	#3	ICD 9 DX CODE

BLOOD
- CBC auto man
- BMP
- CMP
- CKMB / Troponin
- Lipase / Amylase
- PT/PTT
- BHCG ql qnt
- Group RH
- T & S
- T & C: 1 2 3 4
- Culture 1 2

URINE
- UA cc cath c&s
- UCG
- UDS

LEVELS
- ETOH
- ASA
- Tylenol
- Digoxin
- Lithium
- Theoph
- Dilantin
- Depakote
- Tegretol
- Phenob

GYN
- GC/Chlamydia
- Wet Prep

PULM
- EKG
- ABG RA 2L 100%
- HHN 1 2 cont

IMAGING
- CXR: pa/lat port
- Abd 2view KUB
- Spine C T L
- Shoulder L R
- Elbow L R
- Wrist L R
- Hand L R
- Pelvis
- Hip L R
- Knee L R
- Ankle L R
- Foot L R
- US GB Abd Pelvis
- CT Head Face Abd Pelvis
- DOP vn art L R UE LE

ORDERS	CONSULTANT	1st	2nd	3rd
1	1			
2	2			
3	3			
4				
5				
6				

☒ Template ASSESSMENT ☐ Dictated | MEDS & INTERVENTION | NURSE/TECH | TIME

CP Pathway
D FOREIGN BODY (1) MAIN BRONCHUS
D PTX
D TCHol

STAFF ALERT

RADIOLOGY: Fluoro 3rd

Dx chest pain. Admit MD Bed

ED Physician Levinson 12382 Resident / NP / PA Consultant / PMD.

PATIENT

ACCOUNT NO	ADMISSION DATE / TIME	PC	DATE OF BIRTH	AGE	SEX	RACE	MS	SERVICE	ARRIVAL	PAT TYPE	BY	UNIT NUMBER
S 0414900306	05/28/04 0950	SP	[redacted]58	45Y	M	1	M	EME	1	ER	JM	000-146220

ADMITTING DOCTOR	ATTENDING DOCTOR	ACCIDENT/WORK RELATED	ACCIDENT DATE/TIME	ADM TYPE / SOURCE
PHYSICIANS,ED	PHYSICIANS,ED	NO		1 7

PATIENT INFORMATION
CASEY,WILLIAM
240 LIGHTWOOD FARM ROAD
WOODRUFF SC 29388-

SOC SEC NO [redacted]
TELEPHONE NO (864)476-9100

PATIENT EMPLOYER
MICHELIN TIRE
PO BOX 5049
SPARTANBURG SC 29304
TELEPHONE NO (8641599-3151

PLEASE BY 12/29/2004
DATE

ED8

33 **Chest Pain**

DATE: 5/28 TIME: 952A ROOM _____ EMS Arrival

HISTORIAN: patient paramedic translator other _____

AGE _____ M / F _____

History limited by _____

HPI

chief complaint: chest pain / discomfort

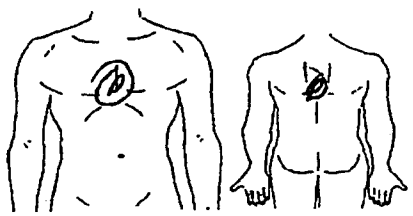
duration / started: several days

timing:
still present better
gone now
lasted _____
resolved on arrival in E D

constant "waxing & waning"
intermittent episodes lasting
many
worse/persistent since

quality:
pressure
tightness
indigestion
burning
dull
like prior MI
sharp
stabbing
"pain"
"numbness"
_____

Location of pain:



R / L lateral / precordal / substernal

radiation: none diagrammed above _____

associated symptoms:
nausea
vomiting
shortness of breath
sweating

modifying factors:

worsened by:
change in position
deep breaths / turning
exertion
nothing

relieved by:
sitting up
rest
antacids
nothing

NTG 1 2 3 _____
patient's own supply
given by paramedics
relief: none / partial / complete / transient
ASA by paramedics/EMS
Oxygen NRB L

context:
onset during:
sleep rest light activity
mod / heavy exertion
emotional upset
cannot recall

severity:
maximum (1-10) _____
mild moderate severe
when seen in ED (1-10) _____
gone almost gone mild moderate severe
residual discomfort in arm (L / R) _____

Similar symptoms previously _____

Recently seen/treated by doctor _____
AMD Khan Bailey Long

PRINTED [redacted]

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Spartanburg Regional Healthcare System
EMERGENCY PHYSICIAN RECORD

☐ Agree w/ nurse's note for PFSH / ROS

ROS
☐ ROS below otherwise negative

CHEST-CONST
fever
chills
cough
sputum
ankle swelling
calf/ leg pain

FEMALE REPRODUCTIVE
LNMP
vaginal discharge
abnormal bleeding
denies pregnancy

NEURO
headache
blackouts

EYES-ENT
blurred vision
sore throat

GI and GU
abdominal pain
black / bloody stools
problems urinating

SKIN & LYMPH & MS
skin rash
joint pain
swollen glands

PAST HISTORY Prior records ordered / reviewed ☐ Tetanus UTD

* = MI risk factors

* high blood pressure
* diabetes insulin / oral / diet
* high cholesterol many
* heart disease
heart attack (MI)
angina / heart failure
DVT / PE / risk factors
other problems

emphysema
collapsed lung
stroke
peptic ulcer
documented? yes no
gall stones

Surgeries/Procedures none

cardiac bypass
cardiac cath 2yrs
angioplasty
thrombolytics
pacemaker
tonsillectomy
cholecystectomy
appendectomy
hysterectomy

Medications none see list
acetaminophen BCP's

Allergies NKDA
see list

SOCIAL HX *smoker *drugs
alcohol (recent / heavy / occasional)
lives alone lives in nursing home lives at home
occupation

FAMILY HX (CAD (<55yo / >55yo) _____

S 0414900306 000-146220
CASEY,WILLIAM DOB [redacted] /58
ADM PHYSICIANS,ED
ADM DATE/TIME 05/28/04 0950

CONSTITUTIONAL
☐ agree w/ vital signs Other_____
Pulse Ox *time*_____ 96 % RA _O_2 *l/min*
Interpretation: ✓ *normal* _abnormal Dx_____
__Exam limited by _____
Distress: ✓ NAD __mild __moderate __severe_____

HEENT
✓ normocephalic, atraumatic
✓ PERRL
__ENT nml inspection
__post-surgical pupillary defect (R/L)_____
__scleral icterus / pale conjunctivae_____
__TM obscured by cerumen (R/L)_____
__abnml TM / hearing deficit_____
__pharyngeal erythema_____

NECK
✓ nml inspection
__thyromegaly_____
__lymphadenopathy (R / L)_____

RESPIRATORY
✓ no resp distress
✓ chest non-tender
✓ nml breath sounds
__see diagram_____
__respiratory distress_____
__manifests distinct pain on movement_____
of R /L arm of trunk_____
__splinting / decrsd air mvmnt_____
__rales/rhonchi/wheezing_____

CVS
✓ regular rate, rhythm
✓ no murmur
✓ no gallop
✓ no friction rub
__irregularly irregular rhythm_____
__extrasystoles (occasional / frequent)_____
__tachycardia / bradycardia_____
__PMI displaced laterally_____
__JVD present _____
__murmur grade__/6 sys / dias_____
cresc / cresc-decresc / decresc_____
__gallop (S3 / S4)_____
__friction rub_____
__decreased pulse(s)_____
R carotd___ fem___ dors ped_____
L carotd___ fem___ dors ped_____

T = tenderness
G = guarding
R = rebound
m = mild
mod = moderate
sv = severe
(e.g., T*sv* = severe tenderness)



GI / ABDOMEN
✓ non-tender
✓ no organomegaly
__tenderness_____
__guarding_____
__rebound_____
__abnml bowel sounds_____
__hepatomegaly /splenomegaly / mass_____

SKIN
✓ color nml, no rash
✓ warm, dry
__cyanosis / diaphoresis / pallor_____
__skin rash_____

MUSCULOSKELETAL / EXTREMITIES
✓ non-tender
✓ normal ROM
✓ no pedal edema
✓ no calf tenderness
__pedal edema_____
__calf tenderness_____
__clubbing_____

NEURO
✓ awake and alert
✓ oriented x3
✓ CN's nml as tested
✓ no motor/sensory deficit
__lethargic_____
__disoriented to person/place/time_____
__facial droop/EOM palsy/anisocoria_____
__weakness/sensory loss_____

Chest Pain-33

PRINTED BY: JC26378
DATE 10/29/2004

✓ mood/affect nor
__depressed affect_____
__anxious_____

LABS, EKG, and XRAYS

CBC *normal*	Chemistries	Gluc_____	Myo_____
nml except	*normal*	BUN_____	PT_____
WBC_____	*nml except*	Creat_____	PTT_____
Hgb_____	Na_____	_____	UA *nml*
Hct_____	K_____	CK_____	*nml except*
Platelets_____	Cl_____	CKMB_____	_____
_____	CO_2_____	Troponin_____	_____

Rhythm ECG (1 - 3 Lead) __NSR __abnml_____ Time_____
12 Lead ECG-_____ Time_____
Rate_____
__NSR __tachycardia / bradycardia / atrial fibrillation_____
__nml QRS __wide QRS LBBB RBBB IVCD_____
__nml intervals __heart block 1° 2° 3°_____
__nml ST / T __non-specific ST - T abnormalities_____
__ST elevation / ST depression / T-wave inversion_____
PRIOR ECG- __unchngd __unavail __changed_____
☐ interp contemporaneously by me ☐ I agree w/ confirm computer reading

CXR *__chest- PA/LAT __AP port. # of views*_____
__nml heart size __obtained to R/O pneumonia_____
__nml lung markings __under-penetrated / over-penetrated / rotated_____
__nml great vessels and mediastinum __decr lung markings c/w COPD_____
__density c/w pleural effusion_____
__nml __cardiomegaly_____
__NAD __incr lung markings / infiltrate_____
PRIOR XRAY- __unchngd __unavail __changed_____
☐ interp contemporaneously by me ☐ discussed w/ Radiologist
☐ interp by Radiologist ☑ personally reviewed by me

ED COURSE. *Time* 1100 __re-examined __unchanged __improved

__Crit Care- ____ min *(excluding separately billable procedures)*_____
__Discussed with Dr _____Time_____
patient will be seen in office / ED / hospital
Counseled patient / family regarding: __Rx given _____
lab results / diagnosis / need for follow-up
☑ EMTALA EMC present ☐ EMTALA EMC absent
☐ Stable for discharge / out patient follow up

CLINICAL IMPRESSION:

Chest Pain *acute precordial*	Acute MI_____
Chest Wall Pain- acute	Unstable Angina
Pulmonary Embolism	Dissecting Aneurysm

_____
Follow up with Dr_____
DISPOSITION- ☐ discharge ☐ admit_____ ☐ transfer_____
Time_____ ☐ placed in obs. (See obs template) ☐ Left AMA_____
CONDITION- ☐ unchanged ☐ improved ☐ stable unless otherwise markd

*ARNP / PA*_____
PHYSICIAN- _____ *Time*_____
PHYSICIAN _____ 1238 *Time*_____
☐ T Complete ☐ T Sheet Add-On _____ ☐ Copy PMD ☐ Dictated

S 0414900306 000-146220
CASEY,WILLIAM DOB [redacted]/58
ADM PHYSICIANS,ED
ADM DATE/TIME 05/28/04 0950

SPARTANBURG
Regional Healthcare System

☒SRMC ☐SHRC ☐BJW

GENERAL CONSENT TO TREAT/

PATIENT AUTHORIZATION/ACKNOWLEDGEMENT OF BENEFITS RELEASE

The following are the conditions for services provided by the Spartanburg Regional Health Services District, Inc. (District) for the patient whose name appears at the bottom of this page

CONSENT FOR MEDICAL TREATMENT

I/we voluntarily consent to medical treatment and diagnostic procedures provided by Spartanburg Regional Health Services District, Inc and its associated hospitals, physicians, clinicians and other personnel I/we consent to the testing for infectious diseases, such as, but not limited to syphilis, AIDS, hepatitis and testing for drugs if deemed advisable by my physician I/we am/are aware that the practice of medicine and surgery is not an exact science and I/we acknowledge that no guarantees have been made as to the result of treatments or examinations I/we understand that certain healthcare professionals furnishing services including but not limited to, radiologist, pathologist, anesthesiologist and emergency room physicians are independent contractors with the patient and are not employees or agents of the District

AUTHORIZATION FOR RELEASE OF INFORMATION

The hospital and attending physician are authorized to release any medical information required in the processing of applications or submission of information for financial coverage, discharge planning and further medical treatment. To include information referring to psychiatric care, sexual assault or tests for infectious diseases including AIDS/HIV for services provided during this admission I/we also agree to the release of medical or other information about me to government federal or state regulatory agencies as required by law

ASSIGNMENT OF INSURANCE BENEFITS

I/we guarantee payment of all charges made for or on account of the patient and I/we assign our rights in any insurance benefits or other funding to the physician and the District I/we understand that I/we am/are responsible for any charges not covered by insurance or other forms of benefits I/we understand the District can obtain my/our credit report for review in collection of this debt In the event that this account is placed with a collection agency or attorney for collection or collected following the SC Setoff Debt Collection Act, I/we shall pay all collection fees and costs, including reasonable attorney's fees. For Medicare beneficiaries: I/we have provided all necessary information for proper assignment of Medicare benefits

VALUABLES RELEASE FORM

I/we have been requested to check valuables with the hospital and release the District of any liability and assume responsibility for any items not deposited to the hospital's care Any valuables not claimed within thirty (30) days of discharge will become the property of the hospital

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I/we have received a copy of the Notice of Privacy Practices The notice describes how my health information may be used or disclosed I understand that I should read it carefully I am aware that the Notice may be changed at any time. The Notice of Privacy Practices may be accessed at www srhs com

5/28/04 — William M Casey
DATE AND TIME — SIGNATURE OF PATIENT OR PARENT, GUARDIAN OR LEGALLY AUTHORIZED REPRESENTATIVE (Relationship to Patient)

HOSPITAL WITNESS — SIGNATURE OF GUARANTOR (RELATIONSHIP TO PATIENT)

Patien
S 0414900306 000-146220
CASEY,WILLIAM DOB [redacted]58
ADM PHYSICIANS,ED
ADM DATE/TIME 05/28/04 0950

PRINTED BY: JC26378
DATE 10/29/2004
1336 (REV. 02-03)

SPARTANBURG
Regional Healthcare System — ☐ SRMC ● SHRC ☐ BJW

MD ORDER TIME #1 #2 #3 — ICD 9 DX CODE

BLOOD
- BMP
- CMP
- CKMB / Troponin
- Lipase / Amylase
- PT/PTT
- BHCG ql qnt
- Group RH
- T & S
- T & C 1 2 3 4
- Culture 1 2

URINE
- UA cc cath c&s
- UCG
- UDS

LEVELS
- ETOH
- ASA
- Tylenol
- Digoxin
- Lithium
- Theoph
- Dilantin
- Depakote
- Tegretol
- Phenob

GYN
- GC/Chlamydia
- Wet Prep

PULM
- EKG
- ABG: RA 2L 100%
- HHN 1 2 cont

IMAGING
- CXR. pa/lat port
- Abd 2view KUB
- Spine. C T L
- Shoulder L R
- Elbow. L R
- Wrist: L R
- Hand. L R
- Pelvis:
- Hip L R
- Knee L R
- Ankle: L R
- Foot L R
- US GB Abd Pelvis
- CT. Head Face Abd Pelvis
- DOP. vn art L R UE LE

ORDERS		CONSULTANT	1st	2nd	3rd
1	4	1			
2	5	2			
3	6	3			

☒ Template **ASSESSMENT** ☐ Dictated

CP Pathway

D. FOREIGN BODY (1) MAIN BRONCHUS

D. ITN.

D. TCCM.

MEDS & INTERVENTION | **NURSE/TECH** | **TIME**

STAFF ALERT.

PALADOLG: Ranitidine 50 mg

POOR ORIGINAL

Dx chest pain. Admit MD Bed.

ED Physician: Leshman 12382 Resident / NP / PA Consultant / PMD

PATIENT

ACCOUNT NO	ADMISSION DATE / TIME	FC	DATE OF BIRTH	AGE	SEX	RACE	MS	SERVICE	ARRIVAL	PAT TYPE	BY	UNIT NUMBER
S 0414900306	05/28/04 0950	SP	[redacted]58	45Y	M	1	M	EME	1	ER	JM	000-146220

ADMITTING DOCTOR	ATTENDING DOCTOR	ACCIDENT/WORK RELATED	ACCIDENT DATE/TIME	ADM TYPE / SOURCE
PHYSICIANS,ED	PHYSICIANS,ED	NO		1 7

PATIENT INFORMATION — SOC SEC NO [redacted]
CASEY,WILLIAM
240 LIGHTWOOD FARM ROAD
WOODRUFF SC 29388-
TELEPHONE NO (864)476-9100

PATIENT EMPLOYER
MICHELIN TIRE
PO BOX 5049
GREENVILLE SC 29304
TELEPHONE NO (864)599-3151

PT [illegible] DATE [illegible]

EDB

33 **Chest Pain**

☐ Agree w/ nurse's note for PFSH / ROS

DATE 5/28 TIME 0950 ROOM: ____ EMS Arrival

HISTORIAN: patient paramedic translator other____

AGE____ M / F

History limited by ____

HPI

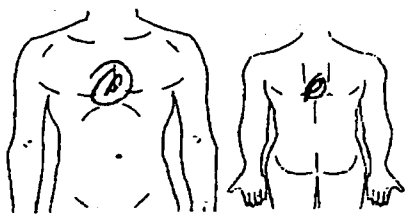
chief complaint: chest pain / discomfort

duration / started: several days

timing:
dull present better
gone now
lasted____
resolved on arrival in ED
constant waxing & waning"
intermittent episodes lasting
worse/persistent since

quality:
pressure
tightness
indigestion
burning
dull
like prior MI
sharp
stabbing
"pain"
"numbness"

Location of pain:



R / L lateral / precordial / substernal

radiation: none diagrammed above ____

associated symptoms:
nausea
vomiting
shortness of breath
sweating

modifying factors:

worsened by:
change in position
deep breaths / turning
exertion
nothing

relieved by:
sitting up
rest
antacids
nothing

CNTG 1 2 3
patient's own supply
given by paramedics
relief: none / partial / complete / transient
ASA by paramedics/EMS
Oxygen NRB L

context:
onset during
sleep rest light activity
mod / heavy exertion
emotional upset
cannot recall

severity:
maximum (1-10)____
mild moderate severe
when seen in ED (1-10)____
gone almost gone mild moderate severe
residual discomfort in arm (L / R)____

Similar symptoms previously____

Recently seen/treated by doctor____ AMD Chart Bailey Spay Feiny

ROS

☐ ROS below otherwise negative

CHEST-CONST
fever
chills
cough
sputum
ankle swelling
calf / leg pain

FEMALE REPRODUCTIVE
LNMP
vaginal discharge
abnormal bleeding
denies pregnancy

NEURO
headache
blackouts

EYES-ENT
blurred vision
sore throat

GI and GU
abdominal pain
black / bloody stools
problems urinating

SKIN & LYMPH & MS
skin rash
joint pain
swollen glands

PAST HISTORY Prior records ordered / reviewed ☐ Tetanus UTD

* = MI risk factors

* high blood pressure
* diabetes insulin / oral / diet
* high cholesterol 1 month
* heart disease
heart attack (MI)
angina / heart failure
DVT / PE / risk factors
other problems

emphysema
collapsed lung
stroke
peptic ulcer
documented? yes no
gall stones

POOR ORIGINAL

Surgeries/Procedures none

cardiac bypass
cardiac cath 2 yrs
angioplasty
thrombolytics
pacemaker
tonsillectomy
cholecystectomy
appendectomy
hysterectomy

Medications none see list
acetaminophen BCP's

Allergies NKDA
see list

SOCIAL HX smoker *drugs
alcohol (recent / heavy / occasional)
lives alone lives in nursing home lives at home
occupation

FAMILY HX CAD (<55yo / >55yo)

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Spartanburg Regional Healthcare System 10/29/2004

EMERGENCY PHYSICIAN RECORD

Version October 2002

S:0414900306 000-146220
CASEY,WILLIAM DOB [redacted]88
ADM PHYSICIANS,ED
ADM DATE/TIME 05/28/04 0950

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 _____ BUN 12, creatinine 0.8, glucose 107, WBC 9.2, hemoglobin 12, hematocrit 36, platelets 539.

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DATE 10/29/2004

IMPRESSION/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 KOSER, M.D., Attending Physician

Note: Document is draft unless signed.<END FOOTER>

Authenticated by Raja Paladugu, M.D. On 5/29/04 4:43:13 PM

PRINTED BY: JC26378
DATE 10/29/2004

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

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: JC26378
DATE 10/29/2004

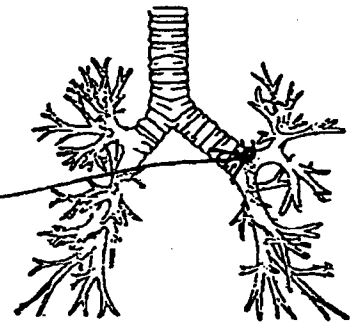
SPARTANBURG
Regional Healthcare System

☐SRMC ☐SHRC ☐BJW

ENDOSCOPY IMMEDIATE POST-OP NOTE
BRONCHOSCOPY RECORD

Job #
64993

asthmatous granuloma
? foreign body



DATE: 5/28
MEDS: 1 Versed 1 mg fentanyl 100 mcg
PROCEDURE:
Bronch c aspiration of secretions

POST-OP DIAGNOSIS: Foreign body
COMPLICATIONS (IF ANY)
SPECIMENS (IF ANY)

REFERRING PHYSICIAN:

ENDOSCOPIST'S SIGNATURE:

Patient Label

CASEY,WILLIAM DOB [redacted]/58
ADM PHYSICIANS,ED
ADM DATE/TIME 05/28/04 0950

PRINTED BY: JC26378
DATE 10/29/2004

1198 (Rev 09-03)

SPARTANBURG REGIONAL MEDICAL CENTER DEPARTMENT OF LABORATORY MEDICINE
101 E. WOOD STREET, SPARTANBURG, SOUTH CAROLINA 29303-3072/864-560-6212
DRS. DAVIS, LOWRY, WREN, NELSON, RAINER, LAPHAM, MIMS, CALDWELL \T\ BURKS

CASEY WILLIAM
45 YRS MALE
Dr. KOSER ANDRAS
Location: 4W 434 -A 4TH WEST

MR#: (0001)00014-62-20 Fin.No.:0414900306
DOB: [redacted]/1958 Office Id:
CHEST PAIN NOS

CUMULATIVE

Admitted: 28MAY04
Page: 1
Printed: 29MAY04 0738

HEMATOLOGY

BLOOD CELL PROFILE

Procedure:	WBC	RBC	HEMOGLOBIN	HCT	MCV	MCH	MCHC	RDW
Ref Range:	(4.5-11.0)	(4.30-5.70)	(13.5-17.5)	(40.0-52.0)	(82.0-98.0)	(28.0-33.0)	(32.5-36.0)	(11.5-14.5)
Units:	K/CMM	M/CMM	G/DL	%	FL	PG	%	
28MAY04 0950	9.1	3.91 L	12.8 L	36.8 L	94.1	32.8	34.9	12.7

Procedure:	PLATELET
Ref Range:	(130-400)
Units:	K/CMM
28MAY04 0950	539 H

AUTOMATED DIFFERENTIAL

Procedure:	NEUTS %	LYMPHS %	MONOS %	EOS %	BASOS %
Ref Range:	(32.3-72.9)	(18.8-50.3)	(3.7-12.2)	(0.0-6.9)	(0.1-2.1)
Units:	%	%	%	%	%
28MAY04 0950	75.3 H	16.3 L	5.5	2.6	0.3

MANUAL DIFFERENTIAL

Procedure:	AGC
28MAY04 0950	7116

PRINTED BY: JC26378

DATE 10/29/2004

Symbols:
L = Low, H = High
Patient Name: CASEY WILLIAM Location: 4W 434 4TH WEST Page: 1 Cont...

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DATE 10/29/2004

SPARTANBURG REGIONAL MEDICAL CENTER DEPARTMENT OF LABORATORY MEDICINE
101 E. WOOD STREET, SPARTANBURG, SOUTH CAROLINA 29303-3072/864-560-6212
DRS. DAVIS, LOWRY, WREN, NELSON, RAINER, LAPHAM, MIMS, CALDWELL \T\ BURKS

CASEY WILLIAM MR#: (0001)00014-62-20 Fin.No.:0414900306 Admitted: 28MAY04
45 YRS MALE DOB: [redacted]/1958 Office Id: Page: 2
Dr. KOSER ANDRAS CUMULATIVE Printed: 29MAY04
Location: 4W 434 -A 4TH WEST CHEST PAIN NOS 0738

COAGULATION

Procedure:	PROTIME	PROTIME INR	PTT
Ref Range:	(09.2-12.9)		(21.3-33.3)
Units:	SEC		SEC
28MAY04 0950	12.3	1.1	29.8

PROTIME (08APR04 -- Current)
SRMC NEW REFERENCE RANGES EFFECTIVE 04/05/04
PROTIME INR (08APR04 -- Current)
THERAPEUTIC RANGE: 2.0 3.0
PROSTHETIC HEART VALVE RANGE: 2.5-3.5
PTT (11MAY04 -- Current)
SRMC NEW REFERENCE RANGES EFFECTIVE 04/05/04
NOTE: EFFECTIVE 04/05/04 FOR SRMC PATIENTS ON HEPARIN THERAPY, THE THERAPEUTIC RANGE IS 42.7 - 71.6 SECONDS

NOTE: EFFECTIVE 03/18/03 FOR RESTORATIVE CARE HOSPITAL PATIENTS ON HEPARIN THERAPY THE THERAPEUTIC RANGE IS 40 - 60 SECONDS

BJW NOTE: EFFECTIVE 04/22/04 FOR BJW PATIENTS ON HEPARIN THERAPY, THE THERAPEUTIC RANGE IS 53-100 SECONDS.

CHEMISTRY

------ BASIC METABOLIC PROFILE -----

Procedure:	NA++	K+	CHLORIDE	CO2	GLUCOSE	BUN	CREAT	ANION GAP	BUN/CREAT	OSMO CALC
Ref Range:	(133-146)	(3.5-4.9)	(100-111)	(23.0-32.6)	(77-117)	(6-20)	(.6-1.2)	(6-13)	(8-23)	(271-310)
Units:	MMOL/L	MMOL/L	MMOL/L	MMOL/L	MG/DL	MG/DL	MG/DL	MMOL/L		MOSKG
28MAY04 0950	136	3.9	104	28.0	106	12	.8	8	15	272

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DATE 10/29/2004

SPARTANBURG REGIONAL MEDICAL CENTER DEPARTMENT OF LABORATORY MEDICINE
101 E. WOOD STREET, SPARTANBURG, SOUTH CAROLINA 29303-3072/864-560-6212
DRS. DAVIS, LOWRY, WREN, NELSON, RAINER, LAPHAM, MIMS, CALDWELL \T\ BURKS

CASEY WILLIAM MR#: (0001)00014-62-20 Fin.No.:0414900306 Admitted: 28MAY04
45 YRS MALE DOB: [redacted]/1958 Office Id: Page: 3
Dr. KOSER ANDRAS CUMULATIVE Printed: 29MAY04
Location: 4W 434 -A 4TH WEST CHEST PAIN NOS 0738

CHEMISTRY

SINGLE CHEMISTRIES

Procedure:	CALCIUM	TROPONIN I	MYOGLOBIN
Ref Range:	(8.9-10.3)	(< .07)	(< 110.0)
Units:	MG/DL	NG/ML	NG/ML
28MAY04 0950	8.8 L	<0.07	28.9

TROPONIN I (04MAR04 Current)
NEW REFERENCE RANGE FOR NORMAL IS <0.07 NG/ML
NEW CUTOFF FOR ACUTE MYOCARDIAL INFARCTION IS 0.50 NG/ML
NOTE : TROPONIN MAY REMAIN ELEVATED SEVERAL DAYS AFTER MI

BJW REFERNCE VALUES
NORMAL = <0.03
INTERMEDIATE = 0.04-0.49
ACUTE MI = >0.50

MYOGLOBIN (18AUG03 -- Current)
MYOGLOBIN RESULTS >110 NG/ML IS HIGHLY SUGGESTIVE OF MYOCARDIAL INFARCTION

LIPID STUDIES

Procedure:	CHOLESTEROL	TRIGLYCERIDES	HDL	LDL	VLDL	HDL/LDL RATIO
Ref Range:	(< 200)	(44-150)	(40-60)	(< 100)	(5-35)	(< 3)
Units:	MG/DL	MG/DL	MG/DL	MG/DL	MG/DL	
29MAY04 0555	149	555 H	22 L	76	111 H	3

MI/CARDIAC PROFILES

Procedure:	CPK	CK-MB	CK INDEX
Ref Range:	(42-231)	(.0-6.0)	(0.0-1.8)
Units:	IU/L	NG/ML	
28MAY04 0950	103	1.4	1.4

CK INTERPRET: NO ENZYME EVIDENCE OF MYOCARDIAL INJURY.

Symbols:
L = Low, H = High

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DATE 10/29/2004

%%END

PRINTED BY: JC26378
DATE 10/29/2004

[redacted]TANBURG REGIONAL MEDICAL C[redacted]ER
Radiology Report

NAME: CASEY,WILLIAM
ORDERING PHYSICIAN: KOSER,ANDRAS
LOC: 4W-434-A
Pt. Type:IP

DOB: [redacted]/58

UNIT #: 000146220
CI#: 1216733
AN#:S0414900306

Exam
60220 CT LUNG WITHOUT CONTRAST Date: 05/28/04 1805
71250 Ord Diag: Chest Pain NOS 786.50

Chest CT scan 5/28/2004.

Indication: Evaluate for possible foreign body. Patient works in construction and apparently on a chest x-ray had a metallic foreign body.

The chest x-ray cannot be located for comparison. Spiral images were obtained through the chest without contrast. There are no metallic foreign bodies evident other than snaps and monitoring leads on the patient's skin. The lungs are free of nodules and infiltrates. There is left anterior descending coronary artery calcification. No other abnormalities are evident of the noncontrasted mediastinum.

Impression:

1. Negative for opaque foreign body.

2. Left anterior descending coronary artery calcification.

Read By: Peter Ryan, M.D.
Released By: Peter Ryan, M.D.

LMB

FINAL

PRINTED BY: JC26378
DATE 10/29/2004

4826

CASEY ,WILLIAM
ID#:146220
45 years Male Caucasian
Ord.Dr.HILL
Tech:KB
OPT. Priority:STAT
DX:V82.9
ACC#:0414900306

ER
Time:09.44.50 05/28/04
SPARTANBURG REG.MED.CENT.

Vent rate: 87

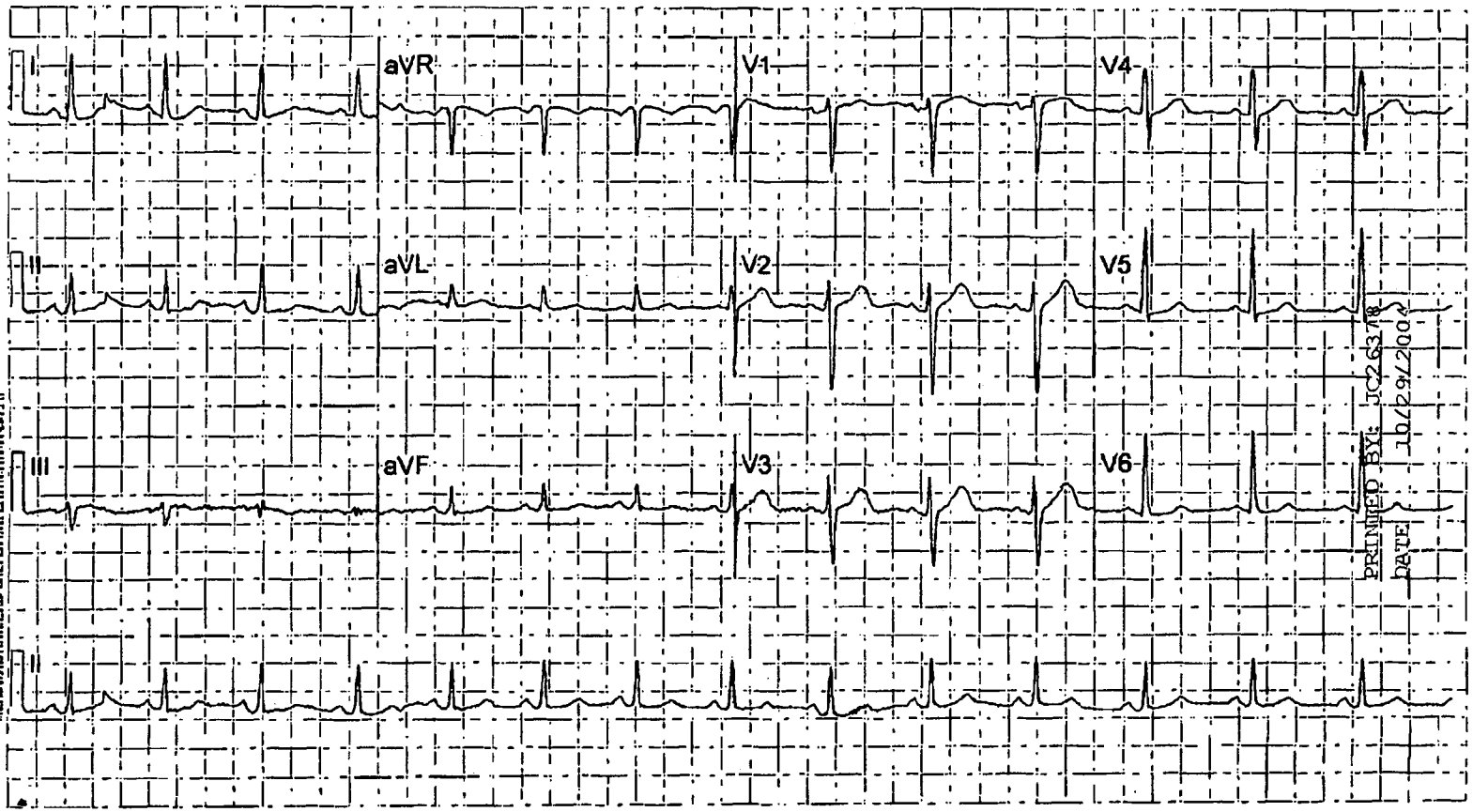
--Durations--
P : 100
QRS: 80
--Intervals--
PR : 134
QT . 356
QTc: 401
QTd: 24
--Axes--
P : 45
QRS: 29
T : 32

Sinus rhythm
Lateral ST-T changes are nonspecific

Borderline ECG

Reviewed by: Dr. Tom Robinson

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

CASEY ,WILLIAM
ID#:146220
45 years Male Caucasian
Ord.Dr.HILL
Tech:KB
OPT: Priority:STAT
DX:V82.9
ACC#:0414900306

ER
Time:09.44.50 05/28/04
SPARTANBURG REG.MED.CENT.

Vent rate: 87
--Durations--
P : 100
QRS: 80
--Intervals--
PR : 134
QT : 356
QTc: 401
QRd: 24
--Axes--
P : 45
QRS: 29
T : 32

Sinus rhythm
Lateral ST-T changes are nonspecific
Borderline ECG

Reviewed by: Dr. Tom Robinson

Speed: 25 mm/s Limb Lead Gain: 10.0 mm/mV Chest Lead Gain: 10.0 mm/mV Filter(s): 60Hz Notch, 40Hz Artifact

EXITED BY:- DK2G370
DATE 10/29/2004

RETRIEVE Current ECG Printed 06/03/04 10.08.02 Transcribed By: Dr. Tom Robinson 05/29/04 11.52.36
PLUS1 PLUS1.93/3.19/16.11/1.64

SPARTANBURG REGIONAL HEALTHCARE SYSTEM
SPARTANBURG, SC 29303

11686

OP REPORTS
PATIENT NAME: [redacted] CASEY, WILLIAM
DOB: [redacted] 1958
MEDICAL RECORD #: 146220
PROCEDURE DATE: 06/03/2004
ACCOUNT NUMBER: 415400048
ROOM:

M.D. Signature
JUN 22 2004

PREOPERATIVE DIAGNOSES:
1. Possible left tension _____.
2. Bronchial trauma status post rigid bronchoscopy and laser therapy.
3. Cigarette smoking.
4. Dyslipidemia.

POSTOPERATIVE DIAGNOSES:
1. Possible left tension _____.
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

Note: Document is draft unless signed

11686

SPARTANBURG REGIONAL HEALTHCARE SYSTEM
SPARTANBURG, SC 29303

DISCHARGE SUMMARY

PATIENT NAME: CASEY, WILLIAM
DOB: [redacted]3/1958
MEDICAL RECORD #: 146220
ACCOUNT NUMBER: 415400048
ADMISSION DATE: 06/03/2004 DISCHARGE DATE: 06/06/2004
ATTENDING PHYSICIAN: FELDMAN, GREGORY

M.D. Signed On-Line

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

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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
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Authenticated by Gregory Feldman, M. D. On 6/04/04 2:35:35 PM

M.D. Signed on-Line 11/6/06

OR 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 15, 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,

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 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

Note: Document is draft unless signed

Upstate Lung & Critical Care Specialists, P.C
1091 Boiling Springs Road
Spartanburg, SC 29303
Phone: 864-573-6320
Fax: 864-573-6323

Gregory J. Feldman, M.D.
Joseph A. Boscia III, M.D.
David R. Erb, M.D

Fax

Resending Final Sheets from Friday which didn't get thur

To: 11-1-04 Fax:

From: WLCC Date:

Re: Wm. Cases Pages:

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If you don't get 13 pages

D. Turk (01)

SPARTANBURG REGIONAL HEALTHCARE SYSTEM
SPARTANBURG, SC 29303

11/08

OP REPORTS
PATIENT NAME: CASEY, WILLIAM
DOB: [redacted]1958
MEDICAL RECORD #: 146220
PROCEDURE DATE: 06/03/2004
ACCOUNT NUMBER: 415400048
ROOM:

M.D. Signature
JUN 22 2004

PREOPERATIVE DIAGNOSES:
1. Possible left tension _____.
2. Bronchial trauma status post rigid bronchoscopy and laser therapy.
3. Cigarette smoking.
4. Dyslipidemia.

POSTOPERATIVE DIAGNOSES:
1. Possible left tension _____.
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 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

M.D. Signed on-Line 11/6/04

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,

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
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11/8/04

SPARTANBURG REGIONAL HEALTHCARE SYSTEM
SPARTANBURG, SC 29303

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

M.D. Signed On-Line

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 becams 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

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cc: TUAN NGUYENDUY, M.D., Consulting Physician

SPARTANBURG REGIONAL HEALTHCARE SYSTEM
SPARTANBURG, SC 29303

M.D. Signed on-Line

NC

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

SPARTANBURG REGIONAL HEALTHCARE SYSTEM
SPARTANBURG, SC 29303

OP REPORTS

PATIENT NAME: CASEY, WILLIAM
DOB: [redacted]/1958
MEDICAL RECORD #: 146220
PROCEDURE DATE: 6/3/04
ACCOUNT NUMBER: 415400048
ROOM: ICU

M.D. Signed on-Line

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.

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SPARTANBURG REGIONAL HEALTHCARE SYSTEM
SPARTANBURG, SC 29303

Waste

M.D. Signed on-Line

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 most reasonable next step. Will perform fiber-optic bronchoscopy to see if this foreign body is

OK

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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

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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

M.D. Signature

JUN 08 2004

cc:
ANDRAS KOSER, M.D., Admitting Physician

%%END
Authenticated by Raja Paladugu, M.D. On 6/03/04 3:37:13 PM

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 _____ BUN 12, creatinine 0.8, glucose 106, WBC 9.1, hemoglobin 12, hematocrit 36, platelets 539.

IMPRESSION/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 KOSER, M.D., Attending Physician

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Authenticated by Raja Paladugu, M.D. On 5/29/04 4:43:13 PM

Upstate Lung & Critic[redacted]e Specialists, P.C
1091 Boiling Springs Road
Spartanburg, SC 29303
Phone: 864-573-6320
Fax: 864-573-6323

Gregory J. Feldman, M.D.
Joseph A. Boscia III, M.D.
David R. Erb, M.D

Fax

To: Lung + Chest Fax: 5429043

From: Date: 10-29-04

Re: Wm. Casey Pages: 4 1

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P.S. And the Plane —

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Upstate Lung and Critical Care Specialists

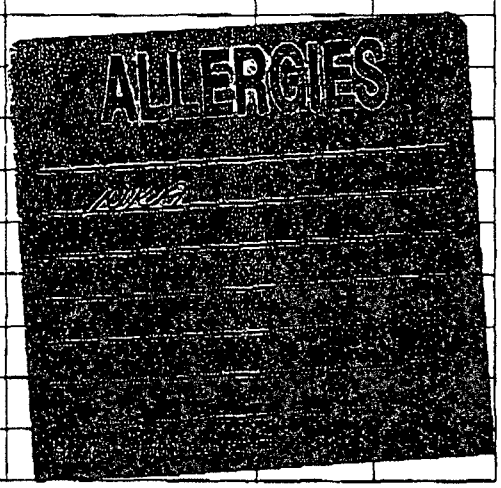
1091 Boiling Springs Road • Spartanburg, South Carolina 29303

NAME William Casey CHART# 11686

ALLERGIES NKA

ROUTINE MEDICATION LIST:

MEDICATION	Dose & Frequency Ordered by MD	Dose & Frequency Taken by Patient	State Date	Stop Date
Bextra	take 1 q d			
Ultram	PRN if needed			
Zanaflex (takes prn for sleep) 6/25				
Lortab (2 tabs a day) 6/25				
Had 6 shot's in back from pain center				
lipitor	1 q d			



Date Reviewed and Updated / By Whom

6-8041KMS	/	/	/	/
6-25041Q	/	/	/	/
/	/	/	/	/
/	/	/	/	/

UL-109

Upstate Lung And Critical Care Specialists, P.C.

F

Name: Casey William M. Chart# 11686 Date 8/17/04

Wt _____ Ht _____ B/P _____ H/R _____ RR _____ Temp _____ FiO2 _____

Cough _____ Smoking _____ Present Illness + reason for visit _____
Sputum _____ Nausea _____
Dyspnea _____ Vomiting _____
Wheeze _____ Diarrhea _____
Edema _____ Chest Pain _____
Palpitations _____ Pain _____
Oriented _____ ETOL _____
New Allergies ___
Last Chest X-Ray _____

Physical Exam: ✓ WNL/NEG ✖ ABN/POS

* General Appearance _____
* Skin/Turgor _____
* ENT _____
* Sinus _____
* Mouth _____
* Neck _____
* Heart: Rhythm _____
  Murmurs _____
  Gallop _____
  Tones _____
* Abdomen _____
* Chest/Lungs:
  Breath Sounds ___
  Wheezes _____
  Rales _____
  Effort _____
  Symmetry _____
* Extremities:
* Mobility: Gait _____
  Reflexes _____
  Aides _____
* Mental Status _____

LAB ORDER: Spirometry ___ EKG ___ Sinus ___ CBC ___ Glu ___ PT ___ INR O_2Sat Rest
Lung Vol ___ DLCO ___ U/A ___ CXR ___ ABG'S ___ Bun ___ Cre K+ Theo
O_2Sat Rest ___

Office Treatment _____

Education _____

Diagnosis _____ Plan _____

Prescriptions

Next Appt. ___ Wks ___ Months W/GJF JAB DRE Signature _____ Staff _____
Next Visit: Spiro L/V DLCO PA PAL Sinus Dexa BLDWK _____ Other _____

Upstate Lung And Critical Care Specialists, P.C. F

Name: Casey William m Chart# 11686 Date 7-7-04

Wt 171 Ht ____ B/P 144/88 H/R 85 RR ____ Temp ____ FiO2 .21

Cough Some Smoking Quit 2wks Present Illness + reason for visit Feels tightness in chest. Also c/o soreness @ Chest tube site. States lung fell to sleep on that side. Feels like heart is racing @ times

Sputum Occ/brown Nausea +

Dyspnea E exertion Vomiting 0

Wheeze Some Diarrhea 0

Edema feet Chest Pain @ Chest tube sit.

Palpitations + Pain

Oriented yes ETOL

New Allergies

Last Chest X-Ray

Feels better, complains post CXR/Resp

Physical Exam: ✓ WNL/NEG ✖ ABN/POS

- * General Appearance
- * Skin/Turgor
- * ENT
- * Sinus
- * Mouth
- * Neck
- * Heart: Rhythm
  - Murmurs
  - Gallop
  - Tones
- * Abdomen
- * Chest/Lungs:
  - Breath Sounds
  - Wheezes
  - Rales
  - Effort
  - Symmetry
- * Extremities:
- * Mobility: Gait
  - Reflexes
  - Aides
- * Mental Status

FCH Heart RRR

LAB ORDER: Spirometry ___ EKG ___ Sinus ___ CBC ___ Glu ___ PT ___ INR ___ O_2Sat Rest 98

Lung Vol ___ DLCO ___ U/A ___ CXR ___ ABG'S ___ Bun ___ Cre ___ K+ ___ Theo ___

O_2Sat Rest

Office Treatment Referred to Pul Rehab Home O2

Education

Diagnosis Aplth - CABG Plan pt ok

CTP pneumothorax

Prescriptions

Next Appt. ___ Wks ___ Months W/GJF JAB DRE Signature _____ Staff _____

Next Visit: Spiro L/V DLCO PA PAL Sinus Dexa BLDWK _____ Other _____

SPIROMETRY REPORT — UPSTATE LUNG AND CRITICAL CARE — TEST DATE: 07/07/04
PB100 SW Rev: J-J — TIME: 15:02

Patient Name: William Casey
Patient ID: 11686 Age: 45 Height (in): 68 Weight (lbs): 171 Sex: Male Race Correction: No Smoker: Yes
Barometric Pressure (mmHg): 760 Temp (deg F): 70 BTPS Correction: 1.110 Sensor: FS200 Insp Code: None
Last Cal Date: 07/07/04

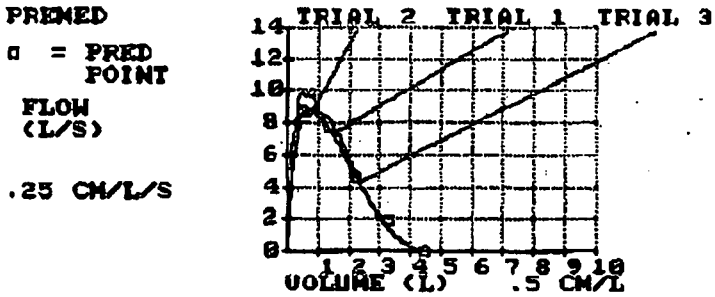
PreMed Time: 15:03

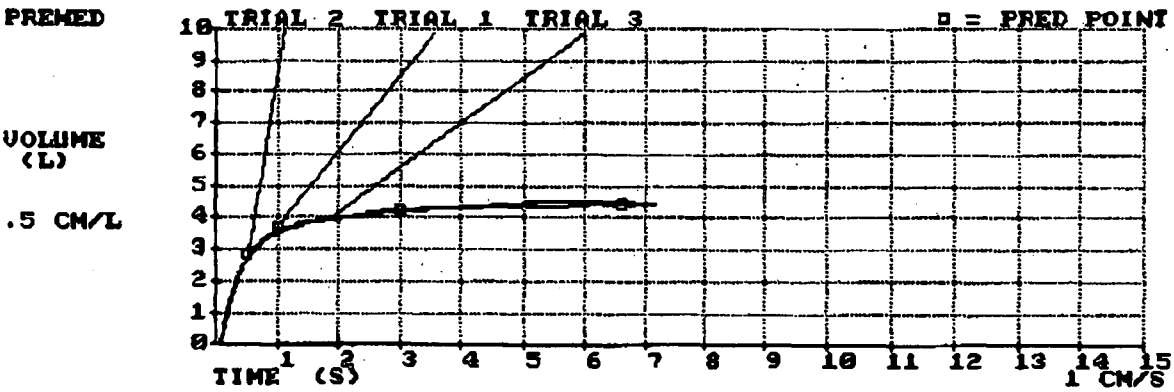
FVC TEST DATA - Clinical Format — BEST TEST SUMMARY — Knudson 83 Adult Predicted Normals

Measurement		PreMed	Pred	%Pred	PostMed	%Pred	%Change
FVC	(L)	4.47	4.45	100%			
FEV1	(L)	3.61	3.66	99%			
%FEV1	(%)	80.76	82.42	98%			
FEF25%-75%	(L/S)	3.57	3.85	93%			
PEF	(L/S)	9.98	8.67	115%			
FEV3	(L)	4.26	4.24	100%			
FET	(S)	4.95					

HAS Combivent / Albuterol used yesterday, not today

Variability: PreMed: FVC = 0.0%(0ml) FEV1 = 0.3%(10ml) PEF = 10.7%





Interpretations:
Lung Age: 47 years
PREMED: Testing indicates normal spirometry.
Comments:

1 of 3 pg D

TELEPHONE CALL BACK - UPSTATE LUNG AND CRITICAL CARE SPECIALISTS

DATE 06/25/04 TIME: ___ AM/PM CHART# 11686 BY DF

_____ / _____ called RE: William Casey
(caller name/relation)

TELEPHONE# _____ PT PHONE# _____

DATE OF LAST VISIT _____ NEXT APPT DATE _____ DOB [redacted]/58

#1: NEED DRUG REFILL (For patient doing well and no reason not to refill)

Drug Name: _____ Strength: _____ Freq: _____

Name of Pharmacy: _____ Pharmacy Telephone# _____

Drug Called in: _____ / ____ am/pm BY _____ _____
(Staff) (Doctor)

#2: PATIENT COMPLAINT

Pt and sister here this visit. Pt come back for a return follow-up visit. Patient's sister started asking questions to Dr. Boscia re: the rigid Bronch. Sister (carol Casey) wanted to know "Why the urgency of doing a bronch". Explained to patient that something was seen on the xray but he was unable to see it w the fibroptic-branch but something was there.

Nursing Interventions/Advice Pt stated he did not have a prm with what Dr. Boscia had done. He reports he came to the hospital with pain in his chest reports pain intermittent. Pt reported that all he wanted was something that

M.D. Signature

Call 911 _____ Go to ER _____ Appointment given in office _____

Referral(s) _____ Instructions Accepted Yes ___ No ___

JUN 28 2004

CALLED
JUN 28 2004
By: Dr. Jotl Boscia

_____ / _____ _____
(Date/Time) (Staff) (Doctor)

(9)

TELEPHONE CALL BACK - UPSTATE LUNG AND CRITICAL CARE SPECIALISTS

DATE ____/____/____ TIME: ____ AM/PM CHART# _____ BY _____

_____/_____ called RE: _____
(caller name/relation)

TELEPHONE# _____ PT PHONE# _____

DATE OF LAST VISIT _____ NEXT APPT DATE _____ DOB _____

#1: NEED DRUG REFILL (For patient doing well and no reason not to refill)

Drug Name: _____ Strength: _____ Freq: _____

Name of Pharmacy: _____ Pharmacy Telephone# _____

Drug Called in: _____/____am/pm BY _____ _____
(Staff) (Doctor)

#2: PATIENT COMPLAINT

would stop him from pacing All the time and be able to Sleep at night. He reported that he has to take the Zanaflex prn just to sleep but he did not want to just be put to sleep he just wanted to rest and stop pacing. Pt reported he was able to rest, sit and watch TV before All this happened & now he just finds himself pacing. Dr. Boscia told patient he was notable to answer all his questions because the procedure he did should Not we caused all these pains. Dr. Boscia Suggested

Nursing Interventions/Advice

Call 911 _____ Go to ER _____ Appointment given in office _____

Referral(s) _____ Instructions Accepted Yes ____ No ____

_____/_____ _____ Boscia
(Date/Time) (Staff) (Doctor)

3

TELEPHONE CALL BACK - UPSTATE LUNG AND CRITICAL CARE SPECIALISTS

DATE ____/____/____ TIME: ____ AM/PM CHART# _____ BY _____

_____/_____ called RE: _____
(caller name/relation)

TELEPHONE# _____ PT PHONE# _____

DATE OF LAST VISIT _____ NEXT APPT DATE _____ DOB _____

#1: NEED DRUG REFILL (For patient doing well and no reason not to refill)

Drug Name: _____ Strength: _____ Freq: _____

Name of Pharmacy: _____ Pharmacy Telephone# _____

Drug Called in: _____/____am/pm BY _____ _____
(Staff) (Doctor)

#2: PATIENT COMPLAINT

to them that they should talk to his partner who performed the other procedures. Patient's sister quickly said that she would see that they were not going to get any answers here. Encouraged her to make an appointment to see Dr. Fe[illegible] next week. She shook her head "no" that she would have "someone" contact us.

Nursing Interventions/Advice At one point during the visit Mr. Casey stated "I don't want no parts of this' I just want to be able to rest + stop pacing". At one point the sister talked about all the expenses of the hospital bill.

Call 911 _____ Go to ER _____ Appointment given in office _____

Referral(s) _____ Instructions Accepted Yes ____ No ____

_____/_____ _____ Boscia
(Date/Time) (Staff) (Doctor)

Patient was given an Prescription for Ambien And was Advised not to take this medication in conjunction with Lortab And Zanaflex.

DiAnn Foster

6-25-04 William Casey

1. Why such urgency of flexible bronch?

Bascia: "Window of opportunity"

-had CT before discharge

-Pt. went to hospital orgioally for chest pain

Bascia: "Pain predates us. He had the pain before this procedure."

Pt Sister: "He is having pain from this procedure?"

6-25-04 William Casey

Bascia: "I want to be firm! Don't take lactab, Zanaflex + Ambien together. It will suppress your respirations!"

William Casey: "The only question I have for you is what can you do to help me stop walking in circles?"

M.D. Signature

JUN 28 2004

RTR

Upstate Lung And Critical Care Specialists, P.C.

(1) B

Name: Casey William M. Chart# 11686 Date 6/25/04

Wt 172 Ht 68 B/P 130/90 H/R 90 RR ____ Temp ____ FiO2 RA

Cough occ
Sputum occ
Dyspnea 0
Wheeze occ
Edema 0
Palpitations occ
Oriented yes
New Allergies ___
Last Chest X-Ray ____

Smoking +
Nausea 0
Vomiting 0
Diarrhea 0
Chest Pain tightness
Pain Chronic back
ETOL Pain
Pain Level 3

Present Illness + ~~reason for visit~~ Gets tired easily continues to have some chest tightness. Reports chronic back pain continues to have trouble resting - Sister reports he is pacing and he cannot sit down because he hurts

Physical Exam: ✓ WNL/NEG ✱ ABN/POS

- * General Appearance ✓
- * Skin/Turgor ✓
- * ENT ✓
- * Sinus ✓
- * Mouth ✓
- * Neck ✓
- * Heart: Rhythm ✓
  - Murmurs ✓
  - Gallop ✓
  - Tones ✓
- * Abdomen ✓
- * Chest/Lungs:
  - Breath Sounds ✓ Clear
  - Wheezes ✓
  - Rales ✓
  - Effort ✓
  - Symmetry ✓
- * Extremities: ✓
- * Mobility: Gait ✓
  - Reflexes ✓
  - Aides ✓
- * Mental Status ✓

pt. c/o pacing floors; could not sleeping; See notes.

LAB ORDER: Spirometry ___ EKG ___ Sinus ___ CBC ___ Glu ___ PT ___ INR ___ O_2Sat Rest
Lung Vol ___ DLCO ___ U/A ___ CXR ___ ABG'S ___ Bun ___ Cre ___ K+ ___ Theo 96%
O_2Sat Rest ___

Office Treatment ____

Education ____

Diagnosis Chronic Pain Anxiety

Plan Rx w/ Celebrex
Rx 2 weeks
Ambien for sleep

Prescriptions

Next Appt ___ Wks ___ Months W/GIF JAB DRE Signature ____ Staff DeStefano
Next Visit: Spiro L/V DLCO PA PAL Sinus Dexa BLDWK ____ Other ____

UL-121 Rev 9/03

(2)

Pt. Told not to take Xanaflex + Ambien

(1)

TELEPHONE CALL BACK - UPSTATE LUNG AND CRITICAL CARE SPECIALISTS

DATE 6/22/04 TIME: ___ AM/PM CHART# 11686 BY MEH

___ / ___ called RE: William Casey
(caller name/relation)

TELEPHONE# ___ PT PHONE# ___

DATE OF LAST VISIT ___ NEXT APPT DATE ___ DOB ___

#1: NEED DRUG REFILL (For patient doing well and no reason not to refill)

Drug Name: ___ Strength: ___ Freq: ___

Name of Pharmacy: ___ Pharmacy Telephone# ___

Drug Called in: ___ / ___ am/pm BY ___ ___
(Staff) (Doctor)

#2: PATIENT COMPLAINT Call came 6/17/04 @ 4:30

R. called stating he [illegible] the last hospitalized [illegible] told him [illegible] I could not [illegible]. I could not [illegible] was [illegible]

Nursing Interventions/Advice: [illegible] IT WAS TOLD TO [illegible] WHO GAVE [illegible] (over)

CALLED
JUN 22 2004

[illegible] given in office

Referral(s): JUN 22 2004 RVV

Accepted Yes ___ No ___

(Date/Time) (Staff) (Doctor)

[illegible] Dr. Foster

(2)

Pt. said he was taking Zanaflex
so many as needed to "pass out"
@ night." Pt was warned not to
do that. Zanaflex not given by
this office.

(1)

Upstate Lung And Critical Care Specialists, P.C.

Name: William M. Casey Chart# 11686 Date 6-11-04

Wt 165 Ht 68" B/P 112/82 H/R 117 RR 18 Temp 100.° FiO2 RA

Cough + Smoking + Present Illness + reason for visit PN

Sputum brown Nausea ∅ Sweating all night

Dyspnea ∅ Vomiting ∅ coughing up brown phlegm

Wheeze ∅ Diarrhea ∅

Edema ∅ Chest Pain ∅

Palpitations ∅ Pain Chest tube sore 10/10

Oriented + ETOL went to move cars pm. (7:50)

New Allergies ∅ 9:45 - Felt nauseated, sat down

Last Chest X-Ray 6/8/04 UCLCCS walk to bed "Pringer, coke"

"some trouble Pndown" (8:30)

Physical Exam: ✓ WNL/NEG × ABN/POS

- * General Appearance ✓WNL — pt will stay on sister felt head, don't feel
- * Skin/Turgor ✓ feet + sister will warm.
- * ENT ✓ Correct tin + Chloe pos. some drought to site of CT
- * Sinus ✓ to stay fuzz. can't describe specifically the drought
- * Mouth ✓ just can't get comfort.
- * Neck ✓ RS WD "can't play golf today" (even if)
- * Heart: Rhythm RR into blank cart playing
  - Murmurs SEM nauseated last
  - Gallop ✓ TRK'ing
  - Tones ✓
- * Abdomen NT (very little chest pain needs)
- * Chest/Lungs: notes Pleurex, speech, chest)
  - Breath Sounds CTA/CS 2 to Wilson Cir "pt. stopped here and
  - Wheezes ∅ over 1 of 6 couples on practice
  - Rales ∅ states" pt states he really
  - Effort ∅ don't cough
  - Symmetry ✓
- * Extremities:
- * Mobility: Gait ✓ no deficit
  - Reflexes ✓
  - Aides ✓
- * Mental Status X ALERT & ORIENTED - WOULD NOT/CAN NOT GET DOWN ON HIS OWN

LAB ORDER: Spirometry ___ EKG ___ Sinus ___ CBC ___ Glu ___ PT ___ INR ___ O_2Sat Rest ___

Lung Vol ___ DLCO ___ U/A ___ CXR ___ ABG'S ___ Bun ___ Cre ___ K+ ___ Theo 96%

O_2Sat Rest ___

Office Treatment Nurse note over. - Hall M

Education Seen By Dr Brown

Diagnosis Pneumonia Plan Z Pack (Zithromax)

Cough - spasmodic Prev - cont

S/P Pneumothorax

Prescriptions

Next Appt. 2 Wks ___ Months W/GIF IAB DRE Signature [signature] Staff [signature]

Next Visit: Spiro L/V DLCO PA PAL Sinus Dexa BLDWK ___ Other ___

Pt. told me he had talked to
A person of whom he saw their picture
while in my office about his condition.
I told him I wish he had not done
that because we do not speak of
the pt. our Pts with friends & family.
I would tell the Pt if he ask that
I did not know you.

Harlan

TELEPHONE CALL BACK - UPSTATE LUNG AND CRITICAL CARE SPECIALISTS

DATE 6/11/04 TIME: ___ AM/PM CHART# 11686 BY MEH

___/___ called RE: William Casey
(caller name/relation)

TELEPHONE# _____ PT PHONE# _____

DATE OF LAST VISIT _____ NEXT APPT DATE _____ DOB _____

#1: NEED DRUG REFILL (For patient doing well and no reason not to refill)

Drug Name: _____ Strength: _____ Freq: _____

Name of Pharmacy: _____ Pharmacy Telephone# _____

Drug Called in: _____/____ am/pm BY _____ _____
(Staff) (Doctor)

#2: PATIENT COMPLAINT

Pt's sister called to report her brother was in severe pain @ chest tube site. was taking Percocet 5mg 2-3@ a time every 4 hrs with no relief. Pt. has appt with Pain Center on 6/17/04 if not sooner. Dr. Bascia ordered oxycontin 20mg 1 BID only amount until Pain Center.

Nursing Interventions/Advice Could see (Rx Weighs 4 mg 13 pills) I talked with sister in front of Diane Foster RN of danger if pt can't take pain meds she had with oxycontin. Sister told nurse she would remove

Call 911 _____ Go to ER _____ Appointment given in office _____

Referral(s) _____ Instructions Accepted Yes ___ No ___

___/___ _____ _____
(Date/Time) (Staff) (Doctor)

RZ

TELEPHONE CALL BACK - UPSTATE LUNG AND CRITICAL CARE SPECIALISTS

DATE 6/11/04 TIME: ___ AM/PM CHART# _____ BY MEH

_____ / _____ called RE: William Cassy
(caller name/relation)

TELEPHONE# _____ PT PHONE# _____

DATE OF LAST VISIT _____ NEXT APPT DATE _____ DOB _____

#1: NEED DRUG REFILL (For patient doing well and no reason not to refill)

Drug Name: _____ Strength: _____ Freq: _____

Name of Pharmacy: _____ Pharmacy Telephone# _____

Drug Called in: _____ / ____ am/pm BY _____ _____
(Staff) (Doctor)

#2: PATIENT COMPLAINT

All pain meds from his home & only leave with him what he could take ~~get~~. have GD. Our office will call to see if appt with Pain Centre can be made

Nursing Interventions/Advice _____

Rx will be picked up by M.D. Signature JUN 11 2004

Call 911 _____ Go to ER _____ Appointment given in office _____

Referral(s) _____ Instructions Accepted Yes ___ No ___

_____ / _____ _____ _____
(Date/Time) (Staff) (Doctor)

UL-124

TELEPHONE CALL BACK - UPSTATE LUNG AND CRITICAL CARE SPECIALISTS

DATE 6/8/04 TIME: ___ AM/PM CHART# 11626 BY MEH

_____/_____ called RE: _____
(caller name/relation)

TELEPHONE# _____ PT PHONE# _____

DATE OF LAST VISIT _____ NEXT APPT DATE _____ DOB _____

#1: NEED DRUG REFILL (For patient doing well and no reason not to refill)

Drug Name: _____ Strength: _____ Freq: _____

Name of Pharmacy: _____ Pharmacy Telephone# _____

Drug Called in: _____/____am/pm BY _____ _____
(Staff) (Doctor)

#2: PATIENT COMPLAINT

Nursing Int

UPSTATE LUNG AND CRITICAL CARE SPECIALISTS, P.C.
1091 BOILING SPRINGS ROAD
SPARTANBURG, SC 29303
TELEPHONE (864) 573-6320

1419 N. LIMESTONE ST.
GAFFNEY, SC 29340
TELEPHONE (864) 487-9931

☐ Gregory J. Feigman, MD 15836 ☐ Joseph A. Boscia III, MD 22330 ☐ David R. Erb, MD 853599

NAME William Casey DATE 6/5/04

ADDRESS

LABEL DRUG NAME, STRENGTH & QUANTITY ☐ YES ☐ NO

		STRENGTH	QUANTITY	REFILL
1	Rx 4. will be cut SIG 4. works for NO PAST 10 weeks			
2	Rx until Mother SIG Lung Patient next appt. date	STRENGTH	QUANTITY	REFILL
3	Rx Aug. 17, 04 @ 10:30 SIG Pre Op Visit	STRENGTH	QUANTITY	REFILL

M.D. _____ M.D. _____
Dispense as Written
DEA _____ DEA _____

M.D. Signature

UL-105

Call 911 _____ Go to ER _____ Appointment given in office _____

Referral(s) _____ Instructions Accepted Yes ___ No ___

_____/_____ _____ _____
(Date/Time) (Staff) (Doctor)

F

Upstate Lung And Critical Care Specialists, P.C.

Name: Casey, William Chart# 11686 Date 6/8/04

Wt 168 Ht 5'8" B/P 154/92 H/R 82 RR ____ Temp ____ FiO2 ____

Cough +	Smoking +	Present Illness + reason for visit HFU
Sputum ⊖	Nausea ⊖	
Dyspnea ⊖	Vomiting ⊖	c/o nonproductive coughing,
Wheeze little	Diarrhea ⊖	little wheezing, sore chest
Edema ⊖	Chest Pain ⊖ Sore	pain & back pain.
Palpitations ⊖	Pain back	
Oriented +	ETOL ____	
New Allergies ⊖		
Last Chest X-Ray ____ CK		0+10 (6)

Patient has been instructed on the DANGERS of Smoking and the importance of Stopping.

Dated: 6/8/04 BY: KMS

Physical Exam: ✓ WNL/NEG ✖ ABN/POS

- * General Appearance ✓ Well developed
- * Skin/Turgor ✓ Pt - is very thin
- * ENT ✓
- * Sinus ✓
- * Mouth ✓
- * Neck ✓
- * Heart: Rhythm ✓ dysphonia
  - Murmurs ✓
  - Gallop ✓
  - Tones ✓
- * Abdomen Fatty
- * Chest/Lungs: Clear throughout
  - Breath Sounds ____
  - Wheezes few
  - Rales ____
  - Effort ____
  - Symmetry ____ - Cyanosis
- * Extremities: ____
- * Mobility: Gait ✓ ____
  - Reflexes ____
  - Aides ____
- * Mental Status ____ Pain under control

LAB ORDER: Spirometry ___ EKG ✓ Sinus ___ CBC ___ Glu ___ PT ___ INR ___ O_2Sat Rest

Lung Vol ___ DLCO ___ U/A ___ CXR ___ ABG'S ___ Bun ___ Cre ___ K+ ___ Theo 94%

O_2Sat Rest ___

Office Treatment ____

Education must quit smoking

Diagnosis Reflux + PND: Plan Protonix — Rec'd Pneumovax Paid 29.00 Albuterol Cough syrup with codeine

Prescriptions

Next Appt. ___ Wks ___ Months W/GJF JAB DRE Signature ____ Staff KSmith

Next Visit: Spiro L/V DLCO PA PAL Sinus Dexa BLDWK ____ Other ____

Pt will call to schedule next appt. 8/17/04

UPSTATE LUNG AND CRITICAL CARE SPECIALISTS

PATIENT NAME: William Casey
ACCOUNT #:
DATE:
JOB #: 199

CHEST X-RAY:

FINDINGS: PA and lateral of the chest were obtained today. The heart, lungs, and bony structures are normal.

IMPRESSION:
1. Normal chest x-ray.

Joseph A. Boscia, MD

JAB:umt01
D: 06/11/04
R: 06/14/04
T: 06/15/04

CAROLINAS CENTER For Advanced Management of Pain

Comprehensive Evaluation and Medical Management | Diagnostic and Therapeutic Injections | Implantable Pain Control Systems | Neuroablative Procedures

Dr. Feldman wants Appt ASAP (This Week)

NEW PATIENT REFERRAL FORM

Patient Name: William Casey

D.O.B.: [redacted] 1958 SS#: [redacted]

Address: 240 Lightwood Farm Road

City: Woodruff State: SC Zip: 29388

Home Phone #: 486-9131 Alt. Phone #: Carol Casey 680-9648 sister

Reason for referral: ☐ Consult Only

☑ Consult & TX

☐ Injection Only: _____ (type)

☐ Others: _____ (type)

Diagnosis: Bulging Disk, Disabling pain
MRI of Back @ MBH

Insurance: BCBS (please send a copy of the card)

IS THIS A WORKMAN'S COMPENSATION INJURY? ☐ YES ☐ NO

IF YES: Carrier Information: _____

Adjuster/Case Manager: _____ Phone: _____

Referring Physician: Gregory Feldman

Office Address: 1091 Boiling Springs Rd

Office Phone#: 573-6320 Fax: 573-6323

Contact Person/Extension: Natalie Smith

PLEASE FAX MEDICAL RECORDS TO (864) 583-0390 WITH THIS REFERRAL FORM. APPOINTMENTS CANNOT BE MADE UNTIL BOTH ARE RECEIVED!

THE FOLLOWING PATIENT HAS AN APPOINTMENT WITH DR. _____

ON _____ AT _____. Scheduled by: _____

International Spinal Injection Society

Society for ...vate Practice in Pain Management

American Pain Society

Carolinas Center for Advanced Management of Pain

68 McDowell Street
Asheville, NC 28801
828-232-1955

64 Bear Drive
Greenville, SC 29605
864-295-6399

279 East Kennedy Street
Spartanburg, SC 29302
864-583-0053

Upstate Lung and Critical Care Specialists

HEALTH HISTORY

(Confidential)

Name Wm Mark Casey **Today's Date** June 8, 2004

Age 45 **Birthdate** [redacted]58 **Sex** M **Date of last physical examination** May 4, 2004

Who is your primary/referring physician? Dr Frank Gonda

What is the reason for the visit? follow up w/ DR Feldman

SYMPTOMS: Check (√) symptoms you currently have or have had in the past year.

GENERAL
- ☐ Chills
- ☐ Depression
- ☐ Dizziness
- ☐ Fainting
- ☐ Fever
- ☐ Forgetfulness
- ☐ Headache
- ☐ Loss of sleep
- ☐ Loss of weight
- ☐ Nervousness
- ☐ Numbness
- ☐ Sweats

MUSCLE/JOINT/BONE

Pain, weakness, numbness in:
- ☐ Arms ☐ Hips
- ☑ Back ☐ Legs
- ☑ Feet ☐ Neck
- ☐ Hands ☐ Shoulders

GENITO-URINARY
- ☐ Blood in urine
- ☐ Frequent urination
- ☐ Lack of bladder control
- ☐ Painful urination

RESPIRATORY
- ☐ Short of breath ☐ Cough
- ☐ Cough up blood ☑ Wheeze
- ☐ Loud snoring ☐ Excessive sleepiness

GASTROINTESTINAL
- ☐ Appetite poor
- ☐ Bloating
- ☐ Bowel changes
- ☐ Constipation
- ☐ Diarrhea
- ☐ Excessive hunger
- ☐ Excessive thirst
- ☐ Gas
- ☐ Hemorrhoids
- ☐ Acid Indigestion
- ☐ Nausea
- ☐ Rectal bleeding
- ☐ Stomach pain
- ☐ Vomiting

CARDIOVASCULAR
- ☑ Chest pain
- ☑ High blood pressure
- ☐ Irregular heart beat
- ☐ Low blood pressure
- ☐ Poor circulation
- ☐ Rapid heart beat
- ☐ Swelling of ankles
- ☐ Varicose veins
- ☐ Blood clots

EYE,EAR,NOSE,THROAT
- ☐ Bleeding gums
- ☐ Blurred vision
- ☐ Crossed eyes
- ☐ Difficulty swallowing
- ☐ Double Vision
- ☐ Earache
- ☐ Ear discharge
- ☐ Hay fever
- ☐ Hoarseness
- ☐ Loss of Hearing
- ☐ Nosebleeds
- ☐ Ringing in ears
- ☐ Sinus problems
- ☐ Vision-Flashes
- ☐ Vision-Halos

SKIN
- ☐ Bruise easily
- ☐ Hives
- ☐ Itching
- ☐ Change in moles
- ☐ Rash
- ☐ Scars
- ☐ Sore that won't heal

MEN ONLY
- ☐ Breast lump
- ☐ Erection difficulties
- ☐ Lump in testicles
- ☐ Penis discharge
- ☐ Sore on penis
- ☐ Prostate difficulties
- ☐ Other

WOMEN ONLY
- ☐ Abnormal Pap Smear
- ☐ Bleeding between periods
- ☐ Breast lump
- ☐ Extreme menstrual pain
- ☐ Hot flashes
- ☐ Nipple discharge
- ☐ Vaginal discharge
- ☐ Other

Date of list menstrual period _____

Date of list Pap smear _____

Have you had a mammogram? _____

Date of mammogram ____

Are you pregnant? _____

Number of children ____

CONDITIONS: Check (√) symptoms you have or have had in the past.

- ☐ AIDS
- ☐ Alcoholism
- ☐ Anemia
- ☐ Anorexia
- ☐ Appendicitis
- ☑ Arthritis
- ☐ Asthma
- ☐ Bleeding Disorders
- ☐ Breast Lump
- ☐ Bronchitis
- ☐ Bulimia
- ☐ Cancer
- ☐ Cataracts
- ☐ Chemical Dependency
- ☐ Chicken Pox
- ☐ Diabetes
- ☐ Emphysema
- ☐ Epilepsy
- ☐ Glaucoma
- ☐ Goiter
- ☐ Gonorrhea
- ☐ Gout
- ☐ Heart Disease
- ☐ Hepatitis
- ☐ Hernia
- ☐ Herpes
- ☑ High Cholesterol
- ☐ HIV Positive
- ☐ Kidney Disease
- ☐ Liver Disease
- ☐ Measles
- ☐ Migraine Headaches
- ☐ Miscarriage
- ☐ Mononucleosis
- ☐ Multiple Sclerosis
- ☐ Mumps
- ☐ Pacemaker
- ☐ Pneumonia
- ☐ Polio
- ☐ Prostate Problem
- ☐ Psychiatric Care
- ☐ Rheumatic Fever
- ☐ Scarlet Fever
- ☐ Stroke
- ☐ Suicide Attempt
- ☐ Thyroid Problems
- ☐ Tonsillitis
- ☐ Tuberculosis
- ☐ Typhoid Fever
- ☐ Ulcers
- ☐ Vaginal Infections
- ☐ Venereal Disease

MEDICATIONS: List medications you are currently taking including inhalers and over the counter medicines.

PLEASE BRING WITH YOU

Name	Strength	Times Per Day	Name	Strength	Times Per Day
Baytaa	20 mg	1			
Ultram	50 mg	2 X 4			
Zanaflex		1			
Lortab	10	1 X 2			

PHARMACY NAME: CVS Reedville Rd PHONE _____

ALLERGIES
To medications and materials

HOSPITALIZATION

YEAR	HOSPITAL	REASON for HOSPITALIZATION and OUTCOME
2000	West Spring	
1996	Hemmorhoid. Surgery	

Spthg Regnal
Many
Mark

Have you ever had a blood transfusion? ☐ Yes ☑ No
If yes, please give approximate dates? _____

PHYSICIANS THAT YOU ROUTINELY VISIT:

NAME	ADDRESS	PHONE NUMBER
Dr Frank Gonda	Boiling Springs	

PULMONARY HISTORY

Are you a smoker ☐ No ☐ Yes If yes, how many packs? less than 1/2 pack How many years? 25 If you have quit, how many years did you smoke? _____ Packs per day? _____ How long did you quit? _____
Does anyone else in your home smoke? ☑ No ☐ Yes

Do you have a chronic cough? ☑ No ☐ Yes If yes, how long have you had it? _____ Did you cough anything up? ☐ No ☐ Yes What color are you coughing up? Have you ever coughed up blood? ☐ No ☐ Yes If yes, when?

Do you get short of breath if you walk or climb steps? ☑ No ☐ Yes At rest? ☐ No ☐ Yes At other times? ☐ No ☐ Yes If yes, when? _____

Do you ever notice yourself wheezing? ☐ No ☑ Yes If yes, what make the wheezing worse? _____

When was your last Chest X-ray? 6-6-04 Where? Spartanburg Regional

Have you ever had a skin test for TB (Tuberculosis) ☐ No ☐ Yes If yes, When? ?

Have you ever been exposed to TB ☐ No ☐ Yes If yes, When? NO Have you had skin test since being exposed? ☐ No ☐ Yes If yes, what kind? _____

Do you have indoor pets? ☐ No ☑ Yes If yes, what kind? Cocker Spaniel

Have you been or are you exposed to dust or fumes ☐ No ☑ Yes If yes, what kinds? Michelin - Heptane

Have you traveled out of the Upstate area? ☐ No ☑ Yes If yes, Where?

SYMPTOMS:	SOCIAL HISTORY	OCCUPATIONAL CONCERNS
Check ($) which substances you use and how much you use ☒ Caffeine 6 cokes ☐ Street Drugs ☒ Tobacco 1/2 pack ☒ Alcohol social ☐ Other	☐ Married ☒ Divorced ☐ Widowed ☐ Single ☐ Number of Children 2 ☐ Hobbies Golf	OCCUPATION: Michelin Tire Building Tires Check ($) if your work exposes you to: ☒ Stress ☒ Heavy Lifting ☒ Hazardous Substances ☐ Other

FAMILY HISTORY

Parent's living? ☐ Yes ☒ No, ☐ Father's Age/Cause of Death 73 - fatal emphysema

☐ Mother's Age/Cause of Death 72 - potassium overdose in hosp. - leading to renal & cardiac complications

Siblings living? ☒ Yes ☐ No. ☐ Brother's Age/Cause of Death 43 - radiation burn to pulmonary artery & bronchial tube resulting in rupture & bleed

☐ Sister's Age/Cause of Death

Any additional Pulmonary family problems? _____

Immunization History
Flu Vaccine _____
Pneumonia Vaccine _____

Do you have any other medical concerns that you would like to discuss with your doctor? ☐ Yes ☐ No

Wm Mark Casey
Signature

6-8-04
Date

1. Doing well - see ROP
S/P pneumonectomy
S/P donor procedure
(unable to find bronchus, body → very abnormal bronchus)
(resolved)
C2

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

Society for Private Practice in Pain Management

American Pain Society

M.D. Signature

JUN 28 2004

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)

RECEIVED
JUN 28 2004
BY:

SPARTANBURG REGIONAL HEALTHCARE SYSTEM
SPARTANBURG, SC 29303

CONSULT Page 1 of 2
CASEY, WILLIAM
146220

Note: Document is draft unless signed.
<END FOOTER>

M.D. Signature
JUN 08 2004

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

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

SRHS

SPARTANBURG REGIONAL HEALTHCARE SYSTEM
SPARTANBURG, SC 29303

11686

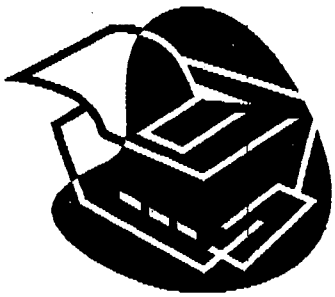
OP REPORTS [redacted]

M.D. Signature

UPSTATE LUNG AND CRITICAL CARE SPECIALISTS

1091 Boiling Springs Road
Spartanburg, SC 29303
Ph: (864) 573-6320
Fax: (864) 573-6323

Gregory J. Feldman, M.D.
Joseph A. Boscia, M.D.
David R. Erb, M.D.
Charles R. Mason, P.A.-C



FAX TRANSMISSION

To: Lung dchest | From: Lori -Medical Records
Fax: 585-2102 | Pages: 8
Phone: | Date: 10/22/04
Re: William Mark Casey | CC:

☐ Urgent ☑ For Review ☐ Please Comment ☐ Please Reply ☐ Please Recycle

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If you do not receive all pages indicated, please call me.

Thank you

NP
William Mark Casey

Upstate Lung And Critical Care Specialists, P.C.

Name: William M. Casey Chart# 11686 Date 10-11-04

Wt 165 Ht 68" B/P 112/82 H/R 117 RR 18 Temp 100.° FiO2 RA

Cough + Smoking +
Sputum brown Nausea ø
Dyspnea ø Vomiting ø
Wheeze ø Diarrhea ø
Edema ø Chest Pain ø
Palpitations ø Pain Chest tube site 10/10
Oriented + ETOL
New Allergies ø
Last Chest X-Ray 10/6/04 UESLCCS

Present Illness + reason for visit PV

Sweating all night
coughing up brown phlegm

went to move chest tube. (750)
8:45 - felt nauseated. vomited
went to bed "freezing" - woke
"some trouble breathing" (reason)
sister felt head, didn't feel
warm.
pt was given oxygen & site of CT
can't remember specifically the changes
don't want to confuse.
"can't play softly today" (nurse says it)
not a blank cat playing
pneumatic tool
talking
(very difficult chest pain words)
(water pleural, deposit, collect)
"pt. sounds like she's not
1 of 6 coughs - dry productive
spots" pt states he really
don't cough.

Physical Exam: ✓ WNL/NEG ✖ ABN/POS

* General Appearance ✓ WNL — pt will state one sister felt head, don't feel warm.
* Skin/Turgor ✓ — pt & sister will
* ENT ✓ — Correct bin + Oxy
* Sinus ✓ — to stay Juvo.
* Mouth ✓
* Neck ✓ RS VD
* Heart: Rhythm RR
Murmurs SEM
Gallop ✓
Tones
* Abdomen NT
* Chest/Lungs:
Breath Sounds Bbss — 2 on RU anterior
Wheezes ø — over
Rales ø
Effort ø
Symmetry
* Extremities:
* Mobility: Gait ✓ — no reflex
Reflexes ✓
Aides
* Mental Status X — anxious - would not/cannot get down during exam

LAB ORDER: Spirometry ___ EKG ___ Sinus ___ CBC ___ Glu ___ PT ___ INR ___ ~~O_2Sat Rest~~
Lung Vol ___ DLCO ___ U/A ___ CXR ___ ABG'S ___ Bun ___ Cre ___ K+ ___ Theo 9670
O_2Sat Rest ___

Office Treatment nurse note over. — Hall/Me

Education

Seen By Dr Bowen

Diagnosis ~~Temp~~ Cough - spasmodic
S/P pneumothorax

Plan 2 pack (Cheyenne)
prev - cont

Prescriptions

Next Appt. 2 Wks ___ Months W/G/F IAB DRE Signature — Staff HCMW
Next Visit: Spiro L/V DLCO PA PAL Sinus Dexa BLDWK ___ Other ___

PAGE 06 UPSTATE LUNG 8645736323 10/22/2004 13:42

Upstate Lung And Critical Care Specialists, P.C.

Name: Casey William M. Chart# 11686 Date 6/25/04 B

Wt 172 Ht 68 B/P 130/90 H/R 90 RR ____ Temp ____ FiO2 RA

Cough occ
Sputum occ
Dyspnea ø
Wheeze occ
Edema ø
Palpitations occ
Oriented yes
New Allergies ___
Last Chest X-Ray ____

Smoking +
Nausea ø
Vomiting ø
Diarrhea ø
Chest Pain tightness
Pain Chronic back
ETOL Pain
Pain Level 3

Present Illness + ~~reason for visit~~ Gets tired easily continues to have some chest tightness. Reports chronic back pain continues to have trouble resting - Sister reports he is pacing and he cannot sit down because he hurts

Physical Exam: ✓ WNL/NEG ✗ ABN/POS

* General Appearance
* Skin/Turgor
* ENT
* Sinus
* Mouth
* Neck
* Heart: Rhythm
  - Murmurs
  - Gallop
  - Tones
* Abdomen
* Chest/Lungs:
  - Breath Sounds — Clear
  - Wheezes
  - Rales
  - Effort
  - Symmetry
* Extremities:
* Mobility: Gait
  - Reflexes
  - Aides
* Mental Status

pt. c/o pacing floors. Could not sleeping: See notes.

LAB ORDER: Spirometry ___ EKG ___ Sinus ___ CBC ___ Glu ___ PT ___ INR ___ O_2Sat Rest
Lung Vol ___ DLCO ___ U/A ___ CXR ___ ABG'S ___ Bun ___ Cre ___ K+ ___ Theo 96%
O_2Sat Rest ___

Office Treatment ____

Education ____

Diagnosis Chronic Pain Emotions

Plan R/O Feldmann in 2 weeks Ambien for sleep

Prescriptions

Next Appt. ___ Wks ___ Months W/GJF JAB DRE Signature ____ Staff DJ Feldmann
Next Visit: Spiro L/V DLCO PA PAL Sinus Dexa BLDWK ____ Other ____

PAGE 05 UPSTATE LUNG 8645736323 10/22/2004 13:42

Upstate Lung And Critical Care Specialists, P.C.

F

Name: Casey William M. Chart# 11686 Date 8/17/04

Wt _____ Ht _____ B/P _____ H/R _____ RR _____ Temp _____ FiO2_____

Cough_____ Smoking _____ Present Illness + reason for visit _____
Sputum _____ Nausea _____ NC SHOC
Dyspnea_____ Vomiting _____
Wheeze _____ Diarrhea _____
Edema _____ Chest Pain_____
Palpitations _____ Pain _____
Oriented_____ ETOL _____
New Allergies ____
Last Chest X-Ray _____

Physical Exam: ✓ WNL/NEG ✖ ABN/POS

* General Appearance _____
* Skin/Turgor _____
* ENT _____
* Sinus _____
* Mouth _____
* Neck _____
* Heart: Rhythm _____
  Murmurs _____
  Gallop _____
  Tones _____
* Abdomen _____
* Chest/Lungs:
  Breath Sounds ____
  Wheezes _____
  Rales _____
  Effort _____
  Symmetry _____
* Extremities:
* Mobility: Gait _____
  Reflexes _____
  Aides _____
* Mental Status _____

LAB ORDER: Spirometry ___ EKG_____ Sinus ___ CBC ___ Glu___ PT ___ INR O_2Sat Rest
Lung Vol ___ DLCO ___ U/A _____ CXR___ ABG'S ___ Bun ___ Cre K+ Theo
O_2Sat Rest __

Office Treatment _____

Education _____

Diagnosis_____ Plan _____

Prescriptions

Next Appt. ___ Wks ___ Months W/GJF JAB DRE Signature _____ Staff _____
Next Visit: Spiro L/V DLCO PA PAL Sinus Dexa BLDWK _____ Other _____

PAGE 02 UPSTATE LUNG 8645736323 10/22/2004 13:42 Aleman Printing Co., Inc. 03/03

Upstate Lung And Critical Care Specialists, P.C. F

Name: Casey William M Chart# 11686 Date 7-7-04

Wt 171 Ht _____ B/P 144/88 H/R 85 RR _____ Temp _____ FiO2 .21

Cough Some Smoking quit 2wks Present Illness + reason for visit Feels tightness
Sputum occ/brown Nausea _____ in chest. Also c/o soreness @
Dyspnea ↑ exertion Vomiting _____ chest tube site. States lung ↓↓
Wheeze some Diarrhea _____ to sleep on that side. Feels
Edema feet Chest Pain @ Chest tube site like heart is racing @ times
Palpitations + Pain _____
Oriented yes ETOL _____
New Allergies _____
Last Chest X-Ray _____

Feels better, complains just slurry/tired

Physical Exam: ✓ WNL/NEG ✖ ABN/POS

* General Appearance ✓
* Skin/Turgor ✓
* ENT ✓
* Sinus ✓
* Mouth ✓
* Neck ✓
* Heart: Rhythm ✓
  Murmurs ✓
  Gallop ✓
  Tones ✓
* Abdomen ✓ FLK mass LUQ
* Chest/Lungs:
  Breath Sounds ✓ CL
  Wheezes ✓
  Rales ✓
  Effort ✓
  Symmetry ✓
* Extremities: ✓
* Mobility: Gait ✓
  Reflexes ✓
  Aides ✓
* Mental Status ✓

LAB ORDER: Spirometry ___ EKG ___ Sinus ___ CBC ___ Glu ___ PT ___ INR ___ O_2Sat Rest 98
Lung Vol ___ DLCO ___ U/A ___ CXR ___ ABG'S ___ Bun ___ Cre ___ K+ ___ Theo ___
O_2Sat Rest ___

Office Treatment Referred to Pul. Rehab — Home (RN)

Education _____

Diagnosis Aplastic Cells Plan Pet-ct

CP pneumectomy

Prescriptions _____

Next Appt. ___ Wks ___ Months W/GJF JAB DRE Signature _____ Staff _____
Next Visit: Spiro L/V DLCO PA PAL Sinus Dexa BLDWK _____ Other _____

PAGE 03 UPSTATE LUNG 8645736323 10/22/2004 13:42

SPIROMETRY REPORT — UPSTATE LUNG AND CRITICAL CARE — TEST DATE: 07/07/04
PB100 SW Rev: J-J — TIME: 15:02

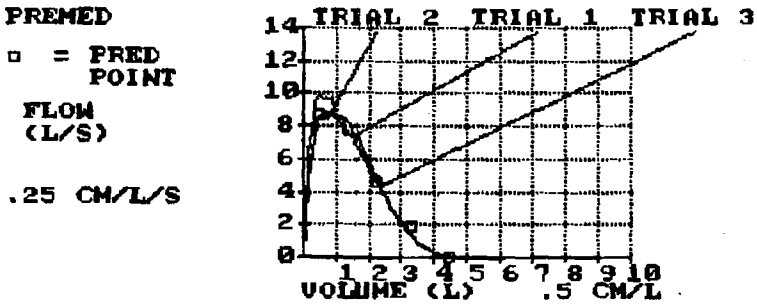
Patient Name: William Casey
Patient ID: 11686 Age: 45 Height (in): 68 Weight (lbs): 171 Sex: Male Race Correction: No Smoker: Yes
Barometric Pressure (mmHg): 760 Temp (deg F): 70 BTPS Correction: 1.110 Sensor: FS200 Insp Code: None
Last Cal Date: 07/07/04 PreMed Time: 15:03

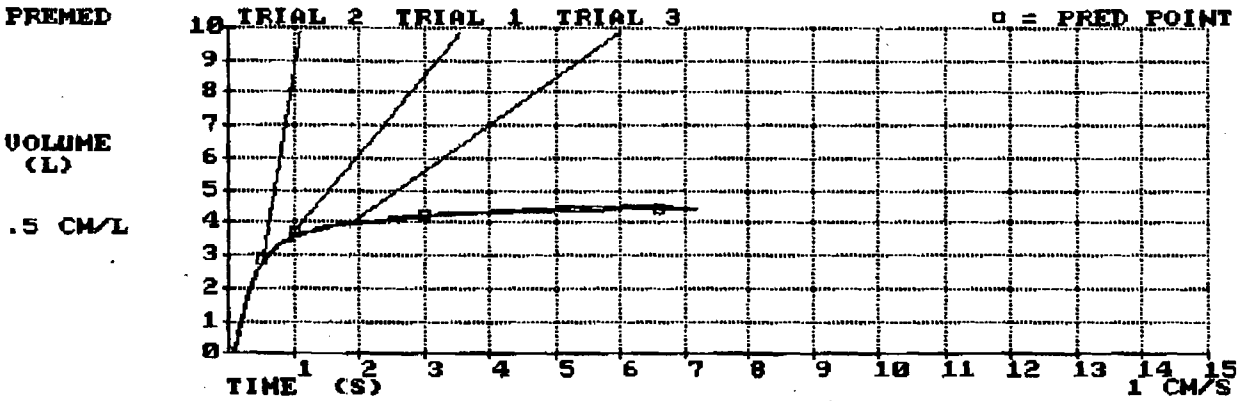
FVC TEST DATA - Clinical Format — BEST TEST SUMMARY — Knudson 83 Adult Predicted Normals

Measurement		PreMed	Pred	%Pred	PostMed	%Pred	%Change
FVC	(L)	4.47	4.45	100%			
FEV1	(L)	3.61	3.66	99%			
%FEV1	(%)	80.76	82.42	98%			
FEF25%-75%	(L/S)	3.57	3.85	93%			
PEF	(L/S)	9.98	8.67	115%			
FEV3	(L)	4.26	4.24	100%			
FET	(S)	4.95					

HAS Consumed / Advair Used yesterday, not today

Variability: PreMed: FVC = 0.0%(0ml) FEV1 = 0.3%(10ml) PEF = 10.7%





Interpretations:
Lung Age: 47 years
PREMED: Testing indicates normal spirometry.
Comments:

F

Upstate Lung And Critical Care Specialists, P.C.

Name: Casey, William Chart# 11686 Date 6/8/04

Wt 168 Ht 5'8" B/P 154/92 H/R 82 RR ____ Temp ____ FiO2 ____

Cough +	Smoking +	Present Illness + reason for visit HFU	
Sputum 0	Nausea 0		
Dyspnea 0	Vomiting 0	C/O non-productive coughing	
Wheeze little	Diarrhea 0	little wheezing, some chest	
Edema 0	Chest Pain 0 Some	pain + back pain.	
Palpitations 0	Pain back		
Oriented +	ETOL ____		
New Allergies 0			
Last Chest X-Ray ____ CK		0+10 (10)	

Patient has been instructed on the DANGERS of Smoking and the importance of Stopping.

Dated: 6/8/04 BY: KMS

Physical Exam: ✓ WNL/NEG ✖ ABN/POS

* General Appearance	✓	Pneumothorax
* Skin/Turgor	✓	9 - is now resolved
* ENT	✓	
* Sinus	✓	
* Mouth	✓	
* Neck	✓	
* Heart: Rhythm	✓	
Murmurs	✓	
Gallop	✓	
Tones	✓	
* Abdomen	soft	
* Chest/Lungs:		Dyspnea
Breath Sounds	✓	Both lungs
Wheezes	few	
Rales	✓	
Effort	✓	- Guaifenesin
Symmetry	✓	syrup
* Extremities:		
* Mobility: Gait	✓	Pain relief to the
Reflexes	✓	
Aides	✓	
* Mental Status	✓	

LAB ORDER: Spirometry ___ EKG ___ Sinus ___ CBC ___ Glu ___ PT ___ INR ___ O_2Sat Rest ___
Lung Vol ___ DLCO ___ U/A ___ CXR ___ ABG'S ___ Bun ___ Cre ___ K+ ___ Theo 9+/-
O_2Sat Rest ___

Office Treatment ____

Education MUST QUIT SMOKING

Diagnosis Resolved + Pneumothorax Plan Next Appt. 8/17/04

Prescriptions
- Prednisone Pred. 20 40
- Both lungs Albuterol
- Tylenol #3 Codeine

Next Appt. ___ Wks ___ Months W/GJF JAB DRE Signature ____ Staff KSmith

Next Visit: Spiro L/V DLCO PA PAL Sinus Dexa BLDWK ____ Other ____

PAGE 07 UPSTATE LUNG 8645736323 10/22/2004 13:42

UPSTATE LUNG AND CRITICAL CARE SPECIALISTS

PATIENT NAME: William Casey
ACCOUNT #:
DATE:
JOB #: 199

CHEST X-RAY:

FINDINGS: PA and lateral of the chest were obtained today. The heart, lungs, and bony structures are normal.

IMPRESSION:
1. Normal chest x-ray.

Joseph A. Boscia, MD

JAB:umt01
D: 06/11/04
R: 06/14/04
T: 06/15/04

SPARTANBURG REGIONAL HEALTHCARE SYSTEM
SPARTANBURG, SC 29303

OP REPORTS

PATIENT NAME: CASEY, WILLIAM
DOB: [redacted]/1958
MEDICAL RECORD #: 146220
PROCEDURE DATE: 6/3/04
ACCOUNT NUMBER: 415400048
ROOM: ICU

M.D. Signed On-Line

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 [illegible] However, below the surface there has been no further foreign body

SPARTANBURG REGIONAL HEALTHCARE SYSTEM
SPARTANBURG, SC 29303

M.D. Signed on-Line

NC

OP REPORTS

PATIENT NAME: CASEY, WILLIAM
DOB: [redacted]3/1958
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

Cardiology Consultants

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. Rodak, 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.

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

Date 8/9/04 By AS
DOLV 7/29/04 DONV 8-12-04

cc: Nalin K. Srivastava, M.D.
Frank E. Gonda, M.D.
Wilson P. Smith, Jr., M.D.

1083 Boiling Springs Road • Spartanburg, SC 29303-2298 • (864) 583-8647 • Fax: (864) 542-2227

SPARTANBURG REGIONAL MEDICAL CENTER DEPARTMENT OF LABORATORY MEDICINE
101 E. WOOD STREET, SPARTANBURG, SOUTH CAROLINA 29303-3072/864-560-6212
DRS. DAVIS, LOWRY, WREN, NELSON, RAINER, LAPHAM, MIMS, CALDWELL & BURNS

CASEY WILLIAM MR#: (0002)00014-62-20 Fin.No.:0421101061 Admitted: 29JUL04
45 YRS MALE DOB: [redacted]/1958 Page: 1
Dr. SMITH WILSON P INTERIM Printed: 04AUG04
Location: - PRIVATE OUT PT VISIT ANEMIA NOS 0204

CHEMISTRY

---------REFERENCE LAB TESTS----------

Procedure:	TIBC @	IRON @	% SATURATION @	
Units:	ug/dL	ug/dL	%	
29JUL04 1340	434 Hf	87 f	20 f	
TIBC.....				Reference Range: 250-400
IRON.....				Reference Range: 40-190

TIBC should be ordered with iron for optimal utility.

% SATURATION.. Reference Range: 15-50

8/9/04

Symbols:
H = High, f = Footnote,
@ = TIBC, IRON, % SATURATION Performed at QUEST DIAGNOSTIC LAB - 33608 ORTEGA HIGHWAY, SAN JUAN CAPRISTRANO, CA. 92690

Patient Name:CASEY WILLIAM Location: PRIVATE OUT PT VISIT END OF CHART.

Send to: WILSON P SMITH MD Fax to: 864-582-3750
LUNG & CHEST
2030 NORTH CHURCH PLACE
SPARTANBURG SC 293030000

REVIEWED BY_____DATE_____
(DO NOT FILE IF NOT COMPLETE)

FINAL

Admission - 5/28/04
XR 9:53AM - Cat scan 6:05 PM
overnight - discharge - 5/29/04

Surgery - 6/3/04
ICU - 6/3,4,5/04
Step down - 1 day - 4T

PRINTED BY: FM20261
DATE 6/11/2004

YAG Laser

Family med
6/5/12

D. Joseph
Jay Grace
Psychologist
PTSD

SPARTANBURG REGIONAL MEDICAL CENTER
Radiology Report

NAME: CASEY,WILLIAM
ORDERING PHYSICIAN: KOSER,ANDRAS
LOC: 4W-434-A
Pt. Type:IP

DOB: [redacted]/58

UNIT #: 000146220
CI#: 1216733
AN#:S0414900306

Exam
60220 CT LUNG WITHOUT CONTRAST
71250

Date: 05/28/04 1805
Ord Diag: Chest Pain NOS 786.50

Chest CT scan 5/28/2004.

Indication: Evaluate for possible foreign body. Patient works in construction and apparently on a chest x-ray had a metallic foreign body.

The chest x-ray cannot be located for comparison. Spiral images were obtained through the chest without contrast. There are no metallic foreign bodies evident other than snaps and monitoring leads on the patient's skin. The lungs are free of nodules and infiltrates. There is left anterior descending coronary artery calcification. No other abnormalities are evident of the noncontrasted mediastinum.

Impression:

1. Negative for opaque foreign body.

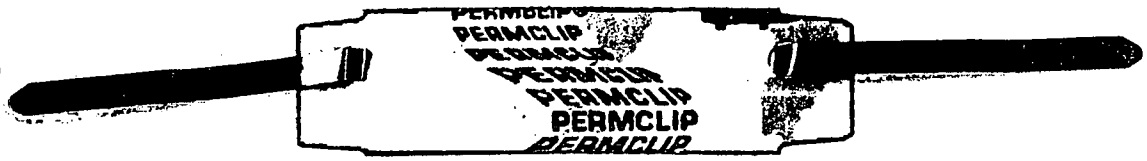
2. Left anterior descending coronary artery calcification.

Read By: Peter Ryan, M.D.
Released By: Peter Ryan, M.D.

LMB

FINAL

PRINTED BY: FM20261
DATE 6/11/2004


PERMCLIP
PERMCLIP
PERMCLIP
PERMCLIP

C. McCraw

CMF WPS MLA EBK JDC RVM ~~Beth~~ Darla Lab

Lung and Chest Medical Associates Sptbg. ✓ Greer ____

Name: Wm M. Casey Chart#: 77168 Date: 7/7/06

Wt____Ht____B/P____H/R____RR____Temp____02Sat____FiO2____

___Cough ___Smoking
___Sputum ___Nausea
___Dyspnea ___Vomiting
___Wheeze ___Diarrhea
___Edema ___Chest Pain
___Palpitations ___Pain
___Oriented ___ETOH
___New Allergies ___Fever/chills

Pres. Illness + reason for visit: Moving furniture to new house
Continues c chest wall pain and
L ortab #10 takes edge of pain and
allows PT help acute - to house
hold chores.
S: Still having difficulty c planning day —
writes daily notes to self
continues to forget what he knows
& important
can remember what he needs

When was your last DEXA
Bone Densometry Testing done?
Seeing new doctors? ____
Hospitalizations or major life changes since last visit: ____
Meds. Review based on: ____ in bottle ____ on list ____ from memory

PHYSICAL EXAM: WNL/NEG ABN/POS

*General Appearance___ frustrated. Working c (ms V-de-
*Skin Turgor___ games to help mentor function
*ENT___ Appears positive - trying to maximize etc
*Mouth___ pulmonary.
*Sinus___
*Neck___
*Chest/Lungs: Breath Sounds ___
Wheezes clear
Rales___
Effort___
Symmetry___
*Heart: Rhythm___
Murmurs___
Gallop___ N x 3
Tones___
*Abdomen___
*Extremities___
*Mobility: Gait___ pain on leaning forward
Reflexes___ posterior tenderness also R + L
Aides___ scapul
*Mental Status___ asked some questions over x 2

LAB ORDER: Spirometry____EKG____Sinus____CBC____Glu____PT____INR____O2Sat Rest____
Lung Vol____DLCO____U/A____CXR____ABG's____Bun____Cre____K+____Theo____02Sat Exercise____

Office Treatment: ____
Education: Does pt want to quit smoking? Yes/No Other: ____
Materials/counseling given: ____

Diagnosis: Neuro Cognitive Impairment **Plan:**
Chest Wall Pain
___Abn CXR(lung fluid),793.1
___Anticoagulant Circulating,28615
___COPD,496
___Cough,786.2
___Dyspnea,786.09 R + L ortaA10 (Pt does not feel she needs them)
___Fatigue(general),780.79 mental function
___Fever,780.6 120 q 10
___ILD,515
___Monitoring(drug name_____),V58.1
___Rhinitis,477.9
___Sleep Apnea/Disorders (nec), 780.53

Prescriptions: ____

Next appt: ___Weeks___Months W/ CMF WPS EBK MLA JDC RVM PA NP Signature ____ Staff____
Next Visit: Spiro L/V DLCO PA PAL Sinus DEXA BLDWK____ Other____

✓

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 SaO_2 is 95% on room air.
General: No acute distress.
Skin: Normal turgor.
HEENT: Pupils symmetric.
Neck: No jugular venous distention.
(Continued to next page)

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. FEV_1 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/perform 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 Michael Fogarty,

Charles M. Fogarty, MD
CMF/ns
cc: Dr. Frank Gonda via fax 578-7098 **(No hard copy will be sent)**

TRANSMISSION VERIFICATION REPORT

TIME : 03/09/2006 10:07
NAME : LUNG AND CHEST MED
FAX : 8645850999
TEL : 8645826858
SER.# : BROD3J369422

DATE,TIME	03/09 10:06
FAX NO./NAME	5787098
DURATION	00:00:37
PAGE(S)	02
RESULT	OK
MODE	STANDARD ECM

Office Visit Confirmation Sheet **Today's Date** 2 . 16 . 06

- Patient Name William Mark Casey Doctor Name Dr Fogarty
- Appt. Time 3:30 Arrival Time 3:30 E-mail address
- Address 240 Lightwood Foam Rd Woodruff SC 29388
- Home phone # 486-9893 Work Phone # 680-5929 Other Phone #
- Emergency contact name: Carole Lynne Hyslop Phone # 680-9648
- Patient's Employer Michelin - Insured's Employer
- Type of Insurance: 1. BC BS 2. 3.
- If you are currently a resident of a Skilled Nursing Facility, enter the name and phone #:

4895

Lung and Chest Medical Associates
Multi Spiro B

ID: 77168 Casey, William
Ethnic: CAUCASIAN Height: 68.0 in. Sex: MALE Age: 47 Weight: 171.0 lb

COMMENTS:
PRE-BD COMMENTS:

LAST CALIBRATED: Thu Feb 16,2006 7:29:47 am

TYPE	Test Date and Time	Exp.Time	Normals	Test#
Pre-BD:	Thu Feb 16,2006 4:29:11 pm	4.9 secs	KNUDSON/IMTS	1

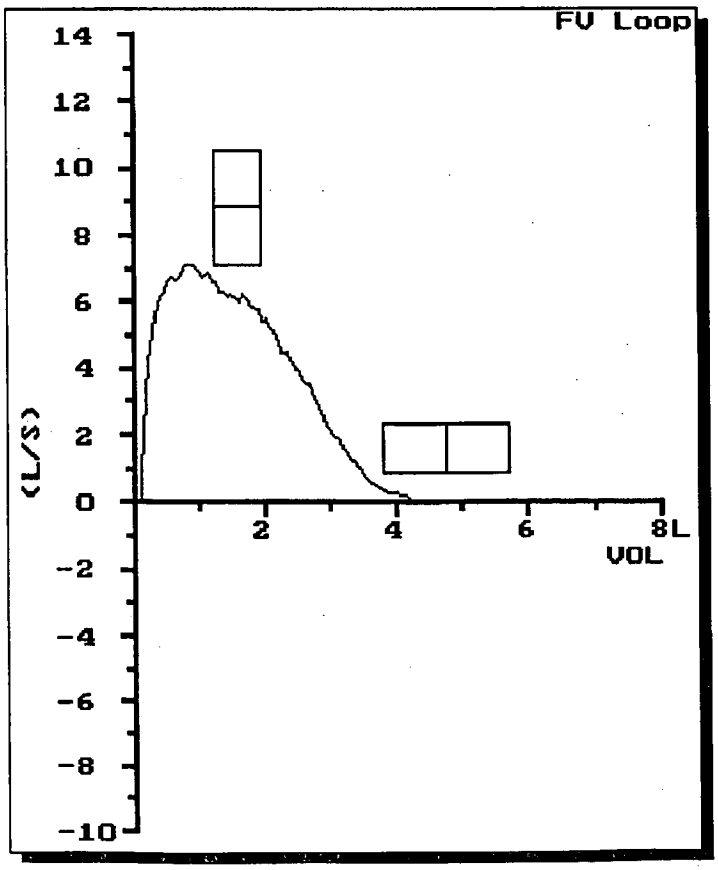
Expiratory	Actual	Predicted	% of pred
FVC	4.17 L	4.73 L	88.18 %
FEV 0.5	2.73 L	3.04 L	89.76 %
FEV 1.0	3.46 L	3.84 L	89.95 %
FEV 3.0	4.02 L	4.48 L	89.71 %
FEV 0.5/FVC	65.38 %	64.24 %	101.78 %
FEV 1.0/FVC	82.86 %	81.23 %	102.00 %
FEV 3.0/FVC	96.43 %	94.79 %	101.73 %
PEF	7.00 L/S	8.64 L/S	81.01 %
FEF 25-75%	3.86 L/S	3.91 L/S	98.71 %
FEF 75-85%	0.94 L/S	1.04 L/S	90.83 %
FEF 25	6.78 L/S	7.95 L/S	85.26 %
FEF 50	4.79 L/S	4.59 L/S	104.45 %
FEF 75	1.54 L/S	1.81 L/S	84.77 %
FEF .2-1.2	6.54 L/S	7.26 L/S	90.15 %

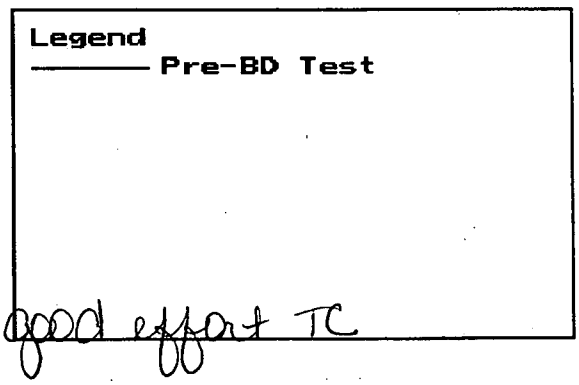
Inspiratory	Actual
IVC	0.00 L
FIV1	0.00 L
PIF	0.00 L/S
FIF50	0.00 L/S
FEF50/FIF50	0.00 %

Interpretation:

NORMAL

MAX FVC = 4.17L TEST # 1
MAX FEV-1 = 3.46L TEST # 1





TELEPHONE CALL BACK - LUNG & CHEST MEDICAL ASSOCIATES

Date 8.1.05 Call Time 10:32 am/pm VM r'cvd time: 10:35 By: AB

Chart #: 77168 Chart pull time : _____ Chart del. Time: _____ Callback time: _____

Caller: ~~PATIENT~~ ☐ PT. FAMILY ☐ PHARMACY ☐ HOME HEALTH ☐ HOSPICE ☐ INS. CO. ☐ DME CO. ☐ SPR

Caller Name	Patient Name	Phone No.	Fax No.
VM	Wm. Mark Casey	6805129	

Pt. of: CMF WPS EBK MLA JDC RVM Last Appt. 7/19/05 Next Appt. TO
Pt. Address (Proximity to office): 7-21-05 cmf

#1: **DRUG REFILL** ☐ Yes- patient stable/routine medicine ☐ No – see #2 below

Pharmacy: _____ Phone #: _____ Fax #: _____

CHARLES M. FOGARTY, MD 08691• WILSON R SMITH, MD 10510• E. BERT KNIGHT III, MD 08397
MARY LOU APPLEBAUM, MD 12969 • J. DOUGLAS CLARK, MD 19596• RICO VI. MENDOZA, MD 23156
BRENDA SPRINKLE, PA-C A144 • CHARLENE McCRAW, A.C.N.P-C AC68077• BETH V. EDWARDS, PA-C A465
2030 North Church Place, Spartanburg, SC 29303 Telephone 582-6858
FAX: Side A 582-3750 FAX: Side B: 585-2102

Rx

NAME: DOB: [redacted].58 DATE:

ADDRESS:

LABEL DRUG NAME, STRENGTH & QUANTITY ☐ YES ☐ NO

1	Rx	STRENGTH	QUANTITY	REFILL
	SIG			

M.D. _____ M.D. _____
Dispense as written Substitution Permitted
DEA: _____ DEA: _____

#2: **PROBLEM** ☐ COUGH ☐ SOB ☐ CHEST PAIN ☐ FEVER ☐ QUESTIONS ABOUT MEDS. ☐ NON-ROUTINE RX

Comment/Response: calling for test results – test last Thursday

copy of repats attached.

Made appt for Aug 4, 2005 11 am w/Beth to discuss the results per Teresa CD. 8/2/05

PFT referral needed

Appt. Made ___/___/___ w/L&C ~~Call 911~~ ☐ Go to ER ☐ L&C MD on call notified ☐ Call Family Physician

Instructions accepted?: ___ yes ___ no

_____ _____ ___/___/___ _____AM/PM
(Staff) (Doctor) (Date) (Time)

Lung and Chest Medical Associates

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Mary Lou Applebaum, M.D.
Beth V. Edwards, PA-C

Fax: (864) 582-3750

WILLIAM CASEY
77168
08-04-05

OFFICE NOTE

Chief Complaint

William Casey returns for follow up on his previous visit. Since we saw him he has had coronary calcium score and upper abdominal ultrasound.

Current Conditions

1. Chest pain.
2. Nausea and vomiting.
3. Persistent difficulty concentrating staying focused status post pneumomediastinum/pneumothorax complicating laser therapy in attempt for laser therapy for metallic artifact, which ultimately proved to be outside of chest.

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

No tobacco or alcohol.

Review of Systems

No additional findings on cardiorespiratory, GI or GU review.

Physical Examination
Vital Signs: Wt. 178, BP 120/74, HR 75, RR 22 and SaO_2 is 98% on room air.
General: No acute distress.
Skin: Normal turgor.
HEENT: Pupils symmetric.
Neck: No jugular venous distention.
(Continued to next page)

Physical Examination (Continued)
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. Bowel sounds present.
Extremities: No edema or clubbing.
Neurological: The patient had some readily apparent difficulty staying focused with answers to questions and had difficulties repeating numbers backward on a simple cognitive screen.

Laboratory Data

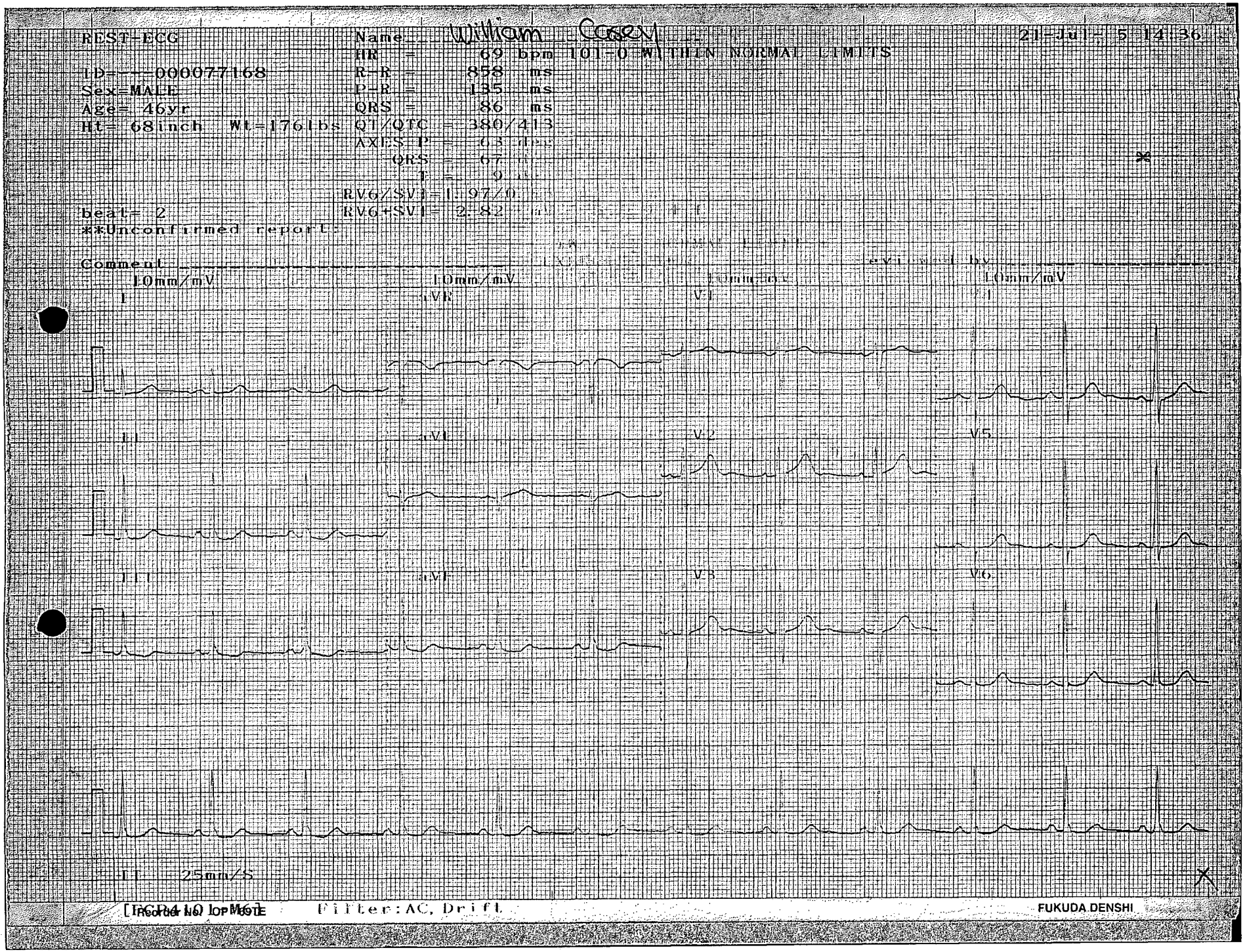
The ultrasound showed no pathological findings.

Impression/Discussion/Plan

The patient has been instructed in optimal use of aerosol therapy. The patient was instructed on diet with attention at maintaining muscle mass and achieving an ideal body weight. The patient is instructed in exercise to promote mucous clearance, maintain balance and muscle mass. The patient was given our cell phone number to call any time any interval problems develop before the next visit.

The patient is to continue his current regimen. He will check back with us this fall.

Charles M. Fogarty, MD
CMF/ns


REST-ECG
Name William Green
21-Jul-5 14:36
HR = 69 bpm 101-0 WITHIN NORMAL LIMITS
ID=--=000077168
R-R = 858 ms
Sex=MALE
P-R = 135 ms
Age= 46yr
QRS = 86 ms
Ht= 68inch Wt=176lbs QT/QTC = 380/413
AXES P = 63 deg
QRS = 67
T = 9
RV6/SV1 = 1.97/0.
RV6+SV1 = 2.82
beat= 2
**Unconfirmed report
Comment
10mm/mV
I
II
III
aVR
aVL
aVF
V1
V2
V3
V4
V5
V6
25mm/S
Recorder No
Filter:AC, Drift
FUKUDA DENSHI

4900

Lung and Chest Medical Associates

Charles M. Fogarty, M.D,
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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. This can be present without exercise although 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 overlying the chest. This was misinterpreted as being in the chest and the patient underwent bronchoscopy. And when the bronchoscopy did not show definite abnormality, but rather an area of erythema, he was scheduled for a laser bronchoscopy. He had the laser bronchoscopy complicated by pneumomediastinum with a lengthy two hour anesthesia. Since then, although the patient recovered from his pneumomediastinum and bilateral pneumothoraces with chest tubes, intubation and mechanical ventilation, since then he has had continued difficulties concentrating, staying focused and with his general energy.

He is not smoking.

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 probably lose his job since he has been unable to hold gainful employment in the interim in large part because of his difficulties with concentrating, staying focused. Although the issue of his chest pain still remains unresolved.
(Continued to next page)

Family History

Coronary artery disease and hyperlipidemia.

Review of Systems

He did have a cardiac catheterization several years back but his CT during the May 2004 admission 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 SaO_2 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. Bowel sounds present.
Extremities: No edema or clubbing.
Neurological: The patient had some readily apparent difficulty staying focused with answers to questions and had difficulties repeating numbers backward on a simple cognitive screen.

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.
2. Nausea and vomiting.
3. Persistent difficulty concentrating staying focused status post pneumomediastinum/pneumothorax complicating laser therapy in attempt for laser therapy for metallic artifact, which ultimately proved to be outside of chest.

(Continued to next page)

WILLIAM CASEY
77168
07-21-05
Page Tree

Comment

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 squeezing he does have risk factors for coronary artery disease in terms of his hyperlipidemia, family history and previous smoking and he did have coronary calcification incidentally noted 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.

With reference to the patient's difficulty concentrating, he undoubtedly had air emboli given his lengthy duration of anesthesia 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 neurologic deficit in which case the indication for taking medication may be moot and 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.

Plan

We will check back with the patient via phone with reference to his coronary calcium score and his gallbladder ultrasound. Further evaluation will proceed pending the results of above. Separately, we will review the patient's chart for him since he still has many questions about what happened during the hospital admission for his chest pain. We will review the patient's chart for him and try to put into lay language a summary of the chart with reference to what happened to him during the hospital admission for his chest pain last year.

Charles M. Fogarty, MD
CMF/ns
cc: Dr. Gonda

PIEDMONT IMAGING

Your Choice for MRIs & CT Scans

Name: Casey, William Date of Scan: 7/25/05

Address: 240 Lightwood Farm Rd. Woodruff S.C 29388

Telephone: (864) 680-9648 Date of Birth: [redacted]58

PROCEDURE

MULTISLICE HELICAL CT CORONARY ARTERY CALIUM SCORING (CACS)

TECHNIQUE

MultiSlice Helical 3.2 mm transaxial CT images were obtained at 1.5 mm intervals for evaluation of the proximal 6.0 cm of the coronary arteries. A computer-generated score is calculated based on the amount of calcification detected.

RESULTS

L MAIN 0.0 LAD 1.4 CIRCUMFLEX 0.0 R. CORONARY 0.0 TOTAL 1.4

CALCIUM SCORE GUIDELINES

Total Score	Plaque Burden	Risk Category	Probability of Significant CAD	Guidelines
____ 0-1	No identifiable atherosclerotic plaque	Very Low	Very Unlikely	Reassurance while stressing adherence to general guidelines on diet and exercise.
✓ 1-10	Minimal identifiable plaque	Low	Unlikely	Follow the general guidelines on cardiovascular risk reduction.
____11-100	Mild identifiable plaque	Moderate	Mild or minimal coronary stenosis likely	Risk factor medication is recommended, including daily aspirin and strict adherence to National Cholesterol Education Program or proposed modification.
____101-400	Moderate identifiable plaque	Moderately High	Moderate likelihood of significant stenosis	Aggressive risk factor modification is recommended with stress testing preparatory to an exercise program. Daily aspirin is advised. Strict adherence to National Cholesterol Education Program or proposed modification.
____ Over 400	Extensive plaque burden	High	High likelihood of significant coronary stenosis	Very aggressive risk factor modification is recommended (including aspirin and a statin medication) with stress imaging and possibly angiography.

Coronary artery calcification is a specific marker for coronary atherosclerosis. The amount of calcification correlates with severity of coronary atherosclerosis and the probability of obstructive disease. **A score of 0 indicates no coronary artery calcification and this implies the absence of significant angiographic coronary narrowing in 99% of cases. It does not absolutely rule out the presence of soft non-calcified plaque, especially in younger patients and those who smoke heavily.** A high score indicates a significant plaque burden and the relative risk for future cardiovascular events. It should be understood that calcification is not site specific for stenosis but rather indicates the extent of atherosclerosis in the coronary arteries overall.. The score may be used as a benchmark to measure subsequent disease development or assess preventative programs.
Thank you for your confidence in our center.

Sincerely,

Raul Ceballos, Jr. MD
Radiologist

684 North Pine St. • Spartanburg, South Carolina 29303
864-542-0033 • Fax 864-542-0025

SPARTANBURG REGIONAL MEDICAL CENTER DEPARTMENT OF LABORATORY MEDICINE
101 E. WOOD STREET, SPARTANBURG, SOUTH CAROLINA 29303-3072/864-560-6212
DRS. DAVIS, LOWRY, WREN, NELSON, RAINER, LAPHAM, MIMS, CALDWELL, BURKS & KIM

CASEY WILLIAM MR#: (0002)00014-62-20 Fin.No.:0520001651 Admitted: 19JUL05
46 YRS MALE DOB: [redacted]1958 Page: 1
Dr. MENDOZA RICO INTERIM Printed: 21JUL05
Location: - PRIVATE OUT PT VISIT ABDMNAL PAIN UNSPCF SITE 0558

CHEMISTRY

HEPATIC PROFILES

Procedure:	TOT PROT	ALBUMIN	AST	ALT	ALK PHOS	BILI TOTAL	BILI DIR	BILI INDIR
Ref Range:	(6.1-8.0)	(3.5-4.9)	(12-33)	(8-39)	(36-108)	(.0-1.5)	(.0-.2)	(.2-1.4)
Units:	GM/DL	G/DL	IU/L	IU/L	IU/L	MG/DL	MG/DL	MG/DL
19JUL05 1600	6.9	4.4	14	18	80	.6	.1	.5

Patient Name:CASEY WILLIAM Location: PRIVATE OUT PT VISIT END OF CHART.

Send to: DR RICO MENDOZA
2030 NORTH CHURCH AVE
SPARTANBURG SC 29303

Fax to: 864-585-2102

Connor x

Lung and Chest Medical Associates
Multi Spiro B

ID: 77168 Casey, William
Ethnic: CAUCASIAN Height: 68.0 in. Sex: MALE Age: 46 Weight: 171.0 lb

COMMENTS:
PRE-BD COMMENTS:

LAST CALIBRATED: Thu Jul 21,2005 7:36:40 am

TYPE	Test Date and Time	Exp.Time	Normals	Test#
Pre-BD:	Thu Jul 21,2005 3:52:12 pm	5.9 secs	KNUDSON/IMTS	1

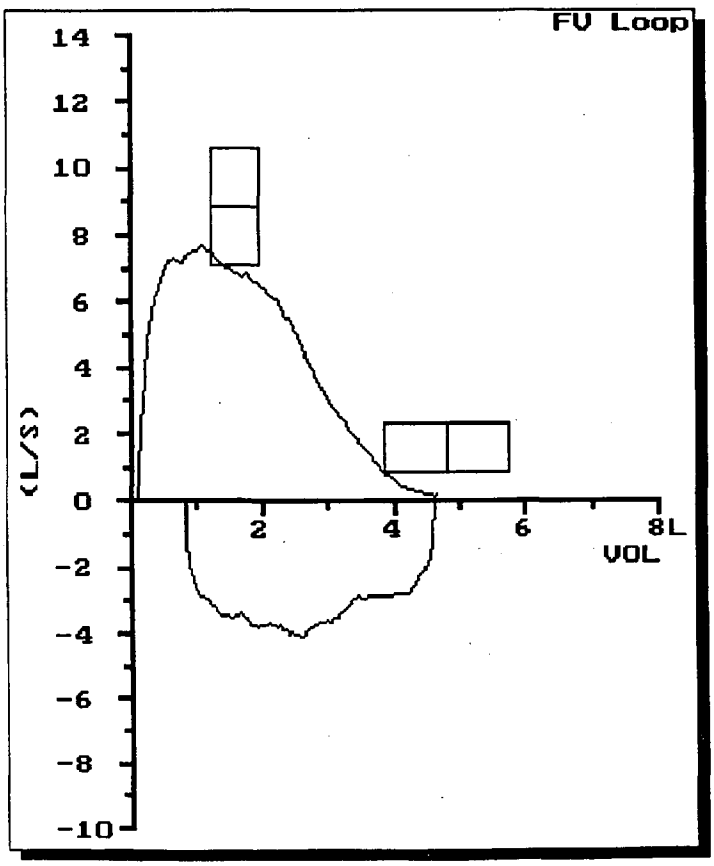
Expiratory	Actual	Predicted	% of pred
FVC	4.65 L	4.75 L	97.88 %
FEV 0.5	2.96 L	3.05 L	97.12 %
FEV 1.0	3.76 L	3.87 L	97.21 %
FEV 3.0	4.40 L	4.51 L	97.51 %
FEV 0.5/FVC	63.77 %	64.27 %	99.22 %
FEV 1.0/FVC	80.82 %	81.38 %	99.31 %
FEV 3.0/FVC	94.58 %	94.94 %	99.62 %
PEF	7.56 L/S	8.67 L/S	87.17 %
FEF 25-75%	3.91 L/S	3.95 L/S	99.06 %
FEF 75-85%	0.86 L/S	1.06 L/S	81.57 %
FEF 25	7.45 L/S	7.97 L/S	93.49 %
FEF 50	5.37 L/S	4.62 L/S	116.05 %
FEF 75	1.47 L/S	1.83 L/S	79.90 %
FEF .2-1.2	7.00 L/S	7.31 L/S	95.75 %

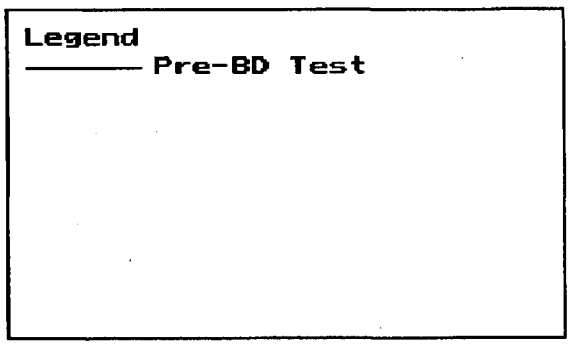
Inspiratory	Actual
IVC	3.86 L
FIV1	2.95 L
PIF	4.26 L/S
FIF50	3.97 L/S
FEF50/FIF50	135.01 %

Interpretation:

NORMAL

MAX FVC = 4.65L TEST # 1
MAX FEV-1 = 3.76L TEST # 1





Good Effort! MB

CBC, K+, Bun, Creat, Glu, extra gold tube, PAL, Spiro

CMF WPS MLA EBK JDC RVM Beth Darla Lab

Lung and Chest Medical Associates

Name: William Casey Chart#: 77168 Date: 7-19-05

Wt 174.9 Ht — B/P 129/89 H/R 85 RR 16 Temp 98.1 02Sat 93 FiO2 —

O Cough	O Smoking	Present Illness + reason for visit:
O Sputum	✓ Nausea	
OE Dyspnea	✓ Vomiting	Doesnt want to see Feldman
O Wheeze	O Diarrhea	
O Edema	O Chest Pain	Vomiting x 1 week - Chest sore - tight
O Palpitations	O Pain	Dry Heaves now
O Oriented	O ETOH	
O New Allergies	O Fever/chills	saw Dr Beaty as visit Service year ago Stable

When was your last DEXA Bone Densometry Testing done? Stress yrs then

Seeing new doctors? NO For:

Hospitalizations or major life changes since last visit: yes 6-05 - sinus

Meds. Review based on: ____in bottle ____on list ____from memory

PHYSICAL EXAM: WNL/NEG ABN/POS

*General Appearance — dry heaving x 1 wk oral vomit
*Skin Turgor —
*ENT — Can't take cough down
*Mouth —
*Sinus — Chest hurts
*Neck — No lymphadenopathy some epigastric pain
*Chest/Lungs: Breath Sounds — Cymbalta Strattera Lipitor Ultram Lortab
Wheezes —
Rales —
Effort —
Symmetry —
*Heart: Rhythm —
Murmurs —
Gallop —
Tones —
*Abdomen —
*Extremities —
*Mobility: Gait —
Reflexes —
Aides —
*Mental Status —

LAB ORDER: Spirometry 3.02 3.90 EKG Sinus CBC Glu 121 PT INR O2Sat Rest 93%
Lung Vol DLCO U/A CXR ABG's Bun 29 Cre 0.7 K+ 4.2 Theo 02Sat Exercise

Office Treatment:

Education: Does pt want to quit smoking? Yes/No Other: PT no longer smoker extra gold

Materials/counseling given:

Diagnosis: Nausea/Vomiting Plan ✓ UGIS RX Stemetil/Phenergan

___Abn CXR(lung fluid),793.1	? Strattera / Cymbalta side effect	✓ UGIS
___Anticoagulant Circulating,28615		
___COPD,496	PMD Hepatitis	Ice in oral cavity
___Cough,786.2		
___Dyspnea,786.09		Stop Strattera / Cymbalta
___Fatigue(general),780.79		
___Fever,780.6		
___ILD,515		
___Monitoring(drug name_____),V48.6		
___Rhinitis,477.9		
___Sleep Apnea/Disorders (nec), 780.53		

Prescriptions:

Next appt: ___Weeks___Months W/ CMF WPS EBK MLA JDC RVM PA NP Signature Staff LH

Next Visit: Spiro L/V DLCO PA PAL Sinus DEXA BLDWK Other

X

X

4908

Office Visit Confirmation Sheet **Today's Date** - -

- Patient Name William Mark Casey Doctor Name
- Appt. Time 3:30 Arrival Time 3:30 E-mail address
- Address 240 Lightwood Farm Rd
- Home phone # 680-5929 Work Phone # Other Phone # 680-5929
- Emergency contact name: Carole Lynne Hyslop Phone # 680-9648
- Patient's Employer Michelin Tire Insured's Employer
- Type of Insurance: 1. BC/BS 2. 3.
- If you are currently a resident of a Skilled Nursing Facility, enter the name and phone #:

Lung and Chest Medical Associates Spiro A

ID: 77168 Casey, William Mark

Ethnic: CAUCASIAN Height: 68.0 in. Sex: MALE Age: 46 Weight: 174.0 lb

COMMENTS:

PRE-BD COMMENTS:

LAST CALIBRATED: Tue Jul 19,2005 7:34:36 am

TYPE	Test Date and Time	Exp.Time	Normals	Test#
Pre-BD:	Tue Jul 19,2005 11:57:55 am	6.3 secs	KNUDSON/IMTS	2

Expiratory	Actual	Predicted	% of pred
FVC	5.02 L	4.73 L	106.19 %
FEV 0.5	2.75 L	3.04 L	90.50 %
FEV 1.0	3.90 L	3.84 L	101.52 %
FEV 3.0	4.73 L	4.48 L	105.50 %
FEV 0.5/FVC	54.75 %	64.24 %	85.23 %
FEV 1.0/FVC	77.66 %	81.23 %	95.61 %
FEV 3.0/FVC	94.18 %	94.79 %	99.35 %
PEF	6.61 L/S	8.64 L/S	76.59 %
FEF 25-75%	3.61 L/S	3.91 L/S	92.38 %
FEF 75-85%	0.90 L/S	1.04 L/S	87.31 %
FEF 25	6.15 L/S	7.95 L/S	77.37 %
FEF 50	4.26 L/S	4.59 L/S	92.85 %
FEF 75	1.40 L/S	1.81 L/S	77.15 %
FEF .2-1.2	5.82 L/S	7.26 L/S	80.13 %

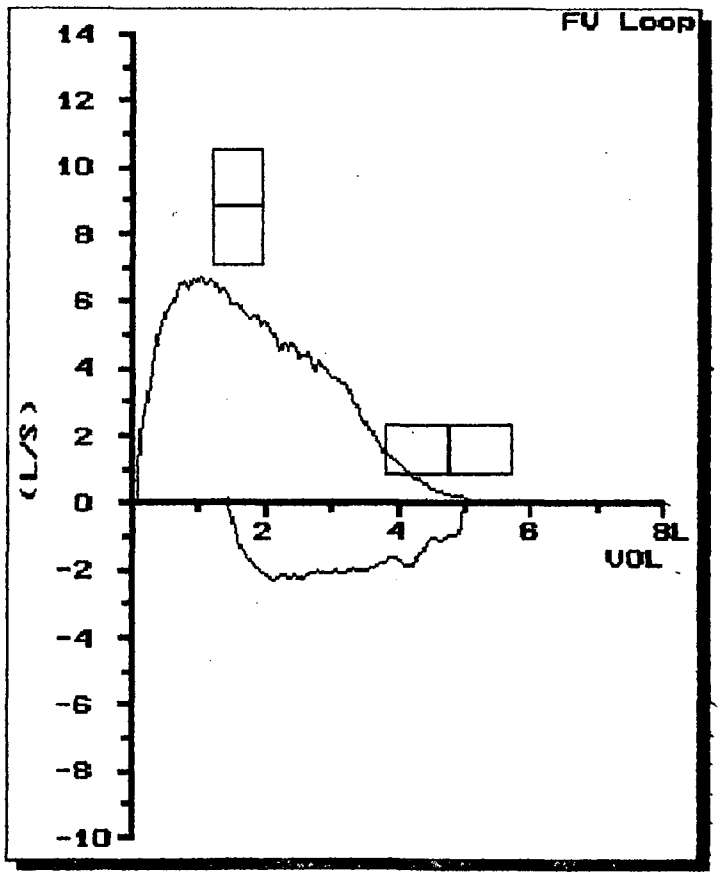
Inspiratory	Actual
IVC	3.61 L
FIV1	1.35 L
PIF	2.46 L/S
FIF50	2.20 L/S
FEF50/FIF50	193.85 %

Interpretation:

NORMAL

MAX FVC = 5.02L TEST # 2

MAX FEV-1 = 3.90L TEST # 2



Legend

Pre-BD Test

Good effort OB

LUNG AND CHEST MEDICAL ASSOCIATES

2030 North Church Place, Spartanburg, SC 29303

CMF WPS EBK MLA JDC RVM BE

LAB REQUISITION

PATIENT NAME William Casey CHART # 77168 DATE 7-19-05

SEX RACE

DIAGNOSIS _____ M F C B A H O

	DESCRIPTION	RESULTS	NORMAL VALUE	REPEATED VERIFIED RESULTS	INITIALS
	Theophylline		10-20 Mcg/dl		
	Glucose	121	70-110 Mg/dl		
	BUN	29	5-25 Mg/dl		
	Creatinine	0.7	0.5-1.4 Mg/dl		
	K+	4.2	3.5-5.1 Meq/dl		
	PT		14-18 sec		
	INR		2.0-3.0 Coumadin therapy		
			2.5-3.5 Prostatic Heart Valves		
	CBC				
	UA				
	HgbA1C	%	< 7 %		
	Arterial Puncture				
	ABG's – Fi02				
	ABG's – PH		7.35-7.45		
	ABG's – PC02		35-45 mmHg		
	AGG's – P02		80-100 mmHg		
	AGG's - 02 Sat		95-98%		

URINALYSIS -- MACROSCOPIC			
COLOR	_____	Ph	_____
APPEARANCE	_____	PROTEIN	_____
GLUCOSE	_____	UROBILINOGEN	_____
BILIRUBIN	_____	NITRITE	_____
KETONES	_____	LEUKOCYTES	_____
SP. GR.	_____		

Rapid Strep Positive Negative

Z-Stat Flu Positive Negative

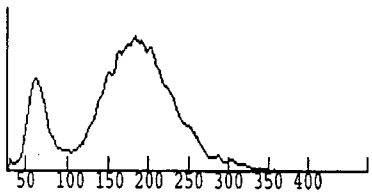
CMF _____ WPS _____ EBK _____ MLA _____ JDC _____ RVM _____ BE _____ Staff _____

LUNG AND CHEST MED ASSOCIATES
2030 N CHURCH PLACE
SPARTANBURG SC 29303 JDC RVM BE
864-582-6858 CMF WPS EBK MLA

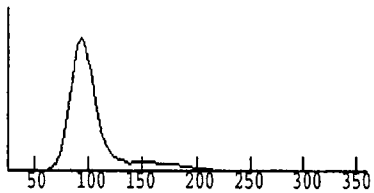
William Casey

ID: 77168 07-19-05
CVWB 09:58

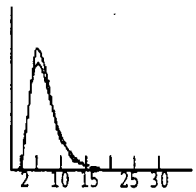
				Patient Limits 1	
WBC	13.7	H	x10^3/uL	4.5	11.0
LY	17.5	*L	%	20.5	51.1
MO	5.9	*	%	1.7	9.3
GR	76.6	*H	%	42.2	75.2
LY#	2.4	*	x10^3/uL	1.2	3.4
MO#	0.8	*H	x10^3/uL	0.1	0.6
GR#	10.5	*H	x10^3/uL	1.4	6.5
RBC	4.68		x10^6/uL	3.90	5.10
Hgb	14.8		g/dL	12.0	15.6
Hct	43.5		%	36.0	46.0
MCV	93.0		fL	85.0	98.0
MCH	31.7		pg	28.0	33.0
MCHC	34.0		g/dL	32.5	36.0
RDW	12.1		%	11.6	13.7
Plt	677.	H	x10^3/uL	130.	400.
MPV	7.1	L	fL	7.8	11.0



WBC HISTOGRAM



RBC HISTOGRAM



PLT HISTOGRAM

CMF (WPS) MLA [redacted] EBK JDC RVM Beth [redacted] Darla Lab

Lung and Chest Medical Associates

Name: Wm. Casey Chart#: 77168 Date: 8/12/04

Wt 175 Ht ___ B/P 120/80 H/R 82 RR ___ Temp ___ 02Sat 96% FiO2 .21

___Cough	___Smoking	**Present Illness + reason for visit:** Still gets tired
___Sputum	___Nausea	
___Dyspnea	___Vomiting	
___Wheeze	___Diarrhea	
___Edema	___Chest Pain	
___Palpitations	___Pain back	
___Oriented	___ETOH	
___New Allergies	___Fever/chills	

When was your last DEXA Bone Densometry Testing done? ___

Seeing new doctors? ___ **For:** ___

Hospitalizations or major life changes since last visit: ___

Meds. Review based on: ___ in bottle ___ on list ___ from memory

PHYSICAL EXAM:	WNL/NEG	ABN/POS
*General Appearance		
*Skin Turgor		
*ENT		
*Mouth		
*Sinus		
*Neck		
*Chest/Lungs: Breath Sounds		
Wheezes		
Rales		
Effort		
Symmetry		
*Heart: Rhythm		
Murmurs		
Gallop		
Tones		
*Abdomen		
*Extremities		
*Mobility: Gait		
Reflexes		
Aides		
*Mental Status		

LAB ORDER: Spirometry ___ EKG ___ Sinus ___ CBC ___ Glu ___ PT ___ INR ___ O2Sat Rest ___
Lung Vol ___ DLCO ___ U/A ___ CXR ___ ABG's ___ Bun ___ Cre ___ K+ ___ Theo ___ 02Sat Exercise ___

Office Treatment: ___

Education: Does pt want to quit smoking? Yes/No Other: ___

Materials/counseling given ___

Diagnosis: ___ Plan ___

- ___Abn CXR(lung fluid),793.1
- ___Anticoagulant Circulating,28615
- ___COPD,496
- ___Cough,786.2
- ___Dyspnea,786.09
- ___Fatigue(general),780.79
- ___Fever,780.6
- ___ILD,515
- ___Monitoring(drug name_____),V48.6
- ___Rhinitis,477.9
- ___Sleep Apnea/Disorders (nec), 780.53

Prescriptions: ___

Next appt: ___Weeks ___Months W/ CMF WPS EBK MLA JDC RVM PA NP Signature ___ Staff ___

Next Visit: Spiro L/V DLCO PA PAL Sinus DEXA BLDWK ___ Other ___

03/26/04

Office Visit Confirmation Sheet

!!! Please fill out all blanks each time you visit our office.

Patient Name William Mark Casey Today's Date Aug 12 04

Doctor Smith Appt. Time 11:45 Arrival Time 11:40

Reason for visit:(check one) ____Having problems ✓Regular follow-up

Please confirm your personal information for our records:

Address 240 Lightwood Farm Rd

Home phone # 486-9131 Work Phone # 680.5929 Other Phone # _____

Emergency contact name: Carole Casey Phone # 680-9648

Type of Insurance: 1. B/C B/S 2. _____ 3. _____

E-mail address: _____

4913

CMF (WPS) MLA EBK JDC RVM Beth Darla Lab

Lung and Chest Medical Associates

Name: Wm. Casey Chart#: 77168 Date: 11/10/04

Wt 180.6 Ht ___ B/P 163/97 H/R 92 RR 18 Temp ___ 02Sat 95 FiO2 .21

Cough	Smoking	Present Illness + reason for visit: "4-5 cigs/day"
Sputum	Nausea	
Dyspnea	Vomiting	
Wheeze	Diarrhea	
Edema	Chest Pain	only c exertion No dyspnea
Palpitations	Pain	when not working on
Oriented	ETOH some	walking stops & pain
New Allergies	Fever/chills	is relieved.

When was your last DEXA Bone Densometry Testing done? ___

Seeing new doctors? ___ For: ___

Hospitalizations or major life changes since last visit: ___

Meds. Review based on: ___ in bottle ___ on list ~~from chart~~ ___ from memory

PHYSICAL EXAM: WNL/NEG ABN/POS

*General Appearance___ Dr Grace does not
*Skin Turgor___ feel resp. do
*ENT___ well to work
*Mouth___ not ready to return to
*Sinus___ work
*Neck___ does not want to go.
*Chest/Lungs: Breath Sounds ___ Pain begins after
Wheezes___ working 2-2½ hr.
Rales___ tender along sternum margin
Effort___
Symmetry___
*Heart: Rhythm___
Murmurs___
Gallop___
Tones___
*Abdomen___
*Extremities___
*Mobility: Gait___
Reflexes___
Aides___
*Mental Status___

LAB ORDER: Spirometry___ EKG___ Sinus___ CBC___ Glu___ PT___ INR___ O2Sat Rest___
Lung Vol___ DLCO___ U/A___ CXR___ ABG's___ Bun___ Cre___ K+___ Theo___ 02Sat Exercise___

Office Treatment: ___

Education: Does pt want to quit smoking? Yes/No Other: ___

Materials/counseling given: ___

Diagnosis: Dx transaxilla Plan Zoloft 150 qD

- ___ Abn CXR(lung fluid),793.1 Steroids
- ___ Anticoagulant Circulating,28615
- ___ COPD,496 Continue Ambulation
- ___ Cough,786.2
- ___ Dyspnea,786.09 Chest radiograph
- ___ Fatigue(general),780.79 in case of
- ___ Fever,780.6 clot
- ___ ILD,515
- ___ Monitoring(drug name_____),V48.6
- ___ Rhinitis,477.9
- ___ Sleep Apnea/Disorders (nec), 780.53

Prescriptions: ___

Next appt: ___Weeks___Months W/ CMF WPS EBK MLA JDC RVM PA NP Signature WPS Staff JO

Next Visit: Spiro L/V DLCO PA PAL Sinus DEXA BLDWK___ Other___

09/29/04

Office Visit Confirmation Sheet

!!! Please fill out all blanks each time you visit our office.

Patient Name Wm MARK Casey Today's Date Nov 10

Doctor Smith Appt. Time 8:15 Arrival Time 8:15

Address 240 Lightwood Farm Road

Home phone # 486-9131 Work Phone # 680-5929 Other Phone # _____

Emergency contact name: Carole Casey

Is the patient a resident of a skilled nursing facility? Yes _____ No ~

4915



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: July 29, 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: Aug 14, 2004

Physical findings (diagnosis): Chest pain w. dyspnea
Ct Scan Chest show coronary artery
calcification

Treatment and/or recommendation:
Stress test
Absence from work until Aug 16, 2004

M.D.

Address:

Telephone:

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.

X

LCF/SP/FORMS/DLEXTLV.DOC

CHARLES M. FOGARTY, MD 086917 WILSON P. SMITH, MD 10510 E. BERT KNIGHT III, MD 8397
MARY LOU APPLEBAUM, MD 12969 J. DOUGLAS CLARK, MD 19596
BRENDA SPRINKLE, PA-C A144 CHARLES MASON, PA-C A566
CHARLENE McCRAW, A.C.N.P.-C AC68077
2030 North Church Place, Spartanburg, SC 29303 Telephone 582-6858

NAME William Cozey DATE 7/29/04

ADDRESS

LABEL DRUG NAME, STRENGTH & QUANTITY ☐ YES ☐ NO

		STRENGTH	QUANTITY	REFILL
1	Rx Please Equine Liv SIG			
2	Rx Cozey Jan Wal Jan wal SIG	STRENGTH	QUANTITY	REFILL
3	Rx Nutrasweet SIG Diet Jan	STRENGTH	QUANTITY	REFILL

M.D. _____ M.D. _____
Dispense as Written Substitution Permitted

DEA _____ DEA _____

LC-105 Altman Printing Co., Inc.

LUNG AND CHEST MEDICAL ASSOCIATES
2030 North Church Place
Spartanburg, South Carolina 29303
Telephone: (864) 582-6858
Fax (864) 542-9043

Charles M. Fogarty MD
E. Bert Knight, III MD
Mary Lou Applebaum, MD
Wilson P. Smith, Jr., MD
J. Douglas Clark, MD
Rico V.I. Mendoza, MD

SCHEDULED PROCEDURES

DATE: 7/29/04

PATIENT NAME: Mark Casey

REFERRING DOCTOR: Wilson Smith

TYPE OF PROCEDURE: Cardiolite stress

HOSPITAL/AGENCY: Cardiology Consultants 583-8647

DATE OF APPOINTMENT: Mon. Aug 2, 2004 10:15

DOCTOR TO DO PROCEDURE _____

TIME TO BE AT HOSPITAL/AGENCY _____ AM/PM

TIME OF PROCEDURE Aug 2. 10:15 (AM)/PM

INSTRUCTIONS No meds morning of stress. Nothing to eat or drink past midnight the night before.

ANY QUESTIONS REGARDING THIS, PLEASE CALL OUR OFFICE (864) 582-6858.

SIGNED _____

FORMS/SCHEDULED PROCEDURES 4/03

LC-1

Allman Printing Co., Inc.

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
Cindy Edwards, F.N.P.

Fax: (864) 582-3750

WILLIAM CASEY
7-29-04
77168

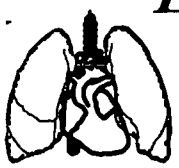
OFFICE NOTE

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.

WPS

Wilson P. Smith, Jr., M.D.
WPSjr/ns
cc: Dr. Gonda 8-2-04

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.
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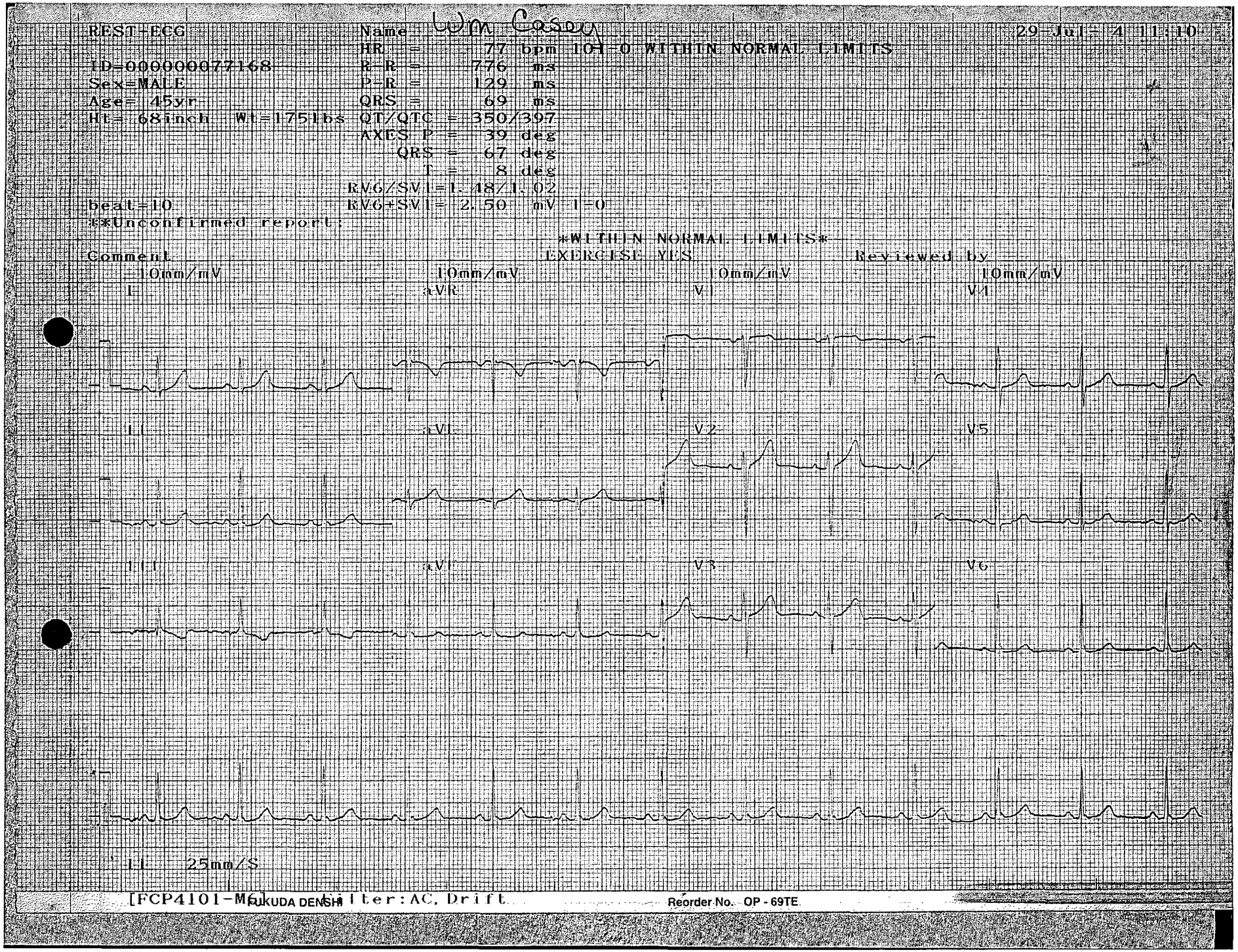
WILLIAM CASEY
77168
07-29-04

X-RAY: PA & lateral of chest. Chest x-ray shows normal heart size and clear lung fields.

IMPRESSION: Normal chest.

Wilson Smith

Wilson P. Smith, Jr., M.D.
WPSjr/ns


REST-ECG
Name Wm Cassidy
29 Jul- 4 11:10
HR = 77 bpm 10H-0 WITHIN NORMAL LIMITS
ID=0000000077168
R-R = 776 ms
Sex=MALE
P-R = 129 ms
Age= 45yr
QRS = 69 ms
Ht= 68inch Wt=175lbs QT/QTC = 350/397
AXES P = 39 deg
QRS = 67 deg
T = 8 deg
RV6/SV1=1.48/1.02
beat=10
RV6+SV1= 2.50 mV I=0
Unconfirmed report
WITHIN NORMAL LIMITS
EXERCISE YES
Comment
Reviewed by
10mm/mV
I
aVR
V1
V4
II
aVL
V2
V5
III
aVF
V3
V6
II 25mm/S
[FCP4101-M] FUKUDA DENSHI Filter:AC, Drift
Reorder No. OP - 69TE

4921

LUNG AND CHEST MEDICAL

2030 N.CHURCH,ST CMF WPS EBK RVM SPARTANBURG,SC,29303 MLA JDC BE 864:582-6858

Sample ID # 77168 Date: 07-29-04

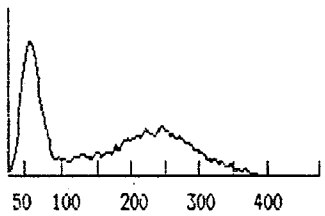
Patient Name: William Casey Time: 13:43 WPS

DOB: ___/___/___ AGE:____ SEX:____ OPR ID: OB

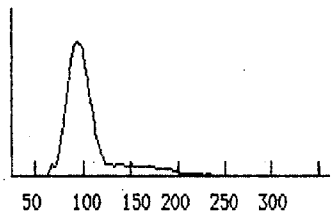
			Range #1				Range #1				Range #1
WBC	7.8	x10^3/uL	4.5- 11.0	RBC	4.54	x10^6/uL	3.90- 5.10	Plt	473. H	x10^3/uL	130.-400.
LY%	36.2	%	20.5-51.1	Hgb	14.2	g/dL	12.0-15.6	MPV	5.9 L	fL	7.4-10.4
MO%	4.2	%	1.7- 9.3	Hct	43.2	%	36.0-46.0				
GR%	59.6	%	42.2-75.2	MCV	95.2	fL	85.0- 98.0				
LY#	2.8	x10^3/uL	0.7- 4.9	MCH	31.2	pg	28.0-33.0				
MO#	0.3	x10^3/uL	0.1- 0.9	MCHC	32.8	g/dL	32.5-36.0				
GR#	4.6	x10^3/uL	1.5- 7.2	RDW	12.2	%	11.5-14.5				

7/30/04 WM

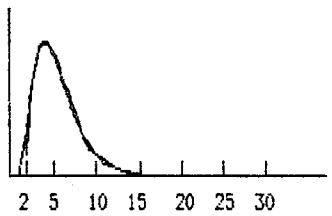
Sample ID # 77168 Analyzed Date & Time: 07-29-04 13:43



WBC HISTOGRAM



RBC HISTOGRAM



PLT HISTOGRAM

Sample ID # 77168 Analyzed Date & Time: 07-29-04 13:43

Microscopic Examination

Neutrophil	_____	Metamyelocyte	_____	Anisocytosis	_____	Retics	_____
Band	_____	Myelocyte	_____	Hypochromia	_____	Sedimentation Rate	_____
Lymphocyte	_____	Promyelocyte	_____	Polychromasia	_____		
Monocyte	_____	Blast	_____	Poikilocytosis	_____		
Eosinophil	_____	Atypical Lymphocyte	_____	Macrocytosis	_____		
Basophil	_____	NRBCs	_____	Microcytosis	_____		

Comments: _____

Requested by:_____

Reviewed by:_____

date:_____

CMF WPS MLA EBK JDC RVM Beth Darla Lab

Lung and Chest Medical Associates

Name: Wm Casey "Mark" Chart#: 77168 Date: 7/29/04

Wt 175.4 Ht ____ B/P 139/84 H/R 93 RR ____ Temp ____ 02Sat 95% FiO2 .21

___ Cough	___ Smoking	Present Illness + reason for visit:
___ Sputum	___ Nausea	
___ Dyspnea	___ Vomiting	
___ Wheeze	___ Diarrhea	
___ Edema	✓ Chest Pain	
___ Palpitations	___ Pain	
✓ Oriented	___ ETOH	
___ New Allergies	___ Fever/chills	

When was your last DEXA Bone Densometry Testing done? ____

Seeing new doctors? ____ For: ____

Hospitalizations or major life changes since last visit: ____

Meds. Review based on: ____ in bottle ____ on list ____ from memory

PHYSICAL EXAM: WNL/NEG ABN/POS

*General Appearance___
*Skin Turgor___
*ENT___
*Mouth___
*Sinus___
*Neck___
*Chest/Lungs: Breath Sounds ___
Wheezes___
Rales___
Effort___
Symmetry___
*Heart: Rhythm___
Murmurs___
Gallop___
Tones___
*Abdomen___
*Extremities___
*Mobility: Gait___
Reflexes___
Aides___
*Mental Status___

PA LAT CXR

LAB ORDER: Spirometry___ EKG___ Sinus___ CBC___ Glu___ PT___ INR___ O2Sat Rest___
Lung Vol___ DLCO___ U/A___ CXR___ ABG's___ Bun___ Cre___ K+___ Theo___ 02Sat Exercise___

Office Treatment: ____

Education: Does pt want to quit smoking? Yes/No Other: Pt does not smoke quit 4 week

Materials/counseling given: ____

Diagnosis: ____ Plan ____

___ Abn CXR(lung fluid),793.1
___ Anticoagulant Circulating,28615
___ COPD,496
___ Cough,786.2
___ Dyspnea,786.09
___ Fatigue(general),780.79
___ Fever,780.6
___ ILD,515
___ Monitoring(drug name_____),V48.6
___ Rhinitis,477.9
___ Sleep Apnea/Disorders (nec), 780.53

Chest pain → Stress pain dept contribute

Prescriptions: ____

Next appt: ___Weeks___Months W/ CMF WPS EBK MLA JDC RVM PA NP Signature WM Staff AP

Next Visit: Spiro L/V DLCO PA PAL Sinus DEXA BLDWK ____ Other ____

03/26/04

4924

Office Visit Confirmation Sheet

!!! Please fill out all blanks each time you visit our office.

Patient Name William Marc Casey Today's Date July 29

Doctor Smith Appt. Time 10:00 Arrival Time 10 10

Reason for visit:(check one) ___ Having problems ✓ Regular follow-up

Please confirm your personal information for our records:

Address 240 Lightwood Farm Rd

Home phone # 426 4131 Work Phone # 680 5709 Other Phone # ___

Emergency contact name: Carole Lynne Casey Phone # 680 9648

Type of Insurance: 1. BC-BS 2. ___ 3. ___

E-mail address: ___



MICHELIN TIRE MANUFACTURING
US.3 Facility Personnel
Post Office Box 5049
Spartanburg, SC 29304
864-~~599-3157~~, Office ~~599-3157~~ 599-3157
864-~~599-3222~~, Fax ~~599-3221~~ 599-3222

ATTENDING PHYSICIAN'S REPORT
(FOR EXTENDED LEAVES OF ABSENCE)

Date: 7/14/04

Employee's Name: William Casey

Address: 240 Lightwood Farm Road Woodruff SC 29388

Date original medical leave of absence: 5/28/04

Expected date of return to work: August 17, 2004

Physical findings (diagnosis):

post traumatic stress disorder after
S.I. Defibrillator implant

Treatment and/or recommendation:

Refer to Psychologist for Evaluation

W. Lott M.D.

Address: 2030 N Church Place
Spartanburg SC 29303

Telephone: 864-582-685

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/SP/FORMS/DLEXTLV.DOC

TELEPHONE CALL BACK - LUNG & CHEST MEDICAL ASSOCIATES

Date 8.13.04 Call Time 2:41 am/pm VM r'cvd time: 3:15 By: KB

Chart #: ✓ Chart pull time : _____ Chart del. Time: _____ Callback time: _____

Caller: ☑ PATIENT ☐ PT. FAMILY ☐ PHARMACY ☐ HOME HEALTH ☐ HOSPICE ☐ INS. CO. ☐ DME CO. ☐ SPR

"William" → Mark Casey | 486-9131 | _____

Caller Name | Patient Name | Phone No. | Fax No.

560-1512

Pt. of: CMF WPS EBK MLA JDC RVM Last Appt. __/__/__ Next Appt. __/__/__

Pt. Address (Proximity to office): _____

#1: DRUG REFILL ☐ Yes- patient stable/routine medicine ☐ No – see #2 below

Pharmacy: _____ Phone #: _____ Fax #: _____

CHARLES M. FOGARTY, MD 08691• WILSON R SMITH, MD 10510• E. BERT KNIGHT III, MD 08397
MARY LOU APPLEBAUM, MD 12969 • J. DOUGLAS CLARK, MD 19596• RICO VI. MENDOZA, MD 23156
BRENDA SPRINKLE, PA-C A144 • CHARLENE McCRAW, A.C.N.P-C AC68077• BETH V. EDWARDS, PA-C A465
2030 North Church Place, Spartanburg, SC 29303 Telephone 582-6858
FAX: Side A 582-3750 FAX: Side B: 585-2102

Rx

NAME: DOB [redacted]-58 DATE:

ADDRESS:

LABEL DRUG NAME, STRENGTH & QUANTITY ☐ YES ☐ NO

1	Rx	STRENGTH	QUANTITY	REFILL
	SIG			

M.D. _____ Dispense as written DEA: _____

M.D. _____ Substitution Permitted DEA: _____

#2: PROBLEM ☐ COUGH ☐ SOB ☐ CHEST PAIN ☐ FEVER ☐ QUESTIONS ABOUT MEDS. ☐ NON-ROUTINE RX

Comment/Response: when is his appt w/ Dr. GRACE

LMAM for pt to R/S

KB WV

Appt. Made __/__/__ w/L&C ☐ Call 911 ☐ Go to ER ☐ L&C MD on call notified ☐ Call Family Physician

Instructions accepted?: ___ yes ___ no

KB

(Staff) _____ (Doctor) __/__/__ (Date) _____ AM/PM (Time)

SPARTANBURG
Regional Healthcare System

PULMONARY REHABILITATION PROGRAM
PHYSICIAN REFERRAL

This patient is referred to the Spartanburg Regional Healthcare System Pulmonary Rehabilitation Program:

Name: William Mark Casey Referral Date: 7-23-04

Address: 240 Lightwood Farm Rd, Woodruff, SC 29388

Home phone: 486-9131 Work phone: 680-5929 Date of Birth: [redacted]-58

Diagnosis: Shortness of breath + chest pain MRN: _____

Cardiac Clearance: (To be completed by physician prior to beginning pulmonary rehab).

- ☐ Perform cardiopulmonary exercise stress test. Your patient will be scheduled to begin pulmonary rehab after receiving results of the exercise stress test.
- ☐ Do not perform cardiopulmonary exercise stress test. Attach documentation to support cardiac clearance.

Comments: _____

CONSULTS:

Physical Therapy

Reason for referral: Evaluation/Treatment of postural deficits, thoracic mobility deficits, musculoskeletal dysfunction and/or pain, gait deficits.
Evaluation/instruction in: proper body mechanics for ADL's and lifting, postural correction and strengthening techniques, therapeutic exercise, stretching, and osteoporosis education.

Occupational Therapy

Reason for referral: Evaluation of activities of daily living, functional training in self care and home management, training in energy conservation, work simplification, and adaptive techniques for daily living.

Respiratory Therapy

Reason for referral: Evaluation of Home and Exercise Oxygen System Requirements.
Evaluation/instruction in: Breathing retraining, Airway Clearance Techniques, Proper use inhaled medications.

Education/Classes:

Anatomy & Physiology of COPD; Pursed Lip/Diaphragmatic breathing techniques; Respiratory medications; Infection control techniques; Effective coughing techniques; Panic control/relaxation techniques; Nutrition assessment.

DURATION/FREQUENCY: 3 Days per week for 6 Weeks

PROGRESS DOCUMENTATION/OUTCOME MEASURES:

- Pre and post program sub-maximal treadmill test, 6 minute walk, Dyspnea Index, Pulmonary Functional Status Scale (PFSS), Tennetti Assessment Tool.
- Monitoring: Pulse oximetry, blood pressure, heart rate, respiratory rate, Borg RPE, Pain scale, weight.
- Discharge summary with report to referring physician

POTENTIAL FOR REHABILITATION? (Please circle): **Excellent** **Good** **Fair**

ATTENDING PHYSICIAN: (print or type): Dr. Wilson Smith

PHYSICIAN'S SIGNATURE Wilson Smith DATE: 7/23/04

RETURN TO: Jack Robinson, RRT
Jenny Crocker, RRT
299 E. Pearl Street
Spartanburg, SC 29303

PHONE: (864) 560-4250
FAX: (864) 560-4245
email: jrobinson@srhs.com

TELEPHONE CALL BACK - LUNG & CHEST MEDICAL ASSOCIATES

Date 7.22.04 Call Time 1:17 am/pm VM r'cvd time: 1:50 By: KB

Chart #: 77168 Chart pull time : _____ Chart del. Time: _____ Callback time:_____

Caller: ☑ PATIENT ☐ PT. FAMILY ☐ PHARMACY ☐ HOME HEALTH ☐ HOSPICE ☐ INS. CO. ☐ DME CO. ☐ SPR

"William" Mark Casey		486-9131	
Caller Name	Patient Name	Phone No.	Fax No.

Pt. of: CMF (WPS) EBK MLA JDC RVM Last Appt. 7.14.04 Next Appt. 7.29.04

Pt. Address (Proximity to office):_____

#1: DRUG REFILL ☐ Yes- patient stable/routine medicine ☐ No – see #2 below

Pharmacy: _____ Phone #: _____ Fax #: _____

CHARLES M. FOGARTY, MD 08691• WILSON R SMITH, MD 10510• E. BERT KNIGHT III, MD 08397
MARY LOU APPLEBAUM, MD 12969 • J. DOUGLAS CLARK, MD 19596• RICO VI. MENDOZA, MD 23156
BRENDA SPRINKLE, PA-C A144 • CHARLENE McCRAW, A.C.N.P-C AC68077• BETH V. EDWARDS, PA-C A465
2030 North Church Place, Spartanburg, SC 29303 Telephone 582-6858
FAX: Side A 582-3750 FAX: Side B: 585-2102

Rx

NAME: DOB: DATE:

ADDRESS:

LABEL DRUG NAME, STRENGTH & QUANTITY ☐ YES ☐ NO

1	Rx	STRENGTH	QUANTITY	REFILL
	SIG			

M.D. _____ MD _____
Dispense as written Substitution Permitted
DEA: _____ DEA: _____

Refer to Pul Rehab

#2: PROBLEM ☐ COUGH ☐ SOB ☐ CHEST PAIN ☐ FEVER ☐ QUESTIONS ABOUT MEDS. ☐ NON-ROUTINE RX

Comment/Response: pt started trying to do some things this morning "to build stamina" and started having some chest pain after ~ 1hr 15 min – pt talked for several minutes re: his inability to tolerate activity – not even lifting heavy objects – pt says with his chronic back pain and now pain in upper body, he's just upset – afraid he's going to do some damage to the injured lung

Appt. Made __/__/__ w/L&C ☐ Call 911 ☐ Go to ER ☐ L&C MD on call notified ☐ Call Family Physician

Instructions accepted?: ✓ yes ___ no

JF (Staff) _____ (Doctor) 7.22.04 (Date) 4:55 AM/PM (Time)

Account : 77168
CASEY, WILLIAM M
240 LIGHTWOOD FARM RD

WOODRUFF SC 29388
Home: (864) 486-9131
Work: (864) 680-5929
Empl: E MICHELIN TIRE CORP

D.O.B. : [redacted]/1958 45yr Sex : M
Accnt Date : 07/08/04 Status : 72
DOL Visit : 07/14/04 Marital : D
Bill Type : 11 Race : C
Ref Dr : 257 0 SELF REFERRAL
Doctor : 2 WILSON P SMITH, MD, PA
Last Diags : (1) 780.52 (2) 786.05
insomnia, other

E-Mail : markmarkkc@aol.com
Soc Sec # : [redacted]
Patient ID : ''MARK''
Patient ID2:

Discount : 0 %
Budget Pmt : 0.00
Collection : 0 days

Class:
WP ID: wp77168.0
Priority : 0

Patient #: 77168.0 GUARANTOR INSURANCE COVERAGE [CASEY,WILLIAM]

Policyholder: WILLIAM M CASEY
Carrier : BCBS BCBS
Plan # : 1455 BCBS PPC
Dates-From: To :

SSN : [redacted]
Policy # : MIH251022977
Managed Plan

Attn : PPC
Phone :
Fax :
Elig :
Auth :

Deductible : 0.00
Visit Copay : 0.00 [35]
Group : MICHELIN
Insured: WILLIAM M CASEY
User Note : PRI

Plan#	Plan Name	Effective Dates	Assign	Note
1455.0	BCBS PPC	-	MY	PRI

TRANSMISSION VERIFICATION REPORT

TIME : 07/23/2004 15:06
NAME : LUNG&CHEST MEDICAL
FAX : 8645823750
TEL : 8645826858
SER.# : BROJ2N537248

DATE,TIME	07/23 15:05
FAX NO./NAME	5604245
DURATION	00:00:28
PAGE(S)	02
RESULT	OK
MODE	STANDARD ECM

faxed to pul. rehab

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.

Wilson P. Smith, Jr., M.D.
E. Bert Knight, III, M.D.
Mary Lou Applebaum, M.D.
Beth V. Edwards, PA-C
Cindy Edwards, F.N.P.

Fax: (864) 585 - 2102

Fax: (864) 582-3750

WILLIAM CASEY **dob: [redacted]/58**
77168 **SS#: [redacted]**
07-14-04

HISTORY AND PHYSICAL

REFERRING PHYSICIAN: Self-referred.

History Mr. Casey is a 45-year-old male who presents for evaluation of chest difficulties that began in May of this year when he presented to the emergency room at Spartanburg Regional Medical Center with a complaint of chest pain. A PA chest x-ray taken at that time suggested the possibility of a foreign body. He works for Michelin Tire Company. He underwent a bronchoscopy, which was felt to be abnormal but no foreign body was identified. A subsequent CT scan done the same day did not confirm any abnormality. However it does mention that there is left anterior descending coronary artery calcifications. In 2000 he had a stress test and catheterization which was normal. Following this underwent a rigid bronchoscopy in attempt to identify foreign body and remove it. During that procedure he had a perforation of the bronchial wall by a laser which resulted in pneumomediastinum and respiratory distress. He required intubation and heavy sedation and was able to be extubated the following day. Since that time he notes fatigue during the day. He continues to have dyspnea and chest pain with exertion. He has become very anxious. His sister accompanying him for the interview notes that he seems to have experienced a change in his ability to tolerate stress and appears much more anxious and restless than she has known him to be in the past. He is a previous smoker for about 12 years but has not smoked in the past three weeks. He does snore but feels he sleeps well. He denies any hemoptysis, chronic cough or weight loss. He still has the chest pain.

Past Medical History Previous hemorrhoid surgery in 1994 and a hospitalization for evaluation of chest pain in 2000 for which he underwent cardiac catheterization.

Current Medications

1. Lipitor 20 mgs a day.
2. Bextra 20 mgs daily.
3. Tramadol 50 mgs two tablets four times a day for pain.
4. Advair twice daily.
5. Combivent four times a day.

Allergies: No known drug allergies.

Family History His father died of a heart attack. He has a sibling who died of cancer.

Social History He is divorced. He completed one year of college. He drinks occasional alcohol. He likes to play golf. He has been unable to play since his injury.
(Continued to next page)

Review of Systems Shows some arthritis which he manages with the Bextra. He has an elevated cholesterol for which he is on the Lipitor. He had an episode of rectal bleeding 10 years ago. He notes that he gets up three to four times during the night for micturition. He has disk problems and arthritis in his lower back.

Physical Examination
General: Middle-aged white male.
Vital Signs: BP 136/87, HR 100, Wt. 171, and SaO_2 is 95% on room air.
HEENT: Unremarkable. There is no jugular venous distention, cervical or supraclavicular adenopathy. The throat is clear.
Chest: Clear to auscultation.
Cardiac: Regular rate and rhythm without murmur or gallop.
Abdomen: Soft and nontender.
Extremities: No clubbing, cyanosis or edema.
Neurological: Motor strength appears 5/5 in all extremities. Cranial II through XII nerves are intact.

Laboratory Data

Pulmonary function studies show normal vital capacity and flow rates with a vital capacity of 4.7 liters, which is 99% of predicted and forced expiratory volume that is 98% of predicted. There was no change with bronchodilator. Flow volume loop showed no evidence of upper airway obstruction. Maximum voluntary ventilation was reduced at about 70 to 77% of predicted.

Impression

1. His pulmonary function is normal and chest x-ray does not show any evidence of sequelae of his bronchial perforation. The patient brought his outside films and he did not bring a recent follow up film. Pulmonary function studies are normal. I do not find any evidence for airway obstruction that would account for his problems. But I wonder if he suffers from a posttraumatic stress disorder related to his injury and intensive care unit experience. I would like to refer him to a psychologist for further evaluation. On his return we will get a follow up chest x-ray and a diffusion capacity and in view of his CT scan suggesting left anterior descending coronary artery calcification I believe a repeat stress test might be in order.

Wilson P. Smith Jr., MD
WPSjr/ns

cc: Dr. Joseph Grace

TRANSMISSION VERIFICATION REPORT

TIME : 08/09/2004 11:38
NAME : LUNG&CHEST MEDICAL
FAX : 8645823750
TEL : 8645826858
SER.# : BROJ2N537248

DATE,TIME	08/09 11:37
FAX NO./NAME	5601510
DURATION	00:00:34
PAGE(S)	02
RESULT	OK
MODE	STANDARD ECM

WPS NAME ALERT

[redacted] NG & CHEST MEDICAL ASSOCIA[redacted]S

#77168

PATIENT NAME William Mr Casey **DATE** 7/14/09

PHYSICAL EXAM:

TEMP BP 136/87 Pulse 103 RESP HT WT 171 ½ O2SAT OXIMETER 95 %

HEENT:	WNL
SKIN:	
NECK:	
LUNGS:	Clear
HEART:	RRR
BREASTS:	
ABDOMEN:	Soft
EXTREMITIES:	WNL
NEUROLOGICAL	Motor 5/5

LAB DATA:

X-RAYS: DATE_____ PFT'S: DATE_____ ABG'S: DATE_____

VALUE_____ VALUE_____

OTHER LABS:

IMPRESSION/DIAGNOSIS:

1.	HTN Post traumatic stress
2.	Dictated Coronary calcification
3.	
4.	
5.	

PLAN:

1.	Refer to Psychiatrist
2.	Stress test
3.	
4.	
5.	

NEWPT EXAM 8/19/97 DOCTOR NURSING STAFF

Office Visit Confirmation Sheet

!!! Please fill out all blanks each time you visit our office.

Patient Name William Mark Casey Today's Date July 14

Doctor Smith Appt. Time 1000 Arrival Time 1000

Reason for visit:(check one) ✓ Having problems ____ Regular follow-up

Please confirm your personal information for our records:

Address 240 Lightwood Farm Road

Home phone # 486-4131 Work Phone # 680-5829 Other Phone # ____

Emergency contact name: Carole Lynne Casey Phone # 680-9648

Type of Insurance: 1. Blue Cross Blue Shield 2. ____ 3. ____

E-mail address: ____

4935

Lung and Chest Medical Associates
Multi Spiro B

ID: 77168 Casey, William
Ethnic: CAUCASIAN Height: 68.0 in. Sex: MALE Age: 45 Weight: 171.0 lb

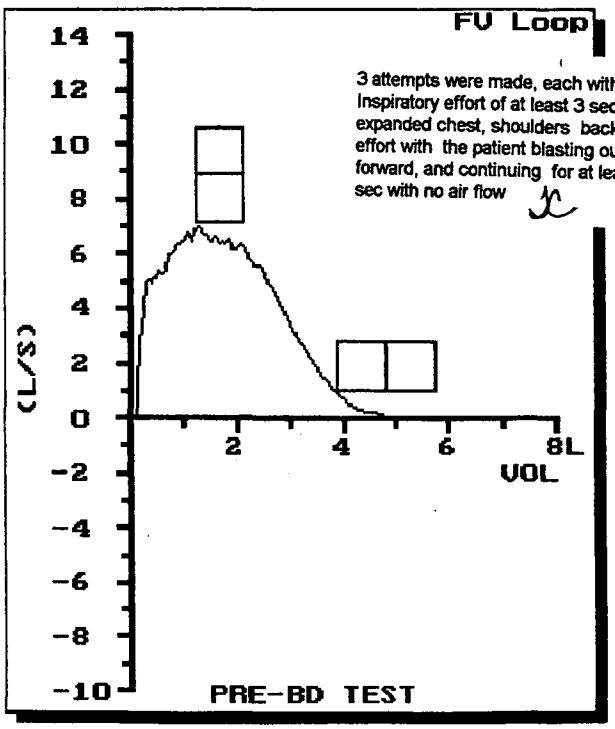
COMMENTS:
PRE-BD COMMENTS:

LAST CALIBRATED: Wed Jul 14,2004 7:53:26 am

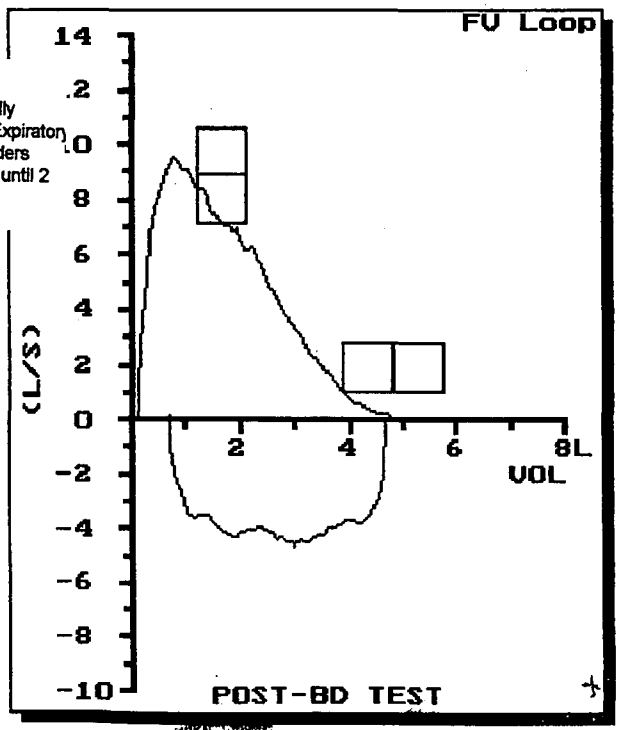
Type	Test Date and Time	Exp.Time	Normals	Test#
Pre-BD:	Wed Jul 14,2004 10:33:01 am	7.7 secs	KNUDSON/IMTS	1
Post-BD:	Wed Jul 14,2004 10:45:34 am	6.0 secs	KNUDSON/IMTS	5

INTERPRETATION Pre: NORMAL Post: NORMAL
Dilator: albuterol Modifier: Not Clearly Improved

Expire	Pre-Medication Actual	Pre-Medication % Pred	Post-Medication Actual	Post-Medication % Pred	Pre-Post Change Actual	Pre-Post Change % Chg	Pred Value
FVC	4.72 L	99.31%	4.74 L	99.79%	0.02 L	0.48%	4.75 L
FEV 0.5	2.93 L	95.93%	3.08 L	100.90%	0.15 L	5.18%	3.05 L
FEV 1.0	3.78 L	97.77%	3.85 L	99.59%	0.07 L	1.87%	3.87 L
FEV 3.0	4.41 L	97.71%	4.48 L	99.40%	0.08 L	1.73%	4.51 L
FEV0.5/FVC	62.08%	96.60%	64.98%	101.11%	2.90%	0.99%	64.27%
FEV1.0/FVC	80.11%	98.44%	81.22%	99.80%	1.11%	0.29%	81.38%
FEV3.0/FVC	93.40%	98.39%	94.57%	99.61%	1.16%	0.26%	94.94%
PEF	6.88 L/S	79.33%	9.46 L/S	109.14%	2.58 L/S	37.57%	8.67 L/S
FEF 25-75%	3.86 L/S	97.89%	3.92 L/S	99.41%	0.06 L/S	1.55%	3.95 L/S
FEF 75-85%	0.83 L/S	78.50%	0.90 L/S	84.56%	0.06 L/S	7.71%	1.06 L/S
FEF 25	6.88 L/S	86.29%	8.26 L/S	103.61%	1.38 L/S	20.08%	7.97 L/S
FEF 50	5.40 L/S	116.87%	5.31 L/S	114.90%	-0.09 L/S	-1.69%	4.62 L/S
FEF 75	1.37 L/S	74.79%	1.51 L/S	82.30%	0.14 L/S	10.03%	1.83 L/S
FEF .2-1.2	5.82 L/S	79.61%	8.48 L/S	116.03%	2.66 L/S	45.75%	7.31 L/S



3 attempts were made, each with a vigorous Inspiratory effort of at least 3 sec duration, fully expanded chest, shoulders back. Vigorous Expiraton effort with the patient blasting out with shoulders forward, and continuing for at least 6 sec or until 2 sec with no air flow



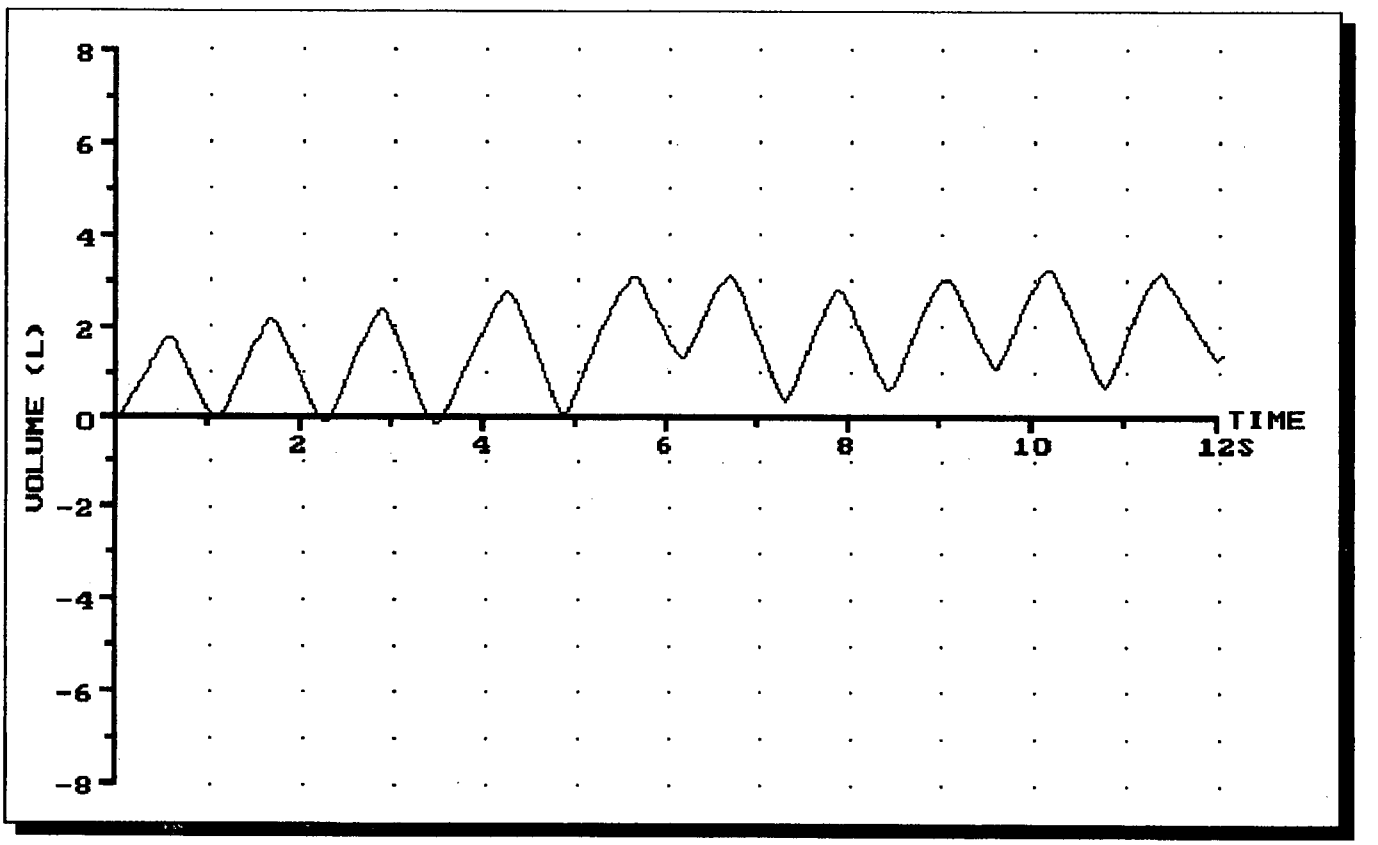
Lung and Chest Medical Associates
Multi Spiro B

ID: 77168 Casey, William
Ethnic: CAUCASIAN Height: 68.0 in. Sex: MALE Weight: 171.0 lb
Age: 45 Maximal Voluntary Ventilation Wed Jul 14,2004

TYPE	Test Date and Time	Exp.Time	Normals
Current:	Wed Jul 14,2004 10:34:08 am	12.0 secs	KNUDSON/IMTS

Result	Rate	Total
Breaths	48.25 B/M	9.65 Breaths
MVV	117.79 L/M	4.74 L

Predicted MVV = 153.34 L/M
Percent of Predicted = 76.8 %



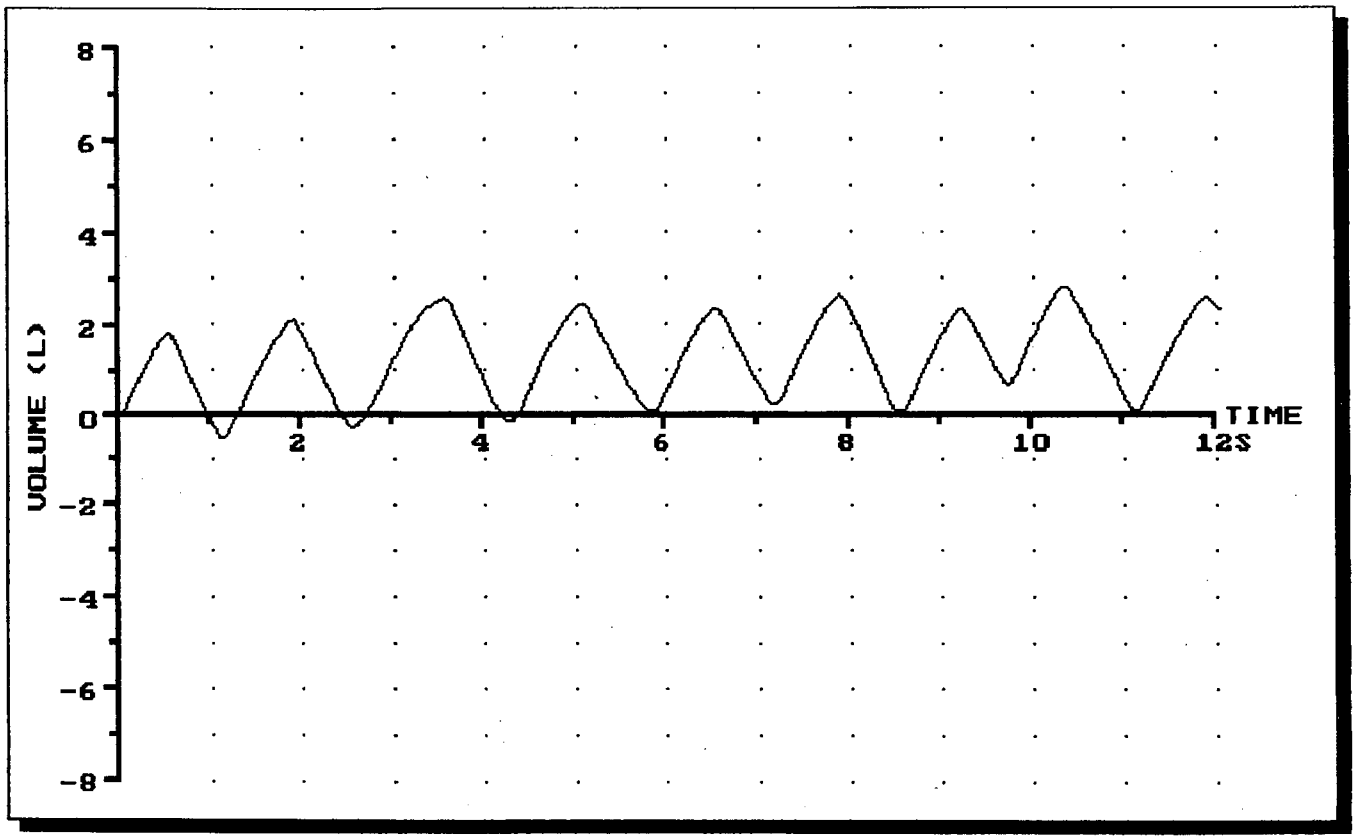
Lung and Chest Medical Associates
Multi Spiro B

ID: 77168 Casey, William
Ethnic: CAUCASIAN Height: 68.0 in. Sex: MALE Weight: 171.0 lb
Age: 45 Maximal Voluntary Ventilation Wed Jul 14,2004

TYPE	Test Date and Time	Exp.Time	Normals
Current:	Wed Jul 14,2004 10:46:34 am	12.0 secs	KNUDSON/IMTS

Result	Rate	Total
Breaths	41.53 B/M	8.31 Breaths
MVV	107.47 L/M	4.91 L

Predicted MVV = 153.34 L/M
Percent of Predicted = 70.1 %



Lung and Chest Medical Associates
MEDICAL HISTORY INFORMATION SHEET

CHART# 77168 DATE: July 14, 2004

Patient's Name William Mark Casey Age 45 Sex m

How did you hear about us? _____

Who referred you to our office? _____

Who is your family doctor? Dr Frank Gonda

I. Present Illness

1. What Health Problem has brought you to our office? not happy with current care provider - post operation for chest pain
2. How long have you had this problem? month Fatigue Anxiety Bancitt
3. Does anything you do make the problem better or worse? exertion Bleynell
4. Have you lost weight recently? NO How much? _____ Were you trying to lose? _____

II. Medicines and Inhalers (MD See Blue Sheet)

1. Patient, bring all your medicines with you when you come to our office (include any inhalers and over-the-counter medicines)
2. Are you ALLERGIC to any medications or food? NO Please list: Michelle Sour shift very mysterious girl
3. Check the space and enter date last received: PPD ___Date _____, Tetnus___ Date _____ Pneumonia vaccine ___ Date _____, Flu vaccine___ Date _____. Blurred typ.

III. Lung History

1. Are you a smoker? No How many packs per day? _____ How many years _____
2. If you have quit smoking, how many years did you smoke? 12 How many packs per day? _____ How long ago did you quit? 7 weeks
3. Do you have a chronic cough? NO How long? _____ Do you cough anything up? _____ If so what color? _____
4. Have you ever coughed up blood? NO
5. Do you get short of breath if you walk or climb steps? No
6. Are you short of breath while you are resting? NO
7. Do you ever notice yourself wheezing? _____ What seems to make the wheezing worse? _____
8. Do you wake up tired? yes
9. Do you snore? yes
10. Do you have night sweats? some Fevers? _____
11. When was your last chest x-ray? June Where? Dr. Fe Ubmann
12. Potential Exposures:
    a. Does anyone else in your home smoke? No
    b. Have you ever had a skin test for TB (tuberculosis)? No When? _____
    c. What were the results of the skin test, if you know? _____
    d. Have you ever been exposed to TB? _____ When? _____

2000 yr test 8 hrs fast cath → NL

LC111 – 12-23-03

e. If you have been exposed to TB, have you had a skin test since then? _____

f. Do you have indoor pets? _____ What kind? _____

g. Have you been, or are you exposed to dust or fumes? ___ What kinds?_____

h. Have you traveled out of the upstate area? _____

IV. Work History

1. What type of work do you do? production - 8 + 12 hr shifts (swing)
2. Have you done other types of work? yes Please list: print shop - Restaurant
3. Have you ever served in the military? NO Where? _____

V. Past Medical History (Hospitalizations)

Have you ever been admitted to a hospital for an operation or illness? (Use Back of Page if necessary)

Name of Hospital	When	Reason
Mary Black	1994?	hemmorhoid surgery
Regional	2000	chest pain

VI. Family History (Use back of page if necessary)

1. Mother's Age? ____ Living? _____ Or died of _____
2. Father's Age? _____ Living? _____ Or died of Heart attack
3. Brother or Sister's Age? 44 Living? _____ Or died of cancer
4. Brother or Sister's Age? 47 Living? ✓ Or died of _____
5. Brother or Sister's Age? 42 Living? ✓ Or died of _____

VII. Social History

1. Are you married? NO Widowed? _____ Single? _____ Divorced? ✓
2. What was the highest grade you finished in school? 1 yr college
3. Do you drink alcoholic beverages (beer, wine, liquor)? yes How much? Recreational
4. Have you ever used cocaine, marijuana or other street drugs? NO How long has it been since you last used? _____
5. Have you ever received a blood transfusion? _____ When? _____
6. Do you have any hobbies (raising pigeons, woodwork shop, etc)? golf

VIII. Review of Systems

1. Do you wear glasses? yes
2. Do you have trouble hearing? NO
3. Do you wear dentures? NO
4. Do you have chest pain if you are just resting? _____ walking? _____climbing steps? _____
5. What area of your chest hurts? _____
6. Have you ever been treated for heart trouble? _____
7. Have you ever been treated for high blood pressure? NO
8. Do you have diabetes? NO
9. Do you have a problem with nausea? _____ Vomiting? _____ Diarrhea? _____ Constipation? _____ Heartburn? _____
10. Have you ever vomited bright red blood? NO

11. Have you ever had rectal bleeding? yes When? 10 yrs Ago
12. Have you ever has a "stomach x-ray"? _____ When? _____
13. Have you ever had a change in your appetite? NO More? _____ Less? _____
14. Have you ever had stomach ulcers? NO
15. Do you have any pain when you urinate? NO
16. Female patients: When was your last menstrual period? ____ Pap smear? _____
    Who is your gynecologist? _____
18. Male patients: When was your last prostate exam? Never
    Do you have trouble starting your stream when you urinate? NO
    How many times do you usually get up at night to urinate? 3 or 4
19. Do you have any numbness or tingling in your arms or legs? NO
20. Do you ever have swelling in your feet or legs? yes - feet sometimes

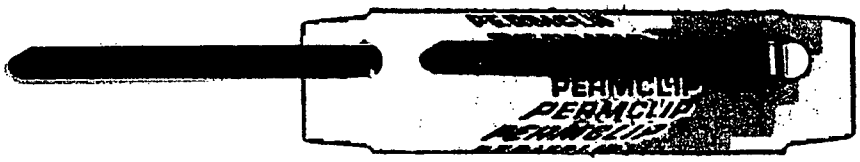
PLEASE COMPLETE THE FOLLOWING INFORMATION REGARDING PAST OR PRESENT CONDITIONS: Have you ever had or presently have any of the following:

MEDICAL CONDITION	NO	YES	WHEN DID YOU HAVE THIS	WHAT TREATMENT ARE YOU RECEIVING
ATHRITIS		✓	current	Bextra
ASTHMA	✓			
BLADDER INFECTION	✓			
BLOOD CLOTS IN LEGS	✓			
BLOOD CLOTS IN LUNGS	✓			
CANCER	✓			
CATARACTS	✓			
CHOLESTEROL (HIGH)		✓	current	Lipitor
CIRRHOSIS OF LIVER	✓			
COLON PROBLEMS	✓			
EMPHYSEMA	✓			
GLAUCOMA	✓			
HAY FEVER	✓			
HEPATITIS (YELLOW JAUNDICE)	✓			
KIDNEY FAILURE	✓			
KIDNEY STONES	✓			
PHLEBITIS	✓			
PNEUMONIA	✓			
PROSTATE PROBLEMS	✓			
RHEUMATIC FEVER	✓			
SEIZURES	✓			
SHINGLES	✓			
SINUS INFECTION	✓			
SKIN DISEASE	✓			
STROKE	✓			

Is there anything else you feel that the doctor needs to be aware of? (Use back of this page if necessary)

Have disc problems + arthritis in lower back

LC111 – 12-23-03



DIAGNOSTIC

DOLV 4-9-02 HCA NO APPT

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

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

SPARTANBURG REGIONAL HEALTHCARE SYSTEM
SPARTANBURG REGIONAL MEDICAL CENTER
Radiology Report

NAME: CASEY,WILLIAM UNIT #: 000146220
ORDERING PHYSICIAN: FOGARTY,CHARLES M CI#: 1480551
LOC: OPT DOB: [redacted]/58 AN#:S0520101451
Pt. Type:OPT

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

MEDICAL CERTIFICATION

4945

CORRESPONDENCE
Made in the USA
Aw2418

THE WARD LAW FIRM, P.A.
ATTORNEYS AT LAW
POST OFFICE BOX 3188
SPARTANBURG, SOUTH CAROLINA 29304
(864) 582-4365

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

*ALSO MEMBER NORTH CAROLINA BAR

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

June 16, 2006

Lung and Chest Medical Associates
Medical Records Custodian
2030 North Church Place
Spartanburg, SC 29303

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 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, or 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

ongoing request-
MK
8/9/06

STATE OF SOUTH CAROLINA
ISSUED BY THE COMMON PLEAS COURT IN THE COUNTY OF SPARTANBURG

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, Lung and Chest Medical Associates, 2030 North Church Place, Spartanburg, SC 29303**

☐ 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:

[X] 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:

A complete copy of your records of treatment at any time **pertaining to William Mark Casey, SSN: [redacted] DOB: [redacted].**

A complete copy of your billing records for treatment at any time **pertaining to William Mark Casey, SSN: [redacted], DOB: [redacted]-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©)(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 ©) & (d) on Reverse

CMP
77168
7/7/06



WILLIAM M CASEY 380

ID:MIH052484753663

OV $20/$45

ROUTINE $20

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

[redacted]

For Online Service: Log into My Insurance Manager on SouthCarolinaBlues.com.
Mental Health & Substance Abuse Precertification/Claims: call ComPsych at 1-800-537-5221

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

Members: Personnel Service Center: 1-877-435-7869
BlueCross Customer Service: 1-888-773-3656
PPO Network Providers Information: 1-800-810-2583
First Advice Nurse Line: 1-888-521-2583 (anytime)
File all claims to: BlueCross BlueShield of South Carolina, Piedmont Service Center, P.O. Box 6000, Greenville, S.C. 29606-6000.

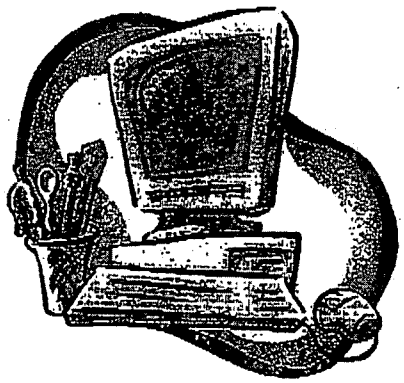
BlueCross BlueShield of South Carolina, an independent licensee of the Blue Cross and Blue Shield Association, provides administrative claims services only and does not assume any financial risk or obligation with respect to claims. GL

Joseph G. Grace III, Ph.D.
Licensed Counseling Psychologist
853 N. Church Street, Suite 510
Spartanburg, South Carolina 29303
(864) 560-1512

6

FAX TRANSMITTAL
No. of Pages incl. Cover Sheet: 17

2/9/06



To: Maria
c/o W. Smith's Office
Fax: 542-9043
RE: Wm. Mark Casey
DOB: [redacted]-58

From: Sylvia Ford for J. Grace
Date: 2-7-06
Phone: (864) 560-1512
Fax: (864) 560-1510

Aetna report forms dated 2/3/06 & 7/19/05; 10/19/04

REMARKS: ☐ Urgent ☐ For Your Review ☐ Reply ASAP ☐ Please Comment

Grace Report 6/17/05; 9/16/04

This facsimile transmission is intended for the use of the individual or entity to which it is addressed. It may contain information that is privileged, or Protected Health Information (PHI), as defined by the Health Insurance Portability and Accountability Act. This information is confidential and exempt from disclosure under applicable law.

PIEDMONT PSYCHIATRIC SERVICES

WOODRUFF ROAD PROFESSIONAL PARK
2094 WOODRUFF ROAD
GREENVILLE, SC 29607

FAX-(864)676-9432 PHONE -(864)676-9211

FACSIMILE TRANSMITTAL SHEET

TO:	FROM:
Joseph Grace PhD	Beth Gray - Medical Records-ext. 126
ATTENTION:	DATE: 01-31-2006
FAX NUMBER: 560-1510	TOTAL NO. OF PAGES INCLUDING COVER: # 2
RE: Casey, William D.O.B-[redacted]-1958	PATIENT ACCOUNT NUMBER: # 26562

Notes/Comments:

01-31-2006 - Office Visit - Dr. Smith

These records contain information that is **privileged and confidential.** They are intended for the use of the individual or entity named above. If the reader of this message is not the intended recipient, you are hereby notified that any use, dissemination, distribution, or copying of this communication is strictly prohibited by federal law. If you have received this communication in error, please notify us immediately. Thank you.

Casey, William M [redacted] 1958
Office/Outpatient Visit
Visit Date: Tue, Jan 31, 2006 11:34 am
Provider: Jeffrey Smith, MD, M.D. (Supervisor: Jeffrey Smith, MD, M.D.)
Location: Piedmont Psychiatric Services

Electronically signed by provider on 01/31/2006 Printed on 01/31/2006 at 11:39 am.

SUBJECTIVE:

HPI:

"I think this combination is working well." Overall, depression and anxiety are better. Pt. pleased. No s.i. No medication s.e.

OBJECTIVE:

Exams:

Affect is bright and fairly relaxed. No s.i. Sensorium is clear.

ASSESSMENT:

296.22 Major depression, single episode, moderate

PLAN:

Cont. Mirtazapine 45 mg one qhs.

Cont. Adderall XR 20 mg two qam.

Cont. Ambien 10 mg one qhs.

Ret. in 3 mos.

cc: Joseph Grace PhD

Major depression, single episode, moderate

Orders:
90862 Pharmacologic management with no more than minimal medical psychotherapy

CPT © is a registered trademark of the American Medical Association

Aetna Life Insurance Company
Telephone: 877-465-0424
Fax: 866-888-2308

Aetna

Capabilities and Limitations Worksheet

Complete and sign the form using BLUE or BLACK ink.

Employee Name (Last, First, Middle Initial)	Social Security Number	Date of Birth (MM/DD/YYYY)
CASEY, WILLIAM MARK	[redacted]	[redacted] 57

Gender	Job Title	Control Number
☑ Male ☐ Female	MICHELIN TIRE ASSEMBLY LINE	607472

Current Diagnosis: UNSPECIFIED NONPSYCHOTIC MENTAL DISORDER FOLLOWING ORGANIC BRAIN DAMAGE (310.9) MAJOR DEPRESSIVE DISORDER (296.23)

Medications: MIRTAZAPINE 45 MG. Q.H.S. ADDERALL XR 40 MG. Q A.M. AMBIEN 10 MG. Q. H.S.

Indicate the percent of the day the following activities can be performed:

(Occasional 1-33% or .5-2.5 hrs. Frequent 34-66% or 2.6-5.0 hrs. Continuous 67-100% or 5.1-8 hrs. or Never)

	O	F	C	N
Climbing - (DEFERRED TO FAMILY PHYSICIAN AND PULMONOLOGIST)	☐	☐	☐	☐
Crawling	☐	☐	☐	☐
Kneeling	☐	☐	☐	☐
Lifting	☐	☐	☐	☐
Pulling	☐	☐	☐	☐
Pushing	☐	☐	☐	☐
Reaching above shoulder	☐	☐	☐	☐
Forward reaching	☐	☐	☐	☐
Carrying	☐	☐	☐	☐
Bending	☐	☐	☐	☐
Twisting	☐	☐	☐	☐

	O	F	C	N
Hand Grasping R L	☐	☐	☐	☐
Firm Hand Grasping R L	☐	☐	☐	☐
Fine Manipulation R L	☐	☐	☐	☐
Gross Manipulation R L	☐	☐	☐	☐
Repetitive Motion R L	☐	☐	☐	☐
Sitting R L	☐	☐	☐	☐
Standing R L	☐	☐	☐	☐
Stooping R L	☐	☐	☐	☐
Walking R L	☐	☐	☐	☐
Other _____	☐	☐	☐	☐

Maximum weight patient is capable of lifting:

	O	F	C	N
1 - 5 lbs. (DEFERRED)	☐	☐	☐	☐
6 - 10 lbs.	☐	☐	☐	☐
11 - 20 lbs.	☐	☐	☐	☐
21 - 35 lbs.	☐	☐	☐	☐
36 - 50 lbs.	☐	☐	☐	☐
51 - 75 lbs.	☐	☐	☐	☐
75 - 100 lbs.	☐	☐	☐	☐
100 lbs. +	☐	☐	☐	☐

Approved Head and Neck Movements:

	Yes	No
Static Position	☐	☐
Frequent Flexing	☐	☐
Frequent Rotation	☐	☐

Can the Patient operate:

	Yes	No
A Motor Vehicle	☐	☐
Hazardous Machine	☐	☐
Power Tools	☐	☐

Limitations to:
Speaking _____ hrs. (DEFERRED)
Vision (explain) _____
Depth Perception _____
Hearing (explain) _____

Exposure Limitations:

	Yes	No		Yes	No
Heat	☐	☐	Dust	☐	☐
Cold	☐	☐	Fumes	☐	☐
Dampness	☐	☐	Chemicals	☐	☐
Noise	☐	☐	Radiation	☐	☐

Total # of hours patient capable of working per day: 12 ☐ 8 ☐ 6 ☐ 4 ☐ 2 ☐

Duration of restrictions: TOTAL Care Complete: Yes ☐ No ☑ Next Appointment: 2-9-06

Additional Comments:
PT. SLOWED IN THOUGHT AND ACTION, POOR SHORT TERM & LONG TERM RECALL, POOR CONCENTRATION, UNABLE TO MULTI-TASK, POOR GROSS MOTOR AND FINE MOTOR COORDINATION, MENTAL BLOCKING, ANHEDONIA, LETHARGY, INERTIA, EASILY FATIGUED, DEPRESSIVE AFFECT, PANIC EPISODES, AGGITATION, PARANOID IDEATION, VERY LOW FRUSTRATION TOLERANCE & INABILITY TO COPE W/ STRESS OF LIFE.

Physician's Signature (MD, FACP) Date (MM/DD/YYYY) 2-3-06

MI DT 80-002 ME
GC-1500-1 (5-03)

R-POD

Aetna 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 Pages 2 and 3

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. | [redacted] | [redacted]-58 | 15'8" | 170
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 RD, 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 (SAME)

(f) Patient Employer Name/City/State PREVIOUSLY MICHELIN IN SPARTANBURG, S.C.

(g) Patient Telephone Number (864) 486-9132 ☐ Check If New

(h) Job Title/Occupation PREVIOUSLY TIRE LINE ASSEMBLY

(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. Pages 2 and 3 MUST be completed before faxing.

3. Impairing Diagnosis & Treatment

(a) Primary Diagnosis UNSPECIFIED NEUROPSYCHOTIC MENTAL DIS- Primary ICD Code 310.9
~~Secondary Diagnosis~~ OLDER FELONS ORGANIC BRAIN DAMAGE Secondary ICD Code 29623
SECONDARY DX: Other Diagnoses MAJOR DEPRESSIVE DISORDER (29623) (310.9) Other ICD Codes

(b) Height 5'5" Weight 170 Date Measured *(MM/DD/YYYY)* 8-4-04

(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 N/A
Secondary Procedure N/A Secondary CPT Code N/A
Other Procedures — Other CPT Codes —

(e) Medication(s)/Dose/Frequency MIRTAZAPINE 45 MG. @ H.S.
ADDERALL XR 40 MG. @ A.M., AMBIEN 10 MG. @ H.S.
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 COGNITIVE & SUPPORTIVE PSYCHOTHERAPY, COGNITIVE & PERSONALITY TESTING SUPPLEMENTING BY PSYCHOTROPIC MEDS.

(h) Office visit dates: First 8-4-04 *(MM/DD/YYYY)* Last 1-26-06 *(MM/DD/YYYY)* Next 2-9-06 *(MM/DD/YYYY)* Frequency of appointments BI-WEEKLY

(i) Was patient recently hospitalized? ☑ No ☐ Yes Date hospitalized: Admit — *(MM/DD/YYYY)* Discharge — *(MM/DD/YYYY)*

(j) Hospital Name/City/State N/A

Patient Name (Last, First Middle Initial) Required
CASEY, WILLIAM MARK

4. History

(a) Symptoms: COGNITIVE DYSFUNCTION (↓S.T. & L.T. RECALL, SLOWING, POOR CONCENTRATION) POOR FINE & GROSS MOTOR COORDINATION, DEPRESSIVE SYMPTOMS, AGGITATION, FRUSTRATION, DISORIENTATION, LETHARGY, DROOLING, FATIGUED

(b) Date symptoms first appeared or accident happened: 5-24-04 MM ____ DD ____ YYYY ____

(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

POSSIBLY COMPLICATIONS OF SINCE HE INITIALLY PRESENTED WITH CHEST PAINS.

Name WILSON SMITH, M.D. Specialty PULMONOLOGY City SPARTANBURG State S.C.

Name JEFFREY SMITH, MD Specialty PSYCHIATRY City GREENVILLE State S.C.

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.)* CAN DO HOUSE WORK FOR ABOUT AN HOUR BUT BECOMES QUITE FATIGUED EMOTIONAL AND PHYSICAL STRESS ARE OVERWHELMING, UNABLE TO WORK IN GAINFUL EMPLOYMENT IN ANY CAPACITY AT PRESENT TIME,

- Number of Hours patient is capable of working in a day: ☐ 12 ☑ 10 ☐ 8 ☐ 6 ☐ 4 ☐ 2 ☑ 1 Hour/Day (N/A)
- Number of Days per week patient is able to work: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 Days/Week (N/A)
- Date you prescribed restriction on work activities ... Month 5 Day 04 Year '04
- How long are these restrictions/limitations in effect? ____ Days ____ Weeks ____ Months APPEAR TO BE PERMANENT RESTRICTIONS ☐ No Longer
- Estimated return to work date? UNREALISTIC (MM/DD/YYYY) modified duty UNREALISTIC (MM/DD/YYYY) full duty

(c) **Objective findings that substantiate impairment** *(current laboratory, physical and/or mental status examination, and other testing)*
VERY SIGNIFICANT COGNITIVE IMPAIRMENT AND SEVERE EMOTIONAL

(d) ~~Other/Comments~~ PSYCHIATRIC DISORDERS

6. Current Status

HAS NEITHER IMPROVED SIG, NOR REGRESSED,

(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 INCAPABLE OF BENEFITTING FROM VOC. REHAB. SERVICES

(c) In your opinion, is your patient motivated to return to work? SOMEWHAT BUT INCAPABLE

AP DT 01-001 ME
GC-1486-1 (10-04)

Patient Name *(Last, First Middle Initial)* **Required**

7. Regulation Notice

Any person who knowingly and with intent to injure, defraud or deceive 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.

Attention California Residents: For your protection, California law requires notice of the following to appear on this form. Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Attention Colorado Residents: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

Attention Florida and Virginia Residents: Any person who knowingly and with intent to defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.

Attention Kentucky, Ohio and 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 may subject such person to criminal and civil penalties.

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Attention Maine and Tennessee Residents: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or denial of insurance benefits.

Attention New Jersey Residents: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Attention New York 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 shall be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each violation.

8. Physician Certification

Attending Physician's Name *(Print)*	Degree	Specialty
JOSEPH G. GRACE, III	Ph.D.	LICENSED PSYCHOLOGIST
Address *(No. Street, City, State, Zip Code)*	**Telephone Number**	**Fax Number**
853 N. CHURCH ST., SUITE 510 SPARTANBURG, S.C. 29303	(864) 560-1512	(864) 560-1565

9. Physician Signature

Signature	Date *(MM/DD/YYYY)*
Joseph G. Grace III	2-3-06

AP DT 01-001 ME
GC-1486-1 (10-04)

Joseph G. Grace III, Ph.D.
Licensed Counseling Psychologist
853 N. Church Street, Suite 510
Spartanburg, South Carolina 29303
(864) 560-1512

INTELLECTUAL ASSESSMENT

NAME:	William Mark Casey
AGE:	45
DATE OF BIRTH:	[redacted]/58
SS #:	[redacted]
EDUCATION:	Completed a year of college
OCCUPATION:	Disabled (Formerly a production worker with Michelin Tire Co.)
MARITAL STATUS:	Separated

COMPONENTS OF THE ASSESSMENT:

Spartanburg County School District #6 cumulative academic records of Mark Casey (10/17/66 – 06/08/77)
Wechsler Adult Intelligence Scale – 3rd Edition (WAIS-III) (06/02/05)

REVIEW OF MARK CASEY'S ACADEMIC RECORDS:

Mark Casey was administered three intelligence tests (readiness level ability testing) in the 2nd, 4th, and 6th grades. In the 2nd grade Mr. Casey earned an IQ score of 107 (67th percentile), in the 4th grade he earned an IQ score 115 (84th percentile), and in the 6th grade he earned an IQ score of 113 (81st percentile). Further, his achievement test scores from 2nd grade (1966) through 10th grade (1975) range from highs of 99th percentile to a low of 17th percentile with the vast majority of scores being above the 65th percentile. Also, Mr. Casey's Dorman Senior High School transcript reflects a well-rounded student who was a versatile athlete.

BEHAVIORAL OBSERVATIONS OF MARK CASEY FROM RECENT IQ TESTING:

Mr. Casey was administered the WAIS-III on 06/02/05. He appeared to make a conscientious effort throughout the thirteen test sections, but became frustrated and even dejected on Subtests in which he performed below his own expectations. Also, Mr. Casey exhibited lapses in concentration and memory, particularly on Subtests requiring abstract reasoning.

ANALYSIS OF TEST DATA:

Mark Casey earned a Full Scale IQ score of 97 (42nd percentile) on the Wechsler Adult Intelligence Scale – 3rd Edition. He earned a Verbal IQ score of 100 (50th percentile) and a Performance IQ score of 91 (27th percentile). These scores fall within the lower half of the "average" range of intellectual functioning (90 – 109). His Working Memory Index score of 106 (66th percentile) is his highest, while his Processing Speed Index score of 73 (4th percentile) is his lowest. Mr. Casey earned a Verbal Comprehension Index score of 100 (50th percentile) and a Perceptual Organization Index score of 99 (47th percentile). His Subtest scaled scores are as follows:

Verbal Subtests		Performance Subtests	
Vocabulary	11	Picture Completion	10
Similarities	10	Digital Symbol – Coding	4
Arithmetic	10	Block Design	9
Digit Span	11	Matrix Reasoning	11
Information	9	Picture Arrangement	10
Comprehension	10	Symbol Search	6
Letter–Number Sequencing	12		

The mean score for all Wechsler Subtests is 10 with a normal range of 8-12. Thus, Mr. Casey's scores on the two Processing Speed Index Subtests of Digit Symbol – Coding (4) and Symbol Search (6) are far below the normal range. These two Subtests are measures of visual perception analysis (ability to ascribe meaning to symbols, identify and discriminate between symbols); short-term visual memory; and visual-motor dexterity, speed and accuracy.

SUMMARY:

A review of Mr. Mark Casey's school records reveal that he was administered three IQ tests between the ages of about 7 and 12 years old. The average of these three ability measures is about 112 which placed him at the 79th percentile intellectually. Also, the vast majority of his achievement test scores between the 2nd and 11th grades are at or above the 65th percentile. However, Mr. Casey obtained a Full Scale IQ score of 97 (42nd percentile) on intellectual testing administered in June 2005. Further, he earned very deficient scores on Subtests involving processing speed (visual perception analysis; short-term visual memory; and visual-motor dexterity, speed and accuracy). IQ/intellectual

ability scores by test design remain unchanged over the course of one's lifetime except in the event of neurological disease or brain injury. Since there is a significant discrepancy between Mr. Casey's early intellectual ability measures and current IQ test results, the only reasonable conclusion is that he has experienced a neurological event which has diminished his ability to process information and perform in a number of areas as effectively as he once did.

Joseph G. Grace, III, Ph.D.
Licensed Counseling Psychologist
S. C. License # 278
June 17, 2005

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.

FILE COPY

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 nordarenergic 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,

Jay Grace, Ph.D.
Licensed Counseling Psychologist

Aetna

Attending Physician Behavioral Health 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 Pages 2 and 3.

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 N/A - LICENSED PSYCHOLOGIST

(b) WILLIAM MARK CASEY [redacted] [redacted] -58 5'8" 160 LBS
Patient Name (Last, First, Middle Initial) Social Security Number Birth Date (MM/DD/YYYY) Height Weight(lb)

(c) Patient Gender ☑ Male ☐ Female

(d) Patient Home Address – Required (Current No., St., Town, State, Zip – no PO boxes) ☐ Check if New

(e) Mailing Address, if different from Home address 240 LIGHTWOOD FARM RD, SPARTANBURG, S.C. 29388

(f) Patient Employer Name/City/State TERMINATED BY MICHELIN IN SPARTANBURG, S.C.

(g) Patient Telephone Number (864) 486-9131 ☐ Check If New

(h) Job Title/Occupation TERMINATED

(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. Pages 2 and 3 MUST be completed before faxing.

3. Impairing Diagnosis & Treatment

DSM IV-TR MULTIAXIAL DIAGNOSIS: (please indicate the primary impairing diagnosis at this time with an*)

AXIS I	Primary Diagnosis 296.23	Secondary Diagnosis: 300.21	ICD-9 codes 296.23 300.213
AXIS II	Primary Diagnosis —	Secondary Diagnosis:	ICD-9 codes
AXIS III	Primary Diagnosis 294.11	Secondary Diagnosis:	ICD-9 codes 294.113
Axis IV	Primary Diagnosis OCCUPATIONAL	Secondary Diagnosis: ECONOMIC & SOCIAL	

Axis V (GAF) CURRENT 50 High last year 50 Goal for return to work NOT PRESENTLY FEASIBLE.
(Please support GAF with objective findings in the symptom assessment section below)

SYMPTOM ASSESSMENT

(a) Subjective symptoms and complaints: LETHARGY, INERTIA, EASILY FATIGUED, DEPRESSIVE AFFECT, PANIC EPISODES, POOR GROSS MOTOR & FINE MOTOR COORDINATION, ANHEDONIA, MEMORY LAPSES AND FORGETFULNESS, AND NAUSEA & VOMITING X1 WK.

(b) Objective findings (include mental status findings, testing results, rating scales, etc) SAME AS SUBJECTIVE SYMPTOMS + A 10 TO 18 POINT ↓ IN I.Q.

(c) Describe interpersonal stressors that impact ability to function PANIC DISORDER & AGORAPHOBIA & SOCIAL WITHDRAWAL

(d) Describe work stressors that impact ability to function POOR COORDINATION AND POOR MEMORY FUNCTION.

TREATMENT

(a) Medication(s) / Dose / Frequency: CYMBALTA 60MG BID, CONCERTA (? DOSERAGE) PLUS OTHER MEDS PRESCRIBED BY JEFFREY SMITH, MD, PSYCHIATRIST, GREENVILLE, SC. AND CHARLES FOGARTY, MD PULMONOLOGY SPARTANBURG, S.C.

(b) Impairment from medication effects NAUSEA AND VOMITING
Compliant with meds? SAME

(c) Recent hospitalization? (where, when) SEE MED. RECORDS OF FRANK GONDA, MD & CHARLES FOGARTY, MD.

(d) Office visit dates: First 8-4-04 Last 7-19-05 Next 7-26-05 Frequency of appointments BI-WEEKLY

(e) Compliant with tx? YES Tx Goals HELP HIM GAIN EMOTIONAL STABILITY WHILE MD. EFFORTS ARE BEING MADE TO HELP HIM OBTAIN MAXIMUM PHYSICAL (ORGANIC) IMPROVEMENT.

AP DT 01-002 ME
GC-1493-1 (10-04) R-POD

Patient Name (Last, First Middle Initial) Required
CASEY, WILLIAM MARK

4. History

(a) Has patient ever had same or similar condition? ☑ No ☐ Yes, state when and describe
(b) Is condition due to injury or illness arising out of patient's employment? ☑ No ☐ Yes ☐ Unknown
(c) Name / Specialty / City / State of other Treating Physicians or Therapists
Name FRANK GONDA, M.D. Specialty FAM. MED. City SPARTANBURG State S.C.
Name JEFFREY SMITH, MD. Specialty PSYCHIATRY City GREENVILLE State S.C.
Name CHARLES FOGARTY, MD Specialty PULMONOLOGY City SPARTANBURG State S.C.

5. Abilities/Limitations

(a) Is this person capable of signing checks and directing the proceeds? POSSIBLY NOT
(b) Please check the appropriate response of the employee's ability to perform these job functions now.

	Limitations	Limited	Marked	Unable To Perform
Follow work rules	☐	☑	☐	☐
Able to work with others	☐	☐	☑	☐
Able to give supervision to others	☐	☐	☐	☑
Able to work cooperatively with others in group settings	☐	☐	☑	☐
Able to maintain persistence to task	☐	☐	☐	☑
Able to maintain attention and concentration	☐	☐	☑	☐
Able to work alone or in physical isolation from others	☐	☐	☑	☐
Able to interact with supervisors	☐	☑	☐	☐
Able to interact with public/customers	☐	☐	☑	☐
Able to use judgement and make decisions	☐	☐	☑	☐
Able to attain set standards and limits	☐	☐	☐	☑
Able to direct, control or plan activities of others	☐	☐	☐	☑

(c) Objective findings that substantiate impairment *(current laboratory, physical and/or mental status examination, and other testing)*:
SEE "SYMPTOM ASSESSMENT" SECTION OF THIS FORM

(d) What psychological/medical restrictions/limitations are you placing on this patient? *(Activities of Daily Living, Driving, etc)*
UNABLE TO PERFORM IN ANY JOB CAPACITY AT PRESENT TIME

- Number of Hours patient is capable of working in a day: N/A ☐ 12 ☐ 10 ☐ 8 ☐ 6 ☐ 4 ☐ 2 ☐ 1 Hour/Day
- Number of Days per week patient is able to work: N/A ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 Days/Week
- Date you prescribed restriction on work activities Month 8-4-04 Day _____ Year _____
- How long are these restrictions/limitations in effect? POSSIBLY WILL NEVER RECOVER ☑ No Longer IN QUESTION
  Days _____ Weeks _____ Months _____
- Estimated return to work date? UNABLE TO DETERMINE (MM/DD/YYYY) modified duty POSSIBLY NEVER (MM/DD/YYYY) full duty

(e) Other Comments _____

6. Current Status

(a) Patient is/has ☐ Improved ☐ Unchanged ☑ Regressed
(b) Is there a medical contra-indication for patient to participate in Vocational Rehabilitation (job retraining) programs?
☐ No ☑ Yes, please explain NOT PHYSICALLY NOR EMOTIONALLY BECOMING CAPABLE OF MEETING VR EVALUATION DEMANDS AT PRESENT TIME
(c) In your opinion, is your patient motivated to return to work? YES BUT REALIZES HE IS INCAPABLE OF SUCH.

AP DT 01-002 ME
GC-1483-1 (10-04)

Patient Name *(Last, First Middle Initial)* Required

7. Regulation Notice

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8. Physician Certification

Attending Physician's Name *(Print)*	Degree	Specialty
JOSEPH G. GRACE III	P.h.D.	PSYCHOLOGY
Address *(No. Street, City, State, Zip Code)*	**Telephone Number**	**Fax Number**
153 N. CHURCH ST., SUITE 510 SPARTANBURG, S.C. 29303	(864) 560-1512	(864) 560-1565

9. Physician Signature

Signature	Date *(MM/DD/YYYY)*
[signature] PhD	7-19-05

AP DT 01-002 ME
GC-1493-1 (10-04)

Aetna — Attending Physician Behavioral Health 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) 466-0424.

(a) Control Number 607472

(b) CASEY, WILLIAM MARK | [redacted] | [redacted]3-58 | 5'8" | 170
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, S.C. 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 (SAME)

(f) Patient Employer Name/City/State MICHELIN TIRE, SPARTANBURG, S.C.

(g) Patient Telephone Number (864) 486-9131 ☐ Check if New

(h) Job Title/Occupation PRODUCTION (ASSEMBLY LINE WORKER)

(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) 466-0424.

Please complete form in its entirety and fax to (866) 888-2308. Page 2 MUST be completed before faxing.

3. Impairing Diagnosis & Treatment

DSM IV-TR MULTIAXIAL DIAGNOSIS: (please indicate the primary impairing diagnosis at this time with an*)

AXIS I	Primary Diagnosis 296.23	Secondary Diagnosis: 309.81	ICD-9 codes 300.02
AXIS II	Primary Diagnosis (NONE)	Secondary Diagnosis: —	ICD-9 codes —
AXIS III	Primary Diagnosis (DEFERRED)	Secondary Diagnosis: —	ICD-9 codes —
Axis IV	Primary Diagnosis OCCUPATIONAL PROB.	Secondary Diagnosis: HEALTH PROBS. SUPPORT GROUP PROBS.	

Axis V (GAF) CURRENT 55 High last year 90 Goal for return to work 80

(Please support GAF with objective findings in the symptom assessment section below)

SYMPTOM ASSESSMENT

(a) Subjective symptoms and complaints: INITIAL AND TERMINAL SLEEP DISTURBANCES, DEPRESSIVE AFFECT & ATYPICAL CYNICISM, IRRITABILITY & LOW FRUSTRATION TOLERANCE, ANXIETY AND RESTLESSNESS, ATYPICAL SOMATIC COMPLAINTS, EXCESSIVE WORRY, EASILY FATIGUED, AND INABILITY TO COPE WITH NORMAL LIFE STRESSES.

(b) Objective findings(include mental-status findings, testing results, rating scales, etc) BASELINE MENTAL STATUS EXAM, AND MMPI-II INDICATING MODERATE DYSPHORIA AND DEPRESSION, PRONENESS TO DEVELOP G.I. DISTURBANCES, PANIC EPISODES, SLOWED IN THOUGHT & ACTION,

(c) Describe interpersonal stressors that impact ability to function OBSESSIONAL THOUGHTS AND COMPULSIVE BEHAVIORS,

(d) Describe work stressors that impact ability to function STRESS OF MEETING PRODUCTION, PHYSICALLY DEMANDING FOR NUMBER OF HOURS AND LIFTING HEAVY TIRES CONTINUALLY

TREATMENT

(a) Medication(s) / Dose / Frequency: ZOLOFT 150MG QD, AND SOMA 1.5,

(b) Impairment from medication effects SEDATION
Compliant with meds? YES

(c) Recent hospitalization? (where, when) RESPIRATORY ARREST AND COMA PRIOR TO PSYCH. SYMPTOMS.

(d) Office visit dates: First 8-4-04 Last ____ Next ____ Frequency of appointments WEEKLY

(e) Compliant with tx? YES Tx Goals VERY

4. History

(a) Has patient ever had same or similar condition? ☑ No ☐ Yes, state when and describe

(b) Is condition due to injury or illness arising out of patient's employment? ☑ No ☐ Yes ☐ Unknown

(c) Name / Specialty / City / State of other Treating Physicians or Therapists (NOT DIRECTLY)

Name WILSON SMITH, M.D. Specialty PULMONOLOGY City SPARTANBURG State S.C.
Name FRANK GONDA, M.D. Specialty FAM. PRACT. City " State "
Name JEFFREY SMITH, M.D. Specialty PSYCHIATRY City GREENVILLE State S.C.

AP DT 01-002 ME
GC-1493-1 (6-03)

Patient Name (Last, First Middle Initial) Required
CASEY, WILLIAM MARK

5. Abilities/Limitations

(a) Is this person capable of signing checks and directing the proceeds? _____

(b) Please check the appropriate response of the employee's ability to perform these job functions now.

	Unlimited Limitations	Limited	Marked	Unable To Perform
Follow work rules	☑	☐	☐	☐
Able to work with others	☑	☐	☐	☐
Able to give supervision to others	☐	☑	☐	☐
Able to work cooperatively with others in group settings	☐	☑	☐	☐
Able to maintain persistence to task	☐	☐	☑	☐
Able to maintain attention and concentration	☐	☐	☑	☐
Able to work alone or in physical isolation from others	☐	☑	☐	☐
Able to interact with supervisors	☑	☐	☐	☐
Able to interact with public/customers	☑	☐	☐	☐
Able to use judgement and make decisions	☐	☐	☑	☐
Able to attain set standards and limits	☐	☐	☐	☑
Able to direct, control or plan activities of others	☐	☐	☑	☐

(c) Objective findings that substantiate impairment *(current laboratory, physical and/or mental status examination, and other testing)*:
SEE "SYMPTOM ASSESSMENT" SECTION

(d) What psychological/medical restrictions/limitations are you placing on this patient? *(Activities of Daily Living, Driving, etc)*
LIMITED RECREATION ACTIVITIES AND VERY LIMITED VOCATIONAL ACTIVITIES

- Number of Hours patient is capable of working in a day: ☐12 ☐10 ☐8 ☐6 ☐4 ☐2 ☐1 Hour/Day NONE
- Number of Days per week patient is able to work: ☐1 ☐2 ☐3 ☐4 ☐5 ☐6 ☐7 Days/Week NONE
- Date you prescribed restriction on work activities ..... Month 8 Day 4 Year 04
- How long are these restrictions/limitations in effect? SYMPTOMS ARE INTERMITTENT UNTIL ANXIETY AND DEPRESSION IS TREATED ROUGH ESTIMATE Days Weeks Months ☐ No Longer
- Estimated return to work date? Nov 30, 04 (MM/DD/YYYY) modified duty 1/2 TIME (MM/DD/YYYY) full duty INITIALLY

(e) Other/ Comments _____

6. Current Status

(a) Patient is/has ..... ☑ Improved ☐ Unchanged ☐ Regressed

(b) Is there a medical contra-indication for patient to participate in Vocational Rehabilitation (job retraining) programs?
☐ No ☑ Yes, please explain WOULD BE OF NO BENEFIT TO THIS PATIENT

(c) In your opinion, is your patient motivated to return to work? YES BUT RESTRICTED BY PSYCHIATRIC DISORDERS.

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)	Degree	Specialty
JOSEPH G GRACE, III	PH. D.	CLINICAL/COUNSELING PSYCHOLOGY
Address (No, Street, City, State, Zip Code)	**Telephone Number**	**Fax Number**
853 N. CHURCH ST. SUITE 510 SPARTANBURG, S.C. 29303	(864) 560-1512	(864) 560-1565

9. Physician Signature

Signature	Date (MM/DD/YYYY)
Joseph G Grace, III, PhD	10-19-04

AP DT 01-002 ME
GC-1493-1 (5-03)

MARIA, [redacted] Phone 486-4075
THANKS VERY MUCH! MARK [redacted]

Aetna Life Insurance Company
Telephone: 877-465-0424
Fax: 866-888-2308

Aetna

Capabilities and Limitations Worksheet

Complete and sign the form using BLUE or BLACK ink.

Employee Name (Last, First, Middle Initial)	Social Security Number	Date of Birth (MM/DD/YYYY)
CASEY, WILLIAM MARK	[redacted]	[redacted] 59

Gender	Job Title	Control Number
☑ Male ☐ Female	MICHELIN TIRE ASSEMBLY LINE	607472

Current Diagnosis	Medications:
UNSPECIFIED NONPSYCHOTIC MENTAL DISORDER FOLLOWING ORGANIC BRAIN DAMAGE (310.9) MAJOR DEPRESSIVE DISORDER (296.23)	MIRTAZAPINE 45 MG. Q.H.S. ADDERALL XR 40 MG. Q A.M. AMBIEN 10 MG. Q. H.S.

Indicate the percent of the day the following activities can be performed:

(Occasional 1-33% or .5-2.5 hrs. Frequent 34-66% or 2.6-5.0 hrs. Continuous 67-100% or 5.1-8 hrs. or Never)

	O	F	C	N
Climbing - (DEFERRED TO FAMILY PHYSICIAN AND PULMONOLOGIST)	☐	☐	☐	☐
Crawling	☐	☐	☐	☐
Kneeling	☐	☐	☐	☐
Lifting	☐	☐	☐	☐
Pulling	☐	☐	☐	☐
Pushing	☐	☐	☐	☐
Reaching above shoulder	☐	☐	☐	☐
Forward reaching	☐	☐	☐	☐
Carrying	☐	☐	☐	☐
Bending	☐	☐	☐	☐
Twisting	☐	☐	☐	☐

	O	F	C	N
Hand Grasping __R__L	☐	☐	☐	☐
Firm Hand Grasping __R__L	☐	☐	☐	☐
Fine Manipulation __R__L	☐	☐	☐	☐
Gross Manipulation __R__L	☐	☐	☐	☐
Repetitive Motion __R__L	☐	☐	☐	☐
Sitting __R__L	☐	☐	☐	☐
Standing __R__L	☐	☐	☐	☐
Stooping __R__L	☐	☐	☐	☐
Walking __R__L	☐	☐	☐	☐
Other _____	☐	☐	☐	☐

Maximum weight patient is capable of lifting:

	O	F	C	N
1 - 5 lbs. (DEFERRED)	☐	☐	☐	☐
6 - 10 lbs.	☐	☐	☐	☐
11 - 20 lbs.	☐	☐	☐	☐
21 - 35 lbs.	☐	☐	☐	☐
36 - 50 lbs.	☐	☐	☐	☐
51 - 75 lbs.	☐	☐	☐	☐
75 - 100 lbs.	☐	☐	☐	☐
100 lbs. +	☐	☐	☐	☐

Approved Head and Neck Movements:

	Yes	No
Static Position	☐	☐
Frequent Flexing	☐	☐
Frequent Rotation	☐	☐

Can the Patient operate:

	Yes	No
A Motor Vehicle	☐	☐
Hazardous Machine	☐	☐
Power Tools	☐	☐

Limitations to:
Speaking _____ hrs. (DEFERRED)
Vision (explain) _____
Depth Perception _____
Hearing (explain) _____

Exposure Limitations:

	Yes	No		Yes	No
Heat	☐	☐	Dust	☐	☐
Cold	☐	☐	Fumes	☐	☐
Dampness	☐	☐	Chemicals	☐	☐
Noise	☐	☐	Radiation	☐	☐

Total # of hours patient capable of working per day: 12 ☐ 8 ☐ 6 ☐ 4 ☐ 2 ☐
Duration of restrictions: TOTAL
Care Complete: Yes ☐ No ☑ Next Appointment: 2-9-06

Additional Comments:
PT. SLOWED IN THOUGHT AND ACTION, POOR SHORT TERM & LONG TERM RECALL, POOR CONCENTRATION, UNABLE TO MULTI-TASK, POOR GROSS MOTOR AND FINE MOTOR COORDINATION, MENTAL BLOCKING, ANHEDONIA, LETHARGY, INERTIA, EASILY FATIGUED, DEPRESSIVE AFFECT, PANIC EPISODES, AGGITATION, PARANOID IDEATION, VERY LOW FRUSTRATION TOLERANCE & INABILITY TO COPE IN STRESSFUL SITUATIONS OF LIFE.

Physician's Signature [redacted], PhD — 2-3-06 Date (MM/DD/YYYY)

MI DT 80-002 ME
GC-1500-1 (5-03)

R-POD

Aetna 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 Pages 2 and 3

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. | [redacted] | -58 | 15'8" | 170
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 RD, WOODRUFF, S.C. 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 (SAME)

(f) Patient Employer Name/City/State PREVIOUSLY MICHELIN IN SPARTANBURG, S.C.

(g) Patient Telephone Number (864) 486-9131 ☐ Check if New

(h) Job Title/Occupation PREVIOUSLY TIRE LINE ASSEMBLY

(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. Pages 2 and 3 MUST be completed before faxing.

3. **Impairing Diagnosis & Treatment**

(a) Primary Diagnosis UNSPECIFIED NONPSYCHOTIC MENTAL DIS – Primary ICD Code 310.9
~~Secondary Diagnosis~~ DUE TO FOLLOWING ORGANIC BRAIN DAMAGE Secondary ICD Code 294.23
SECONDARY DX: Other Diagnoses MAJOR DEPRESSIVE DISORDER (296.23) (310.9) Other ICD Codes —

(b) Height 5'8" Weight 170 Date Measured (MM/DD/YYYY) 8-4-04

(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 N/A
Secondary Procedure N/A Secondary CPT Code N/A
Other Procedures — Other CPT Codes —

(e) Medication(s)/Dose/Frequency MIRTAZAPINE 45 MG. @ H.S.
ADDERALL XR 40 MG. QAM., AMBIEN 10 MG. @ H.S.
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 COGNITIVE & SUPPORTIVE PSYCHOTHERAPY, COGNITIVE & PERSONALITY TESTING, SUPPLEMENTED BY PSYCHOTROPIC MEDS.

(h) Office visit dates: First 8-4-04 (MM/DD/YYYY) Last 1-26-06 (MM/DD/YYYY) Next 2-9-06 (MM/DD/YYYY) Frequency of appointments BI WEEKLY

(i) Was patient recently hospitalized? ☑ No ☐ Yes Date hospitalized: Admit ____ (MM/DD/YYYY) Discharge ____ (MM/DD/YYYY)

(j) Hospital Name/City/State N/A

AP DT 01-001 ME
GC-1486-1 (10-04) R-POD

Patient Name (Last, First Middle Initial) Required
CASEY, WILLIAM MARK

4. History

(a) Symptoms: COGNITIVE DYSFUNCTION (↓S.T. & L.T. RECALL, SLOWING, ↓CONCENTRATION) POOR FINE & GROSS MOTOR COORDINATION, DEPRESSIVE SYMPTOMS, AGGITATION, ↓FRUSTRATION TOLERANCE, LETHARGY, EASILY FATIGUED,
(b) Date symptoms first appeared or accident happened 5-28-04 MM ____ DD ____ YYYY ____
(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 WILSON SMITH, M.D. Specialty PULMONOLOGY City SPARTANBURG State S.C.
Name JEFFREY SMITH, MD Specialty PSYCHIATRY City GREENVILLE State S.C.

POSSIBLY COMPLICATIONS OF SINCE HE INITIALLY PRESENTED WITH CHEST PAINS.

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.)*** CAN DO HOUSE WORK FOR ABOUT 10 MIN. BUT BECOMES QUITE FATIGUED. EMOTIONAL AND PHYSICAL STRESS ARE OVERWHELMING, UNABLE TO WORK IN GAINFUL EMPLOYMENT IN ANY CAPACITY AT PRESENT TIME,
- Number of Hours patient is capable of working in a day: ☐ 12 ☑ 10 ☐ 8 ☐ 6 ☐ 4 ☐ 2 ☑ 1 Hour/Day (N/A)
- Number of Days per week patient is able to work: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 Days/Week (N/A)
- Date you prescribed restriction on work activities ... Month 8 Day 04 Year '04
- How long are these restrictions/limitations in effect? APPEAR TO BE PERMANENT RESTRICTIONS ☐ No Longer
  Days Weeks Months
- Estimated return to work date? UNREALISTIC (MM/DD/YYYY) modified duty UNREALISTIC (MM/DD/YYYY) full duty

(c) **Objective findings that substantiate impairment** *(current laboratory, physical and/or mental status examination, and other testing)*
VERY SIGNIFICANT COGNITIVE IMPAIRMENT AND SEVERE EMOTIONAL
(d) ~~Other/Comments~~ PSYCHIATRIC DISORDERS

6. Current Status HAS NEITHER IMPROVED SIG, NOR REGRESSED,

(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 INCAPABLE OF BENEFITTING FROM VOC. REHAB. SERVICES
(c) In your opinion, is your patient motivated to return to work? SOMEWHAT BUT INCAPABLE

Patient Name *(Last, First Middle Initial)* **Required**

7. Regulation Notice

Any person who knowingly and with intent to injure, defraud or deceive 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.

Attention California Residents: For your protection, California law requires notice of the following to appear on this form. Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Attention Colorado Residents: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

Attention Florida and Virginia Residents: Any person who knowingly and with intent to defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.

Attention Kentucky, Ohio and 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 may subject such person to criminal and civil penalties.

Attention Louisiana and West Virginia Residents: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Attention Maine and Tennessee Residents: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or denial of insurance benefits.

Attention New Jersey Residents: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Attention New York 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 shall be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each violation.

8. Physician Certification

Attending Physician's Name *(Print)*	Degree	Specialty
JOSEPH G. GRACE, III	Ph.D.	LICENSED PSYCHOLOGIST
Address *(No. Street, City, State, Zip Code)*	**Telephone Number**	**Fax Number**
853 N. CHURCH ST. SUITE 510 SPARTANBURG, S.C. 29303	(864) 560-1512	(864) 560-1565

9. Physician Signature

Signature	Date *(MM/DD/YYYY)*
[signature]	2-3-06

AP DT 01-001 ME
GC-1486-1 (10-04)



Lung and Chest Medical Associates

Charles M. Fogarty, M.D.
J. Douglas Clark, M.D.
Rico V. I. Mendoza, M.D.
Charles Mason, PA-C
Charlene McCraw, N.P.
Fax: (864) 585 - 2102

Wilson P. Smith, M.D.
E. Bert Knight, III, M.D.
Mary Lou Applebaum, M.D.
Beth V. Edwards, PA-C
Fax: (864) 582-3750

FACSIMILE TRANSMITTAL

Date: 8-30-05 Time: _____

TO: Sylvia (Name) Dr. Grace (Company)

Fax #: 560-1510

FROM: Shea (Name) Front Office (Department)

Phone #: 582-6858

TOTAL PAGES SENT: 4

****

FAX NUMBERS:

- X Main Fax: 864-542-9043
- ___ Insurance: 864-585-0999
- ___ Nurse Station A: 864-582-3750 - Drs. Smith, Knight and Applebaum
- ___ Nurse Station B: 864-585-2102 - Drs. Fogarty, Clark and Mendoza

MESSAGE: William Casey DOB: [redacted]-58

*** This facsimile is intended for the use of the person or entity to which it is addressed. It contains information that may be confidential under law. You are required to maintain this information in a secure and confidential manner. If you have received this message in error, please notify us immediately by phone (collect if necessary) and return this message to us by mail. Thank you.

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
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...

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 SaO_2 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...

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

HP OfficeJet
Personal Printer/Fax/Copier

Fax Log Report

Aug-30-05 04:48 PM

Identification	Result	Pages	Type	Date	Time	Duration	Diagnostic
5787098	OK	03	Sent	Aug-30	04:47P	00:01:11	002582030022

1.3.0 2.8

HP OfficeJet
Personal Printer/Fax/Copier

Fax Log Report

Aug-30-05 04:52 PM

Identification	Result	Pages	Type	Date	Time	Duration	Diagnostic
5601510	OK	04	Sent	Aug-30	04:51P	00:01:32	002582030022

13.0 2.6

Pg. 1

OUTGUIDE

Lung and Chest Medica Associates

William M Casey — Patient Name

77168 — Chart Number

[redacted] 58 — DOB

Date	Person Pulling Chart	Reason / Location
7/14/04	(CD)	Appt WPS 7-14-04
8-11-04	(CD)	WPS appt 8-12-04
7/14/05	(M)	WPS to OK Records Req 4 Month Gap
PULLED FOR OV		
AUG 04 2005		
Chart Not Filed	RM	Dup: call Encounter
2/6/06	CD	CMF appt 2/9/06
2/13/06	CD	CMF Appt 2/16/06
3/17/06	CD	CMF called back
3/29/06	(M)	Maria Lab
6/5/06	MK	form to WPS
7/7/06	(M)	Charlene + CMF to Ser
9/19	(M)	Med Records
12-19	VM	CMF appt 1-3-07
5/29/07	KW	CMF Appt. 6/27/07
7/05/07	EC	CMF CB
8-14-07	VM	CMF appt 8-15-07
12/18/07	TC	CMF appt. 12-19-07
5/8/08	KS	CMF appt 5/14/08
5/22/08	CS (M)	CMF appt 5/28/08
6/5/08		6/6/08
12-22-08	DB	CMF deposit

Altman Printing Co., Inc. 02/04 — I.C-113

NAME ALERT

OUTGUIDE

Lung and Chest Medical Associates

Pg. 2

Casey, Wm. M. 77168 [redacted] /58

Patient Name Chart Number DOB

Date	Person Pulling Chart	Reason / Location

Thomason & French

ATTORNEYS AT LAW
164 OAKLAND AVENUE
SPARTANBURG, SOUTH CAROLINA
TELEPHONE (864) 582-5857
FAX (864) 582-5853

George H. Thomason
Robert S. French

MAILING ADDRESS:
POST OFFICE BOX 772
SPARTANBURG, SOUTH CAROLINA 29304

RECEIVED
SEP 8 2005
By

September 6, 2005

Dr. Wilson Smith
Lung & Chest Medical Associates
2030 N. Church Place
Spartanburg, S. C. 29303

Subject: William M. Casey
240 Lightwood Farm Road
Woodruff, S. C. 29388
SSN [redacted]

Dear Dr. Smith:

We represent Mr. Casey on a Social Security disability claim. He may be eligible for Social Security payments until, hopefully, he is able to return to work. Social Security has asked that we obtain updated information from your office. We have no information on Mr. Casey after March 15, 2005. Thank you for providing us with copies of records for any visits after that date.

If you require prepayment, give us call. If not, please send a bill with the records and we will promptly pay it. We can also handle prepayment by credit card over the phone if that makes it easier for processing this request. An authorization and return envelope are enclosed.

With kindest regards, I am

Very truly yours,

George H. Thomason
GHT/gl
ENCLOSURE: Authorization; Return envelope

cc: William M. Casey

OK per Dr WM
Date
Fax ✓ Mail
Date 9/9/05
By ML

✓

Thomason & French

George H. Thomason
Robert S. French

Attorneys at Law
PO Box 772 - 164 Oakland Avenue
Spartanburg, South Carolina 29304
Telephone 864/582-5857
FAX 864/582-5853

HIPAA AUTHORIZATION AND MEDICAL RELEASE FORM

Claimant William Mark Casey SS # [redacted]

I hereby authorize use or disclosure of protected health information about me as described below:

1. The following specific person or class of persons or facility is authorized to make the requested use or disclosure: Dr. Wilson Smith
Lung & Chest Medical Associates
2030 N. Church Place
Spartanburg, SC 29303

2. The following person or class of persons may receive disclosure of protected health information about me:

George H. Thomason and/or Robert S. French
THOMASON & FRENCH
PO Box 772
Spartanburg, SC 29304 864/582-5857

3. The specific information that should be disclosed is:
All medical records for after March 15, 2005 to the present.

4. I understand that the information used or disclosed may be subject to re-disclosure by the person or class of persons of facility receiving it, and would then no longer be protected by federal privacy regulations.

5. I understand that the information used or disclosed may contain private information such as drug or alcohol use, hepatitis, HIV or AIDS, mental illness, sexual abuse, physical abuse, etc., and I specifically authorize the release of this private and sensitive information.

6. I may revoke this authorization by notifying Thomason & French in writing of my desire to revoke it. However, I understand that any action taken in reliance on this authorization cannot be reversed, and my revocation will not affect those actions. I understand that the medical provider to whom this authorization is furnished may not condition its treatment of me on whether or not I sign the authorization.

6. This authorization expires on 9/6/06 or upon occurrence of the following event that relates to me or to the purpose of the intended use or disclosure of information about me: **None applicable**

THIS FORM MUST BE FULLY COMPLETED BEFORE SIGNING

✓ William Mark Casey 9/6/05: DOB: [redacted]/58
Signature of individual, date signed, date of birth or Social Security number

or, if applicable

Legal Guardian or person authorized to sign for claimant

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
Cindy Edwards, F.N.P.

Fax: (864) 582-3750

FACSIMILE TRANSMITTAL

Date: 8-16-05 Time: _____

TO: Chuck Thompson (Name) Burts Law Firm (Company)

Fax #: 583-6927

FROM: Maria Kinbrell CMA (Name) _____ (Department)

Phone #: 582-6703 ext. 502

TOTAL PAGES SENT: 07

****

FAX NUMBERS:

____	Main Fax:	864-542-9043
____	Insurance:	864-585-0999
√	Nurse Station A:	864-582-3750 - Drs. Smith, Knight and Applebaum
√	Nurse Station B:	864-585-2102 - Drs. Fogarty, Clark and Mendoza

MESSAGE: Mark Casey; notes to follow.
Please call 4 any questions.
Thanks
Maria

*** This facsimile is intended for the use of the person or entity to which it is addressed. It contains information that may be confidential under law. You are required to maintain this information in a secure and confidential manner. If you have received this message in error, please notify us immediately by phone (collect if necessary) and return this message to us by mail. Thank you.

TRANSMISSION VERIFICATION REPORT

TIME : 08/16/2005 15:14
NAME : LUNG AND CHEST ASSO
FAX : 1-864-585-2102
TEL : 1-864-582-6703
SER.# : BROC3J215437

DATE,TIME	08/16 15:13
FAX NO./NAME	5836927
DURATION	00:01:19
PAGE(S)	07
RESULT	OK
MODE	STANDARD ECM

1 of 3 pg 1

TELEPHONE CALL BACK - UPSTATE LUNG AND CRITICAL CARE SPECIALISTS

DATE 06/25/04 TIME: ___ AM/PM CHART# 11686 BY DF

___ / ___ called RE: William Casey
(caller name/relation)

TELEPHONE# ___ PT PHONE# ___

DATE OF LAST VISIT ___ NEXT APPT DATE ___ DOB [redacted]/58

#1: NEED DRUG REFILL (For patient doing well and no reason not to refill)

Drug Name: ___ Strength: ___ Freq: ___

Name of Pharmacy: ___ Pharmacy Telephone# ___

Drug Called in: ___ / ___ am/pm BY ___ ___
(Staff) (Doctor)

#2: PATIENT COMPLAINT

Pt and sister here this visit. Pt come back for a return follow-up visit. Patient's sister started asking questions to Dr. Boscia re: the rigid Bronch. Sister (carol Casey) wanted to know "Why the urgency of doing a bronch". Explained to patient that something was seen on the xray but he was unable to see it c the fibroptic-bronch but something was there.

Nursing Interventions/Advice Pt stated he did not have a prm with what Dr. Boscia had done. He reports he came to the hospital with pain in his chest reports pain intermittent. Pt reported that all he wanted was something that

M.D. Signature

JUN 28 2004

CALLED

JUN 28 2004

Call 911 ___ Go to ER ___ Appointment given in office ___

Referral(s) ___ Instructions Accepted Yes ___ No ___

___ / ___ By: Dr. for Boscia
(Date/Time) (Staff) (Doctor)

(9)

TELEPHONE CALL BACK - UPSTATE LUNG AND CRITICAL CARE SPECIALISTS

DATE ____/____/____ TIME: ____ AM/PM CHART# _____ BY _____

_____/_____ called RE: _____
(caller name/relation)

TELEPHONE# _____ PT PHONE# _____

DATE OF LAST VISIT _____ NEXT APPT DATE _____ DOB _____

#1: **NEED DRUG REFILL** (For patient doing well and no reason not to refill)

Drug Name: _____ Strength: _____ Freq: _____

Name of Pharmacy: _____ Pharmacy Telephone# _____

Drug Called in: _____/____am/pm BY _____ _____
(Staff) (Doctor)

#2: **PATIENT COMPLAINT**

would stop him from pacing All the time and be able to sleep at night. He reported that he has to take the Xanaflex prn just to sleep but he did not want to just be put to sleep he just wanted to rest and stop pacing. Pt reported he was able to rest sit and watch TV before All this happened + now he just finds himself pacing. Dr. Boscia told patient he was notable to answer all his questions because the procedure he did should Not we caused all these prns. Dr. Boscia Suggested

Nursing Interventions/Advice

Call 911 _____ Go to ER _____ Appointment given in office _____

Referral(s) _____ Instructions Accepted Yes ____ No ____

_____/_____ _____ Boscia
(Date/Time) (Staff) (Doctor)

3

TELEPHONE CALL BACK - UPSTATE LUNG AND CRITICAL CARE SPECIALISTS

DATE ____/____/____ TIME: ____ AM/PM CHART# _____ BY _____

_____/_____ called RE: _____
(caller name/relation)

TELEPHONE# _____ PT PHONE# _____

DATE OF LAST VISIT _____ NEXT APPT DATE _____ DOB _____

#1: NEED DRUG REFILL (For patient doing well and no reason not to refill)

Drug Name: _____ Strength: _____ Freq: _____

Name of Pharmacy: _____ Pharmacy Telephone# _____

Drug Called in: _____/____am/pm BY _____ _____
(Staff) (Doctor)

#2: PATIENT COMPLAINT

to them that they should talk to his partner who performed the other procedures. Patient's sister quickly said that she would like to see that they were not going to get any answers here. Encouraged her to make an appointment to see Dr. Feldman next week. She shook her head "no" that she would have "someone" contact us. At one point during the visit Mr. Casey stated "I don't want no parts of this, I just want to be able to rest + stop pacing." At one point the sister talked about all the expenses of the hospital bill.

Nursing Interventions/Advice

Call 911 _____ Go to ER _____ Appointment given in office _____

Referral(s) _____ Instructions Accepted Yes ____ No ____

_____/_____ _____ Boscia
(Date/Time) (Staff) (Doctor)

Patient was given an Prescription for Ambien And was Advised not to take this medication inconjunction with Cortab And Zanaflex.

DiAnn Foster

6:25:04 William Casey

1 Why such urgency of flexible breach?

Bascia: "Window of opportunity"

-had CT before discharge

-Pt went to hospital orgioally for chest pain

Bascia: " Pain predates us. He had the pain before this procedure."

Pt Sister: "He is having pain from this procedure!"

6:25:04 William Casey

Bascia: "I want to be fair. Don't take zantac, Zanaflex + Ambien together. It will suppress your respirations!"

William Casey: " The only question I have for you is what can you do to help me stop walking in circles?"

M.D. Signature

JUN 28 2004

RTR

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

Society for Private Practice in Pain Management

American Pain Society

M.D. Signature

JUN 28 2004

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)

RECEIVED
JUN 25 2004
BY:

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

#77168
8-21-05
1 — 8-4-05
12 — 7-19-05

11-10-04 -2
8-12-04 - 2
7-29-04 - 2
7-14-04 - 2

August 8, 2005

VIA FAX ONLY
542-9043

Ms. Maria Kimbrell
Lungs and Chest Medical Associates
Office 2030 N. Church PI
Spartanburg, SC 29304

RE: William Mark Casey vs. Donna Lynn Haulbrook Casey
C.A. No.: 2004-DR-42-3758

Dear Maria:

Enclosed please find a Medical Authorization signed by Mark Casey. I would appreciate your forwarding me his updated medical records.

With kind regards,

Sincerely,

BURTS, TURNER, RHODES & THOMPSON

By: Chuck Thompson
RAY E. THOMPSON, JR

RET:ar
Encl.

8/9/05 - faxed
Maria
requested 5/28/04 →

✓

AUTHORIZATION TO RELEASE INFORMATION

Patient Identification

Patient Name: WILLIAM MARK CASEY Date of Birth: [redacted]3/58

Address: 240 Lightwood Farm Road, Woodruff, SC 29388

Social Security #: [redacted] Telephone: 486-9131

Covering Dates of Health Care

From: May 28, 2004 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 Burts Law Firm *PHONE: (864) 585-8166*
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 Lung and Chest Medical Associates to use and disclose the protected health information specified above to the authorized facility listed above.

Signature: William Mark Casey Date: 08/08/05
Relation If Not Patient:
Identity of Requestor Verified by Matching Signature of Photo ID.
Verified by:

William Casey #71108 updated 7-19-05 MA.



SouthCarolinaBlues.com

380

WILLIAM M CASEY

ID:MIH052484753663

OV $20/$45

ROUTINE $20

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

[redacted]

For Online Service: Log into My Insurance Manager on SouthCarolinaBlues.com.
Mental Health & Substance Abuse Precertification/Claims: call ComPsych at 1-800-537-6221

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

Members: Personnel Service Center: 1-877-435-7968
BlueCross Customer Service: 1-888-773-3658
PPO Network Provider Information: 1-800-810-2583
First Advice Nurse Line: 1-888-521-2583 (anytime)
File all claims to: BlueCross BlueShield of South Carolina, Piedmont Service Center, P.O. Box 6000, 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

February 14, 2005

Ray E. Thompson, Jr.
Burts, Turner, Rhodes & Thompson
260 North Church Street
Spartanburg, SC 29306

RE: Authorization for Medical Records of William Mark Casey

Dear Mr. Thompson:

I have an Authorization to release pulmonary function tests of William Mark Casey to your law firm. Enclosed, are copies of those records.

Sincerely,

Sharon Zambrano
Paralegal

Michelin North America, Inc.

One Parkway South
P.O. Box 19001
Greenville, South Carolina 29602-9001
Tel: 864/458-5000

PULMONARY FUNCTION STUDIES RECORD

Name:	Date of Birth:	Body Type:	Sex:	Race *	Social Security Number
Casey, Wm. M.	[redacted] 58	[ ]Obese [✓]Normal [ ]Thin	[~~✓~~]Male [ ]Female	[~~✓~~]White [ ]Non-white	[redacted]

Test Date	Technician	Ambient Temp.°C	Age	Height †	PREDICTED NORMALS*		ACTUAL VALUE (BTPS)					CHANGE FROM BASELINE (± in liters)			Subject Cooperation (Good, Fair, Poor)
					FEV_1	FVC	FEV_1	% Pred.	FVC	% Pred.	FEV_1/FVC%	FEV_1	FVC	FEV_1/FVC%	
6/28/84	Valenzuela	72°	25	67½	3970	4880	4910	123%	5460	113%	89%				Good
8/5/86	Valenzuela	220	27	67½	3920	4820	4370	113%	5460	115%	80%	-240	—	-9%	

* In non-Caucasians an appropriate correction must be made in the determination of predicted normal values.
† In stocking feet.

MTC 030-043 (Rev.10/83)

4993

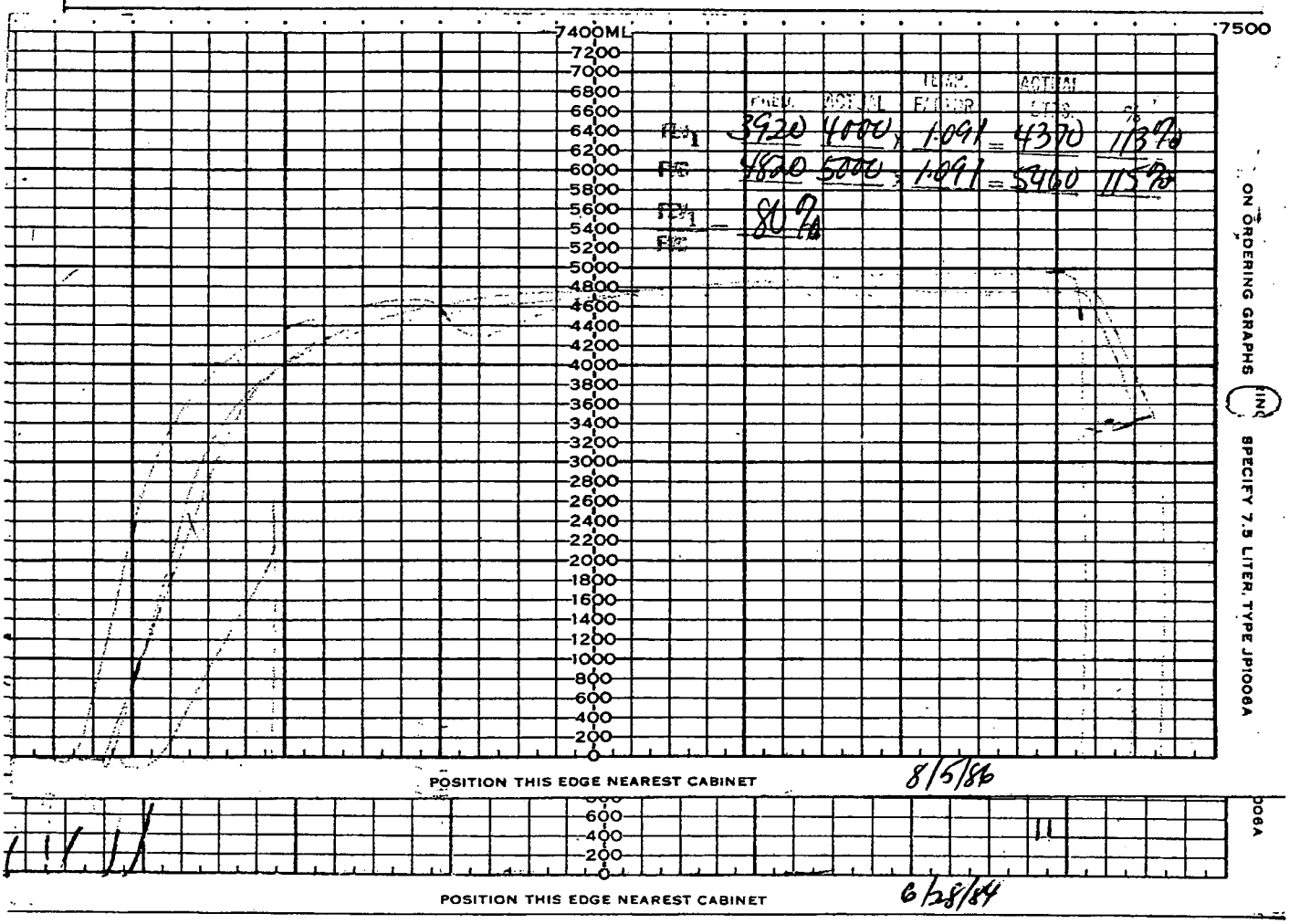
NAME CASEY [redacted] MARK SS [redacted]
last first middle

OCCUPATION (TYPE OF WORK)_____ DEPT./PLANT_____

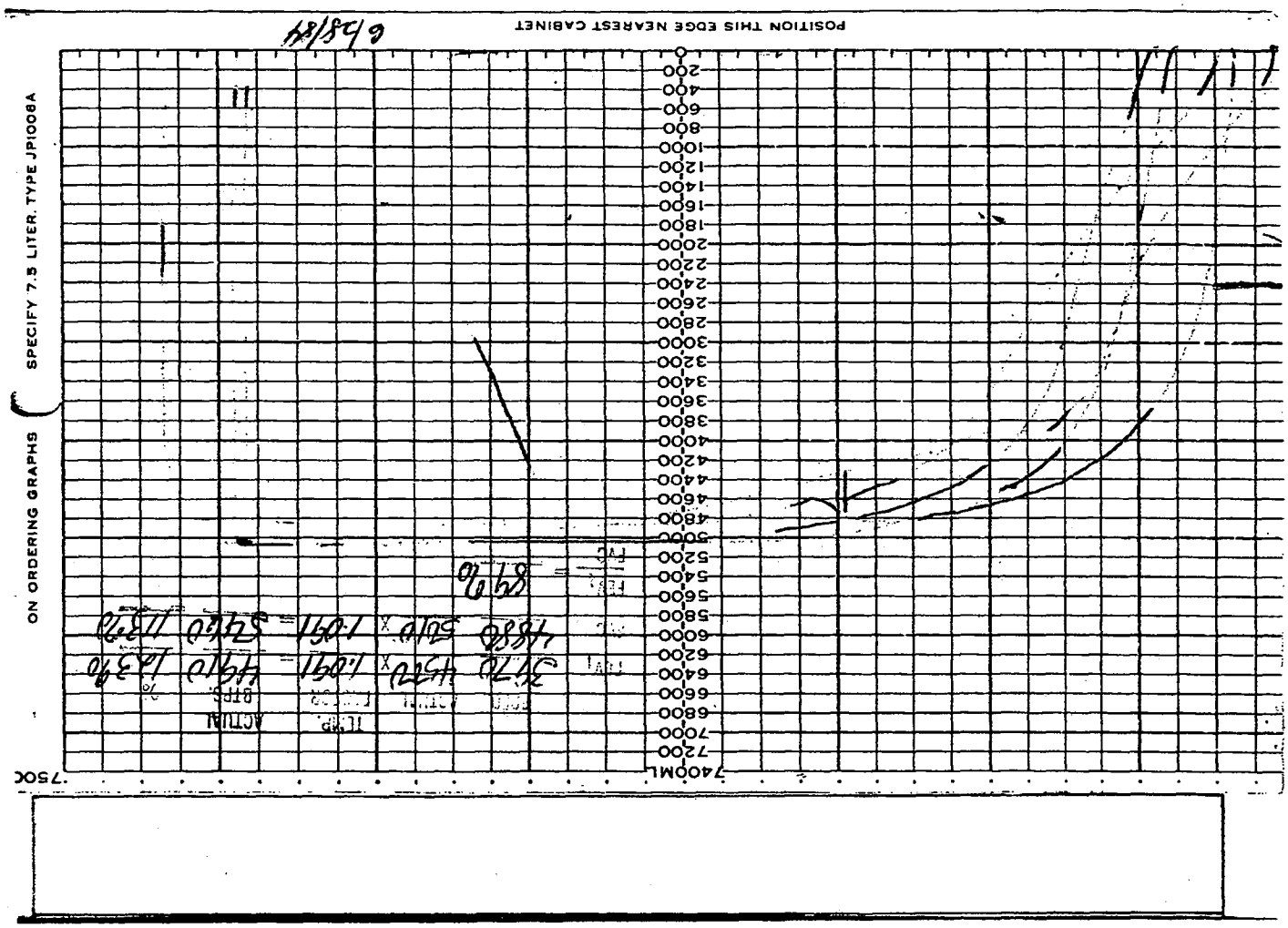
	Yes	No
1. Do you have now or have you ever had: (a) Asthma (b) Bronchitis (c) Pneumonia (d) Pleurisy (e) Tuberculosis	( )	(✓)
2. Do you need extra pillows to sleep at night?	( )	(✓)
3. Do you regularly cough when you first get up?	( )	(✓)
4. Do you get short of breath climbing one flight of stairs?	( )	(✓)
5. Do you get short of breath walking on level ground?	( )	(✓)
6. Do you have seasonal Hay Fever?	( )	(✓)
7. Have you ever worked in a dusty trade?	( )	(✓)
8. Have you ever worked in a textile mill?	( )	(✓)
9. Have you ever worked with irritating gases or chemical fumes?	( )	(✓)
10. Have you ever worked with asbestos?	( )	(✓)
11. Do you have any allergies?	( )	(✓)
12. Have you ever had a Pulmonary Function test before? If yes, when?_____	( )	(✓)

COMMENTS:

MTC 030-1 (8/76)



PULMONARY FUNCTION



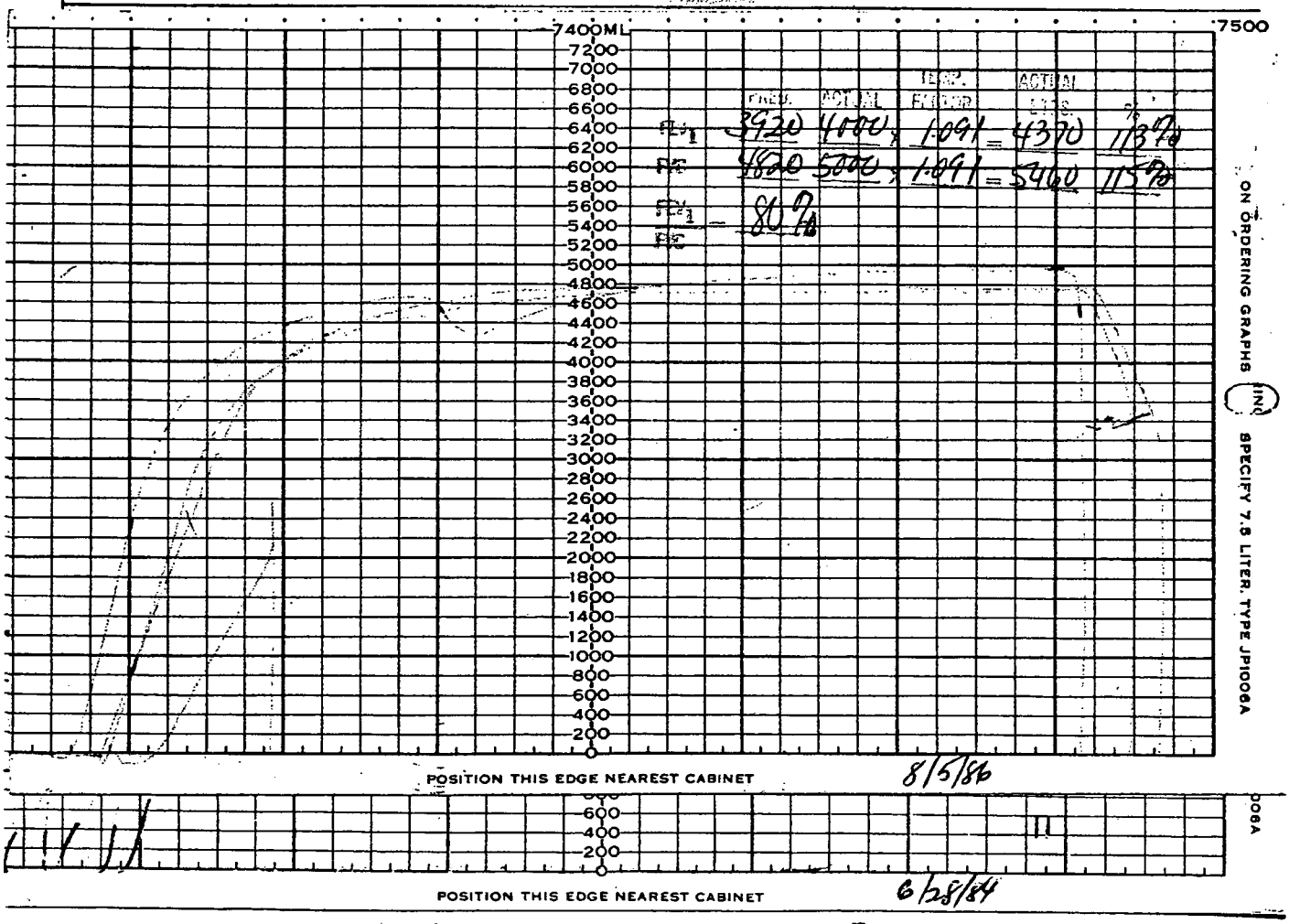
DATE 3/5/86
REFERENCE NO.
TESTED BY
HEIGHT 67½ SEX M RACE C ROOM TEMP.
☐ MANUALLY ☐ DATAMITE
☐ DATAMATIC

PULMONARY FUNCTION QUESTIONS

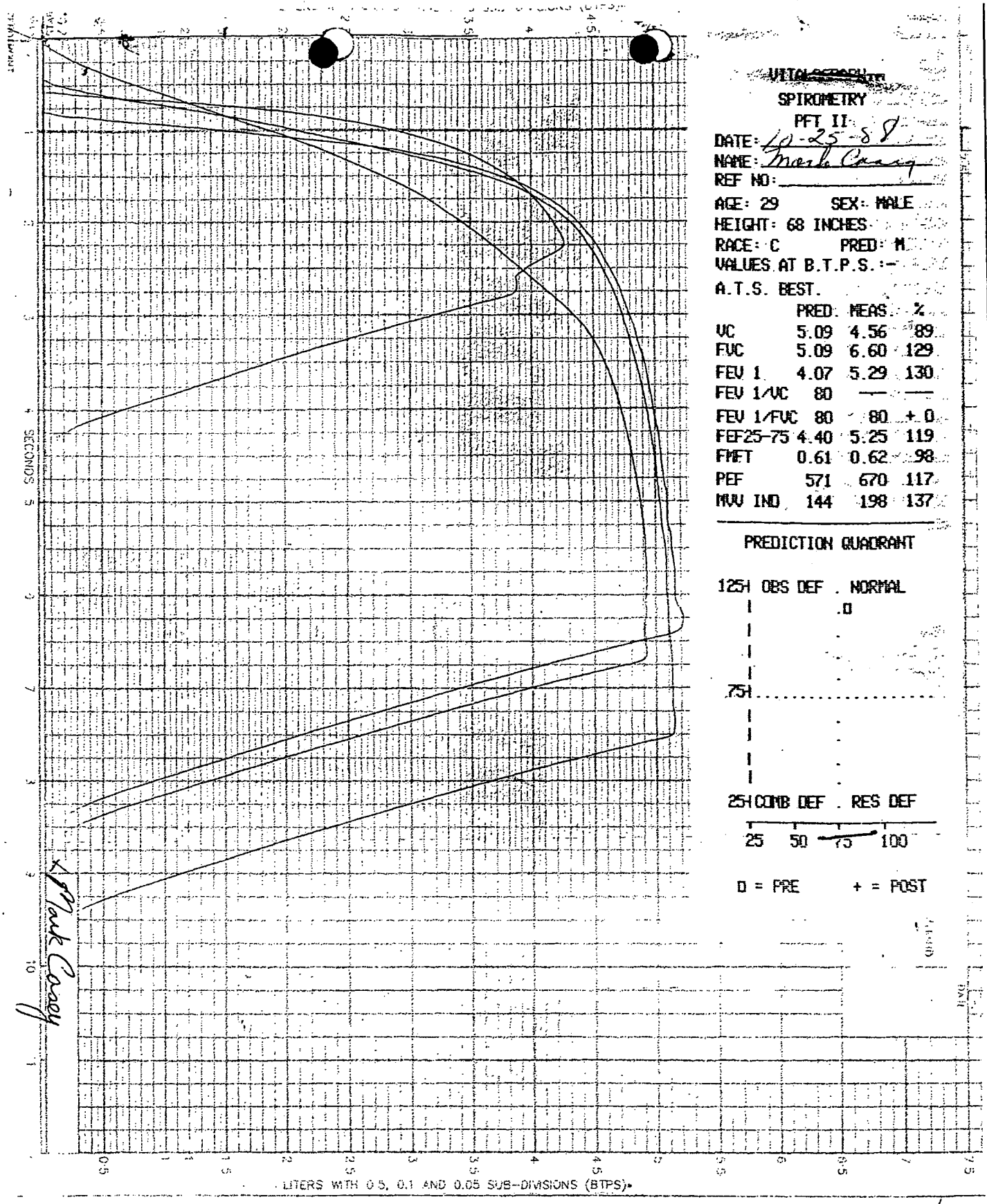
Name: William Mark Casey

1. Do you smoke? [4 Yes [ ] No
2. How long have you smoked? 12 yrs
3. How much do or did you smoke a day? ½ pack
4. How long ago did you quit?
5. How many years did you smoke?
6. When did you have your last cigarette? 10.00 AM
7. Have you had a respiratory infection in the past three (3) weeks? [ ] Yes [4 No
8. Have you had any history of lung problems? [ ] Yes [4 No
9. When did you last eat? 7.00 AM
10. Have you ever used any inhalant medication? [ ] Yes [4 No

MTC 030-049 (Rev.3/84)



PULMONARY FUNCTION



VITALOGRAPH

SPIROMETRY

PFT II

DATE: 10-25-88

NAME: Mark Casey

REF NO:

AGE: 29 SEX: MALE

HEIGHT: 68 INCHES

RACE: C PRED: M

VALUES AT B.T.P.S.:-

A.T.S. BEST.

	PRED.	MEAS.	%
VC	5.09	4.56	89
FVC	5.09	6.60	129
FEV 1	4.07	5.29	130
FEV 1/VC	80	—	—
FEV 1/FVC	80	80	+ 0
FEF25-75	4.40	5.25	119
FMFT	0.61	0.62	98
PEF	571	670	117
MVV IND	144	198	137

PREDICTION QUADRANT

125H OBS DEF . NORMAL

.75H

25H COMB DEF . RES DEF

25 50 75 100

0 = PRE + = POST

Mark Casey

NAME: CASEY (LAST) WILLIAM (FIRST) MARK (MIDDLE) S.S.# [redacted]

OCCUPATION (TYPE OF WORK) BAYS OPERATOR DEPT./PLANT US 3

	YES	NO
1. Do you have now or have you ever had: (a) asthma (b) bronchitis (c) pneumonia (d) pleurisy (e) tuberculosis (f) respiratory infection (g) seasonal hayfever (h) allergies	( )	(✓)
2. Have you ever used any inhalant medication?	( )	(✓)
3. Do you need extra pillows to sleep at night?	( )	(✓)
4. Do you regularly cough when you first get up?	( )	(✓)
5. Do you get short of breath climbing one flight of stairs?	( )	(✓)
6. Do you get short of breath walking on level ground?	( )	(✓)
7. Have you ever worked in a dusty trade?	( )	(✓)
8. Have you ever worked in a textile mill?	( )	(✓)
9. Have you ever worked with irritating gases or chemical fumes?	( )	(✓)
10. Have you ever worked with asbestos?	( )	(✓)
11. Have you ever had a Pulmonary Function test before? If yes, when? Last PE exam	(✓)	( )
12. Do you smoke?	(✓)	( )

13. When did you last eat? at lunch
14. How long have you smoked? 12 yrs
15. How much do you or did you smoke a day? ½ pack
16. How long ago did you quit? _____
17. How many years did you smoke? _____
18. When did you have your last cigarette? 1:15

Employee's Signature: William Mark Casey Technician: Silvia Lopez

MTC 030-049 (Rev. 5/87)

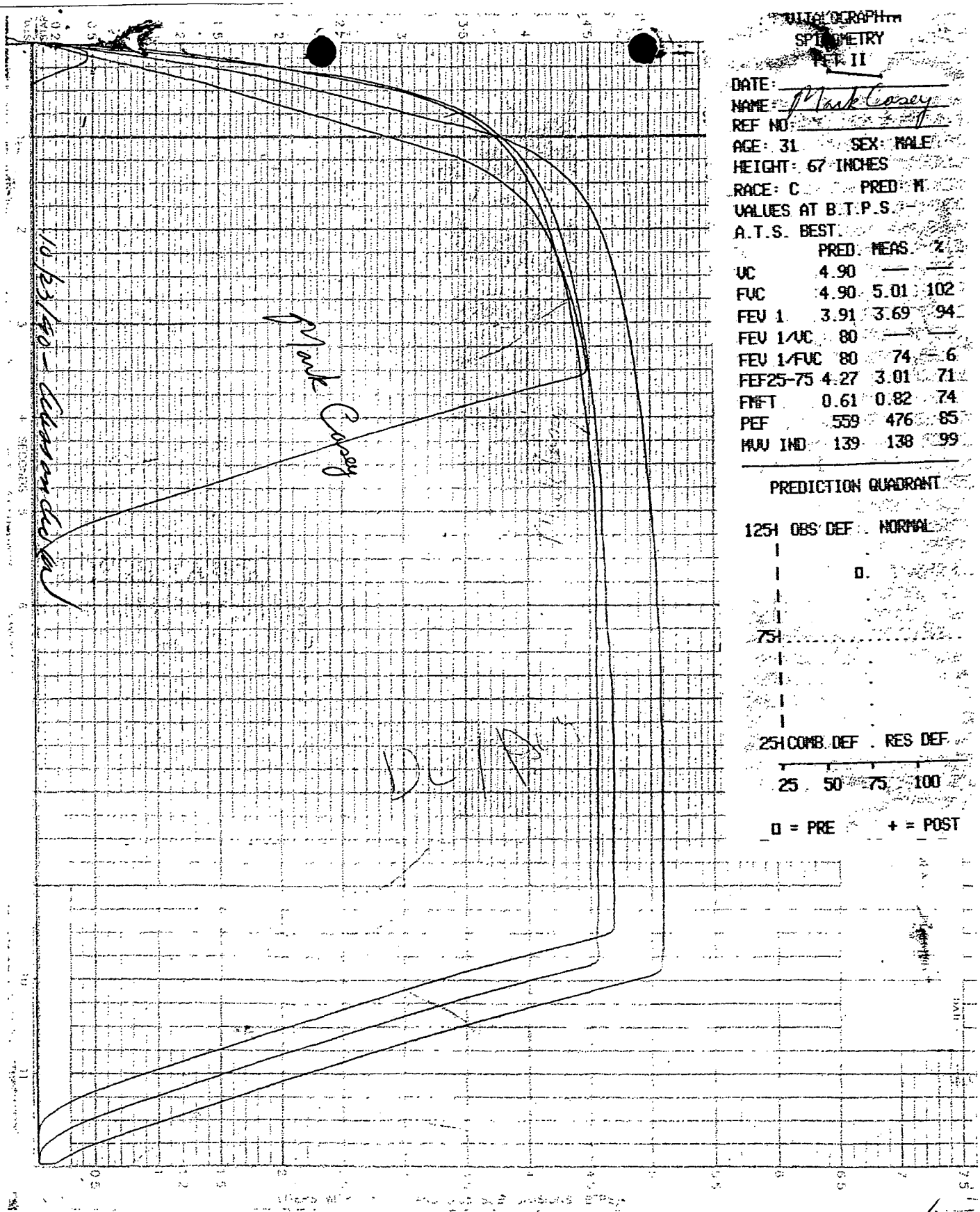
PFC TEST COMPLETED

PLATION FAULT

PLATION FAULT

CLEARED

4999


VOLITALOGRAPH
SPIROMETRY
PT. II
DATE:
NAME: Mark Casey
REF NO:
AGE: 31 SEX: MALE
HEIGHT: 67 INCHES
RACE: C PRED: M
VALUES AT B.T.P.S.-
A.T.S. BEST
PRED. MEAS. %
VC 4.90 — —
FVC 4.90 5.01 102
FEV 1 3.91 3.69 94
FEV 1/VC 80 — —
FEV 1/FVC 80 74 — 6
FEF25-75 4.27 3.01 71
FMFT 0.61 0.82 74
PEF 559 476 85
MVV IND 139 138 99
PREDICTION QUADRANT
125H OBS DEF . NORMAL
D.
75H
25H COMB DEF . RES DEF
25 50 75 100
D = PRE + = POST
Mark Casey
DU 11/2

NAME: CASEY (LAST) WILLIAM (FIRST) MARK (MIDDLE) S.S.# [redacted]

OCCUPATION (TYPE OF WORK) BNS OPERATOR DEPT./PLANT OPL/U53

	YES	NO
1. Do you have now or have you ever had: (a) asthma (b) bronchitis (c) pneumonia (d) pleurisy (e) tuberculosis (f) respiratory infection (g) seasonal hayfever (h) allergies	( )	(✓)
2. Have you ever used any inhalant medication?	( )	(✓)
3. Do you need extra pillows to sleep at night?	( )	(✓)
4. Do you regularly cough when you first get up?	( )	(✓)
5. Do you get short of breath climbing one flight of stairs?	( )	(✓)
6. Do you get short of breath walking on level ground?	( )	(✓)
7. Have you ever worked in a dusty trade?	( )	(✓)
8. Have you ever worked in a textile mill?	( )	(✓)
9. Have you ever worked with irritating gases or chemical fumes?	( )	(✓)
10. Have you ever worked with asbestos?	( )	(✓)
11. Have you ever had a Pulmonary Function test before? If yes, when? every 2 yrs	(✓)	( )
12. Do you smoke?	( )	(✓)

13. When did you last eat? 11:30 AM
14. How long have you smoked? _____
15. How much do you or did you smoke a day? less than pack a day
16. How long ago did you quit? 11 mths
17. How many years did you smoke? 12
18. When did you have your last cigarette? 11 mths

Employee's Signature: William Mark Casey Technician: _____

MTC 030-049 (Rev. 5/87)

Office Visit Confirmation Sheet

!!! Please fill out all blanks each time you visit our office.

Patient Name William Mark Casey Today's Date Aug 12 04

Doctor Smith Appt. Time 11:45 Arrival Time 11:40

Reason for visit:(check one) ___Having problems ✓Regular follow-up

Please confirm your personal information for our records:

Address 240 Lightwood Farm Rd

Home phone # 486-9131 Work Phone # 680-5929 Other Phone # ___

Emergency contact name: Carole Casey Phone # 680-9648

Type of Insurance: 1. B/C B/S 2. ___ 3. ___

E-mail address: ___

Updated 8/12/04

5002

SOUTH CAROLINA VOCATIONAL REHABILITATION DEPARTMENT

SCVRD

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

LUNG & CHEST MEDICAL ASSOCS
2030 NORTH CHURCH PLACE
SPARTANBURG SC 29303

ATTN: MEDICAL RECORDS

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* ____

RECEIVED FEB 17 2005 BY

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

Robert W. Heaton, Disability Examiner

PLEASE INCLUDE THIS LETTER AS PAGE 2 OF YOUR REPORT

ENC: Release, Envelope
KMM/473

Claim No: D91109
L1 (1/04)
DMA: Y

0034168432
TDN: 0034168432

OK per Dr_____
Date_____

Fax ✓ Mail_____
Date 3/29/05
By MK

5003

Request sent to: LUNG & CHEST MEDICAL ASSOCS
2030 NORTH CHURCH PLACE
SPARTANBURG SC 29303

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.**

SSA
S87 SC DDS GREENVILLE
P.O. BOX 8706
LONDON, KY 40742-9915

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

- 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: 0034168432D91109 SITE: S87 DR: F
SSN: [redacted] DOCTYPE: 0001 RF: D CS: 8c21

KMM/473
Claim No.: D91109
FAXD (8/04)
DMA: Y

TDN: 0034168432

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:**

1. **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 CFR164.501)**
   - **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)**
2. **Information about how my impairment(s) affects my ability to complete tasks and activities of daily living, and affects my ability to work.**
3. **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.**
4. **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 known 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 or the material to be disclosed:

lung & chest med records
5-05-04 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 thus 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. Casey

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	Street Address		
✓ Feb 8, 2005	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 ▶ ✓

Phone Number (or Address)

IF needed, second witness sign here (e.g., if signed with an "X" above)
SIGN ▶

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

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.***

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
FACSIMILE (864) 271-6155

BARNEY O. SMITH, JR.
(1952-1996)

December 20, 2004

Dr. Wilson Smith
2030 N. Church Place
Spartanburg, SC 29303

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. Wilson Smith,** 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

Records faxed 1-19-05 - out for vacation after Christmas. MK

WM

RECEIVED
DEC 21 2004
By

Sincerely,

Kaye McCracken

Kaye McCracken
Paralegal

KM:sch

encl.

They have Feldman + SRMC
records per Mike
1-19-05 MC

F:\Users\SHARED\Joyce\casey\wilson smith med records request.wpd

AUTHORIZATION TO RELEASE RECORDS AND FILES

I hereby authorize and request Dr Wilson Smith (Organization to release information) to furnish my attorneys, **PARHAM, SMITH & DODSON, LLC**, 501 River Street, Greenville, South Carolina 29601, regarding: William Mark Casey (Patient Name) [redacted] (DOB) 58

[redacted] (Social Security Number) 240 Lightwood Farm Rd Woodruff, SC (Address at time of treatment)

All medical information of every kind and nature, including information received from other health care providers, correspondence, consultations, lab results, and any and all material concerning any history, examination, treatment, evaluation and/or hospitalizations for the periods from all treatment notes and records along with an itemized statement for services (Date(s) of Service)

I have been fully advised of my rights under the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") and I intend for this authorization to satisfy the requirements of "HIPAA" and the rules and regulations thereof. In that regard, I certify that I consent to the release of my records to my Attorneys, that the purpose of this request is for my Attorneys to assist me in a legal claim, and that the release of my entire medical record is the minimum disclosure authorized by this request.

I, William Mark Casey, have read the above and do authorize and consent for Dr. Wilson Smith to disclose the said information. I understand that this consent may be withdrawn by me at any time except to the extent that action has been taken in reliance upon it or as otherwise specified by law. No individual has coerced me into signing this authorization and I am providing this authorization on my own free will. I understand that once this information is received by the authorized individual/organization, then this information may be subject to redisclosure, and may no longer be protected by federal privacy laws. I acknowledge that I have the right to revoke this authorization in writing by contacting the above named health care provider.

12/17/04 (Date)

+ William Mark Casey (Signature of Patient or legal representative)

Kay McCrack (Witness)

Unless otherwise revoked, this authorization will expire on the following date, event or condition: _____. If no date is specified, this authorization will expire in six months from the date of signature.

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
Cindy Edwards, F.N.P.

Fax: (864) 582-3750

Feldman 573-6323

560-6073 6270

Patient Authorization to Release Medical Information

I hereby authorize employees, Medical Staff Members or other agents of (name of organization) Upstate Lung & Critical Care and Spartanburg Regional to use or disclose the following information about me: _____

For the following purposes:
✓ At the request of the undersigned individual
_____ Other (describe) _____

The health information described above may be used or released to: Lung & Chest Medical & fax to 542-9043

This Authorization expires:
✓ On the following date: 12/31/2099, unless otherwise revoked by the patient, which is their right.
_____ When the following event occurs: _____
_____ No expiration (permitted only for authorizations used to create or maintain research databases or repositories)

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.

Patient Signature	Date	Date of Birth	Social Security Number
x William Mark Casey	x 10-22-2004	x [redacted]-1958	x [redacted]

William Mark Casey — Patient printed name

Maria J. Kimbrell — Witness Signature

****

The above individual is unable to consent because:
_____ Minor
_____ Incompetent
_____ Other (explain): _____

I therefore consent on behalf of the individual named above.

Signature _____ Relationship _____

Witness Signature _____ Date _____

Upstate Lung
H+P, last office notes, any diagnostics

Spartanburg Regional
ER, Admission, Discharge, Diagnostic Info, Bronch Report, Cytology

TRANSMISSION VERIFICATION REPORT

TIME : 10/22/2004 13:32
NAME : LUNG&CHEST MEDICAL
FAX : 8645823750
TEL : 8645826858
SER.# : BROJ2N537248

DATE,TIME	10/22 13:32
FAX NO./NAME	5736323
DURATION	00:00:21
PAGE(S)	01
RESULT	OK
MODE	STANDARD ECM

Faxed medical record release to Dr. Feldman's - re: William Mark Casey

Maria Kimbrell

HP OfficeJet
Personal Printer/Fax/Copier

Fax Log Report

Oct-29-04 02:56 PM

Identification	Result	Pages	Type	Date	Time	Duration	Diagnostic
srmc med rec	OK	01	Sent	Oct-29	02:56P	00:00:36	0024c2030022

1.3.0 2.8

Faxed medical record release to SRMC
re: William Mark Casey
Maria Kinbrell CMA
10/29/04

[redacted]08

NEW PATIENT APPOINTMENTS
LUNG AND CHEST MEDICAL ASSOCIATES
2030 NORTH CHURCH PLACE
SPARTANBURG SC 29303

CMF RVM JDC
WPS MLA EBK

APPT DATE 7/14
APPT TIME 10

DATE July 7, 2004

PT NAME William M. Casey
DOB: [redacted] /[redacted] /58 SS # [redacted]

REFERRING DOCTOR Self
CONTACT _____ PH# _____

HOME # (864) 576-9131 WK# _____

MAILING ADDRESS 240 Lightwood Farms Rd 29388

REASON FOR VISIT Chest pain (not cardiac).
Went to ER - Feldman Sleep - wants 2nd opinion
FAMILY PHSICIAN _____

INSURANCE BCBS REFERAL Y N

MEDICAL RECORDS _____
CHEST XRAY OR CT SCANS _____
COMMENTS: _____

QUESTIONAIRE MAILED _____ BY _____
INFO LOGGED _____ BY _____

3-25-04

Aetna Life Insurance Company
Centralized Appeals Unit
PO Box 14557
Lexington, KY 40512-4557

Carole Roy
Sr. Technical Specialist
Fax: (866) 275-2174
Tel: 1-877-238-6202

**** MAINTAIN A COPY OF THIS LETTER FOR YOUR RECORDS ****

October 13, 2006

Burts, Turner, Rhodes, & Thompson
Attorneys at law
260 North Church Street
Spartanburg, SC 29306

Re:	Appeal for Long Term Disability (LTD) Benefits
Claimant/Client:	William Casey
Group Control:	607472
Employer:	Michelin North America

Dear Attorney Thompson:

We have concluded our review of the decision to terminate Mr. Casey's benefits for LTD benefits. For the following reasons, the original determination is upheld upon appeal review.

The LTD plan defines the "Definition of Disability" as follows:

"You are deemed to be totally disabled while either of the following applies to you:

- During the period which ends right after the first 24 months benefits are payable in a period of total disability:

  You are not able, solely because of injury or disease, to perform the material duties of your own occupation; except that if you start work at a reasonable occupation you will no longer be deemed totally disabled.

- Thereafter during such period of total disability:

  You are not able, solely because of injury or disease, to work at any reasonable occupation."

The plan also states that "A Period of Total Disability":

"Also, a period of total disability will end after 24 monthly benefits are payable if it is determined that the disability is, at that time, caused to any extent by a mental condition (including conditions related to alcoholism or drug abuse) described in the most current edition of the Diagnostic and Statistical Manual of Mental Disorders, published by the American Psychiatric Association (hereafter called DSM). There are two exceptions to this rule which apply if you are confined as an inpatient in a hospital or treatment facility for treatment of that condition at the end of such 24 months. If the inpatient confinement lasts less than 30 days, the period of total disability will cease when you are no longer confined. If the inpatient confinement lasts 30 days or more, the period of total disability may continue until the date you have not been so confined for that condition for a total of 90 days during any 12 month period."

We have reviewed Mr. Casey's entire claim file including the documentation submitted on appeal.

The documentation contained in Mr. Casey's file indicated that he has been employed with Michelin North America since July 9, 1984. He held the position of HP Team Member prior to his last date worked of May 28, 2004. His disability began on May 29, 2004. Mr. Casey's medical conditions were listed as Major Depressive Disorder (single episode, severe) and Panic Disorder with Agoraphobia, his benefits were paid through the 24-month limitation (May 28, 2006) specified in the plan. The period in question is from May 29, 2006 forward.

In your appeal letter, you stated "...he has been physically and mentally disabled from any gainful employment since the last week of May and the first few days of June 2004." Along with your appeal letter, you submitted medical documentation from Dr. Joseph G. Grace, Dr. Jeffrey Smith, Dr. L. Randolph Waid, and Dr. Wilson P. Smith. As Mr. Casey's benefits had been approved and paid for the 24-month limitation for his mental nervous conditions, our review focused on his physical medical conditions.

To assist in the assessment of medical records, Milton Jay, Ed.D, Consulting Neuropsychologist, completed the review of Mr. Casey's entire claim file on October 6, 2006. Dr. Jay found that both Dr. Waid and Dr. Grace utilized the WAIS-III (plus two supplemental subtests, Letter-Number Sequencing and Symbol Search) to measure intellect. From Dr. Jay's inspection of the individual subtest findings, he noted variability among the subtests and did not appear at all consistent with a single-point neurological threat such as brain infarctions due to air emboli during laser bronchoscopy. Of the 13 subtests given, five subtests differed quite significantly from one another between the two evaluations by Dr. Grace and Dr. Waid (tested three months apart). These five subtests were Digit-Symbol Coding, Digit Span, Picture Completion, Vocabulary, and Letter-Number Sequencing. These five subtests differed at the level of 3 or 4 scaled scores, statistically significant differences at 1.0 to 1.33 standard deviations, respectively.

Dr. Jay found that depression and anxiety were prominently supported in this case. Dr. Jay stated: "From my review of the general medical records regarding physical medical problems, I saw no records that indicated neurological examination signs or neurodiagnostic studies showing evidence of neurological impairment. Dr. Fogarty's speculation regarding "neurologic impairment" did not seem supported by objective neurological evidence or abnormal neurological examination findings. Dr. Fogarty appeared to regard the claimant's report of cognitive difficulties, particularly in concentration, as the principal expression of neurologic difficulties." Dr. Jay further stated "Consequently, I do not see adequate support that there was a neurologic basis to the claimant's cognitive complaints and performances as of 5/29/2006 and forward in time. I saw no adequate basis for restrictions and limitations in this man's occupational capacity on the basis of underlying neurologic injury as a cause of cognitive difficulties. Far more likely, it seemed to me, was that the cognitive weakness and cognitive complaints resulted from this man's abnormal mood condition."

Mr. Casey's file was also reviewed by Brian Mercer, M.D., Board Certified in Neurology. Dr. Mercer reviewed all of the documentation in Mr. Casey's file and completed his review on October 6, 2006. Dr. Mercer found Mr. Casey complained of difficulties with concentration, attention and cognitive function which he dated to the bronchoscopy, which was complicated by pneumomediastinum and bilateral pneumothoraces. His treating physicians diagnosed a neurologic deficit due to air emboli as the cause for his symptoms.

Mr. Casey's medical documentation first indicated that the elemental neurologic examinations were described as normal with no focal deficits to support evidence of cerebral dysfunction that might occur with air emboli. Second, the medical records did not contain any cranial imaging studies or EEG's to show evidence of abnormalities consistent with focal cerebral lesions due to air emboli. Third, as outlined in the report of Dr. Milton Jay, the neuropsychological findings are felt to be consistent with depression and anxiety. Fourth, the time course of reported cognitive symptoms and examinations would be inconsistent with air emboli occurring on May 29, 2004. Furthermore, it was noted that his mental status examinations by his primary care physician on July 27, 2004 and September 10, 2004 were described as being normal. However, subsequent evaluations described difficulty in conversation with attention and focus.

The medical records indicated that Mr. Casey had a history of chronic low back pain antedating the events of May 29, 2004. A lumbar MRI scan was described as being "practically normal" with two slight bulging discs. His examinations have shown only limited findings of reduced range of motion and intermittently mildly positive straight leg raises. There was no evidence of focal neurologic deficit to substantiate the presence of a lumbosacral radiculopathy. Dr. Scott (his orthopedist) indicated that he was capable of returning to work from the orthopedic perspective. Dr. Mercer found that "The findings described relative to

the lumbosacral region would be consistent with at least a medium level of functionality."

In conclusion, Dr. Mercer stated "...from the neurologic perspective, the records do not provide objective evidence to substantiate that Mr. Casey's cognitive symptomatology are on a physical neurologic basis for the multiple reasons outlined above. There is a longstanding history of chronic low back pain which would be consistent with at least a medium level of functionality. This opinion applies to the time period in question of 5/29/06 and forward."

On April 10, 2006, Mr. Casey's occupation was identified as #750.384-010, Tire Builder, Automobile. Said occupation was identified as the closest to match the requirements of his job as an HP Team Member. The occupation of #750.384-010 is categorized by the Dictionary of Occupational Titles to require a medium physical demand level.

Therefore, we have determined that the medical documentation in Mr. Casey's file did not continue to show evidence of impairments resulting from his physical medical conditions that would have functionally impaired him to a degree in which he was unable to perform his own occupation for the period from May 29, 2006 forward. As such, the determination to terminate his benefits effective May 28, 2006 was appropriate and remains in effect.

Mr. Casey is entitled to receive, upon request and free of charge, reasonable access to and copies of all documents, records and other information relevant to the claim.

If Mr. Casey's plan is covered under the Employee Retirement Income Security Act (ERISA), and he does not agree with the final determination upon review, he has the right to bring a civil action under section 502(a) of ERISA.

If either you or Mr. Casey has any questions, please call 1-877-238-6202.

Sincerely,

Carole Roy
Aetna Life Insurance Company

E&M CODE

Pocket Guide for Physicians

PRACTICE MANAGEMENT INSTITUTE

TAKE YOUR PRACTICE TO THE NEXT LEVEL



CMC

CMIS

CMOM

3 KEY COMPONENTS + TIME

HISTORY

- Problem Focused - chief complaint + brief history of present problem
- Expanded Problem Focused - chief complaint + brief history + problem pertinent system review
- Detailed - chief complaint + extended system review + pertinent past, family, and/or social history
- Comprehensive - chief complaint + extended history + complete system review + complete past, family, and social history

EXAMINATION 1995 (1997)

- Problem Focused - affected body area or organ system (1-5 Elements)
- Expanded Problem Focused - affected body area or system + other related systems (at least 6 Elements)
- Detailed - extended exam of affected body area or system + extended exam of related systems (either 9 or 12 Elements)
- Comprehensive - complete single system specialty exam or complete multi-system exam (9 body areas or organ systems, perform all, document 2 elements each)

MEDICAL DECISION-MAKING

	A	B	C	D
Number of Diagnoses/ Mgmt. Options	Minimal	Limited	Multiple	Extensive
Amount/Complexity of Data to be Reviewed	Minimal or None	Limited	Moderate	Extensive
Risk of Complications and/or Morbidity/Mortality	Minimal	Low	Moderate	High

If at least two items from:

column A are *met or exceeded*	- STRAIGHT FORWARD
column B are *met or exceeded*	- LOW COMPLEXITY
column C are *met or exceeded*	- MODERATE COMPLEXITY
column D are *met or exceeded*	- HIGH COMPLEXITY

TIME

If more than 50% of the face-to-face time with the patient was spent in counseling or coordination of care, indicate the total time:

Total Time _____ Hrs. _____ Min. Counseling Time _____ Hrs. _____ Min.

INITIAL NURSING FACILITY
(New or Established Patient)

CODE	99304	99305	99306
HISTORY	Detailed	Comprehensive	Comprehensive
EXAM	Detailed or Comprehensive	Comprehensive	Comprehensive
DECISION MAKING	St. Fwd./ Low Complexity	Moderate Complexity	High Complexity
#KEY COMPONENTS	3	3	3
PRESENTING PROBLEM	Low Severity	Moderate Severity	High Severity
TIME	25	35	45

ANNUAL NURSING ASSESSMENT

CODE	HISTORY	EXAM	MEDICAL DECISION MAKING	PRESENTING PROBLEM	TIME
99318	Detailed Interval	Comprehensive	Low to Moderate Complexity	Patient Stable, Recovering, or Improving	30

SUBSEQUENT NURSING FACILITY

CODE	99307	99308	99309	99310
HISTORY	Problem Focused	Expanded Problem Focused	Detailed Interval	Comprehensive
EXAM	Problem Focused	Expanded Problem Focused Interval	Detailed	Comprehensive
DECISION MAKING	Straight Forward	Low Complexity	Mod. Complexity	High Complexity
#KEY COMPONENTS	2	2	2	2
PRESENTING PROBLEM	Stable, Recovering, Improving	Patient Responding Inadequately to Therapy or Minor Complication	Significant New Problem or Complication	Unstable or Significant New Problem Requiring Immediate Physician Attention
TIME	10	15	25	35

EMERGENCY DEPARTMENT
(New or Established Patient)

CODE	99281	99282	99283	99284	99285
HISTORY	Problem Focused	Expanded Problem Focused	Expanded Problem Focused	Detailed	Comprehensive
EXAM	Problem Focused	Expanded Problem Focused	Expanded Problem Focused	Detailed	Comprehensive
DECISION MAKING	St. Fwd.	Low Complexity	Moderate Complexity	Moderate Complexity	High Complexity
#KEY COMPONENTS	3	3	3	3	3
PRESENTING PROBLEM	Self-Limited Minor	Low to Moderate Severity	Moderate Severity	High Severity but no immediate threat to life or function	High Severity: Immediate threat to life or function
TIME	N/A	N/A	N/A	N/A	N/A

2009

january						
s	m	t	w	t	f	s
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

february						
s	m	t	w	t	f	s
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28

march						
s	m	t	w	t	f	s
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

april						
s	m	t	w	t	f	s
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

may						
s	m	t	w	t	f	s
31					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

june						
s	m	t	w	t	f	s
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

july						
s	m	t	w	t	f	s
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

august						
s	m	t	w	t	f	s
30	31					1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29

september						
s	m	t	w	t	f	s
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

october						
s	m	t	w	t	f	s
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

november						
s	m	t	w	t	f	s
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

december						
s	m	t	w	t	f	s
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		



OFFICE/OUTPATIENT VISITS

NEW

CODE	99201	99202	99203	99204	99205
HISTORY	Problem Focused	Expanded Problem Focused	Detailed	Comprehensive	Comprehensive
EXAM	Problem Focused	Expanded Problem Focused	Detailed	Comprehensive	Comprehensive
DECISION MAKING	St. Fwd.	St. Fwd.	Low Complexity	Moderate Complexity	High Complexity
#KEY COMPONENTS	3	3	3	3	3
PRESENTING PROBLEM	Self-limited or Minor	Low to Moderate Severity	Moderate Severity	Moderate to High Severity	Moderate to High Severity
TIME	10	20	30	45	60

ESTABLISHED

CODE	99211	99212	99213	99214	99215
HISTORY		Problem Focused	Expanded Problem Focused	Detailed	Comprehensive
EXAM	(Physician may/not be present)	Problem Focused	Expanded Problem Focused	Detailed	Comprehensive
DECISION MAKING		St. Fwd.	Low Complexity	Moderate Complexity	High Complexity
#KEY COMPONENTS		2	2	2	2
PRESENTING PROBLEM	Minimal	Self-limited or Minor	Low to Moderate Severity	Moderate to High Severity	Moderate to High Severity
TIME	5	10	15	25	40

CONSULTATION

OFFICE/ER/OUTPATIENT

New or Established Patient

CODE	99241	99242	99243	99244	99245
HISTORY	Problem Focused	Expanded Problem Focused	Detailed	Comprehensive	Comprehensive
EXAM	Problem Focused	Expanded Problem Focused	Detailed	Comprehensive	Comprehensive
DECISION MAKING	St. Fwd.	St. Fwd.	Low Complexity	Moderate Complexity	High Complexity
#KEY COMPONENTS	3	3	3	3	3
PRESENTING PROBLEM	Self-limited or Minor	Low Severity	Moderate Severity	Moderate to High Severity	Moderate to High Severity
TIME	15	30	40	60	80

INPATIENT CONSULTATION

(Hospital/Nursing Facility) - INITIAL

New or Established Patient

CODE	99251	99252	99253	99254	99255
HISTORY	Problem Focused	Expanded Problem Focused	Detailed	Comprehensive	Comprehensive
EXAM	Problem Focused	Expanded Problem Focused	Detailed	Comprehensive	Comprehensive
DECISION MAKING	St. Fwd.	St. Fwd.	Low Complexity	Moderate Complexity	High Complexity
#KEY COMPONENTS	3	3	3	3	3
PRESENTING PROBLEM	Self-Limited or Minor	Low Severity	Moderate Severity	Moderate to High Severity	Moderate to High Severity
TIME	20	40	55	80	110

HOSPITAL INPATIENT

INITIAL

CODE	99221	99222	99223
HISTORY	Detailed	Comprehensive	Comprehensive
EXAM	Detailed	Comprehensive	Comprehensive
DECISION MAKING	St. Fwd./ Low Complexity	Moderate Complexity	High Complexity
#KEY COMPONENTS	3	3	3
PRESENTING PROBLEM	Low Severity	Moderate Severity	High Severity
TIME	30	50	70

SUBSEQUENT

CODE	99231	99232	99233
HISTORY	Problem Focused Interval	Expanded Problem Focused Interval	Detailed Interval
EXAM	Problem Focused	Expanded Problem Focus	Detailed
DECISION MAKING	St. Fwd./ Low Complexity	Moderate Complexity	High Complexity
#KEY COMPONENTS	2	2	2
PRESENTING PROBLEM	Stable, Recovering Improving	Responding Inadequately; Minor complication	Unstable; Significant Complication or New Problem
TIME	15	25	35

INITIAL OBSERVATION CARE SERVICES
(New or Established Patient)

CODE	99218	99219	99220
HISTORY	Detailed or Comprehensive	Comprehensive	Comprehensive
EXAM	Detailed or Comprehensive	Comprehensive	Comprehensive
DECISION MAKING	St. Fwd./ Low Complexity	Moderate Complexity	High Complexity
#KEY COMPONENTS	3	3	3
PRESENTING PROBLEM	Low Severity	Moderate Severity	High Severity
TIME	*	*	*

* None established

OUTPATIENT/INPATIENT
Same Day Admit/Discharge

CODE	99234	99235	99236
HISTORY	Detailed or Comprehensive	Comprehensive	Comprehensive
EXAM	Detailed or Comprehensive	Comprehensive	Comprehensive
DECISION MAKING	St. Fwd./ Low Complexity	Moderate Complexity	High Complexity
#KEY COMPONENTS	3	3	3
PRESENTING PROBLEM	Low Severity	Moderate Severity	High Severity
TIME	*	*	*

* None established

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CMF

PATIENT INFORMATION

NAME William Mark Casey CHART # 77168

Mailing Address 419 Quail Ridge Circle

Street Address same Boiling Springs (City) SC (State) 29316 (Zip)

Date of Birth [redacted] -'58 Age 48 Sex M Race W Marital Status Divorced

Social security # [redacted] Tel. Home (864) 814-2617 Business (864) 680-5929

Your Employer/School DISABILITY Address

E-Mail address:

Spouse's/Parent's Name N/A Spouse's/Parent's Employer

Are you, the patient, covered by spouse's/ parent's insurance? _____ Spouse's/Parent's Date of Birth ____-____-____

If yes, spouse's/parent's Social Security # ____-____-____

Family Physician Dr Frank Gonda

Referring Physician (if different)

Emergency Contact Carole Lynne Hyslop sister 864 680-9648

(Outside Household) (Name) (Relationship) (Phone)

PRIMARY INSURANCE CARRIER

BlueCross® BlueShield® MICHELIN PPO

SouthCarolinaBlues.com

WILLIAM CASEY 380

ID:MIH052484753663

OV $20/$45

ROUTINE $20

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

SECONDARY INSURANCE CARRIER

[redacted]

For Online Service: Log into My Insurance Manager on SouthCarolinaBlues.com.
Mental Health & Substance Abuse Precertification/Claims: call ComPsych at 1-800-537-5221

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: 1-800-810-2583
First Advice Nurse Line: 1-888-521-2583 (anytime)
File all claims to: BlueCross BlueShield of South Carolina, Piedmont Service Center, P.O. Box 6000, 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

LONG TERM INSURANCE AUTHORIZATION

I request payment of authorized benefits be made on my behalf to Charles M. Fogarty, MD, PA, Wilson P. Smith, MD, PA, E. Bert Knight, MD, PC, J. Douglas Clark, MD, PC and/or Rico Vicente I. Mendoza, MD, PA for any healthcare services rendered to me by that physician. I authorize any holder of medical information about me to release to Health Care Financing Administration and/or my other insurance companies any information needed to determine benefits payable. I understand I am responsible for any amounts approved but not covered by my insurance.

William Mark Casey
(Patient's Signature)

June 28, 2007
(Date)

PATIENT INFORMATION

NAME William Mark Casey CHART # 77168/WPS

Mailing Address 240

Street Address 240 Lightwood Farm Road Woodruff SC 29388
(City) (State) (Zip)

Date of Birth [redacted]-1958 Age 45 Sex M Race W Marital Status Divorced

Social security # [redacted] Tel. Home(864) 486-9131 Business (864) 680-5929 (cell)

Your Employer/School Michelin Tire Corp Address

E-Mail address: MARKMARKKC@aol.com

Spouse's/Parent's Name _____ Spouse's/Parent's Employer _____

Are you, the patient, covered by spouse's/ parent's insurance? _____ Spouse's/Parent's Date of Birth ____-____-____

If yes, spouse's/parent's Social Security # _____-_____-_____

Family Physician Dr Frank Gonda

Referring Physician (if different) _____

Emergency Contact Carole Lynne Casey (Relationship) sister (Phone) 680-9648 ~~864 680-9648~~

MICHELIN PPO

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): 1-877-425-7868

BC/BS SC Customer Service: 1-888-773-3658

First Advice Nurse Line: 1-888-891-2583 (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 to: BlueCross and BlueShield, Piedmont Service Center, P.O. Box 6000 Greenville, SC 29606-6000.

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

LONG TERM INSURANCE AUTHORIZATION

I request payment of authorized benefits be made on my behalf to Charles M. Fogarty, MD, PA, Wilson P. Smith, MD, PA, E. Bert Knight, MD, PC, Mary Lou Applebaum, MD, PC, J. Douglas Clark, MD, PC and/or Rico Vicente I. Mendoza, MD, PA for any healthcare services rendered to me by that physician. I authorize any holder of medical information about me to release to Health Care Financing Administration and/or my other insurance companies any information needed to determine benefits payable. I understand I am responsible for any amounts approved but not covered by my insurance.

William Mark Casey
(Patient's Signature)

July 11, 2004 7/11/04 pd
(Date)

SOUTH CAROLINA DEPARTMENT OF PUBLIC SAFETY DRIVER'S LICENSE

CASEY,WILLIAM MARK
240 LIGHTWOOD FARM RD
WOODRUFF SC 293887600

DL# [redacted]
Expires: 11-03-2011

Class: D Hgt: 5-08 Wgt: 165
Sex: M DOB: [redacted]-1958
Issued: 10-15-2003 42079 R 4



William Mark Casey
Restrictions: A
Governor

No new Cards to be given Recalled

A:\LC102 New Pt. Ins Form- pink.doc 01/05/2004

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STATE OF SOUTH CAROLINA
COUNTY OF YORK

Gregory J. Feldman, M.D., et al. v.
William Mark Casey, et al.
2010-CP-42-05743

AFFIDAVIT OF WILLIAM F. ALLEYNE, II, M.D., F.C.C.P.

BEFORE ME, the undersigned authority duly authorized oaths, personally appeared WILLIAM F.ALLEYNE, II, M.D., F.C.C.P., who, after first being duly sworn under oath, deposes and states:

1. My name is WILLIAM F. ALLEYNE, II, M.D., F.C.C.P., and I am over eighteen (18) years of age.
2. I am a practicing pulmonologist intensivist in the State of South Carolina and have been for the past eighteen (18) years.
3. I am directly involved in patient care, including outpatient, clinical research and inpatient pulmonary and critical care medicine.
4. I have reviewed the records of Dr. Charles Fogarty respecting his patient, William Mark Casey.
5. The following are opinions stated within a reasonable degree of medical certainty based upon my experience, education and training.
6. Dr. Charles Fogarty breached the standard of care on July 21, 2005 when he submitted three (3) separate office notes regarding the same visit by Mr. Casey.
7. The breach of the standard of care was the fact that any entry into the medical record should be dated and timed.

8. If there are one or more corrections to the medical record, these should be documented as addenda, dated and timed.
9. Dr. Fogarty diagnosed Mr. Casey with a brain injury.
10. This diagnosis was not documented in the medical record based on a history and physical examination with confirmation based on neurological imaging.
11. When a diagnosis of brain injury is made, appropriate evaluation would include neurologic imaging such as a CT scan or MRI of the brain.
12. If there are concerns about the diagnosis, appropriate consultation to a neurologist would be indicated.
13. Dr. Fogarty breached the standard of care because he did not do any of the above based on documentation in the medical records.
14. Furthermore, there is no indication that he ever informed the patient of the diagnosis.
15. The failure to inform the patient of the diagnosis was also a breach of the standard of care by Dr. Fogarty.

FURTHER AFFIANT SAYETH NAUGHT.



WILLIAM F. ALLEYNE, II, M.D., F.C.C.P.

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STATE OF SOUTH CAROLINA
COUNTY OF YORK

I HEREBY CERTIFY that on this day before me, an officer duly qualified to take acknowledgements, personally appeared WILLIAM F.ALLEYNE, II, M.D., F.C.C.P., who is personally known to me, being first duly sworn under oath according to the law, and deposes and says that he has read the foregoing Affidavit and that the matters stated therein are true to the best of his information, knowledge and belief.

IN WITNESS WHEREOF, I hereunto set by hand and official seal this 16 th day of June, 2017.

_____ (SEAL)
Notary Public for South Carolina
My commission expires: April 14, 2021

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STATE OF SOUTH CAROLINA
COUNTY OF SPARTANBURG

Gregory J. Feldman, M.D., et al. v.
William Mark Casey, et al.
2010-CP-42-05743

AFFIDAVIT OF GREGORY J. FELDMAN, M.D., INDIVIDUALLY AND AS PRESIDENT OF UPSTATE LUNG AND CRITICAL CARE SPECIALISTS, P.C.

BEFORE ME, the undersigned authority duly authorized oaths, personally appeared GREGORY J. FELDMAN, M.D., individually and as President of Upstate Lung and Critical Specialists, P.C., who, after first being duly sworn under oath, deposes and states:

1. My name is GREGORY J. FELDMAN, M.D., and I am over eighteen (18) years of age and have first-hand knowledge of the facts of this affidavit.
2. I am the President of Upstate Lung and Critical Care Specialists, P.C.
3. I am a Plaintiff in the foregoing action.
4. I have read Plaintiffs' Second Amended Complaint, which is filed within this action.
5. The statements contained therein are true to the best of my knowledge.
6. I reaffirm all of the allegations of the Second Amended Complaint as fully as if repeated and incorporated herein and make them part of my affidavit.
7. My email to Joseph A. Boscia, III, M.D., dated August 11, 2007, (bates number MANN001168 and incorporated herein), was written in the aftermath of a newspaper article printed in the Spartanburg Herald-Journal on May 31, 2006, (Parties' Exhibit 28 and incorporated herein).
8. I have never believed I caused Mr. Casey a brain injury as alleged within his lawsuit.

GF

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9. My read of the newspaper article indicated that Mr. Casey and his attorney Mr. Thompson had spoken with the reporter because it appeared they were quoted in the article.

10. I requested my then attorney, Mr. Spencer King, to investigate what I considered a violation to the reputations of Upstate Lung and Critical Care Specialists, P.C., Joseph A. Boscia, III, and myself.

11. Mr. King advised me that attorney Chuck Thompson had a right to speak to reporters under the ethics rules.

12. Mr. King, further advised that any statements attributed to attorney Thompson were consistent with the allegations enumerated in Casey's Complaint (bates numbers KING000750-000757 and incorporated herein).

13. On August 29, 2007, William Mark Casey was deposed in the underlying medical malpractice litigation.

14. I was present at said deposition, along with Mr. King.

15. Further, Mr. Casey testified during his deposition that no one had told him he had brain damage.

16. Mr. Casey unequivocally denied meeting with the reporter or involvement with the newspaper article.

17. Mr. Casey was not "particularly pleased" with the Herald-Journal article and discussing his potential brain damage.

18. Charles M. Fogarty, M.D. was deposed on December 22, 2008.

19. I was present at Dr. Fogarty's deposition, along with Mr. King.

20. Dr. Fogarty denied any knowledge of meeting with the reporter, which I accepted as a lack of involvement, prior to the April 1, 2016 production in this case.

21. The Plaintiffs' Abuse of Process claim does not allege the newspaper article as a willful act based upon the above facts and information available prior to the filing of Plaintiffs' lawsuit.

22. Plaintiffs' lawsuit is based upon the information received during the depositions of of Dr. Grace, Dr. Waid, Dr. Fogarty, and the fraudulent MRI, which all occurred in year 2008.

FURTHER AFFIANT SAYETH NAUGHT.

Gregory J. Feldman, M.D., individually and as President of Upstate Lung and Critical Specialists, P.C.

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STATE OF SOUTH CAROLINA
COUNTY OF SPARTANBURG

I HEREBY CERTIFY that on this day before me, an officer duly qualified to take acknowledgements, personally appeared Gregory J. Feldman, M.D., individually and as President of Upstate Lung and Critical Specialists, P.C., who is personally known to me, being first duly sworn under oath according to the law, and deposes and says that she has read the foregoing Affidavit and that the matters stated therein are true to the best of her information, knowledge and belief.

IN WITNESS WHEREOF, I hereunto set by hand and official seal this 16th day of June, 2017.

_____ (SEAL)
Notary Public for South Carolina
My commission expires: May 12, 2026

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STATE OF SOUTH CAROLINA
COUNTY OF SPARTANBURG

Gregory J. Feldman, M.D., et al. v.
William Mark Casey, et al.
2010-CP-42-05743

AFFIDAVIT OF JOSEPH A. BOSCIA, III.

BEFORE ME, the undersigned authority duly authorized oaths, personally appeared JOSEPH A. BOSCIA, III, who, after first being duly sworn under oath, deposes and states:

1. My name is JOSEPH A. BOSCIA, III, and I am over eighteen (18) years of age and have first-hand knowledge of the facts of this affidavit.
2. I am a Plaintiff in the foregoing action.
3. I have read Plaintiffs' Second Amended Complaint, which is filed within this action.
4. The statements contained therein are true to the best of my knowledge.
5. I reaffirm all of the allegations of the Second Amended Complaint as fully as if repeated and incorporated herein and make them part of my affidavit.
6. My long-term business partner, Gregory J. Feldman, M.D., in a division of labor business decision, has accepted the responsibility for handling the day-to-day efforts in protecting our interests and forwarding our claims within this litigation.
7. I approve his actions and adopt them as my own.

FURTHER AFFIANT SAYETH NAUGHT.

Joseph A. Boscia, III, M.D.

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STATE OF SOUTH CAROLINA
COUNTY OF SPARTANBURG

I HEREBY CERTIFY that on this day before me, an officer duly qualified to take acknowledgements, personally appeared Joseph A. Boscia, III, M.D., who is personally known to me, being first duly sworn under oath according to the law, and deposes and says that she has read the foregoing Affidavit and that the matters stated therein are true to the best of her information, knowledge and belief.

IN WITNESS WHEREOF, I hereunto set by hand and official seal this 16th day of June, 2017.

(SEAL)
Notary Public for South Carolina
My commission expires: May 12, 2026

ELECTRONICALLY FILED - 2017 Jun 15 4:45 PM - SPARTANBURG - COMMON PLEAS - CASE#2010CP4205743

Donna Laughridge

From: Spencer King <sking@wardfirm.com>
Sent: Monday, September 27, 2010 10:13 AM
To: Billy Gunn
Subject: RE: CASEY v FELDMAN- order denying plaintiffs Motion for New Trial

Please check to make sure my additions as to Feldman included

---

From: Billy Gunn [mailto:BGunn@holcombebomar.com]
Sent: Monday, September 27, 2010 10:07 AM
To: Donna Hill; Donna Laughridge
Cc: Spencer King
Subject: RE: CASEY v FELDMAN- order denying plaintiffs Motion for New Trial

Donna, Donna Laughridge is taking care of it. Thanks however
BG

William U Gunn
HOLCOMBE BOMAR PA
Attorneys at Law
PO Box 1897
Spartanburg SC 29304
864.594.5301 (direct)
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bgunn@holcombebomar.com

From: Donna Hill [mailto:dhill@wardfirm.com]
Sent: Monday, September 27, 2010 10:05 AM
To: Billy Gunn; Donna Laughridge
Cc: Spencer King
Subject: RE: CASEY v FELDMAN- order denying plaintiffs Motion for New Trial

Yes. I'll copy you on my e-mail to him

From: Billy Gunn [mailto:BGunn@holcombebomar.com]
Sent: Monday, September 27, 2010 10:02 AM
To: Donna Laughridge
Cc: Donna Hill; Spencer King
Subject: CASEY v FELDMAN- order denying plaintiffs Motion for New Trial

Donna, this am I returned a call to Reed who is now Judge Couch's law clerk. Reed says that several days ago Judge Couch signed our proposed order but in the filing process the clerks office lost it. The judge doesn't want us to wait any longer on an order so he is going to sign

ELECTRONICALLY FILED - 2017 Jun 15 4:45 PM - SPARTANBURG - COMMON PLEAS - CASE#2010CP4205743

Donna Laughridge

From:	Billy Gunn
Sent:	Friday, October 9, 2009 11:33 AM
To:	Andrew Lindemann
Cc:	Spencer King
Subject:	RE: CASEY v FELDMAN-tel con with M Mann

I think at this point you need not call Milton although if you think you should it will not hurt. Milton expressed that he would put the brakes on the Fla litigation immediately. We reaffirmed Spencer's agreement with Milton from yesterday that there will be no filings for sanctions, contempt etc in the underlying lawsuit without our agreement and acquiescence thereto.

The issue remains as to whether or not Dr Feldman will communicate in a reasonable fashion going forward and will do his best to be stoic and behave in a professional manner in the presence of the Court and a jury during trial. It will be a challenge for him given his personality.

If the Fla lawsuit is halted, it takes the urgency out of things and Judy can make a reasonable decision as to whether it ought be settled and if so for how much. Calming DR Feldman down and keeping Dr Feldman under control will permit Spencer and I to focus on the issue at hand which is doing our best at defending the medical malpractice suit in deference to the rights of both JUA and its insureds. Thats what we want to do and where our desires rest.

Thanks so much for your help and wise counsel Andrew.

BG

From: Andrew Lindemann [mailto:alindemann@DML-LAW.com]
Sent: Friday, October 09, 2009 11:19 AM
To: Billy Gunn
Cc: Spencer King
Subject: RE: CASEY v FELDMAN-tel con with M Mann

Billy:

I spoke to Judy this morning. I could not get Tom. She is looking to get additional authority to try to resolve the case. I hope to speak with Tom or Tim later today.

I was about to call Milton and express my two cents about how unwise or more appropriately stupid this Florida lawsuit is. I assume from your email that that is not necessary at this point. If I am incorrect, let me know.

Andrew

From: Billy Gunn [mailto:BGunn@holcombebomar.com]
Sent: Friday, October 09, 2009 11:06 AM
To: Andrew Lindemann
Cc: Spencer King; dhill@wardfirm.com
Subject: CASEY v FELDMAN-tel con with M Mann

Andrew,
Spencer and I just had a long and brutally honest discussion with Milton. He is putting the brakes on the Fla lawsuit and has pledged cooperation. Issues probably remain but perhaps the Fla thing will be minimized.
Billy

William U Gunn
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ELECTRONICALLY FILED - 2017 Jun 15 4:45 PM - SPARTANBURG - COMMON PLEAS - CASE#2010CP4205743

Donna Laughridge

From: Billy Gunn
Sent: Friday, April 30, 2010 10:28 AM
To: Donna Laughridge
Cc: 'dhill@wardfirm.com'
Subject: CASEY

Donna, I have forwarded you a passel of emails from Greg Feldman, some of which are useful. He has been through the testimony endlessly and with a fine tooth comb so I want to separate the stuff out to see what we can really use.
Please print them out if you would. Then categorize them as best you can as follows, in stacks:
Dr Fogarty
Dr Jantz
Both Fogarty and Jantz
Cerebral embolism theory
Miscellaneous
Ethics-Chuck
I think that will just about cover it...on any which don't fit into a category, put them in miscellaneous and we'll do the best we can with them...when we finish we will make a copy for Spencer and one for Milton
Thanks
BG

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SEP 07 2007
Marsh USA, Inc.
Greenville, SC

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E-mail: sking@wardfirm.com

Direct No. (864) 591-2364

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

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 bronchosopy 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

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

FILE COPY

THE WARD LAW FIRM, P.A.

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Direct No. (864) 591-2366

May 22, 2008

(via facsimile 583-6927 and U.S. Postal Service)

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-CP-42-1728
Discovery Issues

Dear Chuck:

I am writing this letter per your request to put in writing answers to questions you had and issues you had with our Interrogatory responses in this case.

Dr. Feldman received a call from the Endoscopy Suite at Spartanburg Regional Medical Center on June 3, 2004, approximately one to one and a half hours before Mark Casey's procedure was to begin to inform him that Mark Casey had arrived in pre-op. Spartanburg Regional has a practice of calling Dr. Feldman when his first patient of the day arrives in order for Dr. Feldman to time his arrival at Spartanburg Regional appropriately. Dr. Feldman's office is within a five minute drive of Spartanburg Regional.

Dr. Feldman left his office promptly after receiving the call from Spartanburg Regional on June 3, 2004 informing him that Mark Casey had arrived in pre-op. Dr. Feldman estimates that he arrived at Spartanburg Regional approximately one hour before he began the procedure on Mark Casey on June 3, 2004.

Dr. Feldman treated approximately fourteen patients the morning of June 3, 2004 before departing for Spartanburg Regional to perform the procedure on Mark Casey. Dr. Feldman knew he was going to perform a rigid bronchoscopy on Mark Casey on May 28, 2004, shortly after Dr. Boscia's flexible bronchoscopy procedure was unsuccessful. Dr. Feldman reviewed the film from

Mark Casey's chest x-ray on May 28, 2004 at Spartanburg Regional. Dr. Feldman cannot remember exactly when he was informed of the definite date and time he would perform the rigid bronchoscopy on Mark Casey. Dr. Feldman believes that he was probably called the afternoon or evening before Mark Casey's rigid bronchoscopy procedure on June 3, 2004 to inform him of the definite date and time of the procedure.

Dr. Boscia did not review the May 28, 2004 CT scan results of Mark Casey before Mr. Casey underwent the rigid bronchoscopy procedure on June 3, 2004.

Defendants Feldman and Boscia have agreed that they will identify by name and give a summary of the expected testimony of any potential witnesses at the trial of this case that they may call that have not been deposed when all of the depositions that are contemplated in this case have been completed.

Dr. Feldman did not review the chest x-ray report from the May 28, 2004 chest x-ray before performing the rigid bronchoscopy procedure on Mr. Casey on June 3, 2004. Dr. Boscia's May 28, 2004 op note and Dr. Boscia's May 28, 2004 history and physical of Mark Casey were not reviewed by Dr. Feldman before Dr. Feldman performed the rigid bronchoscopy procedure on Mark Casey on June 3, 2004. Dr. Boscia's reports on Mark Casey were not in Mark Casey's medical records file at Spartanburg Regional before the rigid bronchoscopy was performed on June 3, 2008.

Spartanburg Regional had no chart on Mark Casey on June 3, 2004 when Dr. Feldman arrived to perform the rigid bronchoscopy procedure on Mark Casey on June 3, 2004. Upon arrival, Dr. Feldman immediately requested Dr. Paladugu's history and physical of Mark Casey.

Dr. Feldman spent approximately five to ten minutes with Mark Casey in the holding room in the Endoscopy Suite at Spartanburg Regional Medical Center sometime between thirty to sixty minutes before performing the rigid bronchoscopy procedure on June 3, 2004. During Dr. Feldman's five to ten minute conversation with Mr. Casey before performing the rigid bronchoscopy on June 3, 2004, Dr. Feldman took his own history and physical of Mark Casey and compared it with Dr. Paladugu's hi story and physical upon its arrival to the endoscopy suite sometime before the rigid bronchoscopy procedure was performed by Dr. Feldman.

Dr. Feldman, during the five to ten minutes conversation with Mr. Casey also informed Mr. Casey of the risks, benefits, and alternatives to performing the rigid bronchoscopy, as well as the likely outcome for Mr. Casey if the rigid bronchoscopy were not performed. Dr. Feldman informed Mr. C asey that the risks of the rigid bronchoscopy included: pneumothorax, sore throat, and possible death. Dr. Feldman told Mr. Casey the alternative to the rigid bronchoscopy was to do nothing. Dr. Feldman informed Mr. Casey that if he did not perform the rigid bronchoscopy and there was a foreign body present in his lung, he would likely experience continued chest pain and other possible medical complications. The anesthesiologist would also explain the risks and complications.

During the five to ten minute conversation with Mr. Casey before performing the rigid bronchoscopy, Dr. Feldman obtained Mark Casey's informed consent and filled out the informed consent form dated June 3, 2004 with Mr. Casey in the holding room in the Endoscopy Suite

sometime between thirty to sixty minutes before Dr. Feldman performed the rigid bronchoscopy (Bates stamp number 000132).

After performing the rigid bronchoscopy on Mark Casey on June 3, 2004, Dr. Feldman discussed the procedure with Mark Casey's sister at Spartanburg Regional. Dr. Feldman informed Mark Casey's sister that he could not find a metallic object or a foreign body when performing the rigid bronchoscopy. Dr. Feldman told her that he probably vaporized the foreign body with the laser during the rigid bronchoscopy. Dr. Feldman further told Mark Casey's sister that Mr. Casey could go home shortly because there was no foreign body present in his lung. This discussion took place before Mark Casey developed pneumothorax in the post-op recovery room.

After Mark Casey's pneumothorax was treated by Dr. Feldman and Dr. Nguyenduy, Dr. Feldman discussed Mark Casey's treatment with Mark Casey's sister at Spartanburg Regional again. Dr. Feldman told Mark Casey's sister that the pneumothorax was a complication of the rigid bronchoscopy procedure and that it was not life threatening. Dr. Feldman told Mark Casey's sister that Mark Casey should not lift anything heavy for two to four weeks after discharge from Spartanburg Regional due to the pneumothorax.

Dr. Feldman had a conversation with Mark Casey after Dr. Boscia performed a flexible bronchoscopy on May 28, 2004. During this conversation, Dr. Feldman discussed with Mark Casey the need for a rigid bronchoscopy, that Dr. Feldman would be performing the rigid bronchoscopy, Dr. Feldman took a history (verbal) from Mr. Casey, and Dr. Feldman either dictated a note, or made a handwritten note regarding his visit with Mr. Casey that did not reach the Spartanburg Regional medical records pertaining to Mr. Casey.

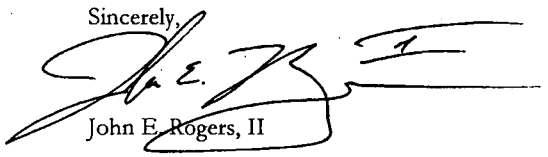
After Dr. Feldman performed the rigid bronchoscopy on June 3, 2004, and before Mr. Casey's dis charge from Spartanbur g Regional, Dr. Feldman had discussions with Mark Casey. During these discussions Dr. Feldman told Mark Casey that he should not lift anything or participate in rigorous activity for approximately two to four weeks after his discharge from Spartanburg Regional due to the pneumothorax.

Sometime after Mark Casey's discharge from Spartanburg Regional after the rigid bronchoscopy, Dr. Feldman had further discussions with Mark Casey about his job. These discussions stemmed from Mark Casey informing Dr. Feldman that he had severe back pain. Dr. Feldman explained to Mr. Casey that he is not the appropriate physician to diagnose and treat back pain. Dr. Feldman further told to Mr. Casey that if his back was bothering him so severely, he should probably pursue less rigorous work than his then current job at Michelin. Dr. Feldman said that Mark Casey's back problems have nothing to do with the rigid bronchoscopy, the flexible bronchoscopy or any other treatment received from Dr. Feldman or Dr. Boscia.

Before performing the rigid bronchoscopy on Mark Casey on June 3, 2004, Dr. Feldman did not know that at CT scan was ordered by Dr. Boscia on May 28, 2004. Dr. Feldman first became aware that a CT scan had been performed on Mark Casey on June 3, 2004 after Mark Casey developed pneumothorax post-rigid bronchoscopy procedure. Dr. Boscia did not discuss the results of the CT scan of May 28, 2004 with Mark Casey before the rigid bronchoscopy procedure was performed on June 3, 2004.

This letter should answer all the remaining discovery issues we discussed during our May 21, 2008 meeting at your office. You will advise the Court to dismiss your Motion to Compel and Sanctions. As soon as the releases for records are signed by Mr. Casey, we will cancel that Motion as well. I have also enclosed a second supplemental response to your Interrogatory number 10 posed to Dr. Feldman (I believe I gave you a copy of this yesterday). If there is anything that has not been answered in this letter that we discussed in our meeting on May 21, 2008, please let me know.

Sincerely,



John E. Rogers, II

JERII:dmn

cc: William U. Gunn, Esquire (via facsimile 585-3844 and U.S. Postal Service)
M. Noel Turner, III, Esquire (via facsimile 583-6927 and U.S. Postal Service)
F. Milton Mann, Jr., Esquire (via facsimile 583-5235)

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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

that you do not have to have a global state of low oxygen in the body for either of those two mechanisms.

Q I understand you don't have to, but, but my question is didn't you say that you would expect to see them?

A I don't think I said that.

Q Okay, sir.

Bear with me, if Your Honor please.

THE COURT: Yes, sir.

(Pause.)

Q Severe hypotension, let me ask you about severe hypotension while we're on the topic, and maybe I can multitask here and find this at the same time, severe hypotension is severe low blood pressure, isn't it?

A Hypotension is low blood, low blood pressure, yes.

Q And we didn't have that, did we?

A We did not, in Mr. Casey's case.

Q In other words, one of the things that you say that you relied upon was the fact that Mr. Casey had elevated blood pressure in the operative setting or immediately postop, post, post-procedure?

A There was a change in his vital signs during the procedure, correct.

Q Okay. And the other thing is hypoxia or anoxia, you, you did, you did at least suggest that, that, that those could be present?

A I did probably say that those could be present.

Q Okay.

THE WARD LAW FIRM, P.A.

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E-mail: sking@wardfirm.com

Direct No. 864-591-2364

June 16, 2006

Donna,
Invoice faxed 8-14-06.
Thanks,
Maria Kimbrell CMA

Lung and Chest Medical Associates
Medical Records Custodian
2030 North Church Place
Spartanburg, SC 29303

582-6703
ext. 502

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 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, or 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

Lung & Chest-67

KING 002169

Subj: **Re: SC**
Date: 6/14/2007 11:26:14 A.M. Eastern Daylight Time
From: GFeld3232
To: GFeld3232

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)

> *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*

AOL now offers free email to everyone. Find out more about what's free from AOL at **AOL.com**.

Milton Mann

From: gfeld3232@aol.com
Sent: Saturday, February 16, 2008 2:47 PM
To: sking@wardfirm.com; milton.mann@gmail.com
Subject: Get from Spencer

"Air emboli have been reported as a common complication of laser bronchoscopy, even without perforation of the endotracheal tree, with result of leakeage of air into extrapleural vascular and mediastinal space. Although he is fortunate not to have any gross mental deficit, he may well have a permanent neurological deficit which indicates taking medicines such as strattera."

Spencer, above You have quoted from Fogarty record

I cannot find this in the Lung and Chest record that you paralegal has provided! We are meeting on Tuesday and I have found series of an astonishuing statememts, but not this one!

1. Did you give me all Fogarty records?

2. Please locate source of the above Statement!

Greg

More new features than ever. Check out the new AOL Mail!

2/18/2008

10/12/09

DAVIDSON & LINDEMANN, P.A.

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Lawrence S. Kerr, M.D.†
Kate A. Rice
Daniel C. Plyler
Joel S. Hughes
Kristy M. Grafton

* Also admitted in North Carolina
† Certified Mediator

October 12, 2009

Via Email and US Mail
Personal and Confidential
F. Milton Mann, Jr., Esquire
Upstate Lung and Critical Care Specialists, P.C.
1091 Boiling Springs Road
Spartanburg, South Carolina 29303

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
Civil Action Number: 06-CP-42-1728

South Carolina Medical Malpractice Liability Insurance Joint Underwriting Association and South Carolina Patients' Compensation Fund v. Gregory J. Feldman, M.D., Joseph A. Boscia, III, M.D., Upstate Lung and Critical Care Specialists, P.C., and William Mark Casey
Civil Action Number: 09-CP-42-4780
Our File Number: 22.8112

Dear Milton:

I am writing this letter on behalf of the JUA and PCF to address the posture of the underlying case in light of Judge Mark Hayes' refusal to rule on the declaratory judgment action as set forth in his email dated October 1, 2009.

As you are aware, the JUA and PCF have attempted to satisfy your clients' request to assume control of the defense and settlement in exchange for relinquishing their rights to indemnity under both the JUA and PCF coverages. Because this situation presents a novel issue under South Carolina law, the JUA and PCF were not comfortable in entering such an arrangement with your clients without first obtaining court approval and specifically a declaratory ruling that such an arrangement is permissible under South Carolina law. Unfortunately, Judge Hayes' initial ruling has the practical and consequential effect of mooting the issue given the impending October 19th trial date in the *Casey* action.

We have been unable to obtain the declaratory relief sought in Civil Action Number 09-CP-42-4780, and as a result, the posture of the underlying malpractice case remains the same. The JUA and PCF, as permitted under their policies and statutory law, have and will retain full authority to control the litigation, including the right to negotiate a settlement within their discretion as confirmed in the case of *Doe v. South Carolina Medical Malpractice Liability Joint Underwriting Association*, 347 S.C. 642, 557 S.E.2d 670 (2001). The JUA has assigned defense counsel, specifically Spencer King and William Gunn, who will continue to report to the JUA and PCF and will defend the *Casey* malpractice action as they best see fit. This is not to suggest that the input from you and your clients is not welcome or that such input will not be given due consideration by defense counsel and by the JUA and PCF.

In light of recent developments including an unauthorized lawsuit for "perjury" filed in state court in Florida against one of Casey's expert witnesses, I find it necessary to remind your clients of their contractual duty to cooperate and their duty not to take any action which may prejudice or impair the defense of the underlying malpractice case. The JUA and PCF have serious concerns that unilateral action by your clients, such as the filing of the Florida lawsuit, will have a detrimental effect on the outcome of this litigation. As long as the JUA and PCF remain liable for indemnity under the policies and statutory law, they insist that your clients refrain from taking such unilateral action and from taking any action that may prejudice the defense strategy implemented by Mr. King and Mr. Gunn. Should your clients take any action that prejudices the rights of the JUA or PCF, I can assure you that those rights under the cooperation clause of the policies will be asserted.

Both the JUA and PCF are hopeful that we can all move forward and work together for the common goal of successfully defending the *Casey* lawsuit or resolving that suit under favorable terms. I trust that you will advise your clients of this letter. If there are any questions or concerns regarding the matters addressed in this letter, please let me know immediately so that we may address them.

Sincerely,

DAVIDSON & LINDEMANN, P.A.



Andrew F. Lindemann

AFL/

cc: Spencer King, Esquire *(via Email only)*
William U. Gunn, Esquire *(via Email only)*
Mr. Tim Ward *(via Email only)*
Ms. Terry Coston *(via Email only)*

ELECTRONICALLY FILED - 2017 Jun 15 4:45 PM - SPARTANBURG - COMMON PLEAS - CASE#2010CP4205743

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 :)

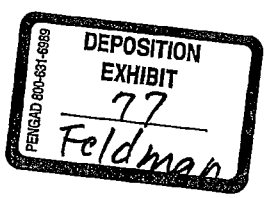
-----Original Message-----
From: GFeld3232@aol.com
To: GFeld3232@aol.com
Sent: Fri, 17 Aug 2007 6:53 pm
Subject: Check out South Carolina Judicial Department - Opinions

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

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From: gfeld3232@aol.com
Sent: Thursday, August 07, 2008 7:47 PM
To: milton.mann@gmail.com
Subject: Fwd: Check out South Carolina Judicial Department - Opinions

what would be the reason not to send complete record to MUSC? among many other things

-----Original Message-----
From: GFeld3232@aol.com
To: Bronchnu@aol.com
Sent: Sat, 11 Aug 2007 2:49 pm
Subject: Check out South Carolina Judicial Department - Opinions

B. Civil Conspiracy

The elements of a civil conspiracy in South Carolina are (1) the combination of two or more people, (2) for the purpose of injuring the plaintiff, (3) which causes special damages. LaMotte v. Punch Line of Columbia, Inc., 296 S.C. 66, 370 S.E.2d 711 (1988); Cowburn v. Leventis, 366 S.C. 20, 49, 619 S.E.2d 437, 453 (Ct. App. 2005); Ellis v. Davidson, 358 S.C. 509, 595 S.E.2d 817 (Ct. App. 2004); see also Peoples Federal Savings & Loan Ass'n of S. Carolina v. Resources Planning Corp., 358 S.C. 460, 470, 596 S.E.2d 51, 56-57 (2004) ("A civil conspiracy is a combination of two or more parties joined for the purpose of injuring the plaintiff and thereby causing special damage.") (citation omitted). It is essential that the plaintiff prove all of these elements in order to recover. Lyon v. Sinclair Refining Co., 189 S.C. 136, 200 S.E. 78 (1938). The "e ssential consideration" in civil conspiracy "is not whether lawful or unlawful acts or means are employed to further the conspiracy, but whether the primary purpose or object of the combination is to injure the plaintiff." Lee v. Chesterfield General Hosp., Inc., 289 S.C. 6, 13, 344 S.E.2d 379, 383 (Ct. App. 1986).

Click here: South Carolina Judicial Department - Opinions

1. We have at least Casey plus his Lawyer and Possibly Fogarty plus Chuck Thompson's Wife

2. As for Abuse of Process that is already fact (He had no right to speak to Press about trial matter..Violation of Civil Procedure)

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From: gfeld3232@aol.com
Sent: Wednesday, March 19, 2008 4:35 PM
To: milton.mann@gmail.com
Subject: Fwd: Abuse of Process

-----Original Message-----
From: GFeld3232@aol.com
To: GFeld3232@aol.com
Sent: Sat, 29 Sep 2007 4:49 pm
Subject: Abuse of Process

"Abuse of process differs from malicious prosecution in that the gist of the tort is not commencing an action or causing process to issue without justification, but misusing, or misapplying process justified in itself for an end other than that which it was designed to accomplish. The purpose for which the process is used, once it is issued, is the only thing of importance. Consequently, in an action for abuse of process it is unnecessary for the plaintiff to prove that the proceeding has terminated in his/her favor, or that the process was obtained without probable cause or in the course of a proceeding begun without probable cause. It is often said that proof of 'malice' is required; but it seems well settled that, except
on the issue of punitive damages, this does not mean spite or ill will, or anything other than the improper purpose itself for which the process is used, and that even a pure spite motive is not sufficient where process is used only to accomplish the result for which it was created. Thus if the defendant prosecutes an innocent plaintiff for a crime without reasonable grounds to believe him/her guilty, it is malicious prosecution; if he/she prosecutes him/her with such grounds to extort payment of a debt, it is abuse of process

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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 aneastesia 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 impairement"

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!

ELECTRONICALLY FILED - 2017 Jun 15 4:45 PM - SPARTANBURG - COMMON PLEAS - CASE#2010CP420743

From: miltymann@gmail.com
Sent: Wednesday, March 17, 2010 4:49 PM
To: gfeld3232@aol.com
Subject: Re: Spoliation

Not really. More punch in the abuse of process and civil conspiracy.

Sent from my Verizon Wireless BlackBerry

From: gfeld3232@aol.com
Date: Wed, 17 Mar 2010 16:45:17 -0400
To: <milton.mann@gmail.com>
Subject: Spoliation

Relevant?

Keep in mind that we also have virtually uncontrovertible evidence of Fogarty Spoliation of Evidence designed to make sure we do not find-out about his early involvement with Casey..and we have Interrogatory answered by both Plaintiff Casey-Expert Witness Fogarty designed to cover-up Spoliation (test done in 2004)

For example, in South Carolina and North Carolina, courts put more emphasis on intentional spoliation and it is less likely that sanctions will be levied against an unintentional spoliator.[10]

http://www.og-law.com/general.php?category=Resources&headline=Spoliation+of+Evidence+-+Jonathan+Lippert

Courts typically rely on five factors when deciding the appropriate remedy for spoliation: (1) whether the aggrieved party was prejudiced as a result of the destruction of the evidence; (2) whether the prejudice can be cured without sanction; (3) the practical importance of the evidence; (4) whether the spoliating party acted in bad faith; and (5) the potential abuse if testimony about the evidence is allowed.[6] Additionally, the spoliated evidence must be relevant to the plaintiff's cause of action in order for the court to levy sanctions against the spoliator.

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From: gfeld3232@aol.com
Sent: Thursday, November 19, 2009 9:33 AM
To: milton.mann@gmail.com

Plan Early for a Countersuit

Discuss with your attorney early any thoughts you might have in bringing a
countersuit

PS Can I discuss this with you? <GGG>>

ELECTRONICALLY FILED - 2017 Jun 15 4:45 PM - SPARTANBURG - COMMON PLEAS - CASE#2010CP4205743

From: gfeld3232@aol.com
Sent: Saturday, November 07, 2009 5:20 PM
To: milton.mann@gmail.com

IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF COLORADO

Civil Action No. 04-CV-1849-MSK-OES

CAVITAT MEDICAL TECHNOLOGIES, INC.,
Plaintiff and Counterclaim-Defendant,
AND ROBERT J. JONES,
Counterclaim-Defendant,

v.

AETNA, INC.,
Defendant and Counterclaim-Plaintiff.

http://www.casewatch.org/civil/cavitat/countersuit.shtml

MILTON, I JUST THINK i HAVE GREAT GROUND FOR COUNTERSUIT AGAINST FOGARTY...nonwithstanding your opinion to the contrary...Overwhelming evidence!

ELECTRONICALLY FILED - 2017 Jun 15 4:45 PM - SPARTANBURG - COMMON PLEAS - CASE#2010CP4205743

From: gfeld3232@aol.com
Sent: Monday, November 02, 2009 9:37 AM
To: milton.mann@gmail.com

we have a fabrication of brain damage, we have thompson being told by Fogarty that he defer to neurologist, Wilson smith..same, Neurologist and Jantz who has relied on Fogarty and was not provided Neurologist opinion..

we have proof that conspiracy exist

we have Shanta malicious prosecution locked

all we need is JUA (not Spencer!) jua agreement for countersuit.. we are too passive...brain damage published in newspaper is not judicial

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From: miltymann@gmail.com
Sent: Friday, May 01, 2009 10:44 PM
To: gfeld3232@aol.com
Subject: Re: Federal Court

Maybe. I've been thinking about this too. I would rather do the federal case in an individual name, not a pc. But, yes I think you are thinking down the right path.

Sent from my Verizon Wireless BlackBerry

From: gfeld3232@aol.com
Date: Fri, 01 May 2009 22:37:44 -0400
To: <miltymann@gmail.com>
Subject: Federal Court

Is it possible to file two lawsuits

1. Fraudulent Disability recovery in Federal Court on behalf of concerned citizens? say Upstate Lung

2. Conspiracy, Malicious Prosecution, Defamation, ets in State court? on behalf of Individuals

Or that would be consolidated on motion?

Can't afford a new spring wardrobe? Go shopping in your closet instead!

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From: gfeld3232@aol.com
Sent: Monday, November 17, 2008 6:31 PM
To: milton.mann@gmail.com
Subject: Confusiion

I still want to know how we can countersue in the same lawsuit

I realise that this will result in the Immediate Thompson being designated as a witness, but not necessarily Lawsuit will be dismissed!
Casey Pejury is not the ground for Lawsuit dismissal, neither is suborning perjury, it is the ground for Attorney dismissal...

I think we need to seek Summary Judgement not as a tool for Info gathering but for Real...after we get Thompson on the ropes

So I need you to ouline strategy

1. CMF deposition
2. Jantz deposition

3. MRI
4. Countersuit for Defamation plus Conspiracy....you said this many times we must seek Judge permission to file it! Perfect!..we seek permission armed with all the facts...We do not need Summary Judgement to get a ruling, we present our Formidable Evidence directly as Plaintiffs not as defendants

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From: gfeld3232@aol.com
Sent: Thursday, November 06, 2008 12:03 PM
To: milton.mann@gmail.com
Subject: 3 years

1. I am very unhappy about another extension of Trial June 2009

Meaning that stalling tactic worked again! Did they sign extension again for discovery?

2. Our Defamation issue has expiration date..3 years?

Greg

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ELECTRONICALLY FILED - 2017 Jun 15 4:45 PM - SPARTANBURG - COMMON PLEAS - CASE#2010CP4205743

From: gfeld3232@aol.com
Sent: Tuesday, September 16, 2008 4:36 PM
To: milton.mann@gmail.com
Subject: Lawsuit

1.1:520 Wrongful Use of Civil Proceedings; Abuse of Process; False Arrest

In Gaar v. North Myrtle Beach Realty Co., 287 S.C. 525, 339 S.E.2d 887 (Ct. App. 1986), two attorneys for North Myrtle Beach Realty brought an action for damages in quantum meruit against the Gaars. The trial judge granted the Gaar's motion for a voluntary nonsuit, stating that the realty company had no cause of action against the Gaars. The Gaars subsequently sued the two attorneys for malicious prosecution. The South Carolina Court of Appeals set forth a six-part test for for establishing malicious prosecution, but held that "an attorney is immune from liability to third persons arising from the performance of his professional activities as an attorney on behalf of and with the knowledge of his client. Accordingly, an attorney who acts in good faith with the authority of his client is not liable to a third party in an action for malicious prosecution." Id. at 528-29, 339 S.E.2d at 889. The **court also stated that "[e]ven if the attorney who initiates civil proceedings for his client has no probable cause to do so, he is still not liable if he acts primarily for the purpose of aiding his client in obtaining a proper adjudication of the client's claim."** Id. The court stated a number of reasons supporting this rule. First of all, attorneys must be free to advise their clients without the threat of harassment from lawsuits. Furthermore, since an attorney is liable to his client for not zealously representing him, holding an attorney liable for malicious prosecution may create a conflict of interest with the attorney's obligation to his client. Also, holding an attorney liable for malicious prosecution might hinder the development of new legal theories.

http://www.law.cornell.edu/ethics/sc/narr/SC_NARR_1_01.HTM

I just think when we have MRI in our hands, we have great case of Abuse of Process in this case, that would not only has no impact on any future conspiracy action, but will greatly enhance it!

And we can take Thompson down now and again later for conspiracy and malicious prosecution..
Unrelated subject!
Just Think!!!!

ELECTRONICALLY FILED - 2017 Jun 15 4:45 PM - SPARTANBURG - COMMON PLEAS - CASE#2010CP4205743

From: gfeld3232@aol.com
Sent: Sunday, June 15, 2008 5:21 PM
To: milton.mann@gmail.com
Subject: cmf

I just do not think we need to give CMF any chance to explain-away anything...We no longer want him to incriminate Thompson before lawsuit, We do not need his testimony before the lawsuit..just interrogatories..Air Embolus is on Record (Wade), Organic Brain Injury manifested by "taking Strattera, as well so is the fact he send Air Embolus to Gonda without looking at the records...
Let CMF and Thompson duke it out after lawsuit in?

Admit or Deny "Indiscriminate", "fire laser after vital signs started to deteriorate", Brain Damage, ets

Plus Documents Production (Everything that he send to Thompson-Paladuga questions, ets, Sponsors, ets...
What else do we need from CMF?

1. He alleged Disability related to Procedure (without Drug test, CT scan, neurology consultation, talking to Gonda, nothing)

2. And we will find what we are missing in Disability/Billing Records/MUSC

We do not need CMF to explain away anything before the lawsuit

Thompson is automatic witness if Fogarty lies in his interrogatories?

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From: gfeld3232@aol.com
Sent: Monday, June 09, 2008 3:36 PM
To: milton.mann@gmail.com
Subject: Depo questions

1. Do you want to talk to Dr. Wilson Smith?

2. Do you still want to retrieve non-produced (hidden) Fogarty records before his deposition (Kimbrell, Smith, Medical Records custodian)

3. Do you want to seek sunctions for non-production (afrer we get Records (Disability/Pharmacy/Billing

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From: gfeld3232@aol.com
Sent: Wednesday, March 19, 2008 5:02 PM
To: milton.mann@gmail.com
Subject: Fwd: Statue of Limitation

-----Original Message-----
From: GFeld3232@aol.com
To: GFeld3232@aol.com
Sent: Fri, 17 Aug 2007 6:38 pm
Subject: Statue of Limitation

A doctor could sue another physician for slander three years after the defamatory statements were made where the doctor discovered the statements only after he read a patient's deposition in a med-mal case, the Missouri Court of Appeals' Eastern District has ruled.
The physician argued that the two-year defamation statute of limitations applied to bar the claim.
But the court disagreed. "[The doctor] was not aware he had suffered any legal wrong until he received a copy of [the] patient's deposition in which she revealed [the physician's] statements," wrote Judge Mary Rhodes Russell for the court. "Therefore, the statute was tolled until that time."
The judgment was reversed in *Kennedy, et al. v. Bailey, et al.*, MLW No. 26168, issued on March 22.
Middle Ground
"This decision is good news for lawyers who represent plaintiffs in defamation suits," said Al W. Johnson of St. Louis, who represented the plaintiff.

Click here: Al W. Johnson - (314) 726-6489 - Saint Louis Lawyers

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From: Milton Mann <miltymann@gmail.com>
Sent: Thursday, March 20, 2008 8:41 AM
To: gfeld3232@aol.com
Subject: RE: Statue of Limitation

Sure. Two things statute of limitations and state of repose. Not too worried about this.

From: gfeld3232@aol.com [mailto:gfeld3232@aol.com]
Sent: Wednesday, March 19, 2008 5:02 PM
To: milton.mann@gmail.com
Subject: Fwd: Statue of Limitation

-----Original Message-----
From: GFeld3232@aol.com
To: GFeld3232@aol.com
Sent: Fri, 17 Aug 2007 6:38 pm
Subject: Statue of Limitation

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Click here: Al W. Johnson - (314) 726-6489 - Saint Louis Lawyers

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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**

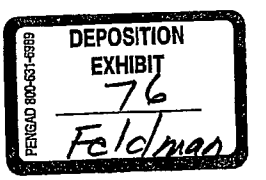
And that may be our case!

-----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

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From: miltymann@gmail.com on behalf of Milton Mann <milton.mann@gmail.com>
Sent: Sunday, January 13, 2008 10:36 PM
To: gfeld3232@aol.com
Subject: Re:

I hear you and agree in theory, but that doesn't change the way this has to be addressed. If Spence will not file something, then we're going to have to wait till this case is over.

On Jan 13, 2008 4:22 PM, <gfeld3232@aol.com> wrote:
A plaintiffs attorney sued his adversary for asking "inhumane" questions during a deposition that allegedly inflict "grievous emotional distress." Bruce Nagel claims Judith Wahrenberger, his adversary in a medical malpractice case, acted tortiously by **asking a husband whether he felt his wife had played a role in the death of their infant daughter by handling the child roughly.**

http://www.scnursinghomelaw.com/2007/07/articles/discovery-issues/defense-lawyer-asking-inhumane-deposition-questions/

PS Looks like in theory it is possible to sue Lawyer for Improper and highly damaging to one's reputation questions

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From: miltymann@gmail.com on behalf of Milton Mann <milton.mann@gmail.com>
Sent: Sunday, January 13, 2008 10:34 PM
To: gfeld3232@aol.com
Subject: Re: Abuse

I think the same thing I've said from the start on this. There is nothing that can be done outside that lawsuit while it is still going. Once it is dismissed then you can do something. If you can get Spencer to agree, you've already got a way to address this. If he is asking questions that are not based in fact, the Judge should take action.

On Jan 13, 2008 3:27 PM, <gfeld3232@aol.com> wrote:
1. Milton, if there is a way to have Judge demand from Thompson the identity of the origin of this Claim?
2. Does this in addition to being Abuse of Process constitute a defamation? (Question is highly damaging to my standing)
Raja Paladuga was not asked to sign non-disclosure and thus Thompson disseminated Highly Improper and objectionable statement/question

What do you think?

Greg

-----Original Message-----
From: gfeld3232@aol.com
To: milton.mann@gmail.com
Sent: Sun, 13 Jan 2008 2:36 pm
Subject: Abuse

Milton, what prevents us from lawsuit of Abuse of Process?
Thompson asked Paladuga if he is aware that I am being investigated by SRMC for doing to many bronchs?

I am not aware of this! Even if that was true it would be highly privileged information to whatever committee, correct?
It can't serve any legitimate purpose, plus Raja testimony that all questions are hand-written by Fogarty?
What do you think?

Greg

PS I know Spencer is cotemplating some action ..But why can't I sue Thompson personally? This is tremendously improper form of question to the Doctor about another Doctor in the same community, it is non-factual and is not public info, even if it was?

Abuse of process is a common law intentional tort. It is to be distinguished from malicious prosecution, another type of tort that involves misuse of the public right of access to the courts.

The elements of a valid cause of action for abuse of process in most common law jurisdictions are as follows: it is the malicious and deliberate misuse or perversion of regularly issued court process (civil or criminal) not justified by the underlying legal action. "Process" in this context is used in the same sense as in "service of process," where "process" refers to an official summons or other notice issued from a court. The person who abuses process is interested only in accomplishing some improper purpose that is collateral to the proper object of the process and that offends justice, such as an unjustified arrest or an unfounded criminal prosecution. Subpoenas to testify, attachments of property, executions on property, garnishments, and other provisional remedies are among the types of "process" considered to be capable of abuse.

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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.

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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
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 rigid 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 fr
bilateral pneumothoraces requiring chest tubes, intubation
However, he has been unable to work and is now depresse

FUMARTY
NOT
BAILIFF
STAMPED
NO
STAMP OF
RECEIVED
BY SS

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 b
job, since he has been unable to hold gainful employment i
because of his difficulties with concentrating and staying fo
pain still remains unresolved. Cardiac evaluation was nega
benign chest wall. On the plus side, he has quit smoking.

Continued...

Lung and Chest Medical Associates

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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 rigid 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...

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 SaO_2 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...

Comment

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 squeezing 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 difficulty concentrating, air emboli have been reported as a common complication when there is laser perforation of the endotracheal tree with resultant leakage of air into extra pleural, 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 via phone with reference to his coronary calcium score and his gallbladder ultrasound. Further evaluation will proceed pending the results of above.

Separately, we will review the patient's chart for him since he has many questions about the hospital admission for his chest pain, and try to put into lay language a summary of what happened during the hospital admission.

He is to check back with Dr. Grace regarding the persistence of his neurological impairment.

Charles M. Fogarty, MD
CMF/ns
cc: Dr. Gonda

Lung and Chest Medical Associates

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WILLIAM CASEY
77168
07-21-05

OFFICE NOTE

Chief Complaint

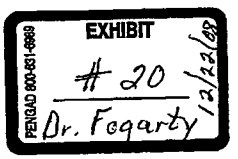
William Casey returns for follow up on his 7/19 visit. At that time he was having dry heaves and nausea and this was felt possibly to be an interaction between the Strattera and the Cymbalta and he was advised to discontinue these. Since then he is better. He continues to have chest pain, a squeezing sensation. This can be present without exercise although 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 overlying the chest. This was misinterpreted as being in the chest and the patient underwent bronchoscopy. And when the bronchoscopy did not show definite abnormality, but rather an area of erythema, he was scheduled for a laser bronchoscopy. He had the laser bronchoscopy complicated by pneumomediastinum with a lengthy two hour anesthesia. Since then, although the patient recovered from his pneumomediastinum and bilateral pneumothoraces with chest tubes, intubation and mechanical ventilation, since then he has had continued difficulties concentrating, staying focused and with his general energy.

He is not smoking.

Current Medicines

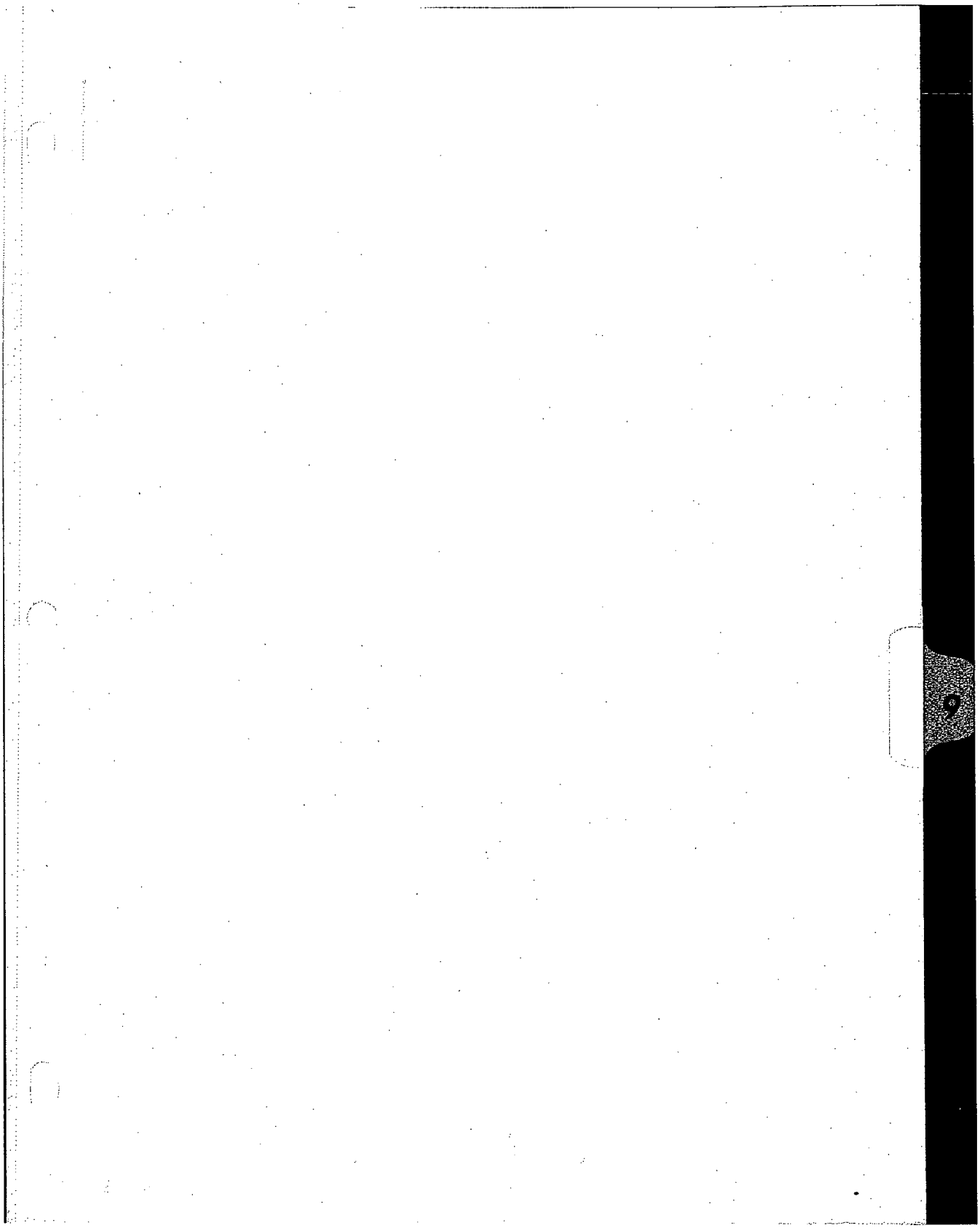
1. Advair 250/50 twice daily.
2. Combivent 1 puff four times daily as needed.
3. Ultram 50 mg four times daily as needed chest pain.
4. Lipitor 10 mg daily.
5. Lortab four times daily as needed.



Social History

He has been out of work now for a year and probably will be out of health insurance and probably lose his job since he has been unable to hold gainful employment in the interim in large part because of his difficulties with concentrating, staying focused. Although the issue of his chest pain still remains unresolved.
(Continued to next page)

000440



THOMPSON 032118

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

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WILLIAM CASEY
77168
08-04-05

OFFICE NOTE

Chief Complaint

William Casey returns for follow up on his previous visit. Since we saw him he has had coronary calcium score and upper abdominal ultrasound.

Current Conditions

1. Chest pain.
2. Nausea and vomiting.
3. Persistent difficulty concentrating staying focused status post pneumomediastinum/pneumothorax complicating laser therapy in attempt for laser therapy for metallic artifact, which ultimately proved to be outside of chest.

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

No tobacco or alcohol.

Review of Systems

No additional findings on cardiorespiratory, GI or GU review.

Physical Examination
Vital Signs: Wt. 178, BP 120/74, HR 75, RR 22 and SaO_2 is 98% on room air.
General: No acute distress.
Skin: Normal turgor.
HEENT: Pupils symmetric.
Neck: No jugular venous distention.
(Continued to next page)

000446

Physical Examination (Continued)
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. Bowel sounds present.
Extremities: No edema or clubbing.
Neurological: The patient had some readily apparent difficulty staying focused with answers to questions and had difficulties repeating numbers backward on a simple cognitive screen.

Laboratory Data

The ultrasound showed no pathological findings.

Impression/Discussion/Plan

The patient has been instructed in optimal use of aerosol therapy. The patient was instructed on diet with attention at maintaining muscle mass and achieving an ideal body weight. The patient is instructed in exercise to promote mucous clearance, maintain balance and muscle mass. The patient was given our cell phone number to call any time any interval problems develop before the next visit.

The patient is to continue his current regimen. He will check back with us this fall.

Charles M. Fogarty, MD
CMF/ns

000445

SPARTANBURG REGIONAL MEDICAL CENTER
Radiology Report

NAME: CASEY,WILLIAM
ORDERING PHYSICIAN: FOGARTY,CHARLES M
LOC: OPT
Pt. Type:OPT

UNIT #: 000146220
CI#: 1480551
DOB: [redacted]/59
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

000444

THOMPSON 032159

5080

NAME: CASEY,WILLIAM
ORDERING PHYSICIAN: FOGARTY,CHARLES M
LOC: OPT
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

#7168
DOLV 7-21-05 no Appt.

SPARTANBURG REGIONAL HEALTHCARE SYSTEM
SPARTANBURG REGIONAL MEDICAL CENTER
Radiology Report
ACR Accredited Facility for Ultrasound

ME: CASEY,WILLIAM
DERING PHYSICIAN: FOGARTY,CHARLES M
LOC: OPT
Pt. Type:OPT

UNIT #: 000146220
CI#: 1480525
DOB: [redacted]58
AN#:SO520101451

Exam
80073 US GALLBLADDER
76705

Date: 07/28/05 0812
Ord Diag: 787.03-VOMITING ALONE

Sonogram of the gallbladder. 7/28/2005.

History: Epigastric pain with nausea.

Findings: Gallbladder is fluid filled. No stones are seen. Common duct is 5 mm which is normal. Pancreas and liver are unremarkable.

Conclusion: Negative sonogram of the gallbladder.

Read By: John HarrillMD
Released By: John HarrillMD

FINAL

000442

THOMPSON 032161

PIEDMONT IMAGING

Your Choice for MRIs & CT Scans

Name: Casey William Date of Scan: 7/25/06

Address: 340 Lightwood Farm Rd Woodruff SC 29388

Telephone: (864) 680-9048 Date of Birth: [redacted] /55

PROCEDURE

MULTISLICE HELICAL CT CORONARY ARTERY CALIUM SCORING (CACS)

TECHNIQUE

MultiSlice Helical 3.2 mm transaxial CT images were obtained at 1.5 mm intervals for evaluation of the proximal 6.0 cm of the coronary arteries. A computer-generated score is calculated based on the amount of calcification detected.

RESULTS

L MAIN 0.0 LAD 1.4 CIRCUMFLEX 0.0 R. CORONARY 0.0 TOTAL 1.4

CALCIUM SCORE GUIDELINES

Total Score	Plaque Burden	Risk Category	Probability of Significant CAD	Guidelines
____ 0-1	No identifiable atherosclerotic plaque	Very Low	Very Unlikely	Reassurance while stressing adherence to general guidelines on diet and exercise.
✓ 1-10	Minimal identifiable plaque	Low	Unlikely	Follow the general guidelines on cardiovascular risk reduction.
____ 11-100	Mild identifiable plaque	Moderate	Mild or minimal coronary stenosis likely	Risk factor medication is recommended, including daily aspirin and strict adherence to National Cholesterol Education Program or proposed modification.
____ 101-400	Moderate identifiable plaque	Moderately High	Moderate likelihood of significant stenosis	Aggressive risk factor modification is recommended with stress testing preparatory to an exercise program. Daily aspirin is advised. Strict adherence to National Cholesterol Education Program or proposed modification.
____ Over 400	Extensive plaque burden	High	High likelihood of significant coronary stenosis	Very aggressive risk factor modification is recommended (including aspirin and a statin medication) with stress imaging and possibly angiography.

Coronary artery calcification is a specific marker for coronary atherosclerosis. The amount of calcification correlates with severity of coronary atherosclerosis and the probability of obstructive disease. **A score of 0 indicates no coronary artery calcification and this implies the absence of significant angiographic coronary narrowing in 99% of cases. It does not absolutely rule out the presence of soft non-calcified plaque, especially in younger patients and those who smoke heavily.** A high score indicates a significant plaque burden and the relative risk for future cardiovascular events. It should be understood that calcification is not site specific for stenosis but rather indicates the extent of atherosclerosis in the coronary arteries overall. The score may be used as a benchmark to measure subsequent disease development or assess preventative programs. Thank you for your confidence in our center.

Sincerely,

Raul Ceballos, Jr. MD
Radiologist

684 North Pine St. • Spartanburg, South Carolina 29303
864-542-0033 • Fax 864-542-0025

000441

THOMPSON 032162

5083

Lung and Chest Medical Associates

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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. This can be present without exercise although 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 overlying the chest. This was misinterpreted as being in the chest and the patient underwent bronchoscopy. And when the bronchoscopy did not show definite abnormality, but rather an area of erythema, he was scheduled for a laser bronchoscopy. He had the laser bronchoscopy complicated by pneumomediastinum with a lengthy two hour anesthesia. Since then, although the patient recovered from his pneumomediastinum and bilateral pneumothoraces with chest tubes, intubation and mechanical ventilation, since then he has had continued difficulties concentrating, staying focused and with his general energy.

He is not smoking.

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 probably lose his job since he has been unable to hold gainful employment in the interim in large part because of his difficulties with concentrating, staying focused. Although the issue of his chest pain still remains unresolved.
(Continued to next page)

000440

Family History

Coronary artery disease and hyperlipidemia.

Review of Systems

He did have a cardiac catheterization several years back but his CT during the May 2004 admission 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 SaO_2 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. Bowel sounds present.
Extremities: No edema or clubbing.
Neurological: The patient had some readily apparent difficulty staying focused with answers to questions and had difficulties repeating numbers backward on a simple cognitive screen.

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.
2. Nausea and vomiting.
3. Persistent difficulty concentrating staying focused status post pneumomediastinum/pneumothorax complicating laser therapy in attempt for laser therapy for metallic artifact, which ultimately proved to be outside of chest.

(Continued to next page)

WILLIAM CASEY
77168
07-21-05
Page Tree

Comment

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 squeezing he does have risk factors for coronary artery disease in terms of his hyperlipidemia, family history and previous smoking and he did have coronary calcification incidentally noted 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.

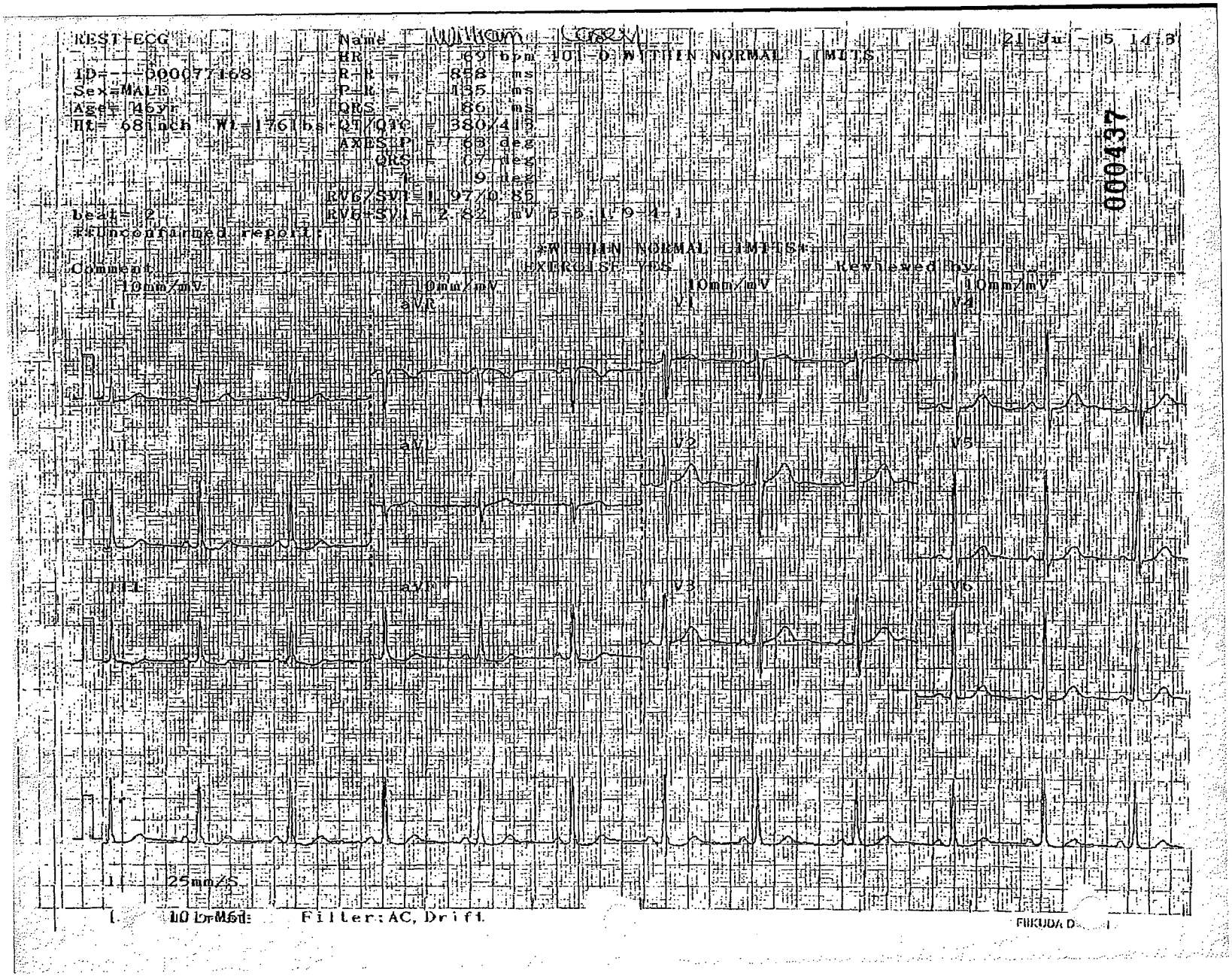
With reference to the patient's difficulty concentrating, he undoubtedly had air emboli given his lengthy duration of anesthesia and laser perforation of the endotracheal tree with resultant leakage of air into extra pleural and vascular extra pleural mediastinal and vascular spaces. Although he is fortunate not to have any gross motor deficit, he may well have a permanent neurologic deficit in which case the indication for taking medication may be moot and 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.

Plan

We will check back with the patient via phone with reference to his coronary calcium score and his gallbladder ultrasound. Further evaluation will proceed pending the results of above. Separately, we will review the patient's chart for him since he still has many questions about what happened during the hospital admission for his chest pain. We will review the patient's chart for him and try to put into lay language a summary of the chart with reference to what happened to him during the hospital admission for his chest pain last year.

Charles M. Fogarty, MD
CMF/ns
cc: Dr. Gonda

000438



5087

THOMPSON 032166

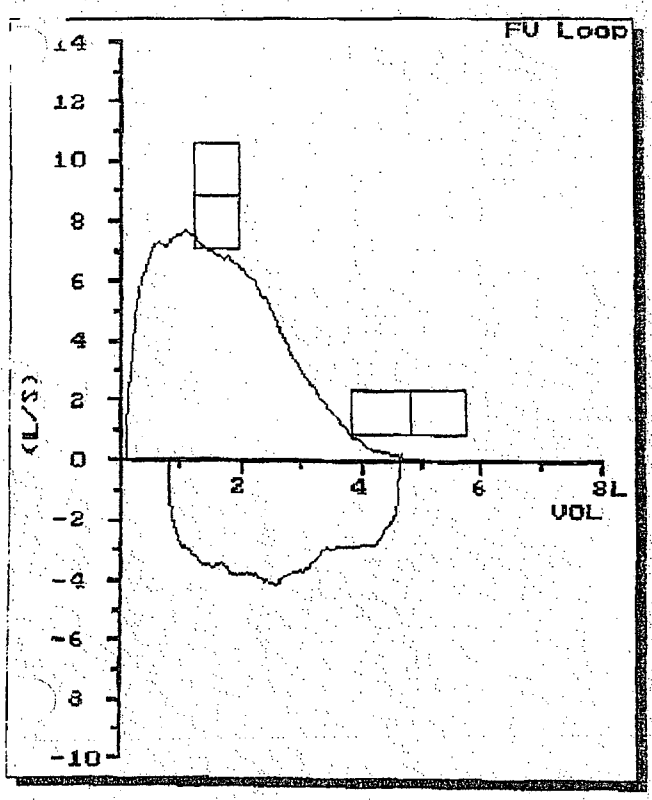
Lung and Chest Medical Associates
Multi Spiro B

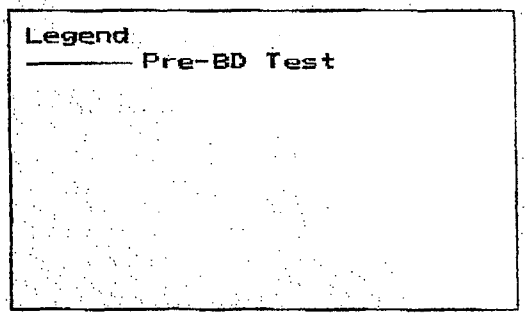
ID: 77168 Casey, William
Ethnic: CAUCASIAN Height: 68.0 in. Sex: MALE Age: 46 Weight: 171.0 lb

MENTS:
E-BD COMMENTS:

LAST CALIBRATED: Thu Jul 21,2005 7:36:40 am

TYPE	Test Date and Time		Exp.Time	Normals	Test#
Pre-BD:	Thu Jul 21,2005 3:52:12 pm		5.9 secs	KNUDSON/IMTS	1
Expiratory	Actual	Predicted	% of pred	Inspiratory	Actual
FVC	4.65 L	4.75 L	97.88 %	IVC	3.86 L
FEV 0.5	2.96 L	3.05 L	97.12 %	FIV1	2.95 L
FEV 1.0	3.76 L	3.87 L	97.21 %	PIF	4.26 L/S
FEV 3.0	4.40 L	4.51 L	97.51 %	FIF50	3.97 L/S
				FEF50/FIF50	135.01 %
FEV 0.5/FVC	63.77 %	64.27 %	99.22 %		
FEV 1.0/FVC	80.82 %	81.38 %	99.31 %	Interpretation:	
FEV 3.0/FVC	94.58 %	94.94 %	99.62 %		
				NORMAL	
PEF	7.56 L/S	8.67 L/S	87.17 %		
FEF 25-75%	3.91 L/S	3.95 L/S	99.06 %	MAX FVC = 4.65L	TEST # 1
FEF 75-85%	0.86 L/S	1.06 L/S	81.57 %	MAX FEV-1 = 3.76L	TEST # 1
FEF 25	7.45 L/S	7.97 L/S	93.49 %		
FEF 50	5.37 L/S	4.62 L/S	116.05 %		
FEF 75	1.47 L/S	1.83 L/S	79.90 %		
FEF .2-1.2	7.00 L/S	7.31 L/S	95.75 %		





Good Effort NB

000436

THOMPSON 032167

SPARTANBURG REGIONAL MEDICAL CENTER DEPARTMENT OF LABORATORY MEDICINE
101 E. WOOD STREET, SPARTANBURG, SOUTH CAROLINA 29303-3072/864-560-6212
DRS DAVIS, LOWRY, WREN, NELSON, RAINER, LAPHAM, MIMS, CALDWELL, BURNS & KIM

CASEY WILLIAM
46 YRS MALE
Dr. MENDOZA RICO
Location:

MR#: (0002)00014-62-20 Fin.No :0320001651
DOB: [redacted] 1958

INTERIM
PRIVATE OUT PT VISIT ABDMNAL PAIN UNSPCF SITE

Admitted: 19JUL05
Page: 1
Printed: 21JUL05 0558

CHEMISTRY

HEPATIC PROFILES

Procedure:	TOT PROT	ALBUMIN	AST	ALT	ALK PHOS	BILI TOTAL	BILI DIR	BILI INDIR
Ref Range:	(6.1-8.0)	(3.5-4.9)	(12-33)	(9-39)	(36-108)	(.0-1.5)	(.0-.2)	(.2-1.6)
Units:	GM/DL	G/DL	IU/L	IU/L	IU/L	MG/DL	MG/DL	MG/DL
19JUL05 1600	6.9	4.4	14	18	80	.6	.1	.5

Patient Name:CASEY WILLIAM Location: PRIVATE OUT PT VISIT END OF CHART

Send to: DR RICO MENDOZA
2030 NORTH CHURCH AVE
SPARTANBURG SC 29303

Fax to: 864-585-2102

000435

CMF WPS MLA (EBK) JDC (RVM) Beth Darla Lab

Lung and Chest Medical Associates

Name: William Casell Chart#: 771608 Date: 7-19-05

Wt 174.9 Ht — B/P 129/89 H/R 85 RR 16 Temp 98.1 02Sat 93 FIO2 —

○ Cough	○ Smoking	Present Illness + reason for visit:
○ Sputum	✓ Nausea	
✓ Dyspnea	✓ Vomiting	Doesn't want to see Feldman
○ Wheeze	○ Diarrhea	vomiting x 1 week - Chest sore - Tight
○ Edema	○ Chest Pain	Dry Heaves now
○ Palpitations	○ Pain	saw Dr Beatty or Heart Service years ago stable
○ Oriented	○ ETOH	
○ New Allergies	○ Fever/chills	

When was your last DEXA Bone Densometry Testing done? Sees gyn this

Seeing new doctors? no For:

Hospitalizations or major life changes since last visit: yes 6-05 - SRMC

Meds. Review based on: ___ in bottle ___ on list ___ from memory

PHYSICAL EXAM:	WNL/NEG	ABN/POS	
*General Appearance			dry heaving & ill with oral Vomit
*Skin Turgor			Can't take anything down
*ENT			Chest hurts
*Mouth			No Rhonchi Some expiration
*Sinus			
*Neck			
*Chest/Lungs: Breath Sounds			Pain
Wheezes			Cyanosis Sputum Lipitor Ultram Lortab
Rales			
Effort			
Symmetry			
*Heart: Rhythm			
Murmurs			
Gallop			
Tones			
*Abdomen			
*Extremities			
*Mobility: Gait			
Reflexes			
Aides			
*Mental Status			

LAB ORDER: Spirometry 5.02 3.10 EKG Sinus (CBC) (Glu) 121 PT INR O2Sat Rest 93%
Lung Vol DLCO U/A (CXR) ABG's (Bun) 29 (Cr) 0.7 (K+) 4.2 Theo O2Sat Exercise

Office Treatment: extra gold

Education: Does pt want to quit smoking? Yes/No Other: PT No longer smoker

Materials/counseling given:

Diagnosis: Nausea/Vomiting Plan ✓ UGIS CBC Vitamin/Psych Mc

- ___ Abn CXR(lung fluid).793.1
- ___ Anticoagulant Circulating.28615
- ___ COPD.496
- ___ Cough.786.2
- ___ Dyspnea.786.09
- ___ Fatigue(general).780.79
- ___ Fever.780.6
- ___ ILD.515
- ___ Monitoring(drug name_____).V48.6
- ___ Rhinitis.477.9
- ___ Sleep Apnea/Disorders (ncc). 780.53

? Stricture/Carcinoma site Esoph

PMO Hepatitis

✓ UA/C

Ice in oral cavity

Stop Stricture/Carcinoma

Prescriptions:

Next appt: ___Weeks___Months W/ CMF WPS EBK MLA JDC RVM PA NP Signature [signature] Staff LH

Next Visit: Spiro L/V DLCO PA PAL Sinus DEXA BLDWK Other

000434

THOMPSON 032169

Lung and Chest Medical Associates Spiro A

ID: 77168 Casey, William Mark

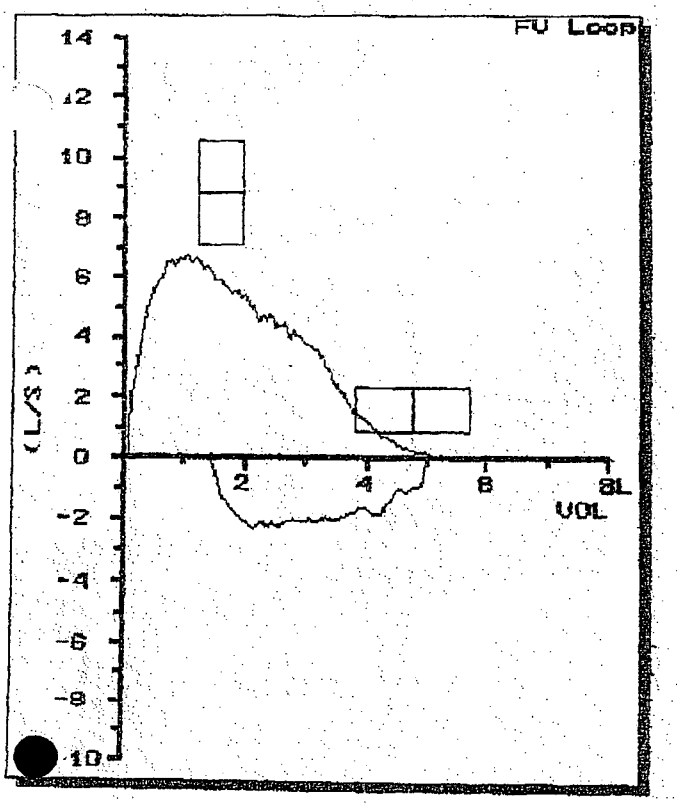
Ethnic: CAUCASIAN Height: 68.0 in. Sex: MALE Age: 46 Weight: 174.0 lb

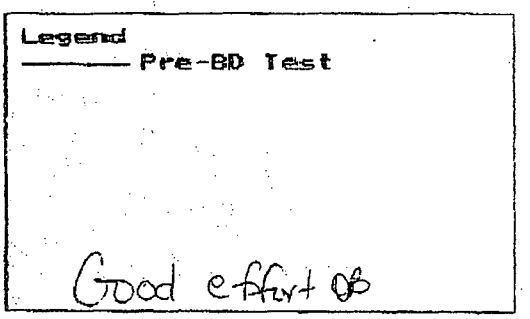
COMMENTS:

P[illegible]-BD COMMENTS:

ST CALIBRATED: Tue Jul 19,2005 7:34:36 am

TYPE	Test Date and Time		Exp.Time	Normals	Test#
Pre-BD:	Tue Jul 19,2005 11:57:55 am		6.3 secs	KNUDSON/IMTS	2
Expiratory	Actual	Predicted	% of pred	Inspiratory	Actual
FVC	5.02 L	4.73 L	106.19 %	IVC	3.61 L
FEV 0.5	2.75 L	3.04 L	90.50 %	FIV1	1.35 L
FEV 1.0	3.90 L	3.84 L	101.52 %	PIF	2.46 L/S
FEV 3.0	4.73 L	4.48 L	105.50 %	FIF50	2.20 L/S
				FEF50/FIF50	193.85 %
FEV 0.5/FVC	54.75 %	64.24 %	85.23 %		
FEV 1.0/FVC	77.66 %	81.23 %	95.61 %	Interpretation:	
FEV 3.0/FVC	94.18 %	94.79 %	99.35 %		
				NORMAL	
PEF	6.61 L/S	8.64 L/S	76.59 %		
FEF 25-75%	3.61 L/S	3.91 L/S	92.38 %	MAX FVC = 5.02L TEST # 2	
FEF 75-85%	0.90 L/S	1.04 L/S	87.31 %	MAX FEV-1 = 3.90L TEST # 2	
FEF 25	6.15 L/S	7.95 L/S	77.37 %		
FEF 50	4.26 L/S	4.59 L/S	92.85 %		
FEF 75	1.40 L/S	1.81 L/S	77.15 %		
FEF .2-1.2	5.82 L/S	7.26 L/S	80.13 %		





000433

THOMPSON 032170

LUNG AND CHEST MEDICAL ASSOCIATES

2030 North Church Place, Spartanburg, SC 29303

CMF WPS EBK MLA JDC RVM BE

LAB REQUISITION

PATIENT NAME William Gibbs CHART # 77168 DATE 7-19-05

DIAGNOSIS _____ SEX M F RACE C B A H O

	DESCRIPTION	RESULTS	NORMAL VALUE	REPEATED VERIFIED RESULTS	INITIALS
	Theophylline		10-20 Mcg/dl		
	Glucose	121	70-110 Mg/dl		
	BUN	29	5-25 Mg/dl		
	Creatinine	0.7	0.5-1.4 Mg/dl		
	K+	4.2	3.5-5.1 Meq/dl		
	PT		14-18 sec		
	INR		2.0-3.0 Coumadin therapy		
			2.5-3.5 Prostatic Heart Valves		
	CBC				
	UA				
	HgbA1C	%	< 7 %		
	Arterial Puncture				
	ABG's – Fi02				
	ABG's – PH		7.35-7.45		
	ABG's – PC02		35-45 mmHg		
	AGG's – P02		80-100 mmHg		
	AGG's - 02 Sat		95-98%		

URINALYSIS – MACROSCOPIC			
COLOR		Ph	
APPEARANCE		PROTEIN	
GLUCOSE		UROBILINOGEN	
BILIRUBIN		NITRITE	
KETONES		LEUKOCYTES	
SP. GR.			

Rapid Strep Positive Negative

Z-Stat Flu Positive Negative

CMF ____ WPS ____ EBK ____ MLA ____ JDC ____ RVM ____ BE ____ Staff ____

Lab Requisition, 12-23-03

000432

THOMPSON 032171

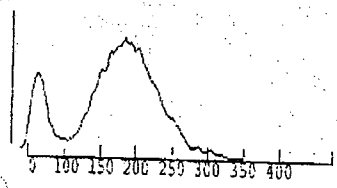
2030 N CHURCH PLACE
SPARTANBURG SC 29303 JDC RVM BE
864-582-6858 CMF WPS EBK MLA

William Casey

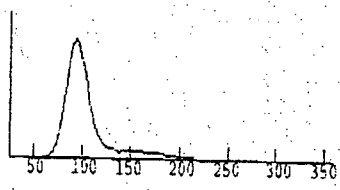
77168
WB

07-19-05
09:58

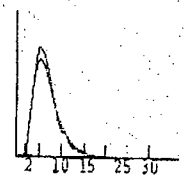
				Patient Limits 1	
WBC	13.7	H	x10^3/uL	4.5	11.0
LY	17.5	*L	%	20.5	51.1
MO	5.9	*	%	1.7	9.3
GR	76.6	*H	%	42.2	75.2
LY#	2.4	*	x10^3/uL	1.2	3.4
MO#	0.8	*H	x10^3/uL	0.1	0.6
GR#	10.5	*H	x10^3/uL	1.4	6.5
RBC	4.68		x10^6/uL	3.90	5.10
Hgb	14.8		g/dL	12.0	15.6
Hct	43.5		%	36.0	46.0
MCV	93.0		fL	85.0	98.0
MCH	31.7		pg	28.0	33.0
MCHC	34.0		g/dL	32.5	36.0
RDW	12.1		%	11.6	13.7
Plt	677.	H	x10^3/uL	130.	400.
MPV	7.1	L	fL	7.8	11.0



WBC HISTOGRAM



RBC HISTOGRAM



PLT HISTOGRAM

000431

CMF WPS MLA EBK JDC RVM Beth Darla Lab

Lung and Chest Medical Associates

Name: Wm. Casey Chart#: 7168 Date: 11/10/04

Wt 180.6 Ht ___ B/P 163/97 H/R 92 RR 18 Temp ___ 02Sat 95 FiO2 .21

DOE

- Cough
- Sputum
- Dyspnea
- Wheeze
- Edema
- Palpitations
- Oriented
- New Allergies
- Smoking
- Nausea
- Vomiting
- Diarrhea
- Chest Pain
- Pain
- ETOH some
- Fever/chills

Present Illness + reason for visit: "4-5 cigs/day" → only c exertion No dyspnea when sitting or walking steps & hills is limited

When was your last DEXA Bone Densometry Testing done? ___

Seeing new doctors? 0 For: ___

Hospitalizations or major life changes since last visit: 0

Meds. Review based on: ___ in bottle ___ on list ___ from memory

PHYSICAL EXAM: WNL/NEG ABN/POS

- *General Appearance
- *Skin Turgor
- *ENT
- *Mouth
- *Sinus
- *Neck
- *Chest/Lungs: Breath Sounds
  - Wheezes
  - Rales
  - Effort
  - Symmetry
- *Heart: Rhythm
  - Murmurs
  - Gallop
  - Tones
- *Abdomen
- *Extremities
- *Mobility: Gait
  - Reflexes
  - Aides
- *Mental Status

Dr Grace does not feel need to do w/u to work not ready to retire [illegible] does not want to go

Pain began after working 2-2½ hrs [illegible]

LAB ORDER: Spirometry ___ EKG ___ Sinus ___ CBC ___ Glu ___ PT ___ INR ___ O2Sat Rest ___
Lung Vol ___ DLCO ___ U/A ___ CXR ___ ABG's ___ Bun ___ Cre ___ K+ ___ Theo ___ 02Sat Exercise ___

Office Treatment: ___

Education: Does pt want to quit smoking? Yes/No Other: ___

Materials/counseling given: ___

Diagnosis: Soft tissue strain Plan Zoloft 150 qD

- Abn CXR(lung fluid),793.1
- Anticoagulant Circulating,28615
- COPD,496
- Cough,786.2
- Dyspnea,786.09
- Fatigue(general),780.79
- Fever,780.6
- ILD,515
- Monitoring(drug name ___),V48.6
- Rhinitis,477.9
- Sleep Apnea/Disorders (nec), 780.53

Chest wall strain in care of client

Cobra Ventolin

Prescriptions: ___

Next appt: ___ Weeks ___ Months W/ CMF WPS EBK MLA JDC RVM PA NP Signature [signature] Staff [signature]

Next Visit: Spiro L/V DLCO PA PAL Sinus DEXA BLDWK ___ Other ___

09/29/04

000430

CMF (WPS) MLA EBK JDC RVM Beth Darla Lab

Lung and Chest Medical Associates

Name: Wm. Casey Chart#: 77168 Date: 8/12/04

5'5" Ht ___ B/P 128/82 H/R 82 RR ___ Temp ___ 02Sat 96% FiO2 .21

- ☑ Cough
- ☑ Smoking
- ___ Sputum
- ___ Nausea
- ☑ Dyspnea
- ___ Vomiting
- ___ Wheeze
- ___ Diarrhea
- ___ Edema
- ___ Chest Pain
- ___ Palpitations
- ☑ Pain back
- ☑ Oriented
- ___ ETOH
- ___ New Allergies
- ___ Fever/chills

Present Illness + reason for visit: Still gets tired — Exertion — No fluid diet pen

When was your last DEXA Bone Densometry Testing done? Times weight with that

Seeing new doctors? ___ For: ___ he remains

Hospitalizations or major life changes since last visit: ___

Meds. Review based on: ___ in bottle ___ on list 1609/hs from memory

PHYSICAL EXAM: WNL/NEG ABN/POS

*General Appearance___
*Skin Turgor___
*ENT___
*Mouth___
*Sinus___
*Neck___
*Chest/Lungs: Breath Sounds___
Wheezes___
Rales___
Effort___
Symmetry___
*Heart: Rhythm___
Murmurs___
Gallop___
Tones___
Abdomen___
Extremities___
*Mobility: Gait___
Reflexes___
Aides___
*Mental Status___

LAB ORDER: Spirometry___ EKG___ Sinus___ CBC___ Glu___ PT___ INR___ 02Sat Rest___
Lung Vol___ DLCO___ U/A___ CXR___ ABG's___ Bun___ Cre___ K+___ Theo___ 02Sat Exercise___

Office Treatment: ___

Education: Does pt want to quit smoking? Yes/No Other: ___

Materials/counseling given: ___

Diagnosis: ___ Plan: ___

- ___ Abn CXR(lung fluid),793.1
- ___ Anticoagulant Circulating,286.5
- ___ COPD,496
- ___ Cough,786.2
- ___ Dyspnea,786.09
- ___ Fatigue(general),780.79
- ___ Fever,780.6
- ___ ILD,515
- ___ Monitoring(drug name_____),V48.6
- ___ Rhinitis,477.9
- ___ Sleep Apnea/Disorders (nec), 780.53

Prescriptions: ___

Next appt: ___Weeks ___Months W/ CMF WPS EBK MLA JDC RVM PA NP Signature ___ Staff ___

Next Visit: Spiro L/V DLCO PA PAL Sinus DEXA BLDWK ___ Other ___

03/26/04

000429

THOMPSON 032174

5095

SPARTANBURG REGIONAL MEDICAL CENTER DEPARTMENT OF LABORATORY MEDICINE
101 E. WOOD STREET, SPARTANBURG, SOUTH CAROLINA 29303-3072/864-560-6212
DRS. DAVIS, LOWRY, WREN, NELSON, RAINER, LAPHAM, MIMS, CALDWELL & BURNS

CASEY WILLIAM MR#: (00D2)00014-62-20 Fin.No.:0421101061 Admitted: 29JUL04
45 YRS MALE DOB: [redacted]1958 Page: 1
Dr. SMITH WILSON P INTERIM Printed: 04AUG04 02C4
Location: - PRIVATE OUT PT VISIT AMBULA NOS

CHEMISTRY

---------REFERENCE LAB TESTS---------

Procedure:	TIBC @	IRON @	% SATURATION @	
Units:	ug/dL	ug/dL	%	
29JUL04 1340	434 Hf	87 f	20 f	
TIBC.....				Reference Range: 250-400
IRON.....				Reference Range: 40-190
% SATURATION.				Reference Range: 15-50

TIBC should be ordered with iron for optimal utility.

8/9/04

Symbols:
H = High, f = Footnote
@ = TIBC, IRON, % SATURATION Performed at QUEST DIAGNOSTIC LAB - 33608 ORTEGA HIGHWAY, SAN JUAN CAPISTRANO, CA. 92690

Patient Name:CASEY WILLIAM Location: PRIVATE OUT PT VISIT END OF CHART.

Send to: WILSON P SMITH MD
LUNG & CHEST
2010 NORTH CHURCH PLACE
SPARTANBURG SC 293030000

Fax to: 864-582-3750

REVIEWED BY_____DATE_____
(DO NOT FILE IF NOT COMPLETE)

000428

5097

Office Visit Confirmation Sheet

!!! Please fill out all blanks each time you visit our office.

Patient Name William Mark Casey Today's Date Aug 12 04

Doctor Smith Appt. Time 11:45 Arrival Time 11:40

Reason for visit:(check one) ___Having problems ✓Regular follow-up

Please confirm your personal information for our records:

Address 240 Lightwood Farm Rd

Home phone # 486-9131 Work Phone # 680.5929 Other Phone # ___

Emergency contact name: Carole Casey Phone # 680-9648

Type of Insurance: 1. B/C B/S 2. ___ 3. ___

E-mail address: ___

Updated 12-1-04

000427

Cardiology Consultants

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. Rodak, 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

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.

Date 8/9/04 By AS
DOLV 7/29/06 DONE 8-19-04

000426

1083 Boiling Springs Road • Spartanburg, SC 29303-2298 • (864) 583-8647 • Fax: (864) 542-2227

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
Cindy Edwards, F.N.P.

Fax: (864) 582-3750

WILLIAM CASEY
7-29-04
77168

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.

WPS

Wilson P. Smith, Jr., M.D.
WPSjr/ns
cc: Dr. Gonda 8-9-04

000425

SPARTANBURG REGIONAL MEDICAL CENTER DEPARTMENT OF LABORATORY MEDICINE
101 E. WOOD STREET, SPARTANBURG, SOUTH CAROLINA 29303-3072/864-560-6212
DRS. DAVIS, LOWRY, WREN, NELSON, RAINER, LAPHAM, MIMS, CALDWELL \T\ BURKS

"ASEY WILLIAM MR#: (0002)00014-62-20 Fin.No.:0421101061 Admitted: 29JUL04
45 YRS MALE DOB: [redacted]/1958 Office Id: Page: 1
Dr. SMITH WILSON P CUMULATIVE Printed: 03AUG04 2027
Location: - PRIVATE OUT PT VISIT ANEMIA NOS

CHEMISTRY

----------REFERENCE LAB TESTS----------

Procedure: / Units:	TIBC @ ug/dL	IRON @ ug/dL	% SATURATION @ %	
29JUL04 1340	434 Hf	87 f	20 f	
TIBC.....				Reference Range: 250-400
IRON.....				Reference Range: 40-190
	TIBC should be ordered with iron for optimal utility.			
% SATURATION..				Reference Range: 15-50

Symbols:
H = High, f = Footnote
@ = TIBC, IRON, % SATURATION Performed at QUEST DIAGNOSTIC LAB - 33608 ORTEGA HIGHWAY, SAN JUAN CAPRISTRANO, CA. 92690

%%END

000424

THOMPSON 032179

0421101061 Smith

SPARTANBURG Regional Healthcare System

☑ SRMC ☐ RJW ☐ SHRC

PHYSICIAN OUTPATIENT ORDER FORM

SRHS ACCOUNT NUMBER (if applicable) 7716 8 MD AUTHORIZATION [signature] Date 7-29-04

Patient Name	Last Name: Casey	First: William	MI	Race	Sex: M	DOB	Social Security #
Address (Receive Mail At)		City		State	Zip Code		Telephone #

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 for each test.

Services Request

Service/Date Requested	Diagnosis (ICD-9 required)	Service/Date Requested	Diagnosis (ICD-9 required)
	Dx Anemia		280.1
	Dx Anemia		

Laboratory Services Request - NOTE - ICD-9 Code required

		Diagnosis
☐ Basic Metabolic Panel	80048	
☐ Glucose	82947	
☐ Creatinine	82565	
☐ BUN	84520	
☐ Sodium	84295	
☐ Potassium	84132	
☐ Chloride	82435	
	82374	
☐ Bilirubin Profile	82251	
☐ Direct Bilirubin	82248	
☐ Total Bilirubin	82247	
☐ Comprehensive Metabolic Panel	80053	
☐ Albumin	82040	
☐ Bilirubin, Total	82250	
☐ Calcium	82310	
☐ Creatinine	82565	
☐ Glucose	82947	
☐ Alk Phosphatase	84075	
☐ Potassium	84132	
☐ Total Protein	84155	
☐ Sodium	84295	
☐ AST	84450	
☐ BUN	84520	
☐ CO_2	82374	
☐ Electrolyte Panel	80051	
☐ Sodium	84295	
☐ Potassium	84132	
☐ Chloride	82435	
☐ CO_2	82374	
☐ Hepatic Function Panel	80076	
☐ Albumin	82040	
☐ Bilirubin, Direct	82248	
☐ Bilirubin, Total	82247	
☐ Alk Phosphatase	84075	
☐ ALT	84460	
☐ AST	84450	
☐ Protein	84155	
☐ Lipid Panel	80061	
☐ Cholesterol	82465	
☐ HDL	83718	
☐ Triglycerides	84478	

		Diagnosis
☐ Renal Panel	80069	
☐ Albumin	82040	
☐ BUN	84520	
☐ Calcium	82310	
☐ Chloride	82435	
☐ CO_2	82374	
☐ Creatinine	82565	
☐ Glucose	82947	
☐ Phosphorus	84100	
☐ Potassium	84132	
☐ Sodium	84295	

INDIVIDUAL LABORATORY PROCEDURES

☐ A/C	83036	
☐ Albumin	82040	
☐ Alk Phos	84075	
☐ ALT	84460	
☐ Amylase	82150	
☐ AST	84450	
☐ BCP	82040	
☐ Bil, Direct	82248	
☐ Bil, Total	82247	
☐ BUN	84520	
☐ B12	82607	
☐ CA 125	86316	
☐ Calcium	82310	
☐ CBC	85025	
☐ CEA	82378	
☐ Chloride	82435	
☐ Cholesterol	82465	
☐ CO_2	82374	
☐ CPK	82550	
☐ Creatinine	82565	
☐ Dilantin	80185	
☐ Digoxin	80162	
☐ ECG	93005	
☐ Esmolol	82670	
☐ Estrogen	82672	
☐ Folic Acid	82746	
☐ Ferritin	82728	
☐ FSH	83001	
☐ GGT	82977	
☐ Glucose		
☐ Fasting	82947	
☐ Random	82947	
☐ 1 Hr pp	82947	
☐ Glycated Protein	82985	
☐ HAV	86709	
☐ HbcAb	86318	
☐ HbsAb	86706	
☐ HbsAg	87340	
☐ HCV	86803	
☐ HCG, quantative	84702	
☐ HDL	83718	
☐ Hemoglobin	85018	

		Diagnosis
☐ Immun G, A, & M	82784	
☐ Iron	83540	
☐ Iron Binding Cap	83550	
☐ IgG	82784	
☐ IgA	82784	
☐ IgM	82784	
☐ LDH	83615	
☐ Lidocaine	80178	
☐ Lipase	83690	
☐ LH	83002	
☐ Magnesium	83735	
☐ Phenobarbital	80184	
☐ Phosphorus	84100	
☐ Potassium	84132	
☐ Preg (Serum)	84703	
☐ Preg (Urine)	81025	
☐ PSA diagnostic	84153	
☐ PSA, screening	G0103	
☐ Progesterone	84144	
☐ Prolactin	84146	
☐ Protein Elect	84165	
☐ PT	85610	
☐ PTT	85730	
☐ Renin	84244	
☐ RPR	86592	
☐ If yes, titer	86593	
☐ If yes, FTA	86781	
☐ Rubella	86762	
☐ Sed Rate	85652	
☐ Sodium	84295	
☐ T4	84436	
☐ Tegretol	80156	
☐ Testosterone	84403	
☐ Theophylline	80198	
☐ Total Protein	84155	
☐ Transferrin	84466	
☐ Triglycerides	84478	
☐ T Uptake	84479	
☐ TSH	84443	
☐ Valproic Acid	80164	
☐ Urinalysis, macro	81003	
☐ If yes, micro	81001	
☐ WBC	85048	
☐ Other		

* FE

* TIBC

For specimen submission – information on back must be completed

DATE / TIME COLLECTED: 7-29-04 1420

COLLECTED BY: [signature]

AGENCY: Lung + Chest Medicine

PRINTED BY: CM20261

DATE: 11/9/2004

ADDRESSOGRAPH

000423

1375 (01/00)

THOMPSON 032180

CMF WPS MLA EBK JDC RVM Beth Darla Lab

Lung and Chest Medical Associates

Name: Wm Casey "Mark" Chart#: 77168 Date: 7/29/04

Wt 175.4 Ht ___ B/P 139/86 H/R 93 RR ___ Temp ___ 02Sat 95% FiO2 .21

___ Cough ___ Smoker — Present Illness + reason for visit:
___ Sputum ___ Nausea
___ Dyspnea ___ Vomiting
___ Wheeze ___ Diarrhea
___ Edema ___ Chest Pain
___ Palpitations ___ Pain
___ Oriented ___ ETOH
___ New Allergies ___ Fever/chills

When was your last DEXA Bone Densometry Testing done? ___

Seeing new doctors? ___ For: ___

Hospitalizations or major life changes since last visit: ___

Meds. Review based on: ___ in bottle ___ on list ___ from memory

PHYSICAL EXAM:	WNL/NEG	ABN/POS
*General Appearance		
*Skin Turgor		
*ENT		
*Mouth		
*Sinus		
*Neck		
*Chest/Lungs: Breath Sounds		
Wheezes		
Rales		
Effort		
Symmetry		
*Heart: Rhythm		
Murmurs		
Gallop		
Tones		
*Abdomen		
*Extremities		
*Mobility: Gait		
Reflexes		
Aides		
*Mental Status		PAL CXR

LAB ORDER: Spirometry ___ EKG ___ Sinus ___ CBC ___ Glu ___ PT ___ INR ___ O2Sat Rest ___
Lung Vol ___ DLCO ___ U/A ___ CXR ___ ABG's ___ Bun ___ Cre ___ K+ ___ Theo ___ 02Sat Exercise ___

Office Treatment: ___

Education: Does pt want to quit smoking? Yes/No Other: Pt does not smoke. Quit 4 week.

Materials/counseling given: ___

Diagnosis: ___ Plan ___

___ Abn CXR(lung fluid),793.1
___ Anticoagulant Circulating,28615
___ COPD,496
___ Cough,786.2
___ Dyspnea,786.09
___ Fatigue(general),780.79
___ Fever,780.6
___ ILD,515
___ Monitoring(drug name ___),V48.6
___ Rhinitis,477.9
___ Sleep Apnea/Disorders (nec), 780.53

Chest pain → Sharp pain left chest wall

Prescriptions: ___

Next appt: ___ Weeks ___ Months W/ CMF WPS EBK MLA JDC RVM PA NP Signature ___ Staff ___

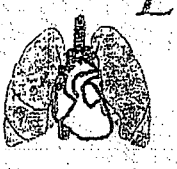
Next Visit: Spiro L/V DLCO PA PAL Sinus DEXA BLDWK ___ Other ___

03/26/04

000422

THOMPSON 032181

Lung and Chest Medical Associates



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Mary Lou Applebaum, M.D.
Beth V. Edwards, PA-C
Cindy Edwards, P.N.P.

Fax: (864) 582-3750

WILLIAM CASEY
77168
07-29-04

X-RAY: PA & lateral of chest. Chest x-ray shows normal heart size and clear lung fields.

IMPRESSION: Normal chest.

Wilson P. Smith, Jr., M.D.
WPSjr/ns

2030 North Church Place, Spartanburg, South Carolina 29303 (864) 582-6858

Pulmonary Medicine | Critical Care | Bronchoscopy | Asthma Therapy | Sleep Disorders

000421

THOMPSON 032182

Sex=MALE
Age= 45Yr
Post-10
Unconfirmed report
10mm/mV
25mm/S
Filter:AC. Drift

5104

LUNG AND CHEST MEDICAL

2030 N.CHURCH,ST CMF WPS EBK RVM SPARTANBURG,SC,29303 MLA JDC BE 864;582-6856

ple ID # 77168 Date: 07-29-04

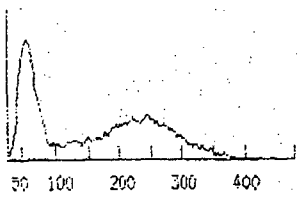
atient Name: William Casey Time: 13:43 WPS

DOB: __/__/__ AGE:____ SEX:____ OPR ID: 06

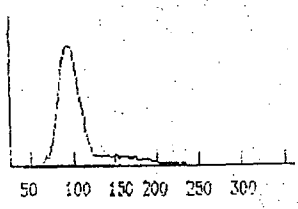
			Range #1				Range #1				Range #1
WBC	7.8	x10^3/uL	4.5- 11.0	RBC	4.54	x10^6/uL	3.90- 5.10	PLT	475. H	x10^3/uL	130.-400.
LYM	36.2	%	20.5-51.1	Hgb	14.2	g/dL	12.0-15.6	MPV	5.9 L	fL	7.4-10.4
MON	4.2	%	1.7- 9.3	Hct	43.2	%	36.0-46.0				
GRA	59.6	%	42.2-75.2	MCV	95.2	fL	85.0- 98.0				
LYM	2.8	x10^3/uL	0.7- 4.9	MCH	31.2	pg	28.0-33.0				
MON	0.3	x10^3/uL	0.1- 0.9	MCHC	32.8	g/dL	32.5-36.0				
GRA	4.6	x10^3/uL	1.5- 7.2	RDW	12.2	%	11.5-14.5				

7/30/04 WPS

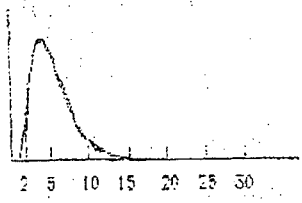
Sample ID # 77168 Analyzed Date & Time: 07-29-04 13:43



WBC HISTOGRAM



RBC HISTOGRAM



PLT HISTOGRAM

Sample ID # 77168 Analyzed Date & Time: 07-29-04 13:43

Microscopic Examination

Neutrophil	____	Metamyelocyte	____	Anisocytosis	____	Retics	____
Band	____	Myelocyte	____	Hypochromia	____	Sedimentation Rate	____
Lymphocyte	____	Promyelocyte	____	Polychromasia	____		
Monocyte	____	Blast	____	Poikilocytosis	____		
Eosinophil	____	Atypical Lymphocyte	____	Macrocytosis	____		
Basophil	____	NRBCs	____	Microcytosis	____		

Comments: _____

Requested by: _____
Reviewed by: _____
date: _____

000419

THOMPSON 032184



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: July 29, 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: Aug 16, 2004

Physical findings (diagnosis): Chest pain w/ dyspnea

CT Scan Outpatient coronary artery calcification

Treatment and/or recommendation:

Stress test

Absence from work until Aug 16, 2004

M.D.

Address:

Telephone:

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/SP/FORMS/DLEXTLV.DOC

000418

CHARLES M. FOGARTY, MD 066917 WILSON P. SMITH, MD 10519 E. BERT KNIGHT III, MD 6397
MARY LOU APPLEBAUM, MD 12985 J. DOUGLAS CLARK, MD 19586
BRENDA SPRINKLE, PA-C A144 CHARLES MASON, PA-C A566
CHARLENE McCRAW, A.C.N.P.-C AC68077
2030 North Church Place, Spartanburg, SC 29303 Telephone 582-6858

NAME William Cosey DATE 7/29/04

ADDRESS

LABEL DRUG NAME, STRENGTH & QUANTITY ☑ YES ☐ NO

		STRENGTH	QUANTITY	REFILL
1	Rx SIG Please continue M.V.			
2	Rx Cosey for Wellbutrin SR 150 mg #60 with 1 refill SIG			
3	Rx Multivitamin 1 daily SIG Diet pen			

M.D. _____ M.D. _____
Dispense as Written Substitution Permitted
DEA _____ DEA _____

LC-105

000417

SPARTANBURG
Regional Healthcare System

PULMONARY REHABILITATION PROGRAM
PHYSICIAN REFERRAL

This patient is referred to the Spartanburg Regional Healthcare System Pulmonary Rehabilitation Program:

Name: William Mark Casey Referral Date: 7-23-04

Address: 240 Lightwood Farm Rd. Woodruff, SC 29388

Home phone: 486-9131 Work phone: 680-5929 Date of Birth: [redacted]-58

Diagnosis: Shortness of breath & chest pain MRN: _____

Cardiac Clearance: (To be completed by physician prior to beginning pulmonary rehab).

- ☐ Perform cardiopulmonary exercise stress test. Your patient will be scheduled to begin pulmonary rehab after receiving results of the exercise stress test.
- ☐ Do not perform cardiopulmonary exercise stress test. Attach documentation to support cardiac clearance.

Comments: _____

CONSULTS:

Physical Therapy

Reason for referral: Evaluation/Treatment of postural deficits, thoracic mobility deficits, musculoskeletal dysfunction and/or pain, gait deficits.
Evaluation/instruction in: proper body mechanics for ADL's and lifting, postural correction and strengthening techniques, therapeutic exercise, stretching, and osteoporosis education.

Occupational Therapy

Reason for referral: Evaluation of activities of daily living, functional training in self care and home management, training in energy conservation, work simplification, and adaptive techniques for daily living.

Respiratory Therapy

Reason for referral: Evaluation of Home and Exercise Oxygen System Requirements.
Evaluation/instruction in: Breathing retraining, Airway Clearance Techniques, Proper use inhaled medications.

Education/Classes:

Anatomy & Physiology of COPD; Pursed Lip/Diaphragmatic breathing techniques; Respiratory medications; Infection control techniques; Effective coughing techniques; Panic control/relaxation techniques; Nutrition assessment.

DURATION/FREQUENCY: 3 Days per week for 6 Weeks

PROGRESS DOCUMENTATION/OUTCOME MEASURES:

- Pre and post program sub-maximal treadmill test, 6 minute walk, Dyspnea Index, Pulmonary Functional Status Scale (PFSS), Tennetti Assessment Tool.
- Monitoring: Pulse oximetry, blood pressure, heart rate, respiratory rate, Borg RPE, Pain scale, weight.
- Discharge summary with report to referring physician

POTENTIAL FOR REHABILITATION? (Please circle): Excellent Good Fair

ATTENDING PHYSICIAN: (print or type): Dr. William Smith

PHYSICIAN'S SIGNATURE: William Smith DATE: 7/23/04

RETURN TO: Jack Robinson, RRT
Jenny Crocker, RRT
299 E. Pearl Street
Spartanburg, SC 29303

PHONE: (864) 560-4250
FAX: (864) 560-4245
email: jrobinson@srhs.com

000416

THOMPSON 032187

5108

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.

Wilson P. Smith, Jr., M.D.
E. Bert Knight, III, M.D.
Mary Lou Applebaum, M.D.
Beth V. Edwards, PA-C
Cindy Edwards, F.N.P.

Fax: (864) 585 - 2102

Fax: (864) 582-3750

WILLIAM CASEY
77168
07-14-04

dob: [redacted]58
SS#: [redacted]

HISTORY AND PHYSICAL

REFERRING PHYSICIAN: Self-referred.

History Mr. Casey is a 45-year-old male who presents for evaluation of chest difficulties that began in May of this year when he presented to the emergency room at Spartanburg Regional Medical Center with a complaint of chest pain. A PA chest x-ray taken at that time suggested the possibility of a foreign body. He works for Michelin Tire Company. He underwent a bronchoscopy, which was felt to be abnormal but no foreign body was identified. A subsequent CT scan done the same day did not confirm any abnormality. However it does mention that there is left anterior descending coronary artery calcifications. In 2000 he had a stress test and catheterization which was normal. Following this underwent a rigid bronchoscopy in attempt to identify foreign body and remove it. During that procedure he had a perforation of the bronchial wall by a laser which resulted in pneumomediastinum and respiratory distress. He required intubation and heavy sedation and was able to be extubated the following day. Since that time he notes fatigue during the day. He continues to have dyspnea and chest pain with exertion. He has become very anxious. His sister accompanying him for the interview notes that he seems to have experienced a change in his ability to tolerate stress and appears much more anxious and restless than she has known him to be in the past. He is a previous smoker for about 12 years but has not smoked in the past three weeks. He does snore but feels he sleeps well. He denies any hemoptysis, chronic cough or weight loss. He still has the chest pain.

Past Medical History Previous hemorrhoid surgery in 1994 and a hospitalization for evaluation of chest pain in 2000 for which he underwent cardiac catheterization.

Current Medications

1. Lipitor 20 mgs a day.
2. Bextra 20 mgs daily.
3. Tramadol 50 mgs two tablets four times a day for pain.
4. Advair twice daily.
5. Combivent four times a day.

Allergies: No known drug allergies.

Family History His father died of a heart attack. He has a sibling who died of cancer.

Social History He is divorced. He completed one year of college. He drinks occasional alcohol. He likes to play golf. He has been unable to play since his injury.

(Continued to next page)

Review of Systems Shows some arthritis which he manages with the Bextra. He has an elevated cholesterol for which he is on the Lipitor. He had an episode of rectal bleeding 10 years ago. He notes that he gets up three to four times during the night for micturition. He has disk problems and arthritis in his lower back.

Physical Examination
General: Middle-aged white male.
Vital Signs: BP 136/87, HR 100, Wt. 171, and SaO_2 is 95% on room air.
HEENT: Unremarkable. There is no jugular venous distention, cervical or supraclavicular adenopathy. The throat is clear.
Chest: Clear to auscultation.
Cardiac: Regular rate and rhythm without murmur or gallop.
Abdomen: Soft and nontender.
Extremities: No clubbing, cyanosis or edema.
Neurological: Motor strength appears 5/5 in all extremities. Cranial II through XII nerves are intact.

Laboratory Data

Pulmonary function studies show normal vital capacity and flow rates with a vital capacity of 4.7 liters, which is 99% of predicted and forced expiratory volume that is 98% of predicted. There was no change with bronchodilator. Flow volume loop showed no evidence of upper airway obstruction. Maximum voluntary ventilation was reduced at about 70 to 77% of predicted.

Impression

1. His pulmonary function is normal and chest x-ray does not show any evidence of sequelae of his bronchial perforation. The patient brought his outside films and he did not bring a recent follow up film. Pulmonary function studies are normal. I do not find any evidence for airway obstruction that would account for his problems. But I wonder if he suffers from a posttraumatic stress disorder related to his injury and intensive care unit experience. I would like to refer him to a psychologist for further evaluation. On his return we will get a follow up chest x-ray and a diffusion capacity and in view of his CT scan suggesting left anterior descending coronary artery calcification I believe a repeat stress test might be in order.

Wilson P. Smith Jr., MD
WPSjr/ns

cc: Dr. Joseph Grace

000414

NAME ALEH.

#77108

NG & CHEST MEDICAL ASSOCIA S

PATIENT NAME William Jr Casey DATE 7/14/09

PHYSICAL EXAM:

TEMP BP 136/87 Pulse 103 RESP HT WT 171 ½ O2SAT OXIMETER 95 %

EENT:	WNL
SKIN:	
NECK:	
LUNGS:	Clear
HEART:	RRR
BREASTS:	
ABDOMEN:	Soft
EXTREMITIES:	WNL
NEUROLOGICAL	Motor 5/5

LAB DATA:

X-RAYS: DATE _____ PFT'S: DATE _____ ABG'S: DATE _____

VALUE _____ VALUE _____

OTHER LABS: _____

IMPRESSION/DIAGNOSIS:

1.	
2.	HTN Post Traumatic Stress Coronary Catheter
3.	Diabetes
4.	
5.	

PLAN:

1.	Refer to Psychiatrist
2.	Stress test
3.	
4.	
5.	

NEWPT EXAM 8/19/97

DOCTOR

NURSING STAFF

000413

THOMPSON 032190

Lung and Chest Medical Associates
Multi Spiro B

ID: 77168 Casey, William
Ethnic: CAUCASIAN Height: 68.0 in. Sex: MALE Age: 45 Weight: 171.0 lb

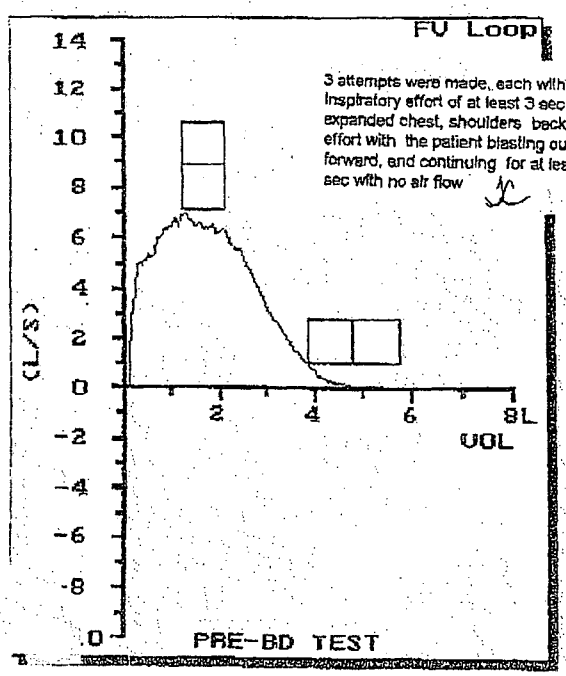
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-BD COMMENTS:

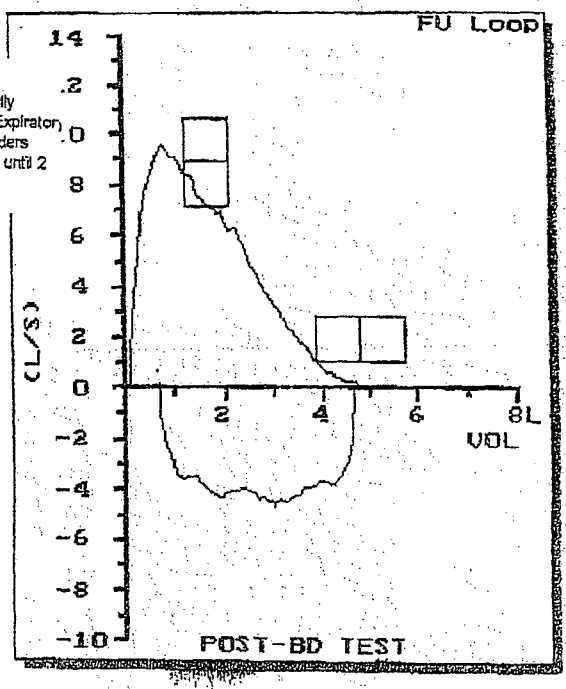
LAST CALIBRATED: Wed Jul 14,2004 7:53:26 am

Type	Test Date and Time	Exp.Time	Normals	Test#
Pre-BD:	Wed Jul 14,2004 10:33:01 am	7.7 secs	KNUDSON/IMTS	1
Post-BD:	Wed Jul 14,2004 10:45:34 am	6.0 secs	KNUDSON/IMTS	5

INTERPRETATION Pre: NORMAL Post: NORMAL
Dilator: albuterol Modifier: Not Clearly Improved

Expire	Pre-Medication Actual	% Pred	Post-Medication Actual	% Pred	Pre-Post Change Actual	% Chg	Pred Value
FVC	4.72 L	99.31%	4.74 L	99.79%	0.02 L	0.48%	4.75 L
FEV 0.5	2.93 L	95.93%	3.08 L	100.90%	0.15 L	5.18%	3.05 L
FEV 1.0	3.78 L	97.77%	3.85 L	99.59%	0.07 L	1.87%	3.87 L
FEV 3.0	4.41 L	97.71%	4.48 L	99.40%	0.08 L	1.73%	4.51 L
FEV0.5/FVC	62.08%	96.60%	64.98%	101.11%	2.90%	0.99%	64.27%
FEV1.0/FVC	80.11%	98.44%	81.22%	99.80%	1.11%	0.29%	81.38%
FEV3.0/FVC	93.40%	98.39%	94.57%	99.61%	1.16%	0.26%	94.94%
PEF	6.88 L/S	79.33%	9.46 L/S	109.14%	2.58 L/S	37.57%	8.67 L/S
FEF 25-75%	3.86 L/S	97.89%	3.92 L/S	99.41%	0.06 L/S	1.55%	3.95 L/S
FEF 75-85%	0.83 L/S	78.50%	0.90 L/S	84.56%	0.06 L/S	7.71%	1.06 L/S
FEF 25	6.88 L/S	86.29%	8.26 L/S	103.61%	1.38 L/S	20.08%	7.97 L/S
FEF 50	5.40 L/S	116.87%	5.31 L/S	114.90%	-0.09 L/S	-1.69%	4.62 L/S
FEF 75	1.37 L/S	74.79%	1.51 L/S	82.30%	0.14 L/S	10.03%	1.83 L/S
FF .2-1.2	5.82 L/S	79.61%	8.48 L/S	116.03%	2.66 L/S	45.75%	7.31 L/S





000412

THOMPSON 032191

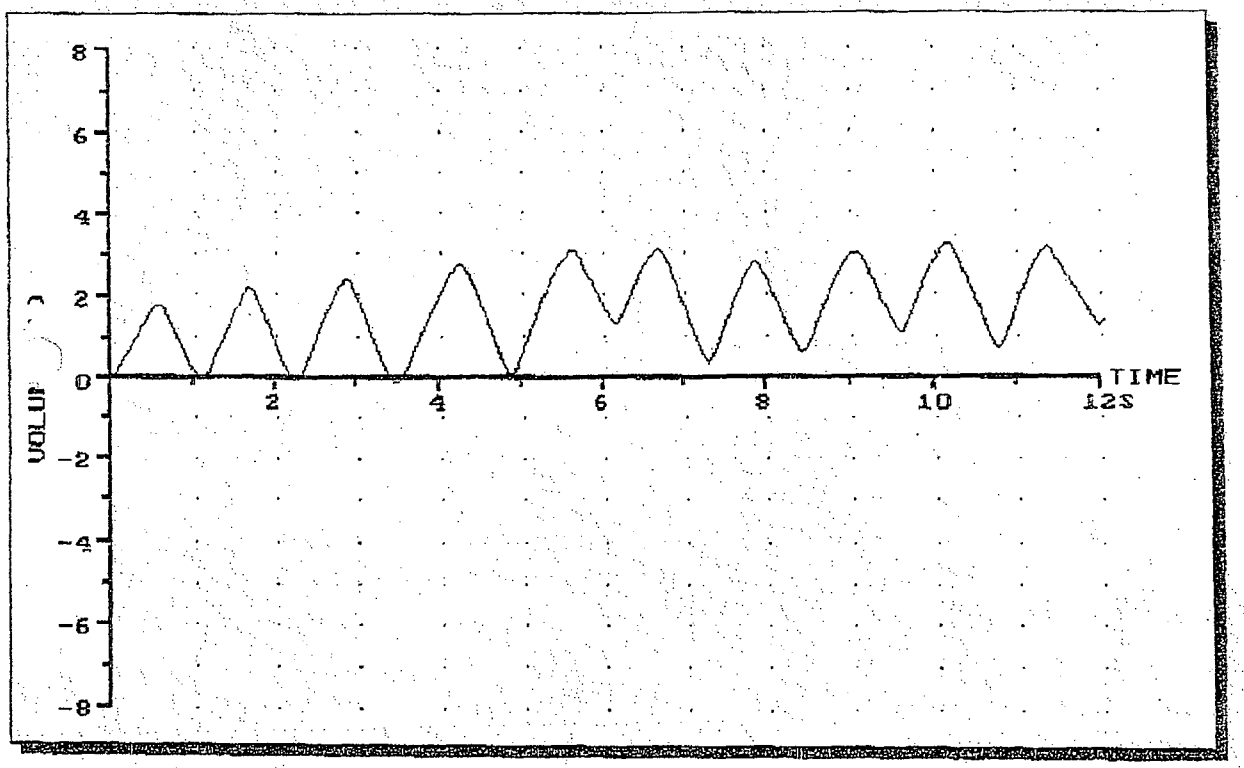
Lung and Chest Medical Associates
Multi Spiro B

ID: 77168 Casey, William
Ethnic: CAUCASIAN Height: 68.0 in. Sex: MALE Weight: 171.0 lb
A 45 Maximal Voluntary Ventilation Wed Jul 14,2004

E	Test Date and Time	Exp.Time	Normals
Current:	Wed Jul 14,2004 10:34:08 am	12.0 secs	KNUDSON/IMTS

Result	Rate	Total
Breaths	48.25 B/M	9.65 Breaths
MVV	117.79 L/M	4.74 L

Predicted MVV = 153.34 L/M
Percent of Predicted = 76.8 %



000411

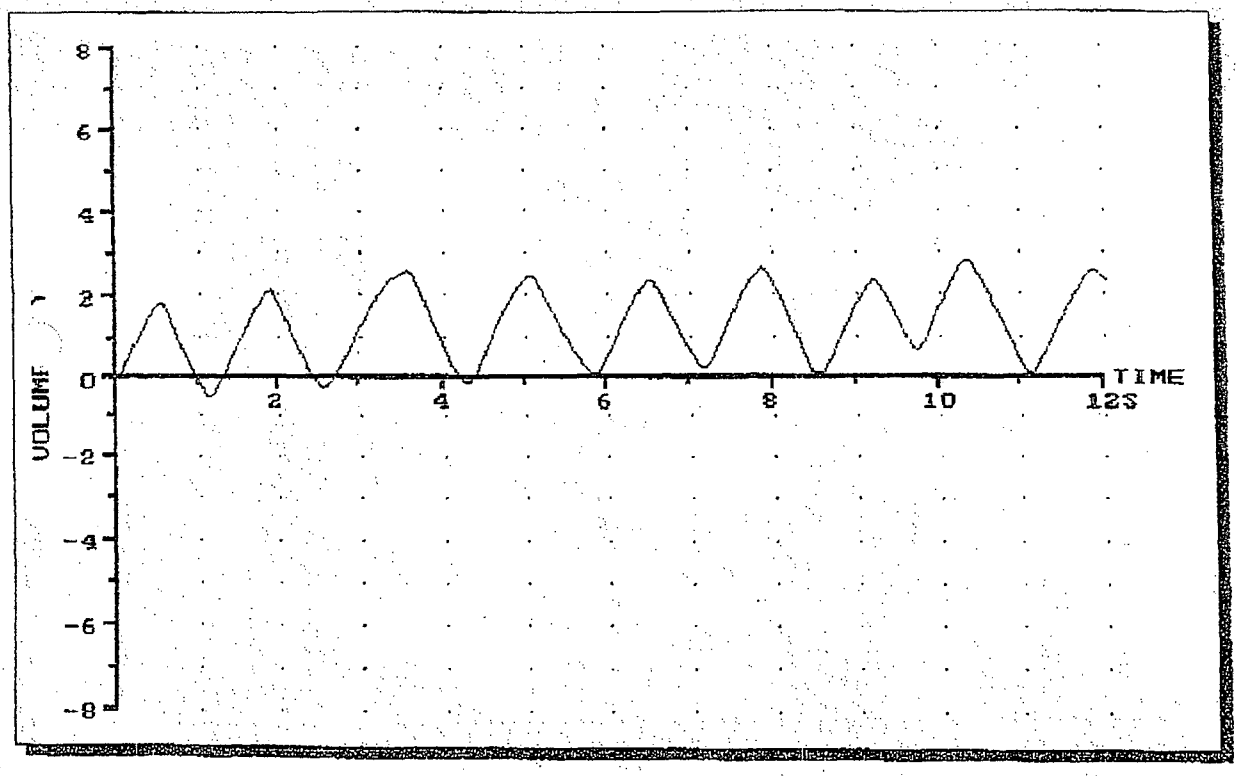
Lung and Chest Medical Associates
Multi Spiro B

ID: 77168 Casey, William
Ethnic: CAUCASIAN Height: 68.0 in. Sex: MALE Weight: 171.0 lb
45 Maximal Voluntary Ventilation Wed Jul 14,2004

TYPE	Test Date and Time	Exp.Time	Normals
Current:	Wed Jul 14,2004 10:46:34 am	12.0 secs	KNUDSON/IMTS

Result	Rate	Total
Breaths	41.53 B/M	8.31 Breaths
MVV	107.47 L/M	4.91 L

Predicted MVV = 153.34 L/M
Percent of Predicted = 70.1 %



000410

Lung and Chest Medical Associates
MEDICAL HISTORY INFORMATION SHEET

CHART# 77168 DATE: July 14, 2004

Patient's Name William Mark Casey Age 45 Sex m

How did you hear about us? _____

Who referred you to our office? _____

Who is your family doctor? Dr Frank Gonda

I. Present Illness

1. What Health Problem has brought you to our office? not happy with current care provider - post operation for chest pain
2. How long have you had this problem? month + minor bouts
3. Does anything you do make the problem better or worse? exertion & leg pull
4. Have you lost weight recently? NO How much? _____ Were you trying to lose? _____

II. Medicines and Inhalers (MD See Blue Sheet)

1. Patient, bring all your medicines with you when you come to our office (include any inhalers and over-the-counter medicines)
2. Are you ALLERGIC to any medications or food? NO Please list: _____
3. Check the space and enter date last received: PPD ___ Date _____, Tetnus ___ Date _____
   Pneumonia vaccine ___ Date _____, Flu vaccine ___ Date _____.

Fatigue
Michelin Journ-shirt
very muscle stiff
Blood type

III. Lung History

1. Are you a smoker? NO How many packs per day? _____ How many years _____
2. If you have quit smoking, how many years did you smoke? 12 How many packs per day? _____
   How long ago did you quit? 3 weeks
3. Do you have a chronic cough? NO How long? _____ Do you cough anything up? _____
   If so what color? _____
4. Have you ever coughed up blood? NO
5. Do you get short of breath if you walk or climb steps? NO
6. Are you short of breath while you are resting? NO
7. Do you ever notice yourself wheezing? _____ What seems to make the wheezing worse? _____
8. Do you wake up tired? yes
9. Do you snore? yes
10. Do you have night sweats? some Fevers? _____
11. When was your last chest x-ray? June Where? Dr Feldman
12. Potential Exposures:
    a. Does anyone else in your home smoke? NO
    b. Have you ever had a skin test for TB (tuberculosis)? No When? _____
    c. What were the results of the skin test, if you know? _____
    d. Have you ever been exposed to TB? _____ When? _____

2000 yrs ago
8 hrs test 9
calls NR

LC111 - 12-23-03

000409

e. If you have been exposed to TB, have you had a skin test since then? _____

f. Do you have indoor pets? _____ What kind? _____

g. Have you been, or are you exposed to dust or fumes? ___ What kinds? _____

h. Have you traveled out of the upstate area? _____

IV. Work History

1. What type of work do you do? production - 8 + 12 hr shifts (swing)
2. Have you done other types of work? yes Please list: paint shop - restaurant
3. Have you ever served in the military? no Where? _____

V. Past Medical History (Hospitalizations)

Have you ever been admitted to a hospital for an operation or illness? (Use Back of Page if necessary)

Name of Hospital	When	Reason
Mary Black	1994?	hemorrhoid surgery
Regional	2000	chest pain

VI. Family History (Use back of page if necessary)

1. Mother's Age? ___ Living? ___ Or died of _____
2. Father's Age? ___ Living? ___ Or died of Heart attack
3. Brother or Sister's Age? 44 Living? ___ Or died of cancer
4. Brother or Sister's Age? 47 Living? ✓ Or died of _____
5. Brother or Sister's Age? 42 Living? ✓ Or died of _____

VII. Social History

1. Are you married? No Widowed? ___ Single? ___ Divorced? ✓
2. What was the highest grade you finished in school? 1 yr college
3. Do you drink alcoholic beverages (beer, wine, liquor)? yes How much? occasional
4. Have you ever used cocaine, marijuana or other street drugs? No How long has it been since you last used? _____
5. Have you ever received a blood transfusion? ___ When? _____
6. Do you have any hobbies (raising pigeons, woodwork shop, etc)? golf

VIII. Review of Systems

1. Do you wear glasses? yes
2. Do you have trouble hearing? no
3. Do you wear dentures? no
4. Do you have chest pain if you are just resting? ___ walking? ___ climbing steps? ___
5. What area of your chest hurts? _____
6. Have you ever been treated for heart trouble? _____
7. Have you ever been treated for high blood pressure? no
8. Do you have diabetes? no
9. Do you have a problem with nausea? ___ Vomiting? ___ Diarrhea? ___ Constipation? ___ Heartburn? ___
10. Have you ever vomited bright red blood? no

11. Have you ever had rectal bleeding? yes When? 10 yrs ago
12. Have you ever has a "stomach x-ray"? _____ When? _____
13. Have you ever had a change in your appetite? NO More? _____ Less? _____
14. Have you ever had stomach ulcers? NO
15. Do you have any pain when you urinate? NO
16. Female patients: When was your last menstrual period? ____ Pap smear? _____
    Who is your gynecologist? _____
18. Male patients: When was your last prostate exam? Never
    Do you have trouble starting your stream when you urinate? NO
    How many times do you usually get up at night to urinate? 3 or 4
19. Do you have any numbness or tingling in your arms or legs? NO
20. Do you ever have swelling in your feet or legs? yes - feet sometimes

PLEASE COMPLETE THE FOLLOWING INFORMATION REGARDING PAST OR PRESENT CONDITIONS: Have you ever had or presently have any of the following:

MEDICAL CONDITION	NO	YES	WHEN DID YOU HAVE THIS	WHAT TREATMENT ARE YOU RECEIVING
ATHRITIS		✓	current	Bextra
ASTHMA	✓			
BLADDER INFECTION	✓			
BLOOD CLOTS IN LEGS	✓			
BLOOD CLOTS IN LUNGS	✓			
CANCER	✓			
CATARACTS	✓			
CHOLESTEROL (HIGH)		✓	current	Lipitor
CIRRHOSIS OF LIVER	✓			
COLON PROBLEMS	✓			
EMPHYSEMA	✓			
GLAUCOMA	✓			
HAY FEVER	✓			
HEPATITIS (YELLOW JAUNDICE)	✓			
KIDNEY FAILURE	✓			
KIDNEY STONES	✓			
PHLEBITIS	✓			
PNEUMONIA	✓			
PROSTATE PROBLEMS	✓			
RHEUMATIC FEVER	✓			
SEIZURES	✓			
SHINGLES	✓			
SINUS INFECTION	✓			
SKIN DISEASE	✓			
STROKE	✓			

Is there anything else you feel that the doctor needs to be aware of? (Use back of this page if necessary)

Have disc problems + arthritis in lower back

LC111 – 12-23-03

000407

Lung and Chest Medical Associates

Authorization of Use and Disclosure of Protected Health Information

Appointment Reminders. Lung and Chest Medical Associates, Dr. Charles M. Fogarty, Dr. Wilson P. Smith, Dr. Mary Lou Applebaum, Dr. E. Bert Knight, Dr. J. Douglas Clark and/or Dr. Rico V. I. Mendoza may use your information to remind you about upcoming appointments. Typically, appointment reminders are made by a brief phone call, or non-specific message may be left on your answering machine. We may also use "appointment cards" to remind you about upcoming appointments. If you don't approve of these methods and would like alternative reminder methods (i.e. mail or e-mail) please indicate those methods in the space provided (samples of appointment reminders are available upon request):

How would you like to be contacted regarding appointments, treatment and/or other information pertinent to your healthcare and/or payment for your healthcare provided at Lung and Chest Medical Associates (Check all that apply)

✓ Regular Mail ✓ Home Telephone # 864 486-9131 ✓ Work Telephone # 864 680-5929

____ Appointment Cards ___ Email _____

Other: _____

If you have an answering machine, may we leave messages regarding appointments, treatment and/or other information pertinent to your healthcare and/or payment for your healthcare provided at Lung and Chest Medical Associates? (Check one)

✓ YES _____ NO _____ No Answering Machine Available

If "NO", how else may we contact you regarding this information?

_____

- **Are you interested in being made aware of the opportunity to participate in a research study that may apply to your case?** ✓ Yes _____ No
- **Do you give your permission for your medical chart to be reviewed for consideration in research studies that apply to your case?** ✓ Yes _____ No
- **Do you give your permission for your chart to be reviewed by staff from Spartanburg Pharmaceutical Research, Dr. Charles M. Fogarty, for consideration in research studies that apply to your case?** ✓ Yes _____ No

Lung and Chest Medical Associates

Authorization of Use and Disclosure of Protected Health Information

(Page 2 of 2)

Persons Authorized to Receive Information:
Health information Lung and Chest Medical Associates collects or receives about you may be disclosed to the following persons:

680-9648 476-5222
Carole Lynne Casey (sister) Gregg Casey (brother)
Name of Relatives

Dr. Frank Gaeda
Name of Physicians

CVS
Name of Pharmacy Other

Use and Disclosure of Information:

✓ I authorize the person(s) listed above to receive all health information about appointments, treatment and/or other information pertinent to my healthcare and/or payment for my healthcare provided at Lung and Chest Medical Associates

____ I do not authorize the following information to be disclosed to any other parties except to me as the patient (Please specify):

Other Uses and Disclosures. Disclosure of your health information or its use for any purpose other than those listed in the "Notice of Privacy Policies and Practices" brochure and / or consent require your specific written authorization. If you change your mind after authorizing a use or disclosure of your information you may submit a written revocation of the authorization. However, your decision to revoke the authorization will not affect or undo any use or disclosure of information that occurred before you notified us of your decision. You have the right to request restrictions on use and disclosure of your health information.

____I would like the following restrictions regarding the use and disclosure of my health information:

Expiration Date of Authorization
This authorization is effective through unlimited unless revoked or terminated by the patient or patient's personal representative. You should contact the **PRIVACY OFFICER** or other authorized representative to terminate this authorization.

Potential for Re-disclosure
The person or organization to which health information is sent may repeatedly disclose health Information that is identified by this authorization. The privacy of this information may not be protected under the federal privacy regulations.

Signature
William Mark Casey July 14 2004 William Mark Casey
Signature of Patient Date Name of Patient (Print or Type)

Signature of Patient Representative Date Relationship to Patient

10/03

000405

LUNG AND CHEST MEDICAL ASSOCIATES

Dr. Charles M. Fogarty, Dr. Wilson P. Smith, Jr., Dr. Mary Lou Applebaum, Dr. E. Bert Knight, III, Dr. J. Douglas Clark, Dr. Rico Mendoza

ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I have received a copy of the Notice of Privacy Practices. The Notice describes how my health information may be used or disclosed. I understand that I should read it carefully. I am aware that the Notice may be changed at any time. I may obtain a revised copy of the Notice by calling 864-582-6858, on Lung and Chest's website at lungandchest.com, or by requesting one at the Lung and Chest offices.

July 14, 2004
(Date)

William Mark Casey
(Signature*)

William Mark Casey
(Print or Type Name)

* As the representative of the above individual, I acknowledge receipt of the Notice on his or her behalf.

Carole Lynne Casey
(Signature)

Sister
(Relationship)

July 14, 2004
(Date)

****

The patient _____ was provided with a Notice and Written Acknowledgment form by _____, who explained that signing the form merely indicates the patient's acknowledgment that he or she received the Notice, but the patient nonetheless refused to sign.

_____ _____
Staff signature Date

12/11/03

000404

THOMPSON 032199

PATIENT INFORMATION

NAME William Mark Casey CHART # 27168 UPS

Mailing Address 240

Street Address 240 Lightwood Farm Road Woodruff (City) SC (State) 29388 (Zip)

Date of Birth [redacted] 1958 Age 45 Sex M Race W Marital Status Divorced

Social security # [redacted] Tel. Home (864) 486-9131 Business (864) 680-5929

Your Employer/School Michelin Tire Corp Address

E-Mail address: MARKMARKKC@aol.com

Spouse's/Parent's Name _____ Spouse's/Parent's Employer _____

Are you, the patient, covered by spouse's/ parent's insurance? _____ Spouse's/Parent's Date of Birth ____-____-____

If yes, spouse's/parent's Social Security # _____-_____-_____

Family Physician Dr Frank Gowda

Referring Physician (if different) _____

Emergency Contact Carole Lynnette Casey (Relationship) Sister (Phone) 864 680-7929

MICHELIN PPO

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 1-800-334-7267

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: 1-800-537-6221

Personnel Service Center (PSC): 1-877-425-7768

BC/BS SC Customer Service: 1-888-7753660

First Advice Nurse Line: 1-888-521-2583 (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 8000 Greenville, SC 29602-8000

Plan (or Licensee 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

LONG TERM INSURANCE AUTHORIZATION

I request payment of authorized benefits be made on my behalf to Charles M. Fogarty, MD, PA, Wilson P. Smith, MD, PA, E. Bert Knight, MD, PC, Mary Lou Applebaum, MD, PC, J. Douglas Clark, MD, PC and/or Rico Vicente I. Mendoza, MD, PA for any healthcare services rendered to me by that physician. I authorize any holder of medical information about me to release to Health Care Financing Administration and/or my other insurance companies any information needed to determine benefits payable. I understand I am responsible for any amounts approved but not covered by my insurance.

William Mark Casey
(Patient's Signature)

July 14 2004

CASEY,WILLIAM MARK
240 LIGHTWOOD FARM RD
WOODRUFF SC 293887600

DL#: [redacted]
Expires:

Class: D Hgt: 5-08 Wgt: 165
Sex: M DOB: [redacted]
Issued: 10-15-2003 42079 R 4



A:\LC102 New Pt. Ins Form- pink.doc 01/05/2004

000403

THOMPSON 032200

5121

NEW PATIENT APPOINTMENTS
LUNG AND CHEST MEDICAL ASSOCIATES
2030 NORTH CHURCH PLACE
SPARTANBURG SC 29303

CMF RVM JDC
WPS MLA EBK

APPT DATE 7.14
APPT TIME 10

DATE July 7, 2004

PT NAME William R. Carow
DOB: [redacted] 58 SS # 0

REFERRING DOCTOR SVH
CONTACT 0 PH#

HOME # 486-9131 WK#

MAILING ADDRESS 210 Lighthorse Acres SC 29385

REASON FOR VISIT Chest pain (not cardiac)
Smart to PE - Edentown Scan - Lincoln Surgeon
FAMILY PHSICIAN

INSURANCE BCBS REFERAL Y N

MEDICAL RECORDS
CHEST XRAY OR CT SCANS
COMMENTS:

QUESTIONAIRE MAILED A BY
'EO LOGGED BY

000402

THOMPSON 032201

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
Cindy Edwards, F.N.P.

Fax: (864) 582-3750

Feldman 573-6323

560-6073 60270

Patient Authorization to Release Medical Information

I hereby authorize employees, Medical Staff Members or other agents of (name of organization) Upstate Lung & Critical Care and Spartanburg Regional to use or disclose the following information about me: _____

For the following purposes:
_____ At the request of the undersigned individual
_____ Other (describe) _____

The health information described above may be used or released to: Lung & Chest Medical & fax to 542-9043

This Authorization expires:
_____ On the following date: 12/31/2099, unless otherwise revoked by the patient, which is their right.
_____ When the following event occurs: _____
_____ No expiration (permitted only for authorizations used to create or maintain research databases or repositories)

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.

X William Mark Casey X 10-22-2004 X [redacted] 1958 X [redacted]
Patient Signature | Date | Date of Birth | Social Security Number

William Mark Casey — Maria J. Kimbrell
Patient printed name | Witness Signature

****

The above individual is unable to consent because:
_____ Minor
_____ Incompetent
_____ Other (explain): _____

I therefore consent on behalf of the individual named above.

_____ _____
Signature | Relationship

_____ _____
Witness Signature | Date

Upstate Lung
H+P, last office notes, any diagnostics

Spartanburg Regional
ER, Admission, Discharge, Diagnostic Info, Bronch Report, Cytology

6-4-04

TRANSMISSION VERIFICATION REPORT

TIME : 10/22/2004 13:32
NAME : LUNG&CHEST MEDICAL
FAX : 8645823750
TEL : 8645826858
SER.# : BROJ2N537248

DATE,TIME	10/22 13:32
FAX NO./NAME	5736323
DURATION	00:00:21
PAGE(S)	01
RESULT	OK
MODE	STANDARD ECM

Faxed Medical record release to Dr. Feldman's - re: William Mark Casey

Maria Kimbrell

000400

HP OfficeJet
Personal Printer/Fax/Copier

Fax Log Report

Oct-29-04 02:56 PM

Identification	Result	Pages	Type	Date	Time	Duration	Diagnostic
srmc med rec	OK	01	Sent	Oct-29	02:56P	00:00:36	0024c2030022

1.3.0 2.8

Faxed medical record release to SRMC
re: William Mark Carey
Maria Kimbrell CMA
10/29/04

000399

****** ALLOW 2 LINES FOR PREDNISONE

Upstate Lung and Critical Care Specialists

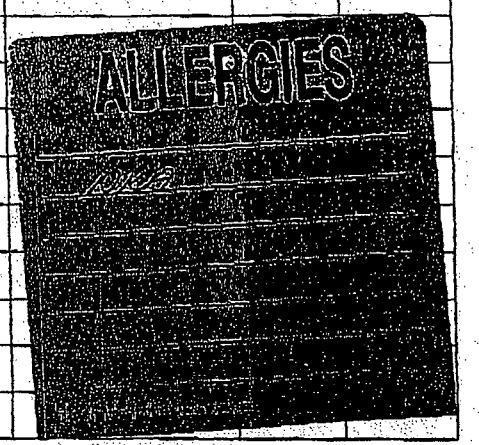
1091 Boiling Springs Road • Spartanburg, South Carolina 29303

NAME William Casey CHART# 11686

ALLERGIES NKA

ROUTINE MEDICATION LIST:

MEDICATION	Dose & Frequency Ordered by MD	Dose & Frequency Taken by Patient	State Date	Stop Date
Bextra	take 1 qd			
Ultram	PRN if needed			
Zanaflex	(takes prn for sleep) 6/25			
Lortab	(2 tabs a day) 6/25			
Had 6 shot's in back from pain center)				
Lipitor	1 qd			



Date Reviewed and Updated / By Whom

6-8041KMS	/	/	/	/
6-25041LQ	/	/	/	/
/	/	/	/	/
/	/	/	/	/

UL-109

000398

THOMPSON 032205

Upstate Lung And Critical Care Specialists, P.C.

F

Name: Casey William M. Chart# 11686 Date 8/17/04

Wt _____ Ht _____ B/P _____ H/R _____ RR _____ Temp _____ FiO2 _____

Cough _____ Smoking _____
Sputum _____ Nausea _____
Dyspnea _____ Vomiting _____
Wheeze _____ Diarrhea _____
Edema _____ Chest Pain _____
Palpitations _____ Pain _____
Oriented _____ ETOL _____
New Allergies ___
Last Chest X-Ray _____

Present Illness + reason for visit _____

NO SMOKE

Physical Exam: ✓ WNL/NEG ✖ ABN/POS

* General Appearance _____
* Skin/Turgor _____
* ENT _____
* Sinus _____
* Mouth _____
* Neck _____
* Heart: Rhythm _____
  Murmurs _____
  Gallop _____
  Tones _____
* Abdomen _____
* Chest/Lungs:
  Breath Sounds ___
  Wheezes _____
  Rales _____
  Effort _____
  Symmetry _____
* Extremities:
* Mobility: Gait _____
  Reflexes _____
  Aides _____
* Mental Status _____

LAB ORDER: Spirometry ___ EKG ___ Sinus ___ CBC ___ Glu ___ PT ___ INR O_2Sat Rest
Lung Vol ___ DLCO ___ U/A ___ CXR ___ ABG'S ___ Bun ___ Cre K+ Theo
O_2Sat Rest ___

Office Treatment _____

Education _____

Diagnosis _____ Plan _____

Prescriptions

Next Appt. ___ Wks ___ Months W/GJF JAB DRE Signature _____ Staff _____
Next Visit: Spiro L/V DLCO PA PAL Sinus Dexa BLDWK _____ Other _____

000397

Upstate Lung And Critical Care Specialists, P.C. F

Name: Casey William m Chart# 11686 Date 7-7-04

Wt 171 Ht _____ B/P 144/88 H/R 85 RR _____ Temp _____ FiO2 .21

Cough Some Smoking quit 2wks Present Illness + reason for visit feels tightness
Sputum occ/brown Nausea + on chest. Also c/o soreness @
Dyspnea c exertion Vomiting 0 chest tube site. Sts lay lung bc
Wheeze some Diarrhea 0 to sleep on that side. Feels
Edema feet Chest Pain @ Chest tube sit like heart is racing @ times
Palpitations + Pain _____
Oriented yes ETOL _____
New Allergies _____
Last Chest X-Ray _____

Feels better, complains not sleeping/sleep

Physical Exam: ✓ WNL/NEG ✗ ABN/POS

- * General Appearance ✓
- * Skin/Turgor ✓
- * ENT ✓
- * Sinus ✓
- * Mouth ✓
- * Neck ✓
- * Heart: Rhythm ✓
  - Murmurs ✓
  - Gallop ✓
  - Tones ✓
- * Abdomen ✓ RUQ tenderness
- * Chest/Lungs:
  - Breath Sounds ✗ Clear
  - Wheezes ✓
  - Rales ✓
  - Effort ✓
  - Symmetry ✓
- * Extremities: ✓
- * Mobility: Gait ✓
  - Reflexes ✓
  - Aides ✓
- * Mental Status ✓

LAB ORDER: Spirometry ___ EKG ___ Sinus ___ CBC ___ Glu ___ PT ___ INR ___ O_2Sat Rest 98
Lung Vol ___ DLCO ___ U/A ___ CXR ___ ABG'S ___ Bun ___ Cre ___ K+ ___ Theo ___
O_2Sat Rest ___

Office Treatment Referred to Pulm Rehab — Hand RX

Education _____

Diagnosis Aplth - Colls Plan pt rb
SIP pneumothorax

Prescriptions _____

Next Appt. ___ Wks ___ Months W/GJF JAB DRE Signature _____ Staff _____
Next Visit: Spiro L/V DLCO PA PAL Sinus Dexa BLDWK _____ Other _____

000396

SPIROMETRY REPORT — UPSTATE LUNG AND CRITICAL CARE — TEST DATE: 07/07/04
PB100 SW Rev: J-J — TIME: 15:02

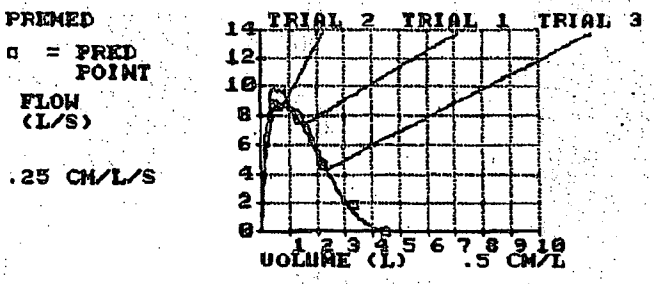
Patient Name: William Casey — PreMed Time: 15:03
Patient ID: 11686 Age: 46 Height (in): 68 Weight (lbs): 171 Sex: Male Race Correction: NO Smoker: Yes
Barometric Pressure (mmHg): 760 Temp (deg F): 70 BTPS Correction: 1.110 Sensor: FS200 Insp Code: None
Last Cal Date: 07/07/04

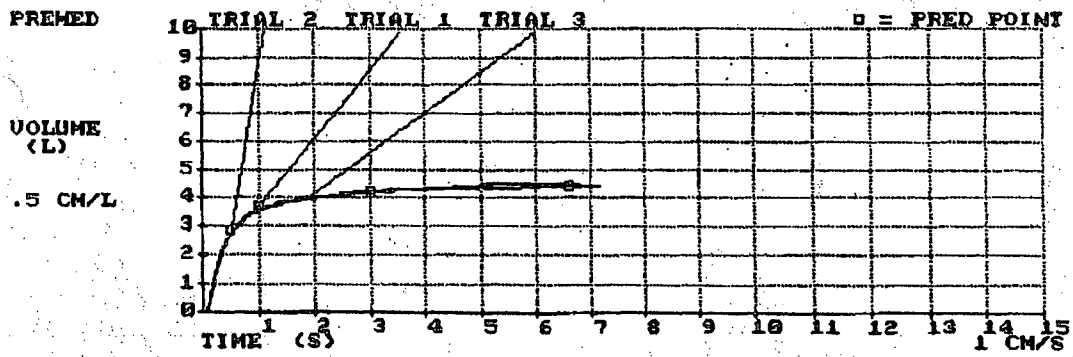
FVC TEST DATA - Clinical Format — BEST TEST SUMMARY — Knudson 83 Adult Predicted Normals

Measurement		PreMed	Pred	%Pred	PostMed	%Pred	%Change
FVC	(L)	4.47	4.45	100%			
FEV1	(L)	3.61	3.66	99%			
%FEV1	(%)	80.76	82.42	98%			
FEF25%-75%	(L/S)	3.57	3.85	93%			
PEF	(L/S)	9.98	8.67	115%			
FEV3	(L)	4.26	4.24	100%			
FET	(S)	4.95					

HAS Censured / advair
Used yesterday, not today

Variability: PreMed: FVC = 0.0%(0ml) FEV1 = 0.3%(10ml) PEF = 10.7%





Interpretations:
Lung Age: 47 years
PREMED: Testing indicates normal spirometry.
Comments:

000395

1 of 3 pg 1

TELEPHONE CALL BACK - UPSTATE LUNG AND CRITICAL CARE SPECIALISTS

DATE 06/25/04 TIME: ___ AM/PM CHART# 11686 BY DF

___ / ___ called RE: William Casey
(caller name/relation)

TELEPHONE# ___ PT PHONE# ___

DATE OF LAST VISIT ___ NEXT APPT DATE ___ DOB [redacted]/58

#1: NEED DRUG REFILL (For patient doing well and no reason not to refill)

Drug Name: ___ Strength: ___ Freq: ___

Name of Pharmacy: ___ Pharmacy Telephone# ___

Drug Called in: ___ / ___ am/pm BY ___ ___
(Staff) (Doctor)

#2: PATIENT COMPLAINT

Pt and sister here this visit. Pt come back for a return follow-up visit. Patient's sister started asking questions to Dr. Boscia re: the rigid Bronch. Sister (Carol Casey) wanted to know "Why the urgency of doing a bronch". Explained to patient that something was seen on the x-ray but he was unable to see it c the fibroptic-bronch but something was there.

Nursing Interventions/Advice Pt stated he did not have a prm with what Dr. Boscia had done. He reports he came to the hospital with pain in his chest reports symptoms - Pt reported that all he wanted was something that

M.D. Signature

Call 911 ___ Go to ER ___ Appointment given in office ___

Referral(s) ___ Instructions Accepted Yes ___ No ___

JUN 28 2004

CALLED

JUN 28 2004

___ / ___ ___ By: Dr. Jotal Boscia
(Date/Time) (Staff) (Doctor)

000394

(2)

TELEPHONE CALL BACK - UPSTATE LUNG AND CRITICAL CARE SPECIALISTS

DATE ___/___/___ TIME: ___ AM/PM CHART# _____ BY _____

_____/_____ called RE: _____
(caller name/relation)

TELEPHONE# _____ PT PHONE# _____

DATE OF LAST VISIT _____ NEXT APPT DATE _____ DOB _____

#1: NEED DRUG REFILL (For patient doing well and no reason not to refill)

Drug Name: _____ Strength: _____ Freq: _____

Name of Pharmacy: _____ Pharmacy Telephone# _____

Drug Called in: _____/____am/pm BY _____ _____
(Staff) (Doctor)

#2: PATIENT COMPLAINT

would stop him from pacing All the time and be able to sleep at night. He reported that he has to take the Zanaflex prn just to sleep but he did not want to just be put to sleep he just wanted to rest and stop pacing. Pt reported he was able to rest sit and watch TV before All this happened + now he just finds himself pacing. Dr. Boscia told patient he was notable to answer all his questions because the procedure he did should Not we caused all these pains. Dr. Boscia Suggested

Nursing Interventions/Advice

Call 911 _____ Go to ER _____ Appointment given in office _____

Referral(s) _____ Instructions Accepted Yes ___ No ___

_____/_____ _____ Boscia
(Date/Time) (Staff) (Doctor)

000393

3

TELEPHONE CALL BACK - UPSTATE LUNG AND CRITICAL CARE SPECIALISTS

DATE ___/___/___ TIME: ___ AM/PM CHART# _____ BY _____

_____/_____ called RE: _____
(caller name/relation)

TELEPHONE# _____ PT PHONE# _____

DATE OF LAST VISIT _____ NEXT APPT DATE _____ DOB _____

#1: NEED DRUG REFILL (For patient doing well and no reason not to refill)

Drug Name: _____ Strength: _____ Freq: _____

Name of Pharmacy: _____ Pharmacy Telephone# _____

Drug Called in: _____/___ am/pm BY _____ _____
(Staff) (Doctor)

#2: PATIENT COMPLAINT

to them that they should talk to his partner who performed the other procedures. Patient's sister quickly said that she ~~wanted~~ to see that they were not going to get any answers here. Encouraged her to make an appointment to see Dr. Fe[illegible] next week. She shook her head "no" that she would have "someone" contact us. At one point during the visit Mr. Casey stated "I don't want no parts of this, I just want to be able to rest + stop pacing." At one point the sister talked about all the expenses of the hospital bill.

Nursing Interventions/Advice

Call 911 _____ Go to ER _____ Appointment given in office _____

Referral(s) _____ Instructions Accepted Yes ___ No ___

_____/_____ _____ Boscia
(Date/Time) (Staff) (Doctor)

000392

Patient was given an Prescription for Ambien And was Advised not to take this medication in conjunction with Lortab And Zanaflex.

DiAnn Foster

000391

THOMPSON 032212

6:25:04 William Casey

1. Why such urgency of flexible bronch?

Bascia: "Window of opportunity"

-had CT before discharge

-Pt. went to hospital orgionally for chest pain

Bascia: "Pain predates us. He had the pain before this procedure."

Pt. Sister: "He is having pain from this procedure!"

6:25:04 William Casey

Bascia: "I want to be sure I don't take lactab, Zanaflex + Ambien together. It will suppress your respirations!"

William Casey: "The only question I have for you is what can you do to help me stop walking in circles?"

M.D. Signature

JUN 28 2004

RTR

000390

Upstate Lung And Critical Care Specialists, P.C. (1) B

Name: Casey William M. Chart# 11086 Date 6/25/04

Wt 172 Ht 68 B/P 130/90 H/R 90 RR ____ Temp ____ FiO2 RA

Cough occ
Sputum occ
Dyspnea 0
Wheeze occ
Edema 0
Palpitations occ
Oriented yes
New Allergies ___
Last Chest X-Ray ____

Smoking +
Nausea 0
Vomiting 0
Diarrhea 0
Chest Pain tightness
Pain Chronic back
ETOL Pain
Pain Level 3

Present Illness + reason for visit: Gets tired easily continues to have some chest tightness. Reports chronic back pain Continues to have trouble resting - sister reports he is pacing. And he cannot sit down because he hurts

Physical Exam: ✓ WNL/NEG # ABN/POS

- * General Appearance
- * Skin/Turgor
- * ENT
- * Sinus
- * Mouth
- * Neck
- * Heart: Rhythm
  - Murmurs
  - Gallop
  - Tones
- * Abdomen
- * Chest/Lungs:
  - Breath Sounds — Clear
  - Wheezes
  - Rales
  - Effort
  - Symmetry
- * Extremities:
- * Mobility: Gait
  - Reflexes
  - Aides
- * Mental Status

pt. c/o pacing floors could not sleeping: See notes.

LAB ORDER: Spirometry ___ EKG ___ Sinus ___ CBC ___ Glu ___ PT ___ INR ___ O_2Sat Rest ___
Lung Vol ___ DLCO ___ U/A ___ CXR ___ ABG'S ___ Bun ___ Cre ___ K+ ___ Theo 96%
O_2Sat Rest ___

Office Treatment ____

Education ____

Diagnosis Chronic Pain Anxiety

Plan Rtc c Feldmann in 2 weeks Ambien for sleep

Prescriptions ____

Next Appt. ___ Wks ___ Months W/GIF IAB DRE Signature ____ Staff ____
Next Visit: Spiro L/V DLCO PA PAL Sinus Dexa BLDWK ____ Other ____

UL-121 Rev 6/03

000389

Pt. Fold not to take Xanaflex & Inform
c Ambien.



000388

(1)

TELEPHONE CALL BACK - UPSTATE LUNG AND CRITICAL CARE SPECIALISTS

DATE 6.22.04 TIME: ___ AM/PM CHART# 11626 BY MEH

___ / ___ called RE: William Casey
(caller name/relation)

TELEPHONE# ___ PT PHONE# ___

DATE OF LAST VISIT ___ NEXT APPT DATE ___ DOB ___

#1: NEED DRUG REFILL (For patient doing well and no reason not to refill)

Drug Name: ___ Strength: ___ Freq: ___

Name of Pharmacy: ___ Pharmacy Telephone# ___

Drug Called in: ___ / ___ am/pm BY ___ ___
(Staff) (Doctor)

#2: PATIENT COMPLAINT Call came 6/17/04 @ 4:30

A. called also to [illegible]
the lab not available [illegible]
told him Amanda [illegible]
Anim that [illegible] not [illegible]
I could not [illegible]
in NH. [illegible]
was him either [illegible]

Nursing Interventions/Advice: [illegible]
it was fine. to [illegible]
who later [illegible]
use. (over)

[illegible]re

CALLED
JUN 22 2004

Call Out: [illegible] given in office

Referral: JUN 22 2004 BVX

Accepted Yes ___ No ___

(Date/Time) ___ (Staff) ___ (Doctor)

with Dawn Foster RN

000387

THOMPSON 032216

Pt. said he was taking Zanaflex
as many as needed to "pass out"
@ night." Pt was warned not to
do that. Zanaflex not given by
this office.

000386

THOMPSON 032217

(1)

Upstate Lung And Critical Care Specialists, P.C.

Name: William M. Casey Chart# 11686 Date 6-11-04

Wt 165 Ht 68" B/P 112/82 H/R 117 RR 18 Temp 100.° FiO2 RA

Cough + Smoking + Present Illness + reason for visit PN

Sputum brown Nausea 0

Dyspnea 0 Vomiting 0 Sweating all night

Wheeze 0 Diarrhea 0 Coughing up brown phlegm

Edema 0 Chest Pain 0

Palpitations 0 Pain Chest tube site 10/10

Oriented + ETOL

New Allergies 0

Last Chest X-Ray 6/8/04 USLCCS

WANT TO move cxr pm. (750)

9:45 - Felt nauseated, vomited, went to bed "Project" woke "SOME TRAINS PREdown" (ESOP)

Physical Exam:	✓ WNL/NEG	✗ ABN/POS	
* General Appearance	WNL	✗ PT well developed, well nourished, in no acute distress. Alert + oriented x 3. Cooperative + pleasant.	Sister felt label, don't feel warm.
* Skin/Turgor	✓		100s. Some drainage from CT site. Cxr reveals slight L base infiltrate. Will start on Levaquin.
* ENT	✓		
* Sinus	✓		
* Mouth	✓		
* Neck	✓	RJ VD	
* Heart: Rhythm	RR		"Chest tube will be pulled today" (Resident says it's not a bleeder, can't pull yet)
Murmurs	SEM		
Gallop	✓		
Tones	✓		
* Abdomen	NT		
* Chest/Lungs:			
Breath Sounds	↓BS	↓ Bs on L base	(very deep cough productive of thick yellow sputum)
Wheezes	0		
Rales	0		"PT. states he does not cough productively. Just states he really doesn't cough."
Effort	WD		
Symmetry			
* Extremities:			
* Mobility: Gait	✓	no deficits	
Reflexes	✓		
Aides	✓		
* Mental Status	X	Alert + oriented x 3	

LAB ORDER: Spirometry ___ EKG ___ Sinus ___ CBC ___ Glu ___ PT ___ INR ___ O_2Sat Rest ___

Lung Vol ___ DLCO ___ U/A ___ CXR ___ ABG'S ___ Bun ___ Cre ___ K+ ___ Theo 9/6/20

O_2Sat Rest ___

Office Treatment Nurse note over. —Hall RN

Education Seen By A Boren

Diagnosis Temp Plan Z pack (Zithromax)

Cough - sputum prod. prev - cont

S/P Bronchoscopy

Prescriptions

Next Appt. 2 Wks ___ Months W/GIF IAB DRE Signature [signature] Staff [signature]

Next Visit: Spiro L/V DLCO PA PAL Sinus Dexa BLDWK ___ Other ___

000385

Pt. told me he had talked to
A person of whom he saw their picture
while in my office about his condition.
I told him I wish he had not done
that because we do not speak of
ANY of our Pts with friends & family.
I would tell me Free if he ask that
- did not know you.
- Hawdon

000384

TELEPHONE CALL BACK - UPSTATE LUNG AND CRITICAL CARE SPECIALISTS

DATE 6/11/04 TIME: ___ AM/PM CHART# 11686 BY MEH

_____/_____ called RE: William Casey
(caller name/relation)

TELEPHONE# _____ PT PHONE# _____

DATE OF LAST VISIT _____ NEXT APPT DATE _____ DOB _____

#1: NEED DRUG REFILL (For patient doing well and no reason not to refill)

Drug Name: _____ Strength: _____ Freq: _____

Name of Pharmacy: _____ Pharmacy Telephone# _____

Drug Called in: _____/____ am/pm BY _____ _____
(Staff) (Doctor)

#2: PATIENT COMPLAINT

Pt sister called to report her mother was in severe pain @ Chest tube site. was taking Percocet 5mg 2-3 @ a time every 4 hrs with no relief. Pt. has appt with Pain Center on 6/17/04 if not sooner. Dr. Bosica ordered oxycontin 20mg 1 BID only amount until Pain Center.

Nursing Interventions/Advice Could see (Rx Written for 13 pills) I talked with sister in front of Diann Foster RN & Karen if Pt can't take pain meds he had with oxycontin. Sister told nurse she would remove

Call 911 _____ Go to ER _____ Appointment given in office _____

Referral(s) _____ Instructions Accepted Yes ___ No ___

_____/_____ _____ _____
(Date/Time) (Staff) (Doctor)

000383

KZ

TELEPHONE CALL BACK - UPSTATE LUNG AND CRITICAL CARE SPECIALISTS

DATE 6/11/04 TIME: ___ AM/PM CHART# _____ BY MEH

_____ / _____ called RE: William Casey
(caller name/relation)

TELEPHONE# _____ PT PHONE# _____

DATE OF LAST VISIT _____ NEXT APPT DATE _____ DOB _____

#1: NEED DRUG REFILL (For patient doing well and no reason not to refill)

Drug Name: _____ Strength: _____ Freq: _____

Name of Pharmacy: _____ Pharmacy Telephone# _____

Drug Called in: _____ / ____ am/pm BY _____ _____
(Staff) (Doctor)

#2: PATIENT COMPLAINT

All pain meds from his home & only leave with him what he could take ~~get~~ have C.D. Our office will call to see if appt with Pain Centre can be soone

Nursing Interventions/Advice _____

Rx was picked up by M.D. Signature JUN 14 2004

Call 911 _____ Go to ER _____ Appointment ~~given in office~~ _____

Referral(s) _____ Instructions Accepted Yes ___ No ___

_____ / _____ _____ _____
(Date/Time) (Staff) (Doctor)

UL-124

000382

THOMPSON 032221

TELEPHONE CALL BACK - UPSTATE LUNG AND CRITICAL CARE SPECIALISTS

DATE 6 18 04 TIME: ___ AM/PM CHART# 11686 BY MEH

_____ / _____ called RE: _____
(caller name/relation)

TELEPHONE# _____ PT PHONE# _____

DATE OF LAST VISIT _____ NEXT APPT DATE _____ DOB _____

#1: NEED DRUG REFILL (For patient doing well and no reason not to refill)

Drug Name: _____ Strength: _____ Freq: _____

Name of Pharmacy: _____ Pharmacy Telephone# _____

Drug Called in: _____ / ____ am/pm BY _____ _____
(Staff) (Doctor)

#2: PATIENT COMPLAINT

Nursing In

UPSTATE LUNG AND CRITICAL CARE SPECIALISTS, P.C.
1091 BOILING SPRINGS ROAD
SPARTANBURG, SC 29303
TELEPHONE (864) 573-6320
1419 N. LIMESTONE ST.
GAFFNEY, SC 29340
TELEPHONE (864) 487-9931
☐ Gregory J. Feldman, MD 15836 ☐ Joseph A. Boscia III, MD 22330 ☐ David R. Erb, MD 653699

NAME William Casey DATE 6/5/04
ADDRESS

LABEL DRUG NAME, STRENGTH & QUANTITY ☐ YES ☐ NO

		STRENGTH	QUANTITY	REFILL
1	Rx A. will be out SIG A. work. for two (2) next 10 weeks			
2	Rx until another SIG C.W.H. certificate next A.M.T. date	STRENGTH	QUANTITY	REFILL
3	Rx AUG. 17, 04 @ 10:30 SIG Hrs Ct. of Trial	STRENGTH	QUANTITY	REFILL Rx

M.D. _____ M.D. Feldman
Dispense as Written
DEA _____ M.D. Signature
UL-105

Call 911 _____ Go to ER _____ Appointment given in office _____

Referral(s) _____ Instructions Accepted Yes ___ No ___

_____ / _____ _____ _____
(Date/Time) (Staff) (Doctor)

Ahlen Printing Co., Inc.
000381

F

Upstate Lung And Critical Care Specialists, P.C.

Name: Casey, William Chart# 11686 Date 6/8/04

Wt 168 Ht 5'8" B/P 154/92 H/R 82 RR ____ Temp ____ FiO2 ____

Cough + Smoking + Present Illness + reason for visit HFU

Sputum 0 Nausea 0

Dyspnea 0 Vomiting 0 C/O nonproductive coughing,

Wheeze little Diarrhea 0 little wheezing, sore chest

Edema 0 Chest Pain 0 some pain + back pain.

Palpitations 0 Pain back

Oriented + ETOL ____

New Allergies 0 0 + 10

Last Chest X-Ray ____ CK (6)

Patient has been instructed on the DANGERS of Smoking and the Importance of Stopping.

Dated: 6/8/04 BY: KMS

Physical Exam: ✓ WNL/NEG ✖ ABN/POS

- * General Appearance ✓
- * Skin/Turgor ✓
- * ENT ✓
- * Sinus ✓
- * Mouth ✓
- * Neck ✓
- * Heart: Rhythm ✓
  - Murmurs ✓
  - Gallop ✓
  - Tones ✓
- * Abdomen Soft
- * Chest/Lungs:
  - Breath Sounds ✓
  - Wheezes few
  - Rales ✓
  - Effort ✓
  - Symmetry ✓
- * Extremities: ✓
- * Mobility: Gait ✓
  - Reflexes ✓
  - Aides ✓
- * Mental Status ✓

Prevnar today 9 - is due in March

Diffusion Bronchodilators

Pain under control

LAB ORDER: Spirometry ___ EKG ___ Sinus ___ CBC ___ Glu ___ PT ___ INR ___ O_2Sat Rest

Lung Vol ___ DLCO ___ U/A ___ CXR ___ ABG'S ___ Bun ___ Cre ___ K+ ___ Theo 9+1

O_2Sat Rest ___

Office Treatment ____

Education MUST QUIT SMOKING

Diagnosis Reflux +0 PND Plan Protonix — Next Appt. 8/17/04

Prevnar Paid 29.00

Bronchodilators Albuterol

Diffusion Abn ordered

Prescriptions

Next Appt. ___ Wks ___ Months W/GJF JAB DRE Signature ____ Staff KMS

Next Visit: Spiro L/V DLCO PA PAL Sinus Dexa BLDWK ____ Other ____

000580

THOMPSON 032223

UPSTATE LUNG AND CRITICAL CARE SPECIALISTS

PATIENT NAME: William Casey
ACCOUNT #:
DATE:
JOB #: 199

CHEST X-RAY:

FINDINGS: PA and lateral of the chest were obtained today. The heart, lungs, and bony structures are normal.

IMPRESSION:
1. Normal chest x-ray.

Joseph A. Boscia, MD

JAB:umt01
D: 06/11/04
R: 06/14/04
T: 06/15/04

000379

THOMPSON 032224

CAROLINAS CENTER For Advanced Management of Pain

Comprehensive Evaluation and Medical Management | Diagnostic and Therapeutic Injections | Implantable Pain Control Systems | Neuroablative Procedures

Dr. Feldman wants Appt ASAP (this Week)

NEW PATIENT REFERRAL FORM

Patient Name: William Casey

D.O.B.: [redacted] 1958 SS#: [redacted]

Address: 240 Lightwood Farm Road

City: Woodruff State: SC Zip: 29388

Home Phone #: 486-9131 Alt. Phone #: Carol Casey 680-9648 sister

Reason for referral: ☐ Consult Only

☑ Consult & TX

☐ Injection Only: _____ (type)

☐ Others: _____ (type)

Diagnosis: Bulging Disk, Disabling pain
MRI of Back @ MBH

Insurance: BCBS (please send a copy of the card)

IS THIS A WORKMAN'S COMPENSATION INJURY? ☐ YES ☐ NO

IF YES: Carrier Information: _____

Adjuster/Case Manager: _____ Phone: _____

Referring Physician: Gregory Feldman

Office Address: 1091 Boiling Springs Rd

Office Phone#: 573-6370 Fax: 573-6323

Contact Person/Extension: Natalie Smith

PLEASE FAX MEDICAL RECORDS TO (864) 583-0390 WITH THIS REFERRAL FORM. APPOINTMENTS CANNOT BE MADE UNTIL BOTH ARE RECEIVED!

THE FOLLOWING PATIENT HAS AN APPOINTMENT WITH DR. _____

ON _____ AT _____. Scheduled by: _____

International Spinal Injection Society

Society for ...vate Practice in Pain Management

American Pain Society

Upstate Lung and Critical Care Specialists

HEALTH HISTORY

(Confidential)

Name Wm Mark Casey Today's Date June 8, 2004

Age 45 Birthdate [redacted]57 Sex M Date of last physical examination May 4, 2004

Who is your primary/referring physician? Dr Frank Gonda

What is the reason for the visit? follow up w/ Dr Feldman

SYMPTOMS: Check (√) symptoms you currently have or have had in the past year.

GENERAL
- ☐ Chills
- ☐ Depression
- ☐ Dizziness
- ☐ Fainting
- ☐ Fever
- ☐ Forgetfulness
- ☐ Headache
- ☐ Loss of sleep
- ☐ Loss of weight
- ☐ Nervousness
- ☐ Numbness
- ☐ Sweats

MUSCLE/JOINT/BONE

Pain, weakness, numbness in:
- ☐ Arms ☐ Hips
- ☐ Back ☐ Legs
- ☑ Feet ☐ Neck
- ☐ Hands ☐ Shoulders

GENITO-URINARY
- ☐ Blood in urine
- ☐ Frequent urination
- ☐ Lack of bladder control
- ☐ Painful urination

RESPIRATORY
- ☐ Short of breath ☐ Cough
- ☐ Cough up blood ☐ Wheeze
- ☐ Loud snoring ☐ Excessive sleepiness

GASTROINTESTINAL
- ☐ Appetite poor
- ☐ Bloating
- ☐ Bowel changes
- ☐ Constipation
- ☐ Diarrhea
- ☐ Excessive hunger
- ☐ Excessive thirst
- ☐ Gas
- ☐ Hemorrhoids
- ☐ Acid Indigestion
- ☐ Nausea
- ☐ Rectal bleeding
- ☐ Stomach pain
- ☐ Vomiting

CARDIOVASCULAR
- ☐ Chest pain
- ☑ High blood pressure
- ☐ Irregular heart beat
- ☐ Low blood pressure
- ☐ Poor circulation
- ☐ Rapid heart beat
- ☐ Swelling of ankles
- ☐ Varicose veins
- ☐ Blood clots

EYE,EAR,NOSE,THROAT
- ☐ Bleeding gums
- ☐ Blurred vision
- ☐ Crossed eyes
- ☐ Difficulty swallowing
- ☐ Double Vision
- ☐ Earache
- ☐ Ear discharge
- ☐ Hay fever
- ☐ Hoarseness
- ☐ Loss of Hearing
- ☐ Nosebleeds
- ☐ Ringing in ears
- ☐ Sinus problems
- ☐ Vision-Flashes
- ☐ Vision-Halos

SKIN
- ☐ Bruise easily
- ☐ Hives
- ☐ Itching
- ☐ Change in moles
- ☐ Rash
- ☐ Scars
- ☐ Sore that won't heal

MEN ONLY
- ☐ Breast lump
- ☐ Erection difficulties
- ☐ Lump in testicles
- ☐ Penis discharge
- ☐ Sore on penis
- ☐ Prostate difficulties
- ☐ Other

WOMEN ONLY
- ☐ Abnormal Pap Smear
- ☐ Bleeding between periods
- ☐ Breast lump
- ☐ Extreme menstrual pain
- ☐ Hot flashes
- ☐ Nipple discharge
- ☐ Vaginal discharge
- ☐ Other

Date of last menstrual period _____

Date of last Pap smear _____

Have you had a mammogram? _____

Date of mammogram ____

Are you pregnant? _____

Number of children ____

CONDITIONS: Check (√) symptoms you have or have had in the past.
- ☐ AIDS
- ☐ Alcoholism
- ☐ Anemia
- ☐ Anorexia
- ☐ Appendicitis
- ☑ Arthritis
- ☐ Asthma
- ☐ Bleeding Disorders
- ☐ Breast Lump
- ☐ Bronchitis
- ☐ Bulimia
- ☐ Cancer
- ☐ Cataracts
- ☐ Chemical Dependency
- ☐ Chicken Pox
- ☐ Diabetes
- ☐ Emphysema
- ☐ Epilepsy
- ☐ Glaucoma
- ☐ Goiter
- ☐ Gonorrhea
- ☐ Gout
- ☐ Heart Disease
- ☐ Hepatitis
- ☐ Hernia
- ☐ Herpes
- ☑ High Cholesterol
- ☐ HIV Positive
- ☐ Kidney Disease
- ☐ Liver Disease
- ☐ Measles
- ☐ Migraine Headaches
- ☐ Miscarriage
- ☐ Mononucleosis
- ☐ Multiple Sclerosis
- ☐ Mumps
- ☐ Pacemaker
- ☐ Pneumonia
- ☐ Polio
- ☐ Prostate Problem
- ☐ Psychiatric Care
- ☐ Rheumatic Fever
- ☐ Scarlet Fever
- ☐ Stroke
- ☐ Suicide Attempt
- ☐ Thyroid Problems
- ☐ Tonsillitis
- ☐ Tuberculosis
- ☐ Typhoid Fever
- ☐ Ulcers
- ☐ Vaginal Infections
- ☐ Venereal Disease

000377

THOMPSON 032226

MEDICATIONS: List medications you are currently taking including inhalers and over the counter medicines.

PLEASE BRING WITH YOU

Name	Strength	Times Per Day	Name	Strength	Times Per Day
Baytrin	80 mg	1			
Ultram	50 mg	2X4			
Zanaflex		1			
Loratab	10	1X2			

PHARMACY NAME: CVS Reidville Rd PHONE _____

ALLERGIES

HOSPITALIZATION

YEAR	HOSPITAL	REASON for HOSPITALIZATION and OUTCOME
2000	Spt'bg Regional	
1996	Chest Pain	
	Hemmorhoid. Surgery	
	many	
	Neck	

Have you ever had a blood transfusion? ☐ Yes ☑ No
If yes, please give approximate dates? _____

PHYSICIANS THAT YOU ROUTINELY VISIT:

NAME	ADDRESS	PHONE NUMBER
Dr Frank Gordon	Boiling Springs	

PULMONARY HISTORY

Are you a smoker ☐ No ☐ Yes If yes, how many packs? less than 1/2 pack How many years? 25 If you have quit, how many years did you smoke? _____ Packs per day? _____ How long did you quit? _____
Does anyone else in your home smoke? ☑ No ☐ Yes

Do you have a chronic cough? ☑ No ☐ Yes If yes, how long have you had it? _____ Did you cough anything up? ☐ No ☐ Yes What color are you coughing up? Have you ever coughed up blood? ☐ No ☐ Yes If yes, when?

Do you get short of breath if you walk or climb steps? ☑ No ☐ Yes At rest? ☐ No ☐ Yes At other times? ☐ No ☐ Yes If yes, when? _____

Do you ever notice yourself wheezing? ☐ No ☑ Yes If yes, what make the wheezing worse? _____

When was your last Chest X-ray? 6-6-04 Where? Spartanburg Regional

Have you ever had a skin test for TB (Tuberculosis) ☐ No ☐ Yes If yes, When? ?

Have you ever been exposed to TB ☐ No ☐ Yes If yes, When? 10 Have you had skin test since being exposed? ☐ No ☐ Yes If yes, what kind? _____

Do you have indoor pets? ☐ No ☑ Yes If yes, what kind? Cocker Spaniel

Have you been or are you exposed to dust or fumes ☐ No ☑ Yes If yes, what kinds? Michelin - Heptane

Have you traveled out of the Upstate area? ☐ No ☑ Yes If yes, Where?

000376

SYMPTOMS:	SOCIAL HISTORY	OCCUPATIONAL CONCERNS
Check ($) which substances you use and how much you use ☐ Caffeine 6 cokes ☐ Street Drugs ☑ Tobacco 1/2 pack ☑ Alcohol social ☐ Other	☐ Married ☑ Divorced ☐ Widowed ☐ Single ☐ Number of Children 2 ☐ Hobbies Golf	OCCUPATION: Michelin Tire Building Tires Check ($) if your work exposes you to: ☐ Stress ☑ Heavy Lifting ☐ Hazardous Substances ☐ Other

FAMILY HISTORY

Parent's living? ☐ Yes ☑ No, ☐ Father's Age/Cause of Death 73 - fatal aneurysm

☐ Mother's Age/Cause of Death 72 - pulmonary embolism in hosp. - body to renal + cardiac complications

Siblings living? ☑ Yes ☐ No. ☐ Brother's Age/Cause of Death 43 - radiation burn to pulmonary artery & bronchial tube resulting in rupture + bleeding

☐ Sister's Age/Cause of Death

Any additional Pulmonary family problems? _____

Immunization History

Flu Vaccine _____

Pneumonia Vaccine _____

Do you have any other medical concerns that you would like to discuss with your doctor? ☐ Yes ☐ No

Wm Mark Casey
Signature

6-8-04
Date

1. Doing well - see ROP
S/P pneumonectomy
R/O dyspnea
(Unable to perform PFTs, hx → VQ abnormal findings)
(Resolved)
C2

000375

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
Society for Private Practice in Pain Management
American Pain Society

M.D. Signature

JUN 28 2004

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/tmds
cc: Frank E. Gonda, M.D.

(Dictated, not read)

RECEIVED
JUN 28 2004
BY:

THOMPSON 032229

5150

SPARTANBURG REGIONAL HEALTHCARE SYSTEM
SPARTANBURG, SC 29303

CONSULT Page 1 of 2
CASEY, WILLIAM
146220

Note: Document is draft unless signed.
<END FOOTER>

M.D. Signature
JUN 08 2004

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

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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

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SPARTANBURG REGIONAL HEALTHCARE SYSTEM
SPARTANBURG, SC 29303

11/6/86

OP REPORTS

M.D. Signature

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Lung and Chest Medical Associates



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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.

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Continued...

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