THE STATE OF SOUTH CAROLINA
In The Court of Appeals

APPEAL FROM CLARENDON COUNTY
Court of Common Pleas

R. Ferrell Cothran, Jr., Circuit Court Judge

Case No. 2007-CP-14-00150

Diane C. Dingle, Claimant, ... Appellant,

v.

Federal Mogul Corporation, Employer, and
Travelers Property Casualty Company of America, Carrier, ... Respondents.

RECORD ON APPEAL
VOLUME I

Pages 1 - 442

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South Carolina Workers' Compensation Commission
PO Box 1715 - 1612 Marion Street
Columbia, South Carolina 29202-1715
(803) 737-5700

WCC File # 9831715
Carrier File # 035CBBAI4082
Carrier Code # 00432
Employer FEIN 380533580

Diane C. Dingle — 251-45-0060
Claimant's Name — SSN

211 Dickson Street — Manning, SC 29102
Address — City State Zip

(803) 478-4629
Home Phone # — Work Phone #

Federal-Mogul Corporation
Employer's Name

Hwy 301 N. — Summerton, SC 29148
Address — City State Zip

Travelers Indemnity Company of Illinois
Insurance Carrier

Dwight C. Moore — (803) 778-6520
Preparer's Name — Phone #

Complete each information blank. To request a hearing, check box 13b., indicate the kinds of benefits claimed by checking the box(es) a line 6, 7, 8, and 9, and file this form in duplicate.
A claim for workers' compensation benefits is made based on the following grounds:

1a. The claimant sustained an accident injury to lungs and throat (part of body hurt) on 6/7/98 (month day year) in Clarendon County, State of South Carolina.

1b. Describe briefly how the accident occurred
Claimant began experiencing sinus congestion and headaches when she works in the mold department due to

2. Both the claimant and the employer were subject to the South Carolina Workers' Compensation Act at the time of the injury.

3. The relationship of employer and employee existed at the time of the injury.

4. At the time of the injury the claimant was performing services arising out of and in the course of employment.

5. Notice of the accidental injury was given to the employer on or about December 1999 (month day year) In the following manner:
Claimant had a meeting with Johnny Mitchell and Greg Irvin about this problem.

X 6. Due to injury, the claimant is in need of (check one):
X (a) medical examination and treatment for lungs and throat
X (b) additional medical examination and treatment for lungs and throat

X 7. Due to injury, the claimant requests temporary total disability benefits because of lost compensable time from work and wages for the period of: June 1998 - present

X 8. Due to the injury, the claimant has permanent disability of the following nature and extent: (check one)
☐ (1) General Disability: ☐ Total ☐ Partial
X (2) Specific Disability X Total ☐ Partial

Body part(s) affected are: lungs and throat.

9. Due to the injury, the claimant has a serious bodily disfigurement consisting of .

10a. At the time of the injury, the claimant was paid weekly wages of $10.46 per hour; and demands accounting of days worked and wages earned as provided by law.

10b. Give names and addresses of all employers for whom the claimant has worked since the date of the accident.
N/A

11a. Further grounds of claim:

11b. List names and addresses of all physicians or other medical specialists who have seen or treated the claimant a a result of the accident: Sumter Asthma & Allergy Center, 208 W. Hampton Street, Sumter, SC, Lake Marion Primary Care, 15 E. Hospital Street, Manning, SC, Ear Nose Throat Associates of Florence, 506 E. Cheves Street, Florence, SC, Rocco D. Cassone, MD, PA, 1175 Cook Road, Suite 230, Orangeburg, SC, Clarendon Memorial Hospital, 10 Hospital Street, Manning, SC, Allergy Asthma & Sinus Center, PC, 800 E. Cheves Street Florence, SC, David Gaines, MD, W.M. Simpson, Jr.,M.D., MUSC, P.O. Box 250805, Charleston, SC 29425-08

11c. To the best of your knowledge, did you have any prior permanent disability? N/A
If yes, describe:

12. Appropriate benefits as provided in the Act for the above grounds and other relief as the Workers' Compensati Commission may direct as just and proper.

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

RECEIVED
JAN 14 2000
JUDICIAL

X 13b. I am requesting a hearing.

Signature of Claimant/Representative

January 8, 2003
Date

Refer to R.67-205, R.67-206, R.67-207, and R.67-601 through R.67-615. Questions about the use of this form may be directed to the Commission's Judicial Department.

WCC FORM #50 REV. DATE 9/90 50 Employee's Notice of Claim and/or Request for Hearing

SCWCC
JAN 14 2003
JUDICIAL

South Carolina Workers' Compensation Commission
PO Box 1715 - 1612 Marion Street
Columbia, South Carolina 29202-1715
(803) 737-5700

P. 3
FEB 13 RECD

WCC File # 9831715
Carrier File # 035CBBAI4082
Carrier Code #
Employer FEIN

Diane C. Dingle — 251-45-0060
Claimant's Name — SSN

211 Dickson Street — Manning, SC 29102
Address — City State Zip

(803) 478-4629
Home Phone # — Work Phone #

Federal-Mogul Corporation
Employer's Name

Hwy 301 N. — Summerton, SC 29148
Address — City State Zip

Travelers Indemnity Company of Illinois
Insurance Carrier

Dwight C. Moore — (803) 778-6520
Preparer's Name — Phone #

Complete each information blank. To request a hearing, check box 13b., indicate the kinds of benefits claimed by checking the box(es) a line 6, 7, 8, and 9, and file this form in duplicate.
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1b. Describe briefly how the accident occurred
Claimant began experiencing sinus congestion and headaches when she works in the mold department due to the chemicals.

2. Both the claimant and the employer were subject to the South Carolina Workers' Compensation Act at the time the injury.

3. The relationship of employer and employee existed at the time of the injury.

4. At the time of the injury the claimant was performing services arising out of and in the course of employment.

5. Notice of the accidental injury was given to the employer on or about December 1999 (month day year) In the following manner:
Claimant had a meeting with Johnny Mitchell and Greg Irvin about this problem.

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X (a) medical examination and treatment for lungs and throat
X (b) additional medical examination and treatment for lungs and throat

X 7. Due to injury, the claimant requests temporary total disability benefits because of lost compensable time from work and wages for the period of: June 1998 - present

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☐ (1) General Disability: ☐ Total ☐ Partial
X (2) Specific Disability: X Total ☐ Partial
Body part(s) affected are: lungs and throat

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FEB 2[illegible] 2000
JUDICIA[illegible]

11c. To the best of your knowledge, did you have any prior permanent disability? N/A
If yes, describe:

12. Appropriate benefits as provided in the Act for the above grounds and other relief as the Workers' Compens Commission may direct as just and proper.

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

X 13b. I am requesting a hearing.

P . 4

Signature of Claimant/Representative

February 7, 2002
Date

Refer to R.67-205, R.67-206, R.67-207, and R.67-601 through R.67-615. Questions about the use of this form may be directed to the Commission's Judicial Department.

WCC FORM #50 REV. DATE 9/90 **50** **Employee's Notice of Claim and/or Request for Hearing**

RECEIVED
FEB 12 2002
JUDICIAL

South Carolina Workers' Compensation Commission P. 5

PO Box 1715 - 1612 Marion Street
Columbia, South Carolina 29202-1715
(803) 737-5700

WCC # 9831715
Carrier File # 035CBBAI4082
Carrier Code #
Employer FEIN

Diane C. Dingle — Claimant's Name
251-45-0060 — SSN
211 Dickson Street — Address
Manning, SC 29102 — City State Zip
(803) 478-4629 — Home Phone #
Work Phone #

Federal-Mogul Corporation — Employer's Name
Hwy 301 N. — Address
Summerton, SC 29148 — City State Zip
Travelers Indemnity Company of Illinois — Insurance Carrier

Dwight C. Moore — Preparer's Name
(803) 778-6520 — Phone #

Complete each information blank. To request a hearing, check box 13b., indicate the kinds of benefits claimed by checking the box(es) a line 6, 7, 8, and 9, and file this form in duplicate.
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1b. Describe briefly how the accident occurred
Claimant began experiencing sinus congestion and headaches when she works in the mold department due to the chemicals.

2. Both the claimant and the employer were subject to the South Carolina Workers' Compensation Act at the time of the injury.

3. The relationship of employer and employee existed at the time of the injury.

4. At the time of the injury the claimant was performing services arising out of and in the course of employment.

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Claimant had a meeting with Johnny Mitchell and Greg Irvin about this problem

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☐ (1) General Disability: ☐ Total ☐ Partial
X (2) Specific Disability X Total ☐ Partial
Body part(s) affected are: lungs and throat

☐ 9. Due to the injury, the claimant has a serious bodily disfigurement consisting of

10a. At the time of the injury, the claimant was paid weekly wages of $10.46 per hour; and demands accounting of days worked and wages earned as provided by law.

10b. Give names and addresses of all employers for whom the claimant has worked since the date of the accident.
N/A

11a. Further grounds of claim:

11b. List names and addresses of all physicians or other medical specialists who have seen or treated the claimant a result of the accident: Sumter Asthma & Allergy Center, 208 W. Hampton Street, Sumter, SC, Lake Marion Primary Care, 15 E. Hospital Street, Manning, SC, Ear Nose Throat Associates of Florence, 506 E. Cheves Street, Florence, SC, Rocco D. Cassone, MD, PA, 1175 Cook Road, Suite 230, Orangeburg, SC, Clarendon Memorial Hospital, 10 Hospital Street, Manning, SC, Allergy Asthma & Sinus Center, PC, 800 E. Cheves Stree Florence, SC, David Gaines, MD

11c. To the best of your knowledge, did you have any prior permanent disability? N/A
If yes, describe:

12. Appropriate benefits as provided in the Act for the above grounds and other relief as the Workers' Compensatic Commission may direct as just and proper.

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

SCWCC DEC 19 2000 JUDICIAL

Signature of Claimant/Representative

12/18/00
Date

SCIWCC
DEC 19 2000
JUDICIAL

STATE OF SOUTH CAROLINA

COUNTY OF CLARENDON

IN THE COURT OF COMMON PLEAS

CASE NO. 2007-CP-14-150

Diane C. Dingle,
Appellant,

vs.

Federal Mogul,
Employer, and

Travelers Insurance Company,
Carrier,

Respondents.

ORDER

After considering the memoranda submitted by both parties and reviewing my prior order in this matter, I find that there is no issue that was overlooked and that there is no basis to reconsider, alter and/or amend the prior decision. I therefore find that the Appellant's motion should be denied.

THEREFORE, the Appellant's Motion to Alter or Amend Judgment is hereby respectfully DENIED.

AND IT IS SO ORDERED.

BEULAH C. ROBERTS
CLERK OF COURT
CLARENDON COUNTY, S.C.
DEC 12 AM 9:30

R. Ferrell Cothran, Jr.
Circuit Court Judge, Third Judicial Circuit

11-29, 2011
Manning, South Carolina

STATE OF SOUTH CAROLINA

COUNTY OF CLARENDON

IN THE COURT OF COMMON PLEAS

CASE NO. 2007-CP-14-150

Diane C. Dingle,
Claimant,

vs.

Federal Mogul,
Employer, and

Travelers Insurance Company,
Carrier,

Defendants.

ORDER

CERTIFIED TRUE COPY
OF ORIGINAL FILED IN THIS OFFICE
DATE 8/3/11
Beulah G. Roberts
CLERK OF COURT
CLARENDON COUNTY, SC

BEULAH G. ROBERTS
CLERK OF COURT
CLARENDON COUNTY, SC
2011 AUG -3 AM 10:44

This matter proceeded before the undersigned for hearing on November 22, 2010 in Clarendon County for consideration of issues raised by Appellant/Claimant. Specifically, Appellant took exception to and appealed a Decision and Order of the South Carolina Workers' Compensation Commission dated December 17, 2008. As set forth below in more detail, the undersigned finds that the evidence in the record supports the Decision and Order of the Commission and it is hereby affirmed.

STANDARD OF REVIEW

The South Carolina Administrative Procedures Act establishes the standard for judicial review of decisions of the Workers' Compensation Commission. Lark v. Bi-Lo, Inc., 276 SC 130, 276 SE2d 304 (1981); Hargrove v. Titan Textile Co., 360 SC 276, 599 SE2d 604 (Ct. App. 2004). A reviewing court may reverse or modify a decision of an agency if the findings, inferences, conclusions or decisions of that agency are "clearly

erroneous in view of the reliable, probative and substantial evidence on the whole record." Bursey v. South Carolina Department of Health & Environmental Control, 360 SC 135, 600 SE2d 80 (Ct. App. 2004; SC Code Ann. §1-23-380(A)(6)(e). The substantial evidence rule of the APA governs the standard of review in a Workers' Compensation decision. Frame v. Resort Services, Inc. 357 SC 520, 593 SE2d 491 (Ct. App. 2004). Substantial evidence is not a mere scintilla of evidence, nor the evidence viewed blindly from one side of the case, but is evidence which, considering the record as a whole, would allow reasonable minds to reach the conclusion the administrative agency reached in order to justify its action. Pratt v. Morris Roofing, Inc., 357 SC 619, 594 SE2d 272 (2004); Jones v. Georgia-Pacific Corporation, 355 SC 413, 586 SE2d 111 (2003); Etheredge v. Monsanto Co., 349 SC 451, 562 SE2d 679 (Ct. App. 2002); Broughton v. South of the Border, 336 SC 488, 520 SE2d 630 (Ct. App. 1999).

PROCEDURAL HISTORY

This claim was commenced with the filing of a Form 50 on December 19, 2000. Thereafter, the Commission held a hearing on April 16, 2004 and the Single Commissioner issued her Decision and Order on March 24, 2005 finding the claim compensable and awarding the Appellant/Claimant benefits pursuant to the Workers' Compensation Act. The Respondents/Defendants submitted an application for Commission review and, after hearing oral arguments, the Commission's Appellate Panel issued its Decision and Order on October 18, 2005 affirming the original Decision and Order of the Hearing Commissioner. The Respondents/Defendants then filed an appeal with this Court. Following a hearing on June 14, 2006, the Court issued is decision remanding the entire matter to the Commission with specific instructions to make more

detailed findings of fact and conclusions of law and for the Commission to comply with the dictates of the case of Mohasco Corp v. Mable H. Rising and Margaret L. Page, 289 S.C. 130, 345 S.E.2d 249 (S.C. App. 1986). The Commission's Appellate Panel issued a second Decision and Order dated February 26, 2007. The Respondents/Defendants again filed an appeal with this Court. Following another hearing on June 17, 2008, the Court again remanded the matter to the Commission with instructions to consider the prior order of this Court. The Commission's Appellate Panel on March 11, 2008 issued a decision whereby it vacated the prior decisions and remanded the entire matter to the jurisdictional Commissioner for a hearing *de novo*. This matter was heard on May 22, 2008 by a Single Commissioner and he thereafter issued his decision and Order on July 15, 2008 denying the claim for benefits. The Appellant then filed her application for Commission review and, after hearing oral arguments, the Commission's Appellate Panel issued its decision and order on December 17, 2008 affirming the decision of the Hearing Commissioner and upholding the denial of benefits. It is from this decision that the Appellant/Claimant submitted her appeal to this Court.

STATEMENT OF THE CASE

The Claimant filed a claim by which she seeks benefits under the South Carolina Workers' Compensation Act for injuries allegedly resulting from an accidental injury and/or occupational disease while in the employment of the defendant employer, Federal Mogul. Specifically, the issues in this case are whether the Claimant's injuries to her lungs and throat are causally related to her employment, whether the Claimant gave proper notice to her employer pursuant to §42-15-20, whether the Claimant is entitled to medical care/treatment for the alleged injuries/conditions, the date of maximum medical

improvement, and the extent of any benefits to which she may be entitled under the South Carolina Workers Compensation Act, including permanent partial disability benefits.

The Claimant was the sole witness to testify on her behalf. On direct examination, she testified that she is 43 years old and completed high school, but has no had no further formal education other than a little college at Sumter Tech. (Tr. p. 6, l 20 and p. 7 l 2-6).

The Claimant's employment with Federal Mogul at its plant in Summerton, South Carolina commenced in November, 1996, through Kelly's Temporary Service. The Claimant spent approximately three months as a mold press operator in the mold department. (Tr. p 7, l. 11, p. 8, l. 1-14) The mold press uses heat as part of its process to bond rubber to a metal oil seal for use in automobile engines. The Claimant was hired full time by Federal Mogul by mid December 1996 or early January 1997 and was moved to the gasket department. (Tr. p. 8, l. 6-11, p. 11 1-2). The Claimant worked in the gasket department for a year on a press that made automobile gaskets. In approximately, January, 1998, Claimant was moved back to the mold department and worked there until she left her employment at the plant in August, 2000. (Tr. p. 12, l. 1-14).

Claimant testified that, prior to her employment in November1996, she had no respiratory problems, however, the medical records document a history of sinus problems. (Tr. p 7, l. 12-23 and Defendants' APA #1, page 33). She testified that, in June or July 1998, she began to have headaches, stomach pain and "bad sinuses" and was treated by her family doctor, Dr. Keith. (Tr. p. 12, l. 17-25, p. 13, l. 1-3). Dr. Keith took her out of work several times in 1998 and in 1999, sent her for an MRI and CAT scan and referred her to Dr. Cassone. (Tr. p. 13, l. 9-21). The records of Dr. Keith do not mention

any relationship of the Claimant's problems and her work environment at the time she was written out of work. Also, following each period of time the Claimant was written out of work, she was returned to her regular job duties without any restrictions and/or recommendations to avoid any particular job duty, process or area of the plant. She further testified that she told her supervisor, Johnny Mitchell, in January of 2000 that her medical problems were job related. (Tr. p. 14, l. 19-23). The Claimant testified that after being told, Johnny Mitchell and Laverne Houston moved her around to other areas and she worked in assembly, packing and engine. (Tr. p.15, l. 9-16). The Claimant testified that her condition got worse from 2000 up to the time she left the plant (August, 2000). (Tr. p. 17, l. 4-7).

Claimant reported her initial complaints to her primary care physician, Dr. Edward Keith, on May 5, 2008 who diagnosed her with sinusitis and allergic rhinitis. (Defendants' APA p. 3) Additional records from 1998 show that the Claimant's subjective complaints to Dr. Keith consisted of congestion, headaches, sinusitis and vertigo in which Dr. Keith diagnosed as sinusitis and allergic rhinitis and treated her with steroids, antibiotics and antihistamines. (Defendants' APA p. 6-19) Dr. Rocco Cassone also treated the Claimant in 1998 for difficulty with "allergies and stopped up nose". (Defendants' APA p. 50) On March 13, 2000, Dr. Cassone stated that her "nose shows mild to moderate rhinitis" and on April 25, 2000, diagnosed her with sinusitis. (Defendants' APA p. 53 and 54) The Claimant was evaluated by Dr. James Atkison on June 13, 2000 for respiratory problems. However, at that time, Dr. Atkison reported that the Claimant's pulmonary functions were within normal limits. (Defendants' APA p. 56-57).

EVIDENCE IN THE RECORD

As set forth below, the substantial evidence in the record supports the decision that the Claimant fails to satisfy the Mohasco elements as well as the Commission's decision that the Claimant failed to prove she sustained a compensable injury on any theory that she advances.

Dr. William Simpson is the Medical Director of the Occupational and Environmental Medicine Program at MUSC and was one of Claimant's treating physicians between July 2002 and March 2004. (Deposition of Dr. William Simpson, Jr., p. 5, lines 17-21, p. 7, lines 6, p. 11, line 1). The Claimant was referred to Dr. Simpson by Dr. Lucinda Halstead, an ear, nose and throat specialist with whom the Claimant was treating at the time. The referral to Dr. Simpson was made due to the Claimant's complaints of a four-year hoarseness that she related to her employment with Federal Mogul. (Deposition of Dr. William Simpson, Jr., p. 7, lines 1-12). Despite Claimant leaving Federal Mogul in 2000, her condition did not change significantly from her initial visit with Dr. Simpson in 2002 until her last visit in March 2004, shortly before the first hearing in this matter. (Deposition of Dr. William Simpson, Jr., p. 11 lines 1-4). Initially, based on the Claimant's self-reporting of her problems and suspected relationship to her workplace, Dr. Simpson suspected a chemical exposure was the cause of Claimant's symptoms. (Deposition of Dr. William Simpson, Jr., p. 10, line 16). However, after being provided the Material Safety Data Sheets (MSDS) for chemicals that were used in the Federal Mogul plant where Claimant worked, Dr. Simpson wrote a letter dated May 14, 2004, stating that he was unable to find any synergistic effects of the chemicals

according to the sheets that would produce persistent mucous membrane irritation. (Deposition of Dr. William Simpson, Jr., p. 15, lines 1 - 4). He opined that the chemicals as listed on the MSDS could have produced temporary voice alterations, but that none of the chemicals have chronic respiratory effects. (Deposition of Dr. William Simpson, Jr., p. 15, lines 18 -23, p. 25, lines 7-13). He further testified that the symptoms the Claimant was experiencing are the same symptoms that were likely to be produced by cockroach allergens and mold spores. (Deposition of Dr. William Simpson, Jr., p. 12, lines 1-23). Despite negative test results to molds from Dr. Atkison, Claimant's allergist, Dr. Simpson testified that mold spores can still have an irritant effect (Deposition of Dr. William Simpson, Jr., p. 19, lines 1-5). Dr. Simpson's ultimate conclusion was that allergens found in the Claimant's home such as cockroach allergens and mold spores are presumably one of the sources, if not the only source, of Claimant's persistent symptoms and that he could not state to any degree of medical certainty that any chemical at Federal Mogul was the cause of Claimant's problems. (Deposition of Dr. William Simpson, Jr., p 16, lines 4-19).

The opinion of Dr. James Atkison further lends support to those of Dr. Simpson. Specifically, Dr. Atkison found in 2002 that the Claimant suffered from seasonal allergies and symptoms resulting from allergic rhinitis, but that he found no evidence of occupational asthma. (Deposition of Dr. Atkison, p. 6, line 25, p. 7, line 7, p. 14, lines 8-11, p. 16, lines 18-19). The only evidence Dr. Atkison had on which to base that Claimant's condition was work-related was her own self-reported accounts of her symptoms and personal feelings that they were related to her workplace.



Additionally, on March 2, 2000, David Bland, an environmental engineer with

Federal Mogul, sent to Dr. Rocco Cassone, a physician with whom the Claimant treated in 1998 when she first suspected a relationship between her symptoms and workplace, an MSDS for Thixon 7500. (Defendant APA Submission, p. 52). On March 13, 2000, Dr. Cassone noted he reviewed Claimant's work chemicals and made no significant findings. (ROA p. 43, Defendant APA Submission, p. 53). It is noteworthy that Dr. Cassone allowed the Claimant to return to work **without restriction** on April 25, 2000 and May 1, 2000 subsequent to his review of the MSDS for Thixon. (Defendant APA Submission, p. 54).

Of the multitude of physicians with whom the Claimant treated, Dr. Alleyne is the **only** medical provider who comes close to rendering an opinion that Claimant's condition was a result of chemical exposure at her workplace. (Deposition of William Alleyne, II, M.D., p. 4, lines 24-25, p. 5, lines 1-6). However, the Claimant failed to have this physician offer any opinion, cautious or to any degree of medical certainty, that her illness(es) and problems are caused by her work. In his deposition, Dr. Alleyne admittedly had never been inside the Federal Mogul plant, had only viewed the layout of the plant as drawn by the Claimant, did not know in which section of the plant particular chemicals were used, was unaware that every machine had a vacuum system, and was unsure if Claimant had even been exposed to the chemicals that "raised a red flag" for him. (Deposition of William Alleyne, II, MD, p. 5, lines 15-17; p. 7, lines 10-12; p. 9, lines 4-6; p. 30, line 1; p. 30, lines 15-18).

Furthermore, although the Order following the 2004 hearing names only one chemical specifically, that being Thixon 7500, Dr. Alleyne never mentioned Thixon 7500 in his deposition testimony. In fact, throughout the entire deposition of Dr. Alleyne, this

chemical was mentioned only one time, on Page 9, by counsel for the Defendants; however, the Claimant's attorney did not question this particular physician concerning Thixon. While Dr. Alleyne comes close to concluding that Claimant's allegations were connected to her employment, his expert opinion was based solely on information in MSDS that were provided to him. (Deposition of William Alleyne, II, MD, p. 30, lines 15-18). Further, Dr. Alleyne was not a treating physician of Claimant, instead was consulted only after a referral from Claimant's counsel and after the Single Commissioner Hearing on April 16, 2004. (Deposition of William Alleyne, II, MD, p. 31, lines 20-21).

While opinions of the Workers Compensation Commission hold no precedential value, this Court recognizes that the Commission has consistently given greater weight to the opinions of treating physicians over those of one-time opinions of non-treating physicians. Campbell v. Flexible Technologies, WCC No. 9917425 (2001); Smith v. Budweiser of Greenville, Inc., WCC No. 9803622 (2000), Ashford v. Heartland Hospice, WCC No. 0310993 (2004), Weinberger v. Lamaisonette Inc., WCC No. 9929239 (2004).

Mr. Richard Bennett, who holds a Master of Science degree in Public Health (MSPH) and is a Certified Industrial Hygienist (CIH), conducted an air quality study of the Claimant's apartment on March, 12, 2004. Prior to conducting this test, he reviewed her medical reports to assess what, if any, allergens to which the Claimant would react. Based on this assessment, a sampling strategy was formulated for those particular allergens that were medically documented as causing a reaction upon exposure. (2004 Single Commissioner Hearing, p. 80-81). According to this air quality study, Mr. Bennett found mold levels at forty times the level of mold that would be found in the outdoor air and twice the level of cockroach allergens. (2004 Single Commissioner

Hearing, p. 81). This report also revealed dust mites (to which the Claimant reacted positively) in the Claimant's home. Claimant has a documented allergy to cockroach allergen and, even though she has no allergy to mold, according to the opinion of Dr. Simpson, the Claimant could still be effected. (Deposition of Dr. William Simpson, Jr., p. 19, lines 1-5). At the conclusion of his report, Mr. Bennett stated that continued occupancy of this apartment should be undertaken only after consulting with a physician. (2004 Single Commissioner Hearing, p. 83). Mr. Bennett attributed these high levels to a faulty roof and/or condensate from an air-handling unit, that was previously located in the attic above the Claimant's apartment which caused building materials to be wet. (2004 Single Commissioner Hearing, p. 84). Mr. Bennett also found evidence of water damage in the apartment; however, he was unable to obtain maintenance records to determine at what point this water intrusion may have occurred. (2004 Single Commissioner Hearing, p. 86, 95).

There is no evidence establishing at what point the water intrusion and subsequent mold proliferation occurred that would have led to the increased levels of these potential allergens/irritants and it was also documented by several of Claimant's treating physicians that these levels of molds and cockroach allergens could very well be the cause of her symptoms.

The Claimant reported to Dr. Gaines that she had been away from work since July, but told Dr. Atkison on September 1, 2000 that she went to work 2 nights ago. (ROA pp. 41 and 51-52, Defendant APA Submission, p. 36, Claimant APA Submission). Finally, in medical records dating back to 1996, it is noted that the "patient appears to histrionic in regards to the amount of discomfort she is having yet there is no physical

evidence." (ROA p. 47, Defendant APA Submission, p. 68). This same physician noted that it is difficult to discern whether or not the patient is telling the truth. (ROA p. 47, Defendant APA Submission, p. 68).

There was also offered the testimony at the 2004 hearing of David Bland, the Environmental Health and Safety Coordinator at Federal Mogul. Mr. Bland testified at the first hearing before the Single Commissioner, that the Claimant's exposure is limited to handling of the residue and was not inhalation exposure. (2004 Single Commissioner Hearing, p. 62, lines 8-25). (While Mr. Bland refers to Fix-on in his deposition testimony, this is due to a scrivener's error and this term is to be used synonymously with Thixon.). The residue is bonded to the steel, and in his expert safety opinion, would only lead to contact exposure, not inhalation exposure. (2004 Single Commission Hearing, p.62, lines 18-25). All of Claimant's complaints consist of respiratory symptoms that would require inhalation exposure. Mr. Bland further testified that in order for the symptoms that are outlined on the MSDS sheets to occur, Claimant would have had to have been exposed to the chemicals in the proper set of conditions, and the process that is in place at Federal Mogul ensures that workers are not placed in these conditions. (2004 Single Commissioner Hearing, p. 65, lines 13-23).

There was also evidence and testimony that, to further prevent inhalation exposure to chemicals, Federal Mogul had extensive ventilation systems that are beyond what OSHA requires to include exhaust fans, make-up fans, and air conditioning systems. (2004 Single Commissioner Hearing, p. 52, lines 12-21, p. 58, lines 21-25, p. 59, lines 1-2). Federal Mogul regularly tested this ventilation system to ensure it is working properly. (2004 Single Commissioner Hearing, p. 52, lines 22-25). Further, all of the air

samples taken by both OSHA and a professional industrial hygienist at the plant in the departments where Claimant worked reveal readings below the mandated levels that have been determined to be safe for individuals to work. (2004 Single Commissioner Hearing, p. 53, lines 10-16, p. 70, lines 2-7). Respondent's expert, Richard Bennett, conducted personal air sampling for Formaldehyde at the plant where Claimant worked. This study was conducted in the departments where Claimant worked and revealed that the levels to which all individuals were exposed were substantially lower than the levels approved by OSHA. (Defendants Hearing Exhibit 4). The OSHA approved level is 0.75 parts per million and that all the measured concentrations from this study were less than 0.01 parts per million. (Defendant's Hearing Exhibit 4).

Mr. Bland also testified that OSHA does not require, nor have they ever suggested, that the workers wear masks. (2004 Single Commissioner Hearing, p. 51, lines 2-6). Additionally, Federal Mogul has been compliant with all OSHA safety standards in that they require the workers to wear steel-toed boots, ear plugs, arm guards, gloves, and safety glasses. (2004 Single Commissioner Hearing, p.51 lines 15-21, p. 38, lines 2-6).

Dr. Atkison, Claimant's allergist, treated her from June 13, 2000 until September 1, 2000. (Deposition of Dr. James Atkison, p. 5, lines 8-25). As part of his work-up and evaluation of the Claimant, Dr. Atkison performed a rhinoscope exam. This examination revealed a nodule on the Claimant's vocal cord, and, according to Dr. Atkison's deposition testimony, a vocal cord nodule is one source of hoarseness (Deposition of Dr. James Atkison, p. 11, lines 9-23). He further testified that there were one or two visits where Claimant had not been at work and continued to have voice problems, and he

attributed this problem to the vocal cord nodule. (Deposition of Dr. James Atkison, p. 18, lines 8-11). In his medical assessment of Claimant, he determined that her chronic hoarseness was secondary to her vocal cord nodule. (Defendant APA Submission, pp. 60-61). Dr. Atkison testified he doesn't even know if the kinds of irritants from her work could cause a vocal cord nodule. (Deposition of Dr. James Atkison, p. 21, line 16-20).

The findings of Wynne English, CCC-SLP, Speech Language Pathologist who evaluated the Claimant in 2000, also support the findings and conclusions of Dr. Atkison with regard to the vocal cord nodule. Ms. English specifically noted in her clinical impressions that the MSDS for Thixon 7500 does not specifically mention any effect on an exposed individual's vocal cords. (Defendant APA Submission, p. 71). She notes that if the voice problem is a functional one, her voice should respond to improved vocal hygiene and modification of vocal behaviors through voice therapy at McLeod. (Defendant APA Submission, p. 71). Despite this recommendation, Claimant failed to continue treatment as recommended.

Despite Claimant having ceased employment with Federal Mogul in 2000, she continued to experience hoarseness and throat irritation. There is substantial evidence in the record that the effects of the chemicals Claimant alleges she has been exposed to would cause, if any, short-term, episodic symptoms, not chronic symptoms. (Deposition of Dr. William Simpson, Jr., p. 15, lines 18 -23, p. 25, lines 7-13). Therefore, the substantial, reliable and probative evidence in the record establishes that neither the Claimant's vocal cord nodule nor her throat irritation or hoarseness could have been caused by her employment with Federal Mogul.

FINDINGS AND CONCLUSIONS

This Court finds and concludes that the substantial, reliable and probative evidence in the record as set forth and discussed above supports the Decision and Order of the Commission dated December 17, 2008 and it is hereby affirmed.

This Court finds specifically that:

1. The Claimant failed to meet her burden of proving that she sustained compensable injuries by accident and, further, that she sustained compensable injuries as a result of an occupational disease.

2. The Claimant failed to prove the necessary six elements set forth in the case of Mohasco Corp v. Mable H. rising and Margaret L. Page, 289 S.C. 130, 345 S.E.2d 249 (Ct. App. 1986):

   a. The findings regarding the first element, that the Claimant had a disease, was not appealed and are thus not at issue. Thus, as the Commission found, the Claimant meets the first element based on the diagnosis of Dr. Alleyne in his report of May 3, 2004.

   b. The Claimant failed to satisfy the second element that the disease must arise of and in the course and scope of her employment. There is no evidence in the record that supports a finding in favor of the Claimant that she satisfies this element. As the Commission found, Dr. Alleyne made a diagnosis and offered his opinion ruling out exposures at the Claimant's home, but he never gave an opinion that the work environment cause the Appellant's/Claimant's condition. Also, as the Commission found and affirmed by this Court, Dr. Alleyne testified in his deposition that he never

visited the plant and that the industrial hygiene studies do not indicate dangerous levels of chemical exposure.

c. The Claimant failed to satisfy the third element that the disease is due to hazards in excess of those hazards that are ordinarily incident to employment. There is no evidence other than the Claimant's testimony of heavy exposure to smoke and the deposition of the safety/environmental manager and the industrial hygiene report dispute her testimony.

d. Claimant failed to satisfy the fourth element that her disease is peculiar to the occupation in which she was engaged. Claimant provided no evidence that the process of molding steel to rubber produces the chemical or byproduct that caused the condition. The MSDS show possible respiratory affects if the person is exposed to a high enough level but here is no evidence introduced to demonstrate a hazard peculiar to this kind of occupation.

e. Claimant failed to satisfy the fifth element that the hazard causing the disease must be one recognized as peculiar to a particular trade, process, occupation or employment. Again, peculiar does not necessarily mean that it is unique but there needs to be some evidence that the process of molding the rubber to the steel produces the chemical or byproduct that caused the Claimant's condition and there is no evidence in the record to support this. The MSDS reveal possible respiratory effects if an individual is exposed to a level high enough, but there is no evidence that was introduced into the record that demonstrates a hazard peculiar to this

trade, process, occupation or employment.

f. Claimant failed to satisfy the sixth element that the disease resulted directly from the Claimant's continuous exposure to the normal working conditions of the particular trade, process, occupation or employment. The Claimant provided Dr. Allyene's testimony that ruled out the environmental conditions in the Claimant's home; however, Dr. Alleyne's testimony does not prove that it was caused by her work. Rather, the opinion of Dr. Simpson described the Claimant as having a strong allergic profile, but he only testified that it was possible her disease could have been related to work.

3. There is no medical opinion as evidence that the Claimant had an underlying condition or was particularly susceptible to any conditions that existed in her work. Dr. Simpson reported that the Claimant only complained of a sore throat and diagnosed her with mild asthma with mild reversible airway obstruction. Further, Dr. Simpson stated that the Claimant should be able to work somewhere.

4. There is no evidence in the record to support a finding of a repetitive trauma. Specifically, there is no opinion, medical or otherwise, to support that the Claimant was repeatedly exposed to any substance at her work.

5. There is no evidence that the Claimant sustained an aggravation of an underlying condition. There is no medical opinion that the Claimant had an underlying condition or was otherwise susceptible to her exposure to any of her work conditions or any substances in her work environment.

6. Claimant has provided no medical evidence to show an exposure in the work either caused, aggravated or exacerbated the Claimant's condition.

CONCLUSIONS OF LAW

Accordingly, this Court, as a matter of law, concludes that the Claimant failed to establish that the Decision and Order of the Workers' Compensation Commission dated December 17, 2008 is unsupported by the substantial, reliable and probative evidence in the record and that she failed to prove she sustained a compensable claim under either §42-1-160 or §42-11-10, *et seq*. Therefore, the Claimant failed to establish that she is entitled to benefits under §§42-15-60, 42-9-10, 42-9-20 or 42-9-30 for medical care/treatment, temporary total/partial disability benefits and/or permanent partial disability benefits.

ORDER

IT IS, THEREFORE, ORDERED that the findings of facts and conclusions of law are incorporated herein as if set forth verbatim and the claimant's appeal be, and it hereby is, DENIED.

AND IT IS SO ORDERED!

R. Ferrell Cothran, Jr.
Circuit Court Judge, Third Judicial Circuit

May 1, 2011

APPELLATE PANEL

DECISION AND ORDER

OF THE

SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

W.C.C. FILE NO. 9831715

DIANE C. DINGLE, EMPLOYEE, CLAIMANT/APPELLANT,

- V -

FEDERAL MOGUL CORPORATION, EMPLOYER,

AND

TRAVELERS PROPERTY CASUALTY CO. OF AMERICA, CARRIER, DEFENDANTS/RESPONDENTS.

Appellate Panel Review held in Columbia, South Carolina on November 19, 2008 per notices timely and properly served on all parties of interest.

Appellate Panel Decision and Order filed Dec 17, 2008.

APPEARANCES:

Claimant/Appellant represented by Dwight C. Moore, Esquire, of Sumter, South Carolina.

Defendants/Respondent represented by Byron P. Roberts, Esquire, of Chapin, South Carolina.

STATEMENT OF CASE

The parties were heard by Commissioner David W. Huffstetler on May 22, 2008 in Sumter, South Carolina. On July 15, 2008, he issued the following Order:

> IT IS, THEREFORE, ORDERED that the findings of facts and conclusions of law are incorporated herein as if set forth verbatim and the claimant's claim for benefits be, and it hereby is, DENIED.

Within the statutory period, counsel for the Claimant filed an Application for Review in the case setting forth his reasons, copies of which were furnished to all interested parties, prior to oral argument presented before the Appellate Panel on November 19, 2008. All proffered testimony has been taken. Such, together with all documentary evidence, has been delivered by oral argument to the individual members of the Full Commission and has since been under study and consideration.

By appeal, Claimant respectfully submits the following:

1. The single commissioner erred in finding Claimant failed to meet her burden of proof that she sustained compensable injuries by accident arising out of and in the course of her employment by either repetitive trauma or aggravation of an underlying condition, and the Commission lacks jurisdiction in this matter.

2. The single commissioner erred in not allowing leave for Claimant to depose and notice an occupational expert for the hearing *de novo*. Notice of the hearing *de novo* and the notice of hearing were given on April 24, 2008. The hearing was held on May 22, 2008, and the record was closed May 22, 2008. This case has been pending since 2000, and the single commissioner erred in effecting a hasty disposition to the exclusion of Claimant's right to a fair and full deliberation of the substantive evidence.

3. The single commissioner erred in finding Claimant failed to meet her burden of proof in light of the fact no evidence was presented by the Defendants. Claimant's evidence at the hearing sustained her burden. The Order acknowledged, in a *de novo* hearing, the record does not disappear and apparently considered evidence outside that presented at the hearing. If the single commissioner considered Defendants' evidence in the entire record, then he was bound to consider Claimant's evidence presented at the May 22, 2008 hearing as well as her evidence in the full record.

4. The single commissioner erred in finding Claimant failed to prove the elements set forth in the case of *Mohasco Corp. v. Rising*, 289 S.C. 130, 345 S.E.2d 249 (Ct. App. 1986). There is evidence in the record to support Claimant's disability under the Court's holding in *Mohasco*.

5. The single commissioner erred in finding there is no medical opinion as evidence that Claimant had an underlying condition or was particularly susceptible to any aggravating condition that existed in her workplace. Medical evidence in the record establishes both Claimant's underlying condition as well as the existence of aggravating conditions in her work environment.

6. The single commissioner erred in finding there is no evidence to support a finding of repetitive trauma. There is evidence in the record to fully support such a finding.

7. The single commissioner erred in finding there is no evidence Claimant sustained an aggravation of underlying condition. Ample evidence in the record describes the existence of aggravating conditions in her workplace and the relationship of such conditions to Claimant's injury.

8. The single commissioner erred in finding Claimant provided no medical evidence to show exposure to aggravating circumstances in her work environment either caused, aggravated or exacerbated her condition. The record is replete with evidence to the contrary.

In an appellate review, the Panel shall, pursuant to S.C. Code Ann. §42-17-50 (1985), review the Award, weigh the evidence as presented at the initial hearing and, if good grounds be shown therefore, make its own Findings of Fact and reach its own Conclusions of Law consistent with or inconsistent with those of the Hearing Commissioner. After careful review in the instant case, the Commission, by unanimous vote, has determined all of the Hearing Commissioner's Findings of Fact and Conclusions of Law are correct as stated. Accordingly, they shall become, and hereby are, the law of the case, and; therefore, the Order is sustained in its entirety.

FINDINGS OF FACT

1. Claimant failed to meet her burden of proving she sustained compensable injuries causally related to her employment with Federal Mogul, and; therefore, the Commission lacks jurisdiction to award any benefits in this claim.

2. Claimant testified she first believed her condition was caused by her work in December 1999 or January 2000, and she reported this to her supervisor, Johnny Mitchell, at that time thereby meeting the requirements of the Act of timely reporting her alleged injuries as being related to her work.

3. Claimant failed to meet her burden of proving she sustained injuries as a result of an occupational disease.

4. Specifically, Claimant failed to prove the necessary six elements set forth in the case of *Mohasco Corp. v. Rising*, 289 S.C. 130, 345 S.E.2d 249 (Ct. App. 1986). This case sets forth all six criteria/elements that must be proved to sustain an award for an occupational disease.

a) Claimant meets the first element because she has a disease. Claimant was diagnosed by Dr. William Alleyne in his report dated May 3, 2004 with reactive airways dysfunction syndrome.

b) Claimant failed to satisfy the second element that the disease must arise out of and in the course and scope of her employment. Claimant points to Dr. Alleyne's report dated May 3, 2004. While Dr. Alleyne gave a diagnosis and ruled out the exposures to Claimant's home, he gave no opinion the work environment caused her condition. Further, Dr. Alleyne testified in his deposition that he never visited the plant and the industrial hygiene studies do not indicate a dangerous level of chemical exposure.

c) Claimant failed to satisfy the third element that the disease is due to hazards in excess of those hazards ordinarily incident to employment. There is no evidence other than Claimant's testimony of heavy exposure to smoke. The deposition of the safety/environmental manager and the industrial hygiene report dispute her testimony. Further, there is conflicting testimony whether the equipment is locally ventilated.

d) Claimant failed to satisfy the fourth element that her disease is peculiar to the occupation in which she was engaged. Claimant provided no evidence that the process of molding steel to rubber produces the chemical or byproduct that caused the condition. The MSDS show possible respiratory affects if the person is exposed to a high enough level but there is no evidence introduced to demonstrate a hazard peculiar to this kind of occupation.

e) Claimant failed to satisfy the fifth element that the hazard causing the disease must be one recognized as peculiar to a particular trade, process, occupation or employment. Again, peculiar does not necessarily mean that it is unique but there needs to be some evidence the process of molding the rubber to the steel produces the chemical or byproduct that caused Claimant's condition, and there is no evidence in the record to support this. The MSDS reveal possible respiratory effects if an individual is exposed to a level high enough, but there is no evidence introduced into the record that demonstrates a hazard peculiar to this trade, process, occupation or employment.

f) Claimant failed to satisfy the sixth element that the disease resulted directly from Claimant's continuous exposure to the normal working conditions of the particular trade, process, occupation or employment. Claimant provided Dr. Alleyne's testimony does not prove it was caused by her work. Rather, the opinion of Dr. Simpson described Claimant as having a strong allergic profile, but he only testified it was possible her disease could have been related to work.

6. There is no medical opinion as evidence that Claimant had an underlying condition or was particularly susceptible to any conditions that existed in her work. Dr. Simpson reported Claimant only complained of a sore throat and diagnosed her with mild asthma with mild reversible airway obstruction. Further, Dr. Simpson says Claimant should be able to work somewhere.

7. There is no evidence in the record to support a finding of a repetitive trauma. Specifically, there is no opinion, medical or otherwise, to support Claimant was repeatedly exposed to any substance at her work.

8. There is no evidence Claimant sustained an aggravation of an underlying condition. There is no medical opinion Claimant had an underlying condition or was otherwise susceptible to her exposure to any of her work conditions or any substances in her work environment.

9. Claimant has provided no medical evidence to show that exposure in the workplace either caused, aggravated or exacerbated her condition.

Based upon the findings of fact are the following:

CONCLUSIONS OF LAW

1. Under S.C. Code Ann. § 42-1-130 (1985), during the relevant periods of time as alleged in the Forms 50 and 51 of the respective parties, Claimant was an "employee" and under S.C. Code Ann. § 42-1-140 (1985), Defendant/Federal Mogul was an "employer" under the Act.

2. Under S.C. Code Ann. § 42-1-160 (1985), Claimant failed to carry her burden of proving by the greater weight of the evidence she sustained compensable injuries by accident arising out of and in the course of her employment by either repetitive trauma or aggravation of an underlying condition, and, on this basis, the Commission lacks jurisdiction in this matter.

3. Under S.C. Code Ann. § 42-11-10, *et seq.* and the decision in *Mohasco Corp. v. Rising*, 289 S.C. 130, 345 S.E.2d 249 (Ct. App. 1986), Claimant failed to prove by the greater weight of the evidence she sustained compensable injuries as a result of an occupational disease, and, on this basis, the Commission lacks jurisdiction in this matter.

4. Under S.C. Code Ann. § 42-15-60 (1985), Claimant is not entitled to medical care/treatment.

5. Under S.C. Code Ann. § 42-9-20 (1985), Claimant is not entitled to compensation for temporary partial disability benefits.

6. Under S.C. Code Ann. § 42-9-30 (1985), Claimant is not entitled to compensation for specific permanent partial disability benefits.

ORDER

IT IS, THEREFORE, ORDERED the Order of the Single Commissioner filed in the above-captioned matter on July 15, 2008 is hereby affirmed by the Panel, and the same shall constitute the Decision and Order of the Appellate Panel.

IT IS FURTHER ORDERED Claimant's claim for benefits be, and it here is, denied.

AND IT IS SO ORDERED.

S. C. WORKERS' COMPENSATION COMMISSION

Derrick L. Williams, Commissioner

FULL AFFIRMATION

CONCUR:

G. Bryan Lyndon, Commissioner

Avery B. Wilkerson, Jr., Commissioner

(a:\9831715.app.dlw)

CERTIFICATE OF SERVICE

This is to certify that the undersigned has this date served this order in the above entitled action upon all parties to this cause by copy hereof, postage paid, in the mail addressed to the attorney or attorney of record.

This 17th day of Dec, 2008.

By Barbara Gulick
Administrative Assistant to the Commissioner

DCM
BPR

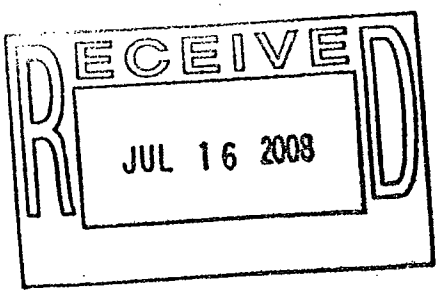
DECISION AND ORDER
OF THE
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
FILE NO. 9831715

Diane C. Dingle, CLAIMANT

VS.

Federal-Mogul Corporation, EMPLOYER,
AND Travelers Insurance Company, DEFENDANTS.

Hearing:	May 22, 2008, in Sumter, South Carolina
Appearances:	Claimant represented by Dwight C. Moore, Esquire
	Defendants represented by Byron P. Roberts, Esquire.
Purpose of Hearing:	Issues raised by Forms 50 and 51 pursuant to Order of remand of the Full Commission for hearing *de novo*
Record Closed:	May 22, 2008
Decision and Order:	By Commissioner David W. Huffstetler
Filed:	July 15, 2008



APA SUBMISSIONS

Under the Administrative Procedures Act, the following records were submitted into evidence:

SUBMITTED BY THE CLAIMANT

APA #1: Medical records of Dr. Edward Keith dated August 31, 1998 to March 14, 2003;

APA #2: Medical records of Dr. Rocco Cassone dated September 14, 1998 to May 1, 2000;

APA #3: Medical records of Dr. James A. Atkinson dated September 1, 2000 to June 12, 2002;

APA #4: Medical records of Dr. Dan Hopla dated September 18, 2000 to April 27, 2001;

APA #5: Medical records of Dr. David C. Gaines dated October 16, 2000 to October 17, 2000;

APA #6: Medical records of Ms. Wynne English, CCC-SLP, dated May 2, 2001 to September 20, 2001;

APA #7: Medical records of Dr. Lucinda Halstead dated September 20, 2001 to December 13, 2001;

APA #8: Medical records of Dr. Bonnie Harris dated March 26, 2002;

APA #9: Medical records of Dr. Don Castell dated November 27, 2001 to January 29, 2002;

APA #10: Medical records of Dr. William Simpson dated July 31, 2002 to November 27, 2002.

SUBMITTED BY THE DEFENDANTS

APA # 1: Medical records of Dr. Edward C. Keith dated September 14, 1994 to June 27, 2003;

APA #2: Medical records of Clarendon Memorial Hospital dated June 7, 1998 to December 14, 1999;

APA #3: Medical records of Dr. Rocco Cassone dated September 14, 1998 to May 1, 2000;

APA #4: Medical records of Dr. James A. Atkison dated July 10, 2000 to December 7, 2000;

APA #5: Medical records of Dr. Dan M. Hopla dated September 18, 2000 to September 27, 2000;

APA #6: Medical records of Dr. Dorwin T. Moore dated June 14, 1994 to January 14, 2000;

APA #7: Medical records of Wynne English, CCC-SLP, dated May 2, 2001.

STIPULATIONS

The hearing in this matter was held in Sumter, South Carolina, pursuant to notices timely and properly served. All parties and their representatives were present and stipulated to the following issues:

(1) The case was set for hearing pursuant to a remand order of the Commission's Appellate Panel for a *de novo* hearing to consider issues previously raised by the Forms 50 and 51 of respective parties.

(2) Notice of the hearing was timely and properly served upon all parties of interest.

(3) The parties consent to venue being set in Sumter County.

(4) The Claimant seeks benefits under the South Carolina Workers' Compensation Act based on an injury by accident and/or occupational disease occurring on June 7, 1998 while in the employment of the Defendant Federal Mogul and, therefore, the South Carolina Workers' Compensation Commission has jurisdiction to make this determination.

(5) The Claimant's average weekly wage was Three Hundred Sixty-three and 16/100 ($363.16) with a corresponding compensation rate of Two Hundred Forty Two and 12/100 ($242.12) would apply.

STATEMENT OF THE CASE

The Claimant filed a claim by which she seeks benefits under the South Carolina Workers' Compensation Act for injuries allegedly resulting from an accidental injury and/or occupational disease while in the employment of the defendant employer, Federal Mogul. Specifically, the issues in this case are whether the Claimant's injuries to her lungs and throat are causally related to her employment, whether the Claimant gave proper notice to her employer pursuant to Section 42-15-20, whether the Claimant is entitled to medical care/treatment for the alleged injuries/conditions, the date of maximum medical improvement, and the extent of any benefits to which she may be entitled under the South Carolina Workers' Compensation Act, including permanent partial disability benefits.

The records as set forth above were submitted under the Administrative Procedures Act as evidence and made part of the Commission record.

This was a de novo hearing but the record does not disappear. In particular the undersigned commissioner must be mindful of the instructions from Judge Cooper. In the

order he raises the question of how the Commission found that the claim was timely filed when the date of accident was stipulated as June 7, 1998 and the order found the form 50 was filed on February 12, 2002, clearly more than two years later. In the transcript of the hearing before Judge Cooper he says the case would need to be found to be an occupational disease in order for it to meet the statute of limitations under 42-15-40. As a de novo hearing, this commissioner looks at the file afresh and finds that the form 50 was actually filed on December18, 2000. Considering Judge Cooper's comments in the transcript, which he uses to issue a verbal order, and the actual date the form 50 was filed it appears the case could be considered from an occupational disease standpoint or as a repetitive trauma injury or as an aggravation of an underlying condition. This bears in mind that Judge Cooper did not make a finding of an occupational disease. He said, based on the representation that the form 50 was filed on February 12, 2002, the only way to meet 42-15-40 was as an occupational disease. And, clearly, that date is incorrect.

The defense also raised the notice defense. The claimant testified she first believed her condition was caused by the work in December 1999 or January 2000 and that she reported this to her supervisor, Johnny Mitchell, at that time. I find no evidence to refute this testimony. In that sense she meets the requirements of 42-15-20.

EVIDENCE OF THE CASE

The Claimant was the sole witness to testify on her behalf. On direct examination, she testified that she is 43 years old and completed high school, but has no had no further formal education other than a little college at Sumter Tech. (Tr. p. 6, l 20 and p. 7 l 2-6).

The Claimant's employment with Federal Mogul at its plant in Summerton, South Carolina commenced in November, 1996, through Kelly's Temporary Service. The Claimant spent approximately three months as a mold press operator in the mold department. (Tr. p 7, l. 11, p. 8, l. 1-14) The mold press uses heat as part of its process to bond rubber to a metal oil seal for use in automobile engines. The Claimant was hired full time by Federal Mogul by mid December 1996 or early January 1997 and was moved to the gasket department. (Tr. p. 8, l. 6-11, p. 11 1-2). The Claimant worked in the gasket department for a year on a press that made automobile gaskets. In approximately, January, 1998, Claimant was moved back to the mold department and worked there until she left her employment at the plant in August, 2000. (Tr. p. 12, l. 1-14).

Claimant testified that, prior to her employment in November1996, she had no respiratory problems, however, the medical records document a history of sinus problems. (Tr. p 7, l. 12-23 and Defendants' APA #1, page 33). She testified that, in June or July 1998, she began to have headaches, stomach pain and "bad sinuses" and was treated by her family doctor, Dr. Keith. (Tr. p. 12, l. 17-25, p. 13, l. 1-3). Dr. Keith took her out of work several times in 1998 and in 1999, sent her for an MRI and CAT scan and referred her to Dr. Cassone. (Tr. p. 13, l. 9-21). The records of Dr. Keith do not mention any relationship of the Claimant's problems and her work environment at the time she was written out of work. Also, following each period of time the Claimant was written out of work, she was returned to her regular job duties without any restrictions and/or recommendations to avoid any particular job duty, process or area of the plant. She further testified that she told her supervisor, Johnny Mitchell, in January of 2000 that her medical problems were job related. (Tr. p. 14, l. 19-23). The Claimant testified that after being told, Johnny Mitchell and Laverne Houston moved her around to other areas and she worked in assembly, packing and engine. (Tr. p.15, l. 9-16). The Claimant testified that her condition got worse from

2000 up to the time she left the plant (August, 2000). (Tr. p. 17, l. 4-7).

Claimant reported her initial complaints to her primary care physician, Dr. Edward Keith, on May 5, 2008 who diagnosed her with sinusitis and allergic rhinitis. (Defendants' APA p. 3) Additional records from 1998 show that the Claimant's subjective complaints to Dr. Keith consisted of congestion, headaches, sinusitis and vertigo in which Dr. Keith diagnosed as sinusitis and allergic rhinitis and treated her with steroids, antibiotics and antihistamines. (Defendants' APA p. 6-19) Dr. Rocco Cassone also treated the Claimant in 1998 for difficulty with "allergies and stopped up nose". (Defendants' APA p. 50) On March 13, 2000, Dr. Cassone stated that her "nose shows mild to moderate rhinitis" and on April 25, 2000, diagnosed her with sinusitis. (Defendants' APA p. 53 and 54) The Claimant was evaluated by Dr. James Atkison on June 13, 2000 for respiratory problems. However, at that time, Dr. Atkison reported that the Claimant's pulmonary functions were within normal limits. (Defendants' APA p. 56-57) Furthermore, Dr. Atkison

**Discussion of the medical records of the doctors and the speech therapist.

FINDINGS OF FACT

It is found as a fact:

1. During the relevant times alleged in the pleadings of the parties, Federal Mogul was an "Employer" and the Claimant was an "Employee" for purposes of the South Carolina Workers' Compensation Act and the proceedings before the South Carolina Workers' Compensation Commission.
2. The Claimant failed to meet her burden of proving that she sustained compensable injuries causally related to her employment with Federal Mogul and, therefore, the South Carolina Workers' Compensation lacks jurisdiction to award any benefits in this claim.
3. The Claimant's testified that she first believed her condition was caused by her work

in December 1999 or January 2000 and that she reported this to her supervisor, Johnny Mitchell, at that time thereby meeting the requirements of the South Carolina Workers' Compensation Act of timely reporting her alleged injuries as being related to her work.

4. The Claimant failed to meet her burden of proving that she sustained injuries as a result of an occupational disease.

5. Specifically, the Claimant failed to prove the necessary six elements set forth in the case of Mohasco Corp v. Mable H. rising and Margaret L. Page, 289 S.C. 130, 345 S.E.2d 249 (S.C. App. 1986). This case requires sets forth that all six criteria/elements set forth therein must be proved to sustain an award for an occupational disease must be met:

a. The Claimant meets the first element that she has a disease. The Claimant was diagnosed by Dr. William Alleyne in his report dated May 3, 2004 with reactive airways dysfunction syndrome.

b. The Claimant failed to satisfy the second element that the disease must arise out of and in the course and scope of her employment. Claimant points to Dr. Alleyne's report dated May 3, 2004. While Dr. Alleyne gave a diagnosis and ruled out the exposures to the Claimant's home, he gave no opinion that the work environment caused her condition. Further, Dr. Alleyne testified in his deposition that he never visited the plant and that the industrial hygiene studies do not indicate a dangerous level of chemical exposure.

c. The Claimant failed to satisfy the third element that the disease is due to hazards in excess of those hazards that are ordinarily incident to employment. There is no evidence other than the Claimant's testimony of heavy exposure to smoke and the deposition of the safety/environmental manager and the industrial

hygiene report dispute her testimony. Further, there is conflicting testimony whether the equipment is locally ventilated.

d. Claimant failed to satisfy the fourth element that her disease is peculiar to the occupation in which she was engaged. Claimant provided no evidence that the process of molding steel to rubber produces the chemical or byproduct that caused the condition. The MSDS show possible respiratory affects if the person is exposed to a high enough level but here is no evidence introduced to demonstrate a hazard peculiar to this kind of occupation.

e. Claimant failed to satisfy the fifth element that the hazard causing the disease must be one recognized as peculiar to a particular trade, process, occupation or employment. Again, peculiar does not necessarily mean that it is unique but there needs to be some evidence that the process of molding the rubber to the steel produces the chemical or byproduct that caused the Claimant's condition and there is no evidence in the record to support this. The MSDS reveal possible respiratory effects if an individual is exposed to a level high enough, but there is no evidence that was introduced into the record that demonstrates a hazard peculiar to this trade, process, occupation or employment.

f. Claimant failed to satisfy the sixth element that the disease resulted directly from the Claimant's continuous exposure to the normal working conditions of the particular trade, process, occupation or employment. The Claimant provided Dr. Allyene's testimony that ruled out the environmental conditions in the Claimant's home; however, Dr. Alleyne's testimony does not prove that it was caused by her work. Rather, the opinion of Dr. Simpson described the Claimant as having a strong allergic profile, but he only testified that it was possible her disease could have been related to work.

6. There is no medical opinion as evidence that the Claimant had an underlying condition or was particularly susceptible to any conditions that existed in her work. Dr. Simpson reported that the Claimant only complained of a sore throat and diagnosed her with mild asthma with mild reversible airway obstruction. Further, Dr. Simpson says that the Claimant should be able to work somewhere.

7. There is no evidence in the record to support a finding of a repetitive trauma. Specifically, there is no opinion, medical or otherwise, to support that the Claimant was repeatedly exposed to any substance at her work.

8. There is no evidence that the Claimant sustained an aggravation of an underlying condition. There is no medical opinion that the Claimant had an underlying condition or was otherwise susceptible to her exposure to any of her work conditions or any substances in her work environment.

9. Claimant has provided no medical evidence to show an exposure in the work either caused, aggravated or exacerbated the Claimant's condition.

CONCLUSIONS OF LAW

Accordingly, as provided in South Carolina Code, Section 42-17-40, (1976, as amended) it is the determination of this Commissioner:

1. Under Section 42-1-130, during the relevant periods of time as alleged in the Forms 50 and 51 of the respective parties, the Claimant was an "employee" and under Section 42-1-140, the defendant Federal Mogul was an "employer" under the Act.

2. Under Section 42-1-160, the claimant failed to carry her burden of proving by the greater weight of the evidence that she sustained compensable injuries by accident arising out of and in the course of her employment by either repetitive trauma or aggravation of an underlying condition and on this basis the Commission lacks jurisdiction in this matter.

3. Under Section 42-11-10, *et seq.* and the decision in Mohasco Corp v. Mable H. rising and Margaret L. Page, 289 S.C. 130, 345 S.E.2d 249 (S.C. App. 1986), the Claimant failed to prove by the greater weight of the evidence that she sustained compensable injuries as a result of an occupational disease and on this basis the Commission lacks jurisdiction in this matter.

3. Under Section 42-15-60, the claimant is not entitled to medical care/treatment.

4. Under Section 42-9-20, the claimant is not entitled to compensation for temporary partial disability benefits.

5. Under Section 42-9-30, the claimant is not entitled to compensation for specific permanent partial disability benefits.

AWARD

IT IS, THEREFORE, ORDERED that the findings of facts and conclusions of law are incorporated herein as if set forth verbatim and the claimant's claim for benefits be, and it hereby is, DENIED.

AND IT IS SO ORDERED.

Commissioner David W. Huffstetler

DATE: July 15, 2008

CERTIFICATE OF SERVICE

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

This 15 day of July, 2008

By Kellie Lindler

Administrative Assistant to the Commissioner

FULL COMMISSION ORDER OF THE SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

WCC File No. 9831715

Diane C. Dingle, Employee/Claimant -v- Federal Mogul Corporation, Employer and Travelers Property & Casualty Co., Carrier Defendants	**DECISION AND ORDER**

Claimant Represented By: Dwight C. Moore, Esq.

Defendants Represented By: Byron P. Roberts, Esq.

Filed: March 11 2008

Statement of the Case

This case was heard by Commissioner J. Michelle Childs on April 16, 2004 and June 8, 2004 with an order following on March 24, 2005 which made the following findings:

1. Claimant is at Maximum Medical Improvement.
2. Defendants are responsible for and, therefore, are hereby ordered to pay for claimant's continued medical treatment, for her medication, and for her related doctor's visits.
3. Claimant is awarded, and the Defendants are ordered to pay, disability benefits as follows:
    - Twenty (20) weeks of disability benefits for aggravation of Claimant's sinuses.
    - Fifty (50) weeks of disability benefits for injury to her lungs; and Twenty-Five (25) weeks of disability benefits for injury to Claimant's larynx.

Counsel for the Defense filed an Application for Review and oral arguments were heard before the Appellate Panel on April 7, 2005. The Panel issued its order on October 18, 2005 affirming the order of the Single Commissioner with amendments which added specific rulings of law that were absent in the order from the Single Commissioner. Counsel for the Defense appealed the order of the Panel and the case came before the Honorable Thomas Cooper who remanded the case back to the Commission for more

specific findings. On February 26, 2007 the Appellate Panel issued another order in accordance with Judge Cooper's direction, again affirming the order of the Single Commissioner. Counsel for the Defense filed a motion for a new hearing and the Full Commission denied that motion in its order of March 29, 2007. Counsel for the Defense appealed both the order of the Appellate Panel and the order of the Full Commission; he then withdrew the appeal of the Full Commission order concerning his motion for a new hearing. The appeal came before the Honorable George James, Jr., who issued his order on June 16, 2007 remanding the case to the Commission for more specific findings and to take additional evidence and testimony as it sees fit in order to arrive at its determination of such findings of fact and conclusions of law. This order was served on the Commission on January 15, 2008.

The order from Judge James allows the Commission the flexibility to take additional evidence or testimony as it sees fit and it appears the taking of additional evidence is necessary. In his order Judge Cooper says, "During oral argument before this Court, the parties recognized and agreed that (1) the date of injury was June 7, 1998; (2) the Claimant's Form 50 was not filed until February 12, 2002; and (3) the Single Commissioner's Order implicitly found a compensable injury as a result of occupational disease." These agreements by the parties bring a very different complexion to this claim, one that was clearly not anticipated by the previous Panels who reviewed it nor by the Single Commissioner. While the parties agree that the Form 50 was not filed until February 12, 2002; a review of the file shows the Form 50 was filed with the Commission on December 19, 2000. The parties agree the Single Commissioner's order

implicitly finds an occupational disease; however, the first exception taken in the Form 30 filed by the Defense notes the Commissioner's finding of an "accident". In addition the form 50 makes no mention of a claim for an occupational disease. The parties agree to a date of injury of June 7, 1998 but the Claimant continued to work until July 2000 and there is no finding of the last date of injurious exposure, the date disability began or the date of a definitive diagnosis to trigger the time limits in Section 42-15-20 (Bass v. Isochem) and Section 42-15-40 (Mauldin v. Dyna Color Jack Rabbit).

The parties agree that the Single Commissioner's order implicitly finds an occupational disease. However, the Single Commissioner's order makes an award of compensation for permanent partial disability to the sinuses, the lungs and the larynx without speaking to the issue of whether the definitions of "disablement" and "disability" shown in Section 42-11-20, allow for an award of compensation for permanent partial disability to specific body parts.

The Single Commissioner no longer serves as a member of the Commission; therefore, it would be impossible for this Panel to remand the case to her for more specific findings. In the light of the agreements made between the parties at the hearing before Judge Cooper and the absence of the Single Commissioner, this Panel finds it has no avenue to determine whether the Single Commissioner's decision was made in error or not, particularly in the light of the parties reaching agreements to facts before Judge Cooper which were not before the Single Commissioner nor the Appellate Panels.

Order

The order of the Single Commissioner is hereby vacated in its entirety and the case is to be set for a hearing before the Jurisdictional Commissioner for a hearing de novo.

And it is so ordered.

David W. Huffstetler, Commissioner

Concurring:

J. Alan Bass, Esq., Commissioner

Andrea P. Roche, Esq., Commissioner

CERTIFICATE OF SERVICE

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

This 11 day of March, 2008

By Kristie Tallent

Administrative Assistant to the Commissioner

FULL COMMISSION ORDER

OF THE

SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

W.C.C. FILE NO. 9831715

DIANE C. DINGLE,	EMPLOYEE, CLAIMANT,
- V. -	
FEDERAL MOGUL CORPORATION,	EMPLOYER,
AND	
TRAVELERS PROPERTY & CASUALTY COMPANY,	CARRIER, DEFENDANTS.

ORDER

Claimant represented by Dwight C. Moore, Esquire, of Sumter, South Carolina.

Defendants represented by Byron P. Roberts, Esquire, of Chapin, South Carolina.

This matter came before the South Carolina Workers' Compensation Full Commission on January 28, 2008 on the Order of Remand of the Honorable George C. James, Jr. Judge James issued his Order dated June 16, 2007 holding:

> Based upon the foregoing, it is
>
> ORDERED that this matter be remanded to the Workers [sic] Compensation Commission for specific findings of fact and conclusions of law, if any exist, to support its Decision and Order; it is further
>
> ORDERED that the Commission may take additional evidence and testimony as it sees fit in order to arrive at its determination of such findings of fact and conclusions of law.

Furthermore, Defense counsel has filed a Motion requesting a hearing to be heard in conjunction with the remand. The Motion for a Hearing is denied.

IT IS, THEREFORE, ORDERED this matter be, and hereby is, remanded to an Appellate Panel, consisting of Commissioner J. Alan Bass, Chair, Commissioner David W. Huffstetler, and Commissioner Andrea Pope Roche to take such action and enter an Order consistent with the Court's directive.

IT IS FURTHER ORDERED the Motion for a Hearing is denied.

AND IT IS SO ORDERED.

David W. Huffstetler, Chairman

Columbia, South Carolina

Jan 31, 2008

CONCURRING:
Commissioner Susan S. Barden
Commissioner George N. Funderburk
Commissioner G. Bryan Lyndon
Commissioner J. Alan Bass
Commissioner Andrea Pope Roche
Commissioner Derrick L. Williams

(a:\9831715.fc)

STATE OF SOUTH CAROLINA)	IN THE COURT OF COMMON PLEAS
COUNTY OF CLARENDON)	~~05-CP-14-530~~ 07-CP-14-150
Diane C. Dingle,)	
Claimant/Respondent)	
vs)	ORDER
)	(WCC File #: 9831715)
Federal-Mogul Corporation, Employer, and Travelers Insurance Company, Carrier,)	
Defendants/Appellants,)	

2007 JUN 18 PM 12:03
BEULAH G. ROBERTS
CLERK OF COURT
CLARENDON COUNTY, SC

This matter was before the court on June 13, 2007 for hearing of the appeal of the Defendants/Appellants (hereinafter referred to as the Appellants) of orders of the Workers Compensation Commission dated February 26, 2007 and March 29, 2007.

The issues presented in this appeal are identical to those argued before the Honorable Thomas W. Cooper, Jr. and as addressed in his order dated September 18, 2006. In that order, Judge Cooper remanded the proceedings to the Commission and Judge Cooper's order is incorporated herein by reference. Specifically, Judge Cooper determined that the Commission had not made sufficient findings of fact and conclusions of law as to how the Claimant met the statute of limitations as set forth in the Workers Compensation Act. In addition, Judge Cooper found that the decisions below were not clear as to whether the award of benefits was based on a determination of injury by accident or an occupational disease, and specifically that the decisions below did not include specific and definite findings with regard to the six (6) elements of an occupational disease as outlined in pertinent case law. See Fox v Newberry County

#1

Memorial Hospital, 319 S.C. 278, 461 S.E. 2nd 392 (1995); Mohasco Corp. v Rising, 292 S.C. 489, 357 S.E. 2nd 456 (1987).

After remand, the Appellate Panel issued its Decision and Order dated February 26, 2007. Subsequently, the Appellate Panel issued its order dated March 29, 2007. Neither of these two orders addresses the issues remanded by Judge Cooper. For example, in the Decision and Order dated February 26, 2007, in finding of fact number 7, the Commission again concludes that "Claimant met the Statute of Limitations." However, as noted by Judge Cooper the Commission has not set forth any finding of fact as to how it reached this determination. It may well be that the record supports such a finding, but it is incumbent upon the Commission to set forth sufficient findings of fact in this regard, as this Court is not permitted to assume the role of fact-finder. Similarly, this Court is not permitted to make the initial factual determination as to whether there occurred injury by accident or an occupational disease. Again, it may well be that either is the case, but the Commission must make this determination, not this Court. As noted by Judge Cooper, case law supports the proposition that even though findings of fact and conclusions of law of an administrative body need not be presented in any particular format, such "must be sufficiently detailed to enable the reviewing court to determine whether the findings are supported by the evidence." (Citations omitted).

Based upon the foregoing, it is

ORDERED that this matter be remanded to the Workers Compensation Commission for specific findings of fact and conclusions of law, if any exist, to support its Decision and Order; it is further

#2

ORDERED that the Commission may take additional evidence and testimony as it sees fit in order to arrive at its determination of such findings of fact and conclusions of law.

AND IT IS SO ORDERED.

PRESIDING JUDGE

GEORGE C. JAMES, JR.

Sumter, South Carolina

June 16, 2007

FULL COMMISSION ORDER

OF THE

SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

W.C.C. FILE NO. 9831715

DIANE C. DINGLE, EMPLOYEE\CLAIMANT,

- V -

FEDERAL-MOGUL CORPORATION, EMPLOYER,

AND

TRAVELERS INSURANCE COMPANY, CARRIER\DEFENDANTS.

ORDER

Claimant represented by Dwight C. Moore, Esquire, of Sumter, South Carolina.

Defendants represented by Byron P. Roberts, Esquire, of Chapin, South Carolina.

This matter came before the South Carolina Workers' Compensation Full Commission on March 26, 2007 on Defendants' Motion for New Hearing. The Commission has reviewed the Motion for New Hearing, the reply thereto, and the entire record in this matter. Based on a review of the foregoing, we enter the following findings of fact and conclusions of law.

FINDINGS OF FACT

1. The hearing commissioner issued her order on March 24, 2005 finding Claimant was at maximum medical improvement and ordering Defendants to pay for Claimant's continued medical treatment. Claimant was awarded 20 weeks for aggravation of her sinuses; 50 weeks for injury to her lungs; and 25 weeks for injury to her larynx.

2. Defendants filed their appeal on April 8, 2005, and the Appellate Panel issued its order on October 18, 2005. The Order was amended to add code sections as Conclusions of Law.

3. Defendants filed their appeal on November 17, 2005, and the circuit court issued its order on September 18, 2006. The matter was remanded to the Commission to make specific findings of fact and conclusions of law. It was further ordered the Commission could take additional evidence and testimony.

4. On October 23, 2006, Defendants filed a Motion for New Hearing and Memorandum. The grounds for the Motion are as follow:

a) Defendants denied the claim and contend Claimant could not maintain the action pursuant to the Act's statute of limitations provisions. The hearing commissioner found Claimant met the statute of limitations, and her injuries were causally related.

b) The Appellate Panel affirmed the order, and Defendants appealed to the circuit court.

c) Judge Cooper issued his order, dated September 18, 2006, vacating the Commission's decision in its entirety and remanding it to the Commission. The judge determined the matter required more specific findings and application of the

facts to the applicable case law in order to establish or show the claim was compensable. A record, reviewable on appeal, had to be established to substantiate the findings of the Commission.

d) Based on Judge Cooper's ruling, the attached order, and the case law governing this matter, Defendants requested this case be set for a hearing to take additional evidence and testimony so a complete record for the claim could be established.

5. The Full Commission issued its order on November 22, 2006 remanding the matter to the Appellate Panel.

6. The Appellate Panel issued its order on February 26, 2007, affirming with amendments, the hearing commissioner's order. The amendments were the addition of several code sections as Conclusions of Law.

7. By letter dated February 28, 2007, Defendants requested the Commission reconsider the Order of February 26, 2007 and include for consideration the Defendants Motion (Petition) for a New Hearing.

8. The Motion for a New Hearing is denied as this issue has already been ruled on by the issuance of the Order on February 26, 2007.

Based upon the findings of fact are the following:

CONCLUSIONS OF LAW

1. Because the Commission has already issued an Order as ordered by the circuit court on remand, sufficiently detailed findings of fact and conclusions of law have already been issued, and no new hearing is required. See Parsons v. Georgetown Steel, 318 S.C. 63, 456 S.E.2d 366 (1995).

ORDER

IT IS, THEREFORE, ORDERED the Motion for a New Hearing be, and hereby is, denied.

AND IT IS SO ORDERED.

David W. Huffstetler, Chairman

Columbia, South Carolina

March 29, 2007

CONCURRING:
Commissioner Susan S. Barden
Commissioner Andrea Pope Roche
Commissioner George N. Funderburk
Commissioner G. Bryan Lyndon
Commissioner J. Alan Bass

(a:\9831715.fc)

AMENDED APPELLATE PANEL

DECISION AND ORDER

OF THE

SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

W.C.C. FILE NO. 9831715

DIANE C. DINGLE, EMPLOYEE, CLAIMANT/RESPONDENT,

- V -

FEDERAL MOGUL CORPORATION, EMPLOYER,

AND

TRAVELERS PROPERTY & CASUALTY COMPANY, CARRIER, DEFENDANTS/APPELLANTS.

Remand Appellate Panel Review held in Columbia, South Carolina on January 23, 2007 per notices timely and properly served on all parties of interest.

Amended Appellate Panel Decision and Order filed February 26, 2007.

APPEARANCES:

Claimant/Respondent represented by Dwight C. Moore, Esquire, of Sumter, South Carolina.

Defendants/Appellants represented by Byron P. Roberts, Esquire, of Chapin, South Carolina.

STATEMENT OF CASE

The parties were originally heard by Commissioner J. Michelle Childs on April 16, 2004 and June 8, 2004 in Columbia, South Carolina. On March 24, 2005, she issued an Order finding Claimant at maximum medical improvement, Defendants responsible for all causally related medical treatment, and awarded benefits as follows: 20 weeks for aggravation of Claimant's sinuses, 50 weeks for injury to her lungs, and 25 weeks for injury to Claimant's larynx.

Defendants filed an Application for Review, and on October 18, 2005, the Appellate Panel affirmed and amended the single commissioner Order. Defendants appealed to the circuit court. On September 25, 2006, Judge Thomas W. Cooper, Jr. remanded the matter to the Commission for "specific findings of fact and conclusions of law, if any exist, to support its Decision and Order." Judge Cooper further stated, "...the Commission may take additional evidence and testimony in order to arrive at a clear and cogent determination of the issues raised by the prospective parties in this matter." This Order follows:

Based on the Appellate Panel's review of the record, we enter the following findings of fact and conclusions of law.

FINDINGS OF FACT

1. All parties to this proceeding are subject to and bound by the terms and provisions of the South Carolina Workers' Compensation Act.

2. Jurisdiction and venue are proper. The date of Claimant's accident if June 7, 1998.

3. The parties entered into stipulations as to Claimant's average weekly wage being $363.13 with a corresponding compensation rate of $242.12.

4. Claimant had a prior history of seasonal sinus problems. Claimant had no prior history of upper respiratory problems, lung, or throat condition.

5. Claimant began employment with the Employer in 1996. Claimant was employed as a press operator in the mold department, then worked as a press operator in the gasket department, then returned to the mold department. Claimant was not required to wear protective safety gear for these positions.

6. Claimant began experiencing sinus congestion and headaches while working in the mold department due to exposure to chemicals. At a minimum, Claimant was exposed to a residue cement of the Thixon 7500 that caused a dust to be exposed in other departments.

7. Claimant timely notified her supervisors of her medical problems. Claimant filed her Form 50 on February 12, 2002. Claimant met the Statute of Limitations.

8. As a result of her injuries, Claimant was diagnosed with medical conditions, including aggravation of her pre-existing sinus condition, a vocal cord nodule, chronic hoarseness, rhinitis, laryngitis, aphonia, persistent dysphonia, and reactive airways dysfunction syndrome. Clamant was recommended for speech therapy, had it, but her condition failed to respond to it.

9. Defendants shall pay for Claimant's past causally related medical treatment.

10. Claimant was placed on medical leave of absence on April 17, 2000. Claimant last worked for the Employer in July 2000. Claimant has not worked since then. Claimant's employment was terminated, effective March 19, 2002, as a result of her failure to contact anyone at the plant or to notify them of her intentions to return to work.

11. Claimant is entitled to temporary total disability benefits during the period of time that she was placed on a medical leave of absence on April 17, 2000 until December 13, 2001, based on the medical reports of Dr. James Atkinson and Claimant's continued treatment for her conditions by other physicians. Claimant was

able to work thereafter, even when not at maximum medical improvement, and her physical limitations did not prevent her from pursuing other kinds of employment. Both Dr. James Atkinson and Dr. William Simpson, Jr. testified that Claimant could work at other employment as long as she was not exposed to whatever irritants were causing her problems.

12. Defendants' expert, Richard Bennett, an industrial hygienist, conducted microbial, allergen, and formaldehyde sampling at the Claimant's apartment. Mr. Bennett concluded that Claimant home evidences mold proliferation in the master bedroom mold on supply diffusers in the home, heavy accumulation of dust adjacent to the water heater closet, in addition to high concentrations of cockroach allergen collected from dust in the home. The air samples revealed a significantly high concentration of Aspergillus/Penicillium. I do not find this report to be compelling since Claimant has lived at her residence over ten (10) years and did not experience the problems alleged herein. Dr. Atkinson performed tests on the Claimant regarding mold spores and those tests were negative. Claimant, upon taking medication, was fine at home but continued to experience respiratory problems while at work.

13. Claimant's treating physician, Dr. William M. Simpson, and Claimant's expert, Dr. William F. Alleyne, established that Claimant's allegations were connected to her employment.

14. Defendants' Motion to Suppress the medical reports of Dr. William F. Alleyne should be denied. Pursuant to the Transmittal Order dated July 28, 2004, the parties were on notice that the deposition of Dr. Alleyne would be conducted, in addition to other depositions, and that all relevant medical reports would be provided to counsel prior to conducting such depositions. Additionally, Defendants' counsel conducted the deposition of Dr. Alleyne on September 24, 2004 and filed the Motion to Suppress on October 15, 2004 after conducting the deposition.

15. Claimant is at maximum medical improvement. Defendants shall pay for Claimant's continued medical treatment, for medications, and related doctor's visits.

16. Furthermore, Claimant is entitled to twenty (20) weeks of disability benefits for aggravation of sinuses, fifty (50) weeks of disability for her lungs, and twenty-five (25) weeks of disability for her larynx.

Based upon the findings of fact are the following:

CONCLUSIONS OF LAW

1. S. C. Code Ann. § 42-9-10 governs compensation for periods of total disability.

2. S. C. Code Ann. § 42-9-30 provides compensation for disability to specific body members.

3. S. C. Code Ann. § 42-15-60 governs medical treatment.

4. S. C. Code Ann. § 42-15-20 governs notice of accident.

5. S. C. Code Ann. § 42-15-40 governs time for filing a claim.

ORDER

IT IS, THEREFORE, ORDERED the Order of the Single Commissioner filed in the above captioned matter on March 24, 2005 is hereby affirmed by the Panel with the only amendments being to add several Code Sections as Conclusions of Law.

IT IS FURTHER ORDERED Claimant is at maximum medical improvement.

IT IS FURTHER ORDERED Defendants shall pay for Claimant's continued medical treatment, her medication, and for her causally related doctor's visits.

IT IS FURTHER ORDERED Defendants shall pay Claimant disability benefits as follows: Twenty (20) weeks of disability benefits for aggravation of Claimant's sinuses; fifty (50) weeks of disability benefits for injury to her lungs; and twenty-five (25) weeks of disability benefits for injury to Claimant's larynx.

AND IT IS SO ORDERED.

S. C. WORKERS' COMPENSATION COMMISSION

David W. Huffstetler, Commissioner

AFFIRMATION WITH AMENDMENTS

CONCUR:

J. Alan Bass, Commissioner

George N. Funderburk, Commissioner

(a:\.9831715.dwhapp)

CERTIFICATE OF SERVICE

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

This 26th day of Feb. 2007

By Penni R. Henry

Administrative Assistant to the Commissioner

STATE OF SOUTH CAROLINA

COUNTY OF CLARENDON

IN THE COURT OF COMMON PLEAS

CASE NO. 2005-CP-14-530

Diane C. Dingle,
Claimant / Respondent,

v.

Federal-Mogul Corporation,
Employer, and

Travelers Insurance Company
Carrier,

Defendants / Appellants.

CERTIFIED TRUE COPY
OF ORIGINAL FILED IN THIS OFFICE
DATE 9/25/06
Beulah H. Roberts
CLERK OF COURT
CLARENDON COUNTY, SC

ORDER

(W.C.C. File No. 9831715)

2006 SEP 25 AM 11:31
BEULAH H. ROBERTS
CLERK OF COURT
CLARENDON COUNTY, SC

This matter comes before me on appeal by the Defendants/Appellants of a decision of the Workers' Compensation Commission.

STATEMENT OF THE CASE

The Claimant in this matter filed a Form 50 seeking benefits under the South Carolina Workers' Compensation Act (Act) alleging she suffered an injury by accident arising out of and in the course and scope of her employment with Federal Mogul Corporation. Specifically, and as stipulated by the parties, the Claimant alleges that on or about June 7, 1998, she sustained injuries as a result of exposure to a chemical and/or chemicals while employed at the Federal Mogul facility and that this exposure resulted in injuries to her throat, lungs, and respiratory system. She also alleges that she suffers from headaches. The Appellants denied the claim and assert, *inter alia*, that the Claimant can not maintain this action pursuant to the Act's statute of limitations provisions.

The Workers' Compensation Commissioner held a hearing on these issues on April 16, 2004. Based on the testimony and other evidence submitted into the record,

TWC JR.
#1

the Hearing Commissioner found that the Claimant met the statute of limitations within which she must file a claim and that the injuries alleged were causally related to her employment with Federal Mogul. Thereafter, on October 10, 2005, the Appellate Panel of the Commission affirmed by adopting the Order of the Hearing Commissioner with only minor typographical corrections. The Appellants timely and properly appealed to this Court. The Appellants maintain the Commission erred in failing to make the required specific findings of fact and conclusions at law to support its Order. I agree.

During oral argument before this Court, the parties recognized and agreed that the (1) the date of injury was June 7, 1998; (2) the Claimant's Form 50 was not filed until February 12, 2002; and (3) the Single Commissioner's Order implicitly found a compensable injury as a result of occupational disease.

Pursuant to S.C. Code §1-23-350 a final decision of an agency including the Commission shall include findings of fact and conclusions of law, separately stated. Findings of fact, if set forth in statutory language, shall be accompanied by a concise and explicit statement of the underlying facts supporting the findings. The Workers' Compensation Act also requires that an award include "a statement of the findings of fact, rulings of law, and other matters pertinent to the questions at issue." S.C. Code Ann. § 42-17-40(A).

Although the findings of fact and conclusions of law of an administrative body need not be presented in any particular format, they "must be sufficiently detailed to enable the reviewing court to determine whether the findings are supported by the evidence." Parsons v. Georgetown Steel, 318 S.C. 63, 456 S.E.2d 366 (1995); *see* Able Communications, Inc. v. South Carolina Pub. Serv. Comm'n, 290 S.C. 409, 351 S.E.2d 151 (1986); Cloyd v. Mabry, 295 S.C. 86, 367 S.E.2d 171 (Ct. App. 1988) (It is well-settled that

TW0 Jr.
#2

a decision of the Commission must be "sufficiently detailed to enable a reviewing court to determine whether fact findings are supported by evidence and whether the law has been correctly applied."). "Without specific and definite findings upon the evidence, a court on review of the panel's decision cannot determine whether to uphold the general finding or conclusion . . . ." Baldwin v. James River Corp., 304 S.C. 485, 405 S.E.2d 421 (Ct. App. 1991). Implicit findings of fact are not sufficient. Aristizabal v. Woodside-Div. of Dan River, Inc., 268 S.C. 366,234 S.E.2d 21 (1977). Where material facts are in dispute, the administrative body must make specific, express findings of fact. Id.

After careful review and analysis of the issues and arguments in the instant case, I find and conclude that the Commission failed to make concise and explicit statements supporting the findings of fact and conclusions of law to support the Decision and Order.

Initially, the Commission failed to make specific and definite findings upon the evidence as to how the Claimant met the statute of limitations requirements as set forth in the Act. The parties stipulated that the date of injury was June 7, 1998; and, the Commission has found as fact that the Claimant's Form 50 was noted filed with the Commission until February 12, 2002. Therefore, it is not clear how the Commission made such a determination.

Next, while the parties agree that the Hearing Commissioner found the claim compensable as an occupational disease, I find that it is not clear from the Order whether the Commissioner based the award of benefits on the determination of an injury by accident or an occupational disease, and such implicit findings are not permitted by the law outlined above. Further, if this award is based on a finding of occupational disease, the

Order does not make specific and definite findings upon the evidence with regard to the six elements of an occupational disease as outlined and required by Fox v. Newberry County Memorial Hospital, 319 S.C. 278, 461 S.E.2d 392 (1995); Mohasco Corp. v. Rising, 292 S.C. 489, 357 S.E.2d 456 (1987); and related case law.

The implicit findings of the Commission are insufficient to support the conclusions reached in this case, and this Court in its appellate capacity can not make findings of fact when the Commission has failed to do so because, in doing so, this Court would improperly assume the Commission's role as factfinder. Fox, supra.

For these reasons, this matter is remanded for further findings in compliance with the uncontroverted requirements of the above discussed case law, and the applicable provisions of the APA, the South Carolina Workers' Compensation Act, and the Workers' Compensation Commission's regulations. Further, this matter must have a better record upon which to determine the issues that have been raised.

THEREFORE IT IS THE ORDER of this Court that this entire matter is remanded to the Workers' Compensation Commission.

IT IS FURTHER ORDERED that upon remand the Commission shall make specific findings of fact and conclusions of law, if any exist, to support its Decision and Order.

IT IS FURTHER ORDERED that the Commission may take additional evidence and testimony in order to arrive at a clear and cogent determination of the issues raised by the respective parties in this matter.

AND IT IS SO ORDERED.

Toal, J.
#4

Presiding Judge:

/s/ Thomas W. Cooper, Jr.
The Honorable Judge Thomas W. Cooper, Jr.
Third Judicial Circuit Court of Common Pleas

This 18th Day of Sept., 2006

Manning, South Carolina

APPELLATE PANEL

DECISION AND ORDER

OF THE

SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

W.C.C. FILE NO. 9831715

DIANE C. DINGLE, EMPLOYEE,
CLAIMANT/RESPONDENT,

- V -

FEDERAL MOGUL CORPORATION, EMPLOYER,

AND

TRAVELERS PROPERTY & CASUALTY COMPANY, CARRIER,
DEFENDANTS/APPELLANTS.

Appellate Panel Review held in Columbia, South Carolina, on September 26, 2005, per notices timely and properly served upon all parties of interest.

Appellate Panel Decision and Order filed October 18, 2005.

APPEARANCES:

Claimant/Respondent represented by Dwight C. Moore, Esquire, of Sumter, South Carolina.

Defendants/Appellants represented by Byron P. Roberts, Esquire, of Columbia, South Carolina.

STATEMENT OF CASE

The parties were heard by Commissioner J. Michelle Childs on April 16, 2004 and June 8, 2004, in Columbia, South Carolina. On March 24, 2005, the Hearing Commissioner issued the following Order:

"Based on the foregoing findings of fact, I reach the following conclusions:

1. Claimant is at Maximum Medical Improvement.
2. Defendants are responsible for and, therefore, are hereby ordered to pay for claimant's continued medical treatment, for her medication, and for her related doctor's visits.
3. Claimant is awarded, and the Defendants are ordered to pay, disability benefits as follows:
    - Twenty (20) weeks of disability benefits for aggravation of Claimant's sinuses;
    - Fifty (50) weeks of disability benefits for injury to her lungs; and
    - Twenty-Five (25) weeks of disability benefits for injury to Claimant's larynx;

AND IT IS SO ORDERED."

Within the statutory period, counsel for the Defendants filed an Application for Review in the case setting forth his reasons, copies of which were furnished to all interested parties, prior to oral argument presented before the Appellant Panel on April 7, 2005.

All proffered testimony has been taken. Such, together with all documentary evidence, has been delivered by oral argument to the individual members of the Full Commission and has since been under study and consideration.

By appeal it is respectfully submitted that the Hearing Commissioner erred in the following:

1. The Single Commissioner erred in finding as fact that the Claimant sustained an accident on June 7, 1998, error being that the preponderance of the evidence does not support this finding. Rather, the record is devoid of any evidence to support a finding that the Claimant sustained a compensable injury by accident while in the course and scope of her employment.

2. The Single Commissioner erred in finding as fact that the Claimant had a prior history of seasonal sinus problems and that the Claimant had no prior history of upper respiratory problems or a lung or throat condition, error being that the preponderance of the evidence does not support this finding.

3. The Single Commissioner erred in finding as fact that the Claimant was not required to wear protective safety gear for her particular job duties with the Defendant Employer, error being that the preponderance of th evidence does not support this finding.

4. The Single Commissioner erred in finding as fact that the Claimant began experiencing sinus congestion and headaches while working in the mold department due to exposure to chemicals, error being that the preponderance of the evidence does not support this finding. Rather, the record is devoid of any evidence to support a finding that the Claimant was exposed to chemicals. The Single Commissioner further erred in finding as fact that the Claimant was exposed to Thixon 7500, error being that the preponderance of the evidence does not support this finding. Rather, the record is devoid of any evidence to support a finding that the Claimant was exposed to Thixon 7500 at any time.

5. The Single Commissioner erred in finding as fact that the Claimant timely notified her supervisors of her medical problems and that she met the statute of limitations by filing a Form 50 on February 12, 2002, error being that the preponderance of the evidence does not support this finding.

6. The Single Commissioner erred in finding as fact that the Claimant was diagnosed with and/or aggravated certain medical conditions, error being that the preponderance of the evidence does not support this finding.

7. The Single Commissioner erred in finding as fact that the Defendants are responsible for the Claimant's past causally related medical treatment, error being that the preponderance of the evidence does not support this finding. Rather, the record is devoid of any evidence to support a finding that the Claimant sustained an injury by accident arising from and in the course and scope of her employment and would therefore not be entitled to payment for past medical care and treatment.

8. The Single Commissioner erred in finding as fact that the Claimant is entitled to temporary total disability benefits for the period of time between April 17, 2000 and December 13, 2001, error being that the preponderance of the evidence does not support this finding. Rather, the record is devoid of any evidence to support a finding that the Claimant sustained an injury by accident arising from and in the course and scope of her employment and would therefore not be entitled to benefits under the South Carolina Workers' Compensation Act.

9. The Single Commissioner erred in finding as fact that the report of Richard Bennett was not compelling, error being that the preponderance of the evidence does not support this finding. The Single Commissioner further erred in finding as fact that the reports of Dr. Atkinson were negative, error being that the preponderance of the evidence does not support this finding. The Single Commissioner further erred in finding as fact that the Claimant was fine at home while on medications but experienced respiratory problems while at work, error being that this finding is based on self-serving testimony and is not corroborated or substantiated by any credible evidence or testimony in the record.

10. The Single Commissioner erred in finding as fact that the opinions of Drs. Simpson and Alleyne established that the Claimant's allegations were connected to her employment, error being that the preponderance of the evidence does not support this finding. Rather, the record is devoid of any evidence to support a finding that the Claimant sustained an injury by accident arising from and in the course and scope of her employment.

11. The Single Commissioner erred in denying the Defendants' Motion to Suppress the reports of Dr. Alleyne, error being that the records and reports of Dr. Alleyne were not submitted pursuant to the relevant code sections and regulations of the Administrative Procedures Act and the South Carolina Workers' Compensation Act and therefore constitute a violation of the Defendants' right to due process as well as the Defendants' rights set forth in said Acts. Further error being that the Transmittal Order did not allow for the submission of additional records and reports but rather allowed only for additional discovery to be conducted to include the taking of depositions of specified experts.

12. The Single Commissioner erred in finding as fact that the Claimant reached Maximum Medical Improvement, error being that the preponderance of the evidence does not support this finding. Rather, the record is devoid of any evidence to support a finding that the Claimant sustained an injury by accident arising from and in the course and scope of her employment and therefore a finding of maximum medical improvement is not necessary. The Single Commissioner further erred in finding as fact that the Defendants are responsible for continued medical treatment, medication and related doctor's visits for the Claimant, error being that the preponderance of the evidence does not support this finding. Rather, the record is devoid of any evidence to support a finding the Claimant sustained an injury by accident arising from and in the course and scope of her employment and therefore the Defendants should not be responsible for providing medical care and treatment for the Claimant.

13. The Single Commissioner erred in finding as fact that the Claimant is entitled to twenty (20) weeks of disability benefits for aggravation of sinuses, fifty (50) weeks of disability benefits for lungs and twenty-five (25) weeks of disability benefits for her larynx, error being that the preponderance of the evidence does not support this finding. Rather, the record is devoid of any evidence that the Claimant sustained an injury by accident arising from and in the course and scope of her employment and is therefore not entitled to disability benefits under the South Carolina Workers' Compensation Act.

14. The Single Commissioner erred in making a Conclusion and Award that the Claimant is at Maximum Medical Improvement, error being that the preponderance of the evidence does not support this conclusion. Rather, the record is devoid of any evidence to support a conclusion that the Claimant sustained an injury by accident arising from and in the course and scope of her employment and, therefore, a conclusion that the Claimant has reached maximum medical improvement is not necessary.

15. The Single Commissioner erred making a Conclusion and Award that the Defendants are responsible for and ordered to pay for continued medical treatment, medications and related visits to doctors for the Claimant, error being that the preponderance of the evidence does not support this conclusion. Rather, the record is devoid of any evidence to support a Conclusion that the Claimant sustained an injury by accident arising from and in the course and scope of her employment. The Claimant is therefore not entitled to benefits under the South Carolina Workers' Compensation Act.

16. The Single Commissioner erred in making a Conclusion and Award that the Claimant is entitled to, and the Defendants are ordered to pay, disability benefits of twenty (20) weeks for aggravation of the Claimant's sinuses, fifty (50) weeks for injury to the Claimant's lungs and twenty-five (25) weeks for injury to Claimant's larynx, error being that the preponderance of the evidence does not support this finding. Rather, the record is devoid of any evidence to support a Conclusion that the Claimant sustained an injury by accident arising from and in the course and scope of her employment and, therefore, the Claimant is not entitled to benefits under the South Carolina Workers' Compensation Act.

In an appellate review, the Appellant Panel shall, pursuant to S.C. Code Ann. §42-17-50 (1985), review the Award, weigh the evidence as presented at the initial hearing and, if good grounds be shown therefore, make its own Findings of Fact and reach its own Conclusions of Law consistent with or inconsistent with those of the Hearing Commissioner.

After careful review in the instant case, the Commission, by unanimous vote, has determined that all of the Hearing Commissioner's Findings of Fact and Rulings of Law are correct as stated with the only amendments being to add the following Code Sections as Conclusions of Law:

1. Section 42-9-10, which governs compensation for periods of total disability.
2. Section 42-9-30, which provides compensation for disability to specific body members.
3. Section 42-15-60, which governs medical treatment.
4. Section 42-15-20, which governs notice of accident.
5. Section 42-15-40, which governs time for filing a claim.

Accordingly, these shall become, and hereby are, the law of the case; and, therefore, the Order is sustained in its entirety and the only amendment is to add these Code Sections as Conclusions of Law: Section 42-9-10, which governs compensation for periods of total disability; Section 42-9-30, which provides compensation for disability to specific body members; Section 42-15-60, which governs medical treatment; Section 42-15-20, which governs notice of accident; Section 42-15-40, which governs time for filing a claim. The Hearing Commissioner's decision is incorporated by reference as if set forth verbatim herein.

ORDER

IT IS, THEREFORE, ORDERED that the Order of the Single Commissioner filed in the above-captioned matter on March 24, 2005 is hereby affirmed by the Panel with the only amendment being to add these Code Sections as Conclusions of Law: Section 42-9-10, which governs compensation for periods of total disability; Section 42-9-30, which provides compensation for disability to specific body members; Section 42-15-60, which governs medical treatment; Section 42-15-20, which governs notice of accident; Section 42-15-40, which governs time for filing a claim and the same shall constitute the Decision and Order of the Appellate Panel.

AND IT IS SO ORDERED.

S. C. WORKERS' COMPENSATION COMMISSION

David W. Huffstetler, ~~Commissioner~~
For the Appellate Panel

FULL AFFIRMATION WITH AMENDMENTS

CONCUR: , Lisa C. Glover, Commissioner

, J. Alan Bass, Commissioner

CERTIFICATE OF SERVICE

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

DM
BR

This 18 day of October, 2005

By Kellie Kindler

Administrative Assistant to the Commissioner

FULL COMMISSION ORDER

OF THE

SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

W.C.C. FILE NO. 9831715

DIANE C. DINGLE,	EMPLOYEE, CLAIMANT,
- V -	
FEDERAL MOGUL CORPORATION,	EMPLOYER,
AND	
TRAVELERS PROPERTY & CASUALTY COMPANY,	CARRIER, DEFENDANTS.

ORDER

Claimant represented by Dwight C. Moore, Esquire, of Sumter, South Carolina.

Defendants represented by Byron P. Roberts, Esquire, of Columbia, South Carolina.

This matter came before the South Carolina Workers' Compensation Full Commission on June 27, 2005 on Defendants' motion for additional time for oral argument. Based upon a review of the file in this matter, we enter the following findings of fact and conclusions of law.

FINDINGS OF FACT

1. This matter was heard on April 16 and June 8, 2004, and an Order issued on March 24, 2005.

2. The Defendants appealed on April 7, 2005 and filed a Motion for additional time for oral argument. The Defendants requested an additional ten minutes for oral argument.

3. The Claimant did not respond to the Motion.

4. The Commission feels the issues are not so unique, diverse, or convoluted as to require additional time for them to be understood. The Motion is denied.

Based upon the findings of fact are the following:

CONCLUSIONS OF LAW

1. Pursuant to 25A S.C. Code Ann. Regs. 67-706 (1990) "A party may request additional time for argument by attaching a motion to the Form 30. The Commission will issue an order before the case is set for argument."

2. It is within the Commission's discretion whether to grant a request for additional time.

ORDER

IT IS, THEREFORE, ORDERED the Motion for additional time for oral argument be, and hereby is, denied.

AND IT IS SO ORDERED.

David W. Huffstetler, Chairman

Columbia, South Carolina

1-20, 2005

CONCURRING:
Commissioner Lisa C. Glover
Commissioner Susan S. Barden
Commissioner G. Bryan Lyndon
Commissioner George N. Funderburk
Commissioner J. Alan Bass

NOT PARTICIPATING:
Commissioner J. Michelle Childs

(a:\9831715.fc)

CERTIFICATE OF SERVICE

This is to certify the undersigned has this date served this order in the above-captioned action upon all parties to this cause by depositing a copy hereof, first class postage paid, or if indicated below by certified mail, return receipt requested, in the United States mail addressed to the attorney or attorneys for said parties.

This 20th day of July, 2005

By MB
Marion Buraczynski, Paralegal

Dwight C. Moore, Esquire
P.O. Box 1229
Sumter, SC 29151

Byron P. Roberts, Esquire
P.O. Box 11288
Columbia, SC 29211

BEFORE THE SOUTH CAROLINA
WORKERS' COMPENSATION COMMISSION
WCC FILE NO.: 9831715

Diane C. Dingle, Claimant, v. Federal Mogul Corporation, Employer, and Travelers Property and Casualty Company, Carrier, Defendants.	)	ORDER AND AWARD

HEARING DATES: April 16, 2004/June 8, 2004

PURPOSE OF HEARING: To Determine Issues Set on Claimant's Form 50

APPEARANCES:

For Claimant: Dwight C. Moore, Esquire
Moore Law Firm, L.L.C.
26 North Main Street
Sumter, South Carolina 29150

For Defendants: Byron P. Roberts, Esquire
Tommy Evans, Jr., Esquire
Tally Roberts & Blue, L.L.C.
Attorneys And Counselors At Law
1527 Blanding Street
Columbia, South Carolina 29201

COMMISSIONER: The Honorable J. Michelle Childs
South Carolina Workers' Compensation Commission
1612 Marion Street
Box 1715
Columbia, South Carolina 29202

COURT REPORTER: Jo Elizabeth Wheat
Post Office Box 24115
Columbia, South Carolina 29224

ORDER AND AWARD FILED: March 24, 2005

STATEMENT OF THE CASE

Claimant is a forty-year old mother of four children, ranging from seven to eighteen years of age. She is a high school graduate and attended Sumter Area Technical College for a few months. The record reflects that Claimant does not now and never has smoked and does not drink alcoholic beverages. She is 5'5" tall and weighs approximately 146 pounds.

Claimant's employment with the Employer commenced in 1996. Complaint worked as a press operator in the mold department, a press operator in the gasket department, and later resumed work in the mold department. Despite the presence of chemicals in her workplace, Claimant was not required to wear protective safety gear during the course of her employment in these positions.

Prior to the onset of the conditions out of which this claim arose, Claimant had complained of a seasonal sinus condition but she had no previous history of upper respiratory, lungs or throat problems. While working in the mold department, Claimant began experiencing severe problems in her upper respiratory tract along with persistent sinus congestion and intense headaches. Claimant notified her supervisors of her medical problems and sought treatment. The diagnosis of Claimant's injury included aggravation of her pre-existing sinus condition, a vocal cord nodule, chronic hoarseness, rhinitis, laryngitis, aphonia, persistent dysphonia, and reactive airways dysfunction syndrome. Claimant underwent treatment for her medical problems, including speech therapy, but her condition failed to respond to any of the treatment.

Claimant was placed on medical leave of absence on April 17, 2000. She last worked for Employer in July of 2000 and has not worked since that time. Effective March 19, 2002, Claimant's employment with Employer was terminated due to her failure to notify Employer of her intention to return to work.

On February 12, 2002, Claimant filed Form 50 seeking compensation for her injuries under the South Carolina Workers' Compensation Act, S.C. Code Ann. § 42-3-10, et seq., (1976) as amended. Claimant's Form 50 alleges that she incurred an occupational disease arising out of her employment with Employer that resulted in injury to her lungs, throat, upper respiratory tract, and headaches. Defendants deny these allegations.

This case was heard by the undersigned single Commissioner at bifurcated hearings held April 16, 2004, and June 8, 2004. The following issues were presented for determination:

1. Compensability
2. Statute of Limitations
3. Past Medical Treatment
4. Future Medical Treatment
5. Temporary Total Disability
6. Maximum Medical Improvement
7. Extent of Disability

Evidence from the following individuals was offered in the form of medical reports, depositions and testimony.

Dr. James Atkinson, Physician
Dr. William Simpson, Jr., Physician
Dr. William F. Alleyne, Physician
Richard Bennett, Industrial Hygienist

On October 15, 2004, Defendants filed a Motion To Suppress the medical reports of Dr. William F. Alleyne on the grounds that he was not timely disclosed as an expert.

FINDINGS OF FACT

After a full review of the record and consideration of the positions articulated by counsel for all parties, this Commissioner makes the following findings of fact.

Jurisdiction and venue are proper. The date of the accident is June 7, 1998.

The parties entered into stipulations as to Claimant's Average Weekly Wage being $363.16 and her Compensation Rate as $242.12

The file and the Commissioner's notes are made a part of the record.

Claimant had a prior history of seasonal sinus problems. Claimant had no prior history of upper respiratory problems, lung or throat condition.

Claimant began employment with the Employer in 1996. Claimant was employed as a press operator in the mold department, then worked as a press operator in the gasket department, then returned to the mold department. Claimant was not required to wear protective safety gear for these positions.

Claimant began experiencing sinus congestion and headaches while working in the mold department due to exposure to chemicals. At a minimum, the Claimant was exposed to a residue cement of the Thixon 7500 that caused a dust to be exposed in other departments.

Claimant timely notified her supervisors of her medical problems. Claimant filed her Form 50 on February 12, 2002. Claimant met the Statute of Limitations.

As a result of her injuries, the Claimant was diagnosed with medical conditions, including aggravation of her pre-existing sinus condition, a vocal cord nodule, chronic hoarseness, rhinitis, laryngitis, aphonia, persistent dysphonia, and reactive airways dysfunction syndrome. Claimant was recommended for speech therapy, had it, but her condition failed to respond to it.

Defendants are responsible for the Claimant's past causally-related medical treatment.

Claimant was placed on medical leave of absence on April 17, 2000. Claimant last worked for the Employer in July of 2000. Claimant has not worked since then. Claimant's employment was terminated, effective March 19, 2002, as a result of her failure to contact anyone at the plant or to notify them of her intentions to return to work.

Claimant is entitled to Temporary Total Disability benefits during the period of time that she was placed on a medical leave of absence on April 17, 2000, until December 13, 2001, based on the medical reports of Dr. James Atkinson and her continued treatment for her conditions by other physicians. I find that the Claimant was able to work thereafter, even when not at Maximum Medical Improvement, and that her physical limitations did not prevent her from pursuing other kinds of employment. Both Dr. James Atkinson and Dr. William Simpson, Jr., testified that the Claimant could work at other employment as long as she was not exposed to whatever irritants were causing her problems.

Defendants' expert, Richard Bennett, an industrial hygienist, conducted microbial, allergen, and formaldehyde sampling at the Claimant's apartment. Mr. Bennett concluded that the Claimant's home evidences mold proliferation in the master bedroom, mold on supply diffusers in the home, heavy accumulation of dust adjacent to the water heater closet, in addition to high concentrations of cockroach allergen collected from dust in the home. The air samples revealed a significantly high concentration of Aspergillus/Penicillium. I do not find this report to be compelling since the Claimant has lived at her residence over ten (10) years and did not experience the problems alleged herein. Dr. Atkinson performed tests on the Claimant regarding mold spores and those tests were negative. The Claimant, upon taking medication, was fine at home but continued to experience respiratory problems while at work.

Claimant's treating physician, Dr. William M. Simpson, and the Claimant's expert, Dr. William F. Alleyne, established that the Claimant's allegations were connected to her employment.

I find that Defendants' Motion To Suppress the medical reports of Dr. William F. Alleyne should be denied. Pursuant to the Transmittal Order dated July 28, 2004, the parties

were on notice that the deposition of Dr. Alleyne would be conducted, in addition to other depositions, and that all relevant medical reports would be provided to counsel prior to conducting such depositions. Additionally, the Defendants' counsel conducted the deposition of Dr. Alleyne on September 24, 2004, and filed the Motion To Suppress on October 15, 2004, after conducting the deposition.

Claimant is at Maximum Medical Improvement. Defendants are responsible for Claimant's continued medical treatment, for medication, and related doctor's visits.

I find, further, that Claimant is entitled to twenty weeks of disability benefits for aggravation of sinsuses, fifty weeks of disability for her lungs, and twenty-five weeks of disability for her larynx.

CONCLUSION AND AWARD

Based upon the foregoing findings of fact, I reach the following conclusions:

1. Claimant is at Maximum Medical Improvement

2. Defendants are responsible for and, therefore, are hereby ordered to pay for Claimant's continued medical treatment, for her medication, and for her related doctor's visits.

3. Claimant is awarded, and the Defendants are ordered to pay, disability benefits as follows:

   - Twenty (20) weeks of disability benefits for aggravation of Claimant's sinuses;
   - Fifty (50) weeks of disability benefits for injury to her lungs; and
   - Twenty-five (25) weeks of disability benefits for injury to Claimant's larynx;

AND IT IS SO ORDERED.

J. Michelle Childs

J. Michelle Childs, Commissioner
South Carolina Workers'
Compensation Commission

3/24/2005

Columbia, South Carolina

CERTIFICATE OF SERVICE

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

This 24 day of March, 2005

By Roslin M Boyd

Administrative Assistant to the Commissioner

STATE OF SOUTH CAROLINA COUNTY OF CLARENDON Diane C. Dingle, Employee, Claimant/Appellant, vs. Federal Mogul Corporation, Employer, and Travelers Property Casualty Company of America, Carrier, Defendants/Respondents.	IN THE COURT OF COMMON PLEAS FOR THE THIRD JUDICIAL CIRCUIT CIVIL ACTION NO: 2007-CP-14-150 W.C.C. File No.: 9831715 CLAIMANT/APPELLANTS'S MOTION TO ALTER OR AMEND JUDGMENT

Comes now Diane C. Dingle, the above-named Claimant/Appellant ("Claimant"), by and through her undersigned counsel, pursuant to Rule 52(b), South Carolina Rules of Civil Procedure, and moves before this Court for an Order Altering or Amending Judgment as set forth in the Order of the Court dated August 1, 2011, and filed August 3, 2011, which denied Claimant's appeal of the Decision of the Workers' Compensation Commission dated December 17, 2008. Claimant received this Court's Order on August 5, 2011.

As grounds for her motion, Claimant would respectfully show that the Findings of Fact and Conclusions of Law in the Order either misconstrues or disregards substantial evidence in the record with regard to several crucial factors that support Claimant's entitlement to benefits under S.C. Code Ann. § 42-1-10, et seq, (1976) as amended, the South Carolina Workers Compensation Law ("Workers Comp Law"). The evidence in the record contradicts the Order in numerous particulars including but not limited to the following:

1. **Order:** *"Claimant testified that, prior to her employment in November 1996, she had no respiratory problems, however, the medical records document a history of sinus problems."* (Order 8/1/11, p. 4).

The following testimony of the Claimant obviates this attempt to discredit her testimony.

Q. When did you first begin your employment with Federal-Mogul?
A. In November of '96.
Q. Prior to that time had you ever been diagnosed with -- with -- asthma?
A. No.
Q. Did you have any documented sinus problems prior to that time?
A. Just little sinuses.
Q. Okay. Anything that required a prescription medication?
A. No, sir.
Q. Did you have any other kind of respiratory problems prior to your taking employment at Federal-mogul --
A. No.

(Tr. P. 7, lines 9-23)

2. Order: *"The records of Dr. Keith do not mention any relationship of the Claimant's problems and her work environment at the time she was written out of work."* (Order 8/1/11, pp. 4-5)

The following is written on the RX notepad of Edward C. Keith, MD. dated 7/21/00, concerning Diane Dingle: "To Whom It May Concern Ms Dingle is suffering from recurrent pharyngitis, laryngitis, & tonsillitis assoc. with exposure to fumes at work. She cannot be exposed to irritating fumes under any circumstances." (Plaint. APA Submis., Ex. A, p. 30)

3. Order: *"Dr. Rocco Cassone also treated the Claimant in 1998 for difficulty with "allergies and stopped up nose". On March 13, 2000, Dr. Cassone stated that her "nose shows mild to moderate rhinitis" and on April 25, 2000, diagnosed her with sinusitis."*

The Order deals cursorily with the treatment and notes of Dr. Cassone by citing excerpts that minimize the symptoms and effect of Claimant's condition. The context of his notes are as follows:

> Diane Dingle
> 09/14/98
> HISTORY: She is seen for evaluation of difficulty with her nose and sinuses.
>
> REVIEW OF SYSTEMS: Cardiac and respiratory status are stable. She has had a CT scan of her sinuses which we will review. She has been noted to have

headache for a long period of time. She works around a press making oil seals. She is a nonsmoker and says that she is not around cigarette smoke that often. Pollen and dust do seem to aggravate it. Her headache is severe at times in the glabella area.

Diane Dingle
09/21/98
HISTORY: She is seen for evaluation of difficulty with *allergies and stopped up nose.*

Her CT scan was reviewed and her report is not in the chart. She has significant blockage in her OMC and I believe paradoxical turbinates. These may need to be resected. She has significant problems at work and wonders if the problem is related to her press.

Diane Dingle
02/24/00
HISTORY: Diane is seen for evaluation of hoarseness, sore throat, clogged up throat and lump sensation in her throat. She has been having more difficulty with this. Her sinuses are doing a little bit better at the present time. She is not having the drainage she was having before. The voice is still hoarse and this concerns her greatly.

Diane Dingle
04/25/00
HISTORY: Diane is seen for evaluation of difficulty with hoarseness andsinus congestion. She had been doing fairly well, but again became hoarse over the past few days.

IMPRESSION: Laryngitis, sinusitis.

(Plaint. APA Submis., Ex. A, pp. 87-89)

The Order omits laryngitis from Dr. Cassone's two-word diagnostic impression on April 25, 2000. The larynx is the organ of voice that is part of the air passage connecting the pharynx, with the trachea. "Laryngitis is an inflammation of the mucous membrane lining the larynx, accompanied by edema of the vocal cords with hoarseness or loss of voice occurring as an acute disorder caused by a cold, by irritating fumes ... or exposure to irritating fumes." Mosby's Medical Dictionary, 5th ed (1998).

4. Order: *"The Claimant was evaluated by Dr. James Atkison on June 13, 2000 for respiratory problems. However, at that time, Dr. Atkison reported that the Claimant's pulmonary functions were within normal limits."* (Order 8/1/11, p. 5)

Indeed, the foregoing statement was included in the medical opinion of James A. Atkison, M.D., of Sumter Asthma & Allergy Center, dated June 13, 2000. However, the remaining portion of his opinion in, pertinent part, states:

> She mainly states that she has complaints with her chest consisting of wheezing which might be on inspiration, chest tightness, shortness of breath, her chest will hurt or she cannot breathe, and her voice closes down or she gets hoarse, mainly at work. **She is fine at home, but soon after arriving at work, she begins having problems. She noted that her throat hurts or gets sore, her tongue gets numb, and this progresses to the respiratory problems including the voice changes. This apparently has been going on for about two years. She has seen an ENT doctor for this, and apparently has been treated some for sinus infection, but that has not helped this problem. She has been put on medical leave because of this.** She is not sure what other medicines she has been given. She apparently has had pulmonary functions testing done, that might have shown changes consistent with asthma, she is not real clear on this, but she has not been given any medicines at home. She has had numerous emergency visits for this problem.
>
> She complains of sinus headaches, congestion, a yellowish post-nasal drip, itchy nose and eyes, and a yellowish nasal discharge, that seems to happen in the spring and the fall, but she seems to be clear in the winter. This started six or seven years ago. Nasonex apparently helped it. She has had no prior allergy testing done.
>
> Current medicines are some headache pill that she took a few days ago that makes her sleepy, and some type of allergy pill she took yesterday. Of note is that she just got off working the night shift.
>
> She has no known drug or food allergies and has not been a smoker.
>
> **She gets an itchy small bumpy rash, after working in some parts of the plant, that occurs even on unexposed skin. She has had problems with loss of weight and appetite, her stomach and ear problems.** She apparently has had an MRI and head CAT scans done a few years ago before she was referred to Dr. Cassone.
>
> There is a family history of allergy problems but not of asthma. There is also a family history of hypertension.

The home environment would be unremarkable for this problem.

He work environment shows that she works with oil seals that have been coated with some type of chemicalines She promises to bring me the MSDS for these things.

On exam, Ms. Dingle was alert and in no distress. No cough was noted, but she had a very hoarse or cracking whispery voice. Her nose showed a mild to moderate soft pink congestion with scant clear discharge. She did not have allergic shiners or a nasal crease. Her lungs were clear, and there was no wheeze over her trachea.

Pulmonary functions were within normal limits, **and did not change after she used an inhaler. The inspiratory loop, however, showed a slight "cut off" pattern, which might be consistent with upper-airway obstruction. She was instructed in the proper use of an asthma inhaler, following this, however, her voice did not change.**

Ms. Dingle has a problem with wheezing, shortness of breath and hoarseness, which might like sound like asthma or occupational asthma, although I could prove none of that today. She may be having some laryngospasm or laryngeal edema, perhaps secondary to some airborne chemicals or irritants at work. We cannot do any specific testing for these chemicals, as they are not recognized as allergens, and we are unable to test for them. I would like to, however, perform a rhinoscope exam on her to evaluate her for sinus disease and especially her vocal cords after she gets off of work, and we have arranged to do that. **She will try using a Proventil inhaler as needed to see if this helps with any of this, but I doubt that it willines**

I discussed with her the use of Proventil, and the nature of occupational asthma and how difficult it can be to diagnose. The best treatment for this in

the long run may be avoidance, which might mean a change in her job. ...(Emphasis supplied)

(Plaint. APA Submis., Ex. A, p. 93-94)

5. **Order:** *The only evidence Dr. Atkison had on which to base that Claimant's condition was work-related was her own self-reported accounts of her symptoms and personal feelings that they were related to her workplace.* (Order 8/1/11, p. 7)

This statement in the Order dismisses Dr. Atkison's foregoing opinion in its entirety. Nevertheless assuming, *arguendo,* that the only evidence presented in this case came from the Claimant, "[c]ircumstantial evidence and lay testimony can be sufficient to support a finding of causal connection is(sic) a Workmen's Compensation case. Such evidence need not reach such a

degree of certainty as to exclude every reasonable or possible conclusion other than that reached by the Commission. It is sufficient if the facts and circumstances proved give rise to a reasonable inference that there was a causal connection between the disability and the injury. Whether the absence of medical testimony is conclusive on the question of causation depends upon the particular facts and circumstances of the case." (Internal cite omitted) Arnold v. Benjamin Booth Co., 257 S.C. 337, 341, 185 S.E.2d 830, 832 (1971).

Consequently, even if the record were devoid of medical evidence, the testimony of the Claimant would still form the basis for an award. She testified at the hearing on May 22, 2008, concerning smoke emitted by the machine she operated:

Q. Okay. Now, when that door opens and swings upward what comes from this press?
A. Smoke comes out of it.
Q. Okay, Is it steamor smoke or --
A. -- smoke.
Q. -- okay. Describe for the Commissioner what kind of smoke this is?
A. I guess it's from the -- rubber or whatever because that's what it smells like. The rubber and the solution that they put on the oil seals, that they dip the oil seals in. That's what it smells like when -- when the heat has mended the -- the -- the -- rubber to the --

MR. ROBERTS: Commissioner, I'm going to object to this. I don't thing there's enough foundation about what this tuff smells like.

A. -- well, it smells like that.

COMMISSIONER HUFFSTETLER: I expect she knows what she thinks it smells like.

MR. ROBERTS: I understand.

COMMISSIONER HUFFSTETLER: I mean I'm going to let her testify to that. You're not testifying as an expert. Go ahead, ma'am.

A. That's what it smells like.

COMMISSIONER HUFFSTETLER: Okay.

Q. What does -- what does it smell like?
A. It -- it smells like the -- the solution that they put on the metal and the -- and the rubber when it comes up. All the smoke smells just like -- it's real strong. It'll be like all in your clothes and in your underwear and everywhere. When I was working there that's how it was.

(Tr. p. 9, lines 16 - p. 10, lines 22)

Claimant also testified about the onset of her health problems.

Q. Okay. Now, when did you start having problems from this process?
A. I started having problems July of '98, June, July of '98. I started having real bad headaches and my stomach hurt and like -- it was like bad sinuses or whatever. Whatever it was affected my sinuses, I don't know --
Q. Okayu. Now, who --
A. -- during that time I didn't know.
Q. -- and what doctor did you see?
A. Dr. Keith.

(Tr. p. 12, lines 15 - 25)

Q. Q. Okay. And did Dr. Keith, during 1998, take you out of work for any period of time?
A. Yes.
Q. Okay. Do you recall how many times you were taken out o f work?
Al Several times, I can't recall how many times.
Q. Okay. Would that have been during the year of 1998?
A. Yes.

Q. Now did you continue to see Dr. Keith through 1999?
A. I was -- Dr. Keith had sent me to Dr Cassone --
Q. Okay.
A. -- because I was having these bad headaches. He gave me --he sent me for an MRI, a CAT scan because I was having these bad headaches and stuff. So, he sent me to Dr. Cassone, the ENT, because my ears and throat and everything was hurting so bad.

(Tr. p. 13, lines 6 - 21)

Q. When -- when did it come to your knowledge that -- that this was a job related problem as far as you were concerned?
A. It was January -- well, December of'99 and January of 2000.
Q. Okay. And was that from your conversation with a doctor?
A. No I knew that for myself.
Q. Okay. When-- did the doctor tell you that?
A. The doctor tome me that after, you know, going in --

MR. ROBERTS: I'm gong to object to hearsay. The medical reports will speak for themselves.

MR. MOORE: Okay.

(Tr. p. 14, lines 6 - 18)

Q. Okay. Now you -- describe how your condition changed, if it did at all, from 2000 until the time you actually left the plant?

A. It had got worser because I was -- when they was --while they was moving me around I started doing the inspections in molding. And then -- and they had moved me to the Wabash area. It's like different little areas in Federal-Mogul and they moved me to the Wabash area where -- on the end where the -- where they hook up a trimmer. And these trimmers -- and these oil seals -- the girls do the top, they runs the press then, and they send the oil seals down the trimmer -- well, they put them in the little slot there where the little trimmer -- where the thing comes through. And they-- the little trimmer trims the -- the rubber off of the top of your oil seals and all -- and as it's doing this it's like knocking the dust off of the oil seals unto my table. It's like it's coming from up here, coming down to my table. This is my table with a bunch of oil seals on them, like, a couple of hundreds you know, whatever on the side right there. And that's like coming down and all the dust and stuff like that is falling on my table and I'm like inhaling it from that.

Q. Okay. Now --

COMMISSIONER HUFFSTETLER: Which job -- I'm must trying to understand your claim --

A. Inspection. I was in molding -- I was in molding working inspection.

COMMISSIONER HUFFSTETLER: --if you'll let me finish my question. Which job do you contend caused your problem?

A. It's the oil seals. It's not a specific job. It's the oil seals themselves.

Q. -- okay. Now, and the Commissioner needs to understand what you're referring to when you say oil seals. Describe the job that you did that -- which would require you to come in contact with the oil seals, themselves.

A. The mold press.

Q. Okay. So -- so, these oil seals are put into this mold press and then --

A. Yes.

Q. -- and the taken out?

A. Right.

Q. Now, would you tell the Commissioner how man times this press would open and close during a ten (10) minute period of time?

A. It depends on how fast I am or how fast a person is that's running the press. But it can -- it can open and close -- in ten (10) minutes you say?

Q. Yes.

A. I guess about five (5) times in ten (10) minutes. It all depends on how fast you load the board, get it in there; about five (5) times.

Q. Okay.

COMMISSIONER HUFFSTETLER: But you're -- if I understand your claim, you're saying you believe your exposure while running the mold press has caused your problem?

A. I --

COMMISSIONER HUFFSTETLER: That's a question. I'm not trying to tell you what it is. That's a question.

A. -- I -- I feel like this, I -- I -- it's the stuff that's on those oil seals. All that stuff that was on the oil -- oil seals. Those are the things that I know that did it and that's without a doubt.

COMMISSIONER HUFFSTETLER: And you worked with oil seals at the mold press?

A. Yes.

COMMISSIONER HUFFSTETLER: Okay.

Q. Now, you testified earlier about when this -- this -- this press opened and when it closed. Was it -- again, was there -- was there smoke or steam or heat that came from this press?
A. It -- it was smoke.
Q. Okay. Was it -- was it hot smoke or cold smoke or just normal temperature smoke?
A. How smoke.
Q. Okay. Any idea how -- how hot this -- this press was in terms of what came from it?
A. Four hundred (400 and something degrees.
Q. And how long did you work in this area?
A. For -- ever since '98 -- '99, I'm sorry.
Q. And up until the time you left?
A. Uh-huh.

COMMISSIONER HUFFSTETLER: Is that a yes.

A. Yes.

(Tr. p. 17, line 4 -p. 20, line 23.

Q. Describe the symptoms that you got -- well, how did feel on a daily basis starting from, if you can, from January of 2000 up until the time you left in August?
A. You mean what kind of symptoms was I having?
Q. Yes. After every day you left work if you had symptoms what would those symptoms be like:
A. I had itching around the mouth, headaches, my throat was burning, my lungs felt like they was burning, stomachache, my eyes was burning, my throat feel like a knife cutting it.
Q. Did you have problems breathing?
A. Yes.
Q. You did? You have answer that if you can.
A. Can I be excused, please.

COMMISSIONER HUFFSTETLER: Let's go off the record.

(Off the Record)

COMMISSIONER HUFFSTETLER: We're back on the record. Go ahead, sir.

Q. We were talking about what you -- what your symptoms were on a daily basis and you were telling me about the throat, issues with your mouth and your lungs. Was there anything else that -- that -- any symptoms you experienced on a daily basis from 2000, January, until the time you left, anything else?

A. Yes, severe pains in my throat. My nose feel like it's swollen up. I felt like I'm -- I'm going to throw up because I feel faint and nausea.

(Tr. p. 21, line 19 - p, 22, line 21.

6. Order: *Of the multitude of physicians with whom the Claimant treated, Dr. Alleyne is only medical provider who comes close to rendering an opinion that Claimant's condition was a result of chemical exposure at her workplace.* (Emphasis in Order) (Order 8/1/11, p. 8)

Taking full cognizance of the holding of the South Carolina Supreme Court in Arnold, supra, Claimant respectfully argues that the foregoing is a misstatement of the evidence. First with regard to the opinion of William F. Alleyne, II, M.D., "coming close" to the fact that Claimant's condition was a result of chemical exposure at her workplace, the record speaks for itself.

> "Diane Dingle 05-03-04
> Ms. Dingle presents for evaluation of dyspnea. The patient is a 39 year old black female complaining of dyspnea since 1999. The patient is a life-long non-smoker with neither active nor passive smoke exposure. She worked at a facility called Federal Mogul from 1996 to 2000. This facility made oil seals for car engines. Her job was specifically to run a press and inspect parts. She was exposed to fumes on a daily basis. Prior to working there she had no history of asthma, cough or wheezing. Since she left the facility, she has had dyspnea which is worse with exertion. Although it has improved somewhat, it is still present. She also complains of odynophagia and pharyngea irritation when eating a variety of foods such as spices or mints for example. She denies fevers, chills, night sweats or weight loss. She did not work with benefit of a mask. Her employment resulted in exposure to isopropyl alcohol, butyl alcohol, phenol formaldehyde resin and hexamethylenetetramine methanol, methyl ketone, and aluminum cleaner."
>
> **ASSESSMENT/PLAN**
> 1. Dyspnea. This patient's dyspnea is a result of reactive airways dysfunction syndrome. She is a life-long non-smoker with no significant passive smoke exposure. She has been exposed to a variety of volatile chemicals while in the workplace. Her PFTs reveal a diffusion capacity of73% predicted. This qualifies as a Class II, 10-25R Impairment of the Whole Person as per the AMA Guides to the Evaluation of Permanent Disability, 5th ed., 2000. At present, I think it is reasonable to avoid any further exposure to volatile chemicals. She also

has a positive bronchodilator response and I think the inhaled steroids will be helpful here but she may, in fact, benefit from a trial of Combivent two puffs q6h. Of note, although the Combivent will improve her airflow, it will not affect her diffusion. **Certainly, given the fact that her most recent exposure was approximately four years ago, it is unlikely that this situation will improve significantly in the future.** (Emphasis supplied)

2. Odynophagia. The etiology of this patient's odynophagia is not entirely clear to me. Certainly I think an ENT evaluation which is ongoing is reasonable. I would question whether she also has a component of reactive upper airways dysfunction syndrome.]

Medical Record:19028 **4-30-08**

Ms. Dingle presents for follow up of dyspnea. The patient is a 43 year old black female nonsmoker originally seen in May 2004. The patient worked at a facility called Federal Mogul from 1996 until 2000. Her job was to run a press and inspect parts. She was exposed to fumes on a daily basis. Prior to working at Federal Mogul the patient has no breathing difficulties whatsoever. Since 1999 she has had dyspnea with odynophagia. The patient also complains of intermittent wheezing. The symptoms can be exacerbated by exposure to dusts, cats or rainy weather. She denies fevers, chills, night sweats or weight loss.

ASSESSMENT/PLAN:

1. Dyspnea. This patient has dyspnea, which is the result of reactive airways dysfunction syndrome also known as irritant induced asthma. The patient currently has a diffusion capacity of 73% predicted. This qualifies as a class II 20-25% moderate impairment of the whole person as per the American Medical Association Guide to the Evaluation of Permanent Disability, Fifth Edition 2000. Given the fact that the patient stopped working at Federal Mogul in 2000 I feel that she has reached maximum medical improvement. She will continue to use Combivent and an inhaled steroid on an as needed basis. She has also been advised to avoid any kind of noxious fumes or chemicals.

(Plaint. APA Submis., Ex. A, pp. 150, 153-154)

Without belaboring the point, Claimant respectfully urges that there is additional substantial evidence in the record before the Court, including the remaining portion of her APA Submissions and her testimony, upon which to base the award claimed by the Claimant.

Claimant does not concede that her accident did not result in injury by aggravation or repetitive trauma. However, in view of the discussion of the case in the Order of the Court, Claimant would show that her injury also qualifies under Mohasco Corp., Dixiana Mill Div. v.

the inspector position and gasket inspection position and that she had no exposures of significance during that previous job at the Plant. Appellant used no alcohol or tobacco.

At the time Dr. Simpson first saw Appellant in July of 2002, she had been seen by "a number of doctors and had some speech therapy at the time without benefit." . . . "[H]er voice was hoarse, and she appeared to force her voice when she was speaking." (Depo. p. 8, lines 18.) On her second visit with Dr. Simpson in September of 2002, Appellant brought an MSDS for a liquid adhesive that did not fit the description of a pungent-tasting power that she reported had gotten onto her clothes and in her throat. When he saw her again in November of 2002, Appellant's condition had not changed. Her last visit was in March of 2004 at which time, Dr. Simpson noted there was " mild nasal mucosal edema and some erythema, and she really was no different than she had been two years previously." He suggested follow-up with Dr. Halstead and speech therapy. (Depo. p. 10, lines 1- p. 11, lines 7.)

In response to examination by Appellant's counsel concerning Dr. Simpson's statement that he found no reference that suggested a synergistic effect from any combination of these agents that would produce persistent mucous membrane irritation, Dr. Simpson explained that the MSDS he had received from Appellant's counsel April 22, 2004, contained a list of chemicals and the references he refer to are other literature that look at these particular chemicals and any synergistic effect they might have. He pointed out that MSDS sheets don't have any synergistic information. He went on to say that "there is admittedly a limited amount of data on combinations of products like this. We don't know what they do." (Emphasis added.) (Depo. p. 4, lines 24- p. 15, lines 18.) Hence, Dr. Simpson's observations in his letter of May 14, 2004, that "the chemicals in question caused mucous membrane irritation which produced what should have been temporary voice alterations" and his deposition testimony that her condition remained basically unchanged from her first visit in 2002 to her last visit in 2004, two years later, leads to the inescapable conclusion, that Appellant's medical conditions are connected to her employment. (Emphasis added.)

Although there is ample other evidence in the record that Appellant's disease and/or injury arose out of and in the course of her employment with Employer, Appellant asserts that the substantial evidence in the record from Dr. Simpson alone establishes a causal connection between Appellant's disease and/or injury and her employment at the plant. "If a medical expert is unwilling to state with certainty a connection between an accident and an injury, the 'expression of a cautious opinion' may support an award if there are facts outside the medical testimony that also support an award." Hargrove v. Titan Textile Co., 360 S.C. 276, 294, 599 S.E.2d 604, 613 (2004.)

Dr. William Alleyne, II, was presented as an expert witness for Appellant. He practices in the area of pulmonary and critical care medicine. (Depo. of Dr. William Alleyne, p. 3, lines 25 – p. 4, lines 4.) Appellant was seen by Dr. Alleyne on May 3, 2004, when he took a complete history, performed a physical examination, a pulmonary function test, and reviewed her chest x-ray. He also reviewed her medical records from other physicians. Armed with an awareness of Appellant's medical history and the results of his examination and tests, Dr. Alleyne found that there was an impairment in her ability to get oxygen out of the air, into her lungs, and into the bloodstream. He concluded that Appellant's symptoms were the result of Reactive Airways Dysfunction Syndrome (RADS), an illness that involves a narrowing of the airways or irritation of the airways as a result of an inhaled insult. RADS is closely related to Reactive Upper

Airways Dysfunction Syndrome (RUDS) that involves the upper airways, specifically the nasal passages and vocal cords, commonly called the upper airway. Further, given the fact that she had ongoing pain in her throat and hoarseness, he determined that she may have also had a component of RUDS. (Depo. p. 4, lines 12- p 5, lines 11; p. 16, lines 15 – p. 19, lines 5.)

In considering a causal connection to Appellant's medical condition and the Plant, Dr. Alleyne reviewed the MSDS that included chemical agents to which the Appellant had been exposed (including Thixon 7505), a sketch of the Plant area involved and related these to his discussions with the Appellant about her job and work environment in the Plant. (Depo. p. 5, ln 7-9; p. 8, lines 21 – p. 10, lines 13.

He reviewed the Report of the Industrial Hygiene Survey conducted by Mr. Richard Bennett and ruled out the cockroach allergens and mold spores as a cause of her problems. (Depo. p. 11, lines 20-25; p. 20, ln 19 – p. 21, lines 20.)

Based upon the foregoing, Dr. Alleyne formed a medical opinion, stated to within a reasonable degree of medical certainty, that Appellant's condition is going to be lifelong. (Depo. p. 21, lines 23 – p. 22, lines 5.)

"The probative value of expert testimony, based upon hypothetical facts, stands or falls with existence or nonexistence of facts upon which it is predicated." Glenn v. Dunean Mills, 242 S.C. 535, 131 S.E.2d 696, 699 (1963). "Expert medical testimony is designed to aid the Commission in coming to the correct conclusion; therefore, the Commission determines the weight and credit to be given to the expert testimony. Once admitted, expert testimony is to be considered just like any other testimony. Accordingly, in deciding whether substantial evidence supports a finding of causation, it is appropriate to consider both the lay and expert evidence." Sharpe v. Case Produce, Inc., 336 S.C. 154, 160, 519 S.E.2d 102, 106 (1999).

Appellant maintains that the opinions of Dr. Simpson and Dr. Alleyne established that Appellant's medical problems are connected to her employment at the Plant. Nonetheless, "medical testimony was not solely relied upon but rather in addition to such medical testimony the circumstances before and following the injury show that the conclusion of causal connection was not without competent evidentiary support and was not the result of conjecture, surmise and speculation." Kennedy v. Williamsburg County, 242 S.C. 477, 131 S.E.2d 512, 516 (1963).

Third: ***The disease must be due to hazards in excess of those hazards that are ordinarily incident to employment.***

Dr. William Alleyne testified on deposition that the Appellant was seen by him on May 3, 2004, at which time he took a complete history and performed a physical exam, pulmonary function test, and reviewed her chest x-ray. The pulmonary function test revealed a mild obstructive defectmost notable in the small airways. There was a positive bronchodilator response. There was a diffusion impairment, meaning that she does not blow air out as well as she should, ... and she had an impairment in her ability to get oxygen out of the air into her lungs and then into the bloodstream. Dr. Alleyne stated that at that time, he did not diagnose the Appellant with asthma or any other respiratory problem that would have caused this problem. His testified that at that time his impression was that he symptoms were the result of reactive airways dysfunction syndrome. He also felt that, given the fact she had the ongoing pain in her

through and the hoarseness, that she may have also had a component of reactive upper airways dysfunction syndrome. Dr. Alleyne gave his opinion, stated to within a reasonable degree of medical certainty, that Appellant's condition is gong to be lifelong. (Depo. p. 16, lines 15 - p. 22. lines 5)

Dr. Allene testified concerning the chemicals in use at Appellant's workplace at the Plant that caused him to be concern; namely, alcohol or phenol formaldehyde, hexamethylenetetramine methanol, both of which were shown on the Material Safety Data Sheet. He stated that the phenol formaldehye resin raised a red flag for him because it is one of the known causes of RADS. (Depo. p.22, lines 19 - p. 23. lines 10)

There is substantial evidence in the record referring to Appellant's chronic throat pain, persistent hoarseness, difficulty speaking and swallowing, along with other problems attributed to injury of her larynx as well as from RADS and RUDS, all causally connected to Appellant's employment at the Plant. (Dingle Depo. p. 20, lines 12 – 24; p. 24, ln 4 – 9; p. 25, ln 16-20; p. 27, lines 8 – 14; p. 28, ln 24; p. 39, lines 3-11; p. 40, lines 2; p. 42, lines 10-16.) Medical notes of Dr. Rocco D. Cassone, 4/25/00, Impression: Laryngitis, sinusitis.

The larynx is the organ of voice that is part of the air passage connecting the pharynx with the trachea. "Laryngitis is an inflammation of the mucous membrane lining the larynx, accompanied by edema of the vocal cords with hoarseness or loss of voice occurring as an acute disorder caused by a cold, by irritating fumes ... or exposure to irritating fumes." Mosby's Medical Dictionary, 5th ed. (1998).

The Clinical Impression of Dr. Wynne English, Speech/Language Pathologist, dated May 2, 2001, referenced the chemicals in Appellant's Plant worksite and stated: "Although she has been removed from that environment by being placed on medical leave (reportedly secondary to her response to the chemicals), she continues to experience hoarseness and burning in her throat. Environmental chemicals have been known to have a significant effect on the vocal cords (such as drying of the cords), however, information in the MSDS sheet on Thixon 7500 doesn't specifically mention the vocal cords. This particular chemical does have a variety of potentially severe effects on the body if ingested or put in prolonged contact with the skin." (Emphasis added.)

The Federal-Mogul facility where Claimant/Appellant worked manufactured automobile gaskets. The environmental breathing hazards in the Mold Department and Gasket Department exceeded those hazards that are ordinarily incident to employment. A part of the process involved, a mold press is heated to 400 degrees to process the rubber and form the oil seal. Smoke accompanied by a strong smell was a by-product of the process. (Tr., 5/22/08, p. 8, lines 14 – p. 11, lines 23)

Fourth: ***The disease must be peculiar to the occupation in which the claimant was engaged.***

Appellant worked as a press operator in the Mold Department, a press operator in the Gasket Department, and later resumed work in the Mold Department. As a press operator using the Mold Release Thixon 759 product, Appellant was exposed to formaldehyde. She inhaled fumes from rubber molding heated to 350 degrees to be affixed to metal to form seals.

Additionally, the press is sprayed with the Mold Release compound at approximately five minute intervals throughout the process. REPORT OF INDUSTRIAL HYGIENE SURVEY, by Risk Tech, L.L.C., March 4, 2004, Introduction, p. 2, Results/Discussion, p. 4[1]. In her deposition taken March 18, 2002, the Appellant described her work at Employer's plant. She would run a press for gaskets, and she handled the parts. There are two different parts and she would put the part in the machine. Mold has oil seals, gaskets have gaskets, and they are two different parts. She would put them in a machine, but different machines. (Depo. p. 35, lines 6 - lines 24)

Dr. William Simpson, Jr., testified on deposition that he saw the Appellant in July of 2002 as a result of her four-year history of medical problems that she related to her exposure to chemical substances at the Plant. He stated that in the early part of September of 2002, the Appellant brought him a Material Safety Data Sheet for an adhesive that did not fit the description that she gave him of a pungent-tasting powder that got onto her clothes and throat at work. He stated that it was a liquid adhesive, so it would not have been a powder. He testified further that in March of 2004, the Appellant brought him a four page list of chemicals used in the plant . (Depo. p. 7, lines 21 - p. 10, lines 12)

Mr. Kellis Thacker, Plant Manager for the Federal Mogul Summerton Plant, testified on deposition concerning the Appellant's work environment. (Depo. p. 4, lines 21) According to Mr. Thacker, the molding process is a "hot mold, running about 350 degrees, and inserted are our prepared metals and . . . and rubber preps and the mold comes down on tonnage and with heat and it forms the ... it binds the rubber to the metal and forms the rubber into a seal shape. (Depo. p. 9, lines 2 - 8) In coming up with the seal, a stamping oil is applied and the metal is prepared for molding. On the ionic line, the oil is removed and a liquid chemical by the common name of phoscoat is applied as a metal preparation material and then adhesive is applied. (Depo. p. 10, lines 4 - 24) The mold operator does a simultaneous visual inspection of multiple seals numbering up to close to 100. Mr. Thacker testified that Employer does an exposure testing across the plant biannually both at chemical sensitive process, which would be the ionic process, and the operators that are in and around that. The chemical application process is automated and "anyone that has interaction with ...with that process in the past there are respirator requirements, etcetera. Beyond that and in the general molding and inspecting areas the PPE requirement, personal protective equipment requirement is eyeglasses and ear plugs. (Depo. p. 13, lines 4 - p. 14, lines 4)

Fifth: ***The hazard causing the disease must be one recognized as peculiar to a particular trade, process, occupation, or employment.***

The smoke, fumes, residue and airborne chemical residue inhaled by Appellant after they are released into the immediate area of Appellant's work environment is peculiar to the process employed at the Plant press operators. Appellant was processing hot rubber molding at 350 degrees in an application to form seals and gaskets. As a press operator, using the Mold Release Thixon 759 chemical product, Appellant was exposed to formaldehyde. The press is sprayed with the Mold Release compound at approximately five minute intervals throughout the work process. REPORT OF INDUSTRIAL HYGIENE SURVEY, by Risk Tech, L.L.C., March 4, 2004, Introduction, p. 2, Results/Discussion, p. 4. Additionally, Appellant was exposed to other

[1] It is noteworthy that the survey in question was performed in 2004 using two employees other than the Appellant. Additionally, there is no evidence of any surveys performed between 1998 and 2000 to reflect the level of exposure at the time Appellant worked in the Mold Department.

chemicals used in the manufacturing process in the plant that she inhaled and which attached itself to her outer garments as she reported to Dr. Simpson. (Depo. p. 9, lines 4 - p. 10, lines 12) The smoke, fumes, residue and sediment that caused Appellant's disease and/or injury are peculiar to the Plant's manufacturing process.

In deciding the case of Pee v. AVM, INC., 352 S.C. 167, 573 S.E.2d 785 (2002), the South Carolina Supreme Court addressed the fifth prong of the Mohasco test in this manner:

> In South Carolina, our statute defines an occupational disease as "a disease arising out of and in the course of employment which is due to hazards in excess of those ordinarily incident to employment and is peculiar to the occupation in which the employee is engaged." ... Unlike the North Carolina courts, however, we have not construed the definition of occupations disease so rigidly. The statute is satisfied where the claimant is able to show simply that the employment increased the risk of the disease. Under our more liberal approach, it is not clear that proof of a repetitive trauma injury as an occupational disease would be a more onerous burden than proving it as an injury by accident. (Internal cites omitted) (Emphasis supplied)

Pee, 352 S. C. at 174, 573 S.E.2d at 789.

Sixth: ***The disease must directly result from the claimant's continuous exposure to the normal working conditions of the particular trade, process, occupation, or employment.***

Appellant first worked for Federal Mogul in 1996 running a rubber mold press for a month, then as a press operator in the gasket department for a year, and then back to the mold department. Appellant's medical condition deteriorated over time and she was placed on medical leave April 17, 2000. She last worked for Employer in July of 2000. Throughout this period, Appellant saw the physicians and medical care providers named in the APA submissions and whose reports and opinions are referenced in this brief. Dr. Keith wrote Appellant out of work from May 7, 1998, until May 20, 1998, for vertigo, sinusitis, and headaches. On September 14, 1998, September 21, 1998, February 11, 2000, February 24, 2000, March 13, 2000, April 25, 2000, and May 1, 2000, Appellant described symptoms of allergies, stopped up nose, and sinuses to Dr. Rocco D. Cassone relating them all to her work at Federal Mogul. (See reports for dates named)

The record shows substantial evidence that Employer was aware of Appellant's medical problems and attempted to mitigate them by placing Appellant in different work areas during the early stages of her condition. (Dingle Depo. p. 43, lines 23 - p. 45, lines 1; Tr. 5/22/08, p. 14, lines 19 – p. 15, lines 16).

The 1986 Mohasco opinion followed Petitioners claim for worker's compensation benefits. The Hearing Commissioner awarded total disability benefits for an occupational disease. Both the Industrial Commission and the Circuit Court affirmed on appeal. The Court of Appeals remanded for a finding of whether or not the petitioners' disease was "caused by a hazard recognized as peculiar to a particular trade, process, occupation or employment" based upon the statutory definition of an "occupational disease." Mohasco, 289 S.C. 130, 345 S.E.2d 249 (Ct. App. 1986).

In the 1987 Mohasco opinion, the South Carolina Supreme Court reversed the Court of Appeals in the following holding:

> On the record before us, we find remand unnecessary. The Hearing Commissioner found petitioners' lung disease was caused by hazards greater than those incident to ordinary employment. This finding was based on testimony that dust and lint were continuously visible in the air at petitioners' work stations and became especially thick after the machines were "blown off" during each shift. It was common for employees to find dust and lint beneath their underclothes and in their hair. The Commissioner concluded petitioners' lung disease was peculiar to their work environment.
>
> The Court of Appeals agreed with these findings but found lacking a finding that petitioners had proved the hazard that caused their disease was recognized as peculiar to their employment. We disagree that such a finding is required under § 42-11-10.
>
> The Industrial Commission's recognition of chronic obstructive lung disease as peculiar to petitioners' occupation is implicit in its affirmance of the Commissioner's findings that the disease was peculiar to their employment and was caused by on-the-job hazards greater than those ordinarily incident to employment. See Underwood v. National Motor Casings Division, 329 Mich. 273, 45 N.W.2d 286 (1951) (peculiar means only that conditions of employment result in a hazard which distinguishes the employment from the general run of occupations); Booker v. Duke Medical Center, 297 N.C. 458, 246 S.E.2d 189 (1979) (peculiar to employment does not mean unique, but only that employment increased the risk). See also 1B Larson's Workmen's Compensation Law § 41.42 (1986)(collecting cases recognizing that ordinary diseases may be occupational diseases if produced or aggravated by distinctive conditions of employment). We hold that the recognizing body is the Industrial Commission for purposes of satisfying the requirement of § 42-11-10 that the disease be recognized as peculiar to the employment in order to qualify as an occupational disease.

Mohasco, 292 S.C. at 490, 357 S.E.2d at 457.

Substantial medical evidence in the record establishes both Claimant's underlying condition as well as the existence of aggravating conditions in her work environment.

a) **Medical Opinion of Dr. William Alleyne, II, on Deposition:** Dr. William Alleyne testified on deposition that the Appellant was seen by him on May 3, 2004, at which time he took a complete history and performed a physical exam, pulmonary function test, and reviewed her chest x-ray. The pulmonary function test revealed a mild obstructive defect most notable in the small airways. There was a positive bronchodilator response. There was a

diffusion impairment, meaning that she does not blow air out as well as she should, ... and she had an impairment in her ability to get oxygen out of the air into her lungs and then into the bloodstream. Dr. Alleyne stated that at that time, he did not diagnose the Appellant with asthma or any other respiratory problem that would have caused this problem. He testified that at that time his impression was that the symptoms were the result of reactive airways dysfunction syndrome. He also felt that, given the fact she had the ongoing pain in her throat and the hoarseness, that she may have also had a component of reactive upper airways dysfunction syndrome. Dr. Alleyne gave his opinion, stated to within a reasonable degree of medical certainty, that Appellant's condition is gong to be lifelong. (Depo. p. 16, lines 15 - p. 22. lines 5) Dr. Allene testified concerning the Appellant's susceptibility to chemicals in use at her workplace at the Plant that caused him to be concerned; namely, alcohol or phenol formaldehyde, hexamethylenetetramine methanol, both of which were shown on the Material Safety Data Sheet. He stated that the phenol formaldehye resin raised a red flag for him because it is one of the known causes of RADS. (Depo. p. 22, lines 19 - p. 23. lines 10)

b) Medical opinion of Dr. Rocco D. Cassone, April 25, 2000: "Diane is seen for evaluation of difficulty with hoarseness and sinus congestion." IMPRESSION: Laryngitis, sinusitis.

c) Medical Opinion of Dr. James A. Atkison, Sumter Asthma & Allergy Center, June 13, 2000: "She mainly states that she has complaints with her chest consisting of wheezing, which might be on inspiration, chest tightness, shortness of breath, her chest will hurt or she cannot breathe, and her voice closes down or she get hoarse, mainly at work. She is fine at home, but soon after arriving at work, she begins having problems. She noted that her throat hurts or gets sore, her tongue gets numb, and this progresses to the respiratory problems including the voice changes. This apparently has been gong on for about two years. She has

seen an ENT doctor for this, and apparently she been treated some for sinus infection, but that has not helped this problem. She has been put on medical leave because of this. ... She apparently has had pulmonary functions testing done, that might have shown changes consistent with asthma. She complains of sinus headaches, congestion, a yellowish post-nasal drip, itchy nose and eyes, and a yellowish nasal discharge that seems to happen in the spring and the fall, but she seems to be clear in the winter. This started six or seven years ago. ... She has no known drug or food allergies and has not been a smoker. She gets an itchy small bumpy rash, after working in some parts of the plant, that occurs even on unexposed skin. (Emphasis added) Her inspiratory loop, however, showed a slight "cut off" patter, which might be consistent with upper-airway obstruction. Ms. Dingle has a problem with wheezing, shortness of breath and hoarseness, which might sound like asthma or occupational asthma, although I could prove none of that today. She may be having some laryngospasm or laryngeal edema, perhaps secondary to some airborne chemicals or irritants at work.

We cannot do any specific testing for these chemicals, as they are not recognized as allergens, and we are unable to test for them.

I discussed with her the use of the Proventil, and the nature of occupational asthma and how difficult it can be to diagnose. The best treatment for this in the long run may be avoidance, which might mean a change in her job.(Emphasis added)

... After that, we may do allergy skin testing, but that is mainly to evaluate what may be a seasonal allergy problem, which is unrelated to the laryngeal problem."

d) The Clinical Impression of Dr. Wynne English, Speech/Language Pathologist, dated May 2, 2001, referenced the chemicals in Claimant/Appellant's plant worksite and stated: "Although she has been removed from that environment by being placed on medical leave (reportedly secondary to her response to the chemicals), she continues to

experience hoarseness and burning in her throat. Environmental chemicals have been known to have a significant effect on the vocal cords (such as drying of the cords), however, information in the MSDS sheet on Thixon 7500 doesn't specifically mention the vocal cords. This particular chemical does have a variety of potentially severe effects on the body if ingested or put in prolonged contact with the skin." (Emphasis added.)

The following is among the substantial evidence in the record to fully support a finding of repetitive trauma. Claimant testified that she had no trouble with her respiratory system prior to working in the Plant and related the differences between her symptoms while she was on the job and when she was at home. (Deposition of Diane Dingle, p. 18, lines 18-21; p. 38, ln 15; p. 39. ln 15.) She testified that from the onset of her medical problems, she was under the care of numerous physicians who either treated and/or referred her to other doctors for her condition, and that she is still experiencing symptoms. (Depo. p. 20, lines 12 – p. 31, lines 14.)

"[I]t is not necessary for an Appellant to identify a specific precipitating event in order for the Appellant to be entitled to benefits." Hargrove, 360 S. C. at 291. Claimant suffered repetitive trauma injuries resulting from the fumes, smoke, residue, chemicals and airborne irritants in her workplace, which injuries began gradually, did not respond to medical treatment, and worsened over a period of years. From the onset of Clainmant's symptoms in 1998, her medical problems exacerbated while she continued to work, was out of work intermittently due to her worsening trauma, was placed on medical leave of absence, and eventually terminated from employment effective March 19, 2002. (Tr., 5/22/08, p. 17, lines 4 – p. 20, lines 15

In addition to the medical evidence referenced above, Dr. Alleyne reviewed the Report of the Industrial Hygiene Survey conducted by Mr. Richard Bennett and ruled out the cockroach allergens and mold spores as a cause of Claimant's problems.

Supporting his opinion on this issue is the fact that the Appellant had lived in the same residence for ten years and experienced no problems until she was exposed to the smoke, fumes, residue, and airborne chemical irritants in the plant. (Depo. p. 11, lines 20-25; p. 20, ln 19 – p. 21, lines 20.) Each of the physicians who treated and/or evaluated the Claimant determined that her medical problems were work-related. Dr. David C. Gaines, who saw Claimant on October 16, 2000, on a referral from Dr. Edward Keith, and stated that it sounds like her symptoms were most apparent at her work site, to Dr. Alleyne who diagnosed her with the specific conditions of RADS and RUDS arising from her work environment at the plant. (Depo., p. 5, lines 17 – p. 6, lines 1.).

Claimant asserts that the substantial evidence in the record supports her claim of aggravation of her pre-existing sinus condition, her entitlement to medical care/treatment under § 42-15-60, compensation for temporary partial disability benefits under § 42-9-20, and compensation for specific permanent partial disability under § 42-9-30.

The substantial evidence in the records requires that the Orders of Commissioner Huffstetler and of the Panel denying benefits to the Claimant should be reversed based upon errors of law and fact.

CONCLUSION

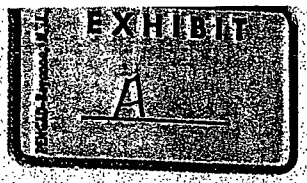
For the foregoing reasons, Claimant respectfully submits that substantial evidence in the record and the law of the case require that the orders denying her benefits be vacated and the initial order of Commissioner Childs awarding her benefits and the subsequent affirmance of the Single Commissioner's order by the Panel and the Full Commission be upheld.

Respectfully submitted,

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Attorney for Claimant/Appellant

August 15, 2011
Sumter, South Carolina



BEFORE THE
S.C. WORKERS COMPENSATION COMMISSION
WCC FILE NO. 9831715

Diane C. Dingle,
Employee/Claimant,

vs.

Federal Mogul,
Employer,

and

Travelers Indemnity Company
Carrier,

Defendants.

APA SUBMISSION

NAME OF PROVIDER	DATES	PAGES
1. Dr. Edward Keith Lake Marion Family Practice P.O. Box 280 Manning, SC 29102	08/31/98-03/14/03	01-86
2. Dr. Rocco Cassone 1175 Cook Road, Suite 230 Orangeburg, SC 29118	09/14/98-05/01/00	87-89
3. Dr. James A. Atkinson Sumter Asthma and Allergy 208 W. Hampton, Sumter, SC 29150	09/01/00-06/12/02	90-107
5. Dr. David C. Gaines 50 Hospital Street, Suite 4 Manning, SC 29102	10/16/00-10/17/00	113-118

6. Ms. Wynne English, CCC-SLP MUSC 150 Ashley Avenue Charleston, SC 29425	05/02/01-09/20/01	119-126
7. Dr. Lucinda Halstead MUSC Otolaryngology Head & Neck Surgery 150 Ashley Avenue Charleston, SC 29425	09/20/01-12/13/01	127-136
10. Dr. William Simpson 295 Calhoun St. Charleston, SC 29245	07/31/02-11/27/02	146-148
11. Dr. William Alleyne, II Carolina Pulmonary Physicians, P.A. 124 Glenwood Drive Rockhill, SC	05/03/04-04/30/08	149-157

LAKE MARION PRIMARY CARE

RECORD OF OFFICE VISIT

DATE OF SERVICE 8/31/98

LAST VISIT ___/___/___

STAGE 1 (RECEPTION)

PATIENT NAME Diane Ringle M F DOB ___/___/___ CHART # _____

1) DEMOGRAPHICS VERIFIED YES NO BY _____
2) THIRD PARTY INFO VERIFIED YES NO BY _____
3) IF 1 & 2 NOT VERIFIED, WHY? _____

4) APPOINTMENT WITH: Walk-in TIME ___:___ AM PM (WALK-IN) YES NO BY _____

STAGE 2 (PRE-TRIAGE)

HEIGHT, WEIGHT, AND VITAL SIGNS RECORDED ON PRE-TRIAGE ASSESSMENT RECORD BY: _____

STAGE 3 (TRIAGE)

1) TRIAGED BY RPuertRN

2) IS REASON FOR VISIT PRESCRIPTION RENEWAL (ICD-9 CODE - V58.69)? YES (NO)

3) IS PATIENT VISIT FOR DISEASE MANAGEMENT PROTOCOL? YES (NO)

A) IF "YES", WHICH PROTOCOL(s):

___ DIABETES ___ HYPERTENSION ___ ARTHRITIS ___HYPERLIPIDEMIA

1) IS PATIENT CURRENTLY ON MEDICATION(s) FOR CONDITION(s) MARKED? YES NO

2) IS PATIENT TAKING "OTC" MEDICATIONS FOR THE CONDITION(s) MARKED YES NO

a) IF "YES", WHAT? _____

3) IF "NO" IS CONDITION BEING MANAGED BY DIET AND LIFESTYLE CHANGES? YES NO

4) WHAT ARE THE PATIENTS PRESENTING SYMPTOMS OR REASON FOR THIS OFFICE VISIT?

a) Sinus congestion
b) Sinus HA
c) _____
d) _____
e) _____
f) _____

IS PATIENT CURRENTLY TAKING ANY "OTC" MEDICATION FOR SYMPTOM(s)? YES NO

a) IF "YES", WHAT? Promind PRN

5) TRIAGE OBSERVATIONS/COMMENT

Pt. works @ Federal Mogul - Supervisor called this rn concerned about sedation c Promind.

7) IF APPLICABLE

a) (Distant) R =___/___ L =___/___ (Near) R =___/___ L =___/___ COLOR TEST _____

b) TONOMETRY EVALUATION: RIGHT EAR = NORM ABN LEFT EAR = NORM ABN

STAGE 1 (ANCILLARY ORDERS)

LABORATORY	DONE	SCH'D	BY
___ BASIC META PANEL	___	___	___
___ LIPID PANEL	___	___	___
___ COMP META PANEL	___	___	___
___ Rx RENEWAL PANEL	___	___	___
___ HEPATIC FUNCT PANEL	___	___	___
___ OB PANEL	___	___	___
___ ELECTROLYTE PANEL	___	___	___
___ CBC	___	___	___
___ ESR	___	___	___
___ CRP	___	___	___
___ RA	___	___	___
___ URINALYSIS	___	___	___
___ A1C	___	___	___
___ TSH	___	___	___
___ FT-4	___	___	___
___ DIG	___	___	___
___ PROTIME	___	___	___
___ PTT	___	___	___
___ _____	___	___	___
___ _____	___	___	___
___ _____	___	___	___
___ _____	___	___	___
___ _____	___	___	___
___ _____	___	___	___
___ _____	___	___	___
___ _____	___	___	___

ULTRASOUND	DONE	SCH'D	BY
___ ECHO-M	___	___	___
___ ECHO-LTD	___	___	___
___ DOPPLER ECHO	___	___	___
___ DOPPLER-LTD	___	___	___
___ COLOR FLOW	___	___	___
___ VENOUS DUPLEX	___	___	___
___ VENOUS LTD	___	___	___
___ CAROTID DUPLEX	___	___	___
___ CAROTID-LTD	___	___	___
___ ABDOMINAL	___	___	___
___ PELVIC	___	___	___
___ _____	___	___	___
___ _____	___	___	___
___ _____	___	___	___

OTHER SERVICES

___ NERVE COND STUDY	___	___	___
___ EMG	___	___	___
___ EEG	___	___	___
___ PFT	___	___	___
___ EKG	___	___	___
___ PULSE OXIMETRY	___	___	___
___ BONE DENSITY	___	___	___
___ HOLTER MONITOR	___	___	___
___ NDx	___	___	___
___ _____	___	___	___
___ _____	___	___	___
___ _____	___	___	___

RADIOLOGY

___ CXR	___	___	___
___ _____	___	___	___
___ _____	___	___	___
___ _____	___	___	___
___ _____	___	___	___
___ _____	___	___	___
___ _____	___	___	___
___ _____	___	___	___

REFERRED PROCEDURES

___ MRI	___	___	___
___ CT SCAN	___	___	___
___ NUCLEAR MED	___	___	___
___ _____	___	___	___
___ _____	___	___	___

STAGE 2 (PHYSICIAN/PRACTITIONER EVALUATION)

1) GENERAL APPEARANCE: A/Ox3

2) HEENT: NC/AT dull ; post'd ausc. tender ; adenopathy along temporal arte

3) SKIN: cauda pain + Vertigo ; mod amt post thoracic & post neck pain
turbinates boggy + inflamed ; mod amt nasal DC

4) LUNGS: Clear bilat A.P.C

5) HEART: RRR

6) ABDOMEN: Soft - non tender & BSx4 quad

7) GENITOURINARY: _____

8) EXTREMITIES: _____

9) DIAGNOSIS/IMPRESSIONS RELATED TO EVALUATION OF TODAYS VISIT

DIAGNOSIS/IMPRESSION	P	C	DIAGNOSIS/IMPRESSION	P	C
a) S/P tympanoplasty	___	___	e) Blocked suction tube	___	___
b) Allergic rhinitis	___	___	f) _____	___	___
c) Tourette's	___	___	g) _____	___	___

NOTE: "P" = PRIMARY "C" = CONTRIBUTING

10) NOTES:
Pain behind eyes bilat; Vision gets blurry; C/o pain/pressure
pain radiating down into neck.

11) TREATMENT PLAN:
Steroid dose pk 10mg tabs
Tramadol 200mg 1 PO x 14 days
Flexeril 1 PO q 12°

12) IS PATIENT TO BE TREATED WITH IN-HOUSE IV THERAPY? YES (NO)

a) IF "YES": MEDICATION _____ DOSAGE _____ DURATION _____

13) PATIENT GIVEN THE FOLLOWING HANDOUTS: _____

14) DICTATION TO FOLLOW YES (NO)

PHYSICIAN/PRACTITIONER Jennifer Hopkins RN CFNP

NOTE: THE PHYSICIAN/PRACTITIONER SIGNATURE ABOVE ATTESTS THAT HE/SHE HAS REVIEWED THE NOTATIONS DOCUMENTED ON THIS VISIT FLOW SHEET AND AUTHORIZES THE PERFORMANCE OF ALL PROCEDURES AS MARKED.

OAK [illegible] MEDICARY [illegible]

P.128

RECORD OF OFFICE VISIT

PAGE 1 (RECEPTION) LAST VISIT 8/20/04 DATE OF SERVICE 4/17/05

PATIENT NAME Diane Dingle M F DOB 8/18/64 AGE 35 CHART # 332

P. WITH: _____ TIME ___:___ AM PM WALK-IN YES NO

PAGE 2 (CONSTITUTIONAL EVALUATION)

B/P 110/65 PULSE 88 B/M RESP 24 B/M TEMP 98.3 °F HEIGHT 5 FT 3 In

WT 128 LBS LMP: 3-05 HYST: Y N DATE: _____ HRT: Y N

IS PATIENT VISIT FOR DISEASE MANAGEMENT ? YES NO

A. IF "YES", WHICH : ___ DIABETES ___ HYPERTENSION ___ ARTHRITIS ___ HYPERLIPIDEMIA

1) IS PATIENT CURRENTLY ON MEDICATION(s) FOR CONDITION(s) MARKED? YES NO

PATIENTS CHIEF COMPLAINT, PRESENTING SYMPTOMS OR REASON FOR THIS OFFICE VISIT?

	SYMPTOM	ICD-9 CODE		SYMPTOM	ICD-9 CODE
a)	Epistaxis	358.71	d)		
b)	Headache	784.	e)		
c)		.	f)		.

IS PATIENT TAKING "OTC" MEDICATIONS? Y N IF "YES", WHAT? _____

PAGE 3 (HISTORY OF PRESENT ILLNESS)

C/O of itching & ringing in ears & very bad headaches.
35 y/o F—
3 days of nasal drip—
very bad bitemporal headache
(+) sneezing & sm watery eye—

RECORDED BY: A Barthrop RN

PAGE 4 (PAST, FAMILY, SOCIAL HISTORY - DEVIATIONS TO TODAY'S VISIT)

PAGE 5 (REVIEW OF SYSTEMS - MULTISYSTEM REVIEW)

EYES: ___ DEFERRED
bilateral sclera, pal conjs

EARS NOSE, THROAT MOUTH: ___ DEFERRED
(+) 'cobblestone' nasal mucosa otherwise -

NECK ___ DEFERRED
supple, no LAD -

RESPIRATORY: ___ DEFERRED
clear bil no rales/rhonchi -

CARDIOVASCULAR: ___ DEFERRED
RRR no MGR -

CHEST (BREASTS): ___ DEFERRED
-

GASTROINTESTINAL: ___ DEFERRED
soft (+) BS

GENITOURINARY: ___ DEFERRED
-

DATE Cp.129ICE ___/___ CHART # _____

9) LYMPHATIC: ___ DEFERRED _____

10) MUSCULOSKELETAL: ___ DEFERRED _____

11) SKIN: ___ DEFERRED _____

12) NEUROLOGICAL: ___ DEFERRED _____

13) PSYCHIATRIC: ___ DEFERRED _____

STAGE 6 (DIAGNOSIS/IMPRESSION - RELATING TO TODAY'S VISIT)

DIAGNOSIS/IMPRESSION	P	C	DIAGNOSIS/IMPRESSION	P	C
1) Allergic Rhinosinusitis	X		4)		
2)			5)		
3)			6)		

NOTE: "P" = PRIMARY "C" = CONTRIBUTING

STAGE 7 (TREATMENT PLAN)

1) Allegra-D q 12 hr
PFP / month

STAGE 8 (ORDERS) 4/17/00

LABORATORY

- ~~ESR~~
- CRP
- CMP
- CBC w/ diff

OTHER

- Tylenol Panumeter

IN-HOUSE IV THERAPY

MEDICATION _____ DOSAGE _____ DURATION _____

STAGE 9 (REVIEW/FOLLOW-UP OF ORDERED PROCEDURES/REQUESTED CONSULTATIONS)

NOTE: SEE ATTACHED REPORTS

STAGE 10 (NOTES)

STAGE 10 (AUTHORIZATION)

PHYSICIAN/PRACTITIONER _____

NOTE: THE PHYSICIAN/PRACTITIONER SIGNATURE ABOVE ATTESTS THAT HE/SHE HAS REVIEWED THE NOTATIONS DOCUMENTED ON THIS VISIT FLOW SHEET AND AUTHORIZES THE PERFORMANCE OF ALL PROCEDURES AS MARKED.

PT NAME: DIANE JONGLO M (F) DOB 8/10/64 AGE 35 CHART # 224

WITH: _____ TIME P.130 AM PM WALK-IN (YES) NO

2 (CONSTITUTIONAL EVALUATION)

BP 102/70 PULSE 76 B/M RESP 18 B/M TEMP 98.4 °F HEIGHT 5 FT 5 IN

124½ LBS LMP: 8/7/99 HYST: Y N DATE: _____ HRT: Y N

PATIENT VISIT FOR DISEASE MANAGEMENT ? YES NO

IF "YES", WHICH : ___ DIABETES ___ HYPERTENSION ___ ARTHRITIS ___ HYPERLIPIDEMIA

1) IS PATIENT CURRENTLY ON MEDICATION(s) FOR CONDITION(s) MARKED? YES NO

PATIENTS CHIEF COMPLAINT, PRESENTING SYMPTOMS OR REASON FOR THIS OFFICE VISIT?

	SYMPTOM	ICD-9 CODE		SYMPTOM	ICD-9 CODE
a)	HA	784.0	d)		
b)	sinus drainage	461.	e)		
c)	fever	780.6	f)		

IS PATIENT TAKING "OTC" MEDICATIONS? Y (N) IF "YES", WHAT? _____

E 3 (HISTORY OF PRESENT ILLNESS)

Onset X2-3 wks. DAD noted.

RECORDED BY: D Prewett

E 4 (PAST, FAMILY, SOCIAL HISTORY - RELATING TO TODAY'S VISIT)

Pt last seen 1 mo ago c similar complaint. Rx'd c Mercalor Nuraes
x Sleepwell done both c good results. Pt left work on 8/27/99 &
worked last pm but did not feel well. Symptoms worsened since last pm
Voice now affected by sinus drainage. Also c HA both occipitally
& across forhead & around behind eyes

E 5 (REVIEW OF SYSTEMS - MULTISYSTEM REVIEW)

EYES: ___ DEFERRED WNL

EARS, NOSE, THROAT MOUTH: ___ DEFERRED Apparent nasal congestion c post nasal drip & Raw hoarseness.

NECK: ___ DEFERRED WNL

RESPIRATORY: ___ DEFERRED Lungs clear

CARDIOVASCULAR: ___ DEFERRED WNL

CHEST (BREASTS): ✓ DEFERRED

GASTROINTESTIONAL: ✓ DEFERRED

GENTO URINARY: ✓ DEFERRED

DATE OF SERVICE ___/___ CHART # _____

LYMPHATIC: ___ DEFERRED WNL P.131

MUSCULOSKELETAL: ✓ DEFERRED

SKIN: ✓ DEFERRED

NEUROLOGICAL: ✓ DEFERRED HA around forehead, around & behind eyes. HA ↑ w forward bending or stooping

PSYCHIATRIC: ✓ DEFERRED

STEP 6 (DIAGNOSIS/IMPRESSION - RELATING TO TODAY'S VISIT)

DIAGNOSIS/IMPRESSION	P	C	DIAGNOSIS/IMPRESSION	P	C
1) Sinusitis			4) Eustachian tube dysfunction		
2) HA			5) Laryngitis		
3) Allergic Rhinitis			6) Otitis Externa		

NOTE: "P" = PRIMARY "C" = CONTRIBUTING

STEP 7 (TREATMENT PLAN)

1) Mucodox BID
2) Zyrtec 400 mg PO qd x 14d
3) Prednisone 10 mg 4 PO TID for 4d then 2 PO qd x 4d then 1 PO qd x 4d
4) Cough syrup 1 tsp qhs
5) Work excuse x 2d

STEP 8 (ORDERS) 08-30-99

LABORATORY

~~BMP CMP FBC~~			
CBC			
~~ESR TSH~~			
~~CRP UA~~			

IN-HOUSE IV THERAPY

MEDICATION _____ DOSAGE _____

STEP 9 (REVIEW/FOLLOW-UP OF ORDERED PROCEDURES/REQUESTED CONSULTANT)

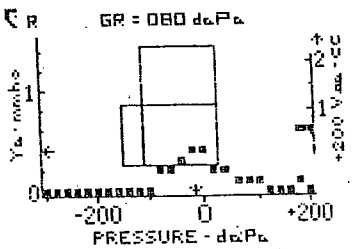
NOTE: SEE ATTACHED REPORTS

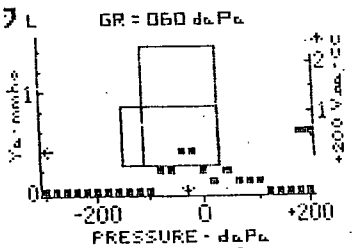
STEP 10 (NOTES)

STEP 10 (AUTHORIZATION)

PHYSICIAN/PRACTITIONER [signature]

NOTE: THE PHYSICIAN/PRACTITIONER SIGNATURE ABOVE ATTESTS THAT HE/SHE HAS REVIEWED THE NOTATIONS DOCUMENTED ON THIS VISIT FLOW SHEET AND AUTHORIZES THE PERFORMANCE OF ALL PROCEDURES AS MARKED.





NAME Diane Dengall

DATE 8/20/99 WA

LAKE MARION PRIMARY CARE LABORATORY
15 EAST HOSPITAL STREET
MANNING, SC 29102
PHN# 803-435-2529 FAX# 803-435-4196

PATIENT NAME: DINGLE, DIANE
BIRTHDATE: 08/18/1964
AGE: 35Y SEX: F
SS#: 251450060
DOCTOR: EDWARD C. KEITH MD
LOCATION: LMPC
PID COMMENT:
SID COMMENT:

C PATIENT ID: 0332
SAMPLE ID: 9907
DRAWN BY: TG
COLL: 08/30/99 15:40
FASTING (Y/N): N

TEST NAME	LOW	NORMAL	HIGH	UNITS	REFERENCE RANGE		CODES
********** Panel: CBC			**********				
WBC		4.9		X 10^3	4.1	10.9	
RBC	3.72			X 10^6	4.10	5.30	
HgB	11.7			g/dL	12.0	18.0	
HCT	34.8			%	37.0	51.0	
MCV		93.5		fl	80.0	97.0	
MCH			31.5	pg	27.0	31.2	
MCHC		33.6		g/dL	31.0	36.0	
RDW		12.2		%	11.5	14.5	
PLT		285		X 10^3	150	450	
LYMPH %		47.9		%	20.5	51.1	
MID%		7.4		%	0.0	21.5	
GRAN %		44.7		%	42.2	75.2	
LYMPH		2.3		X 10^3	1.2	3.4	
MID#		0.4		k/uL	0.0	1.8	
GRAN		2.2		X 10^3	1.4	6.5	

VIEWED BY: _____

LAKE MARION PRIMARY CARE
EDWARD C. KEITH, M.D.
FAMILY PRACTICE
15 E. Hospital St. • P. O. Drawer 280
1 Dogwood Medical Court
Manning, S.C. 29102
Phone (803) 435-2529
Fax (803) 435-4196

332

RETURN TO WORK AUTHORIZATION

Date: April 17 2000

Name of Patient Diane C. Dinkle

Unable to return to work due to office visit

May return to work April 23 2000

May return to work, light duty status /

RESTRICTIONS:

1. No lifting over _____ lbs
2. No repetitive bending__, crawling__, squatting__, stooping__
3. No work involving use of _____ hand
4. No pushing/pulling__
5. Cannot reach above shoulder__
6. No climbing__
7. No prolonged walking__
8. Other:_____

May return to work with no restrictions on April 23 2000

Comments:_____

Diagnosis:_____

Edward C. Keith, M.D.

Edward C. Keith MD

00073155 [illegible]-435-6817 P.134

KEITH,EDWARD C
LAKE MARION PRIMARY CARE
15 EAST HOSPITAL ST
MANNING SC 29102-

SmithKline Beecham Clinical Laboratories

LABORATORY REPORT

Patient Name	Patient ID/Hospital ID	Room No.	Age	Sex	Physician
DINGLE,DIANE C. 803-435-9075	332		35	F	KEITH,EDWARD C

Page	Requisition No.	Accession No.	Lab Ref No.	Collection Date & Time	Log-in Date	Report Date & Time
1	1330995	AT938975L	13862/SY	04/17/2000 16:39	04/17/2000	04/18/2000 10:00

Remarks
0332

SS#: 251-45-0060

Report Status	Test	Result In Range	Result Out of Range	Units	Reference Range	Site Code
FINAL						
COMPREHENSIVE METABOLIC PANEL						AT
	GLUCOSE	88		MG/DL	70-115	
	UREA NITROGEN (BUN)	13		MG/DL	7-25	
	CREATININE	0.9		MG/DL	0.5-1.4	
	BUN/CREATININE RATIO	14		(CALC)	6-25	
	SODIUM	136		MEQ/L	135-146	
	POTASSIUM	4.2		MEQ/L	3.5-5.3	
	CHLORIDE	108		MEQ/L	95-108	
	CARBON DIOXIDE	25		MEQ/L	20-32	
	CALCIUM	8.9		MG/DL	8.5-10.3	
	PROTEIN, TOTAL	7.2		G/DL	6.0-8.5	
	ALBUMIN	4.3		G/DL	3.2-5.0	
	GLOBULIN	2.9		G/DL (CALC)	2.2-4.2	
	ALBUMIN/GLOBULIN RATIO	1.5		(CALC)	0.8-2.0	
	BILIRUBIN, TOTAL	1.1		MG/DL	0.0-1.3	
	ALKALINE PHOSPHATASE	62		U/L	20-125	
	AST (SGOT)	15		U/L	0-42	
HEMOGRAM						AT
	WHITE BLOOD CELL COUNT	5.2		THOUS/MCL	3.8-10.8	
	RED BLOOD CELL COUNT		3.37 L	MILL/MCL	3.90-5.20	
	HEMOGLOBIN		10.3 L	G/DL	12.0-15.6	
	HEMATOCRIT		30.9 L	%	35.0-46.0	
	MCV	91.5		FL	80.0-100.0	
	MCH	30.5		PG	27.0-33.0	
	MCHC	33.4		G/DL	32.0-36.0	
	RDW	13.7		%	9.0-15.0	
C-REACTIVE PROTEIN		<0.50		MG/DL	<0.80	AT

'AT ' refers to site: SBCL-ATLANTA
1777 MONTREAL CIRCLE
TUCKER GA 30084
(770)934-9205

>> END OF REPORT <<

(10)

LAKE CHARLES DERMATOLOGY

RECORD OF OFFICE VISIT

1. (DESCRIPTION) LAST VISIT 4/17/00 DATE OF SERVICE 5/15/00

PT NAME Diane Dodge M (F) DOB 8/18/64 AGE 35 CHART # [redacted] 332

WITH: _____ TIME __:__ AM PM WALK-IN (YES) NO

2. (OBJECTIVE EVALUATION)

BP 130/74 PULSE 76 B/M RESP 24 B/M TEMP 98.5 °F HEIGHT 5 FT 3 IN

128 LBS LMP: 5/1/00 HYST: Y (N) DATE: _____ HRT: Y (N)

PATIENT VISIT FOR DISEASE MANAGEMENT ? YES (NO)

IF "YES", WHICH: ___ DIABETES ___ HYPERTENSION ___ ARTHRITIS ___ HYPERLIPIDEMIA

A) IS PATIENT CURRENTLY ON MEDICATION(S) FOR CONDITION(S) MARKED? YES (NO)

PATIENTS CHIEF COMPLAINT, PRESENTING SYMPTOMS OR REASON FOR THIS OFFICE VISIT?

	SYMPTOM	ICD-9 CODE		SYMPTOM	ICD-9 CODE
a)	Sinus	___.__	d)	_____	___.__
b)	headaches	784.0	e)	_____	___.__
c)	_____	___.__	f)	_____	___.__

PATIENT TAKING "OTC" MEDICATIONS? Y N IF "YES", WHAT? _____

3. (HISTORY OF PRESENT ILLNESS)

She has been having sinus headaches for about three weeks. She had taking medicine before for same thing, it seemed to help, it was Sulfamethoxazole. Now, it's started again. Has to lay down when she goes to work.

RECORDED BY: Casey Hause

4. (PAST, FAMILY, SOCIAL HISTORY - EXPLANATION OF "NEGATIVE" IF WRITTEN)

Pt has frontal HA as well as HA at back of head & neck & shoulders. Pt has also had episodes of chest discomfort associated with SOB & tremor while at work. This seems to be associated & exposure to noxious fumes at work site. Pt to review oral numbers 2 SOM

5. (REVIEW OF SYSTEMS - EXPLANATION IF NEGATIVE)

YES: ___ DEFERRED WNL = ϕ

EARS, NOSE, THROAT MOUTH: ___ DEFERRED Mod congestion. Voice is hoarse & raspy. Nasal bones also noted

NECK: ___ DEFERRED Tenderness in post cervical muscles of C-spine into lower neck & shoulders

RESPIRATORY: ___ DEFERRED No Wheezing at present but prolonged expiration phase

CARDIOVASCULAR: ___ DEFERRED WNL x 4 on gallop

CHEST (BREASTS): ___ DEFERRED _____

GASTROINTESTIONAL: ___ DEFERRED WNL

GENITOURINARY: ___ DEFERRED _____

DATE OF SERVICE __/__ __ CHART # _____

9) LYMPHATIC: __ DEFERRED Ø

10) MUSCULOSKELETAL: __ DEFERRED Ø

11) SKIN: __ DEFERRED Ø

12) NEUROLOGICAL: __ DEFERRED Ø

13) PSYCHIATRIC: __ DEFERRED Ø

ITEM 6 (DIAGNOSIS/IMPRESSION - RELATING TO TODAY'S VISIT)

DIAGNOSIS/IMPRESSION	P	C	DIAGNOSIS/IMPRESSION	P	C
1) Bronchospasm			4) MTHA		
2) Reactive Airway Disease			5) Sinus HA		
3) Cough			6) Sinusitis		

NOTE: "P" = PRIMARY "C" = CONTRIBUTING

Allergic Rhinitis Headaches

ITEM 7 (TREATMENT PLAN)

1) Mercalm Tab Kitty pm
2) Decongestive 100 mg PO MXG of
3) Ruffnax 4-6
4) [illegible] Inhaler
5) PFT during Days of Appointment

ITEM 8 (ORDERS)

LABORATORY			OTHER	

IN-HOUSE IV THERAPY

MEDICATION _____ DOSAGE _____ DURATION _____

ITEM 9 (REVIEW/FOLLOW-UP OF ORDERED PROCEDURES/REQUESTED CONSULTATIONS)

X: SEE ATTACHED REPORTS

ITEM 10 (NOTES)

ITEM 10 (AUTHORIZATION)

PHYSICIAN/PRACTITIONER [signature]

NOTE: THE PHYSICIAN/PRACTITIONER SIGNATURE ABOVE ATTESTS THAT HE/SHE HAS REVIEWED THE NOTATIONS DOCUMENTED ON THIS VISIT FLOW SHEET AND AUTHORIZES THE PERFORMANCE OR

PATIENT NAME Wingle, Diane PHYSICIAN Faddy CHART # 0332 REQ # 1457

SEX M (F) DOB 08/18/64 SSN 251-45-1375 M'CARE ___ M'CAID ___ PP X INS ___ RH

DATE/TIME COLLECTED 06/01/00 03:35 AM (PM) COL. BY JJ ___ FASTING ___ NON-FAST

** URINALYSIS **

********** BIOCHEMICAL REACTIONS **********			
CONSTITUENT	RESULT	REFERENCE RANGE	
COLOR		STRAW - YELLOW	
APPEARANCE		CLEAR	
GLUCOSE		NEGATIVE	
BILIRUBIN		NEGATIVE	
KETONES		NEGATIVE	
SP GRAVITY	1.0	1.003 - 1.030	
pH		5 -7	
PROTEIN		NEGATIVE	
UROBILINOGEN		0.1 - 1.0	
NITRITE		NEGATIVE	
BLOOD		NEGATIVE	
LEUKOCYTE ESTERASE		NEGATIVE	TECH
********** URINE MICROCSOPIC **********			
WBC	/HPF	0 - 5	
RBC	/HPF	OCC	
EPITHELIAL	/HPF	0 - 5	
BACTERIA	/HPF	NONE	
MUCOUS	/HPF	NONE	
COMMENTS:			TECH

** MISCELLANEOUS REPORT **

X	PROCEDURE	RESULT	REFERENCE RANGE	TECH
	FS GLUCOSE		70-105 mg/dL	
	URINE HCG		NEGATIVE	
	SERUM HCG		NEGATIVE	
	PROTIME		11.6-12.4 SEC	
	INR		2.0-3.0 ORAL MED	
	ANA		NEGATIVE	
	RF LATEX		NEGATIVE	
	CRP		NEGATIVE	
	SED RATE		M=0-9 F=0-20	
	MONOTEST		NEGATIVE	
X	STREP SCREEN	NEG	NEGATIVE	KDY
	H. pylori		NEGATIVE	
	DNA PROBE			
	TRICHOMONAS		NEGATIVE	
	GARDNERELLA		NEGATIVE	
	CANDIDA		NEGATIVE	
	TSH		0.47-5.01 uIU/mL	
	Hgb A1C		4.8-7.8 %	
	FRUCTOSAMINE		150-310 umol/L	
OTHER:				
	KOH/WET PREP	******	"SEE COMMENT"	
	OCP	******	"SEE COMMENT"	
	GRAM STAIN	******	"SEE COMMENT"	
COMMENT:				

58

** PROCEDURES REQUESTED **

(X)	ICD-9	PROFILES
___	_____	(80051) ELECTROLYTE PANEL
___	_____	(80058) HEPATIC PANEL
___	_____	(80061) LIPID PANEL
___	_____	(80049) META-PANEL, BASIC
___	_____	(80054) META-PANEL, COMP
___	_____	(*****) AMT PANEL
		(87480) CANDIDA
		(87510) GARDNERELLA
		(87797) TRICHOMONAS
___	_____	(*****) OB PANEL

INDIVIDUAL PROCEDURES

___	_____	(85008) SMEAR REVIEW W/O DIFF
___	_____	(85024 CBC
___	_____	(86140) CRP
___	_____	(85651) ESR
___	_____	(86430) RF LATEX
___	_____	(82985) FRUCTOSAMINE
___	_____	(*****) GLUCOSE, FINGERSTICK
___	_____	(87205) GRAM STAIN
___	_____	(86677) H. PYLORI
___	_____	(83036) Hgb A1C
___	_____	(82710) KOH PREP
___	_____	(83735) MAGNESIUM
___	_____	(86308) MONOTEST
___	_____	(84702) URINE HCG
___	_____	(84702) SERUM HCG
___	_____	(85610) PROTIME (PT)
___	_____	(85730) PTT
___	_____	(85044) RETIC COUNT
___	_____	(84443) TSH
___	_____	(84550) URIC ACID
___	_____	(81001) URINALYSIS, COMPLETE
___	_____	(81015) URINALYSIS, MICRO ONLY
___	_____	(36415) BLD COL-M'CAID & PP & INS
___	_____	(G0001) BLD COL-M'CARE
___	_____	(87210) WET PREP

REFERRED PROCEDURES

___	_____	GC/CHLAMYDIA BY DNA PROBE
___	_____	PAP SMEAR
___	_____	FREE T-4
___	_____	DIGOXIN
___	_____	CULT & SENS - SOURCE _____
___	_____	GROUP B STREP

OTHER

X	462	(____) strep screen
___	_____	(____) _____
___	_____	(____) _____
___	_____	(____) _____
___	_____	(____) _____
___	_____	(____) _____

DIAGNOSIS: 1) 462 2) _____ 3) _____ 4) _____ 5) _____ 6) _____

EDWARD C. KEITH, M.D.
FAMILY PRACTICE
15 E. Hospital P. 138 Drawer 280
1 Dogwood Medical Court
Manning, S.C. 29102

Phone (803) 435-2529
Fax (803) 435-4196

332

RETURN TO WORK AUTHORIZATION

Date: May 12 2000

Name of Patient Diane Doyle

Unable to return to work due to office visit

May return to work May 16 2000

May return to work, light duty status _____

RESTRICTIONS:

1. No lifting over _____ lbs
2. No repetitive bending__, crawling__, squatting__, stooping__
3. No work involving use of _____ hand
4. No pushing/pulling__
5. Cannot reach above shoulder__
6. No climbing__
7. No prolonged walking__
8. Other: _____

May return to work with no restrictions on May 16 2000

Comments: _____

Diagnosis: _____

Edward C. Keith, M.D.

Edward C. Keith MD

LAKE MARION PRIMARY CARE
EDWARD C. KEITH, M.D.
FAMILY PRACTICE
15 E. Hospital St. • P. O. Drawer 280
1 Dogwood Medical Court
Manning, S.C. 29102
Phone (803) 435-2529
Fax (803) 435-4196

RETURN TO WORK AUTHORIZATION

Date: May 12 2000

Name of Patient Durgle Diane

Unable to return to work due to Office Visit

May return to work May 17 2000

May return to work, light duty status _____

RESTRICTIONS:

1. No lifting over _____ lbs
2. No repetitive bending__, crawling__, squatting__, stooping__
3. No work involving use of _____ hand
4. No pushing/pulling_____
5. Cannot reach above shoulder__
6. No climbing__
7. No prolonged walking__
8. Other: _____

May return to work with no restrictions on May 17 2000

Comments: _____

Diagnosis: Sinusitis

Edward C. Keith, M.D.

Edward C. Keith MD

MARION PRIMARY CARE
P. 140
EDWARD C. KEITH, M.D.
FAMILY PRACTICE
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1 Dogwood Medical Court
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Phone (803) 435-2529
Fax (803) 435-4196

RETURN TO WORK AUTHORIZATION

Date: 6-7-00

Name of Patient Diane Dingle

Unable to return to work ~~6-5-00~~ 6-5-00

May return to work 6-11-00

May return to work, light duty status ∅

RESTRICTIONS:

1. No lifting over _____ lbs
2. No repetitive bending___, crawling___, squatting___, stooping___
3. No work involving use of _____ hand
4. No pushing/pulling_____
5. Cannot reach above shoulder___
6. No climbing___
7. No prolonged walking___
8. Other:_____

May return to work with no restrictions on 6-11-00

Comments:_____

Diagnosis: allergies

Edward C. Keith, M.D.

RECORD OF OFFICE VISIT

1 (ADMINISTRATION) LAST VISIT 5/15/00 DATE OF SERVICE 6/1/00

PT NAME Diane Dungle M (F) DOB 8/18/64 AGE 35 CHART # 332

WITH: _____ TIME __:__ AM PM WALK-IN (YES) NO

2 (CONSTITUTIONAL EVALUATION)

BP 120/90 PULSE 80 B/M RESP 24 B/M TEMP 99.4 °F HEIGHT 5 FT 3 IN

127 LBS LMP: 5/26/00 HYST: Y (N) DATE: _____ HRT: Y (N)

PATIENT VISIT FOR DISEASE MANAGEMENT ? YES (NO)

IF "YES", WHICH : ___ DIABETES ___ HYPERTENSION ___ ARTHRITIS ___ HYPERLIPIDEMIA

1) IS PATIENT CURRENTLY ON MEDICATION(s) FOR CONDITION(s) MARKED? YES (NO)

PTS CHIEF COMPLAINT, PRESENTING SYMPTOMS OR REASON FOR THIS OFFICE VISIT?

	SYMPTOM	ICD-9 CODE		SYMPTOM	ICD-9 CODE
a)	Hoarse	784.49	d)		
b)	Sore throat	462	e)		
c)			f)		

PATIENT TAKING "OTC" MEDICATIONS? Y (N) IF "YES", WHAT? _____

3 (HISTORY OF PRESENT ILLNESS)

She has had a sore throat for about a week now, and she is so hoarse, she can hardly talk.

RECORDED BY: Casey Sause

4 (PAST, FAMILY, SOCIAL HISTORY -- REVIEW AND "PERTINENT" NEGATIVES)

5 (REVIEW OF SYSTEMS - MULTISYSTEM EXAMINED)

YES: ___ DEFERRED WNL.

EARS, NOSE, THROAT MOUTH: ___ DEFERRED TM's good. Pharynx WNL. (+) Post-nasal drip. Clear nasal d/c. Voice is Hoarse.

NECK: ___ DEFERRED supple, - JVD, - thyromegaly

RESPIRATORY: ___ DEFERRED Lungs clear

CARDIOVASCULAR: ___ DEFERRED RRR

BREAST: (BREASTS): ___ (DEFERRED)

GASTROINTESTIONAL: ___ DEFERRED WNL

GENITOURINARY: ___ (DEFERRED)

(17)

DATE OF SERVICE ___/___/___ CHART # _____

9) LYMPHATIC: ___ DEFERRED 0 lymphadenopathy

10) MUSCULOSKELETAL: ___ DEFERRED WNL

11) SKIN: ___ DEFERRED 0 rashes

12) NEUROLOGICAL: ___ DEFERRED WNL

13) PSYCHIATRIC: ___ DEFERRED WNL

STAGE 6 (DIAGNOSIS/IMPRESSION - RELATING TO TODAY'S VISIT)

DIAGNOSIS/IMPRESSION	P	C	DIAGNOSIS/IMPRESSION	P	C
1) Chronic allergic Rhinosinusitis			4)		
2)			5)		
3)			6)		

NOTE: "P" = PRIMARY "C" = CONTRIBUTING

STAGE 7 (TREATMENT PLAN)

(1) Continue Nescolar & inhalers as previously Rx'd
(2) Referred to allergist for allergy testing
(3) F/U as scheduled or PRN

STAGE 8 (ORDERS) 06-01-00

LABORATORY				OTHER			
Strept screen - DV							

IN-HOUSE IV THERAPY

MEDICATION _____ DOSAGE _____ DURATION _____

STAGE 9 (REVIEW/FOLLOW-UP OF ORDERED PROCEDURES/REQUESTED CONSULTATIONS)

NOTE: SEE ATTACHED REPORTS

STAGE 10 (NOTES)

STAGE 10 (AUTHORIZATION)

PHYSICIAN/PRACTITIONER Steven Eddy, PA-C

NOTE: THE PHYSICIAN/PRACTITIONER SIGNATURE ABOVE ATTESTS THAT HE/SHE HAS REVIEWED THE NOTATIONS DOCUMENTED ON THIS VISIT FLOW SHEET AND AUTHORIZES THE PERFORMANCE OF ALL PROCEDURES AS MARKED.

LAKE MARION PRIMARY CARE
RECORD OF OFFICE VISIT

STAGE 1 (RECEPTION)
PATIENT NAME Diane Dodge LAST VISIT 6/1/00 M (F) DOB 8/18/64 DATE OF SERVICE 7/10/00
APP. WITH: _____ TIME ____:____ AM PM AGE 35 CHART # 332
WALK-IN (YES) NO

STAGE 2 (CONSTITUTIONAL EVALUATION)
1.) B/P 110/64 PULSE 68 B/M RESP: 24 B/M TEMP. 99 F HEIGHT 5 FT 3 IN
WT 124 LBS LMP: 6-26-00 HYST: Y (N) DATE: _____ HRT Y (N)
2.) IS THIS VISIT FOR DISEASE MANAGEMENT ? YES (NO)
HYPTERTENSION _____ DIABETES _____ ARTHRITIS _____ HYPERLIPIDEMIA _____
3.) PATIENTS CHIEF COMPLAINT, PRESENTING SYMPTOMS OR REASON FOR THIS OFFICE VISIT?

	SYMPTOM	ICD-9 CODE		SYMPTOM	ICD-9 CODE
a)	Earache	388.71	d)		.__
b)	Sore throat	462.__	e)		.__
c)	Headache	784.0	f)		.__

4.) IS PATIENT TAKING "OTC" MEDICATIONS? Y (N) IF "YES", WHAT? _____
IN HOUSE IV THERAPY
MEDICATION _____ DOSAGE _____ DURATION _____

STAGE 3 (HISTORY OF PRESENT ILLNESS)
Pt. Came in c/o Left-sided earache since Wed. 7/5. She has had a Recent URI since 7/1. She last had an earache since 7-7-00 & Augmentin 875 mg was given on 7-7-00 and given Toradol 1 cc IM for pain. Exam reveals an injected
RECORDED BY: KBudashPN

STAGE 4 (PAST, FAMILY, SOCIAL HISTORY - RELATED TO TODAY'S VISIT)
Pt appears quite Toxic.

STAGE 5 (REVIEW OF SYSTEMS - MULTISYSTEM REVIEW)
1.) EYES: _____ DEFERRED WNL
2.) EARS, NOSE, THROAT, MOUTH: _____ DEFERRED Marked enlargement of peritonsillar region L>R. Marked
3.) NECK: _____ DEFERRED Lymphadenopathy and cervical & submandibular region. Post Cx
4.) RESPIRATORY: _____ DEFERRED Rhonchi. Rales. Tenuity enlarged & erythematous bilat
5.) CARDIOVASCULAR: _____ DEFERRED WNL
6.) CHEST (BREASTS): ✓ DEFERRED _____
7.) GASTROINTESTINAL: _____ DEFERRED WNL
8.) GENTOURINARY: ✓ DEFERRED _____
9.) LUMPHATIC: _____ DEFERRED No abnormal
10.) MUSCULOSKELATAL: _____ DEFERRED Poor Myalgias
11.) SKIN: _____ DEFERRED Hirsutism of chin. Mod acne
12.) NEUROLOGICAL: _____ DEFERRED WNL
13.) PSYCHIATRIC: ✓ DEFERRED _____

REVIEW OF SYMPTOMS

VISUAL CHANGES			PHOTOPHOBIA
CHANGE IN VISUAL FIELDS			DIPLOMA
GLASSES			BLURRING
TINNITUS	VERTIGO	TONGUE	SORE THROAT
HEARING CHANGES		DISCHARGE	DENTURES
BRUITS			ADENOPATHY
CHEST PAIN		COUGH	HEMOPTYSIS
SNEEZING	SPUTUM	PRODUCTION	DYSPNEA
ORTHOPNEA		DOE	MURMURS
# OF PILLOWS		PND	MTN
LUMPS		HISTORY OF BREAST CANCER	
APPETIETE	HEMATEMESIS	CONSTIPATION	BLOATING
N/V/D		INDIGESTION	MELENA
FREQUENCY		HEMATURIA	POLYURIA
URGENCY		DYSURIA	NOCTURIA
ADENOPATHY			
HODGKINS			
MYALGIAS			JOINT SWELLING
ARTHRALGIAS			TRAUMA
RASHES			LESIONS
PRURITUS			
COORDINATION		MOOD	SLEEP
SYNCOPE		SEIZURES	WEAKNESS

STAGE 6 (ORDERS) 07/07/00

LABORATORY			OTHER	
ESR			tympanometry	
CRP				
Comp. Metabolic Panel				
~~tympanometry~~				
CBC				
Strep Screen				

STAGE 7 (DIAGNOSIS / IMPRESSION - RELATING TO TODAY'S VISIT

DIAGNOSIS / IMPRESSION	P	C	DIAGNOSIS / IMPRESSION	P	C
1) Pharyngitis			4)		
2) Peritonsillar abscess			5)		
3)			6)		

NOTE: "P" = PRIMARY "C" = CONTRIBUTING

STAGE 8 (TREATMENT PLAN)

1) Rocephin 1 gm IM
2) Zithromax 500 mg q X 5
3) Zantac Elixir 2.5 mg/5 ml 1 TT BID pc & hs pm
4) Vicodin Tylenol 2.5 Tablet 1-2 pm
5) F.U. 2 days

STAGE 9 (REVIEW / FOLLOW-UP OF ORDERED PROCEDURES / REQUESTED CONSULTATIONS)

NOTE: SEE ATTACHED REPORTS

STAGE 10 (NURSING/PHYSICIAN NOTES

STAGE 11 (AUTHORIZATION)

PHYSICIAN / PRACTITIONER RWX

NOTE: THE PHYSICIAN / PRACTITIONER SIGNATURE ABOVE ATTESTS THAT HE / SHE HAS REVIEWED THE NOTATIONS DOCUMENTED ON TH VISIT FLOW SHEET AND AUTHORIZES THE PERFORMANCE OF ALL PROCEDURE AS MARKED

DATE OF VISIT: / /

NURSING NOTES

(20)

00073155 -435-6817 P.145

KEITH, EDWARD C
LAKE MARION PRIMARY CARE
15 EAST HOSPITAL ST
MANNING SC 29102-

SmithKline Beecham Clinical Laboratories

LABORATORY REPORT

Patient Name	Patient ID/Hospital ID	Room No.	Age	Sex	Physician
DINGLE, DIANE C, 803-435-9075	332		35	F	KEITH, EDWARD C

Page	Requisition No.	Accession No.	Lab Ref No.	Collection Date & Time	Log-in Date	Report Date & Time
1	1332215	AT568686N	15144/KEITH	07/10/2000 18:09	07/10/2000	07/11/2000 06:0

Remarks
0332

SS#: 251-45-0060

Report Status	Test	Result In Range	Result Out of Range	Units	Reference Range	Site Code
FINAL	COMPREHENSIVE METABOLIC PANEL					
	GLUCOSE	86		MG/DL	70-115	AT
	UREA NITROGEN (BUN)	12		MG/DL	7-25	
	CREATININE	0.8		MG/DL	0.5-1.4	
	BUN/CREATININE RATIO	15		(CALC)	6-25	
	SODIUM	140		MEQ/L	135-146	
	POTASSIUM	4.3		MEQ/L	3.5-5.3	
	CHLORIDE	105		MEQ/L	95-108	
	CARBON DIOXIDE	26		MEQ/L	20-32	
	CALCIUM	9.0		MG/DL	8.5-10.3	
	PROTEIN, TOTAL	7.6		G/DL	6.0-8.5	
	ALBUMIN	4.4		G/DL	3.2-5.0	
	GLOBULIN	3.2		G/DL (CALC)	2.2-4.2	
	ALBUMIN/GLOBULIN RATIO	1.4		(CALC)	0.8-2.0	
	BILIRUBIN, TOTAL		1.5 H	MG/DL	0.0-1.3	
	ALKALINE PHOSPHATASE	61		U/L	20-125	
	AST (SGOT)	13		U/L	0-42	
	ALT (SGPT)	8		U/L	0-48	

'AT ' refers to site: QUEST DIAGNOSTICS
1777 MONTREAL CIRCLE
TUCKER GA 30084
(770)934-9205
WILLIAM M. MILLER, MD

>> END OF REPORT <<

Repeat in 1 wk 07
m FU
E.L. Keith

#disconnected
Telephoned 7-13-00 AB.

LAKE MARION PRIP. 146 CARE LABORATORY

PATIENT NAME Dingle, Dane PHYSICIAN Keith CHART # 0332 REQ # 15144

SEX M (F) DOB 08/18/64 SSN 251-45-0060 __ M'CARE __ M'CAID __ PP __ INS __ RH

DATE/TIME COLLECTED 07/10/00 / 05:35 AM (PM) COL. BY JB __ FASTING X NON-FAST

** URINALYSIS **

********** BIOCHEMICAL REACTIONS **********			
CONSTITUENT	RESULT	REFERENCE RANGE	
COLOR		STRAW - YELLOW	
APPEARANCE		CLEAR	
GLUCOSE		NEGATIVE	
BILIRUBIN		NEGATIVE	
KETONES		NEGATIVE	
SP. GRAVITY	1.0	1.003 - 1.030	
pH		5 -7	
PROTEIN		NEGATIVE	
UROBILINOGEN		0.1 - 1.0	
NITRITE		NEGATIVE	
BLOOD		NEGATIVE	
LEUKOCYTE ESTERASE		NEGATIVE	TECH
********** URINE MICROSCOPIC **********			
WBC	/HPF	0 - 5	
RBC	/HPF	OCC	
EPITHELIAL	/HPF	0 - 5	
BACTERIA	/HPF	NONE	
MUCOUS	/HPF	NONE	
COMMENTS:			TECH

** MISCELLANEOUS REPORT **

X	PROCEDURE	RESULT	REFERENCE RANGE	TECH
	FS GLUCOSE		70-105 mg/dL	
	URINE HCG		NEGATIVE	
	SERUM HCG		NEGATIVE	
	PROTIME		11.6-12.4 SEC	
	INR		2.0-3.0 ORAL MED	
	ANA		NEGATIVE	
	RF LATEX		NEGATIVE	
X	CRP	POS	NEGATIVE	KM
X	SED RATE	59	M=0-9 F=0-20	
	MONOTEST		NEGATIVE	
X	STREP SCREEN	NEG	NEGATIVE	JB
	H. pylori		NEGATIVE	
	DNA PROBE			
	TRICHOMONAS		NEGATIVE	
	GARDNERELLA		NEGATIVE	
	CANDIDA		NEGATIVE	
	TSH		0.47-5.01 uIU/mL	
	Hgb A1C		4.8-7.8 %	
	FRUCTOSAMINE		150-310 umol/L	
OTHER:				
	KOH/WET PREP	******	"SEE COMMENT"	
	OCP	******	"SEE COMMENT"	
	GRAM STAIN	******	"SEE COMMENT"	
COMMENT:				

** PROCEDURES REQUESTED **

(X)	ICD-9	PROFILES
__	____	(80051) ELECTROLYTE PANEL
__	____	(80058) HEPATIC PANEL
__	____	(80061) LIPID PANEL
__	____	(80049) META-PANEL, BASIC
X	SK	(80054) META-PANEL, COMP
__	____	(*****) AMT PANEL
		(87480) CANDIDA
		(87510) GARDNERELLA
		(87797) TRICHOMONAS
__	____	(*****) OB PANEL

INDIVIDUAL PROCEDURES

		(85008) SMEAR REVIEW W/O DIFF
X	7840	(85024 CBC
X	462	(86140) CRP
X	7848	(85651) ESR
__	____	(86430) RF LATEX
__	____	(82985) FRUCTOSAMINE
__	____	(*****) GLUCOSE, FINGERSTICK
__	____	(87205) GRAM STAIN
__	____	(86677) H. PYLORI
__	____	(83036) Hgb A1C
__	____	(82710) KOH PREP
__	____	(83735) MAGNESIUM
__	____	(86308) MONOTEST
__	____	(84702) URINE HCG
__	____	(84702) SERUM HCG
__	____	(85610) PROTIME (PT)
__	____	(85730) PTT
__	____	(85044) RETIC COUNT
__	____	(84443) TSH
__	____	(84550) URIC ACID
__	____	(81001) URINALYSIS, COMPLETE
__	____	(81015) URINALYSIS, MICRO ONLY
X	38871	(36415) BLD COL-M'CAID & PP & INS
__	____	(G0001) BLD COL-M'CARE
__	____	(87210) WET PREP

REFERRED PROCEDURES

__	____	GC/CHLAMYDIA BY DNA PROBE
__	____	PAP SMEAR
__	____	FREE T-4
__	____	DIGOXIN
__	____	CULT & SENS - SOURCE ____
__	____	GROUP B STREP

OTHER

X	462	(____)	Strep screen
__	____	(____)	
__	____	(____)	
__	____	(____)	
__	____	(____)	
__	____	(____)	
__	____	(____)	

DIAGNOSIS: 1) 38871 2) 462 3) 784.0 4) 5) 6)

LAKE MARION PRIMARY CARE LABORATORY
15 E. HOSPITAL ST. P.O. DRAWER 280
1 DOGWOOD MEDICAL COURT
MANNING, S. C. 29102 PHONE (803)435-2529

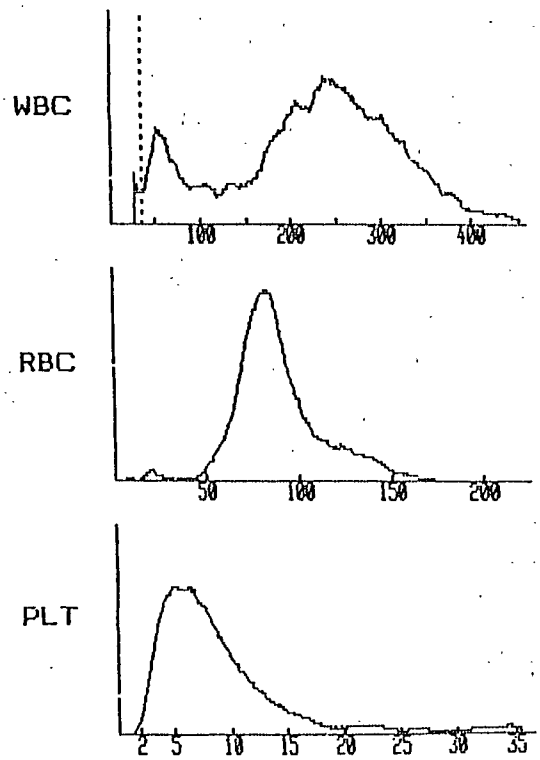
CD1700 SPECIMEN DATA REPORT

Specimen ID# : 15144
Patient: DINGLE, DIANE
Sex: F DOB: 08/18/64
Physician: KEITH
Comments: 0332

Analyzed: 07/10/00 17:33
Operator I.D.: 71
Sequence #: 4103
Mode: Open
Collected: 07/10 05:35

TEST	RESULT		FLAG	LIMIT	REFERENCE RANGE (LIMIT 1)	
WBC	10.9	K/uL	H	[ ]*	4.6 - 10.2 K/uL	
LYM	1.7 R2	15.2 %L		[*]	0.6 - 3.4	10.0 - 50.0 %L
*MID	1.0	9.2 %M		[*]	0.0 - 1.8	0.0 - 21.5 %M
GRAN	8.2 R3	75.6 %G	H	[ ]*	2.0 - 6.9	37.0 - 80.0 %G
RBC	3.85	M/uL	L	*[ ]	4.04 - 5.48 M/uL	
HGB	10.0	g/dL	L	*[ ]	12.2 - 16.2 g/dL	
HCT	31.5	%	L	*[ ]	37.7 - 47.9 %	
MCV	81.7	fL		[*]	80.0 - 97.0 fL	
MCH	26.0	pg	L	*[ ]	27.0 - 31.2 pg	
MCHC	31.7	g/dL	L	*[ ]	31.8 - 35.4 g/dL	
RDW	16.9	%	H	[ ]*	11.6 - 14.8 %	
PLT	377.	K/uL		[*]	142. - 424. K/uL	

* MID cells may include less frequently occurring and rare cells correlating to monocytes, eosinophils, basophils, blasts and other precursor white cells.



MANUAL DIFFERENTIAL

SEG _____ %
BAND _____ %
LYMP _____ %
MONO _____ %
EOSIN _____ %
BASO _____ %
VAR LYM _____ %
META _____ %
PRO MYLO _____ %
BLAST _____ %

MORPHOLOGY 1 2 3 4

POLYCHROM [ ] [ ] [ ] [ ]
HYPOCHROM [ ] [ ] [ ] [ ]
POIK [ ] [ ] [ ] [ ]
TARGET [ ] [ ] [ ] [ ]
SPHERO [ ] [ ] [ ] [ ]
ANISO [ ] [ ] [ ] [ ]
MICRO [ ] [ ] [ ] [ ]
MACRO [ ] [ ] [ ] [ ]
BASO STIP [ ] [ ] [ ] [ ]
VACUOLES [ ] [ ] [ ] [ ]
TOXIC GRAN [ ] [ ] [ ] [ ]

PLT EST _____
PLT MORPH _____

COMMENTS _____

FAMILY PRACTICE
5 E. Hospital St. • P. O. Drawer 280
1 Dogwood P . 148 Court
Manning, S.C. 29102

Phone (803) 435-2529
Fax (803) 435-4196

$330

RETURN TO WORK AUTHORIZATION

Date: July 16 2000

Name of Patient Diane Angle

Unable to return to work due to office visit

May return to work July 16 2000

May return to work, light duty status _____

RESTRICTIONS:

1. No lifting over _____ lbs
2. No repetitive bending ___, crawling ___, squatting ___, stooping ___
3. No work involving use of _____ hand
4. No pushing/pulling ___
5. Cannot reach above shoulder ___
6. No climbing ___
7. No prolonged walking ___
8. Other: _____

May return to work with no restrictions on July 16 2000

Comments: _____

Diagnosis: _____

Edward C. Keith, M.D.

Edward C. Keith MD

LAKE MARION PRIMARY CARE

RECORD OF OFFICE VISIT

STAGE 1 (RECEPTION) LAST VISIT 7/10/00 DATE OF SERVICE 7/12/00
PATIENT NAME DIANE DUGGE (M) F DOB 8/18/64 AGE 35 CHART # 332
APP. WITH: KEITH TIME 2:30 AM (PM) WALK-IN YES NO

STAGE 2 (CONSTITUTIONAL EVALUATION)
1.) B/P 94/70 PULSE 88 B/M RESP: 20 B/M TEMP. 99.5 F HEIGHT 5 FT 3 IN
WT 125 LBS LMP: 6/26/00 HYST: Y (N) DATE: HRT Y (N)
2.) IS THIS VISIT FOR DISEASE MANAGEMENT ? YES (NO)
HYPTERTENSION ____ DIABETES ____ ARTHRITIS ____ HYPERLIPIDEMIA ____
3.) PATIENTS CHIEF COMPLAINT, PRESENTING SYMPTOMS OR REASON FOR THIS OFFICE VISIT?

SYMPTOM	ICD-9 CODE	SYMPTOM	ICD-9 CODE
a)	.__	d)	.__
b)	.__	e)	.__
c)	.__	f)	.__

4.) IS PATIENT TAKING "OTC" MEDICATIONS? Y N IF "YES", WHAT? ____
IN HOUSE IV THERAPY
MEDICATION ____ DOSAGE ____ DURATION ____

STAGE 3 (HISTORY OF PRESENT ILLNESS)
Scheduled F/U appt
Doing much better but still has appreciable sore throat & malaise

RECORDED BY: K Burdash LPN

STAGE 4 (PAST, FAMILY, SOCIAL HISTORY - RELATED TO TODAY'S VISIT)
Overall condition improved but still feels bad

STAGE 5 (REVIEW OF SYSTEMS - MULTISYSTEM REVIEW)

1.) EYES: ____ DEFERRED WNL
2.) EARS, NOSE, THROAT, MOUTH: ____ DEFERRED Marked & ex swelling of pericervical areas both sides
3.) NECK: ____ DEFERRED Also markedly enlarged. Sore throat also much improved
4.) RESPIRATORY: ____ DEFERRED WNL
5.) CARDIOVASCULAR: ____ DEFERRED
6.) CHEST (BREASTS): ✓ DEFERRED WNL
7.) GASTROINTESTINAL: ____ DEFERRED ✓
8.) GENTOURINARY: ____ DEFERRED Headache
9.) LUMPHATIC: ____ DEFERRED No myalgias
10.) MUSCULOSKELATAL: ____ DEFERRED WNL
11.) SKIN: ____ DEFERRED WNL
12.) NEUROLOGICAL: ____ DEFERRED ✓
13.) PSYCHIATRIC: ____ DEFERRED

REVIEW OF SYMPTOMS

VISUAL CHANGES		PHOTOPHOBIA
CHANGE IN VISUAL FIELDS		DIPLOMA
GLASSES		BLURRINC
TINNITUS VERTIGO	TONGUE	SORE THROA
HEARING CHANGES	DISCHARGE	DENTURE:
BRUITS		ADENOPATHY
CHEST PAIN	COUGH	HEMOPTYSI:
SNEEZING SPUTUM	PRODUCTION	DYSPNE/
ORTHOPNEA	DOE	MURMUR:
# OF PILLOWS	PND	MT
LUMPS	HISTORY OF BREAST CANCE	
APPETIETE HEMATEMESIS	CONSTIPATION	BLOATIN
N/V/D	INDIGESTION	MELEI
FREQUENCY	HEMATURIA	POLYUR
URGENCY	DYSURIA	NOCTUR
ADENOPATHY		
HODGKINS		
MYALGIAS		JOINT SWELLI
ARTHRALGIAS		TRAUN
RASHES		LESIO
PRURITUS		
COORDINATION	MOOD	SLE
SYNCOPE	SEIZURES	WEAKNI

STAGE 6 (ORDERS)

LABORATORY			OTHER	

STAGE 7 (DIAGNOSIS / IMPRESSION - RELATING TO TODAY'S VISIT

DIAGNOSIS / IMPRESSION	P	C	DIAGNOSIS / IMPRESSION	P	C
1) Peri Lengthy Abscess			4)		
2) Tonsillitis			5)		
3)			6)		

NOTE: "P" = PRIMARY "C" = CONTRIBUTING

STAGE 8 (TREATMENT PLAN)

1) Ampicillin 1gm IM
2) Cat Lengthy

STAGE 9 (REVIEW / FOLLOW-UP OF ORDERED PROCEDURES / REQUESTED CONSULTATIONS)

NOTE: SEE ATTACHED REPORTS

STAGE 10 (NURSING/PHYSICIAN NOTES

STAGE 11 (AUTHORIZATION)

PHYSICIAN / PRACTITIONER

NOTE: THE PHYSICIAN / PRACTITIONER SIGNATURE ABOVE ATTESTS THAT HE / SHE HAS REVIEWED THE NOTATIONS DOCUMENTED ON VISIT FLOW SHEET AND AUTHORIZES THE PERFORMANCE OF ALL PROCEDURE AS MARKED

DATE OF VISIT: / /

NURSING NOTES

FAMILY PRACTICE
E. Hospital St. • P. O. Drawer 280
1 Dogwood Mp . 151 urt
Manning, S.C. 29102

Phone (803) 435-2529
Fax (803) 435-4196

X 230

RETURN TO WORK AUTHORIZATION

Date: July 12 2000

Name of Patient Diane Dingle

Unable to return to work due to Office Visit

May return to work July 18 2000

May return to work, light duty status _____

RESTRICTIONS:

1. No lifting over _____ lbs
2. No repetitive bending ___, crawling ___, squatting ___, stooping ___
3. No work involving use of _____ hand
4. No pushing/pulling ___
5. Cannot reach above shoulder ___
6. No climbing ___
7. No prolonged walking ___
8. Other: _____

May return to work with no restrictions on July 18 2000

Comments: _____

Diagnosis: _____

Edward C. Keith, M.D.

Edward C. Keith MD

LAKE MARION PRIMARY CARE

RECORD OF OFFICE VISIT

STAGE 1 (RECEPTION) LAST VISIT 7/2/00 DATE OF SERVICE 7/2/00
PATIENT NAME [illegible] M F DOB 8/16/64 AGE 35 CHART # 383
APP. WITH: _____ TIME ____:____ AM PM WALK-IN YES NO

STAGE 2 (CONSTITUTIONAL EVALUATION)
1.) B/P 110/64 PULSE 76 B/M RESP: 18 B/M TEMP: 99.9 F HEIGHT ____ FT ____ IN
WT 125 LBS LMP: _____ HYST: Y N DATE: _____ HRT Y N
2.) IS THIS VISIT FOR DISEASE MANAGEMENT ? YES NO
HYPTERTENSION _____ DIABETES _____ ARTHRITIS _____ HYPERLIPIDEMIA _____
3.) PATIENTS CHIEF COMPLAINT, PRESENTING SYMPTOMS OR REASON FOR THIS OFFICE VISIT?

	SYMPTOM	ICD-9 CODE		SYMPTOM	ICD-9 CODE
a)	sorethroat	462.	d)		.___
b)		.___	e)		.___
c)		.___	f)		.___

4.) IS PATIENT TAKING "OTC" MEDICATIONS? Y N IF "YES", WHAT? _____
IN HOUSE IV THERAPY
MEDICATION _____ DOSAGE _____ DURATION _____

STAGE 3 (HISTORY OF PRESENT ILLNESS)
F/U on peritonsillar abscess. Pts throat is still very sore.

RECORDED BY: KRock RN

STAGE 4 (PAST, FAMILY, SOCIAL HISTORY - RELATED TO TODAY'S VISIT)
Still Rx'ing. Scheduled for surgery 1st of next month. Clarify to indicate that fumes at work exacerbate throat irritation

STAGE 5 (REVIEW OF SYSTEMS - MULTISYSTEM REVIEW)

1.) EYES: _____ DEFERRED WNL = ø
2.) EARS, NOSE, THROAT, MOUTH: ✓ DEFERRED No significant swelling in peritonsillar region. Pt still very hoarse. Appreciable nasal congestion
3.) NECK: _____ DEFERRED
4.) RESPIRATORY: _____ DEFERRED WNL
5.) CARDIOVASCULAR: _____ DEFERRED WNL
6.) CHEST (BREASTS): ✓ DEFERRED _____
7.) GASTROINTESTINAL: ✓ DEFERRED _____
8.) GENTOURINARY: ✓ DEFERRED _____
9.) LUMPHATIC: ✓ DEFERRED Nodes hard & significantly
10.) MUSCULOSKELATAL: _____ DEFERRED _____
11.) SKIN: _____ DEFERRED WNL
12.) NEUROLOGICAL: _____ DEFERRED WNL
13.) PSYCHIATRIC: _____ DEFERRED C/O Poor appetite

REVIEW OF SYMPTOMS

VISUAL CHANGES			PHOTOPHOBIA
CHANGE IN VISUAL FIELDS			DIPLOMA
GLASSES			BLURRING
TINNITUS	VERTIGO	TONGUE	SORE THROAT
HEARING CHANGES		DISCHARGE	DENTURES
BRUITS			ADENOPATHY
CHEST PAIN		COUGH	HEMOPTYSIS
SNEEZING	SPUTUM	PRODUCTION	DYSPNEA
ORTHOPNEA		DOE	MURMURS
# OF PILLOWS		PND	MTN
LUMPS		HISTORY OF BREAST CANCER	
APPETIETE	HEMATEMESIS	CONSTIPATION	BLOATING
N/V/D		INDIGESTION	MELENA
FREQUENCY		HEMATURIA	POLYURIA
URGENCY		DYSURIA	NOCTURIA
ADENOPATHY			
HODGKINS			
MYALGIAS			JOINT SWELLING
ARTHRALGIAS			TRAUMA
RASHES			LESIONS
PRURITUS			
COORDINATION		MOOD	SLEEP
SYNCOPE		SEIZURES	WEAKNESS

TAGE 6 (ORDERS)

LABORATORY

OTHER

TAGE 7 (DIAGNOSIS / IMPRESSION - RELATING TO TODAY'S VISIT

IAGNOSIS / IMPRESSION	P	C	DIAGNOSIS / IMPRESSION	P	C
Peritonsillar Abscess			4) Allergic Rhinitis		
Laryngitis			5) Poor Appetite		
Tonsillitis			6)		

OTE: "P" = PRIMARY "C" = CONTRIBUTING

AGE 8 (TREATMENT PLAN)

1) Cont Levaquin x 10 d
2) Prednisone PO
3) Penicillin 1.2 mu IM (1/2 PO)
4) I&D as indicated

TAGE 9 (REVIEW / FOLLOW-UP OF ORDERED PROCEDURES / REQUESTED CONSULTATIONS)

OTE: SEE ATTACHED REPORTS

TAGE 10 (NURSING/PHYSICIAN NOTES

TAGE 11 (AUTHORIZATION)

PHYSICIAN / PRACTITIONER

NOTE: THE PHYSICIAN / PRACTITIONER SIGNATURE ABOVE ATTESTS THAT HE / SHE HAS REVIEWED THE NOTATIONS DOCUMENTED ON THIS VISIT FLOW SHEET AND AUTHORIZES THE PERFORMANCE OF ALL PROCEDURE AS MARKED

DATE OF VISIT: / /

NURSING NOTES

#350

DEA # BK0578914
EDWARD C. KEITH, M.D.
LAKE MARION PRIMARY CARE, INC.
15 EAST HOSPITAL STREET
MANNING, SC 29102
(803) 435-2629 Fax 435-4196

Name Diane Dingle Age
Address
SECURITY FEATURES ON REVERSE Date 7/2/02

℞ To Whom it May Concern

Ms. Dingle is suffering from recurrent pleurisy, laryngitis & bronchitis assoc. with pressure to lungs at work. She cannot be exposed to irritating fumes under any circumstances.

100111430-03

☐ Label
Refill ____ times PRN NR

M.D. M.D.

Dispense as Written Substitution Permitted

LAKE MARION PRIMARY CARE

RECORD OF OFFICE VISIT

STAGE 1 (RECEPTION) LAST VISIT 2/21/00

PATIENT NAME Diane Dingle M (F) DOB 8/18/64 AGE 35 DATE OF SERVICE 8/9/00

APP. WITH: Keith TIME 3:45 AM (PM) CHART # 332

STAGE 2 (CONSTITUTIONAL EVALUATION) WALK-IN YES (NO)

1.) B/P 110/64 PULSE 92 B/M RESP. 24 B/M TEMP. 99.4 °F HEIGHT 5 Ft 5 In.

WT 130 LBS. LMP: 7-14-00 HYST. Y (N) DATE: HRT Y N

2.) PATIENTS CHIEF COMPLAINT, PRESENTING SYMPTOMS OR REASON FOR THIS OFFICE VISIT?

SYMPTOM	ICD-9 CODE	SYMPTOM	ICD-9 CODE
a)	.	d)	.
b)	.	e)	.
c)	.	f)	.

3.) IS PATIENT TAKING "OTC" MEDICATIONS? Y (N) IF "YES", WHAT?

IN-HOUSE IV THERAPY

MEDICATION DOSAGE DURATION

STAGE 3 (HISTORY OF PRESENT ILLNESS) DIABETIC HYPERTENSION ARTHRITIS HYPERLIPIDEMIA

Scheduled appt. PT knee here for pain follow up visit

PT rec'd the responses

STAGE 4 (PAST, FAMILY, SOCIAL HISTORY - RELATED TO TODAY'S VISIT) RECORDED BY: L. Bailey

STAGE 5 (REVIEW OF SYSTEMS - MULTISYSTEM REVIEW)

	DEFERRED	REVIEW OF SYMPTOM		
1.) EYES:		VISUAL CHANGES	PHOTOPHOBI	
		CHANGE IN VISUAL FIELDS	DIPLOPI	
		GLASSES	BLURRE	
2.) EARS, NOSE, THROAT, MOUTH:		TINNITUS VERTIGO TONGUE	SORE THROA	
		HEARING CHANGES	DISCHARGE DENTURE	
3.) NECK:		BRUITS	ADENOPATH	
4.) RESPIRATORY:		CHEST PAIN COUGH	HEMOPTYSI	
5.) CARDIOVASCULAR:		SNEEZING SPUTUM PRODUCTION	DYSPNE	
6.) CHEST (BREASTS):		ORTHOPNEA DOE	MURMUR	
		# OF PILLOWS PND	MT	
7.) GASTROINTESTINAL:		LUMPS HISTORY OF BREAST CANCE		
8.) GENTOURINARY:		APPETITE HEMATEMESIS CONSTIPATION	BLOATIN	
9.) LYMPHATIC:		N/V/D INDIGESTION	MELEN	
10.) MUSCULOSKELETAL:		FREQUENCY HEMATURIA	POLYURI	
11.) SKIN:		URGENCY DYSURIA	NOCTURI	
12.) NEUROLOGICAL:		ADENOPATHY		
13.) PSYCHIATRIC:		HODGKINS		
		MYALGIAS	JOINT SWELLIN	
		ARTHRALGIAS	TRAUM	
		RASHES	LESION	
		PRURITUS		
		COORDINATION MOOD	SLEE	
		SYNCOPE SEIZURES	WEAKNES	

STAGE 6 (ORDERS) 8/9/00 LABORATORY P.156 OTHER

Amoxicillin
Hydrocortisone
SIC

STAGE 7 (DIAGNOSIS / IMPRESSION - RELATING TO TODAY'S VISIT

DIAGNOSIS / IMPRESSION	P	C
1) Chronic Hoarseness / Laryngitis		
2) Allergic Rhinitis		
3) Vocal Cord Pathology		

DIAGNOSIS / IMPRESSION	P	C
4) Diabetes / Blood Pressure / Glaucoma		
5)		
6)		

NOTE: "P" = PRIMARY "C" = CONTRIBUTING

STAGE 8 (TREATMENT PLAN)

1) Rec laryngoscopy
2) Flonase 110 2 puffs BID
3) F/U 2 wks
4) Hopefully get cvm return & work of that time

STAGE 9 (REVIEW / FOLLOW-UP OF ORDERED PROCEDURES / REQUESTED CONSULTATIONS)

NOTE: SEE ATTACHED REPORTS

STAGE 10 (NURSING/PHYSICIAN NOTES

STAGE 11 (AUTHORIZATION)

PHYSICIAN / PRACTITIONER _____

NOTE: THE PHYSICIAN / PRACTITIONER SIGNATURE ABOVE ATTESTS THAT HE / SHE HAS REVIEWED THE NOTATIONS DOCUMENTED ON THIS VISIT FLOW SHEET AND AUTHORIZES THE PERFORMANCE OF ALL PROCEDURE AS MARKED

DATE OF VISIT: ___/___/___

NURSING NOTES

00073155

KEITH,EDWARD C
LAKE MARION PRIMARY CARE
15 EAST HOSPITAL ST
MANNING SC 29102-

-435-6817 P.157

SmithKline Beecham Clinical Laboratories

LABORATORY REPORT

Patient Name	Patient ID/Hospital ID	Room No.	Age	Sex	Physician
DINGLE,DIANE C. 803-435-9692	332		35	F	KEITH,EDWARD C

Page	Requisition No.	Accession No.	Lab Ref No.	Collection Date & Time	Log-in Date	Report Date & Time
1	1332655	AT242076P	15608/KEITH	08/09/2000 17:33	08/09/2000	08/10/2000 11:0

Remarks
0332

SS#: 251-45-0060

Report Status	Test	Result In Range	Result Out of Range	Units	Reference Range	Site Code
FINAL	HELICOBACTER PYLORI IGG ANTIBODIES, QUAL.		DETECTED		NOT DETECTED	AT
	AMYLASE	148		U/L	30-170	AT

'AT ' refers to site: QUEST DIAGNOSTICS
1777 MONTREAL CIRCLE
TUCKER GA 30084
(770)934-9205
WILLIAM M. MILLER, MD

>> END OF REPORT <<

Rec Prenpark

(33)

LAKE MARION PRIMARY CARE

RECORD OF OFFICE VISIT

STAGE 1 (RECEPTION) LAST VISIT 6/9/00 DATE OF SERVICE: 8/29/00

PATIENT NAME Dare Dingle M (F) DOB 8/8/64 AGE 36 CHART # 332

APP. WITH: Keith TIME 11:00 (AM) PM WALK-IN YES (NO)

STAGE 2 (CONSTITUTIONAL EVALUATION)

1.) B/P 130/90 PULSE 80 B/M RESP. 24 B/M TEMP. 97 °F HEIGHT 5 Ft 5 In.

WT 133 LBS. LMP: 8/14/00 HYST: Y (N) DATE: HRT Y (N)

2.) PATIENTS CHIEF COMPLAINT, PRESENTING SYMPTOMS OR REASON FOR THIS OFFICE VISIT?

	SYMPTOM	ICD-9 CODE		SYMPTOM	ICD-9 CODE
a)		.	d)		.
b)		.	e)		.
c)		.	f)		.

3.) IS PATIENT TAKING "OTC" MEDICATIONS? Y (N) IF "YES", WHAT?

IN-HOUSE IV THERAPY

MEDICATION DOSAGE DURATION

STAGE 3 (HISTORY OF PRESENT ILLNESS) DIABETIC HYPERTENSION ARTHRITIS HYPERLIPIDEMIA

Scheduled F/u appt to V throat

Still having hoarseness

Also worsening GI upset ~~Pantoprazole~~ Prevacid

RECORDED BY: KBudashPd

STAGE 4 (PAST, FAMILY, SOCIAL HISTORY - RELATED TO TODAY'S VISIT)

STAGE 5 (REVIEW OF SYSTEMS - MULTISYSTEM REVIEW)

		REVIEW OF SYMPTOM		
1.) EYES:	DEFERRED	VISUAL CHANGES		PHOTOPHOBI
		CHANGE IN VISUAL FIELDS		DIPLOPI
		GLASSES		BLURRE
2.) EARS, NOSE, THROAT, MOUTH:	DEFERRED	TINNITUS VERTIGO	TONGUE	SORE THROA
		HEARING CHANGES	DISCHARGE	DENTURE
3.) NECK:	DEFERRED	BRUITS		ADENOPATH
4.) RESPIRATORY:	DEFERRED	CHEST PAIN	COUGH	HEMOPTYSI
		SNEEZING	SPUTUM PRODUCTION	DYSPNE
5.) CARDIOVASCULAR:	DEFERRED	ORTHOPNEA	DOE	MURMUI
		# OF PILLOWS	PND	MI
6.) CHEST (BREASTS):	DEFERRED	LUMPS		HISTORY OF BREAST CANCI
7.) GASTROINTESTINAL:	DEFERRED	APPETITE	HEMATEMESIS	CONSTIPATION BLOATIN
		N/V/D	INDIGESTION	MELEN
8.) GENTOURINARY:	DEFERRED	FREQUENCY	HEMATURIA	POLYURI
		URGENCY	DYSURIA	NOCTUR
9.) LYMPHATIC:	DEFERRED	ADENOPATHY		
		HODGKINS		
10.) MUSCULOSKELETAL:	DEFERRED	MYALGIAS		JOINT SWELLIN
		ARTHRALGIAS		TRAUM
11.) SKIN:	DEFERRED	RASHES		LESIOI
		PRURITUS		
12.) NEUROLOGICAL:	DEFERRED			
13.) PSYCHIATRIC:	DEFERRED	COORDINATION	MOOD	SLE
		SYNCOPE	SEIZURES	WEAKNI

TAGE 6 (ORDERS)

LABORATORY

OTHER

AGE 7 (DIAGNOSIS / IMPRESSION - RELATING TO TODAY'S VISIT

DIAGNOSIS / IMPRESSION	P	C	DIAGNOSIS / IMPRESSION	P	C
Chronic bronchitis			4)		
Allergic rhinitis			5)		
Dizziness			6)		

TE: "P" = PRIMARY "C" = CONTRIBUTING

GE 8 (TREATMENT PLAN)

1) Hold Prilosec
2) Referral to Dr Hopka in Florence ASAP
3) Follow up 1 month or prn
4) Return to work as scheduled

GE 9 (REVIEW / FOLLOW-UP OF ORDERED PROCEDURES / REQUESTED CONSULTATIONS)

E: SEE ATTACHED REPORTS

GE 10 (NURSING/PHYSICIAN NOTES

GE 11 (AUTHORIZATION)

PHYSICIAN / PRACTITIONER: _____

TE: THE PHYSICIAN / PRACTITIONER SIGNATURE ABOVE ATTESTS THAT HE / SHE HAS REVIEWED THE NOTATIONS DOCUMENTED ON THIS VISIT FLOW SHEET AND AUTHORIZES THE PERFORMANCE OF ALL PROCEDURE AS MARKED

E OF VISIT: ____/____/____

SING NOTES

LAKE MARION PRIMARY CARE

RECORD OF OFFICE VISIT

1 (RECEPTION) LAST VISIT 8/29/00 DATE OF SERVICE 10/02/00

T NAME Diane Pingle M (F) DOB 8/18/64 AGE 36 CHART # 332

TH: Keith TIME 10:30 (AM) PM WALK-IN YES (NO)

2 (CONSTITUTIONAL EVALUATION)

98/60 PULSE 92 B/M RESP. 24 B/M TEMP 98.8 °F HEIGHT 5 Ft 3 In

134 LBS LMP: 9-7-00 HYST: Y (N) DATE: HRT Y N

PATIENTS CHIEF COMPLAINT, PRESENTING SYMPTOMS OR REASON FOR THIS OFFICE VISIT?

SYMPTOM	ICD-9 CODE	SYMPTOM	ICD-9 CODE
a)	.	d)	.
b)	.	e)	.
c)	.	f)	.

PATIENT TAKING "OTC" MEDICATIONS? Y (N) IF "YES", WHAT?

IN-HOUSE IV THERAPY

MEDICATION DOSAGE DURATION

3 (HISTORY OF PRESENT ILLNESS) DIABETIC HYPERTENSION ARTHRITIS HYPERLIPIDEMIA

Scheduled appt. Pt states she went and had xray done. Impression is ... States kidney was pulled on Thursday. Cont.

RECORDED BY: D. Bailey CMA

4 (PAST, FAMILY, SOCIAL HISTORY - RELATED TO TODAY'S VISIT)

5 (REVIEW OF SYSTEMS - MULTISYSTEM REVIEW)

		REVIEW OF SYMPTOM		
ES:	DEFERRED	VISUAL CHANGES		PHOTOPHOBIA
		CHANGE IN VISUAL FIELDS		DIPLOMA
		GLASSES		BLURRING
RS, NOSE, THROAT, MOUTH:	DEFERRED	TINNITUS VERTIGO	TONGUE	SORE THROAT
		HEARING CHANGES	DISCHARGE	DENTURES
CK:	DEFERRED	BRUITS		ADENOPATHY
SPIRATORY:	DEFERRED	CHEST PAIN	COUGH	HEMOPTYSIS
		SNEEZING	SPUTUM PRODUCTION	DYSPNEA
RDIOVASCULAR:	DEFERRED	ORTHOPNEA	DOE	MURMURS
		# OF PILLOWS	PND	MTN
EST (BREASTS):	DEFERRED	LUMPS	HISTORY OF BREAST CANCER	
STROINTESTINAL:	DEFERRED	APPETITE	HEMATEMESIS	CONSTIPATION BLOATING
		N/V/D	INDIGESTION	MELENA
NTOURINARY:	DEFERRED	FREQUENCY	HEMATURIA	POLYURIA
		URGENCY	DYSURIA	NOCTURIA
MPHATIC:	DEFERRED	ADENOPATHY		
		HODGKINS		
USCULOSKELETAL:	DEFERRED	MYALGIAS		JOINT SWELLING
		ARTHRALGIAS		TRAUMA
IN:	DEFERRED	RASHES		LESIONS
		PRURITUS		
EUROLOGICAL:	DEFERRED			
YCHIATRIC:	DEFERRED	COORDINATION	MOOD	SLEEP
		SYNCOPE	SEIZURES	WEAKNESS

PAGE 6 (ORDERS)

LABORATORY			OTHER	

PAGE 7 (DIAGNOSIS / IMPRESSION - RELATING TO TODAY'S VISIT

DIAGNOSIS / IMPRESSION	P	C	DIAGNOSIS / IMPRESSION	P	C
Nodule on Vocal Cord			4)		
Chronic Laryngitis			5)		
Bronchitis			6)		

NOTE: "P" = PRIMARY "C" = CONTRIBUTING

PAGE 8 (TREATMENT PLAN)

1) Metronidazole 500 mg QID x 14 d
2) Tetracycline 500 mg QID x 14 d
3) Ponstel Forte 3 cc QID
4) Keflex 20 mg qd Sample given

PAGE 9 (REVIEW / FOLLOW-UP OF ORDERED PROCEDURES / REQUESTED CONSULTATIONS)

NOTE: SEE ATTACHED REPORTS

PAGE 10 (NURSING/PHYSICIAN NOTES

PAGE 11 (AUTHORIZATION)

PHYSICIAN / PRACTITIONER

NOTE: THE PHYSICIAN / PRACTITIONER SIGNATURE ABOVE ATTESTS THAT HE / SHE HAS REVIEWED THE NOTATIONS DOCUMENTED ON THIS VISIT FLOW SHEET AND AUTHORIZES THE PERFORMANCE OF ALL PROCEDURE AS MARKED

DATE OF VISIT: ___/___/___

NURSING NOTES

LAKE MARION PRIMARY CARE

RECORD OF OFFICE VISIT

GE 1 (RECEPTION) LAST VISIT 10/2/00 DATE OF SERVICE 1/3/01
ENT NAME Diane Dingle M (F) DOB 8/18/64 AGE 36 CHART # 332
WITH: Keith TIME 10:00 (AM) PM WALK-IN YES (NO)

GE 2 (CONSTITUTIONAL EVALUATION)
B/P 120/86 PULSE 76 B/M RESP. 20 B/M TEMP. 98.2 °F HEIGHT 5 Ft 3 In
WT 136½ LBS. LMP: 12-27-00 HYST: Y N DATE: _____ HRT Y N

PATIENTS CHIEF COMPLAINT, PRESENTING SYMPTOMS OR REASON FOR THIS OFFICE VISIT?

SYMPTOM	ICD-9 CODE	SYMPTOM	ICD-9 CODE
a)	.	d)	.
b)	.	e)	.
c)	.	f)	.

IS PATIENT TAKING "OTC" MEDICATIONS? Y N IF "YES", WHAT? _____

IN-HOUSE IV THERAPY
MEDICATION _____ DOSAGE _____ DURATION _____

GE 3 (HISTORY OF PRESENT ILLNESS) DIABETIC _____ HYPERTENSION _____ ARTHRITIS _____ HYPERLIPIDEMIA _____

Scheduled F/u appt. - Went to ask about possibly getting allergy inj. Having some problems c itching whole body yet no rash noticed. Starts itching. See allergy test from Dr. Acklin dated 9-1-00

RECORDED BY: _____

GE 4 (PAST, FAMILY, SOCIAL HISTORY - RELATED TO TODAY'S VISIT)

GE 5 (REVIEW OF SYSTEMS - MULTISYSTEM REVIEW)

REVIEW OF SYMPTOM

EYES: _____ DEFERRED _____ VISUAL CHANGES PHOTOPHOBIA
CHANGE IN VISUAL FIELDS DIPLOPIA
GLASSES BLURRING

EARS, NOSE, THROAT, MOUTH: _____ DEFERRED _____ TINNITUS VERTIGO TONGUE SORE THROAT
HEARING CHANGES DISCHARGE DENTURES

NECK: _____ DEFERRED _____ BRUITS ADENOPATHY

RESPIRATORY: _____ DEFERRED _____ CHEST PAIN COUGH HEMOPTYSIS
SNEEZING SPUTUM PRODUCTION DYSPNEA

CARDIOVASCULAR: _____ DEFERRED _____ ORTHOPNEA DOE MURMURS
OF PILLOWS PND MTN

CHEST (BREASTS): _____ DEFERRED _____ LUMPS HISTORY OF BREAST CANCER

GASTROINTESTINAL: _____ DEFERRED _____ APPETITE HEMATEMESIS CONSTIPATION BLOATING
N/V/D INDIGESTION MELENA

GENITOURINARY: _____ DEFERRED _____ FREQUENCY HEMATURIA POLYURIA
URGENCY DYSURIA NOCTURIA

LYMPHATIC: _____ DEFERRED _____ ADENOPATHY
HODGKINS

) MUSCULOSKELETAL: _____ DEFERRED _____ MYALGIAS JOINT SWELLING
ARTHRALGIAS TRAUMA

) SKIN: _____ DEFERRED _____ RASHES LESION
PRURITUS

.) NEUROLOGICAL: _____ DEFERRED _____

.) PSYCHIATRIC: _____ DEFERRED _____ COORDINATION MOOD SLEEP
SYNCOPE SEIZURES WEAKNESS

GE 6 (ORDERS)

LABORATORY

OTHER

AGE 7 (DIAGNOSIS / IMPRESSION - RELATING TO TODAY'S VISIT

AGNOSIS / IMPRESSION	P	C	DIAGNOSIS / IMPRESSION	P	C
Hoarseness			4) Allergy		
Xerom			5)		
Pruritis			6)		

OTE: "P" = PRIMARY "C" = CONTRIBUTING

AGE 8 (TREATMENT PLAN)

1) Cont Allegra D @ 12°
2) Rec F/U 1 month
3)

AGE 9 (REVIEW / FOLLOW-UP OF ORDERED PROCEDURES / REQUESTED CONSULTATIONS)

OTE: SEE ATTACHED REPORTS

AGE 10 (NURSING/PHYSICIAN NOTES

AGE 11 (AUTHORIZATION)

PHYSICIAN / PRACTITIONER

NOTE: THE PHYSICIAN / PRACTITIONER SIGNATURE ABOVE ATTESTS THAT HE / SHE HAS REVIEWED THE NOTATIONS DOCUMENTED ON THIS VISIT FLOW SHEET AND AUTHORIZES THE PERFORMANCE OF ALL PROCEDURE AS MARKED

ATE OF VISIT: / /

URSING NOTES

LAKE MARION P. 164 *MARY CARE*

01-01

RECORD OF OFFICE VISIT

DATE OF SERVICE 2/5/01 CHART # 332

IENT NAME Diane Dingle M (F) DOB 8/18/64 AGE 36 LAST VISIT 1/13/01
OINTMENT WITH: Keith TIME 11:15 (AM) PM WALK-IN YES (NO)

NSTITUTIONAL EVALUATION

_____ PULSE _____ RESP _____ TEMP _____ WEIGHT 136 HEIGHT _____
P _____ HYSTERECTOMY? YES NO DATE _____ HRT? YES NO (*MEDICATION LIST*)

TIENT'S CHIEF COMPLAINT, PRESENTING SYMPTOMS, OR REASON FOR THIS OFFICE VISIT -

SYMPTOM	ICD-9 CODE	SYMPTOM	ICD-9 CODE
Stomach ache			

'ATIENT TAKING "OTC" MEDICATIONS? YES NO IF YES, LIST -

THE PATIENT HERE FOR DISEASE MANAGEMENT? YES NO

____ DIABETES ____ HYPERTENSION ____ ARTHRITIS ____ HYPERLIPIDEMIA

HE PATIENT CURRENTLY ON MEDICATION(S) FOR CONDITION(S) MARKED? YES NO (*MEDICATION LIST*)

TORY OF PRESENT ILLNESS/SUBJECTIVE FINDINGS

Scheduled Routine OV - Complaints of stomach ache.

RECORDED BY: JS

ST, FAMILY, SOCIAL HISTORY, GENERAL APPEARANCE

VIEW OF SYSTEMS - MULTI SYSTEM REVIEW - OBJECTIVE FINDINGS

ENT DEFERRED ☐

CK DEFERRED ☐

SPIRATORY DEFERRED ☐

RDIOVASCULAR DEFERRED ☐

STROINTESTINAL DEFERRED ☐

NITOURINARY DEFERRED ☐

SCULOSKELETAL DEFERRED ☐

JROLOGICAL DEFERRED ☐

PATIENT NAME:_____ CHART#:_____

IN DEFERRED ☐

DOCRINE/METABOLIC DEFERRED ☐

EMATOLOGIC DEFERRED ☐

YCHIATRIC DEFERRED ☐

JTRITIONAL DEFERRED ☐

YNECOLOGIC DEFERRED ☐

MPHATIC DEFERRED ☐

AGNOSIS/IMPRESSIONS RELATED TO EVALUATION OF TODAY'S VISIT - ASSESSMENT

NOTE: "P" = PRIMARY "C" = CONTRIBUTING

DIAGNOSIS/ IMPRESSION	P	C	DIAGNOSIS/IMPRESSION	P	C
Reflux					
Polyp of Vocal Cord					
Laryngitis					

REATMENT PLAN

Tetracycline 500mg 7 @ 1D x 2 wks
Flagyl 500mg
Aciphex 20mg qd
Periactin

DICTATION TO FOLLOW: YES NO

DERS

LABORATORY OTHER

1

VIEW/FOLLOW UP OF ORDERED PROCEDURES/REQUESTED CONSULTATIONS

TES

THORIZATION

E: THE PHYSICIAN/PRACTITIONER SIGNATURE ABOVE ATTESTS THAT HE/SHE HAS REVIEWED THE ATIONS DOCUMENTED ON THIS VISIT FLOW SHEET AND AUTHORIZES THE PERFORMANCE OF ALL CEDURES AS MARKED.

PHYSICIAN/PRACTITIONER _____

LAKE MARION PRIMARY CARE

01-01

RECORD OF OFFICE VISIT

DATE OF SERVICE 4 14 01 CHART # 332

PATIENT NAME Diane Wingle M (F) DOB 8/18/64 AGE 36 LAST VISIT 2/5/01
APPOINTMENT WITH: Keith TIME 10:30 (AM) PM WALK-IN YES (NO)
CONSTITUTIONAL EVALUATION
BP 120/90 PULSE 84 RESP 20 TEMP 99.7 WEIGHT 140 HEIGHT 5-3
LMP ~~3-24-01~~ HYSTERECTOMY? YES (NO) DATE NA HRT? YES (NO) *(MEDICATION LIST)*

PATIENT'S CHIEF COMPLAINT, PRESENTING SYMPTOMS, OR REASON FOR THIS OFFICE VISIT -

SYMPTOM	ICD-9 CODE	SYMPTOM	ICD-9 CODE
hoarseness	784.49		
sore throat	462.		

IS PATIENT TAKING "OTC" MEDICATIONS? YES (NO) IF YES, LIST -

IS THE PATIENT HERE FOR DISEASE MANAGEMENT? YES (NO)
____ DIABETES ____ HYPERTENSION ____ ARTHRITIS ____ HYPERLIPIDEMIA
IS THE PATIENT CURRENTLY ON MEDICATION(S) FOR CONDITION(S) MARKED? YES (NO) *(MEDICATION LIST)*

HISTORY OF PRESENT ILLNESS/SUBJECTIVE FINDINGS
Scheduled F/U on chronic laryngitis. Still hoarse. States gets sore throat each time she catches a little cold. (Not sore now just "scratchy"

RECORDED BY: C Gauss

PAST, FAMILY, SOCIAL HISTORY, GENERAL APPEARANCE
Conservative therapy recommended by Johns discussed as was costly

REVIEW OF SYSTEMS - MULTI SYSTEM REVIEW - OBJECTIVE FINDINGS

HEENT	DEFERRED ☐
NECK	DEFERRED ☐
RESPIRATORY	DEFERRED ☐
CARDIOVASCULAR	DEFERRED ☐
GASTROINTESTINAL	DEFERRED ☐
GENITOURINARY	DEFERRED ☐
MUSCULOSKELETAL	DEFERRED ☐
NEUROLOGICAL	DEFERRED ☐

PATIENT NAME: _____ CHART#: _____

KIN DEFERRED ☐

NDOCRINE/METABOLIC DEFERRED ☐

EMATOLOGIC DEFERRED ☐

SYCHIATRIC DEFERRED ☐

UTRITIONAL DEFERRED ☐

YNECOLOGIC DEFERRED ☐

YMPHATIC DEFERRED ☐

IAGNOSIS/IMPRESSIONS RELATED TO EVALUATION OF TODAY'S VISIT - ASSESSMENT

NOTE: "P" = PRIMARY "C" = CONTRIBUTING

DIAGNOSIS/ IMPRESSION	P	C	DIAGNOSIS/IMPRESSION	P	C
Laryngitis			Vocal Cord Polyps		
Bronchitis					
Sore Throat					

REATMENT PLAN

1) Cont Present plans
2) F/U 1 month

DICTATION TO FOLLOW: YES NO

RDERS

LABORATORY OTHER

EVIEW/FOLLOW UP OF ORDERED PROCEDURES/REQUESTED CONSULTATIONS

OTES

UTHORIZATION

OTE: THE PHYSICIAN/PRACTITIONER SIGNATURE ABOVE ATTESTS THAT HE/SHE HAS REVIEWED THE OTATIONS DOCUMENTED ON THIS VISIT FLOW SHEET AND AUTHORIZES THE PERFORMANCE OF ALL OCEDURES AS MARKED.

PHYSICIAN/PRACTITIONER _____

LAKE MARION PRIMARY CARE

01-01

RECORD OF OFFICE VISIT

DATE OF SERVICE 5/14/01 CHART # 332

PATIENT NAME Diane Dingle M (F) DOB 8/18/64 AGE 36 LAST VISIT 4/4/01
APPOINTMENT WITH: Keith TIME 9:15 (AM) PM WALK-IN YES (NO)
CONSTITUTIONAL EVALUATION
B/P 110/76 PULSE 74 RESP 20 TEMP 99.4 WEIGHT 138½ HEIGHT _____
LMP _____ HYSTERECTOMY? YES NO DATE _____ HRT? YES NO (*MEDICATION LIST*)
PATIENT'S CHIEF COMPLAINT, PRESENTING SYMPTOMS, OR REASON FOR THIS OFFICE VISIT -

SYMPTOM	ICD-9 CODE	SYMPTOM	ICD-9 CODE
hoarseness	784.49		
	?		

IS PATIENT TAKING "OTC" MEDICATIONS? YES NO IF YES, LIST -

IS THE PATIENT HERE FOR DISEASE MANAGEMENT? YES NO
_____ DIABETES _____ HYPERTENSION _____ ARTHRITIS _____ HYPERLIPIDEMIA
IS THE PATIENT CURRENTLY ON MEDICATION(S) FOR CONDITION(S) MARKED? YES NO (*MEDICATION LIST*)
HISTORY OF PRESENT ILLNESS/SUBJECTIVE FINDINGS
Scheduled F/u on chronic laryngitis. Still mildly hoarse

RECORDED BY: K Keith

PAST, FAMILY, SOCIAL HISTORY, GENERAL APPEARANCE

REVIEW OF SYSTEMS - MULTI SYSTEM REVIEW - OBJECTIVE FINDINGS

HEENT DEFERRED ☐
NECK DEFERRED ☐
RESPIRATORY DEFERRED ☐
CARDIOVASCULAR DEFERRED ☐
GASTROINTESTINAL DEFERRED ☐
GENITOURINARY DEFERRED ☐
MUSCULOSKELETAL DEFERRED ☐
NEUROLOGICAL DEFERRED ☐

KIN DEFERRED ☐

NDOCRINE/METABOLIC DEFERRED ☐

EMATOLOGIC DEFERRED ☐

SYCHIATRIC DEFERRED ☐

UTRITIONAL DEFERRED ☐

YNECOLOGIC DEFERRED ☐

YMPHATIC DEFERRED ☐

IAGNOSIS/IMPRESSIONS RELATED TO EVALUATION OF TODAY'S VISIT - ASSESSMENT

NOTE: "P" = PRIMARY "C" = CONTRIBUTING

DIAGNOSIS/ IMPRESSION	P	C	DIAGNOSIS/IMPRESSION	P	C
Vocal Cord Polyps					
2					
3					

REATMENT PLAN

1) Refer Bryan Park X 1 40
2) Voice Therapist with SP pathology

DICTATION TO FOLLOW: YES NO

RDERS 05-14-01

LABORATORY

ESR
CRP

OTHER

EVIEW/FOLLOW UP OF ORDERED PROCEDURES/REQUESTED CONSULTATIONS

TES

THORIZATION

TE: THE PHYSICIAN/PRACTITIONER SIGNATURE ABOVE ATTESTS THAT HE/SHE HAS REVIEWED THE TATIONS DOCUMENTED ON THIS VISIT FLOW SHEET AND AUTHORIZES THE PERFORMANCE OF ALL OCEDURES AS MARKED.

PHYSICIAN/PRACTITIONER _____

332

South Carolina Department of Social Services

PHYSICIAN'S STATEMENT

Clarendon County DSS

Section I—To Be Completed By the County Department

A/R Name:	Birthdate:	Sex:	Case Number:
Diane Dingle	8/18/64	F	671560

Address: 24 Holly Court Manning SC

A/R Telephone:

Name of Caseworker: (please print) Marianne Osteen

Date: 7/11/01

Telephone: 435-4306

Send the Report To: Clarendon County DSS
3 D. Church St Manning SC
County DSS Address

Section II—To Be Completed By Physician

Is patient able to engage in any type of employment? ☒ Yes ☐ No If no, why not? _____

Work Capacity:
- ☐ Full Time
- ☐ Part Time
- ☐ None

If not able to work now, when will he/she be able to work?
- ____ Weeks ☐ Never
- 18 Months

Is patient able to engage in education, training or job preparation activities? ☒ Yes ☐ No

Other: _____

- ☒ 20-25 Hours Per Week
- ☐ 25-30 Hours Per Week
- ☐ 30-40 Hours Per Week

Please state any restrictions or limitations:
Cannot be exposed to noxious fumes

Diagnosis: 1) Vocal Cord Polyps 2) Aphonia 3) Laryngitis 4) Gastritis

Recommendations: Is any treatment (medical or surgical) recommended to correct or improve impairment?
Pt referred to ENT specialist. Consider surgical intervention.

Prognosis:
Is condition: ☒ Temporary and Total ☐ Temporary and Partial ☐ Permanent and Total ☐ Permanent and Partial

Please check one or more of the following services from which you feel the patient would benefit, if applicable:
Referral to: ☐ Vocational Rehabilitation Services ☐ DAODAS (Drugs, Alcohol and Other Drug Abuse Substances)
☐ Mental Health ☐ Other: _____

Height: 5'3" Weight: 138 Blood Pressure: 118 / 88

Vision: (Distant) Without Glasses: R.20/ 20 L.20/ 20 With Glasses: R.20/_____ L.20/_____

		Check, If Normal	Describe Abnormality
1	Eyes (Discharge, strabismus, pteryglum ptosis, fundi, cataract, etc.)	✓	
2	Ears (Evidence of deafness, middle ear or mastoid disease. Drums: Absent, perforated, dull, retracted. Discharge)	✓	
3	Nose (Obstruction. Evidence of chronic sinus infection, polyp)		Appreciable congestion. Turbinates engorged
4	Throat (Tonsils: Enlarged, removed)		SL erythema of post oral pharynx
5	Mouth (Missing teeth, pyorrhea, caries, abnormal tongue or palate)	✓	Gen. Hoarseness of voice
6	Neck (Thyroid enlargement, nodules, masses)	✓	
7	Breasts (Abnormal discharge, nodules, tenderness)	✓	
8	Lungs (Confirmation, respiratory movement, breath sounds, rales, dullness)	✓	
9	Heart (Enlargement, thrills, murmurs, rhythm, dyspnoea, cyanosis, edema)	✓	
10	Arteries (Peripheral pulsations)	✓	
11	Veins (Varicose: Location, severity)	✓	
12	Abdomen (Scars, masses, palpable liver or spleen, tenderness)	X	Appreciable pain & palpation in epigastrium
13	Hernia (Site, type, severity)	✓	
14	Genitalia-Male (Discharge, variocele, hydrocele, prostate)	N/A	
15	Gynecological (Describe significant abnormal condition, severity and extent)		
16	Ano-Rectal (Severity and extent of hemorrhoids, prolapse, fissures, fistula, etc.)		
17	Nervous System (Gait, reflexes, sensation, paralysis, speech, etc.)	✓	
18	Psychiatric (Mood, abnormal behavior, etc.)		SL flattening of affect
19	Skin (Lesions, scars, abnormalities—extent and severity)		Fine & miniature
20	Orthopedic (Congenital or acquired impairments, feet, back, amputations, etc.)	✓	

Is this individual in need of a 24 hour caregiver? ☐ Yes ☒ No

If so, please give the name of the caregiver: (if known) _____

Is the patient pregnant? ☐ Yes ☒ No If yes, when is EDC? _____

If patient is pregnant, are there medical limitations or disabilities which may prevent the patient from working (full-time or part-time) or attending school?

Please Print or Type Name:	Address:	Telephone:	Date:
E.C. Keith MD	15 E Hospital St Nampa	435-2529	8/8/02

Physician's Name: E Keith

RUN

LAKE MARION PRIMARY CARE

01-01

RECORD OF OFFICE VISIT

DATE OF SERVICE 8/8/01 CHART # 332

PATIENT NAME Diane Dingle M (F) DOB 8/18/64 AGE 36 LAST VISIT 5/14/81
APPOINTMENT WITH: Keith TIME 1015 (AM) PM WALK-IN YES (NO)
CONSTITUTIONAL EVALUATION
B/P 118/88 PULSE 72 RESP 20 TEMP 97 WEIGHT 138 HEIGHT ____
LMP ____ HYSTERECTOMY? YES NO DATE ____ HRT? YES NO (*MEDICATION LIST*)
PATIENT'S CHIEF COMPLAINT, PRESENTING SYMPTOMS, OR REASON FOR THIS OFFICE VISIT -

SYMPTOM	ICD-9 CODE	SYMPTOM	ICD-9 CODE
Congestion	460		
Sneezing.			

S PATIENT TAKING "OTC" MEDICATIONS? YES NO IF YES, LIST -

S THE PATIENT HERE FOR DISEASE MANAGEMENT? YES NO
____ DIABETES ____ HYPERTENSION ____ ARTHRITIS ____ HYPERLIPIDEMIA
S THE PATIENT CURRENTLY ON MEDICATION(S) FOR CONDITION(S) MARKED? YES NO (*MEDICATION LIST*)
ISTORY OF PRESENT ILLNESS/SUBJECTIVE FINDINGS
Scheduled F/U. C/O "allergies bothering her"

RECORDED BY: Keith

AST, FAMILY, SOCIAL HISTORY, GENERAL APPEARANCE
Still having hoarseness. Seen by pathology speech pathologist who recommended referral to ENT in Gainesville Fourth Opinion.

EVIEW OF SYSTEMS - MULTI SYSTEM REVIEW - OBJECTIVE FINDINGS

EENT Sl erythema of post oral pharynx. Nasal passages turbinates engorged. Tm's dull. DEFERRED ☐
ECK Supple DEFERRED ☐
ESPIRATORY Clear DEFERRED ☐
ARDIOVASCULAR WNL. DEFERRED ☐
ASTROINTESTINAL Cont pain in epigastrium DEFERRED ☐
ENITOURINARY DEFERRED ☐
USCULOSKELETAL WNL. DEFERRED ☐
EUROLOGICAL WNL DEFERRED ☐

-01 PAT[P. 173]AME: _____ CHART#: _____

IN Hoarseness DEFERRED ☐

DOCRINE/METABOLIC DEFERRED ☒

MATOLOGIC DEFERRED ☒

YCHIATRIC Pt seems stressed DEFERRED ☐

JTRITIONAL Stable DEFERRED ☐

NECOLOGIC DEFERRED ☒

MPHATIC WNL DEFERRED ☐

AGNOSIS/IMPRESSIONS RELATED TO EVALUATION OF TODAY'S VISIT - ASSESSMENT

NOTE: "P" = PRIMARY "C" = CONTRIBUTING

DIAGNOSIS/ IMPRESSION	P	C	DIAGNOSIS/IMPRESSION	P	C
Vocal Cord Polyps					
Laryngitis					
Tobacco Use					

EATMENT PLAN

1) Rosiat Heyrnex 20 mg
2) F/U as Rec
3) F/U 2 months

DICTATION TO FOLLOW: YES NO

DERS

LABORATORY	OTHER
BMP, CBC, ESR, CRP } Low 8/8/01	

VIEW/FOLLOW UP OF ORDERED PROCEDURES/REQUESTED CONSULTATIONS

TES

THORIZATION

E: THE PHYSICIAN/PRACTITIONER SIGNATURE ABOVE ATTESTS THAT HE/SHE HAS REVIEWED THE TATIONS DOCUMENTED ON THIS VISIT FLOW SHEET AND AUTHORIZES THE PERFORMANCE OF ALL OCEDURES AS MARKED.

PHYSICIAN/PRACTITIONER _____

rua

LAKE MARION PRIMARY CARE LABORATORY
15 E. HOSPITAL ST. P.O. DRAWER 280
1 DOGWOOD MEDICAL COURT
MANNING, S. C. 29102 PHONE (803)435-2529

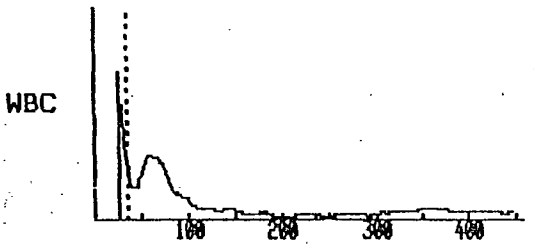
CD1700 SPECIMEN DATA REPORT

Specimen ID# : 22493
Patient: DINGLE,DIANE
Sex: F DOB: 08/18/64
Physician: KEITH
Comments: 0332

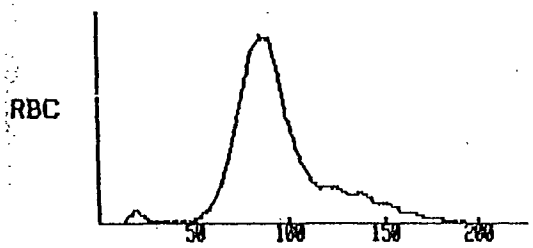
Analyzed: 08/08/01 11:12
Operator I.D.: SAL
Sequence #: 186
Mode: Open
Collected: 08/08 10:15

TEST	RESULT		FLAG	LIMIT	REFERENCE RANGE (LIMIT 1)	
WBC	3.2	K/uL	L	*[ ]	4.6 - 10.2 K/uL	
LYM	1.6 R0	48.5 %L		[*]	0.6 - 3.4	10.0 - 50.0 %L
*MID	0.3	9.5 %M		[*]	0.0 - 1.8	0.0 - 21.5 %M
GRAN	1.3	42.0 %G	L	*[ ]	2.0 - 6.9	37.0 - 80.0 %G
RBC	3.39	M/uL	L	*[ ]	4.04 - 5.48 M/uL	
HGB	9.6	g/dL	L	*[ ]	12.2 - 16.2 g/dL	
HCT	29.9	%	L	*[ ]	37.7 - 47.9 %	
MCV	88.1	fL		[*]	80.0 - 97.0 fL	
MCH	28.3	pg		[*]	27.0 - 31.2 pg	
MCHC	32.1	g/dL		[*]	31.8 - 35.4 g/dL	
RDW	15.3	%	H	[ ]*	11.6 - 14.8 %	
PLT	444.	K/uL	H	[ ]*	142. - 424. K/uL	

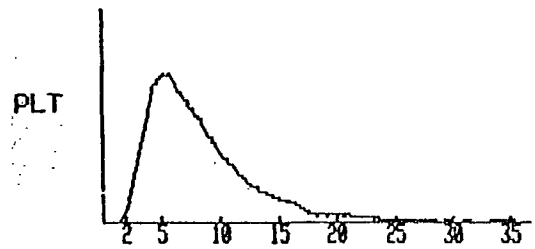
* MID cells may include less frequently occurring and rare cells correlating to monocytes, eosinophils, basophils, blasts and other precursor white cells.



4.72 s



6.74 s



LAKE MARION PRIMARY CARE

RECORD OF OFFICE VISIT

01-01

DATE OF SERVICE 10/9/01 CHART # 332

PATIENT NAME Diane Dingle M (F) DOB 8/18/64 AGE 37 LAST VISIT 8/8/01
APPOINTMENT WITH: Keith TIME 11:45 (AM) PM WALK-IN YES (NO)
INSTITUTIONAL EVALUATION
114/70 PULSE 72 RESP 20 TEMP 97.6 WEIGHT 144 HEIGHT 5-3
LMP _____ HYSTERECTOMY? YES (NO) DATE _____ HRT? YES (NO) (*MEDICATION LIST*)

PATIENT'S CHIEF COMPLAINT, PRESENTING SYMPTOMS, OR REASON FOR THIS OFFICE VISIT -

SYMPTOM	ICD-9 CODE	SYMPTOM	ICD-9 CODE

PATIENT TAKING "OTC" MEDICATIONS? YES (NO) IF YES, LIST -

IS THE PATIENT HERE FOR DISEASE MANAGEMENT? YES (NO)
_____ DIABETES _____ HYPERTENSION _____ ARTHRITIS _____ HYPERLIPIDEMIA
IS THE PATIENT CURRENTLY ON MEDICATION(S) FOR CONDITION(S) MARKED? YES (NO) (*MEDICATION LIST*)

HISTORY OF PRESENT ILLNESS/SUBJECTIVE FINDINGS
She's here for a scheduled appt

RECORDED BY: CR Greene

PAST, FAMILY, SOCIAL HISTORY, GENERAL APPEARANCE
2 cats, 2 dogs, former single, lives w/ roommate, goes to gym on Tuesday
Wt stable, does yoga, exercises regularly
No allergies to medications, quit x 11 months, married & happily with 2 children

REVIEW OF SYSTEMS - MULTI SYSTEM REVIEW - OBJECTIVE FINDINGS

CONSTITUTIONAL Cough, hoarseness. Some one near is sick DEFERRED ☐
SKIN DEFERRED ☐
RESPIRATORY DEFERRED ☐
CARDIOVASCULAR DEFERRED ☐
GASTROINTESTINAL DEFERRED ☐
GENITOURINARY DEFERRED ☐
MUSCULOSKELETAL DEFERRED ☐
NEUROLOGICAL DEFERRED ☐

PATIENT: P-176 CHART#:

DEFERRED ☐

OCRINE/METABOLIC DEFERRED ☐

IATOLOGIC DEFERRED ☐

CHIATRIC DEFERRED ☐

RITIONAL DEFERRED ☐

IECOLOGIC DEFERRED ☐

IPHATIC DEFERRED ☐

GNOSIS/IMPRESSIONS RELATED TO EVALUATION OF TODAY'S VISIT - ASSESSMENT

NOTE: "P" = PRIMARY "C" = CONTRIBUTING

DIAGNOSIS/ IMPRESSION	P	C	DIAGNOSIS/IMPRESSION	P	C

ATMENT PLAN

DICTATION TO FOLLOW: YES NO

ERS

LABORATORY OTHER

IEW/FOLLOW UP OF ORDERED PROCEDURES/REQUESTED CONSULTATIONS

ES

HORIZATION

E: THE PHYSICIAN/PRACTITIONER SIGNATURE ABOVE ATTESTS THAT HE/SHE HAS REVIEWED THE ATIONS DOCUMENTED ON THIS VISIT FLOW SHEET AND AUTHORIZES THE PERFORMANCE OF ALL CEDURES AS MARKED.

PHYSICIAN/PRACTITIONER

LAKE MARION PRIMARY CARE

01-01

RECORD OF OFFICE VISIT

DATE OF SERVICE 1/11/02 CHART # 332

IENT NAME Diana Dingle M (F) DOB 8/18/64 AGE 37 LAST VISIT 11/9/01
POINTMENT WITH: Kelly TIME 11:45 AM PM WALK-IN YES NO

NSTITUTIONAL EVALUATION

150/90 PULSE 76 RESP 20 TEMP 98 WEIGHT 141 HEIGHT 5'3
P _____ HYSTERECTOMY? YES (NO) DATE _____ HRT? YES (NO) *(MEDICATION LIST)*

TIENT'S CHIEF COMPLAINT, PRESENTING SYMPTOMS, OR REASON FOR THIS OFFICE VISIT -

SYMPTOM	ICD-9 CODE	SYMPTOM	ICD-9 CODE
Chest tight		Congestion	4660
Sore throat			
Coughing	786.2		

PATIENT TAKING "OTC" MEDICATIONS? YES (NO) IF YES, LIST -

THE PATIENT HERE FOR DISEASE MANAGEMENT? YES (NO)

____ DIABETES ____ HYPERTENSION ____ ARTHRITIS ____ HYPERLIPIDEMIA

THE PATIENT CURRENTLY ON MEDICATION(S) FOR CONDITION(S) MARKED? YES (NO) *(MEDICATION LIST)*

STORY OF PRESENT ILLNESS/SUBJECTIVE FINDINGS

Sore throat/cough, onset x 1 week ago.
Yellow mucus coming up.

RECORDED BY: RGraves

ST, FAMILY, SOCIAL HISTORY, GENERAL APPEARANCE

Tired, hoarseness

VIEW OF SYSTEMS - MULTI SYSTEM REVIEW - OBJECTIVE FINDINGS

ENT DEFERRED ☐

CK DEFERRED ☐

SPIRATORY DEFERRED ☐

RDIOVASCULAR DEFERRED ☐

STROINTESTINAL DEFERRED ☐

NITOURINARY DEFERRED ☐

SCULOSKELETAL DEFERRED ☐

JROLOGICAL DEFERRED ☐

PATIENT NAME: _____ CHART#: 332

IN DEFERRED ☐

IDOCRINE/METABOLIC DEFERRED ☐

MATOLOGIC DEFERRED ☐

YCHIATRIC DEFERRED ☐

ITRITIONAL DEFERRED ☐

NECOLOGIC DEFERRED ☐

MPHATIC DEFERRED ☐

AGNOSIS/IMPRESSIONS RELATED TO EVALUATION OF TODAY'S VISIT - ASSESSMENT

NOTE: "P" = PRIMARY "C" = CONTRIBUTING

DIAGNOSIS/ IMPRESSION	P	C	DIAGNOSIS/IMPRESSION	P	C
1) Laryngeal Polyp			Chest Congestion		
2) Laryngitis					
3) Cough					

EATMENT PLAN

1) Augmentin 875 mg PO BID
2) Steroid Dose Pack
3) Cont other meds
4) F/U 1 month

DERS DICTATION TO FOLLOW: YES NO

LABORATORY OHIO2 OTHER

Strep Screen BMP
CBC
ESR
CRP

VIEW/FOLLOW UP OF ORDERED PROCEDURES/REQUESTED CONSULTATIONS

TES

HORIZATION

E: THE PHYSICIAN/PRACTITIONER SIGNATURE ABOVE ATTESTS THAT HE/SHE HAS REVIEWED THE ATIONS DOCUMENTED ON THIS VISIT FLOW SHEET AND AUTHORIZES THE PERFORMANCE OF ALL CEDURES AS MARKED.

PHYSICIAN/PRACTITIONER _____

LAKE MARION PRIMARY CARE LABORATORY
15 E. HOSPITAL ST. P.O. DRAWER 280
1 DOGWOOD MEDICAL COURT
MANNING, S. C. 29102
PHONE (803)435-2529

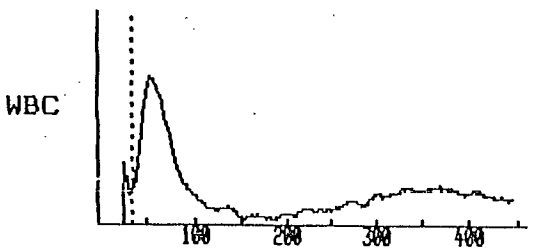
CD1700 SPECIMEN DATA REPORT

Specimen ID# : 25246
Patient: DINGLE,DIANE
Sex: F DOB: 08/18/64
Physician: KEITH
Comments: 0332

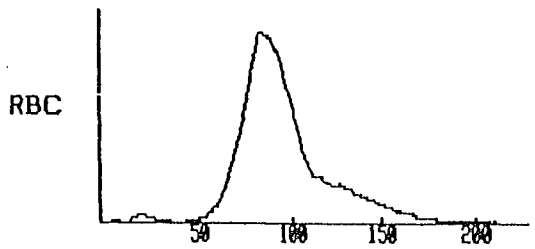
Analyzed: 01/11/02 13:33
Operator I.D.: Sm
Sequence #: 2807
Mode: Open
Collected: 01/11 12:35

TEST	RESULT		FLAG	LIMIT	REFERENCE RANGE (LIMIT 1)	
WBC	5.5	K/uL		[*]	4.6 - 10.2 K/uL	
LYM	2.1	38.1 %L		[*]	0.6 - 3.4	10.0 - 50.0 %L
*MID	0.3	5.0 %M		[*]	0.0 - 1.8	0.0 - 21.5 %M
GRAN	3.1	56.9 %G		[*]	2.0 - 6.9	37.0 - 80.0 %G
RBC	3.28	M/uL	L	*[ ]	4.04 - 5.48 M/uL	
HGB	9.9	g/dL	L	*[ ]	12.2 - 16.2 g/dL	
HCT	29.1	%	L	*[ ]	37.7 - 47.9 %	
MCV	88.8	fL		[*]	80.0 - 97.0 fL	
MCH	30.2	pg		[*]	27.0 - 31.2 pg	
MCHC	34.0	g/dL		[*]	31.8 - 35.4 g/dL	
RDW	15.3	%	H	[ ]*	11.6 - 14.8 %	
PLT	345.	K/uL		[*]	142. - 424. K/uL	

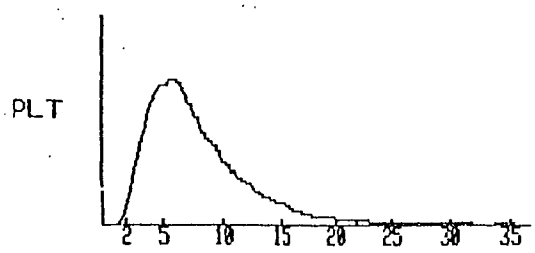
* MID cells may include less frequently occurring and rare cells correlating to monocytes, eosinophils, basophils, blasts and other precursor white cells.



4.75 s



6.69 s



KEITH,EDWARD C
LAKE MARION PRIMARY CARE
15 EAST HOSPITAL ST
MANNING SC 29102-

Quest Diagnostics

LABORATORY REPORT

Patient Name	Patient ID/Hospital ID	Room No.	Age	Sex	Physician
DINGLE,DIANE C. 803-435-4384	332		37	F	KEITH,EDWARD C

Page	Requisition No.	Accession No.	Lab Ref No.	Collection Date & Time	Log-in Date	Report Date & Time
1	1338989	AT446482B	25246/KEITH	01/11/2002 12:35	01/11/2002	01/12/2002 03:00

Remarks
0332

SS#: 251-45-0060

Report Status: FINAL

Test	Result In Range / Out of Range	Units	Reference Range	Site Code
BASIC METABOLIC PANEL				
GLUCOSE	90	MG/DL	65-109 FASTING REFERENCE INTERVAL	AT
UREA NITROGEN (BUN)	14	MG/DL	7-25	
CREATININE	0.8	MG/DL	0.5-1.2	
BUN/CREATININE RATIO	18	(CALC)	6-25	
SODIUM	141	MMOL/L	135-146	
POTASSIUM	4.4	MMOL/L	3.5-5.3	
CHLORIDE	108	MMOL/L	98-110	
CARBON DIOXIDE	25	MMOL/L	21-33	
CALCIUM	9.2	MG/DL	8.5-10.4	

'AT ' refers to site: QUEST DIAGNOSTICS-ATLANTA
1777 MONTREAL CIRCLE
TUCKER GA 30084
(770) 934-9205

>> END OF REPORT <<

LAKE MARION PRIMARE LABORATORY

#1 Dogwood Medical Court 15 E. Hospital Street Manning, SC 29102

PT NAME Dingle, Diane C. PHYSICIAN Keith CHART # 0332 REQ # 25246

M (F) DOB 08/18/64 SSN 251-45-0060 __ M'CARE __ M'CAID __ PP X INS __ RH

DATE/TIME COLLECTED 01/11/02/ 12:35 AM (PM) COL. BY JB __ FASTING X NON-FAST

** URINALYSIS **

******* BIOCHEMICAL REACTIONS *********			
CONSTITUENT	RESULT	REFERENCE RANGE	
COLOR		STRAW - YELLOW	
APPEARANCE		CLEAR	
GLUCOSE		NEGATIVE	
BILIRUBIN		NEGATIVE	
KETONES		NEGATIVE	
SP. GRAVITY	1.0	1.003 - 1.030	
PH*		5 -7	
PROTEIN		NEGATIVE	
UROBILINOGEN		0.1 - 1.0	
NITRITE		NEGATIVE	
BLOOD		NEGATIVE	
LEUKOCYTE ESTERASE		NEGATIVE	TECH

********* URINE MICROSCOPIC **********			
WBC	/HPF	0 - 5	
RBC	/HPF	OCC	
EPITHELIAL	/HPF	0 - 5	
BACTERIA	/HPF	NONE	
MUCOUS	/HPF	NONE	

COMMENTS: _____ TECH

** MISCELLANEOUS REPORT **

PROCEDURE	RESULT	REFERENCE RANGE	TECH
FS GLUCOSE		70-105 mg/dL	
URINE HCG		NEGATIVE	
SERUM HCG		NEGATIVE	
PROTIME		11.6-12.4 SEC	
INR		2.0-3.0 ORAL MED	
ANA		NEGATIVE	
RF LATEX		NEGATIVE	
CRP	neg	NEGATIVE	SMc
SED RATE	9	M=0-9 F=0-20	
MONOTEST		NEGATIVE	
STREP SCREEN	neg	NEGATIVE	SMc
H. pylori	g	NEGATIVE	
DNA PROBE			
TRICHOMONAS		NEGATIVE	
GARDNERELLA		NEGATIVE	
CANDIDA		NEGATIVE	
TSH		0.47-5.01 uIU/mL	
Hgb A1C		4.8-7.8 %	
FRUCTOSAMINE		150-310 umol/L	
OTHER:			
KOH/WET PREP	******	"SEE COMMENT"	
OCP	******	"SEE COMMENT"	
GRAM STAIN	******	"SEE COMMENT"	

COMMENT: _____

** PROCEDURES REQUESTED **

(X)	ICD-9	PROFILES
___	_____	(80051) ELECTROLYTE PANEL
___	_____	(80058) HEPATIC PANEL
___	_____	(80061) LIPID PANEL
X	(462)	(80049) META-PANEL, BASIC
___	_____	(80054) META-PANEL, COMP
___	_____	(*****) AMT PANEL
		(87480) CANDIDA
		(87510) GARDNERELLA
		(87797) TRICHOMONAS
___	_____	(*****) OB PANEL

INDIVIDUAL PROCEDURES

___	_____	(85008) SMEAR REVIEW W/O DIFF
X	7862	(85024) CBC
X	460	(86140) CRP
___	_____	(85651) ESR
___	_____	(86430) RF LATEX
___	_____	(82985) FRUCTOSAMINE
___	_____	(*****) GLUCOSE, FINGERSTICK
___	_____	(87205) GRAM STAIN
___	_____	(86677) H. PYLORI
___	_____	(83036) Hgb A1C
___	_____	(82710) KOH PREP
___	_____	(83735) MAGNESIUM
___	_____	(86308) MONOTEST
___	_____	(84702) URINE HCG
___	_____	(84702) SERUM HCG
___	_____	(85610) PROTIME (PT)
___	_____	(85730) PTT
___	_____	(85044) RETIC COUNT
___	_____	(84443) TSH
___	_____	(84550) URIC ACID
___	_____	(81001) URINALYSIS, COMPLETE
___	_____	(81003) URINALYSIS, dipstick only
X	7862	(36415) BLD COL-M'CAID & PP INS.
___	_____	(G0001) BLD COL-M'CARE
___	_____	(87210) WET PREP

REFERRED PROCEDURES

___	_____	GC/CHLAMYDIA BY DNA PROBE
___	_____	PAP SMEAR
___	_____	FREE T-4
___	_____	DIGOXIN
___	_____	CULT & SENS - SOURCE _____
___	_____	GROUP B STREP

OTHER

X	462	(____)	strepscreen
___	_____	(____)	
___	_____	(____)	
___	_____	(____)	
___	_____	(____)	
___	_____	(____)	

DIAGNOSIS: 1) 462 2) 7862 3) 460 4) _____ 5) _____ 6) _____

LAKE MARION PRIMARY CARE

RECORD OF OFFICE VISIT

01-01

DATE OF SERVICE 7/1/02 CHART # 332

ATIENT NAME Diane Kingle M (F) DOB 8/18/64 AGE 37 LAST VISIT 4/29/02
PPOINTMENT WITH: TIME ___:___ (AM) PM WALK-IN (YES) NO
ONSTITUTIONAL EVALUATION
/P 130/80 PULSE 72 RESP 20 TEMP 97° WEIGHT 141 HEIGHT ___
MP ___ HYSTERECTOMY? YES NO DATE ___ HRT? YES NO (*MEDICATION LIST*)
ATIENT'S CHIEF COMPLAINT, PRESENTING SYMPTOMS, OR REASON FOR THIS OFFICE VISIT -

SYMPTOM	ICD-9 CODE	SYMPTOM	ICD-9 CODE

PATIENT TAKING "OTC" MEDICATIONS? YES NO IF YES, LIST -

THE PATIENT HERE FOR DISEASE MANAGEMENT? YES NO
___ DIABETES ___ HYPERTENSION ___ ARTHRITIS ___ HYPERLIPIDEMIA
THE PATIENT CURRENTLY ON MEDICATION(S) FOR CONDITION(S) MARKED? YES NO (*MEDICATION LIST*)
ISTORY OF PRESENT ILLNESS/SUBJECTIVE FINDINGS
S/P vaginal irritation x several wks. Negative exam by Dr. Moore.

RECORDED BY: [signature]

AST, FAMILY, SOCIAL HISTORY, GENERAL APPEARANCE

EVIEW OF SYSTEMS - MULTI SYSTEM REVIEW - OBJECTIVE FINDINGS

EENT DEFERRED ☐
ECK DEFERRED ☐
SPIRATORY DEFERRED ☐
RDIOVASCULAR DEFERRED ☐
STROINTESTINAL DEFERRED ☐
NITOURINARY DEFERRED ☐
SCULOSKELETAL DEFERRED ☐
JROLOGICAL DEFERRED ☐

(98)

 NAME:_____ CHART#:_____

KIN DEFERRED ☐

NDOCRINE/METABOLIC DEFERRED ☐

EMATOLOGIC DEFERRED ☐

SYCHIATRIC DEFERRED ☐

UTRITIONAL DEFERRED ☐

YNECOLOGIC DEFERRED ☐

YMPHATIC DEFERRED ☐

IAGNOSIS/IMPRESSIONS RELATED TO EVALUATION OF TODAY'S VISIT - ASSESSMENT

NOTE: "P" = PRIMARY "C" = CONTRIBUTING

DIAGNOSIS/ IMPRESSION	P	C	DIAGNOSIS/IMPRESSION	P	C
Laryngitis			Vaginal Discharge		
Viral Cold Polyps		I			
Hoarseness					

REATMENT PLAN

DICTATION TO FOLLOW: YES NO

RDERS

LABORATORY OTHER

EVIEW/FOLLOW UP OF ORDERED PROCEDURES/REQUESTED CONSULTATIONS

)TES

THORIZATION

TE: THE PHYSICIAN/PRACTITIONER SIGNATURE ABOVE ATTESTS THAT HE/SHE HAS REVIEWED THE TATIONS DOCUMENTED ON THIS VISIT FLOW SHEET AND AUTHORIZES THE PERFORMANCE OF ALL OCEDURES AS MARKED.

PHYSICIAN/PRACTITIONER _____

LAKE MARION PRIMARY CARE

RECORD OF OFFICE VISIT

01-01

DATE OF SERVICE 9/3/02 CHART # 332

ATIENT NAME Diane Doyle M (F) DOB 8/18/64 AGE 38 LAST VISIT 7/1/02
POINTMENT WITH: Keith TIME 10:30 (AM) PM WALK-IN YES (NO)
ONSTITUTIONAL EVALUATION
P 120/72 PULSE 64 RESP 20 TEMP 98' WEIGHT 146 HEIGHT
AP HYSTERECTOMY? YES NO DATE HRT? YES NO (*MEDICATION LIST*)
ATIENT'S CHIEF COMPLAINT, PRESENTING SYMPTOMS, OR REASON FOR THIS OFFICE VISIT -

SYMPTOM	ICD-9 CODE	SYMPTOM	ICD-9 CODE

PATIENT TAKING "OTC" MEDICATIONS? YES NO IF YES, LIST -

THE PATIENT HERE FOR DISEASE MANAGEMENT? YES NO
____ DIABETES ____ HYPERTENSION ____ ARTHRITIS ____ HYPERLIPIDEMIA
THE PATIENT CURRENTLY ON MEDICATION(S) FOR CONDITION(S) MARKED? YES NO (*MEDICATION LIST*)

STORY OF PRESENT ILLNESS/SUBJECTIVE FINDINGS
Scheduled F/u visit on laryngitis, vocal cord polyps, hoarseness. Still hoarse. States throat still very sore. Has F/u appt c MD in Chas. tomorrow.

RECORDED BY:

ST, FAMILY, SOCIAL HISTORY, GENERAL APPEARANCE
Also Rx w/ Medrol pak. Returns to clinic unable to obtain accurate pressure readings

VIEW OF SYSTEMS - MULTI SYSTEM REVIEW - OBJECTIVE FINDINGS

ENT Pt has T hoarseness since last visit. Voice still weak in character DEFERRED ☐
CK DEFERRED ☐
SPIRATORY DEFERRED ☐
RDIOVASCULAR DEFERRED ☐
STROINTESTINAL DEFERRED ☐
ITOURINARY DEFERRED ☐
SCULOSKELETAL DEFERRED ☐
ROLOGICAL DEFERRED ☐

-01 PATIENT NAME:_____ CHART#:_____

JIN DEFERRED ☐

JDOCRINE/METABOLIC DEFERRED ☐

EMATOLOGIC DEFERRED ☐

YCHIATRIC DEFERRED ☐

JTRITIONAL DEFERRED ☐

/NECOLOGIC DEFERRED ☐

MPHATIC DEFERRED ☐

AGNOSIS/IMPRESSIONS RELATED TO EVALUATION OF TODAY'S VISIT - ASSESSMENT

NOTE: "P" = PRIMARY "C" = CONTRIBUTING

DIAGNOSIS/ IMPRESSION	P	C	DIAGNOSIS/IMPRESSION	P	C

EATMENT PLAN

1) CBC & Chemical Profile request as scheduled
2) [illegible] 2 months
3) Zantac 150 mg b.i.d.

DICTATION TO FOLLOW: YES NO

DERS

LABORATORY OTHER

VIEW/FOLLOW UP OF ORDERED PROCEDURES/REQUESTED CONSULTATIONS

ES

HORIZATION

E: THE PHYSICIAN/PRACTITIONER SIGNATURE ABOVE ATTESTS THAT HE/SHE HAS REVIEWED THE ATIONS DOCUMENTED ON THIS VISIT FLOW SHEET AND AUTHORIZES THE PERFORMANCE OF ALL CEDURES AS MARKED.

PHYSICIAN/PRACTITIONER _____

LAKE MARION PRIMARY CARE

RECORD OF OFFICE VISIT

01-01

DATE OF SERVICE 1/10/02 CHART # 339

PATIENT NAME DIANE PINGLE M (F) DOB 8/18/61 AGE 38 LAST VISIT 9/3/02
APPOINTMENT WITH: KEITH TIME 12:00 AM (PM) WALK-IN YES (NO)
CONSTITUTIONAL EVALUATION
B/P 146/90 PULSE 78 RESP 20 TEMP 99.1 WEIGHT 149 HEIGHT 5'3
LMP 10-03-02 HYSTERECTOMY? YES (NO) DATE ____ HRT? YES (NO) (*MEDICATION LIST*)
PATIENT'S CHIEF COMPLAINT, PRESENTING SYMPTOMS, OR REASON FOR THIS OFFICE VISIT -

SYMPTOM	ICD-9 CODE	SYMPTOM	ICD-9 CODE
(L) arm pain	?		
Shortness of breath	786.05		
Chest pain	786.52		

IS PATIENT TAKING "OTC" MEDICATIONS? YES (NO) IF YES, LIST -

IS THE PATIENT HERE FOR DISEASE MANAGEMENT? YES (NO)
____ DIABETES ____ HYPERTENSION ____ ARTHRITIS ____ HYPERLIPIDEMIA
IS THE PATIENT CURRENTLY ON MEDICATION(S) FOR CONDITION(S) MARKED? YES (NO) (*MEDICATION LIST*)
HISTORY OF PRESENT ILLNESS/SUBJECTIVE FINDINGS
Here for a school check-up.
2nd BP r - 132/86

Pulse Ox - 99% at 11:48 Reg. RECORDED BY: RGause
PAST, FAMILY, SOCIAL HISTORY, GENERAL APPEARANCE

REVIEW OF SYSTEMS - MULTI SYSTEM REVIEW - OBJECTIVE FINDINGS

HEENT DEFERRED ☐
NECK DEFERRED ☐
RESPIRATORY DEFERRED ☐
CARDIOVASCULAR DEFERRED ☐
GASTROINTESTINAL DEFERRED ☐
GENITOURINARY DEFERRED ☐
MUSCULOSKELETAL DEFERRED ☐
NEUROLOGICAL DEFERRED ☐

1-01 PATIENT NAME: _____ CHART#: _____

KIN DEFERRED ☐

NDOCRINE/METABOLIC DEFERRED ☐

IEMATOLOGIC DEFERRED ☐

SYCHIATRIC DEFERRED ☐

IUTRITIONAL DEFERRED ☐

YNECOLOGIC DEFERRED ☐

YMPHATIC DEFERRED ☐

IAGNOSIS/IMPRESSIONS RELATED TO EVALUATION OF TODAY'S VISIT - ASSESSMENT

NOTE: "P" = PRIMARY "C" = CONTRIBUTING

DIAGNOSIS/ IMPRESSION	P	C	DIAGNOSIS/IMPRESSION	P	C
Laryngitis			Hoarseness		
Chest Pain			Dextrus		
Palpitations			HCVD		

REATMENT PLAN

1) Anaprox DS q 6° prn
2) Ecotrin 81 mg qday
3) EKG, routine
4) Counsel pt on risk factors & meds
5) HCTZ

DICTATION TO FOLLOW: YES NO

RDERS

LABORATORY OTHER

EVIEW/FOLLOW UP OF ORDERED PROCEDURES/REQUESTED CONSULTATIONS

)TES

ITHORIZATION

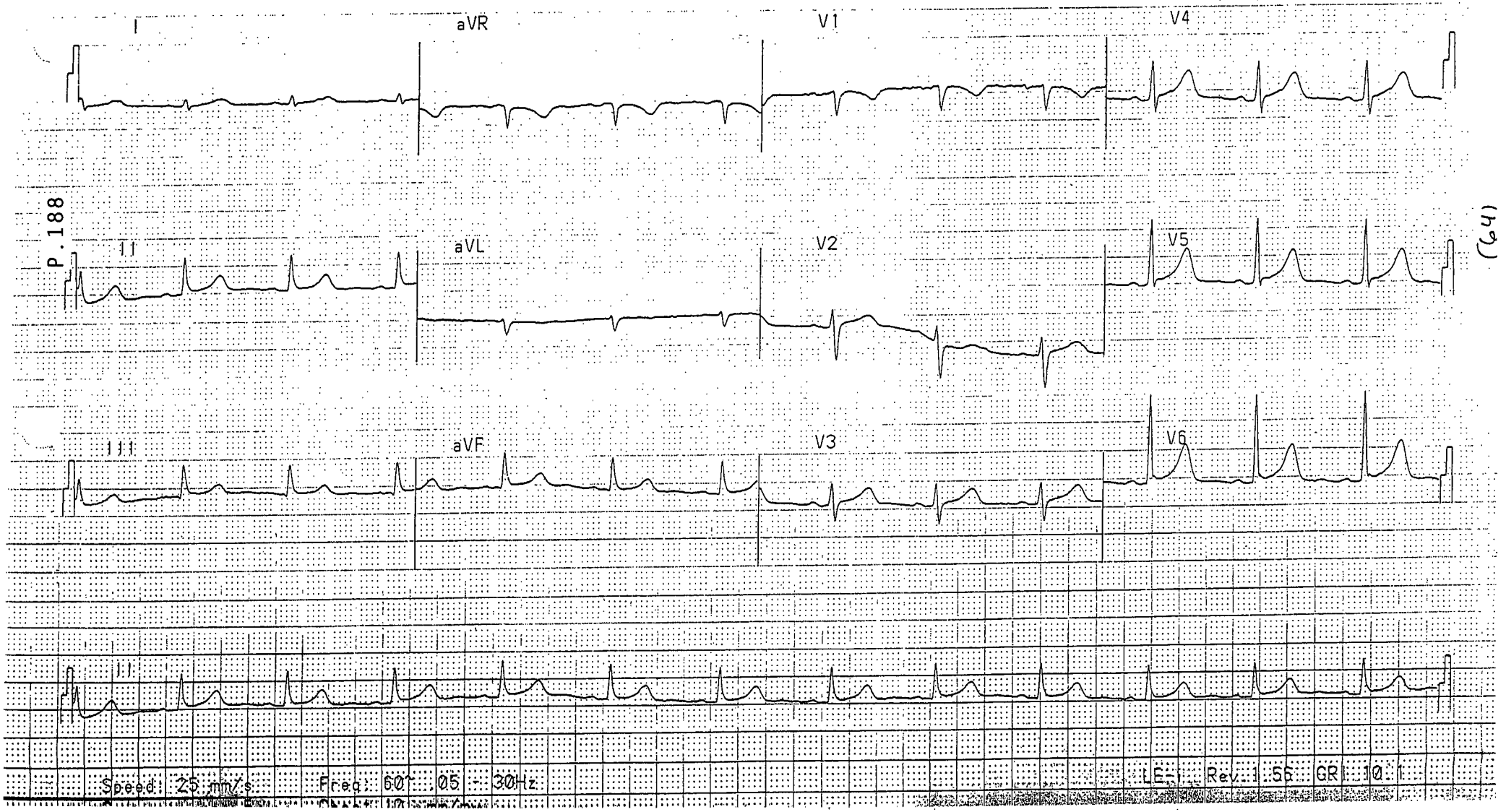
)TE: THE PHYSICIAN/PRACTITIONER SIGNATURE ABOVE ATTESTS THAT HE/SHE HAS REVIEWED THE)TATIONS DOCUMENTED ON THIS VISIT FLOW SHEET AND AUTHORIZES THE PERFORMANCE OF ALL OCEDURES AS MARKED.

PHYSICIAN/PRACTITIONER _____

Name: DIANE DINGLE
ID : 0332
Date: 11/01/02 Time:11:59
Age : 38 Sex : FEMALE
Hgt : IN Wgt : LBS
Med1:
Med2:
Ccl1:
Ccl2:
Cmnt:

Vent rate: 76	SINUS RHYTHM
	EARLY REPOLARIZATION
--Durations--	
P : 96	SUMMARY: BORDERLINE NORMAL
QRS: 90	
--Intervals--	
PR : 146	
QT : 376	
QTc: 404	
--Axes--	
P : 58	
QRS: 79	
T : 62	

** UNCONFIRMED ANALYSIS **



P.188

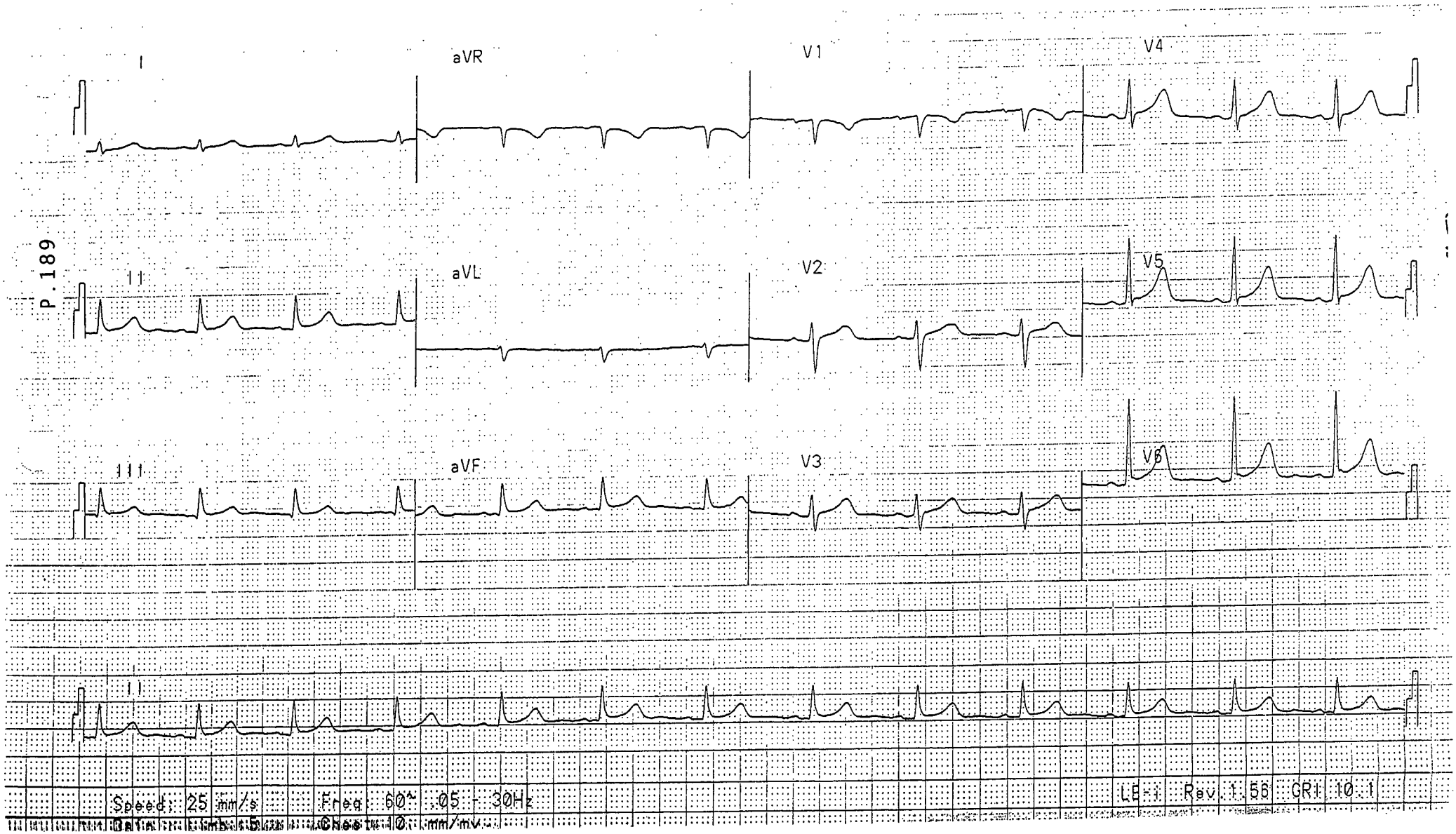
(64)

Name: DIANE DINGLE
ID : 0332
Date: 11/01/02 Time:11:58
Age : 38 Sex : FEMALE
Hgt : IN Wgt : LBS
Med1:
Med2:
Ccl1:
Ccl2:
Cmnt:

Vent rate:	77
--Durations--	
P :	94
QRS:	86
--Intervals--	
PR :	148
QT :	368
QTc:	398
--Axes--	
P :	60
QRS:	76
T :	61

SINUS RHYTHM
EARLY REPOLARIZATION

SUMMARY: BORDERLINE NORMAL ** UNCONFIRMED ANALYSIS **



LAKE MARION PRIMARY CARE

RECORD OF OFFICE VISIT

01-01

DATE OF SERVICE 12/03/02 CHART # 332

PATIENT NAME Dana Dingle M (F) DOB 8/18/61 AGE 38 LAST VISIT / /

APPOINTMENT WITH: Kevin TIME 10:30 (AM) PM WALK-IN YES (NO)

CONSTITUTIONAL EVALUATION

B/P 140/86 PULSE 74 RESP 18 TEMP 98.3 WEIGHT 154 HEIGHT 5-3

LMP 11-24-02 HYSTERECTOMY? YES (NO) DATE — HRT? YES (NO) *(MEDICATION LIST)*

PATIENT'S CHIEF COMPLAINT, PRESENTING SYMPTOMS, OR REASON FOR THIS OFFICE VISIT -

SYMPTOM	ICD-9 CODE	SYMPTOM	ICD-9 CODE
		SOB	786.09
		Chest pain	786.50

IS PATIENT TAKING "OTC" MEDICATIONS? YES (NO) IF YES, LIST -

IS THE PATIENT HERE FOR DISEASE MANAGEMENT? YES (NO)

____ DIABETES ____ HYPERTENSION ____ ARTHRITIS ____ HYPERLIPIDEMIA

IS THE PATIENT CURRENTLY ON MEDICATION(S) FOR CONDITION(S) MARKED? YES (NO) *(MEDICATION LIST)*

HISTORY OF PRESENT ILLNESS/SUBJECTIVE FINDINGS

pt here for a scheduled check-up.

RECORDED BY: CRGause

PAST, FAMILY, SOCIAL HISTORY, GENERAL APPEARANCE

Still having chest pains. Heaviness unchanged. Tylenol did not help chest pain. C/o DOE & SOB. Using inhaler 1-2 puffs prn. Pt denies fever, chills, cough. Has no sick contacts. Has c/o fatigue & lightheadedness & all day long.

REVIEW OF SYSTEMS - MULTI SYSTEM REVIEW - OBJECTIVE FINDINGS

HEENT WNL DEFERRED ☐

NECK Supple DEFERRED ☐

RESPIRATORY WNL DEFERRED ☐

CARDIOVASCULAR WNL RRR no murmurs DEFERRED ☐

GASTROINTESTINAL Mild tenderness to palpation in epigastrium DEFERRED ☐

GENITOURINARY DEFERRED ☐

MUSCULOSKELETAL Tenderness & pressure along L of sternum DEFERRED ☐

NEUROLOGICAL WNL DEFERRED ☐

PATIENT NAME:_____ CHART#:_____

SKIN N/S/ DEFERRED ☐

ENDOCRINE/METABOLIC DEFERRED ☐

HEMATOLOGIC DEFERRED ☐

PSYCHIATRIC Depressed DEFERRED ☐

NUTRITIONAL Wt at goal DEFERRED ☐

GYNECOLOGIC DEFERRED ☐

LYMPHATIC WNL DEFERRED ☐

DIAGNOSIS/IMPRESSIONS RELATED TO EVALUATION OF TODAY'S VISIT - ASSESSMENT

NOTE: "P" = PRIMARY "C" = CONTRIBUTING

DIAGNOSIS/ IMPRESSION	P	C	DIAGNOSIS/IMPRESSION	P	C
1) Lymphocytosis			Psoriasis		
2) Recurrent Right Parotid			Anemia c Pica		
3) Genetic Thrombocytosis					

TREATMENT PLAN

1) D/C Tegretol
2) Restart Zantac
3) Get Imaging PA & Lat
4) Exercise (Gradually)
5) CBC 2 months & f/u
6) Hemosept Wash + Soap PRN

ORDERS 12/3/12

DICTATION TO FOLLOW: YES NO

LABORATORY

CBC BMP

OTHER EBV & Echo Cardiac

REVIEW/FOLLOW UP OF ORDERED PROCEDURES/REQUESTED CONSULTATIONS

NOTES

AUTHORIZATION

NOTE: THE PHYSICIAN/PRACTITIONER SIGNATURE ABOVE ATTESTS THAT HE/SHE HAS REVIEWED THE DIAGNOSTATIONS DOCUMENTED ON THIS VISIT FLOW SHEET AND AUTHORIZES THE PERFORMANCE OF ALL PROCEDURES AS MARKED.

PHYSICIAN/PRACTITIONER _____

LAKE MARION PRIMARY CARE LABORATORY
15 E. HOSPITAL ST. P.O. DRAWER 280
1 DOGWOOD MEDICAL COURT
MANNING, S. C. 29102
PHONE (803)435-2529

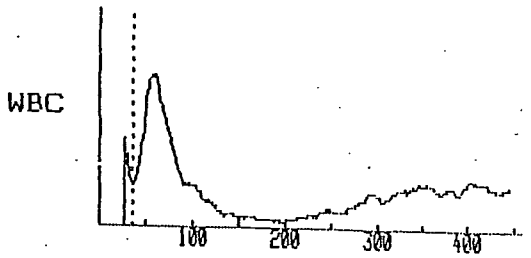
CD1700 SPECIMEN DATA REPORT

Specimen ID# : 30997
Patient: DINGLE, DIANE
Sex: F DOB: 08/18/64
Physician: KEITH
Comments: 0332

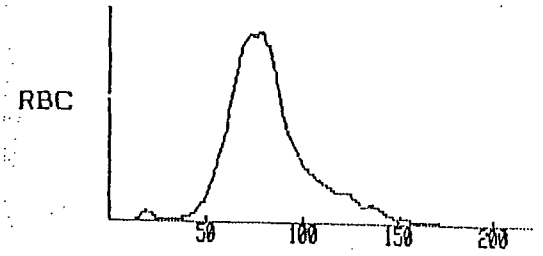
Analyzed: 12/03/02 12:08
Operator I.D.: LDR
Sequence #: 3396
Mode: Open
Collected: 12/03 12:10

TEST	RESULT		FLAG	LIMIT	REFERENCE RANGE (LIMIT 1)	
WBC	5.1	K/uL		[*]	4.6 - 10.2 K/uL	
LYM	1.7	33.9 %L		[*]	0.6 - 3.4	10.0 - 50.0 %L
*MID	0.3	5.2 %M		[*]	0.0 - 1.8	0.0 - 21.5 %M
GRAN	3.1	60.9 %G		[*]	2.0 - 6.9	37.0 - 80.0 %G
RBC	3.47	M/uL	L	*[ ]	4.04 - 5.48 M/uL	
HGB	8.5	g/dL	L	*[ ]	12.2 - 16.2 g/dL	
HCT	26.2	%	L	*[ ]	37.7 - 47.9 %	
MCV	75.5	fL	L	*[ ]	80.0 - 97.0 fL	
MCH	24.5	pg	L	*[ ]	27.0 - 31.2 pg	
MCHC	32.4	g/dL		[*]	31.8 - 35.4 g/dL	
RDW	18.5	%	H	[ ]*	11.6 - 14.8 %	
PLT	435.	K/uL	H	[ ]*	142. - 424. K/uL	

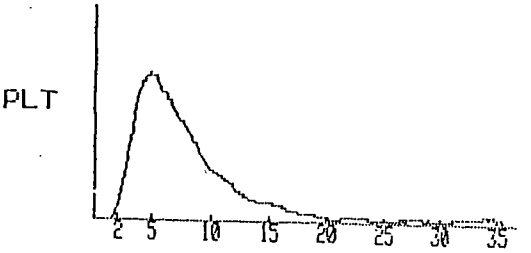
* MID cells may include less frequently occurring and rare cells correlating to monocytes, eosinophils, basophils, blasts and other precursor white cells.



4.65 s



6.73 s



12/3/02

LAKE MARION MULTI-SPECIALTY CARE
ECHOCARDIOGRAM REPORT

Name : Dianne Dingle Age/Sex: 38/F Chart # 33[illegible] Date: 12/3/02
Referring M.D. : Dr. EC Keith Interpreting Cardiologist : Dr. R. Sy
Indication : Cardiac murmur

Dimension and Indices (2-Dimensional & M-Mode)

LV Diastolic - 5.6
LV Systolic - 4.5
Fractional Shortening - 25%
Ejection Fraction : 60%
Right Ventricle : 2.0
IV Septum : 1.2
LV Posterior Wall : 1.2

Aortic Root : 3.6
Aortic valve opening : 1.7
Left Atrium : 3.2
Pericardial Effusion : None
Pleural Effusion : None

Doppler Measurements (DOPPLER WITH COLOR FLOW MAPPING)

Aortic Valve
LVOT peak vel : 1.0
LVOT Diameter : 1.6
AV peak velocity : 1.0
AV gradient : 4.0
Mean Gradient
AV Area
Insufficiency None
AIHPT

Pulmonic Valve
PV peak velocity 0.8
PV insufficiency

Mitral Valve
MV peak velocity : 1.0
Pressure Half time :
Mitral Valve Area:
Regurgitation : Trace
MV Gradient : 4.0

Tricuspid Valve
TV peak velocity : 0.5
Tricuspid Regurgitation : Mild
TR Peak velocity: 2.2
Estimated RA pressure

Left Upper Pulmonic Vein
Systolic
Diastolic

REPORT:

The left ventricle showed normal in size and function.
The right ventricle appears normal in size and function.
The right and left atrium appears normal.
The mitral valve appears filamentous.There is no evidence of mitral stenosis.There is trace mitral regurgitation.The mitral annulus is normal. There is no E/A reversal in the mitral inflow velocity.
The aortic valve appears trileaflet The aortic root is not dilated. There is no stenosis.There is no regurgitation. The mitral and aortic velocities are within normal limits.
The tricuspid valve showed mild regurgitation .There is no stenosis. The pulmonary artery systolic pressure is 20. The pulmonic veins and pulmonic valve appeared normal.
No evidence of pericardial effusion,intracardiac clots and vegetations.No shunt noted.
Endocarditis Prophylaxis : No

Summary:

1. Preserved resting systolic function
2. Trace mitral regurgitation
3. Physiologic tricuspid regurgitation

Tech :

Cardiologist: [illegible]

RECORD OF OFFICE VISIT

P.194

DATE OF SERVICE 2/4/03 CHART # 332

PATIENT NAME Diane Hyde M (F) DOB 8/18/64 AGE 38 LAST VISIT 12/3/02

APPOINTMENT WITH: Keith TIME 10:30 (AM) PM WALK-IN YES (NO)

CONSTITUTIONAL EVALUATION

B/P 130/70 PULSE 76 RESP 16 TEMP 96.4 WEIGHT 135 lbs HEIGHT 5'3

LMP _____ HYSTERECTOMY? YES (NO) DATE _____ HRT? YES (NO) *(MEDICATION LIST)*

PATIENT'S CHIEF COMPLAINT, PRESENTING SYMPTOMS, OR REASON FOR THIS OFFICE VISIT -

SYMPTOM	ICD-9 CODE	SYMPTOM	ICD-9 CODE

IS PATIENT TAKING "OTC" MEDICATIONS? YES (NO) IF YES, LIST -

IS THE PATIENT HERE FOR DISEASE MANAGEMENT? YES (NO)

____ DIABETES ____ HYPERTENSION ____ ARTHRITIS ____ HYPERLIPIDEMIA

IS THE PATIENT CURRENTLY ON MEDICATION(S) FOR CONDITION(S) MARKED? YES NO *(MEDICATION LIST)*

HISTORY OF PRESENT ILLNESS/SUBJECTIVE FINDINGS

Severe sore throat x several months.

PAST, FAMILY, SOCIAL HISTORY, GENERAL APPEARANCE RECORDED BY: L.H

Descending ort is 1° in region of larynx. Pt feels that throat is getting worse.

REVIEW OF SYSTEMS - MULTI SYSTEM REVIEW - OBJECTIVE FINDINGS

HEENT DEFERRED ☐

NECK DEFERRED ☐

RESPIRATORY DEFERRED ☐

CARDIOVASCULAR DEFERRED ☐

GASTROINTESTINAL DEFERRED ☐

GENITOURINARY DEFERRED ☐

MUSCULOSKELETAL DEFERRED ☐

NEUROLOGICAL DEFERRED ☐

SKIN DEFERRED ☐

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ENDOCRINE/METABOLIC DEFERRED ☐

HEMATOLOGIC DEFERRED ☐

PSYCHIATRIC DEFERRED ☐

NUTRITIONAL DEFERRED ☐

GYNECOLOGIC DEFERRED ☐

LYMPHATIC DEFERRED ☐

DIAGNOSIS/IMPRESSIONS RELATED TO EVALUATION OF TODAY'S VISIT - ASSESSMENT

NOTE: "P" = PRIMARY "C" = CONTRIBUTING

DIAGNOSIS/ IMPRESSION	P	C	DIAGNOSIS/IMPRESSION	P	C
Chronic Laryngitis			Rhinitis		
Chest Pain			GERD		
Vocal Cord Palsy			Anemia		

TREATMENT PLAN

1) Nonmycyte 2x BID (Elixir)
2) Tylenol 2x BID
3) F/U 2 months or PRN

DICTATION TO FOLLOW: YES NO

ORDERS

LABORATORY OTHER

REVIEW/FOLLOW UP OF ORDERED PROCEDURES/REQUESTED CONSULTATIONS

NOTES

AUTHORIZATION

NOTE: THE PHYSICIAN/PRACTITIONER SIGNATURE ABOVE ATTESTS THAT HE/SHE HAS REVIEWED THE NOTATIONS DOCUMENTED ON THIS VISIT FLOW SHEET AND AUTHORIZES THE PERFORMANCE OF ALL PROCEDURES AS MARKED.

PHYSICIAN/PRACTITIONER _____

LAKE MARION PRIMARY CARE

RECORD OF OFFICE VISIT

01-

DATE OF SERVICE 08/04/03 CHART # 339

PATIENT NAME Diana Dingle M (F) DOB 8/18/1961 AGE 38 LAST VISIT 2/4/0

APPOINTMENT WITH: _____ TIME ___:___ AM PM WALK-IN (YES) NO

CONSTITUTIONAL EVALUATION

B/P 120/80 PULSE 100 RESP 20 TEMP 97.8 WEIGHT 149 3/4 HEIGHT 5'5

LMP _____ HYSTERECTOMY? YES NO DATE _____ HRT? YES NO (*MEDICATION LIS*

PATIENT'S CHIEF COMPLAINT, PRESENTING SYMPTOMS, OR REASON FOR THIS OFFICE VISIT -

SYMPTOM	ICD-9 CODE	SYMPTOM	ICD-9 CODE
Cough	786.2		
Sh. Breathing	786.02		
Chest pain	786.59		

IS PATIENT TAKING "OTC" MEDICATIONS? YES NO IF YES, LIST -

IS THE PATIENT HERE FOR DISEASE MANAGEMENT? YES NO

____ DIABETES ____ HYPERTENSION ____ ARTHRITIS ____ HYPERLIPIDEMIA

IS THE PATIENT CURRENTLY ON MEDICATION(S) FOR CONDITION(S) MARKED? YES NO (*MEDICATION LIST*)

HISTORY OF PRESENT ILLNESS/SUBJECTIVE FINDINGS

Pt. Choked on liquid 3 days ago - has persistant cough, chest pain, trouble breathing. Pt. tried taking Sudafed DM 2 times. hasn't helped.

RECORDED BY: KH

PAST, FAMILY, SOCIAL HISTORY, GENERAL APPEARANCE

REVIEW OF SYSTEMS - MULTI SYSTEM REVIEW - OBJECTIVE FINDINGS

HEENT normocephalic, PERRL, TMs fluid, turbinates pink, throat, neck, tonsils swollen DEFERRED ☐

NECK supple DEFERRED ☐

RESPIRATORY CTA DEFERRED ☐

CARDIOVASCULAR RRR, S1 S2 DEFERRED ☐

GASTROINTESTINAL BS/S (+) DEFERRED ☐

GENITOURINARY DEFERRED ☐

MUSCULOSKELETAL WNL DEFERRED ☐

NEUROLOGICAL DEFERRED ☐

)1-01 PATP . 197AME: Diane Lingle CHART#:

3/4/03

:KIN W/D DEFERRED ☐

:NDOCRINE/METABOLIC DEFERRED ☐

IEMATOLOGIC DEFERRED ☐

'SYCHIATRIC DEFERRED ☐

JUTRITIONAL DEFERRED ☐

GYNECOLOGIC DEFERRED ☐

.YMPHATIC Ø DEFERRED ☐

)IAGNOSIS/IMPRESSIONS RELATED TO EVALUATION OF TODAY'S VISIT - ASSESSMENT

NOTE: "P" = PRIMARY "C" = CONTRIBUTING

DIAGNOSIS/ IMPRESSION	P	C	DIAGNOSIS/IMPRESSION	P	C
Bronchitis			Allergic rhinitis		
Cough					
? Atypical Pneumonia					

REATMENT PLAN

1. Tuss; BID x 10d, c 2nf
2. Doxycycline 100 BID x 21d
3. Zanaflex 4mg TID x 5/7
4. Rest
5. F/U in 1 week if not better

DICTATION TO FOLLOW: YES NO

RDERS

LABORATORY	03-04-03	OTHER
CBC	BMP JW	
Atypical Pneumonia		
ESR		
CRP	JW	

EVIEW/FOLLOW UP OF ORDERED PROCEDURES/REQUESTED CONSULTATIONS

)TES

)THORIZATION

)TE: THE PHYSICIAN/PRACTITIONER SIGNATURE ABOVE ATTESTS THAT HE/SHE HAS REVIEWED THE)TATIONS DOCUMENTED ON THIS VISIT FLOW SHEET AND AUTHORIZES THE PERFORMANCE OF ALL)CEDURES AS MARKED.

PHYSICIAN/PRACTITIONER

07073404 03-435-6817 P.198

KEITH, EDWARD C
LAKE MARION PRIMARY CARE
15 EAST HOSPITAL STREET
MANNING SC 29102

Quest Diagnostics

LABORATORY REPORT

Patient Name	Patient ID/Hospital ID	Room No.	Age	Sex	Physician
DINGLE, DIANE C. 803-435-5081	332		38	F	KEITH, EDWARD C

Page	Requisition No.	Accession No.	Lab Ref No.	Collection Date & Time	Log-in Date	Report Date & Time
1	5082970	AT040684L	32072/MASON	03/04/2003 12:15	03/04/2003	03/07/2003 21:0

Remarks
0332

SS#: 251-45-0060

Report Status	Test	Result In Range	Result Out of Range	Units	Reference Range	Site Code
FINAL						

PATIENT DATE OF BIRTH: 08/18/1964

COMPREHENSIVE METABOLIC PANEL

GLUCOSE	93			AT
		MG/DL	65-109	
		FASTING REFERENCE INTERVAL		
UREA NITROGEN (BUN)	11	MG/DL	7-25	
CREATININE	0.9	MG/DL	0.5-1.2	
BUN/CREATININE RATIO	12	(CALC)	6-25	
SODIUM	141	MMOL/L	135-146	
POTASSIUM	4.2	MMOL/L	3.5-5.3	
CHLORIDE	104	MMOL/L	98-110	
CARBON DIOXIDE	25	MMOL/L	21-33	
CALCIUM	9.3	MG/DL	8.5-10.4	
PROTEIN, TOTAL	7.5	G/DL	6.0-8.3	
ALBUMIN	4.2	G/DL	3.7-5.1	
GLOBULIN	3.3	G/DL (CALC)	2.2-4.2	
ALBUMIN/GLOBULIN RATIO	1.3	(CALC)	0.8-2.0	
BILIRUBIN, TOTAL	1.3	MG/DL	0.2-1.3	
ALKALINE PHOSPHATASE	61	U/L	20-125	
AST	22	U/L	2-35	
ALT	12	U/L	2-40	

MYCOPLASMA PNEUMONIAE ANTIBODY (IGG), EIA

M. PNEUMONIAE AB IGG, EIA	1.95 H	ISR		EZ
	Reference Range:			
	<=0.90	NEGATIVE		
	0.91-1.09	EQUIVOCAL		
	>=1.10	POSITIVE		

ADENOVIRUS ANTIBODY

ADENOVIRUS AB	8			EZ
	Reference Range:			
	SERUM: LESS THAN 8			
	CSF: LESS THAN 2			

Clinical interpretation of complement fixation test results requires comparison of an acute serum sample to a convalescent serum sample. The convalescent serum sample should be collected 2-3 weeks later.

pt informed 3/10/03 DM.

LEGIONELLA PNEUMOPHILA AB

SEROGROUPS 1-6	<1:128	TITER	< OR = 1:128	AT

SPECIMEN TESTED AGAINST A POOL CONTAINING:
LEGIONELLA PNEUMOPHILIA SEROTYPES 1-6.

EXPLANATION OF TEST RESULTS
A FOUR FOLD RISE IN ANTIBODY TITER BETWEEN ACUTE AND CONVALESCENT SERA (MINIMAL CONVALESCENT TITER OF 1:128) PROVIDES EVIDENCE OF A RECENT INFECTION. IT MAY REQUIRE UP TO 8 WEEKS AFTER INFECTION TO SHOW A SIGNIFICANT RISE IN ANTIBODY TITER.
IF PAIRED SERA ARE NOT AVAILABLE, A SINGLE ANTIBODY TITER EQUAL TO OR GREATER THAN 1:256 MAY PROVIDE PRESUMPTIVE EVIDENCE OF INFECTION AT SOME UNDETERMINED TIME.

>> REPORT CONTINUED ON NEXT PAGE <<

073404 3-435-6817 P.199

TH, EDWARD C
KE MARION PRIMARY CARE
5 EAST HOSPITAL STREET
MANNING SC 29102

Quest Diagnostics

LABORATORY REPORT

Patient Name	Patient ID/Hospital ID	Room No.	Age	Sex	Physician
DINGLE, DIANE C. 803-435-5081	332		38	F	KEITH, EDWARD C

Page	Requisition No.	Accession No.	Lab Ref No.	Collection Date & Time	Log-in Date	Report Date & Time
2	5082970	AT040684L	32072/MASON	03/04/2003 12:15	03/04/2003	03/07/2003 21:0

Remarks
0332

SS#: 251-45-0060

Report Status	Test	Result In Range	Result Out of Range	Units	Reference Range	Site Code
FINAL						

CHLAMYDIA IGG ANTIBODY (CONTINUED)

CHLAMYDIA IGG ANTIBODY		3.43	EIA VALUE	AT

EIA VALUE	EXPLANATION OF TEST RESULTS
< OR = 0.90	NEGATIVE - NO CHLAMYDIA IGG ANTIBODY DETECTED.
0.91 - 1.09	EQUIVOCAL
> OR = 1.10	POSITIVE - CHLAMYDIA IGG ANTIBODY DETECTED.

THE PRESENCE OF CHLAMYDIA IGG ANTIBODY SUGGESTS A CURRENT OR PAST INFECTION WITH ONE OR MORE OF THREE CHLAMYDIA SPECIES; C.TRACHOMATIS, C.PNEUMONIAE OR C.PSITTACI. SERA COLLECTED EARLY IN THE COURSE OF THE INFECTION MAY NOT HAVE DETECTABLE LEVELS OF IGG ANTIBODY.

IF A CURRENT OR RECENT INFECTION IS SUSPECTED, PERFORMING A CHLAMYDIA IGM TEST ON A SINGLE SERUM MAY YIELD CLINICALLY USEFUL INFORMATION.

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

'EZ ' Indicates testing site: QUEST DIAGNOSTICS - NICHOLS INSTITUTE
33608 ORTEGA HWY
SAN JUAN CAPISTRAN CA 92690
(800)553-5445
DA FISHER MD; RE REITZ MD

>> END OF REPORT <<

3/10/03

LAKE MARION PRIMARY CARE
15 East Hospital Street

LAB Result/Order Form

P.200

PATIENT NAME Dingle, Diane PHYSICIAN MASON CHART # 0332 REQ # 3207

SEX : M (F) DOB 08/18/64 SSN 251-45-0060 M'CARE ___ M'CAID X PP ___ INS ___ RN ___

DATE/TIME COLLECTED 03/04/03 12:15 (AM) PM COL. BY [illegible] FASTING X NON-FAST ___

URINALYSIS			
BIOCHEMICAL REACTIONS			
CONSTITUENT	RESULT	REFERENCE RANGE	
COLOR		STRAW - YELLOW	
APPEARANCE		CLEAR	
GLUCOSE		NEGATIVE	
BILIRUBIN		NEGATIVE	
KETONES		NEGATIVE	
SP. GRAVITY		1.003 - 1.030	
PH		5 - 7	
PROTEIN		NEGATIVE	
UROBILINOGEN		0.1 - 1.0	
NITRATE		NEGATIVE	
BLOOD		NEGATIVE	
LEUKOCYTE ESTERASE		NEGATIVE	TECH
URINE MICROSOPIC			
WBC	/HPF	0 - 5	
RBC	/HPF	OCC	
EPITHELIAL	/HPF	0 - 5	
BACTERIA	/HPF	NONE	
MUCOUS	/HPF	NONE	
COMMENTS:			
			TECH

MISCELLANEOUS REPORT				
X	PROCEDURE	RESULT	REFERENCE RANGE	TECH
	FS GLUCOSE		70 - 105 MG/DI	
	URINE HCG		NEGATIVE	
	SERUM HCG		NEGATIVE	
	PROTIME		11.6 - 12.4 SEC	
	INR		2.0 - 3.0 ORAL MED	
	ANA		NEGATIVE	
	RF LATEX		NEGATIVE	
X	CRP	POS	NEGATIVE	JH
X	SED RATE	54	M = 0 - 9 F= 0 - 20	JH
	MONOTEST		NEGATIVE	
	STREP SCREEN		NEGATIVE	
	H. pylori		NEGATIVE	
	TSH		0.47 - 5.01 uIU/ml	
	Hgb A1C		4.8 - 7.8%	
	FRUCTOSAMINE		150 - 310 umol/L	
	CHOLESTEROL			
DNA PROBE				
	TRICHOMONAS		NEGATIVE	
	GARDENERELLA		NEGATIVE	
	CANDIA		NEGATIVE	
OTHER				
	KOM/WET PREP	******	"SEE COMMENT"	
	OCP	******	"SEE COMMENT"	
	GRAM STAIN	******	"SEE COMMENT"	
COMMENT				

PROCEDURES REQUESTED

X	ICD-9	CPT	PROFILE
		80051	ELECTROLYTE PANEL
		80076	HEPATIC PANEL
		80061	LIPID PANEL
X	SE	80048	META - PANEL BASIC
		80053	META - PANEL COMP
		AMT PANEL	
		87480	CANDIDA
		87510	GARDNERELLA
		87797	TRICHOMONAS
		OB PANEL	

INDIVIDUAL PROCEDURES

X	ICD-9	CPT	PROFILE
		85008	SMEAR REVIEW W/O DIFF
X	780.2	85024	CBC
X	780.2	86140	CRP
X	780.2	85651	ESR
		86430	RF LATEX
		82985	FRUCTOSAMINE
		82962	GLUCOSE FINGER STICK
		87205	GRAM STAIN
		86677	H pylori
		83036	Hgb A1C
		87210	KOH PREP
		83735	MAGNESIUM
		81025	URINE HCG
		84703	SERUM HCG
		85610	PROTIME (PT)
		85730	PTT
		85044	RETIC COUNT
		84443	TSH
		84550	URIC ACID
		81001	URINALYSIS COMPLETE
		81003	UNINALYSIS DIPSTICK
X	786.51	36415	BLD COL -M'CAID & PP & INS
		G0001	BLD COL - M'CARE
		87210	WET PREP

REFERRED PROCEDURES		
		GC/CHLAMYDIA BY DNA PROBE
		PAP SMEAR
		FREE T-4
		DIGOXIN
		CULTURE & SENS - SOURCE
		GROUP B STREP
		HOMOCYSTEINE
		CHOLESTEROL
		PSA
OTHER		
X	SE	Atypical pneumonia panel

3/4/03

Diagnosis	#1 786.2	#2 786.02	#3 786.59	#4	#5

LAKE MARION PRIMARY CARE LABORATORY
15 E. HOSPITAL ST. P.O. DRAWER 280
1 DOGWOOD MEDICAL COURT
MANNING, S. C. 29102
PHONE (803)435-2529

CD1700 SPECIMEN DATA REPORT

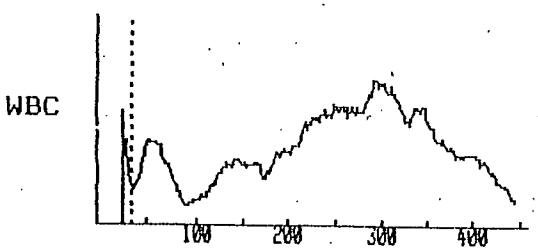
Specimen ID# : 32072
Patient: DINGLE, DIANE
Sex: F DOB: 08/18/64
Physician: MASON
Comments: 0332

Analyzed: 03/04/03 11:50
Operator I.D.:
Sequence #: 4630
Mode: Open
Collected: 03/04 12:15

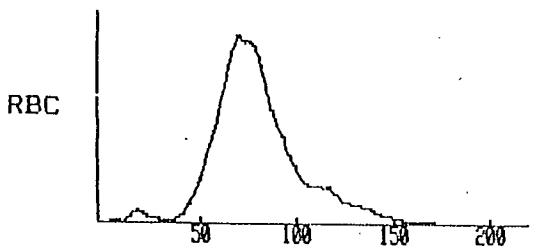
TEST	RESULT		FLAG	LIMIT	REFERENCE RANGE (LIMIT 1)	
WBC	6.1	K/uL		[*]	4.6 - 10.2	K/uL
LYM	0.6	10.6 %L		[*]	0.6 - 3.4	10.0 - 50.0 %L
*MID	0.6 R2	10.4 %M		[*]	0.0 - 1.8	0.0 - 21.5 %M
GRAN	4.8	79.0 %G		[*]	2.0 - 6.9	37.0 - 80.0 %G
RBC	3.58	M/uL	L	*[ ]	4.04 - 5.48	M/uL
HGB	8.6	g/dL	L	*[ ]	12.2 - 16.2	g/dL
HCT	26.2	%	L	*[ ]	37.7 - 47.9	%
MCV	73.2	fL	L	*[ ]	80.0 - 97.0	fL
MCH	24.0	pg	L	*[ ]	27.0 - 31.2	pg
MCHC	32.8	g/dL		[*]	31.8 - 35.4	g/dL
RDW	20.7	%	H	[ ]*	11.6 - 14.8	%
PLT	539.	K/uL	HH	[ ]*	142. - 424.	K/uL

Called Merle Cook 03/04/03 12:45 PM

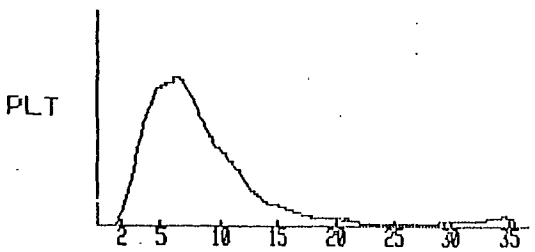
* MID cells may include less frequently occurring and rare cells correlating to monocytes, eosinophils, basophils, blasts and other precursor white cells.



4.70 s



6.70 s



Run Once
Repeated Analysis

3/6/03 dn
Attempted to call pt
disconnected

LAKE MARION PRIMARY CARE LABORATORY
15 E. HOSPITAL ST. P.O. DRAWER 280
1 DOGWOOD MEDICAL COURT
MANNING, S. C. 29102
PHONE (803)435-2529

CD1700 SPECIMEN DATA REPORT

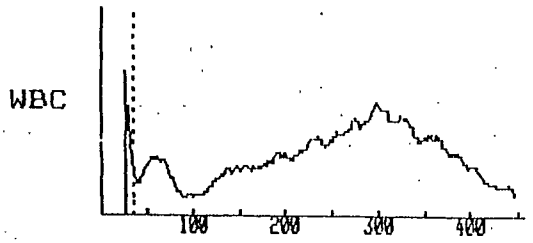
Specimen ID# : 32072
Patient: DINGLE, DIANE
Sex: F DOB: 08/18/64
Physician: MASON
Comments: 0332

Analyzed: 03/04/03 11:53
Operator I.D.:--
Sequence #: 4631
Mode: Open
Collected: 03/04 12:15

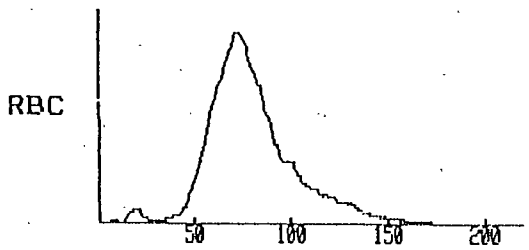
TEST	RESULT		FLAG	LIMIT	REFERENCE RANGE (LIMIT 1)	
WBC	5.9	K/uL		[*]	4.6 - 10.2 K/uL	
LYM	0.6	11.0 %L		[*]	0.6 - 3.4	10.0 - 50.0 %L
*MID	0.6	R2 10.4 %M		[*]	0.0 - 1.8	0.0 - 21.5 %M
GRAN	4.6	R3 78.6 %G		[*]	2.0 - 6.9	37.0 - 80.0 %G
RBC	3.54	M/uL	L	*[ ]	4.04 - 5.48 M/uL	
HGB	8.6	g/dL	L	*[ ]	12.2 - 16.2 g/dL	
HCT	25.9	%	L	*[ ]	37.7 - 47.9 %	
MCV	73.3	fL	L	*[ ]	80.0 - 97.0 fL	
MCH	24.3	pg	L	*[ ]	27.0 - 31.2 pg	
MCHC	33.2	g/dL		[*]	31.8 - 35.4 g/dL	
RDW	20.6	%	H	[ ]*	11.6 - 14.8 %	
PLT	542.	K/uL	HH	[ ]*	142. - 424. K/uL	

* MID cells may include less frequently occurring and rare cells correlating to monocytes, eosinophils, basophils, blasts and other precursor white cells.

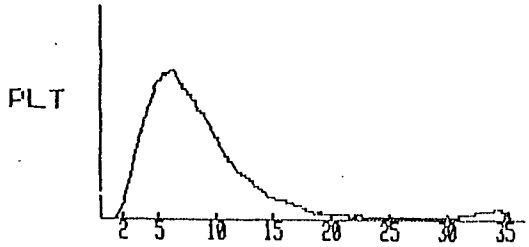
Run TWO
Repeated Analysis



4.70 s



6.72 s



LAKE MARION PRIMARY CARE
5 East Hospital Street

LAB Result/Order Form

P. 203

PATIENT NAME Dingle, Diane PHYSICIAN Smith CHART # 0332 REQ # 33701

SEX: M (F) DOB 08/18/64 SSN 257-45-0060 M'CARE ___ M'CAID X PP ___ INS ___ RN ___

DATE/TIME COLLECTED 06/27/05 10:20 (AM) PM COL. BY KF FASTING ___ NON-FAST X

URINALYSIS		
BIOCHEMICAL REACTIONS		
CONSTITUENT	RESULT	REFERENCE RANGE
COLOR	Yellow	STRAW – YELLOW
APPEARANCE	Clear	CLEAR
GLUCOSE	NEG	NEGATIVE
BILIRUBIN	NEG	NEGATIVE
KETONES	NEG	NEGATIVE
SP. GRAVITY	1.005	1.003 – 1.030
PH	5.0	5 – 7
PROTEIN	NEG	NEGATIVE
UROBILINOGEN	0.2	0.1 - 1.0
NITRATE	NEG	NEGATIVE
BLOOD	NEG	NEGATIVE
LEUKOCYTE ESTERASE	NEG	NEGATIVE
URINE MICROSOPIC		
WBC	/HPF	0 – 5
RBC	/HPF	OCC
EPITHELIAL	/HPF	0 – 5
BACTERIA	/HPF	NONE
MUCOUS	/HPF	NONE

TECH KF

COMMENTS: TECH

MISCELLANEOUS REPORT

X	PROCEDURE	RESULT	REFERENCE RANGE	TECH
	FS GLUCOSE		70 – 105 MG/DI	
	URINE HCG		NEGATIVE	
	SERUM HCG		NEGATIVE	
	PROTIME		11.6 – 12.4 SEC	
	INR		2.0 – 3.0 ORAL MED	
	ANA		NEGATIVE	
	RF LATEX		NEGATIVE	
X	CRP	NEG	NEGATIVE	KF
X	SED RATE	30	M = 0 – 9 F= 0 – 20	KF
	MONOTEST		NEGATIVE	
	STREP SCREEN		NEGATIVE	
	H. pylori		NEGATIVE	
	TSH		0.47 – 5.01 uIU/ml	
	Hgb A1C		4.8 – 7.8%	
	FRUCTOSAMINE		150 – 310 umol/L	
	CHOLESTEROL			
DNA PROBE				
	TRICHOMONAS		NEGATIVE	
	GARDENERELLA		NEGATIVE	
	CANDIA		NEGATIVE	
OTHER				
	KOH/WET PREP	******	"SEE COMMENT"	
	OCP	******	"SEE COMMENT"	
	GRAM STAIN	******	"SEE COMMENT"	
COMMENT				

PROCEDURES REQUESTED

X	ICD-9	CPT	PROFILE
		80051	ELECTROLYTE PANEL
		80076	HEPATIC PANEL
		80061	LIPID PANEL
		80048	META – PANEL BASIC
X	(E)	80053	META – PANEL COMP
		AMT PANEL	
		87480	CANDIDA
		87510	GARDNERELLA
		87797	TRICHOMONAS
		OB PANEL	

INDIVIDUAL PROCEDURES

X	ICD-9	CPT	PROFILE
		85008	SMEAR REVIEW W/O DIFF
X	4011	85024	CBC
X	4011	86140	CRP
X	4011	85651	ESR
		86430	RF LATEX
		82985	FRUCTOSAMINE
		82962	GLUCOSE FINGER STICK
		87205	GRAM STAIN
		86677	H pylori
		83036	Hgb A1C
		87210	KOH PREP
		83735	MAGNESIUM
		81025	URINE HCG
		84703	SERUM HCG
		85610	PROTIME (PT)
		85730	PTT
		85044	RETIC COUNT
		84443	TSH
X	(E)	84550	URIC ACID
		81001	URINALYSIS COMPLETE
X	4011	81003	UNINALYSIS DIPSTICK
X	786.51	36415	BLD COL –M'CAID & PP & INS
		G0001	BLD COL – M'CARE
		87210	WET PREP

REFERRED PROCEDURES	
	GC/CHLAMYDIA BY DNA PROBE
	PAP SMEAR
	FREE T-4
	DIGOXIN
	CULTURE & SENS – SOURCE
	GROUP B STREP
	HOMOCYSTEINE
	CHOLESTEROL
	PSA
OTHER	

Diagnosis	#1 4011	#2 786.51	#3	#4	#5

Lake Marion Primary Care
Record of Office Visit

DATE OF SERVICE 7.3.03
PATIENT NAME Diane Dingle M (F) DOB 8/18/64 AGE 38 CHART # 332
APPOINTMENT WITH: Keith TIME 12:00 AM (PM) WALK-IN YES ☐ NO ☐ LAST VISIT 6/27/03

CONSTITUTIONAL EVALUATION
B/P 134/90 PULSE 76 RESP 22 TEMP 98.9 WEIGHT 154 1/2 HEIGHT ____
LMP ____ HYSTERECTOMY? YES ☐ NO ☐ DATE ____ HRT? YES ☐ NO ☐ (*MEDICATION LIST*)

PATIENT'S CHIEF COMPLAINT, PRESENTNG SYMPTOMS, OR REASON FOR THIS OFFICE VISIT

SYMPTOM	ICD-9 CODE	SYMPTOM	ICD-9 CODE

IS PATIENT TAKING "OTC" MEDICATIONS? YES ☐ NO ☐ IF YES, LIST

IS THE PATIENT HERE FOR DISEASE MANAGEMENT? YES ☐ NO ☑
____DIABETES ____ HYPERTENSION ____ ARTHRITIS ____ HYPERLIPIDEMIA

IS THE PT. CURRENTLY ON MEDICATION (S) FOR CONDITION (S) MARKED? YES ☐ NO ☐ (*MEDICATION LIST*)

HISTORY OF PRESENT ILLNESS/SUBJECTIVE FINDINGS
Scheduled F/U. No new c/o

PAST, FAMILY, SOCIAL HISTORY, GENERAL APPERANCE RECORDED BY: TR CCA
C/o SOB & progressive decline c/o wheezing. Began seeing a new MD & exercised regularly. Also has chest pain c SOB. Cough persists and changes periodically & worsened by breathing & movement

REVIEW OF SYSTEMS – MULTI SYSTEMS REVIEWS – OBJECTIVE FINDINGS

HEENT WNL c slight but significant hoarseness	DEFERRED ☐
NECK Supple	DEFERRED ☐
RESPIRATORY clear to auscultation	DEFERRED ☐
CARDIOVASCULAR WNL RR NL S1 S2 no S3 or S4 at present HR 65 BP 124/80	DEFERRED ☐
GASTROINTESTINAL WNL	DEFERRED ☐
GENITOURINARY	DEFERRED ☐
MUSCULOSKETAL c/o tenderness & pressure upon palpation of anterior chest wall NL extremities	DEFERRED ☐
NEUROLOGICAL	

PATIENT NAME _____ CHART #© _____

SKIN WNL	DEFERRED ☐
ENDOCRINE/METABOLIC WNL	DEFERRED ☐
HEMATOLOGIC	DEFERRED ☐
PSYCHIATIC WNL	DEFERRED ☐
NUTRITIONAL Stable	DEFERRED ☐
GYNECOLOGIC	DEFERRED ☐
LYMPHATIC WNL	DEFERRED ☐

DIAGNOSIS IMPRESSIONS RELATED TO EVALUATION OF TODAY'S VIST – ASSESSMENT
NOTE: "P" = PRIMARY "C" = CONTRIBUTING

DIAGNOSIS/IMPRESSION		DIAGNOSIS/IMPRESSION	
Chest pain	P☐ C☐	H-CVA	P☐ C☐
Cardiomegaly	P☐ C☐	Contracture/ankylosis	P☐ C☐
Chronic hypoxemia	P☐ C☐	Dementia	P☐ C☐

TREATMENT PLAN

1) Ativan 1.5 BID
2) Zebeta 10 BID
3) Topical x2 25 mg gel for OP + A help w/ chest pain if continues
4) Nitro prn
5) CXR 2 mo
6) RTC 2 mo

ORDERS DICTATION TO FOLLOW: YES NO

LABORATORY	OTHERS

REVIEW/FOLLOW-UP ORDERED PROCEDURES/REQUESTED CONSULTATIONS

NOTES

AUTHORIZATION
NOTE: THE PHYSICIAN/PRACTIONIER SIGNATURE ABOVE: ATTEST THAT HE/SHE HAS REVIEWED THE NOTATIONS DOCUMENTED ON THIS VISIT FLOW SHET AND AUTHORIZES THE PERFORMANCES OF ALL PROCEDURES AS MARKED. PHYSICIAN/PRACTITIONER _____

07073404 1-435-6817 P.206

KEITH,EDWARD C
LAKE MARION PRIMARY CARE
15 EAST HOSPITAL STREET
MANNING SC 29102

Quest Diagnostics

LABORATORY REPORT

Patient Name	Patient ID/Hospital ID	Room No.	Age	Sex	Physician
DINGLE,DIANE C. 803-435-5081	332		38	F	KEITH, EDWARD C

Page	Requisition No.	Accession No.	Lab Ref No.	Collection Date & Time	Log-in Date	Report Date & Time
1	5084422	AT775984N	33701/KEITH	06/27/2003 10:20	06/27/2003	06/28/2003 01:00

Remarks
0332

SS#: 251-45-0060

Report Status	Test	Result In Range, Out of Range	Units	Reference Range	Site Code
FINAL	PATIENT DATE OF BIRTH: 08/18/1964				
	URIC ACID	2.9	MG/DL	1.7-7.5	AT
	COMPREHENSIVE METABOLIC PANEL				
	GLUCOSE	90	MG/DL	65-109	AT
			FASTING REFERENCE INTERVAL		
	UREA NITROGEN (BUN)	13	MG/DL	7-25	
	CREATININE	0.8	MG/DL	0.5-1.2	
	BUN/CREATININE RATIO	16	(CALC)	6-25	
	SODIUM	140	MMOL/L	135-146	
	POTASSIUM	4.3	MMOL/L	3.5-5.3	
	CHLORIDE	106	MMOL/L	98-110	
	CARBON DIOXIDE	25	MMOL/L	21-33	
	CALCIUM	9.4	MG/DL	8.5-10.4	
	PROTEIN, TOTAL	7.8	G/DL	6.0-8.3	
	ALBUMIN	4.4	G/DL	3.7-5.1	
	GLOBULIN	3.4	G/DL (CALC)	2.2-4.2	
	ALBUMIN/GLOBULIN RATIO	1.3	(CALC)	0.8-2.0	
	BILIRUBIN, TOTAL	0.8	MG/DL	0.2-1.3	
	ALKALINE PHOSPHATASE	61	U/L	20-125	
	AST	17	U/L	2-35	
	ALT	11	U/L	2-40	

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

>> END OF REPORT <<

Anderson's
7-2-03 Left msg LR
7-14-03 - Already on Hemocyte (+) gold ↑'d to BID #60 3RF
LReed

LAKE MARION PRIMARY CARE LABORATORY
15 E. HOSPITAL ST. P.O. DRAWER 280
1 DOGWOOD MEDICAL COURT
MANNING, S. C. 29102
PHONE (803)435-2529

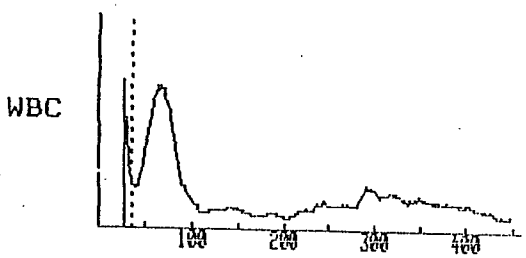
CD1700 SPECIMEN DATA REPORT

Specimen ID# : 33701
Patient: DINGLE, DIANE
Sex: F DOB: 08/18/64
Physician: KEITH
Comments: 0332

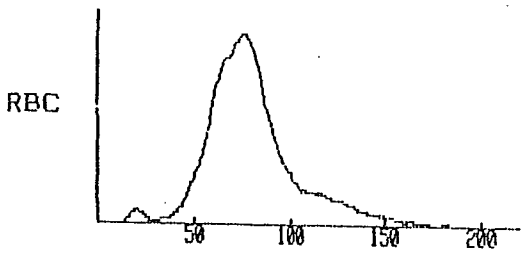
Analyzed: 06/27/03 11:14
Operator I.D.: [illegible]
Sequence #: 1428
Mode: Open
Collected: 06/27 10:20

TEST	RESULT		FLAG	LIMIT	REFERENCE RANGE (LIMIT 1)	
WBC	4.2	K/uL	L	*[ ]	4.6 - 10.2	K/uL
LYM	1.6	39.2 %L		[*]	0.6 - 3.4	10.0 - 50.0 %L
*MID	0.3	7.6 %M		[*]	0.0 - 1.8	0.0 - 21.5 %M
GRAN	2.2	53.2 %G		[*]	2.0 - 6.9	37.0 - 80.0 %G
RBC	3.93	M/uL	L	*[ ]	4.04 - 5.48	M/uL
HGB	9.7	g/dL	L	*[ ]	12.2 - 16.2	g/dL
HCT	28.8	%	L	*[ ]	37.7 - 47.9	%
MCV	73.2	fL	L	*[ ]	80.0 - 97.0	fL
MCH	24.7	pg	L	*[ ]	27.0 - 31.2	pg
MCHC	33.7	g/dL		[*]	31.8 - 35.4	g/dL
RDW	20.9	%	H	[ ]*	11.6 - 14.8	%
PLT	472.	K/uL	H	[ ]*	142. - 424.	K/uL

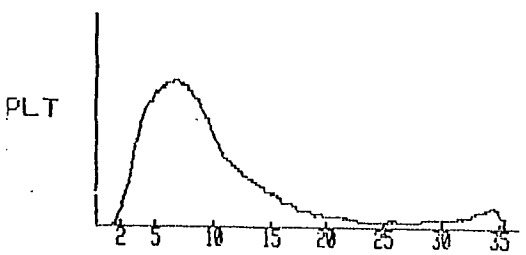
* MID cells may include less frequently occurring and rare cells correlating to monocytes, eosinophils, basophils, blasts and other precursor white cells.



4.69 s



6.81 s



T NAME: Diane Ding MR#: P.208 320 DATE OF SER R 7/31/03

M (F) DOB 9/18/64 AGE 38 WALK-IN YES (NO)

PPOINTMENT WITH Nurse (PFT) TIME _____ AM PM

R ____/____ PULSE _____ B/M RESP. _____ TEMP. _____ °F WT 152½ LBS

EIGHT ____FT ____IN. REASON FOR OFFICE VISIT

SYMPTOM	ICD-9 CODE	DIAGNOSIS	ICD-9 CODE
Allergic rhinitis	___.___	A)	___.___
Asthma	___.___	B)	___.___
Cough -	___.___	C)	___.___

TORY OF PRESENT ILLINESS: DIABETIC ____ HYPERTENSION ____ ARTHRITIS ____ HYPERLIPIDEMIA ____

HOUSE IV THERAPY : MEDICATION: _____ DOSAGE: _____ DURATION: _____

LABORATORY TEST		DIAGNOSTIC TESTING	
Singulair 10mg po QD samples x 1yr supply			

MARKS/COMMENTS: PT teaching given. Use meds as instructed.

CITIONER / PHYSICIANS [signature] DATE OF VISIT 7/31/03

THE PHYSICIAN / PRACTITIONER SIGNATURE ABOVE ATTEST THAT HE / SHE HAS REVIEWED THE NOTATIONS DOCUMENTED ON THIS FLOW SHEET AND AUTHORIZEDS THE PERFORMANCE OF ALL PROCEDURES AS MARKED.

ANCILLARY SERVICE RECORD

IAME: _____ MR#: _____ DATE OF SERVICE ____/____/____

F DOB ____/____/____ AGE _____ WALK-IN YES NO

OINTMENT WITH _____ TIME _____ AM PM

____/____ PULSE _____ B/M RESP. _____ TEMP. _____ °F WT _____ LBS

HT ____FT ____IN. REASON FOR OFFICE VISIT

SYMPTOM	ICD-9 CODE	DIAGNOSIS	ICD-9 CODE
	___.___	A)	___.___
	___.___	B)	___.___
	___.___	C)	___.___

TY OF PRESENT ILLINESS: DIABETIC ____ HYPERTENSION ____ ARTHRITIS ____ HYPERLIPIDEMIA ____

USE IV THERAPY : MEDICATION: _____ DOSAGE: _____ DURATION: _____

LABORATORY TEST		DIAGNOSTIC TESTING	

KS/COMMENTS: _____

ONER / PHYSICIANS _____ DATE OF VISIT ____/____/____

E PHYSICIAN / PRACTITIONER SIGNATURE ABOVE ATTEST THAT HE / SHE HAS REVIEWED THE NOTATIONS DOCUMENTED ON THIS W SHEET AND AUTHORIZEDS THE PERFORMANCE OF ALL PROCEDURES AS MARKED.

P.209

Patient Information

Name	DIANE DINGLE
ID	0332
Age	38
Height	5 ft 3 in
Weight	154 lbs, BMI 27.3
Gender	FEMALE
Ethnic	AFRICAN
Smoker	NO
Asthma	NO

Test Information

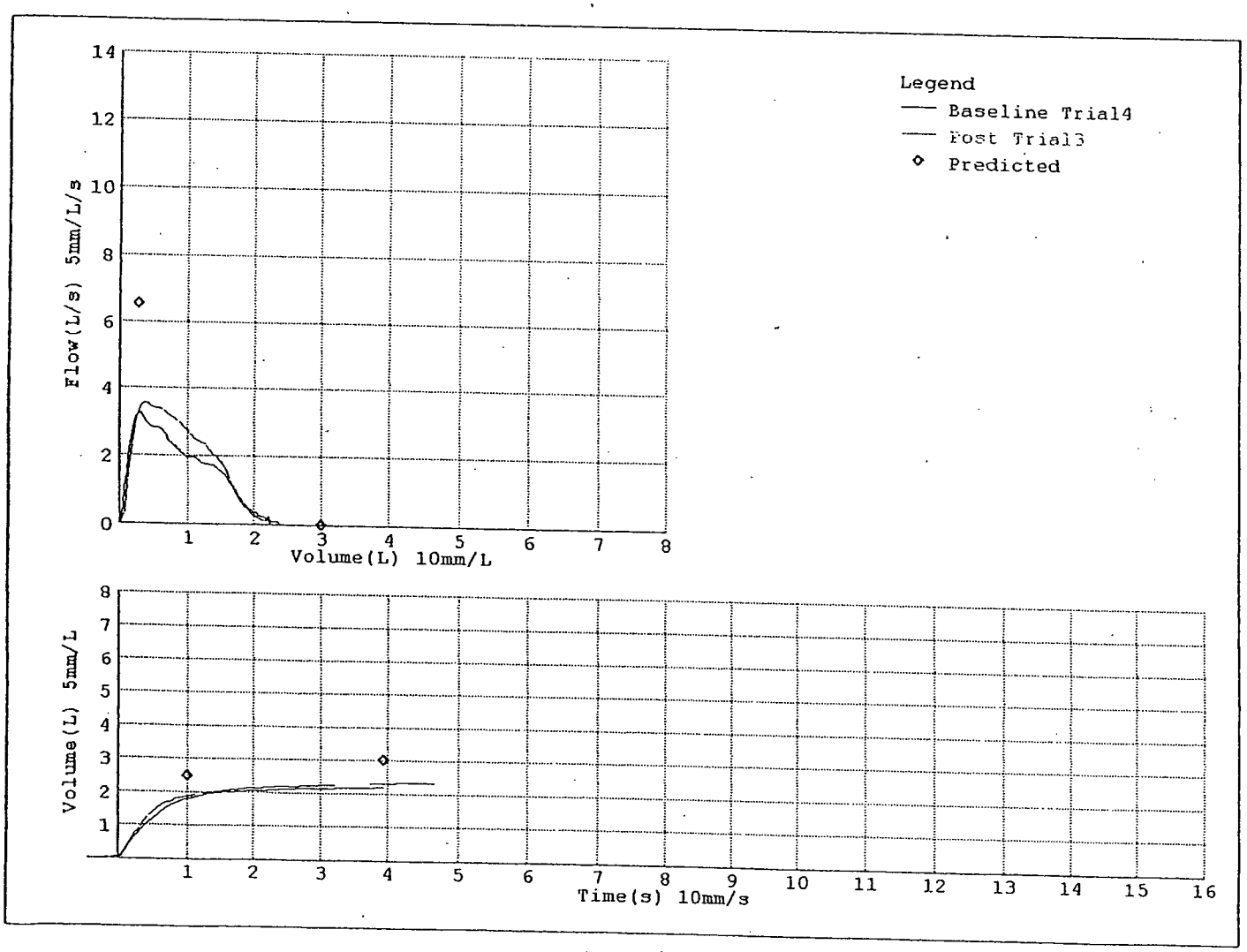
Test Date	07/31/2003
Test Time	08:28am
Post Time	08:47am
Test Mode	DIAGNOSTIC
Predicted Ref	NHANES III
Value Select	BEST VALUE
Tech ID	
Automated QC	ON
BTPS (IN/EX)	-.--/ 1.04

Test Results Your FEV1 is 73% Predicted

	Baseline						Post				
Parameter	Best	Trial4	Trial3#	Trial1#	Pred	%Pred	Best	Trial3	Trial4#	Trial1#	Chg
FEV1 (L)	1.81*	1.81*	1.80*	1.71*	2.49	73	1.89*	1.89*	1.97	1.91	4%
FVC (L)	2.20*	2.20*	2.21*	2.07*	3.00	73	2.35	2.35	2.45	2.39	7%
FEV1/FVC	0.82	0.82	0.81	0.83	0.84	98	0.81	0.81	0.80	0.80	
FEF25-75 (L/s)	1.89	1.89	1.96	1.93	2.84	67	2.03	2.03	2.13	1.94	
PEF (L/min)	194.36*	194.36*	171.75*	162.00*	390.34	50	212.96*	212.96*	189.75*	172.73*	-10%
FET (s)	3.95	3.95	3.81	3.48	-.--	-.--	4.69	4.69	4.80	4.91	

* Indicates Below LLN or Significant Post Change

Baseline FEV1 Var = 0.01L 0.6%; FVC Var = 0.01L 0.4%; Session Quality D;
Post FEV1 Var = 0.06L 3.1%; FVC Var = 0.06L 2.6%; Session Quality D;
Interpretation Low vital Capacity possibly due to restriction of lung volumes
Caution: Only One Acceptable Maneuver - Interpret With Care.



7/31/03
(85)

So. Carolina Depa P. 210 f Social Service

PHYSICIAN'S STATEMENT

Clarendon County DSS

Section I – To Be Completed by the County Department

A/R Name:	Birthdate:	Sex:	Case Number:
Diane Dingle	8/18/64	F	671590

Address: 211 Richardson St, 2L Manning SC

A/R Telephone: 435 5081

Name of Caseworker: (Please print) Maryanne Davis

Date: 3/14/03

Telephone: 435-4303

Send the Report to: Fax 435 2831 Clarendon County DSS, 3 E. Church St, Manning SC

County DSS Address

Section II – To Be Completed by the Physician

Is patient able to engage in any type of employment? ☐ Yes ☒ No If no, why not? Medical problems are not resolving

Work Capacity:
☐ Full Time
☐ Part Time
☒ None

If not able to work now, when will he/she be able to work?
___ Weeks ☐ Never
189 Months

Is patient able to engage in education, training or job preparation activities? ☒ Yes ☐ No

Comments: ☒ Less Than 20 Hours Per Week
☐ 20-30 Hours Per Week
☐ 31-40 Hours Per Week

Please state any restrictions or limitations:
Can not be exposed to noxious fumes

Diagnosis: (1) Vocal cord polyps (2) Aphonia (3) Laryngetis (4) Gastritis (5) Chest pain (6) anemia

Prognosis:
Is Condition: ☒ Temporary and Total ☐ Temporary and Partial ☐ Permanent and Total ☐ Permanent and Partial

Please check one or more of the following services from which you feel the patient would benefit, if applicable:
Referral to: ☐ Vocational Rehabilitation Services ☐ DAODAS (Drugs, Alcohol and Other Drug Abuse Substances)
☐ Mental Health ☐ Other: ___

Is this individual in need of an in-home caregiver? ☐ Yes ☒ No
If so, please give the name of the caregiver: ___

Is the patient pregnant? ☐ Yes ☒ No If yes, when is EDC? ___
If patient is pregnant, are there medical limitations or disabilities which may prevent the patient from working (full-time or part-time) or attending school?

Print or Type Physician's Name:	Address:	Telephone:	Date:
Dr. E Keith	15 E. Hospital St Manning	435-2524	3-27-03

Physician's Signature: E. Keith

DSS Form 1247 (JUN 02) Edition of SEP 01 is obsolete.

(86)

Diane Dingle
#52094
09/14/98
HISTORY: She is seen for evaluation of difficulty with her nose and sinuses.

REVIEW OF SYSTEMS: Cardiac and respiratory status are stable. She has had a CT scan of her sinuses which we will review. She has been noted to have headache for a long period of time. She works around a press making oil seals. She is a nonsmoker and says that she is not around cigarette smoke that often. Pollen and dust do seem to aggravate it. Her headache is severe at times in the glabella area.

PHYSICAL EXAMINATION: On examination the head is normocephalic. Eyes are unremarkable. Ears show tympanic membranes are gray and mobile. Nose shows mild rhinitis. The turbinates are moderately swollen and there is minimal septal deviation. Oropharynx, neck and larynx are unremarkable.

RECOMMENDATIONS: We will review the CT scan of her sinuses and set up the allergy test for her.

09/24/98 @10:00 AT (R)

Rocco D. Cassone, M.D., FACS
RDC:pwc

9-21-98 f/u ov (R)

Diane Dingle
09/21/98
HISTORY: She is seen for evaluation of difficulty with allergies and stopped up nose. Her CT scan was reviewed and her report is not in the chart. She has significant blockage in her OMC and I believe paradoxical turbinates. These may need to be resected. She has significant problems at work and wonders if the problem is related to her press.

PHYSICAL EXAMINATION: The examination is unchanged from her last visit.

RECOMMENDATIONS: We will arrange for her to have allergy tests this coming Thursday. We may consider an endoscopic procedure and resection of turbinates.

Rocco D. Cassone, M.D., FACS
RDC:pwc

10-5-98 No show (R)
2-11-00 c/o hoarseness, tightness in chest c sinus congestion
not sure if job related (R)
2/11/00 Pannaz #40 1 po bid
2/11/00 Nasonex #1 2 sprays each nostril daily (CLC)
2/11/00 Eryc 250 mg #40 1 po Q 8h (CLC) (87)

2/21/0
11:4
CLC

Diane Dingle
#52094
02/11/00

HISTORY: Diane is seen for evaluation of allergies and stopped up nose. She is having some problems with the nose. She missed her last appointment. She is complaining of drainage.

REVIEW OF SYSTEMS: Cardiac and respiratory status are stable.

PHYSICAL EXAMINATION: On examination she has significant swelling of her turbinates, there is purulence in the nose. Ears, unremarkable. Oropharynx, neck and larynx are unremarkable.

IMPRESSION: Significant sinusitis.

RECOMMENDATIONS: She is placed on Pannaz, Nasonex and Eryc. We will see her back in about 10 days.

Rocco D. Cassone, M.D., FACS
RDC:jd

3/10/00
3:15
CLC

2/24/00 FU OV C/O hoarseness TA
2/24/00 Nasonex #1 2 sprays each nostril daily CLC
2/24/00 Ceftin 250 mg #20 1 po bid CLC

Diane Dingle
02/24/00
HISTORY: Diane is seen for evaluation of hoarseness, sore throat, clogged up throat and lump sensation in her throat. She has been having more difficulty with this. Her sinuses are doing a little bit better at the present time. She is not having the drainage she was having before. The voice is still hoarse and this concerns her greatly.

REVIEW OF SYSTEMS: Unchanged from previous visit.

SOCIAL HISTORY: Unchanged from previous visit.

FAMILY HISTORY: Unchanged from previous visit.

PHYSICAL EXAMINATION: On examination the head is normocephalic. Eyes, PERRLA, full EOM. Ears, tympanic membranes are gray and mobile. Nose shows improvement of the sinus drainage, the turbinates are less prominent. Oropharynx, unremarkable. Neck, supple. IDL showed some areas of leukoplakia. A fiberoptic examination was done and the nasopharynx was clear. The remainder of the cords could be seen well. There appears to be leukoplakia of a very mild degree.

RECOMMENDATIONS: She is to continue on Nasonex and Ceftin. We will see her back in two weeks. We may have to consider a micro direct laryngoscopy.
RDC:jd

(88)

Diane Dingle
#52094
04/25/00

HISTORY: Diane is seen for evaluation of difficulty with hoarseness and sinus congestion. She had been doing fairly well, but again became hoarse over the past few days.

REVIEW OF SYSTEMS: The cardiac and respiratory status are otherwise stable. She came here on an urgent basis and could not wait until Monday as she did feel like she was ill. ROS otherwise unchanged.

PHYSICAL EXAMINATION: On examination the head is normocephalic. Eyes, PERRLA, full EOM. The ears show tympanic membranes are gray and mobile. The nose shows marked rhinitis. The oropharynx is unremarkable. Neck, supple. IDL shows very red cords with edema of the arytenoids that is mild. She does not think she can work with her voice being so bad and the inflammation she has.

IMPRESSION: Laryngitis, sinusitis.

RECOMMENDATIONS: She is placed on Ceftin and Entex. We will see her in Manning this coming Monday and decide at that time when she can return to work.

Rocco D. Cassone, M.D., FACS
RDC:12

5-1-00 Entex LA #20 ½ po BID (KD)

Diane Dingle
#52094
05/01/00

HISTORY: Diane is seen for evaluation of sinusitis and hoarseness. She is doing better at the present time. She is doing well at this point. Her voice is markedly improved. She does have some congestion.

REVIEW OF SYSTEMS: Cardiac and respiratory status are otherwise stable.

PHYSICAL EXAMINATION: On examination the head is normocephalic. Eyes, PERRLA, full EOM. Ears, tympanic membranes are gray and mobile. Nose shows moderate rhinitis. Oropharynx, unremarkable. Neck, supple.

RECOMMENDATIONS: We placed her on Entex for the rhinitis. We will see her back on a prn basis. She may return to work.

Rocco D. Cassone, M.D., FACS
RDC:jd

7/18/00 Sent copy of records to Clark Law Firm (SE)

SUMTER ASTHMA & ALLERGY CENTER
James A. Lp. 216. M.D.

PATIENT QUESTIONNAIRE

NAME: Diane Senfe DATE 6/12/00

Please help us in your evaluation by filling out this information sheet. Circle (Y) for yes and (N) for no, and if you want, write comments . If you are filling this out for someone else, such as child the questions apply to the patient. Thank you.

Do you have any drug allergies? Y (N)

Any food allergies? Y (N)

Do you smoke now? Y (N)
Were you ever a smoker? Y (N) For how many years? ____
How many packs a day? ____

Do you have or have you had a problem with:

Y	(N)	Arthritis/Muscles/bones	(Y)	N	Loss of weight
(Y)	N	Ears - infections, hearing	(Y)	N	Loss of appetite
Y	(N)	Pneumonia	Y	(N)	Cataracts/Glaucoma
Y	(N)	Anemia/Blood diseases	Y	(N)	Heart disease
Y	(N)	Cancer	Y	(N)	High Blood Pressure
Y	(N)	Nose bleeds	Y	(N)	Kidney
Y	(N)	Tuberculosis	Y	(N)	Bladder/Prostate
Y	(N)	Diabetes	Y	(N)	Liver
Y	(N)	Endocrine/Hormone problems	Y	(N)	Immune problems
Y	(N)	Mental problems	(Y)	N	Stomach/Intestine
Y	(N)	Nerve/Seizures	(Y)	N	Skin

Comments: Since I've been working at my job for the past 2 years

Have you had any major accident or injury? Y (N)
Have you had any surgery on your sinuses? Y (N)
Have you had any surgery on your ears? Y (N)
Have you had your tonsil or adenoid removed? Y (N)
Any other surgery? Y (N)

Have you ever had sinus X-rays done? (Y) N When? ____ Results? ?

When was your last chest X-ray? Don't remember

"I'm having trouble @ my job — my chest hurts, hoarseness, headaches". Co ~ Asthma ?

meds
- Antibiotics
- Allergy
- Headache meds
- Itching med.

— when pharmacy goes down that's when

skin - itchy, break out red mad bumps - ? exposure to some parts @ work - @ work - pollen general itch — even in cornstarch

MRI - head scan - — results Coming

Family history:

Do any of your relatives have allergies, hay fever or sinus problems? yes

Does anyone have asthma? no

Is there anything else that runs in the family? high blood pressure

Home environment:

What type of heating system is in your home?

- central
- heat pump
- electric
- kerosene
- wood
- gas
- Oil

Is there an air conditioner? (Y) N — central/window unit

Is there an air filter/purifier? (Y) N — humidifier/vaporizer Y N

Do you have any pets? Y (N) — What kind? _____ inside outside

Are there carpets in the home? (Y) N

Which room:

- Bedroom
- Den
- Living Room

Are there any smokers in the house? Y (N)

Do you spent a significant amount of time in another home? (Y) N

Work environment or school/daycare

What kind of work do you do? Inspect oil seals for cars

For how long? 4 years

Is there anything at work that worsens your problem? (Y) N

Have you missed work because of your problem? (Y) N

Does your problem interfere with hobbies/recreation/ (X) (N)

? phrascoat oil seals - metal/rubber - handle metal + rubber applied - can handle smell

If you are stung by a bee/wasp, or a fire ant, do you have a reaction with hives, wheezing, throat tightness, and/or shortness of breath? Y (N)

Thank you for your cooperation.

OUTLER ASTHMA & ALLERGY CENTER
James A. [illegible] P. 218[illegible], M.D.

ALLERGY AND ASTHMA QUESTIONNAIRE AND EXAM

NAME: Diane Dingle DATE 6/13/00
CHART # 3878 AGE 36 M (F)
REFERRED BY Dr Keith

CHIEF COMPLAINT resp problem

RHINITIS SYMPTOMS: ear itch
Sneeze not much Nasal itch ____ Congestion ____ Sinus ha ____
Discharge yellow Eye symptoms ____ PND yellow ____ funky / getting
Other +/- blood

nose or sinus problem

SEASON:
Early spring Late spring Summer
Late summer/early fall Winter Year-around

"all right"

Severity:
Onset: 6-7 yrs ago

Area where better? Where worse?
Therapy tried before: spray - Nasonex - Lyle - Lotion medical leave when put on
- Lotrimin P/C
? other meds meds -

Prior skin testing results : ϕ
By whom ? When ?
Prior use of IT

since 1998

ASTHMA SYMPTOMS: ONSET
Wheeze Chest tightness SOB
Hard to breath in/out cough sometime
chest closes up

resp

chest hurts, can't breath, voice "closes up" - cough - few days here - no problem - under control -
- ? problem - pharyngeal (?) (thyroid problem) (+ goiter MSD)
Dx - cough - ? start work - products - chest hurts/sore throat - progress + after vacation
- yrs + th Cozaar - x2 yrs - ϕ help
- seen several times for meds - ? some help (?) can't breathe
- ? chest breathing test - ? like asthma -
? better ? med

Triggers:

Dust exposure

Frequency :
Nocturnal symptoms : ϕ
Severity :

Seasonal :

Interference with:
- School
- Work
- Other

Number of ER or acute care visits: several times
Hospital stays :
Use of steroids :

How many times?

Medications used in the past : ϕ

put on medical leave several times

PHYSICAL EXAM

Hgt 5'4" Wght 127# P 84 BP 124/82 R=18 T: 98.9

General Appearence:
distress Y (N) very hoarse
cough Y (N) croaky voice
sniffle Y (N)
oriented (Y) N
affect good

Ears: canals clear TM's OK

Eyes: conjunctivae clear lids OK
pupils EQL fundi

Nose: cong mucosa D/C
R mild
L mild

Polyps Y (N) septum wnl

Oral: teeth/gums OK
PND Y (N) palate wnl

Face: shiners Y (N) sinus tenderness Y (N)
nasal crease Y (N)

Neck: mass Y (N) thyroid wnl trachea midline

Lymph nodes cervical ø
axillary ø groin

CV: RRR ø murmur varicosity Y (N)
JVD Y (N) edema Y (N)

Lungs: CTA (Y) N airflow ~~Y N~~ good
wheeze Y (N) rales Y (N)
retractions Y (N)

Abdomen: soft HSM Y (N)
mass Y (N)

Skin: clear flex. eczema Y (N)

Extremity cyanosis Y (N) clubbing Y (N)

Pulmonary functions: Last PFT 10/01 inspiratory loop "cut off" c mod-sig
no Δ in Vmid p MDI

MDI use: instructed in proper use → no Δ in voice

SUMTER ASTHMA & ALLERGY CENTER
James A. Atkison, M.D.

208 W. HAMPTON • SUMTER, SOUTH CAROLINA 29150
TELEPHONE: (803) 775-2421

June 13, 2000

Edward Keith, M.D.
Lake Marion Primary Care
15 Hospital Street
Manning, SC 29102

RE: DIANE DINGLE

Dear Dr. Keith:

Thank you for sending Ms. Dingle to me. She is a 35 year old who has come to me for an evaluation of respiratory problems. She mainly states that she has complaints with her chest consisting of wheezing, which might be on inspiration, chest tightness, shortness of breath, her chest will hurt or she cannot breathe, and her voice closes down or she gets hoarse, mainly at work. She is fine at home, but soon after arriving at work, she begins having problems. She noted that her throat hurts or gets sore, her tongue gets numb, and this progresses to the respiratory problems including the voice changes. This apparently has been going on for about two years. She has seen an ENT doctor for this, and apparently has been treated some for sinus infection, but that has not helped this problem. She has been put on medical leave because of this. She is not sure what other medicines she has been given. She apparently has had pulmonary functions testing done, that might have shown changes consistent with asthma, she is not real clear on this, but she has not been given any medicines at home. She has had numerous emergency visits for this problem.

She complains of sinus headaches, congestion, a yellowish post-nasal drip, itchy nose and eyes, and a yellowish nasal discharge, that seems to happen in the spring and the fall, but she seems to be clear in the winter. This started six or seven years ago. Nasonex apparently helped it. She has had no prior allergy testing done.

Current medicines are some headache pill that she took a few days ago that makes her sleepy, and some type of allergy pill she took yesterday. Of note is that she just got off working the night shift.

She has no known drug or food allergies and has not been a smoker.

She gets an itchy small bumpy rash, after working in some parts of the plant, that occurs even on unexposed skin. She has had problems with loss of weight and appetite, her stomach and ear problems. She apparently has had an MRI and head CAT scans done a few years ago before she was referred to Dr. Cassone.

There is a family history of allergy problems but not of asthma. There is also a family history of hypertension.

The home environment would be unremarkable for this problem.

Her work environment shows that she works with oil seals that have been coated with some type of chemical. She promises to bring me the MSDS for these things.

On exam, Ms. Dingle was alert and in no distress. No cough was noted, but she had a very hoarse or cracking whispery voice. Her nose showed a mild to moderate soft pink congestion with scant clear discharge. She did not have allergic shiners or a nasal crease. Her lungs were clear, and there was no wheeze over her trachea.

Pulmonary functions were within normal limits, and did not change after she used an inhaler. The inspiratory loop, however, showed a slight "cut off" pattern, which might be consistent with upper-airway obstruction. She was instructed in the proper use of an asthma inhaler, following this, however, her voice did not change.

Ms. Dingle has a problem with wheezing, shortness of breath and hoarseness, which might sound like asthma or occupational asthma, although I could prove none of that today. She may be having some laryngospasm or laryngeal edema, perhaps secondary to some airborne chemicals or irritants at work. We cannot do any specific testing for these chemicals, as they are not recognized as allergens, and we are unable to test for them. I would like to, however, perform a rhinoscope exam on her to evaluate her for sinus disease and especially her vocal cords after she gets off of work, and we have arranged to do that. She will try using a Proventil inhaler as needed to see if this helps with any of this, but I doubt that it will.

I discussed with her the use of the Proventil, and the nature of occupational asthma and how difficult it can be to diagnose. The best treatment for this in the long run may be avoidance, which might mean a change in her job.

I would like to get a copy of her X-ray or MRI report

We will see her back for the rhinoscope exam. After that, we may do allergy skin testing, but that is mainly to evaluate what may be a seasonal allergy problem, which is unrelated to the laryngeal problem.

Thank you again for sending her. If you have any questions, please do not hesitate to contact me.

Sincerely,

James A. Atkison, M.D.

JAA/mas

Diane Dingle
#3878

P.222

Pat-Name:
DINGLE,DIANE
Pat-No:

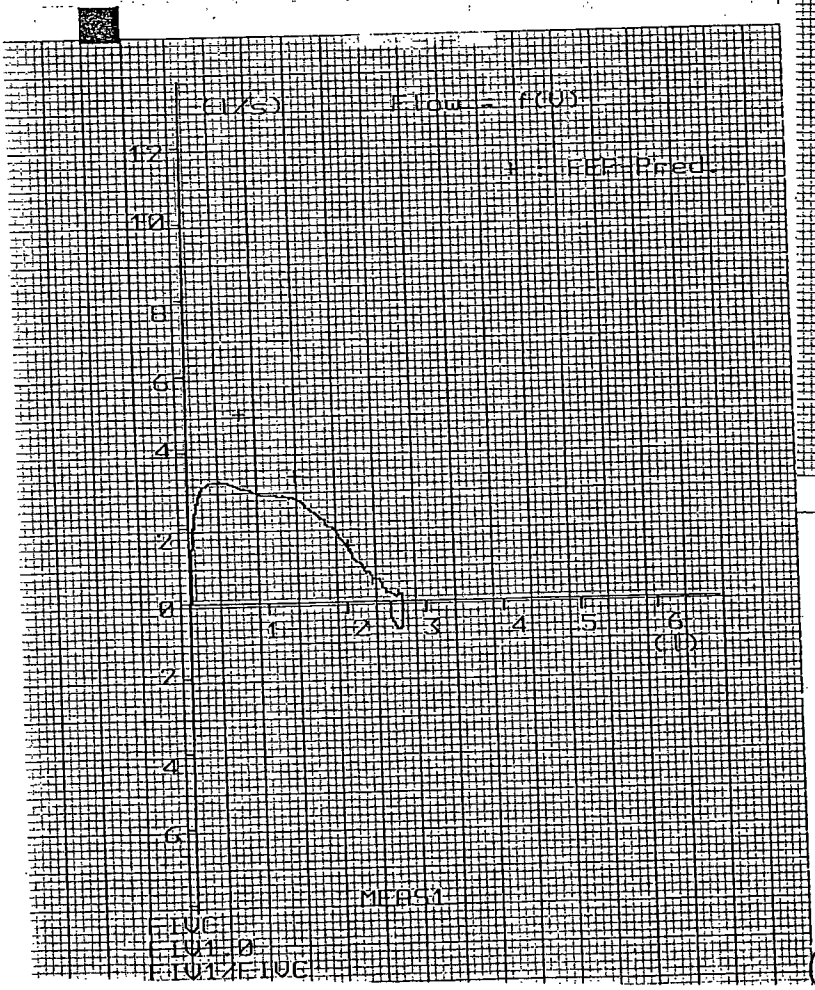
Born: 8-18-54
Age: 45 years
Sex: F
Height: 64 in.
Weight: 127 lb.
Race: B

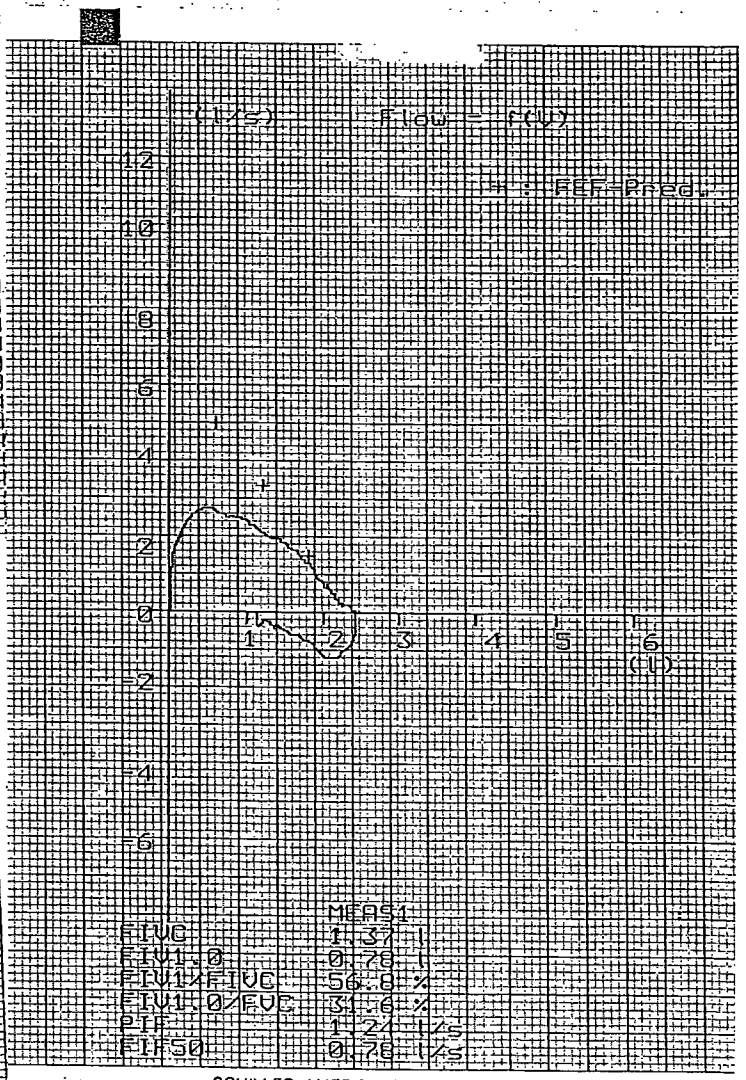
Normals: COMPOSITE

	MEAS1	PRED.	%PRED
FVC	2.22	3.09	88 %
FEV0.5	1.49	2.05	72 %
FEV1.0	2.26	2.63	86 %
FEV3.0	2.72	3.01	90 %
FEV.5/FVC	54.6	%	
FEV1/FVC	99.0	72.2 %	115 %
FEV3/FVC	99.9	82.6 %	121 %
FEF.2-1.2	3.03	4.66 l/s	65 %
FEF25-75%	2.40	2.82 l/s	85 %
FEF25-85%	0.94	1.01 l/s	93 %
PEF	3.24	5.37 l/s	60 %
FEF25%	3.04	5.01 l/s	61 %
FEF50%	2.75	3.36 l/s	82 %
FEF75%	1.35	1.51 l/s	90 %

DR. ATKISON
Tu 13-JUN-00 10:19:12 S-0 S

SCHILLER AMERICA Reorder No. 2.157 005A





SCHILLER AMERICA Reorder No. 2.157 005A

(95)

Dingle, Diane
P. 223
#3878

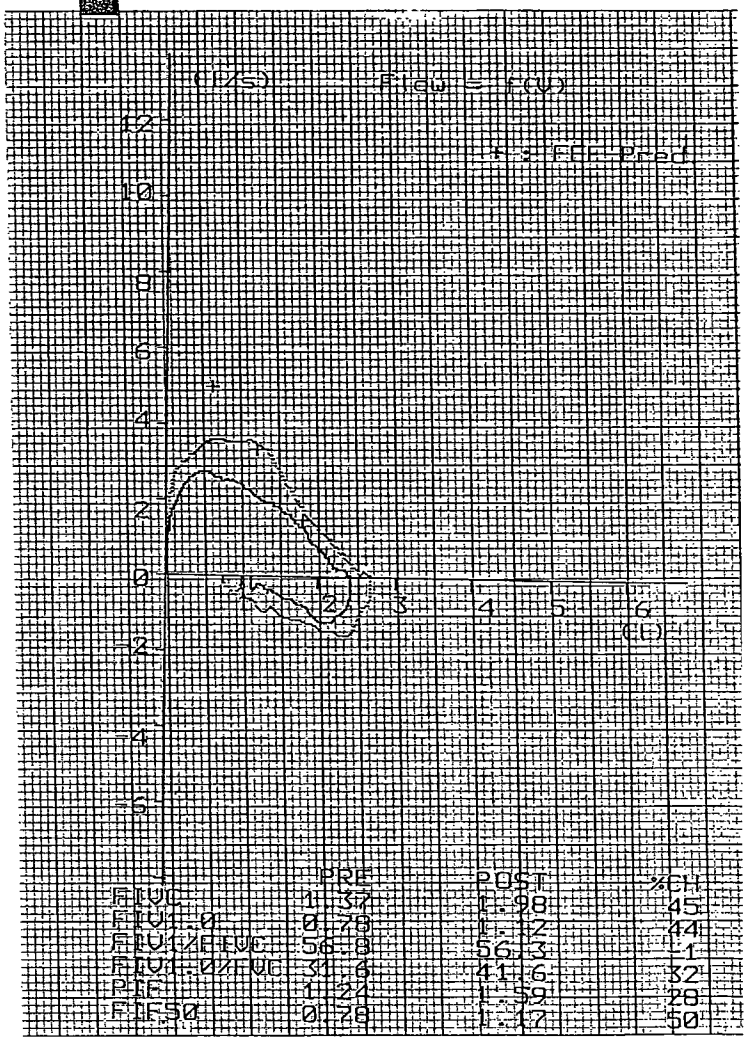
Pat-Name:
DINGLE,DIANE
Pat-No:

Born: 8-18-64
Age: 35 years
Sex: F
Height: 64 in.
Weight: 127 lb.
Race: B

Normals: COMPOSITE

	PRE	%	POST	%	%CH
FVC	2.45	79	2.68	87	10
FEV0.5	1.27	62	1.67	81	32
FEV1.0	1.98	75	2.29	87	15
FEV3.0	2.42	80	2.65	88	9
FEV.5/FVC	51.7		62.1		20
FEV1/FVC	81.0	112	85.3	118	5
FEV3/FVC	98.9	120	98.8	120	
FEF.2-1.2	2.52	54	3.49	75	39
FEF25-75%	1.96	70	2.59	92	31
FEF75-85%	0.82	81	0.97	96	18
PEF	2.77	52	3.84	68	31
FEF25%	2.63	52	3.65	73	39
FEF50%	2.09	62	3.31	98	58
FEF75%	1.18	28	1.24	82	5

DR. ATKISON
TU 13-JUN-00 10:39:19 3-0.5



	PRE	POST	%CH
FIVC	1.37	1.98	45
FIV1.0	0.78	1.12	44
FIV1%FIVC	56.9	56.3	-1
FIV1.0%FVC	31.6	41.6	32
PIF	1.24	1.59	28
FIF50	0.78	1.17	50

DINGLE, P. 224,

3878.

July 6 '00 pt called - wanted ? dec advising papers signed - I tried & call 1520 hrs - 435-9652 - # disconnected called 478-4629 - Mr H - M/D - will call in AM

7-7-00 AM I called pt - very hoarse sometimes difficult to understand her - apparently just wanted me & never mind - states all Sx listed from exposure pertains to her - exclusively stop their nausea

- trying to get Worker's Comp papers - people @ work can't help (per pt) - got a lawyer

- asked pt if she wanted med statement now, although would be more definite after surgery (scheduled 7/12) - will wait for that

JS

DINGLE, DIANE #3878 July 10, 2000

Patient in for acute care visit, complaining of pain and swelling on the right side of her face, her cheek hurts, ear ache on the right side, etc. Feels like she has post-nasal drip or a cloggage in her throat, yellowish discharge, a little bit of a dry cough, she felt feverish. All of this started up late last week, around July 6, was seen at the emergency room, July 7, was given pain killer (Loritabs) and told to come here.

She has also complained that her stomach and chest hurts with this. No one else at home has been sick, or at work.

No other problems. Review of systems, negative.

EXAM: Patient well developed, well nourished, alert, seems a bit fatigued. Ears with clear tympanic membranes and canal. Eyes are clear, no injection or discharge, lids okay. Nose showed moderate pink congestion without discharge, no polyps, septum okay, not tender over sinuses. Oral showed a little bit of white exudate on the right, with a bit of erythema, her trismus limited her exam. Teeth and gums okay. Neck and thyroid okay. Small, somewhat tender tonsillar lymph nodes, especially on the right. Lungs are clear with good air flow, no wheeze, no rales.

ASSESSMENT: Acute tonsillitis, not allergy and probably not work related.

PLAN: Amoxicillin 500 mgs. three times a day for ten days, fluids, Tylenol, lozenges and gargles, etc. If abdominal pain continues, follow-up with primary care for further evaluation of liver, gallbladder disease, etc.

DISCUSSED: Above, use of Amoxicillin and side effects, tonsillitis might give her stomach pain versus other problems, etc.

Will postpone rhinoscope exam for two or three weeks until she gets over this illness.

James A. Atkison, M.D.

JAA/mas

DINGLE, DIANE #3878 August 1, 2000

Patient in for rhinoscope exam. Currently on no medicines other than Nasonex.

From last visit, patient saw her primary care doctor right away, was given two or three injections of some kind of medicine (she did know what it was) and Levaquin. Two days later she required another shot. She was told she had a tonsillar abscess, apparently. She still has some pain and difficulty swallowing. Her main concern is that the back of her throat burns. Feels like she has a "cloggage" in the back of her throat. Sometimes her right ear hurts, her nose burns, her throat burns, she is still hoarse.

Patient was last at work evening of July 29, complained there about a lot of throat burning, etc., had to go to another work area, still had the same kind of problem there, she thinks it was because of fumes all over the plant. However, off of work for two days, her throat still hurts and she is still hoarse.

Patient used to sing in a choir but no longer does.

In the past states that Claritin, she is not sure whether it is Claritin or Claritin D, made her heart flutter. She has Allegra. Usually she has been treated with, we think, Mescolor.

No other complaints.

Decided to proceed with rhinoscope exam to further evaluate the hoarseness, etc. Procedure discussed and consent form signed. Patient premedicated with topical Afrin and Xylocaine.

Right nasal cavity entered first with little difficulty. Views of the posterior nasopharynx show a small to medium sized adenoid but no erythema or exudate, no purulence was noted. Sphenoid recess was clear. Her vocal cord area showed a small nodule on the left vocal cord, about one third to one half way from the anterior commissure, but there was no erythema, edema, mucus stranding, etc., in that area. Rest of hypopharynx appeared clear. Middle meatus area was also clear.

Left nasal cavity examined in likewise fashion, no problems were noted in the sphenoid recess, eustachian tube opening or middle meatus area.

Patient tolerated procedure well.

ASSESSMENT: (1) Chronic hoarseness, probably secondary to vocal cord nodule. (2) Chronic rhinitis, headaches, the throat complaints, etc., could be secondary to allergy, has no evidence of chronic sinusitis or other pathology such as adenoiditis, etc., on today's exam that could give her this.

Re-examined throat, tonsils were size two on a scale of four but no erythema or purulence.

Questioned patient about acid reflux symptoms, she denied any.

PLAN: Because of continued throat complaints, will give her a trial of Prevacid 15 mgs a day, for fourteen days, to see if this will help, as a trial for silent reflux. Would recommend allergy skin testing.

DINGLE, DIANE #3878 August 1, 2000

DISCUSSED: Silent reflux and use of Prevacid. Rhinoscopy findings. Would recommend voice rest for three weeks for the vocal cord nodule, if this does not help, she may need to follow-up with ENT. Role of allergy skin testing. It is possible that a lot of mouth breathing because of nasal congestion could give her some sore throat. Allergy and airway hyper-reactivity, i.e., any strong odor or fume could make her nose clog up, headache, drain, etc. Use of Prevacid, use of allergy medicines as a trial, such as Allegra, role of skin tests.

FOLLOW-UP: For the skin tests.

James A. Atkison, M.D.

JAA/mas

SUMTER ASTHMA & ALLERGY CENTER
James A. Atkison, M.D.
208 West Hampton Avenue
Sumter, South Carolina 29150
803-775-2421

CONSENT FOR RHINOSCOPY

PATIENT Diane Dingle NUMBER 3878

Rhinoscopy involves insertion of a thin flexible tube, with a light source and a "telescope" into the nasal cavity. The procedure is done to examine the nasal cavity, which is not totally visualized with a routine exam, for obstructions, masses or signs of sinus disease. It is also done to evaluate the eustachian tube opening (which drains the middle ear), the adenoid tonsil, the back of the tongue and the vocal cords.

Before the tube is inserted, the patient is given a topical vasoconstrictor (i.e. Afrin) to spray up the nostrils, to shrink the membranes and make the passageway bigger, as well as a topical anesthetic (lidocaine) to deaden the pain.

The procedure is generally well-tolerated.

Risks:

1. Some pressure will be felt, but very little pain.
2. Bleeding is a possibility, but uncommon.
3. Occasionally a patient feels faint and passes out.
4. Occasionally a patient hyperventilates.

No tissues are cut and no biopsy specimens are taken with rhinoscopies performed in this Center.

PATIENT: I have read this statement and understand its contents. I give my consent (or consent for a minor under my care) to have this procedure done.

SIGNATURE Diane Dingle DATE 8/1/00

WITNESS Darlene Hillyer DATE 8-1-00

T = 99'.

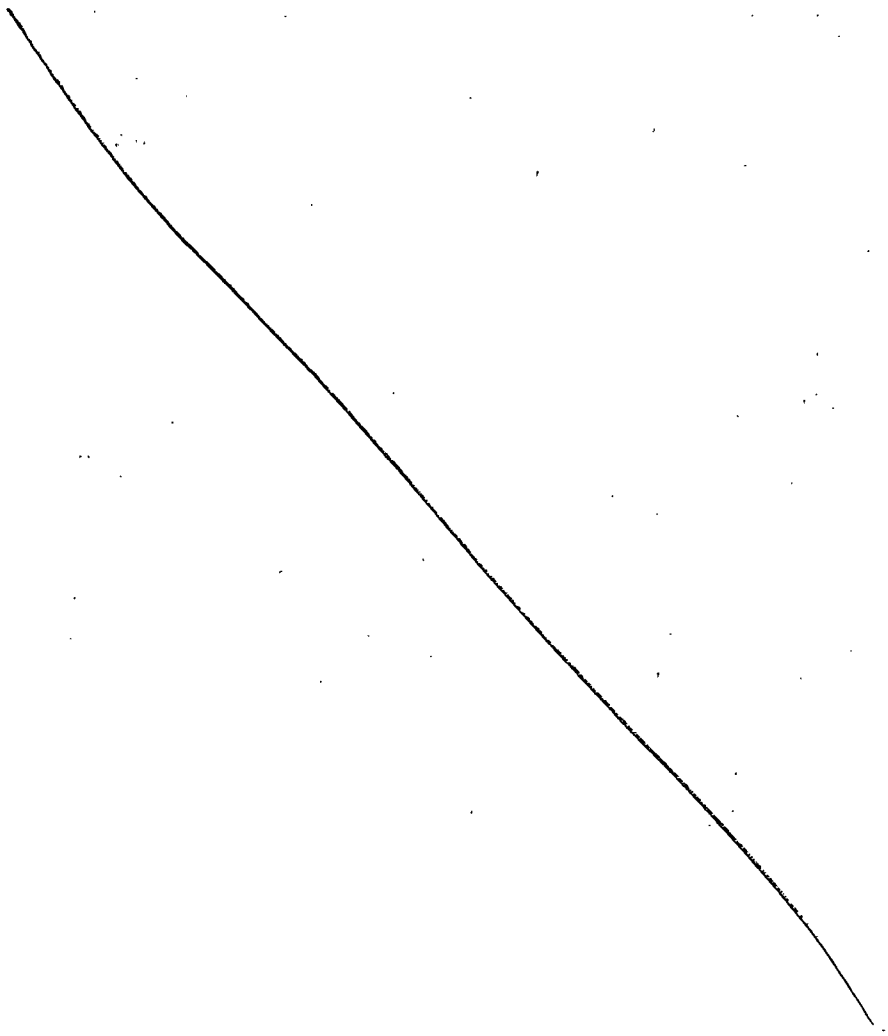
P = 92.

R = 20.

BP = 108/60.

Dinglp. Zayiane
3878

8-17-00 :- Patient resch todays SIT appt for 8-23-00 because She did not have the money to pay on previous balance. — Sandy Hallman



DINGLE, DIANE #3878

August 23, 2000

Patient in for skin tests and follow-up for rhinitis. Medicines are appetite pill, Periactin (patient told us about this after skin tests were applied and read); last took Prevacid August 19.

Patient's main complaint continues to be the feeling of burning or clogage in her throat, sore throat, cannot really get rid of it, like something is stuck in there, this is constant. Tried the Prevacid, did not seem to help it, actually felt like she had more heartburn, had her stomach checked by primary care doctor, told she had reflux, thinks Prevacid might have made this problem worse.

She is still hoarse, sore throat, sometimes hard to talk, she tried to do voice rest but this is not helping.

Nose has not been much of a problem lately, has occasionally sneezing, nose does not burn, she has no sinus headaches, etc.

Has not had too much problem with her chest, this seems to be better, when she does notice wheezing, it is on inspiration. Proventil has not helped this. If she is excited, she gets more wheezing.

Currently on medical leave, apparently getting Worker's Compensation eventually. Has not been back to work since August 6.

Patient also frequently wakes up at night, reason unclear, does not really think she is that much of an ~~average~~ anxious person, etc.

EXAM: Patient well developed, well nourished, alert, in no distress, somewhat hoarse. Ears with clear tympanic membranes and canal. Eyes are clear, no injection or discharge, lids okay. Nose showed moderate pink congestion with dry white discharge, no polyps, septum okay, not tender over sinuses. Oral clear, no post-nasal drip, teeth and gums okay. Neck, thyroid and lymph nodes okay. Lungs are clear with good air flow, no wheeze, no rales, no wheeze at the larynx.

Patient had skin testing done to inhalant allergens, had weak histamine control, only reacted to cockroach. Probably having some antihistamine interference. Felt, however, somewhat itchy on her arms and a little bit short of breath after the skin tests were done, this improved.

ASSESSMENT: (1) Chronic rhinitis with headaches by history, probably perennial allergy, medicine interfering with good skin tests, no evidence of chronic sinusitis. (2) Hoarseness, unrelated, probably related to vocal cord nodule, etc., that was found on rhinoscope exam, gets followed by ENT at this point.

PLAN: Will schedule for repeat skin tests. No medicines at this point. Would recommend further evaluation by ENT for the vocal cord nodule. Treatment for allergic rhinitis based on skin tests and other symptoms, etc.

FOLLOW-UP: For repeat skin tests off of antihistamines.

James A. Atkison, M.D.

JAA/mas

SUMTER ASTHMA & Ap. 231(CENTER
James A. Atkison, M.D.
208 West Hampton Avenue
Sumter, SC 29150
(803) 775-2421

INHALANT ALLERGEN SKIN TESTS

NAME Diane Dingle. NUMBER 3878. DATE 8-23-00

Criteria for reading tests:

Prick
- 1+ - erythema smaller than a nickel in diam (21mm)
- 2+ - erythema larger than a nickel w/wheal < 3mm
- 3+ - wheal 3 mm or larger w/erythema
- 4+ - wheal w/pseudopods

Intradermal
- 1+ - 3-4mm wheal w/erythema
- 2+ - 4-8mm wheal w/erythema
- 3+ - >8mm wheal w/o pseudopods
- 4+ - wheal w/pseudopods

TREES	PRK	ID
1. Elm, American	N	
2. Oak, Eastern Mix	N	
3. Box Elder	N	
4. Birch, Red	N	
5. Ash, Green & White	N	
6. East Cottonwood/Poplar	N	
7. Sycamore, East	N	
8. Maple, Red & Sugar	N	
9. Willow, Black	N	
10. Alder, Tag	N	
11. Hickory/Pecan	N	
12. Red Cedar/Juniper	N	
13. Walnut	N	
14. Mulberry	N	
15. Pine	N	

GRASSES	PRK	ID
1. Bermuda	N	
2. Rye, Perennial	N	
3. Timothy	N	
4. Kentucky, Blue	N	
5. Johnson	N	

PERENNIALS	PRK	ID
1. Cat	N	
2. Dog	N	
3. D.Farinae	N	
4. D.Pterinissinus	N	
5. Cockroach	3+	

Histamine	3+	
Control	N.	

WEEDS	PRK	ID
1. Ragweed, G&S	N	
2. Sheep Sorrel	N	
3. English Plantain	N	
4. Lamb's Quarters	N	
5. Cocklebur	N	
6. Pigweed, Red Root	N	
7. Mugwort	N	
8. Dogfennel	N	
9. Yellow Dock	N	
10. Golden Rod	N	
11. Marsh Elder	N	

MOLDS		
1. Alternaria	N	
2. Aspergillus	N	
3. Hormodendrum	N	
4. Epicoccum	N	
5. Mucor	N	
6. Phoma	N	
7. Pen. Notatum	N	
8. Rhizopus	N	
9. Helminthosporium	N	
10. Curvularaia Spicifera	N	

OTHER		
_____		
_____		
_____		
_____		
_____		
TREE MIX I		
TREE MIX II		
GRASS MIX		
WEED MIX		
MOLD MIX		

September 01, 2000

Diane Dingle
#3878

Pt. in for repeat allergy skin tests.

MEDICINES: Currently on no medications.

No significant nasal allergy symptoms given today. Pt. states she went back to work 2 nights ago, with just standing around began having symptoms i.e.., her throat burned, her chest hurt, found it hard to breathe, felt a little bit swollen under her rib cage, hoarse, inspiratory wheezing. She left, was gradually improving, feels a bit better now, but still some symptoms. Her throat still hurts.

She hasn't had similar symptoms in other areas, doesn't go to bars, etc. Did notice this kind of a problem on a dirt road.

Pt. to see ENT soon for vocal cord polyp.

EXAMINATION: Well developed, well nourished, alert and somewhat hoarse. No cough.
HEENT: Ears with clear membranes and canal. Eyes are clear, no injection or discharge, lids okay. Nose showed moderate pinkish congestion with scant clear discharge, no polyps, septum okay. Oral clear, no post nasal drip, teeth and gums okay.
NECK:Thyroid and lymph nodes okay. No wheeze over the larynx.
LUNGS: Clear, no wheeze and no rales.

Inhalant allergy skin testing showed reactions to several tree, grass, weed pollens, cat and dog, dust mite and cock-roach.

ASSESSMENT:
1. Perennial and seasonal allergy-somewhat stable.
2. Recurrent hoarseness, wheezing, SOB, has vocal cord polyp by rhinoscopy, may be having some degree of vocal cord dysfunction, not typical of asthma, nonallergic. This may be irritant effect from work.

PLAN: Given samples of Claritin D 12 to try for her nose, encouraged allergy control and avoidance measures, consider use of immunotherapy. To FU with ENT about the hoarseness problem.

Diane Dingle
Page II
#3878
09/01/00

Discussed skin tests results, nature of allergens, control, encasements, avoidance measures. Use of Claritin D, use of allergy shots, pros and cons, what will help and what won't help. Symptoms of hoarseness, vocal cord dysfunction, etc., see ENT.

I do not think it's likely that allergen immunotherapy will help her throat problem. The best treatment for this is the long run may be switching jobs, i.e.., avoiding this exposure, I cannot directly desensitize her for exposure to the smoke fumes and chemicals that she states that she has at work.

Request FU in 3 mos

James Atkison, M.D
JA/dgs

SUMTE ASTHMA & ALLERGY CENTER
James A. Atkisson, M.D.
208 West Hampton Avenue
Sumter, SC 29150
(803) 775-2421

INHALANT ALLERGEN SKIN TESTS

NAME Diane Dingle. NUMBER 3878. DATE 5-1-00

Criteria for reading tests:

Prick
- 1+ - erythema smaller than a nickel in diam (21mm)
- 2+ - erythema larger than a nickel w/wheal < 3mm
- (3+) - wheal 3 mm or larger w/erythema
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Intradermal
- 1+ - 3-4mm wheal w/erythema
- 2+ - 4-8mm wheal w/erythema
- 3+ - >8mm wheal w/o pseudopods
- 4+ - wheal w/pseudopods

TREES	PRK	ID
1. Elm, American	3+	
2. Oak, Eastern Mix	3+	
3. Box Elder	N	
4. Birch, Red	3+	
5. Ash, Green & White	3+	
6. East Cottonwood/Poplar	N	
7. Sycamore, East	N	
8. Maple, Red & Sugar	N	
9. Willow, Black	3+	
10. Alder, Tag	N	
11. Hickory/Pecan	3+	
12. Red Cedar/Juniper	N	
13. Walnut	N	
14. Mulberry	N	
15. Pine	3+	

GRASSES	PRK	ID
1. Bermuda	3+	
2. Rye, Perennial	3+	
3. Timothy	3+	
4. Kentucky, Blue	3+	
5. Johnson	3+	

PERENNIALS	PRK	ID
1. Cat	3+	
2. Dog	3+	
(3). D.Farinae	3+	
(4). D.Pterinissinus	3+	
5. Cockroach	3+	

- House Dust Mites

Histamine	3+	
Control	N	

WEEDS	PRK	ID
1. Ragweed, G&S	3+	
2. Sheep Sorrel	3+	
3. English Plantain	3+	
4. Lamb's Quarters	3+	
5. Cocklebur	3+	
6. Pigweed, Red Root	N	
7. Mugwort	3+	
8. Dogfennel	N	
9. Yellow Dock	N	
10. Golden Rod	2+	
11. Marsh Elder	N	

MOLDS		
1. Alternaria	N	
2. Aspergillus	N	
3. Hormodendrum	N	
4. Epicoccum	N	
5. Mucor	N	
6. Phoma	N	
7. Pen. Notatum	N	
8. Rhizopus	N	
9. Helminthosporium	N	
10. Curvularaia Spicifera	N	

OTHER		
TREE MIX I		
TREE MIX II		
GRASS MIX		
WEED MIX		
MOLD MIX		

Manning Medicine

Name:	DOB:	Age:	
Diane Dingle	**#5703**	**10/16/00**	**Allergies: Claritin**

S: Ms. Dingle is a pleasant 36 YO here today for Worker's Comp eval. She has been employed at Federal Mogul now for the last 4 years. She reports that since June of '98 whenever she went to work she would experience headache and sinus congestion. She initially sought care from her private physician Dr. Keith who could not determine the cause he referred her on to Dr. Cassone he treated her for about a year and a half but could never pinpoint a cause. She also states she was referred to another Dr. again without obvious cause being noted. She states that a small nodule was found on one of her vocal cords. She now advises me whenever she goes to work she feels like her throat is closing up and remains sore. She has developed chronic hoarseness as a result. Finally today she tells me she has been out of work since July secondary to her complaints however this is the first time she has pursued Worker's Comp.
Past Medical Hx: Remarkable for allergies.
Current Medications: None.
Allergies: Claritin D apparently this caused her heart to race.
Surgical Hx: None.
Family Hx: Both parents are alive and well in their 50's. She has 5 sisters and one brother all in fairly good health with the exception of one sister who has HTN and diabetes. She has 2 sons and 2 daughters all in good health.
Social Hx: Negative for tobacco, alcohol or drugs. She is employed as a machine operator. She is divorced.
GYN Hx: Menarche was age 16. Her last period was October 1, 2000. Her periods are every 3 to 4 weeks. She is a G-5, P-4, A-1. She has not undergone hysterectomy. Last Pap smear was in January of this year. She has never had any abnormal Pap smears. She has undergone mammogram previously but does not remember when her last was.
O: Temp 96.8. BP 156/92. Heart rate 80. Respirations 16. Weight 138. General: This is a pleasant adult female in no distress. HEENT: Normocephalic, atraumatic. PERRL. Nares are patent with clear rhinorrhea noted. OP is non-erythematous, no unusual lesions are noted. TM's non-erythematous, non-bulging. Neck: Supple with minimal submandibular lymphadenopathy. Heart: RR&R without murmur. Lungs: CTA bilaterally. Abdomen: Soft and flat, positive bowel sounds, no organomegaly or masses are noted. Extremities: Warm and dry with brisk capillary refill. No unusual skin lesions identified.

(continued Diane Dingle)
A: Environmental allergies.
P: We'll let her try some Allegra 60 mg one bid for the next month. She is to return to regular duty as of today. We will need to request her previous record so we can see what previous work-up has been done. DCG/mre 10/19/00

Manning Medicine

Patient Name:	DOB:	Allergies:

Diane Dingle **#5703** **10/17/00**

S: Ms. Dingle is a pleasant 36 YO I had seen yesterday for a Worker's Comp case. Apparently she suffers form environmental allergies and had been out of work for several weeks. I started her on some Allegra bid and asked her to return to work. She states she was able to work only for about an hour before she developed severe itching over her entire body with associated throat and chest discomfort. No other problems are reported.
O: Temp 98.1. BP 150/96. Heart rate 76. Respirations 16. Weight 136. General: This is a pleasant adult female in no distress. HEENT: Normocephalic, atraumatic. Nares are patent with a little clear rhinorrhea. OP is minimally erythematous at best. She is somewhat hoarse. Neck: Supple. Heart: RR&R without murmur. Lungs: CTA bilaterally. Abdomen: Soft and flat, positive bowel sounds, no masses are noted. Extremities: Warm and dry with brisk capillary refill.
A: Environmental allergies.
P: I have contacted her employer they advise me that they have no light duty in the plant where she would not be exposed to fumes therefore I feel I have no other course but to continue to hold her out of work. We will refer her to a Worker's Comp allergist for further study. She should continue with Allegra bid in the interim. DCG/mre 10/22/00

MANNING INTERNAL MEDICINE

NAME: Diane Dengle

CHART: 5703 DOB: 8/18/64

FLOW CHART

DATE	TEMP	B/P	PULSE	RESP	WT.	FBS	OTHERS:
10/16/00	96.8	156/92	80	16	138½		
10-17-00	98¹	150/96	76	14	136¼		

PAGE _____

NURSE'S NOTES

PATIENT:
TELEPHONE NO:

DATE: 1-803-612-4115

10/24/00 Claim# BAI4082F - Kim Woodall Called Kim to get OK for Allergist appt. Out of office until Friday Oct. 27. I left Message for Ms Woodall to return My CALL. PM

FEDERAL-MOGUL SUMMERTON PLANT
PHYSICIAN'S INSTRUCTIONS - RETURN TO WORK STATEMENT
for Work-Related Injuries

Employee Name: Deane Deingle **Date of Injury:** 6-98

Physician Name: David Gaines **Date Treated:** 10/16/00

Nature and Extent of Injury: 36 yo BF reports since June '98 she has experienced headaches and sinus problems whenever she was exposed to a "chemical" at work. She now reports chronic hoarseness and throat discomfort. States her regular MD (Dr. Keith) has already made several referrals on her behalf.

Physician's Diagnosis: Environmental Allergies

Treatment Given: Allegra → one twice daily; We'll request her previous records.

Return to Work Status and Restrictions (please note if follow-up visit(s) is needed):

✓ **Return to Full Duty – No Restrictions**

____ **Return to Light Duty**

Restrictions:

____ **Cannot Return to Work At This Time** **Return to Work Date** 10/16/00

Reason:

✓ **Follow-up Visit/s Required**

Explanation: Follow-up one month.

David C. Gaines, MD
Physician's Signature

10/16/00
Date

* Pt advises me she's been away from work since July.

FEDERAL-MOGUL SUMMERTON PLANT
PHYSICIAN'S INSTRUCTIONS - RETURN TO WORK STATEMENT
for Work-Related Injuries

Employee Name: Diane Dingle **Date of Injury:** June '98

Physician Name: David Barnes MD **Date Treated:** 10/17-00

Nature and Extent of Injury: See sheet 10/16/00

Physician's Diagnosis: ENVIRONMENTAL ALLERGIES

Treatment Given: ALLEGRA TWICE DAILY; AVOID IRRITANTS. WILL REFER TO ALLERGIST FOR OTHER RECOMMENDATIONS.

Return to Work Status and Restrictions (please note if follow-up visit(s) is needed):

_____ Return to Full Duty – No Restrictions

_____ Return to Light Duty

Restrictions:

✓ Cannot Return to Work At This Time **Return to Work Date** _____

Reason: pt unable to work due to allergies.

Follow-up Visit/s Required → TO BE DETERMINED BY ALLERGIST.

Explanation:

David C. Barnes MD
Physician's Signature

10/17/00
Date

MCLEOD SPEECH PATHOLOGY
EVALUATION OF VOICE
May 2, 2001

Patient: Dian Dingle DOB: 8-18-64
Speech Pathologist: Wynne English, CCC-SLP
Referring Physician: Dr. Dan Hopla, ENT
Incoming Diagnosis: Hoarseness

This patient is a 36 y/o single mother of 4 who has been on medical leave for the last 10 months from her position at Federal Mogul, a company that produces oil seals. She had been employed by the company in Manning for 4-5 years before going out on this medical leave at the recommendation of Dr. Gains, a physician who cares for many of the employees at Federal. She has been experiencing severe burning in her throat with hoarseness for at least the last year. In completing the initial "Vocally Abusive Behaviors Checklist", a checklist that asks the patient to check all of the 32 items that pertain to her, only 3 items were rated as occuring on a "frequent" or "always" schedule. These 3 items were: environmental irritants exposure, talking in noisy environments, and talking in smoky environments. These 3 items existed almost solely in her workplace. Ms. Dingle reported she doesn't smoke, drink, or abuse her voice in any way of which she was aware. In 1998, she began having breathing problems and headaches; at the end of 1999, the problems with her voice and intense burning in her throat began. At her place of employment, Ms. Dingle states she was exposed to constant smoke and chemical fumes directly in her work area. To the best of her knowledge, Ms. Dingle had severe negative reactions to a chemical called Thixon 7500. These reactions included severe stomach pain, severe burning in her throat, severe headaches and at it's worst, the sensation that her "throat was closing up". Although it was not required by the company at the time, she states she was offered a mask in about February of 2000 by her direct supervisor, "Vern", to provide a barrier for the chemicals and smoke, but this particular mask was not effective. She could taste the chemicals and smoke in her mouth daily. It is not known if the mask she tried was NIOSH/MSHA-approved equipment recommended by the MSDS specifications. It is also not known if the airborne concentration of this chemical (possibly Thixon 7500) was high enough to warrant the use of a self-contained breathing apparatus (SCBA) or a supplied air respirator. Again, to the best of her knowledge, OSHA did come to the site in the last 6-10 months, and she knows of at least 2 employees who are working in the area where she had worked who are now wearing a type of respirator. This type of history has been taken to aid in the differential diagnosis of this patient's voice problem, whether it be functional, psychological, myopathic or neurological in origin.

Ms. Dingle has been evaluated at least twice by Dr. Dan Hopla, ENT in Florence, once in September of 2000 and again in April of 2001. During the visit in September, Dr. Hopla noted that the patient complained of severe pain in the back of her throat.. Her flexible exam revealed a slight amount of erythema to the cords. He ordered a CT scan and said if that was negative, he would treat her for reflux. After the visit last month, he stated that the patient continued to complain of hoarseness, and that she had some edema to the cords; she also had some small nodules bilateraly,but they were very small. His plan was to have her seen by speech pathology and check thyroid levels, and if these both turned out negative, he would try surgery to strip the cords.

Results of a CT of the neck completed in September of 2000 indicated "scattered small lymph nodes in the neck with prominent, slightly asymmetric tissues in the posterior oral pharynx without evidence of any discrete laryngeal lesions."

Ms. Dingle states that since she has been out on medical leave, she has not had additional periods of her "throat closing up" or aphonia (complete loss of voice); she is still hoarse, however, and this is not abating.

EVALUATION OF VOICE

Voice Parameters: (1=mild, 2=moderate, 3=severe)

Pitch: too low: 2
Monotone: 1
Pitch breaks: 1
Diplophonia: 2

Initially, achieved a fundamental frequency approaching 220 Fo, however, as the evaluation progressed, her pitch declined to a low of 170 Fo.

Phonatory-based Quality: breathy: 2
Harsh: 2
Hoarse: 2
Weak voice: 2
Loss of voice: 1
Glottal Fry: 1

Nasal Resonance: NML

Oral Resonance: NML

Loudness: limited variation: 2
Monoloudness: 2

Other: progressively-weakening voice: 2
Hard glottal attacks: 2-3

Note: increased in all types of dysphonia by ~ 40% in the second ½ of the Grandfather Passage.

Clinical Impressions

This patient exhibits a moderate voice disorder with possibly a mixed etiology. She can vocalize in most of her ADL's, but with **difficulty** and with **careful listening and a quiet environment necessary.** It is difficult to say what part, if any, the environmental chemicals at her work-site played in the development and perpetuation of her voice disorder. Although she has been removed from that environment by being placed on medical leave (reportedly secondary to her response to the chemicals), she continues to experience hoarseness and burning in her throat. Environmental chemicals have been known to have a significant effect on the vocal cords (such as drying of the cords), however, information in the MSDS sheet on Thixon 7500 doesn't specifically mention the vocal cords. This particular chemical does have a variety of potentially severe effects on the body if ingested or put in prolonged contact with the skin. A copy of the MSDS sheets is available in this chart for details along this line. If the voice problem is primarily a functional one, her voice should respond to improved vocal hygiene and modification of vocal behaviors through voice therapy at McLeod.

Plan of Care

We would like to have a trial period of voice therapy for 1 month, 2x/week (schedule 8 sessions, with at least 4 attended) to determine this patient's ability to learn control of her voice using the goals below. If at the end of this trial period we are unable to achieve an audible and measurable improvement in all target parameters, we will recommend the patient be referred for videostroboscopy to obtain more objective information on the movement and closure of the cords during various speech tasks. With videostroboscopy, data can be obtained on vocal cord movement, etc., primarily by way of a strobe which serves to slow the movement of the vocal cords for visual and audio analysis. Photos of the cords can also be obtained for comparison long-term.

Short-term goals: (1 month)

1. Patient will produce I-/h/ words in phrases with easy-onset of speech for 80% of trials on Visi-Pitch.
2. Patient will recognize hard glottal attack/diplophonia/ inappropriately-low pitch /breathiness in her recorded speech with 80% accuracy.
3. Patient will consistently drink 6-8 glasses of water qd and consider chewing sugarless gum to assist In the non-throat-clearing method of purging pharynx of sinus drainage.
4. Patient will appreciate at least a mild audible positive change in her voice quality in therapy, which may be reported as taking "less effort to talk." If this does not occur, this examiner will request from this patient's regular physician a referral to an ENT who conducts videostroboscopy.

Long-term goal: (6 months)

Ms. Dingle will present with a normal-to-mild voice disorder, with the patient able to function with minimal effort in all communication situations in her ADL's.

The goals above represent the patient 's personal goal of having a normal voice again.

Wynne English, CCC-SLP
Speech/Language Pathologist

CONREF

MUSC
MEDICAL UNIVERSITY OF SOUTH CAROLINA

Consultation Information Form

☐ Consult ☐ Referral

To: Double Channel pH Probe

Date: 9/20/01 Time: _____

Patient Name: Dingle, Diane # 1320482

Patient Address: _____

Telephone Number: ( ) – (day) ( ) – (home)

Insurance: _____ Policy Number: _____

Referring Physician: Halstead Phone: _____ Pager ID: _____

Reason for Consultation: 37 YO BF with chronic Hoarseness being treated with Anti Reflux Meds. Please test with Double Channel pH Probe OFF medication to assess for Reflux.

Other Medical Problems: _____

Medications: _____

_____ Consult and evaluation only: _____ Consult and continued management needed: _____

Appointment Date: Wed, Oct 10, 01 Time 9:15 am / pm 2nd Floor R Tower

Referring physician aware of appointment: _____ yes _____ no

Name of person completing this form: Bob Kadakian PAC

Digestive Dis
d/c reflux meds
prior to test

CONREF

MUSC
MEDICAL UNIVERSITY OF SOUTH CAROLINA

Consultation Information Form

☐ Consult ☐ Referral

To: PULMONOLOGY - PFT

Date: 9/20/01 Time: _____

Patient Name: DINGLE, DIANE # 1320482

Patient Address: _____

_____

Telephone Number: ( ) - (day) ( ) - (home)

Insurance: _____ Policy Number: _____

Referring Physician: HALSTEAD Phone: _____ Pager ID: _____

Reason for Consultation: 37 YO BF WITH POSSIBLE WORK RELATED AEROSOLIZED CHEM EXPOSURE POSS ALLERGIES WITH >2 YEAR C/O HOARSENESS PLEASE EVAL WITH PFT'S FOR POSS. PULMONARY CONTRIBUTION TO HOARSENESS.

_____

Other Medical Problems: _____

_____

Medications: _____

_____ Consult and evaluation only: _____ Consult and continued management needed: _____

.....

Appointment Date: Thur Oct. 4, 01 Time 9:00 (am)/pm 5th Floor R Tower

Referring physician aware of appointment: _____ yes _____ no

Name of person completing this form: BOB KABAKJIAN PA C

Form 8–1. Vocally Abusive Behaviors Checklist

Name: Dean Dingle Age: 36 D.O.B.: 5/2

Examiner: W. English, CCC-SLP

Instructions: Have the client evaluate each behavior according to the rating scale. Use the comments column on the right-hand side to add any additional, relevant information.

on medical leave now - then
dr. put her out on leave
Federal Mobile - employee
smoke, make oil tests -

1 = never
2 = infrequently
3 = occasionally
4 = frequently
5 = always

		Comments
1	alcohol consumption	
	arcade talking	women plays qd → mandatory
1	arguing with peers, siblings, others	
1	athletic activities-involving yelling	
3	breathing through the mouth	
3	caffeine products used (coffee, chocolate, etc.)	
1	calling others from a distance	
1	cheerleading or pep squad participation	
1	coughing or sneezing loudly	
1	crying	
2	dairy products used	
4	debate team participation when at work	
	environmental irritants exposure	now on leave → 6+ mos.
1	grunting during exercise or lifting	
1	inhalants used	
1	laughing hard and abusively	
1	nightclub social talking	
1	participation in plays	

(continued)

now voice doesn't "close off" - flesh, e
(R) mildly raucous

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1st struggle made Feb. 2000

4 5th yes

end of 1999 → voice and breathing

1998 breathing problems and

Dr. Ackerson → allergist = seasonal

↳ said it was environmental

+ A.s since stopped working → not aphonic

just hoarse

— get MSDS from coordinator "Dean"

— since she left → OSHA has been there —

now

→ medical — Dr. Gains — saw her 2x =

leave

SCREENING

A screen for voice disorders can be accomplished with a few quick and easy tasks. For example, have the client imitate words or phrases, count, recite the alphabet, read a short passage, or talk conversationally. Wilson (1987) recommends these four steps to screen children for voice disorders:

1. Count from 1 to 10.
2. Read orally for one minute.
3. Produce continuous speech for one minute.
4. Prolong the following vowels for five seconds each: /ɑ/, /ʌ/, /i/, /u/, /æ/.

This sample is then evaluated according to the screening guidelines in Table 8–2. Any rating of 2 or greater is an indication that further evaluative measures or a rescreen at a later time should be pursued.

Table 8–2. Buffalo III Voice Screening Profile

	Normal	Mild	Moderate	Severe	Very Severe
Laryngeal Tone	1	2	3	4	5
Breathy					
Harsh		2			
Hoarse			3		
Pitch	1	2	3	4	5
Too High					
Too Low					
Loudness	1	2	3	4	5
Too Loud					
Too Soft					
Nasal Resonance	1	2	3	4	5
Hypernasal					
Hyponasal					
Overall Voice Rating	1	2	3	4	5

Comments _____

Follow-Up No Yes If yes, dates _____

Source: From D. K. Wilson, *Voice Problems of Children* (3rd ed.), p. 97. Baltimore: Williams & Wilkins. Copyright © 1987 and used by permission.

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FAX (843) 792-0546

September 20, 2001

Dr. Dan Hopla
506 E. Cheves Street, Suite 101
Florence, SC 29506

RE: DINGLE, DIANE
MUH# 1320482

Dear Dr. Hopla:

I had the pleasure of seeing Ms. Dingle on September 20, 2001 in consultation for a chief complaint of "throat."

History of Present Illness: This 37-year-old white female has had a problem with constant pharyngitis for approximately two years. Her throat is sore all the time. She gets short of breath when she talks. Her chest hurts when she talks. This has been going on since 1999. She has had an extensive workup which has included allergy testing which was positive. She was placed on some allergy medication, but she has not been on shots. She was told she has true vocal cord nodules. She has had a CT scan which has been nonspecific. She has been treated for reflux with AcipHex 20 mg p.o. q.d. None of this has helped.

Ms. Dingle's problems seem to be associated with Thixon 7500 exposure which causes irritation of the respiratory tract, eyes, and nose. She has had progressive difficulty in her work environment because of this chemical. She was finally placed on disability. She has been on medical leave now for 10 months, but her symptoms have not significantly subsided. She still complains of the severe burning in her throat, despite all the medications and the absence of this toxic exposure.

She has been evaluated by Ms. Wynne English at McCloud Hospital, who noted persistent aphonia, hyoglottal attack, inappropriate low pitch, and breathiness. These behaviors were difficult to respond to voice therapy.

Past Medical History: Significant for pregnancy. She has four children.

Review of Systems: Significant for high blood pressure, chest pain, shortness of breath, lung problems, bacteria in stomach, constipation, bladder problems, anemia, back pain, skin problems, and allergies. The remainder of her review of systems was investigated and is negative.

RE: DINGLE, DIANE
MUH# 1320482

Family History: Negative for stroke, positive for hypertension and prostate cancer.

Social History: Significant for being a single mother. She has four children. She is a nondrinker, nonsmoker.

Medication Allergies: Claritin, guaifenesin, and Ceftin.

Current Medications: Mescolor HOR, AcipHex, and Hemocyte Plus.

Physical Examination: On physical examination today, this is an alert woman who is extremely diplophonic. Her height is 5 feet 5 inches, weight 141 pounds, temperature 98.0, pulse 18, blood pressure 129/68. Her facial movements are symmetric without tics or ptosis. Her auricles and external auditory canals are normal. Her TMs are clear. Her nasal mucosa is uninflamed. Her oral cavity and oropharynx are without lesions. Her palate rises symmetrically. Her tongue is mobile. Her floor-of-mouth is soft. Palpation of her neck is tender over the carotid bulbs bilaterally. She is also quite tender over her anterior neck. Her neck is without adenopathy. Her thyroid is normal to palpation. Her cranial nerves II through XII are intact.

Procedure: In order to do a complete functional evaluation of the larynx, rod-lens laryngoscopy with videostroboscopy was performed by me. A voice sample was taken. Please refer to the attached note for the details of this evaluation.

Impression: The digital images were reviewed with Ms. Dingle. Ms. Dingle has a very diplophonic voice and has a cyst on the left true vocal cord. She has some dilated vessels and posterior glottic thickening. I have told Ms. Dingle I would like to increase her antireflux medications. We will place her on AcipHex 20 mg p.o. b.i.d. and Zantac 300 mg p.o. q.h.s. Additionally, we would like to try to get to the bottom of her chronic pharyngitis. I have told her vocal cord cysts can cause many things, but the chronic sore throat that she is experiencing would be quite unusual for a cyst. I feel that she would benefit by an extensive workup for connective tissue disorder such as Sjögren's, sarcoid, and rheumatoid arthritis. We will draw those laboratories. I have also encouraged her to consider allergy shots for her allergies, since that may also be impacting on her problem.

It is only until we can get to the bottom of the etiology of her throat pain would we want to consider doing anything to her vocal cords. Her larynx and pharynx must be completely normal prior to embarking on any surgical endeavor.

September 20, 2001
Dr. Dan Hopla
Page Three

RE: DINGLE, DIANE
MUH# 1320482

I will be seeing her back in several weeks or sooner if there is a problem.

Thank you for allowing me to participate in the care of your patient.

Sincerely,

Lucinda A. Halstead, MD
Associate Professor

LAH/bls

Enclosure

cc: Ms. Wynne English at
McCloud Regional Hospital

Name: DINGLE, DIANE Sex: F Age: 37 y
MRN/s: 001320482
Facility: MUSC Provider: SLOAN, MARY SWINGMANN

Date	Description	Status	Result	Normal Range	H/L	Site	Cmt
09-20-2001 11:31	SEDIMENTATION RATE, WESTERGREN	Finished	18 MM/HR	0 - 20		GEN LAB	
	NUCLEAR ANTIGEN ANTIBODY - ANA	Finished	NEGATIVE			IMMUNO	
	NEUTROPHIL CYTOPLASMIC ANTIBODY TITER	Finished	NEGATIVE			IMMUNO	
	RHEUMATOID FACTOR TITER	Finished	<20 IU/ML	0.0 - 20.0		IMMUNO	
	SS-A(RO) PRECIPITIN	Finished	4	0 - 19		SEND OUT	*
	SS-B(LA) PRECIPITIN	Finished	2	0 - 19		SEND OUT	*

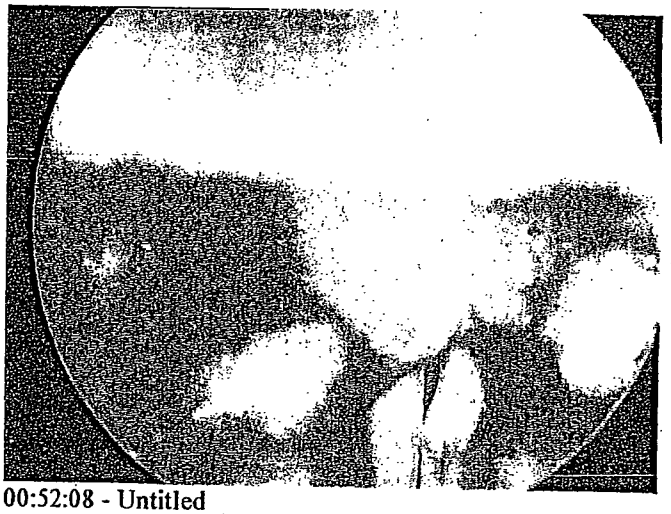
P . 255

(034)

Selected Stills (Image Compression - 19:1)



00:42:17 - Fully abducted position



00:52:08 - Untitled

Medical Universi of Southp.257olina Examin on Report

Patient Information

Name:	Dingle, Diane
Gender:	FEMALE
Date of Birth:	8/18/1964
Patient ID:	1320482
Referring Physician:	English, Wynne Speech Pathology
Original Complaint:	Hoarseness

NOV - 8 RECD

Patient History Comments:
37 yo BF with history of hoarseness associated with constant dull aching pharyngitis for greater then two years. Pt reports history of chemical exposure in the work place. She also reports failure to respond to speech therapy. Pt also reports being diagnosed with allergies which are currently untreated due to reactions to medical therapy.

Exam Information General

Exam Original Date:	9/20/2001 11:07:58 AM	**Last Modified On:**	9/20/2001 11:34:45 AM
Examiner:	Lucinda Halstead, M.D.	**Examining Facility:**	MUSC Trammell Institute for Voice and Swallowing
Diagnostician:	Lucinda Halstead, M.D.	**Endoscope Used:**	Kay rigid Model 9105

Diagnosis:
L Vocal Fold Cysts

Exam Notes

Procedure: Rigid Laryngoscopy with Stroboscopy (31579)
Consent: The risks and complications of the procedure were discussed including sore throat, choking, and numbing sensation from anesthesia. Consent was given to proceed.
Outcome: The patient tolerated the procedure without problems. The details of the examination are presented below.

Exam Information Assessment

Glottic Closure:	Hour Glass	**Phase Closure:**	Somewhat open
Vertical Level vf Approx:	Equal	**Phase Symmetry:**	Sometimes Irregular
Periodicity(Regularity):	Regular	**Hyperfunction:**	Not Present
Ventricular Folds (symmetry):	Equal	**Ventricular Folds (movement):**	Normal
Arytenoids (symmetry):	Equal	**Arytenoids (movement):**	Normal
Vocal Fold Edge Left:	Cyst	**Vocal Fold Edge Right:**	Regular
Amplitude Left:	Normal	**Amplitude Right:**	Normal
Mucosal Wave Left:	Normal	**Mucosal Wave Right:**	Normal
Vibratory Behavior Left:	Always Fully Present	**Vibratory Behavior Right:**	Always Fully Present

Assessment Comments:
Pt demonstrates L TVC midcordal cyst. There is also some mild posterior glottic mucosal thickening which could be consistant with chronic reflux changes or inhalant injury. The arytenoids abduct and adduct normally with no restrictions or limitations in range of motion. There are no other laryngeal masses or lesions appreciable in the supraglottic larynx. Pt will be further worked up for possible chemical trauma with pH probe, pulmonary PFT's, and some blood labs. Pt will RTC after all testing is complete for review.

Lucinda Halstead, MD

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DEC 20 RECD

December 13, 2001

Dr. Edward Keith
50 East Hospital Street
Manning, SC 29102

RE: DINGLE, DIANE
MUH# 1320482

Dear Dr. Keith:

I had the pleasure of seeing Ms. Dingle on December 13, 2001 for continued management of her throat pain and hoarseness. Her pH probe was normal, as was her rheumatoid factor, sed rate, Sjögren's, and ANCA test. Ms. Dingle has been on Nexium, and her symptoms are unchanged.

On physical examination today, her height is 5 feet 5 inches, weight 143 pounds, temperature 98.2, pulse 79, respirations 20, blood pressure 134/81. Her TMs are clear. Her nasal mucosa is uninflamed. Oral cavity and oropharynx are without lesions. Her neck is without adenopathy.

Procedure: In order to do a complete functional evaluation of the larynx, rod-lens laryngoscopy was performed by me. Please refer to the separate report for the details of the evaluation.

Her speech sample reveals that she has persistent dysphonia. The digital images were reviewed with Ms. Dingle. She does have improvement in her laryngeal exam. She has a persistent cyst in the left mid vocal cord.

I have told Ms. Dingle that I am still concerned about the severe pain that she has in her throat, especially with palpation of the trachea and around the level of the cricopharyngeus. I would like her to be evaluated by my colleague, Dr. Bonnie Martin-Harris, to look at vocal behaviors that might be causing pain, and also for her to see my colleague, Dr. Don Castell, for evaluation of nonacid reflux contributing to pain. Our concern is that there is an inflammatory process going on that needs to be addressed prior to addressing the lesion on her vocal cord. Ms. Dingle understands this, and we will proceed with this consultative workup.

"An equal opportunity employer, promoting workplace diversity."

http://www.musc.edu

December 13, 2001
Dr. Edward Keith
Page Two

RE: DINGLE, DIANE
MUH# 1320482

Thank you for allowing me to participate in the care of your patient.

Sincerely,

Lucinda A. Halstead, MD
Associate Professor

LAH/bls

Enclosure

cc: Dr. Dwight C. Moore
29 North Main Street
P. O. Box 1229
Sumter, SC 29151-1229

Medical University of South Carolina Examination Report

Patient Information

Name:	Dingle, Diane
Gender:	FEMALE
Date of Birth:	8/18/1964
Patient ID:	1320482
Referring Physician:	English, Wynne Speech Pathology
Original Complaint:	Hoarseness

Patient History Comments:
Pt reports no noticable changes in hoarseness.

Exam Information General

Exam Original Date:	12/13/2001 11:39:06 AM	**Last Modified On:**	12/13/2001 11:39:06 AM
Examiner:	Lucinda Halstead, M.D.	**Examining Facility:**	MUSC Trammell Institute for Voice and Swallowing
Diagnostician:	Lucinda Halstead, M.D.	**Endoscope Used:**	Kay rigid Model 9105
Diagnosis # 2:	GERD		

Diagnosis:
Chronic Laryngitis

Exam Notes

Procedure: Rigid Laryngoscopy with Stroboscopy (31579)
Consent: The risks and complications of the procedure were discussed including sore throat, choking, and numbing sensation from anesthesia. Consent was given to proceed.
Outcome: The patient tolerated the procedure without problems. The details of the examination are presented below.

Exam Information Assessment

Glottic Closure:	Hour Glass	**Phase Closure:**	Regular
Vertical Level vf Approx:	Equal	**Phase Symmetry:**	Regular
Periodicity(Regularity):	Regular	**Hyperfunction:**	Not Present
Ventricular Folds (symmetry):	Equal	**Ventricular Folds (movement):**	Normal
Arytenoids (symmetry):	Equal	**Arytenoids (movement):**	Normal
Vocal Fold Edge Left:	Nodule on mid-cord	**Vocal Fold Edge Right:**	Nodule on mid-cord
Amplitude Left:	Normal	**Amplitude Right:**	Normal
Mucosal Wave Left:	Normal	**Mucosal Wave Right:**	Normal
Vibratory Behavior Left:	Always Fully Present	**Vibratory Behavior Right:**	Always Fully Present

Assessment Comments:
Pt demonstrates moderate generalized laryngeal erythema and edema as well as mild posterior glottic mucosal thickening. These findings are consistant with chronic reflux changes. In addition there are bilateral TVC nodules locatedn the anterior one third. These nodules may be reactive from possible vocal abuse. The pt was scheduled for a GI evalutation with Dr. Cassel for work up and treatment for possible non-acid reflux. The pt will also be seen by Speech Pathologist Dr. Martin-Harris to evaluate vocal hygene. Pt will RTC after these visits.

Lucinda Halstead, MD

Medical University of South Carolina Examination Report

Selected Stills (Image Compression - 19:1)



01:34:06 - Fully abducted position



01:39:05 - Fully adducted position

PROGRESS NOTES

Date printed: 09/18/02

Name: DIANE C DINGLE ID: 1320482 SEX:F AGE: 38

.D: 07/31/02
.T: Chronic hoarseness
S: This is a 37yeara old Black female seen for occupational medicine consultation from Dr. Lucinda Halstead with a four year history of hoarseness which she relates to working as an oil seal inspector at a plant in Summerton. She believes that her major chemical contact what a product she calls "Phosco" which was driven into the seal by a heating process. She worked in an area that received the seals after the heating process and they had a coating of particles on the outside "like dust." She states that others had respiratory irritation from the dust. No personal protective equipment was recommended for the inspectors or those involved in the heating and trimming processes for the seals as far as the patient knows. She also relates a history of hyperacidity and treatment for H. pylori and intermittant difficulty getting a deep breath, both of which she feels are related to her exposure at the plant.
She worked in another area of the plant for two years prior to moving to the inspector position and had no exposures of significance. Her other work as an adult has been in sewing factories with no exposures of concern to her. Most of the time she has worked in the home.
She uses no alcohol or tobacco. She has been seen by a number of other physicians and has had speech therapy without benefit.
O: HEENT-unremarkable, no mucous membrane irritation. I did not repeat nasopharyngoscopy, and will obtain Dr. Halstead's evaluation for this area.
Neck supple
Chest clear
Cor Regular rhythm with gr ii/vi diamond shaped murmur at the upper left sternal border, without significant radiation. no gallop
Abd soft, no masses or organomegaly
Extr no edema, no skin or nail changes.
voice is hoarse, she appears to "force" her voice when speaking
A: hoarseness, chronic
heart murmur, probablyl benign
P: obtain records from Dr. Halstead and any others that are pertinent
pt will forward MSDS on the chemical she blames for her symptoms to me(she left it at home today). will evaluate MSDS and any data I can find on the compound for mucous membrane irritative effects.
No intervention today, will see again in one month to discuss research results.

SIGNED BY SIMPSON, BILL (D) (WMS) 08/01/02

PROGRESS NOTES

Date printed: 09/18/02

Name: DIANE C DINGLE ID: 1320482 SEX:F AGE: 38

.D: 09/04/02
.T: hoarseness
S: returns for follow up for hoarseness which she associates with exposure to materials on the job as an oil seal inspector in a plant in Summerton. I have had no information from Dr. Halstead regarding her previous work-up for hoarseness. The patient states that she has had reflux testing and PFT's in the recent past.
She brings in an MSDS for an adhesive which doesn't appear to fit the description she gives of a pungent tasting powder that got into her clothes, throat, etc.
ROS: continues with upper respiratory irritative and reflux type symptoms otherwise no specific complaints in any organ systems
O: HEENT pharynx negative
neck supple without thyromegaly or adenopathy
chest clear
extr negative
A: chemical exposure, still uncertain as to type.
P: pt to phone back with telephone number for supervisor at plant so that I can request MSDS. Request made (again to Dr. Halstead's office) for previous workup.

SIGNED BY SIMPSON, BILL (D) (WMS) 09/04/02

PROGRESS NOTES

Page: 1
Date printed: 07/24/03

Name: DIANE DINGLE

ID: 1320482 SEX:F AGE: 38

.D: 11/27/02
.T: chemical exposure
S: still has symptoms of hoarseness, chest pain, not improving. Has not had further exposures. Continues to take Aciphex for reflux symptoms despite negative GI evaluation. Has not seen Dr. Halstead since prior to our last visit.
I was unsuccessful in obtaining MSDS's on chemicals to which she was exposed, the plant refused to provide them and the attorney to whom I was referred also did not provide them, unfortunately I did not document my request to him in writing.
O: no change on physical examination
A: chemical exposure with persistent hoarseness, ? etiology
P: patient's lawyer will get MSDS's from the plant and provide them to me via fax or mail. I gave our phone and fax numbers to ms. Dingle.

SIGNED BY SIMPSON, BILL (D) (WMS) 11/27/02

DIANE DINGLE **05-03-04**

Medical Record: 19028

Ms. Dingle presents for evaluation of dyspnea. The patient is a 39 year old black female complaining of dyspnea since 1999. The patient is a life-long non-smoker with neither active nor passive smoke exposure. She worked at a facility called Federal Mogul from 1996 to 2000. This facility made oil seals for car engines. Her job was specifically to run a press and inspect parts. She was exposed to fumes on a daily basis. Prior to working there she had no history of asthma, cough or wheezing. Since she left the facility, she has had dyspnea which is worse with exertion. Although it has improved somewhat, it is still present. She also complains of odynophagia and pharyngeal irritation when eating a variety of foods such as spices or mints, for example. She denies fevers, chills, night sweats or weight loss. She did not work with the benefit of a mask. Her employment resulted in exposure to isopropyl alcohol, butyl alcohol, phenol formaldehyde resin and hexamethylenetetramine methanol, methyl ketone, and aluminum cleaner.

PAST MEDICAL HISTORY: Hypertension.

PAST SURGICAL HISTORY: Negative.

ALLERGIES: Claritin which makes her "feel bad"

SOCIAL HISTORY: The patient has four children, all vaginal deliveries. She does not smoke, drink alcohol or use drugs. She has a 12th grade education. She previously worked in a sewing factory and has minimal dust exposure.

REVIEW OF SYSTEMS: CNS – positive for headache; no neck stiffness, photophobia. CVS – positive for chest pains. GI – positive for odynophagia, diarrhea; no GERD. GU - no dysuria, hematuria. Musculoskeletal - no arthritis or arthralgias.

PHYSICAL EXAM:
Vital Signs - BP; 141/90 P: 88 R; 16 T: 97.9 oxygen sat 100% room air W: 153 lb.
General - This is a well-developed, well-nourished black female in no acute distress.
HEENT - Normocephalic - atraumatic. Pupils - equally round and reactive to light. Extra-ocular movements intact. Sclera - anicteric. Conjunctiva - pink, moist. Fundi – not visualized. Pharynx reveals midline tongue. Mucus membranes are moist. Neck – full range of motion, supple. Trachea midline. Thyroid not enlarged.
Breasts - Symmetric, no masses
Cardiac - PMI not displaced. S1/S2 within normal limits. No murmurs, rubs or gallops.
Chest - Normal AP diameter. No use of accessory muscles. Non-tender to palpation. Resonant to percussion. Diminished breath sounds with rhonchi at the bases.
Abdomen - Positive bowel sounds, soft, non-tender.
Extremities - No cellulitis, cyanosis or edema.

LABS: PFTs reveal mild obstructive defect most notable in the small airways. There is a positive bronchodilator response. There is a diffusion impairment .

Chest x-ray dated 05-03-04 PMC RAD# 595383 reveals cardiac shadow is not enlarged. Bone and soft tissue structures are intact. No evidence of infiltrates or effusions.

ASSESSMENT/PLAN:

1. Dyspnea. This patient's dyspnea is a result of reactive airways dysfunction syndrome. She is a life-long non-smoker with no significant passive smoke exposure. She has been exposed to a variety of volatile chemicals while in the workplace. Her PFTs reveal a diffusion capacity of 73% predicted. This qualifies as a Class II, 10-25% Impairment of the Whole Person as per the AMA Guides to the Evaluation of Permanent Disability, 5th ed., 2000. At present, I think it is reasonable to avoid any further exposure to volatile chemicals. She also has a positive bronchodilator response and I think the inhaled steroids will be helpful here but she may, in fact, benefit from a trial of Combivent two puffs q6h. Of note, although the Combivent will improve her airflow, it will not affect her diffusion. Certainly, given the fact that her most recent exposure was approximately four years ago, it is unlikely that this situation will improve significantly in the future.
2. Odynophagia. The etiology of this patient's odynophagia is not entirely clear to me. Certainly I think an ENT evaluation which is ongoing is reasonable. I would question whether she also has a component of reactive upper airways dysfunction syndrome.

William F. Alleyne, II, M.D., FCCP/bs

CAROLINA PULMONARY PHYSICIANS, P.A.

Pulmonary Function Laboratory
225 South Herlong Ave., Suite 230
Rock Hill, South Carolina 29732

Date: 05/03/04
Name: Dingle, Diane
ID: 19028
Age: 39 Height(in): 65
Weight(lb): 153 Gender: Female
Race: Black
Technician: Derrick Mundy CRT
Physician: Alleyne

Diagnosis: Dyspnea
Dyspnea Rest: Yes Dyspnea Exercise: Yes
Cough: No Persistent: No
Smoker: No How Long: Quit: No Stopped:
Cigarettes: No Pipe: No Cigars: No
Medication:
Medication:

			Ref	Pre	% Ref	Post	% Ref	%Chg
Spirometry								
	FVC	Liters	2.96	2.52	85	2.69	91	7
	FEV1	Liters	2.44	2.00	82	2.12	87	6
	FEV1/FVC	%	85	79		79		
	FEF25-75%	L/sec	3.34	1.85	56	2.12	63	14
	IsoFEF25-75	L/sec	3.97	1.85	47	2.44	62	32
	FEF50%	L/sec	3.92	2.54	65	2.40	61	-6
	FEF75%	L/sec	1.70	0.74	44	0.94	56	27
	FEF200-1200	L/sec	5.49	2.49	45	2.83	51	13
	PEF	L/sec	6.38	3.11	49	3.70	58	19
	FET100%	Sec		8.13		7.86		-3
	FIVC	Liters	2.96	1.91	65	2.33	79	22
	FIF50%	L/sec		1.75		1.63		-7
	PIF	L/sec		2.38		2.44		2
	FEV1/FIV1			1.32		1.27		-4
Lung Volumes								
	TLC	Liters	5.26	4.85	92			
	VC	Liters	2.96	2.52	85			
	FRC Dil	Liters	2.86	2.81	98			
	ERV	Liters		0.48				
	RV	Liters	1.74	2.33	134			
	RV/TLC	%	32	48				
Diffusing Capacity								
	DLCO	mL/mmHg/min	23.3	17.1	73			
	DL Adj	mL/mmHg/min	23.3	17.1	73			
	DLCO/VA	mL/mHg/min/L	4.33	4.19	97			
	DL/VA Adj	mL/mHg/min/L		4.19				
	VA	Liters		4.07				
	IVC	Liters		2.27				

DLCO/TLC(N2) = 3.52 (81%)

Comments:

Ms. Dingle was able to produce acceptable and reproducible spirometry data. She was able to perform lung volumes with good effort and cooperation. Combivent inhaler was used for the post study times two puffs with an aerochamber.

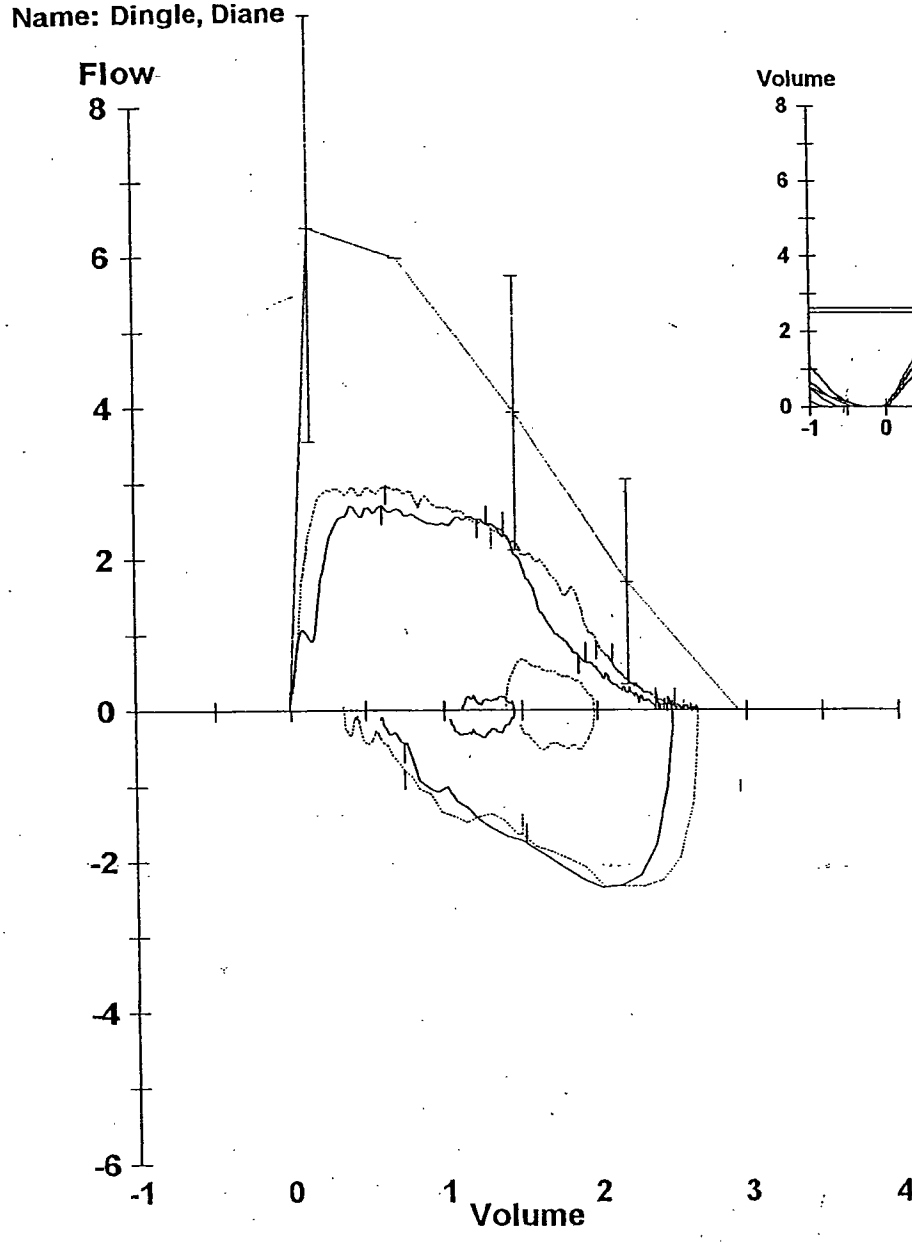
Physician Interpretation:

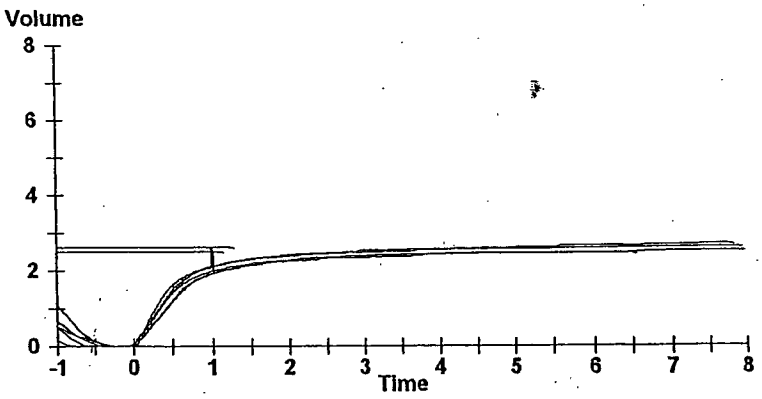
Mild obstructive defect most notable in the small airways. There is a ⊕ BD response. There is a diffusion impairment (DLCO)

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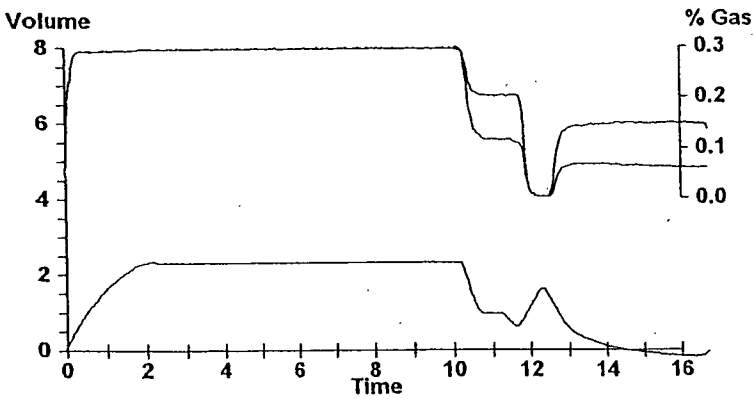
Name: Dingle, Diane

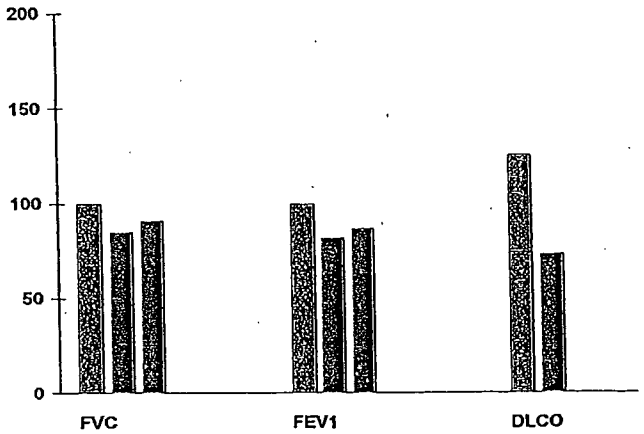
ID: 19028
Date: 05/03/04





Reference_____
Pre-Bronchodilator_____
Post-Bronchodilator_____





DIANE DINGLE 04-30-08

Medical Record: 19028

Ms. Dingle presents for follow up of dyspnea. The patient is a 43 year old black female nonsmoker originally seen in May 2004. The patient worked at a facility called Federal Mogul from 1996 until 2000. Her job was to run a press and inspect parts. She was exposed to fumes on a daily basis. Prior to working at Federal Mogul the patient had no breathing difficulties whatsoever. Since 1999 she has had dyspnea with odynophagia. The patient also complains of intermittent wheezing. The symptoms can be exacerbated by exposure to dusts, cats, or rainy weather. She denies fevers, chills, night sweats or weight loss.

PAST MEDICAL HISTORY: Hypertension.

PAST SURGICAL HISTORY: Negative.

ALLERGIES: No known drug allergies although the patient states Claritin D makes her "feel bad".

MEDICATIONS:
1. Flovent inhaler two puffs bid.
2. Toprol XL one PO daily.
3. Aciphex one PO bid.
4. Azmacort inhaler prn.
5. Combivent two puffs q4h prn.
6. DuoNeb via nebulizer q6h prn.

SOCIAL HISTORY: The patient does not smoke, drink alcohol or use drugs. She is currently employed as a salesperson. She has worked in a sewing factory and has minimal dust exposure.

REVIEW OF SYSTEMS: CNS – positive for headache, no neck stiffness, photophobia. CVS – positive for chest pain, no palpitations. GI – positive for odynophagia, no nausea, vomiting, diarrhea. GU - no dysuria, hematuria. Musculoskeletal – no arthritis or arthralgias.

PHYSICAL EXAM:
General – The patient is a well-developed, well-nourished black female in no acute distress.
Vital Signs - BP: 130/77 P: 91 R: 20 T: 98.8 O2 sat: 99% room air W: 147 lbs
HEENT - Normocephalic - atraumatic. Pupils - equally round and reactive to light. Extra-ocular movements intact. Sclera - anicteric. Conjunctiva - pink, moist. Fundi - not visualized. Pharynx reveals midline tongue. Mucous membranes are moist. Neck - full range of motion, supple. Trachea midline. Thyroid not enlarged.
Breasts - Symmetric, no masses.
Cardiac - PMI diffuse. S1/S2 normal. No murmurs, rubs or gallops.

PHYSICAL EXAM: (continued)
Chest – Normal AP diameter. No use of accessory muscles. Non tender to palpation. Resonant to percussion. Clear to auscultation.
Abdomen - Positive bowel sounds, soft, non-tender.
Extremities - No cellulitis, cyanosis, or edema.

LABS: Pulmonary function tests dated 04-30-08, Carolina Pulmonary #19028: Mild to moderate obstructive defect most notable in the small airways. There is a positive bronchodilator response. There is a diffusion impairment.

ASSESSMENT/PLAN:

1. Dyspnea. This patient has dyspnea, which is the result of reactive airways dysfunction syndrome also known as irritant induced asthma. The patient currently has a diffusion capacity of 73% predicted. This qualifies as a class II 10-25% moderate impairment of the whole person as per the American Medical Association Guide to the Evaluation of Permanent Disability, Fifth Edition 2000. Given the fact that the patient stopped working at Federal Mogul in 2000 I feel that she has reached maximum medical improvement. She will continue to use Combivent and an inhaled steroid on an as needed basis. She has also been advised to avoid any kind of noxious fumes or chemicals.

William F. Alleyne, II, M.D., FCCP/bs

CAROLINA PULMONARY PHYSICIANS, P.A.
124 Glenwood Drive
Rock Hill, SC 29732
P (803)324-5280 F (803)328-0270

Date: 04/30/08
Name: Dingle, Diane
ID: 19028
Age: 43 Height(in): 65
Weight(lb): 147 Gender: Female
Race: Black
Technician: Tosh Black RMA
Physician: Alleyne

Diagnosis: Dyspnea
Dyspnea Rest: Yes Dyspnea Exercise: Yes
Cough: No Persistent: No
Smoker: No How Long: Quit: No Stopped:
Cigarettes: No Pipe: No Cigars: No
Medication:
Medication:

		Ref	Pre	% Ref	Post	% Ref	%Chg
Spirometry							
FVC	Liters	3.40	2.60	76	2.74	81	6
FEV1	Liters	2.84	1.92	68	2.16	76	12
FEV1/FVC	%	84	74		79		
FEF25-75%	L/sec	3.22	1.54	48	2.05	64	33
IsoFEF25-75	L/sec	3.73	1.54	41	2.50	67	62
FEF50%	L/sec	3.83	2.36	62	2.65	69	12
FEF75%	L/sec	1.60	0.50	31	0.73	46	48
FEF200-1200	L/sec	5.34	3.03	57	4.14	78	37
PEF	L/sec	6.28	3.29	52	4.37	70	33
FET100%	Sec		8.50		8.54		0
FIVC	Liters	3.40	2.13	63	2.46	72	15
FIF50%	L/sec		2.48		1.90		-23
PIF	L/sec		2.69		2.75		2
FEV1/FIV1			1.10		1.12		2
Lung Volumes							
TLC	Liters	5.23	4.21	80			
VC	Liters	3.40	2.60	76			
FRC N2	Liters	2.90	2.19	75			
ERV	Liters		0.39				
RV	Liters	1.77	1.61	91			
RV/TLC	%	33	38				
Wash Time	Min		1.2				
Diffusing Capacity							
DLCO	mL/mmHg/min	22.3	16.3	73			
DL Adj	mL/mmHg/min	22.3	16.3	73			
DLCO/VA	mL/mHg/min/L	4.28	4.78	112			
DL/VA Adj	mL/mHg/min/L		4.78				
VA	Liters		3.42				
IVC	Liters		2.38				

Comments:

Mrs. Dingle was able to produce acceptable and reproducible spirometry data. She completed both DLCO and lung volume with good effort and cooperation. Xopenex 1.25 inhaler was used times two puffs via aerochamber for the post study.

DLCO/TLC(N2) = 3.88 (91%)
Physician Interpretation:

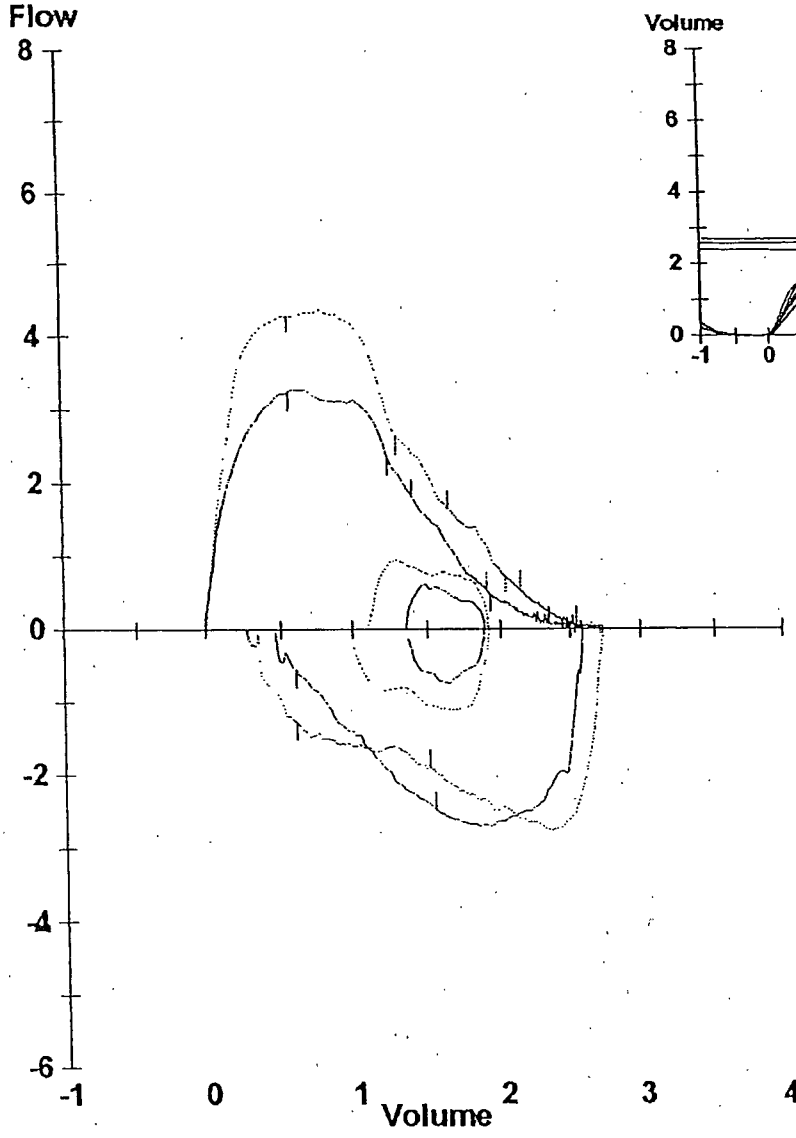
Mild to moderate obstructive defect most notable in the small airways. There is a ⊕ BD response. There is a diffusion impairment

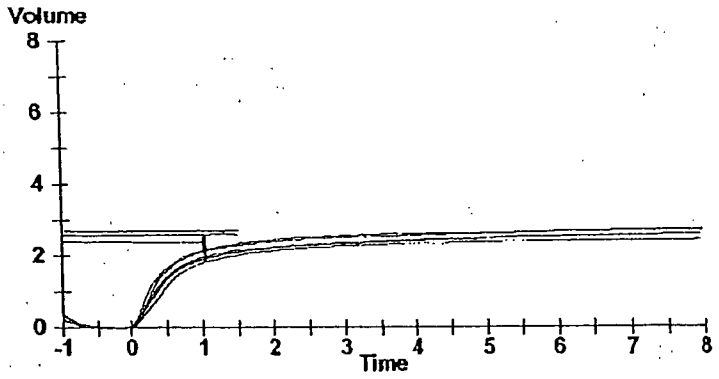
Physician Signature: [signature]

PF Reference: Knudson (1983)

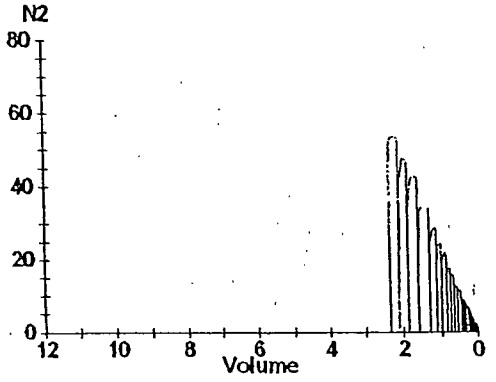
Name: Dingle, Diane

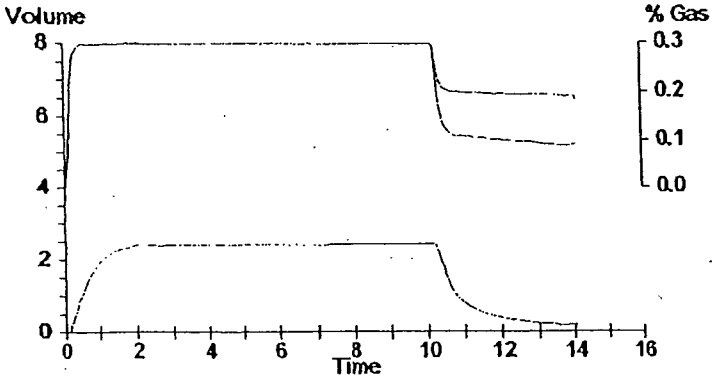
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Date: 04/30/08

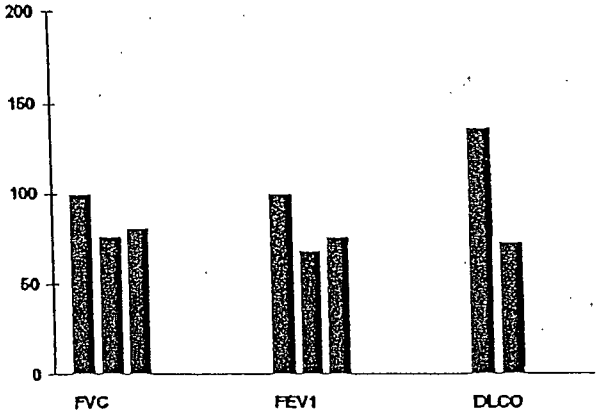




Reference_____
Pre-Bronchodilator_____
Post-Bronchodilator_____







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Carolina Pulmonary Physicians, PA
124 Glenwood Drive

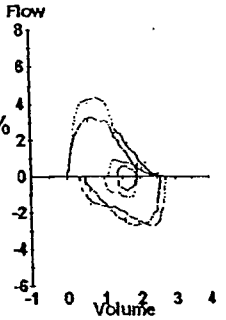
Trend Report

ID: 19028
Name: Dingle, Diane

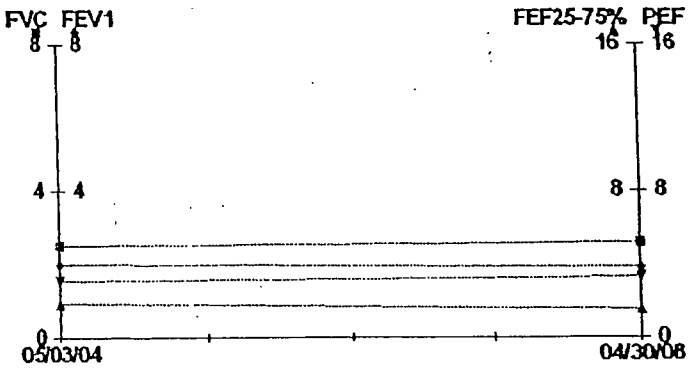
Gender: Female Age: 43
Height(in): 65 165(cm)
Weight(lb): 147 66.8 (kg)

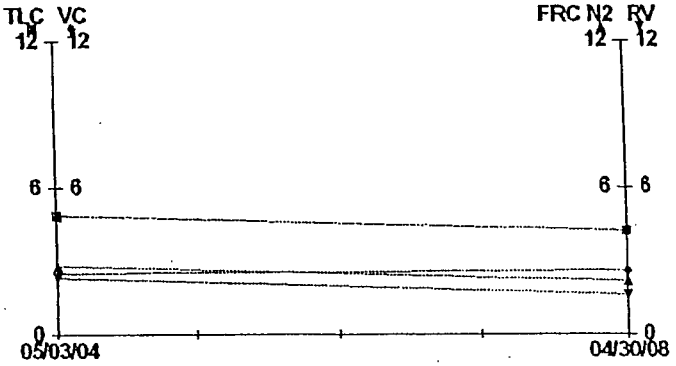
Diagnosis: Dyspnea
Date: 04/30/08
Medication:

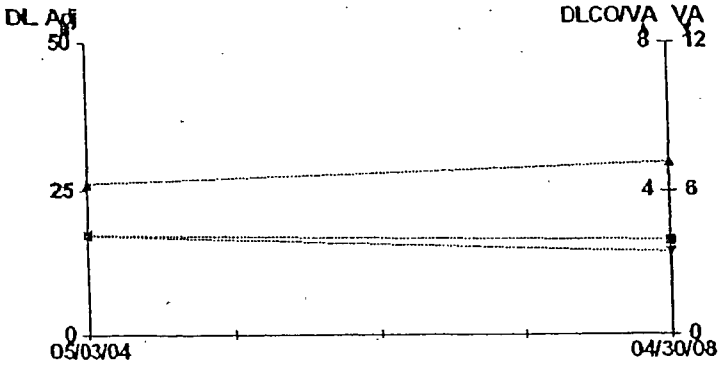
Previous Study: 05/03/04		Current Study: 04/30/08			
FVC	2.52 Liters	FVC	2.60 Liters	(76) %	improved by 3%
FEV1	2.00 Liters	FEV1	1.92 Liters	(68) %	decreased by 4%
FEF25-75%	1.85 L/sec	FEF25-75%	1.54 L/sec	(48) %	decreased by 17%
PEF	3.11 L/sec	PEF	3.29 L/sec	(52) %	improved by 6%
TLC	4.85 Liters	TLC	4.21 Liters	(80) %	changed by 13%
RV	2.33 Liters	RV	1.61 Liters	(91) %	changed by 31%
DLCO	17.1 mL/mmHg/min	DLCO	16.3 mL/mmHg/min	(73) %	changed by 4%



Date	FVC	FEV1	FEF25-75%	PEF	TLC	RV	DLCO
04/30/08	2.60 Liters	1.92 Liters	1.54 L/sec	3.29 L/sec	4.21 Liters	1.61 Liters	16.3 mL/mmHg/mir
05/03/04	2.52	2.00	1.85	3.11	4.85	2.33	17.1







SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
W.C.C. FILE # 9831715

DIANE C. DINGLE, CLAIMANT, VS. FEDERAL MOGUL, EMPLOYER, DEFENDANT.	**DEPOSITION** **OF** **DIANE C. DINGLE**

THE DEPOSITION OF DIANE C. DINGLE TAKEN BEFORE DONNA G. HARTLEY, PROFESSIONAL VERBATIM REPORTER AND NOTARY PUBLIC IN AND FOR THE STATE OF SOUTH CAROLINA, COMMENCING AT THE HOUR OF 10:00 A.M., THURSDAY, THE 17TH DAY OF APRIL, 2008, AT THE MOORE LAW FIRM, 26 NORTH MAIN STREET IN SUMTER, SOUTH CAROLINA.

COPY

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Professional Court Reporters
info@verbatiminc.com
(803) 787-7242

APPEARANCES

FOR THE CLAIMANT:
DWIGHT C. MOORE, ESQUIRE
THE MOORE LAW FIRM
POST OFFICE BOX 1229
SUMTER, SOUTH CAROLINA 29151

FOR THE DEFENDANTS:
BYRON P. ROBERTS, ESQUIRE
ROBERTS LAW GROUP, LLC
POST OFFICE BOX 670
CHAPIN, SOUTH CAROLINA 29036

REPORTED BY
DONNA G. HARTLEY
VERBATIM, INC.

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STIPULATIONS 3
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CERTIFICATE 30

EXHIBITS

(NONE PROFFERED)

*DIGITALLY RECORDED AUDIO RETAINED FOR TWELVE (12) MONTHS FROM DATE OF CERTIFICATION.

STIPULATIONS

IT IS STIPULATED BY AND BETWEEN COUNSEL FOR THE RESPECTIVE PARTIES THAT ALL OBJECTIONS ARE RESERVED UNTIL THE TIME OF HEARING, EXCEPT AS TO THE FORM OF THE QUESTION.

THIS DEPOSITION IS BEING TAKEN PURSUANT TO THE SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION.

- - - -

THE READING AND SIGNING OF THIS DEPOSITION IS WAIVED BY THE DEPONENT AND COUNSEL FOR THE RESPECTIVE PARTIES.

WHEREUPON,

DIANE C. DINGLE BEING DULY SWORN AND CAUTIONED TO SPEAK THE TRUTH, THE WHOLE TRUTH, AND NOTHING BUT THE TRUTH, TESTIFIED AND DEPOSED AS FOLLOWS:

EXAMINATION

By Mr. Roberts:

Q Good morning, Ms. Dingle.

A Hi, how are you?

Q I know I introduced myself briefly, informally, before we got started, but now that we are on the record, I will do that again. My name is Byron Roberts. I am an attorney from over in the Columbia area. Of course, here this morning to take your deposition or to update our records from a previous deposition that was taken

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back in 2002 in connection with this pending workers' compensation claim. Present also with you is your attorney, Mr. Moore. We have the court reporter here and I am here on behalf of Federal Mogul, your former employer, and its insurance carrier in this case. You recall having your deposition taken about six years ago?

A Yes.

Q Have you had your deposition taken since then in any case?

A No.

Q So, you kind of have an idea about what I am going to do. I am really just going to ask you some questions. I don't necessarily intend to go back through a whole lot of that stuff. I am just interested in asking you a few questions about who you are, what you do, what you've been doing since then and since the hearing in this case and just kind of update my records.

A Okay.

Q I am not intending to delve into your personal life. I am not anticipating being complex or complicated. I am not trying to trick you or trip you up or make you say something that you don't mean to say. If I ask you a question that doesn't make sense or you are just not getting it, just ask me and I will be glad to rephrase.

A All right.
Q Otherwise, if I ask you a question, I am going to assume you understand what I am asking, okay?
A Right.
Q If you need to take a break at any time let me know.
A Okay.
Q And we will make any accommodation necessary. I may standup periodically during the deposition. I am not trying to distract you, or intimidate you, or anything like that, but I just standup and stretch sometimes. If it does bother you or is distracting, just tell me, and I will keep it parked, okay?
A Okay.
Q In the last 72 hours, have you been to see any doctors, medical professionals, emergency room?
A No, I have not.
Q In the last 72 hours, have you had any dizzy spells or fainting spells or episodes or anything of that nature?
A No, I have not.
Q Had any debilitating headaches or any other physical condition that's caused you to have to stop what you are doing?
A No, I haven't.
Q Any loss of consciousness or anything like that?
A No, I haven't had anything.

Q Are you presently under the influence of any medications, drugs, alcohol, anything else that would affect your ability to understand any of my questions?
A No.
Q At any time since 2002 have you been deemed to be incapable of handing your own affairs, incompetent, or incapacitated in any manner?
A No.
Q Have you had a guardian appointed or someone else that has acted on your behalf because you have not been able to do that?
A No.
Q Where are you presently living?
A I live at 223 Peterson Lane.
Q Peterson Lane?
A Right.
Q Where is that?
A Manning.
Q How long have you lived there?
A Two weeks.
Q Are you purchasing this residence?
A Rent.
Q Is it an apartment?
A It's a house.
Q Who is living with you --

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A My kids and myself.
Q You have four children. They all four live with you?
A Yes.
Q So, there is just the five of you living there?
A Right.
Q How much is your rent, approximately?
A I pay $219.00, but the housing authority pays the rest, but the rent is $550.00.
Q Approximately, how long is the housing authority going to assist you with that?
A Until whenever I move.
Q Where were you living before that?
A At Holly Court Apartments.
Q How long did you live there?
A About 15 years.
Q So, that's where you were living pretty much during --
A Right, right.
Q Why did you move?
A I wanted a house.
Q What ages are your children now?
A Eleven, fourteen, sixteen and twenty-two.
Q Is your 22-year-old working anywhere?
A He is working at McDonald's, but he is going back to school.
Q He was a basketball player, right?

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A Yes.
Q And your other kids are in middle school and high school?
A Right.
Q Approximately, how much do you weigh now?
A 145 to 146.
Q Have you had any fluctuations in your weight over the past four to six years?
A No.
Q Do you currently have a driver's license?
A Yes.
Q Do you have that with you?
A I have it in the office. I don't have it with me.
Q Do you know your driver's license number?
A No, I don't.
Q In the past six years, have your driver privileges been suspended or revoked for any reason?
A No.
Q Have you been arrested or charged with any crimes?
A No.
Q Are you presently working anywhere, Ms. Dingle?
A Yes, I am.
Q Where are you working?
A City Trend.
Q What is that?

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A It's a clothing store.
Q Where is it?
A In Manning.
Q How long have you been working there?
A Since November.
Q November of 2007?
A Right.
Q What do you do at City Trend?
A A sales associate.
Q Are you paid a wage or commissions or --
A Wages.
Q How much are you being paid?
A $6.50.
Q How many hours a week do you work?
A I am part-time.
Q So, are you working 20?
A Yes.
Q Are you working anywhere else?
A No.
Q Are you looking for jobs anywhere else?
A No, I am not.
Q Where did you work before City Trend?
A Federal Mogul.
Q The last time that you worked at Federal Mogul was some time in 2000?

A Right.
Q Do you know about when that was?
A July of 2000.
Q Is there any reason why you didn't work anywhere for those seven years?
A Yes, I was hurting.
Q Did you look for jobs anywhere?
A No, I didn't.
Q Didn't complete any applications or anything?
A No.
Q How did you get the job at City Trend?
A Applied for it.
Q Did somebody tell you about it or you seen an add for it or --
A No, I went to see and I checked it.
Q Do you own any automobiles?
A Yes.
Q What year, make, and model?
A 2000 Oldsmobile Alera.
Q How long have you had that vehicle?
A About three years.
Q Is that the only automobile that you own?
A Yes.
Q Are you paying anything for it?
A No, it's paid for.

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Q When did you pay that off?
A Three years ago.
Q So, you bought it straight up?
A Right.
Q During that interim where you didn't work, for those seven years, were you receiving any kind of social security benefits?
A No, I wasn't.
Q Any kind of unemployment benefits?
A No, I wasn't.
Q Any other assistance or benefits you were receiving?
A Child support.
Q Approximately, how much were you receiving for that?
A $57.00 for Myesha from Marvin Smiley and $113.00 from Kevin Mack.
Q That's a month?
A A week.
Q So, a little over $700.00; is that right?
A Right.
Q Since you last worked at Federal Mogul, did you go back and take any college courses or education like that?
A Just the computer classes that I mentioned in the last --
Q You took some computer classes at the middle school; is that right?

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A Yes.
Q How long did you do that?
A It lasted about three months, I guess.
Q Did you obtain any sort of certification or anything like that?
A Just a certificate.
Q You did that in 2004; is that right?
A I don't recall what year.
Q Are you presently taking any medications?
A Yes.
Q What are they?
A Toprol LX.
Q What's that for?
A That's for my high blood pressure. And something for asthma -- what is that name? I have the pack in there, I don't remember what the name of it is.
Q Is it an inhaler?
A It's for my pump. My asthma pump.
Q What kind of pump is that?
A It's a big pump that I get my medicine that comes through -- yes.
Q Do you have the pump here with you or is the pump at home?
A The is pump is at home, but I have the medicine here.
Q How often do you administer this medication?

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A When I need it. Lately, I've been doing it like every other day.
Q Why is that?
A Because of the weather change.
Q Prior to the weather change, how often would you do it?
A Like every -- about once a week or something like that. I didn't need it often.
Q So, you use it on an as needed --
A Yes.
Q Some months you might go once or twice a month, and sometimes, you might go more than that?
A More than once or twice a month.
Q You said you are using it pretty regularly, about four or five times a week, every other day.
A Lately, I have been.
Q And that's because of the weather change?
A Yes.
Q Are you talking about pollen, the warmer weather, something like that?
A Yes. Because like June, the really hot weather, I really got to use it, or either when it's really cold, I have to use it. Just inhaling it, the hot heat or inhaling the real cold air or anything that irritates it.
Q Like the pollen and stuff?

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A Yes.
Q Is this like a mask that you put on?
A Uh-huh.
Q Who prescribed that?
A Dr. Keith did.
Q And Dr. Keith, he closed his practice back in July of last year; is that right?
A Yes, he did, but I have some extra prescriptions, so.
Q When is the last time you filled that prescription?
A Back in November.
Q Where did you get that filled?
A At Anderson's Drugs.
Q Is that where you go regularly?
A No, I go more than his place. I go to more than just Anderson's, I have other places.
Q Where else?
A I will go to Wal-Mart.
Q In Sumter here?
A In Manning. And that's it.
Q What other medication -- you said Toprol, this asthma medication and then what?
A That's it.
Q Since Dr. Keith has closed up, who do you go see now?
A I have not tried another doctor, yet.
Q Have you just not found one or have you not needed to

go?
A I have not found one.
Q When you say you have not found one, what do you mean by that?
A A doctor that I am comfortable with, I have not found a new doctor. I am hoping Dr. Keith will come back.
Q Have you gone to seen any other doctors?
A Ob-gyn.
Q Who was that?
A At the Women's Clinic in Manning.
Q Have you gone to any other general practitioner?
A No, I haven't.
Q I need to be sure that I am clear on this; have you needed to go to a doctor since Dr. Keith?
A I have my medicines that I need now. So, when I run out, yes, I will find one.
Q But you haven't had a situation where you've been sick for any reason that --
A No, I haven't.
Q Have you been to the hospital or the emergency room --
A No, I haven't.
Q -- in the last four years?
A No, I haven't.
Q How regularly were you going to see Dr. Keith before he closed up?

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A Every month, every other month.
Q Why were you going that regularly?
A For my asthma.
Q So, when he closed up, he gave you a prescription that would refill a bunch of times?
A Yes, he gave me some medicine out of the office.
Q How long have you been taking the Toprol?
A About three years.
Q Dr. Keith prescribed that also?
A Yes.
Q How long have you been taking this particular asthma medication?
A About four years.
Q Is it different than what you were taking before that or were you --
A The one before that was just an --
Q An inhaler?
A Yes.
Q Do you have an inhaler?
A Yes, I do.
Q How often do you use the inhaler?
A Not as often as the pump.
Q Do you kind of have a ballpark number on how often you use your inhaler?
A Not often.

Q Once a month?
A Not often. I have the pump, but I don't use the inhaler that often. I haven't used it lately, I always use the pump.
Q Do you work every day?
A I am a part-time worker.
Q But do you go three days a week and work full days or do you go --
A No, she gave me -- most of the times, she will give me half of a day.
Q Do you work in the mornings, the afternoons?
A Mornings and afternoons.
Q So, for this week, what days did you work this week?
A Today, I have to work from 2:30 to 7:30.
Q What about the rest of this week?
A I only have to work one more day. I only had three days.
Q What other day this week did you work?
A Friday, I have to work from 4:30 to 7:30.
Q And what other day this week did you work?
A I worked on yesterday from 8:30 to 1:00.
Q Is that pretty regular? I mean, usually, is it Wednesdays, Thursdays, Fridays or does it vary?
A It varies.
Q So, next week, you might work Monday, Tuesday, Thursday

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or something?
A Yes.
Q So, when you are not working, what do you do with yourself?
A I am at home taking care of my kids.
Q And when they are off at school, what are you doing?
A I am not doing anything.
Q Do you read?
A Yes.
Q Television?
A I don't watch much television.
Q Do you work in the yard or garden or anything like that?
A No, I don't.
Q Do you participate in any other activities, social or otherwise?
A No, I don't.
Q Do any kind of exercise or anything?
A No. I go to church.
Q You don't do any kind of walking or fitness or anything?
A No, I don't.
Q Why is that?
A Do I need to?
Q I don't know, I am asking you. Is there any particular

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reason?
A I said, no, I don't.
Q Just not interested in it?
A I just don't.
Q How are you feeling today?
A I am fine.
Q Do you feel like you are better than you were four years ago?
A Yes.
Q Do you feel like you are better than you were six years ago when your deposition was taken?
A Yes.
Q In what ways?
A I am not as sick as I used to be.
Q What do you mean by that?
A Because before when I was at Federal Mogul, I was in bad shape.
Q You stopped working at Federal Mogul in July of 2000.
A Right.
Q You were in bad shape then?
A Yes.
Q I know you have been asked about that before, but just real briefly without going into great detail, when you were in bad shape, what was your condition?
A I couldn't breathe, I couldn't talk.

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Q What else?
A Felt sick.
Q That was 2007, did you start getting better when you left?
A That was 2000.
Q 2000, I'm sorry. Eight years ago. You started feeling better when you left; is that right?
A I felt better since I left. I still have problems.
Q What problems do you have now?
A Now, I cannot laugh in a certain way because I will start coughing, whether I inhale too much or whatever up inside there it is so painful. I am in severe pain.
Q Where is that?
A Right here in.
Q You are pointing right where your collarbone comes together?
A Yes, right through here. It stays sore all of the time. I have tried to work around it, trying to deal with it.
Q How long has that been like that?
A Ever since I left Federal Mogul.
Q So, right now it's sore?
A Yes, it always stays sore.
Q Did you ever have a scope where somebody looked down in there?

A Yes.
Q Do you remember what they said about that?
A They said they saw a nodule on my vocal cord, but it should not have pain the way it has.
Q You haven't had it looked at since then?
A Not since I've been to Dr. Halstead.
Q Dr. Halstead, that would have been in 2002, 2003; is that right?
A I can't recall the date.
Q You continued to follow with Dr. Keith up until 2007.
A Right.
Q And you saw several doctors, six or seven other physicians, I guess, going back to like 1998; is that right?
A Right.
Q Up until early 2004 you saw Dr. Cassone, Dr. Halstead, Dr. Simpson, Dr. Atkinson, the speech pathologist -- id don't recall her name -- and Dr. Keith and Dr. Habla?
A Uh-huh.
Q Have you seen any of those other doctors since 2004?
A No, I haven't.
Q I have you seen any other specialists or doctors besides the ob-gyn?
A Since?
Q 2004.

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A No, not any of those
Q Mr. Moore asked you to go -- made arrangements for you to go be seen in Rock Hill with Dr. Alleyne; is that correct?
A Yes.
Q Have you seen Dr. Alleyne since 2004?
A No, I haven't.
Q Have you called and made appointments with any of those doctors since 2004?
A No, I haven't.
Q Do you have any appointments scheduled with any doctors at this point?
A No, I haven't.
Q Do you have any appointments scheduled with any specialists, such as a speech pathologist, or something like that?
A No, I haven't.
Q You have described this severe pain in your throat, is it deep in there?
A It's right there.
Q Right smack in the middle?
A In my throat.
Q Does it hurt to swallow?
A Sometimes, it all depends on what I drink or what I eat.

Q What makes it hurt?
A Like orange juice, coke, anything hot, things like that, I stay away from.
Q Does it make you gag or cough or anything?
A It burns.
Q How about when you take deep breaths?
A If I inhale too much air, like cold air or hot air.
Q How about when you breathe in through your nose and close your mouth?
A I don't breathe in but so much.
Q So, it doesn't affect you when you breathe in through your nose?
A If it is cold air or really hot air.
Q Breathing in through your nose?
A Yes, and my mouth.
Q If you breathe in through your mouth (demonstrating) does that bother you?
A When I breathe, I breathe, I don't do all of that.
Q You know when you take a deep breath like that (demonstrating), do you ever do that?
A I breathe.
Q We are all breathing and you are doing something and take a deep breath with your mouth open --
A What do you want me to say? I breathe, I breathe.
Q I am asking you the difference between you just sitting

here breathing with your mouth closed, just breathing through your nose, does that bother your throat?

A When I breathe, I breathe, that's it.

Q And does that bother your throat?

A No.

Q How about in your chest, do you have any pain or discomfort in your chest?

A When I inhale hot or cold air, yes.

Q Where does it bother you?

A In my chest.

Q Whereabouts in your chest?

A In my chest.

Q Right in the middle?

A Yes.

Q Do you get shortness of breath?

A It all depends.

Q On what?

A On what I am doing.

Q What causes you to have shortness of breath?

A If I do too much work.

Q Too much work, what do you mean?

A Yes, I have to sit down.

Q What kind of work?

A If I am cleaning or anything like that.

Q Anything else?

A Whenever I work faster.
Q When you say work faster, are you talking about doing housework?
A Yes.
Q How about at your job?
A At my job, if I work faster, I get shortness of breath too.
Q What kinds of activities at your job cause you to have shortness of breath?
A If I walk faster.
Q How often do you think you walk faster?
A I don't walk faster.
Q Do you know about how often you have these shortness of breath episodes?
A Just whenever I walk faster.
Q Do you have any idea in your mind approximately how often that happens? Is it once a month, once a week?
A Not often, because I don't walk faster. I learned to work around my shortcomings as they say.
Q How about your ears, do you have any problems with your ears?
A No.
Q Sinuses?
A No, not right now.
Q When you say not right now, what do you mean by that?

A Not right now.
Q As we sit here today, you don't have sinus problems? Have you had sinus problems over the last four years?
A No, I have not had a sinus infection since I left Federal Mogul.
Q How about any problems with your eyes?
A No.
Q Have you had any problems with rashes or anything on your skin?
A No.
Q Any problems with your neck and shoulders?
A No.
Q How about your back?
A No.
Q Knees, ankles?
A No.
Q How about wrist, hands, or elbows?
A No.
Q Any problems with your jaw?
A No.
Q Any problems with your teeth?
A No.
Q Any circulatory problems or problems with clotting, blood clots?
A Yes.

Q With clotting?
A Yes.
Q And when was that?
A That's all of the time, that's why I went to the doctor.
Q What kinds of problems specifically do you have?
A I've been having blood clots every month.
Q Is that why you are seeing the ob-gyn?
A Right.
Q Are you on any medication for that?
A No, I am not.
Q Do you recall any diagnosis?
A He said that he could have give me the surgery, but nine out of ten, it probably wouldn't work, so, I didn't take it.
Q The Women's Clinic?
A I don't remember the doctor's name there.
Q How often do you see that doctor?
A I think three times.
Q Do you have any problems with cuts or scrapes that took a long time to heal?
A No.
Q Have you had a cold or the flu over the last four years that lasted longer than a week?
A I had pneumonia.

Q When did you have pneumonia?
A About two years ago.
Q Any bouts of bronchitis or anything like that?
A No.
Q You've got your jacket on, can I just see your forearms real quick?
A (Deponent complies).
Q Thank you. Are there any particular smells or things like gas or perfume that cause you to have these reactions?
A Before it was the chemical fumes, but I stay away from all of that.
Q You are talking about when you were at work?
A Yes, or any kind of household fumes or any kind of chemical fumes. I stay away from that stuff.
Q So, when you mop floors at home?
A I use just detergent.
Q Smelling perfume, does that bother you?
A No.
Q What about pumping gas in a car, does that bother you?
A No. Unless it's cheap perfume and it's strong.
Q Okay. Did Dr. Keith during the time you treated with him, did he ever tell you that you couldn't work?
A No, he didn't.
Q I don't think I have any other questions.

Mr. Moore: Nothing for me.

(There being no further questions, the deposition concluded at 10:43 a.m.)

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SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

W.C.C. FILE NO: 9831715

Diane C. Dingle,
Employee,
Claimant,
-vs-
Federal-Mogul Corporation,
Employer,
and
Travelers Insurance Co.,
Carrier,
Defendants.

DEPOSITION
OF
DIANE C. DINGLE

Given before Missy Graczyk, Court Reporter and Notary Public, at the Law Offices of Dwight Christopher Moore, Esquire, 26 North Main Street, Sumter, South Carolina, on Monday, March 18, 2002, commencing at 10:34 a.m.

COPY

REPORTED BY:

MISSY A. GRACZYK
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INDEX TO EXAMINATIONS:

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(NO EXHIBITS MARKED.)

* RECORDED TAPES RETAINED FOR TWELVE (12) MONTHS FROM DATE OF CERTIFICATION.

STIPULATIONS

It was stipulated by and between counsel for the parties that this deposition is taken pursuant to notice and that all questions as to notice are waived; that all objections, save as to the form of the question, are reserved until the time of trial; that the deposition is taken pursuant to the Federal Rules of Civil Procedure, for the purposes allowed therein; and that the deponent was explained her right to read and sign the deposition and waived that right.

(DIANE DINGLE, being duly sworn, testified as follows:)

DIRECT EXAMINATION BY MR. LICHTY:

Q Good morning, Ms. Dingle. My name is Jim Lichty.

A Hi.

Q I'm here to talk to you briefly. You filed a Workers' Compensation claim against Federal-Mogul. I'm the attorney representing Federal-Mogul, and we have scheduled this deposition just to get your side of the story and a little bit of personal information about you, your background. Have you ever done a deposition before?

A Not personally.
Q No? Okay, well, what has happened, she's just put you under oath, the same way that would be applied if you were in a court of law. I'm going to ask some questions, and you're obligated to answer them, obviously, the best you can. If I ask a question that you don't understand, ask me to rephrase it. It doesn't bother me at all. I just want to make sure that we get the right information from you that we need to set everything straight.
A Okay.
Q The way the deposition is going to work is basically, almost just like three parts. I'm going to ask you questions about you personally, and we're going to talk a little bit about your medical history, and we're going to talk a little bit about the incident that happened at Federal-Mogul.
A Okay.
Q So, I guess I'll start off by just getting your name.
A Diane C. Dingle.
Q And can I get your date and place of birth?
A August 18, '64.

Q And where were you born?
A Clarendon County.
Q Okay. And do you have a social security number?
A Yes. 251-45-0060.
Q And do you have a South Carolina driver's license?
A Yes.
Q Do you know your driver's license number off the top of your head?
A No, I sure don't.
Q Do you have a copy of it with you?
A Yes.
Q Is that just a regular driver's license?
A Just a regular driver's license.
Q Okay. It's South Carolina 008471489, and it expires 8/18/2005. Do you own a car?
A Yes.
Q What kind?
A '91 Escort.
Q '91 Escort?
A Yes.
Q Is it an automatic or stick shift?
A Automatic.
Q Do you own any other cars?
A No.
Q Are you currently able to drive it to and from

your work?
A Yes.
Q Okay. Where do you currently live?
A Hollycourt Apartments in Manning.
Q Accord?
A Hollycourt.
Q Hollycourt?
A Uh-huh.
Q And what's your address there?
A 211 Dixon Street, Apartment 2L, Manning, South Carolina.
Q Okay. And what's the zip?
A 29102.
Q How long have you lived there?
A Ten years.
Q And where did you live before then?
A With my mother in Davie Station.
Q Davie Station?
A Yes.
Q Okay. You're living in an apartment. Do you own it or rent it?
A Rent it.
Q How long did you live with your mother in Davie Station?
A All my life.

Q All your life?
A Yes.
Q So, you've only lived in those two places? Davie Station and where you currently live?
A Yes.
Q Are you currently married?
A Divorced.
Q Divorced? How long have you been divorced?
A Eleven years.
Q And how many times have you been married?
A Once.
Q Any children?
A Yes.
Q How many?
A Four.
Q If I could, I'd like to get their names and ages.
A Devon Dingle, sixteen; Desmond Cord, ten; Kelsey Cord, eight; Miesha Smiling, five.
Q Can you spell that last name?
A Smiling?
Q Miesha.
A Miesha, M-I-E-S-H-A, Smiling.
Q And do they all live with you?
A Yes.
Q Do you receive any sort of child support for your

children?
A Yes.
Q How much do you receive?
A Various.
Q Various?
A Yes, various, whatever they pay. Various.
Q Depending on--
A Depending on, well, Miesha I get 77, supposedly $77 a week.
Q Okay. And how about for Kelsey?
A $80 a month.
Q Desmond?
A None.
Q None?
A I'm not receiving any. He's supposed to be paying, but I'm not receiving it.
Q Devon?
A None.
Q The same scenario, where it's supposed to be paid?
A Yes.
Q Okay. Where did you go to school?
A Scotch Branch High.
Q Where is that?
A Summerton.
Q What year did you graduate?

A '83.
Q Did you complete the 12th grade?
A Yes.
Q After graduation, did you go on to any--
A Sumter Tech.
Q How long were you there?
A Only three months.
Q What did you study?
A Retail clerk.
Q Were you there long enough to earn a certificate or degree in that?
A No.
Q Have you ever earned a certificate or a degree in any sort of specialized training?
A No.
Q What does your former husband do right now?
A He drives a truck.
Q Who does he work for?
A Do I know who he work for?
Q Uh-huh.
A No, I don't.
Q And what's his name?
A Jerry Dingle.
Q Where does he live?
A Summerton.

Q How many children do you and Jerry have together?
A One.
Q And who is that?
A Devon.
Q Devon. Does Jerry have any sort of joint custody arrangement with you as far as Devon is concerned?
A No.
Q Okay. Do you have any, currently have any hobbies?
A No.
Q Things you do outside of work?
A No.
Q Take care of four kids?
A Shop.
Q Do you smoke?
A No.
Q Do you drink at all?
A No.
Q Have you ever smoked or drank?
A No.
Q Ever served in the military?
A No.
Q Do you have any sort of criminal record?
A No. Just a bad check.
Q What happened with the bad check?

A Over ring my balance.
Q But, did they bring legal action against you for it?
A Yes, because when the man sent the paper, it was late. That's why.
Q When was that?
A I can't recall. I can't recall. A while ago.
Q About five years ago? Ten?
A About two years ago.
Q Okay. Is that still pending or is that taken care of?
A No. I got it taken care of.
Q Do you have any sort of a driving record?
A No.
Q No speeding tickets?
A No. The one that I had, the guy dropped it.
Q Okay. Besides this current Workers' Compensation claim, have you ever filed a Workers' Compensation claim before?
A No. Never did.
Q Ever filed any sort of lawsuit?
A Just an accident report, accident. But, as far as any kind of Workers' Comp, no.
Q But have you ever hired an attorney to get you what you perceived to be --

A Yes.
Q How many times have you done that?
A Once.
Q Okay. I'd like to ask a couple of questions about that. When was that?
A The exact day, I can't recall. The exact year, I can't recall, but it been about ten years ago.
Q Ten years ago?
A More or less.
Q And you said it arose out of an automobile accident?
A Yes.
Q Was anyone injured in that automobile accident?
A I was.
Q You were? What did you injure?
A Well, I had a spasm.
Q In your neck?
A Yes.
Q You were pointing at your neck. You had neck spasms?
A Yes. I fell out at the scene.
Q And did you recover anything as a result of the lawsuit?
A Yes.
Q How much did you get?

A $8,000.
Q Aside from that automobile accident, have you ever been involved in a lawsuit?
A I've been in an accident, but not a trial thing, no.
Q You didn't go to --
A No.
Q Have you ever collected a settlement before from an insurance company?
A No.
Q Or received any sort of insurance benefits?
A Can you explain? What do you mean?
Q Either through work or through your own personal insurance, have you ever recovered from an insurance company under the terms of a policy? Say, you know, some people have fire insurance in their homes.
A No.
Q And some people have health insurance.
A No.
Q You said you were in that one automobile accident about ten years ago when you injured your neck?
A Yes.
Q And you were in another one, but you didn't file a lawsuit?

A No.
Q Tell me a little bit about that accident. When did it happen?
A It happened, I can't recall what year, but a state trooper, he hit me when I was turning.
Q About how long ago? I know you said you couldn't remember the exact year.
A Right.
Q About five years ago?
A No. I would say eight.
Q And were you injured in that accident?
A My back, yeah.
Q Why did you not attempt to file a lawsuit for that, in that case?
A Because, well, I tried to find a lawyer, but--
Q The lawyer wouldn't take, you couldn't find a lawyer to take the claim?
A Yes. Well, kind of. That's what I would say.
Q Okay. Besides those two, any other automobile accidents?
A No.
Q Either you driving or not driving?
A No.
Q Okay. I forgot to ask you, in both of those automobile accidents that you described, were you

the driver in both of them?
A Yes.
Q Are you involved in any social activities? Church, or --
A Yes. Well, I just go to church.
Q All right. That pretty much wraps up your personal background, and now I want to get a little bit more into your medical history.
A Okay.
Q I do have some of your medical records when it comes to that. We might have to spend, not a great deal of time, because I just want to get your version. First, we can start off with just some basic information, such as whether or not you're right- or left-handed?
A Right-handed.
Q Right-handed?
A Right.
Q If you don't mind, could I get your height and weight?
A 5' 5", 146 weight.
Q Okay. Does your weight historically fluctuate, or does it remain about the same?
A No, it go up, down.
Q But recently, have you had any sort of weight

gains, losses?

A I gained weight since I've been out of work, yes.

Q Since you worked?

A Since I been out of work.

Q Okay. About how much weight have you gained, would you estimate?

A Twenty-two pounds.

Q Do you have any particular reason for that?

A No.

Q No? You just gained weight? I want to discuss just briefly any sort of injuries that you had prior to the problem you ran into at Federal-Mogul. Any significant injuries you've had since, I guess, 1990?

A Injuries, no. Just from Federal-Mogul?

Q No. Just in general at all. I know you said you hurt your neck in that car crash, the first one. Neck spasms.

A Yes.

Q That was about ten years ago. I guess we can start from there and work our way up to the present. I'm trying to get a rough idea of any medical problems you may have had.

A Okay. I hurt my finger, I sprained my finger, at home, of course. And I can't recall -- I had a

baby.

Q Okay.

A And that's it.

Q Those are the only two major things that you've been --

A Yes.

Q How did you sprain your finger?

A Trying to kill a fly in my house.

Q You were injured trying to kill a fly?

A Yeah.

Q Okay. I won't laugh. Those flies can be mean, though. I know that for a fact. What kind of treatment did you receive?

A Painkillers, and basically, that's it.

Q You mentioned that you had a baby. Were there any particular complications involved in that?

A No. Just had a baby. None at all.

Q Specifically, have you ever had any trouble before working with Federal-Mogul with your respiratory system at all?

A No. None at all.

Q Okay. Let me go back. It does seem that, you've had, you were seen for problems with your sinuses before?

A Yeah. My sinuses, yeah.

Q Okay. Tell me a little bit more about that.
A That wasn't an injury. Just was a sinus problem.
Q Okay. That would be a problem with your respiratory system, though? Your sinuses contributing to your head and other problems?
A Yeah, seasonal sinuses.
Q Okay. When did you first start noticing the seasonal sinuses?
A I can't recall. I can't recall.
Q Okay. Have you ever been diagnosed with any other sort of condition associated with your respiratory system, like asthma?
A No, no, no.
Q Not before?
A Not before.
Q Okay. And seasonal sinuses, is that the only problem you had before then?
A Yes.
Q Sinusitis? I think it's the same thing.
A Sinus. That's all. Sinus.
Q Okay. And you don't remember when they started?
A No.
Q Okay. You ever had trouble, and you said you never had trouble with asthma before?
A Never.

Q Okay. Who's your family doctor?
A Dr. L. Keith.
Q Keith?
A Yes.
Q How long have you been seeing him?
A Eleven years.
Q How often do you see him?
A Every month now.
Q Is he kind of keeping up with your throat difficulties?
A Uh-huh, yeah.
Q Okay. Have you ever had to go to the emergency room?
A Yes.
Q What for?
A You mean, lately?
Q Yeah.
A Well, not lately, I haven't went lately. I went a year and a half ago.
Q Okay.
A Was the last time I went.
Q And what did you go for?
A My throat, because I couldn't talk at all. It was like --
Q You went to the emergency room for that?

A Yeah.
Q That was a year and a half ago?
A Yes.
Q Have you ever been to the emergency room besides that for problems with your throat?
A I can't recall.
Q Okay. Have you ever been hospitalized for your problem?
A No.
Q For any reason?
A No.
Q Okay.
A Just having a baby.
Q Right. And you said Dr. Keith is your family doctor. Now, I want to kind of start going through some of the doctors that you've seen since your problem started developing with Federal-Mogul.
A Right.
Q Who was the first doctor you went to?
A Dr. Keith.
Q And did he send you, he sent you elsewhere, right?
A Yes.
Q Who did he send you to?
A Dr. Cassone.

Q And what did Dr. Cassone do for you?
A Dr. Cassone, he treated me for sinuses. He couldn't figure out why I was having so much problems with my sinuses.
Q And did he send you anywhere?
A No. After he kept giving me medicine, I went back to the doctor, tell him I'm still having the problem, and he constantly giving me all kind of strong medicines, so Dr. Keith sent me to Dr. Ackerson.
Q And just to clear it real fast, you said nothing that Dr. Cassone did for you helped you?
A Okay, it used to help me when I used to go home, and whenever I be at home, it used to help me. But once I go back to work, it flares right back up again.
Q So, the medications he gave you, they worked at home, but they didn't at work?
A Yes.
Q And after you had, you weren't getting the results you desired with Dr. Cassone, Dr. Keith sent you to Dr. Ackerson?
A Right.
Q And what did he do for you?
A Dr. Ackerson started testing me to see whether it

came from the job or from where, and when he did, he found out that it had to be coming from the job.

Q Dr. Ackerson said it had to come from the job?

A Yeah, because when I was out, I was fine.

Q Did he ever find anything in particular about your working conditions that caused the problem?

A Environment.

Q Okay, and did he treat you at all?

A Yes, he gave me some Claritin D, whatever, but, he said as long as I'm in there, he can't treat me for it, because it's an environment thing, and he said it would be in vain, because as long as I'm in there, his treatment going to be like in vain, really.

Q So, he basically just told you you needed to find a new job?

A Well, he didn't say. He just said that as long as I was there in the environment, you know, he didn't say find a new job or anything.

Q Did Dr. Ackerson ever send you anywhere else?

A No. He said if I were to keep having problems, I had to see an ENT, and so I did.

Q And so you saw an ENT?

A Yes.

Q Okay. Who was that? Dr. Hopla?
A Dr. Hopla, right.
Q Okay. And what did he do for you?
A He checked my throat, he shined a light down my throat, and he find the nodule on my vocal cord.
Q Okay.
A But he said that the nodule on my vocal cord, I shouldn't have the pain that I have in my throat because of the nodule.
Q Okay. Did he treat you at all with any medication?
A No, not really. He just gave me some Claritin, Allegra D.
Q Did it help you at all?
A No.
Q No?
A No.
Q Okay. Talked about Dr. Keith, Dr. Cassone, Dr. Ackerson, Dr. Hopla. Are there any other doctors that you've seen?
A Yes.
Q Okay. About how many?
A Seven.
Q Seven doctors totally, or in addition to those guys?

A Seven, totally.
Q Okay. I've mentioned the four. I'd like to talk about the other ones as well.
A Okay.
Q I guess you can pick which you want to start with.
A Okay. After I left, after Dr. Hopla, Dr. Hopla send me to Dr. English.
Q Dr. English?
A Right.
Q Okay. What did Dr. English do?
A Dr. English is a speech pathologist.
Q And what sort of treatment did you receive from him?
A From her.
Q I'm sorry.
A She tested me for the speech, because I was having problems talking, because I'm having problem talking, so she tested me for that, and for at least about six months, excuse me, about three months, and then she sent me to Dr. Halstead.
Q I'm sorry, doctor who?
A Halstead.
Q Do you mind spelling that?
A H-A-L-S-E-T-A-E-A-D.
Q A-E--

A S-T-E-A-D.

Q Okay.

A Do you mind if I have some water, please?

MR. MOORE: Sure.

MR. LICHTY: Do you want to take a break while he's getting it for you?

DEPONENT: Yes, please.

MR. LICHTY: Okay.

(Off the record, briefly.)

BY MR. LICHTY:

Q We were talking about some of the doctors that you've seen in connection with what's happened at Federal-Mogul and your respiratory system.

A Right.

Q We talked a little bit about Dr. English, who was a speech pathologist that you saw for three months.

A Right.

Q I neglected to ask you at the time about what, do you remember what dates you saw Dr. English or around what year it was, or --

A Last year.

Q Was it last year?

A Uh-huh.

Q Okay. Dr. English suggested that you go see a

Dr. Halstead?

A Right.

Q And that's where we were in terms of you telling me what he did for you, and you know, what sort of treatment you received from him.

A Well, she --

Q Her. The doctor.

A Yes. She checked my throat to see what exactly it could be doing down there, and she found the vocal cords, the nodule on the vocal cords as well. But she still couldn't figure out why I was having so much pain down there. So, she sent me to an acid reflux, get some acid reflux tests done.

Q Was that another doctor you had to go see?

A Yes.

Q Who was that?

A I don't recall the doctor's name.

Q Do you know where he practiced?

A He's in the MUSC.

Q And that was for acid reflux?

A Yes.

Q How long did Dr. Halstead treat you?

A I guess for the past, since September.

Q Of last year?

A Yes.

Q And do you still go to see Dr. Halstead?
A Yes.
Q When was the last time you went to go see Dr. Halstead?
A December.
Q Was that before or after you went to see the heartburn doctor at MUSC?
A Before.
Q So, you haven't been back to Dr. Halstead since you went to MUSC?
A I have an appointment this month.
Q You have an appointment this month?
A Yeah.
Q What day is that?
A 26th.
Q How about Dr. English? Are you still seeing her?
A No.
Q When was the last time you saw Dr. English?
A August.
Q Okay. At MUSC, have you received a diagnosis from them yet?
A Yes.
Q Okay, what was that?
A I've been non-reflux. All the reflux came out normal. Came out normal.

Q And when did you see them?
A When?
Q Uh-huh.
A Last month.
Q Okay. Just the one appointment?
A No, two.
Q Two? Okay. I think that's seven. Have you seen, do you want me to go back through?
A Federal-Mogul sent me to two doctors.
Q Okay. Who were they?
A Dr. Gaines.
Q Okay.
A And Dr. Crouch.
Q When did you see Dr. Crouch?
A Dr. Crouch was, I can't recall what day.
Q Uh-huh.
A But it was after I got out, after Dr. Gaines put me out of work.
Q Was that -- do you remember what year? Was that last year or two years ago?
A No, it wasn't last year. I don't recall.
Q You said Dr. Gaines and Dr. Crouch?
A Right.
Q Where does Dr. Crouch practice?
A In Sumter. I saw him in Sumter.

Q Okay. Is he a specialist? Is he a he?
A He's an allergist.
Q What sort of treatment did you receive from Dr. Crouch?
A None.
Q And Dr. Gaines?
A Dr. Gaines treated me for, when I went back, well, he sent me back in, but I couldn't take it, so he took me back out.
Q So, when he first saw you, he told you it was okay for you to go back to work?
A Yes, because I went out for a while, and when I went, when Federal-Mogul selected me to go to him, I went to him, excuse me, and he sent me back to work that night. And when I went in, I couldn't take it, so when I went back to the doctor that next day, he took me on out.
Q Okay. Putting you out of work, was that all the treatment that you received from him, or did he also, he gave you medications as well?
A He gave me some anxiety tablets.
Q Did any of it help?
A Did it help?
Q Uh-huh.
A Yes, it helped.

Q That's nine total doctors. That's a lot to keep track of, I know. Can you think of any others that you haven't mentioned that you might have seen since the date of your accident?

A Dr. Moore.

Q And what did you see Dr. Moore for?

A For my headaches.

Q When?

A '99. December '99.

Q Okay. Was there any connection between your headaches and what was going on at work?

A Yes.

Q Is that what Dr. Moore told you?

A He said I was dehydrated.

Q Okay. Any other doctors you can think of?

A No.

Q Okay. At any time during the course of your treatment, did Workers' Comp pay for any of the doctors that you saw?

A No.

Q No? Dr. Ackerson, the first -- they didn't pay for you to see him at first?

A No. I had my medical card. I paid my co-pay out of my pocket.

Q So, your health insurance?

A My health insurance.
Q Through Federal-Mogul?
A Yeah.
Q We've talked a lot about doctors. Now, we're going to talk a little bit about your employment history. When did you start work for Federal-Mogul?
A November '96.
Q Who did you work for before then?
A A plant out of New Zion. I don't remember the name of it. It was a long time ago.
Q Okay. You don't remember -- do you remember where -- you said it was--
A In New Zion.
Q New Zion? You don't remember the name of the plant, but do you remember what you were doing there?
A Yes, I used to sew.
Q How long did you work there?
A Six months.
Q And when did you leave?
A No. The plant shut down.
Q The plant shut down?
A Yeah.
Q Do you remember when the plant shut down?

A About ten years ago, that's all.
Q About ten years ago?
A Yeah. Maybe more.
Q Did you work anywhere between that job and your job at Federal-Mogul?
A No.
Q About how long a time was it between those two jobs?
A I don't remember. I can't recall.
Q Would you measure it in months or years?
A Years.
Q Okay. What did you do in that time?
A Nothing.
Q Did you draw any sort of unemployment benefits?
A Yes.
Q Were they through the State or from your previous employer?
A Yes. From my previous employer.
Q Okay. And you don't remember the employer's name?
A No.
Q Okay. Why did you decide to go back to work?
A Single mother.
Q When you first started working for Federal-Mogul, what did they have you doing?
A Running a press.

Q How long did they have you doing that?
A A month, and then they hired me, and they hired me for Gasket.
Q Okay. How long did you work with Gasket?
A A year.
Q And then from there, where did you go?
A Back to Mold.
Q Back to where?
A To Mold in Federal-Mogul. It's in Federal-Mogul, but it's a department.
Q Okay.
A Mold department.
Q Oh, Mold, okay. I thought you were saying Federal-Mogul, and I was like, well, I thought we were talking about--
A Mold. Two different departments.
Q And is that where you were working when you were injured?
A In Mold.
Q In Mold? How long did you work there?
A Since '98.
Q Since '98?
A Yes.
Q So, that would be, you worked in Gasket for a year?

A For a year.
Q Did you start in Federal-Mogul in November of--
A '96.
Q Okay. '96. When you were working in Gasket, what did that job require you to do?
A Run a press, but it's a different press. It's for gaskets.
Q Did you have to handle the parts there as well?
A Yes.
Q And I'm not very familiar with this type of job. What exactly did you have to do?
A Just put the part in the machine. There are two different parts. Mold have oil seals, Gasket have gaskets, and they're two different parts. And we put them in a machine, but different machines.
Q Okay. So, you were doing almost, just the same thing with a different part when you were working for Mold; is that correct?
A That month, yeah. Yeah, that month.
Q When you were working in the mold press, that's when you were making the oil seals?
A Yes.
Q And what did that job require you to do?
A Put the parts in the machine and take them out.
Q How many people worked in the mold press area of

the plant, or on a typical shift, I guess?
A Yes.
Q How many people would you be working with?
A How many people am I working with down the line?
Q Uh-huh.
A You want me to count the people?
Q Well, I was just thinking you were in a room -- were you in a room when you were doing this?
A In a department.
Q Okay. About how many mold press operators were there?
A Do you want me to guess?
Q Yeah, sure. I take it there were a lot by your reaction?
A Yeah, I mean, it was a line.
Q Okay. I was just thinking about the people that were doing the same job that you did. A lot?
A Yeah, I guess about 16 or 17 presses on each line, I guess.
Q Okay. Are you aware of, you say there's 16 or 17. Are you aware of anyone else that was operating the mold press having similar symptoms?
A Yeah.
Q About how many people do you know that have shown the same symptoms?

A About four or five.
Q Okay. And how do you know them? Through work?
A Through work. I don't know them personally. I just know of them.
Q Okay. So, you wouldn't necessarily say they were friends of yours? Just, they were acquaintances?
A Yes.
Q Okay. What was the last day that you worked at Federal-Mogul?
A Last day, July of 2000.
Q And where did you go to work after that?
A Nowhere.
Q Have you worked anywhere since July, 2000?
A Excuse me. No.
Q Okay. Like I said, I'm confused. Previously, I was asking you about your car and whether or not you were able to drive it back and forth from work.
A Yes.
Q You said that you were.
A Yeah, I was driving it back and forth from work when I was working.
Q Okay. But since then, you haven't worked anywhere?
A No.

Q Have you received any sort of benefits?
A No. Just my limited child support, and my AFDC.
Q You say FDC?
A AFDC.
Q Are you receiving any other monthly income besides child support and AFDC?
A No.
Q Approximately how much money does that give you to work with a month?
A My AFDC is 286, so, it's various.
Q 286 a week or a month?
A A month.
Q Okay. When did you first start noticing these symptoms that you're having?
A '98, when I started having my headaches. When I started having my headaches, right then I wasn't, right then, I didn't know what was causing it then. And later on, like months and months later, everytime I go in, you know, I start feeling bad, and when I come out, it's different. So, like a few months later.
Q So, a few months later, you started to think that it might be, it might have something to do with where you were working?
A Yes. And then, when I start, like whenever I go

in there, a certain part that really, really started getting to me, because I used to itch and stuff like that. I used to itch. But this part really, really had started burning, literally burning my throat.

Q Okay. And when was that? After you first started thinking it might be --

A Well, because I couldn't figure out what it was, to be honest, until when it started burning. When it started burning, then I knew exactly what it was. But before then, I wasn't sure. I wasn't sure.

Q You said that it felt worse when you were at work and better when you were at home?

A Yes.

Q What kind of differences can you make between --

A Okay, when I'm home, I mean, I could breathe easily, you know. I don't have to worry about the irritation whenever I'm at home. And when I'd be on medical leave, I'd be out, or either when I'm home, I can tell.

Q And at work, you were feeling the burning and having trouble breathing?

A Yeah. Yes. Burning, burning.

Q And since you've stopped working, has your

condition improved?

A As far as the breathing, I have, like if I talk a lot, I have a hard time or whatever. But, my throat hurt all the time. Right here, it just hurt all the time. And I drink warm things to try to soothe it or whatever.

Q Even though you're not working anymore?

A Even though I'm not working anymore.

Q Do you think that you could return to work somewhere? Not necessarily at your former job.

A I don't know. Honestly, I don't know. My throat, I just want to get it well, and I hope so. I hope so. I loved working at Federal-Mogul. It used to be fun to me. If I can still work there in another department where I'm not burning and stuff, because I love working at Federal-Mogul, but the burning I can't take. I can't take the burning. But if they can put me in an area, you know, where I could --

Q So, do you think that if you could find a job that didn't have fumes, I know that you said you took some classes in retail from Sumter, was it Sumter Tech?

A Yeah, Sumter Tech.

Q If you could find a job like that, do you think

you could perform those type duties?

A Yeah. Well, right now, how my throat is right now, like a lot of talking, like I say, I have a problem with. But if it's something that I can do hands on, because I'm not physically, my body is not hurting. It's just my throat is.

Q Have you looked for work recently?

A No. I'm going to computer classes now.

Q Where are you taking computer classes?

A At Scotch Branch Middle School. It's a parent thing, that they're letting everybody take computer classes that have a child in the school.

Q Is that a program that you work up towards a certificate or a degree of some sort?

A In computer, yeah.

Q About how far are you away from --

A I just started like last week or something.

Q And how long a program is it?

A As long as it take for me to -- it's not like somebody there is teaching it. It's how long it takes for me to go through the program.

Q Kind of self-paced?

A Yes.

Q Okay. I think I asked you before about where your monthly income, you said child support and AFDC.

Are you receiving any sort of unemployment benefits?

A No.

Q Have you applied for unemployment?

A No, I haven't.

Q Have you tried look for work anywhere?

A No. I haven't.

Q Okay. Just to make sure everything is clear, what symptoms are you still having?

A My throat is hurting all the time. When I'm talking, it's like hard. It's like I'm straining to talk. If I talk for a while, if I don't talk for a while, then it seemed like it'll be all right, but if I start talking, if I talk for a while, then I'm like, sounds like I'm forcing myself to talk.

Q Okay. I think at one time, I was looking through some of the records where you were having a discussion with the insurance adjuster at Federal-Mogul, the Workers' Comp lady at Federal-Mogul, and you had mentioned that the Federal-Mogul plant had been investigated by DHEC in your department. Do you recall having a conversation like that at all?

A Well, they had -- excuse me?

Q It was a conversation you were having with the Workers' Comp person from the company that insures Federal-Mogul. I'm not real sure who it is right now, but, and you were having a conversation with the insurance adjuster talking about your condition and whether or not your claim would be accepted?

A No, I don't recall that.

Q Okay. If you don't remember, you don't remember.

A No. I don't recall that.

Q Okay. But are you aware that DHEC has ever investigated your plant?

A I've heard talk about somebody, whether there was testing, whatever was affecting whoever, I've heard from people talking, but as far as anything else, I don't know.

Q Okay. You've never personally seen them doing an investigation?

A No.

Q All right. You said your last day of work was in July of 2000; is that right?

A Yes.

Q And you first started noticing your symptoms in '98?

A Yeah, in '98.

Q And soon after you noticed your symptoms, you started to think that it might be connected to work?

A No. Not right then, because I wasn't sure.

Q But about three or four months afterwards, you started --

A Yeah, when the burning start, I knew. I knew.

Q And you continued to work though, for almost a year?

A Lavern Houston, Johnny Mitchell, all of them knew, and so they tried to put me in different areas trying to help me. Because they noticed when I go in the plant, when I first go in there, I'm talking good. But when I'm in there, my voice just go completely, so they try and put me in other areas in the plant to see whether that would help. But when it started burning and burning, and I keep going to the doctor trying to get help, trying to see if they can help me, you know, but --

Q When Dr. Ackerson said it might be related to where you work, did you ever try to find a different job then, that would take you out of that environment?

A Job areas, yeah, in Federal-Mogul. Yes, they

tried to put me in other areas.

Q But you never looked outside of Federal-Mogul?

A No.

Q Okay. I'm almost done here. I just want to ask a couple of follow-up questions with the doctors. Do you remember when the last time you saw Dr. Hopla was?

A Dr. Hopla?

Q Uh-huh.

A Exact date, I don't recall.

Q But it was a while ago?

A Uh-huh.

Q How about Dr. Ackerson? Have you seen Dr. Ackerson recently?

A No.

Q Not for the past year?

A No.

Q Dr. Cassone, have you seen him within the past year?

A Uh-uh.

Q I think I asked you this before, but have you ever been diagnosed with asthma?

A No.

Q Okay. That's all the questions I have. And I appreciate you enduring this to answer my

questions.

MR. MOORE: I have none. Thank you.

(Deposition concluded at 11:35 a.m.)

BEFORE THE SOUTH CAROLINA
WORKERS' COMPENSATION COMMISSION

DIANE C. DINGLE,

Employee,

vs. WCC NO. 9831715

FEDERAL-MOGUL CORPORATION,

Employer,

and

TRAVELERS INSURANCE COMPANY,

Insurer.

DEPOSITION OF:	WILLIAM ALLEYNE, II, M.D.
DATE:	September 24, 2004
TIME:	1:50 P.M.
LOCATION:	Carolina Pulmonary Physicians 225 South Herlong Avenue, Building 2 Suite 230 Rock Hill, SC
TAKEN BY:	Counsel for the Employer/Insurer
REPORTED BY:	MARIE A. BOYCE, CSR



APPEARANCES OF COUNSEL:

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(INDEX AT REAR OF TRANSCRIPT)

(The witness, after having been advised of his right to read and sign this transcript, waives that right.)

WILLIAM ALLEYNE, II, M.D.

Being first duly sworn, testified as follows:

EXAMINATION

BY MR. EVANS:

Q. Dr. Alleyne?

A. Alleyne, yes, sir.

Q. State your full name for the record, please.

A. William Franklin Alleyne, A-L-L-E-Y-N-E, II.

Q. Okay. Dr. Alleyne, of course, you've been through many depositions before, I'm sure, so you know exactly what to do.

A. Yes, sir.

Q. You have to speak up and say yes or no answers and don't shake your head.

My name is Tommy Evans. I represent Federal-Mogul in this case, workmen's compensation, against Diane Dingle.

Now, what area of medicine do you practice?

A. Pulmonary and critical care medicine.

Q. And pulmonary medicine is the area of medicine dealing with the lungs and respiratory system, correct?

A. That is correct.

Q. So, you do not specialize in occupational or environmental medicine?

A. No, sir.

Q. You examined Diane Dingle in May of 2002?

A. Yes, sir.

Q. Okay. And have you seen her since then?

A. No, sir, I have not.

Q. Okay. Now, you diagnosed her with reactive airways dysfunction syndrome, otherwise known as RADS?

A. Yes, sir.

Q. Can you explain what RADS is?

A. RADS is an illness that involves a narrowing of the airways or irritation of the airways as a result of an inhaled insult. It's also closely related to a syndrome called RUDS or reactive upper airways disease syndrome that involves the upper airways, specifically the nasal passages and vocal cords and what we call the upper airway.

Q. You came by your diagnosis through her stating to you that she had daily exposure to

chemicals at the plant?

A. Well, my diagnosis is based on taking a thorough history, examining the patient, realizing that she was a nonsmoker, and then, of course, also the pulmonary function testing, X-ray, as well as her detailed occupational exposure.

Q. Okay. But daily exposure to chemicals at the plant, this is what she told you about?

A. That is correct.

Q. Okay. And you know she was a former employee of Federal-Mogul of Summerton?

A. Correct.

Q. And she left there in 2000, correct?

A. That is correct.

Q. Okay. Have you ever been inside the Federal-Mogul plant?

A. I have not.

Q. So, you don't know about the ventilation system or the airway flow of the plant?

A. That is correct.

Q. So, you're not aware that each machine part has a separate ventilation system?

A. I'm not aware of that, no, sir.

Q. Now, do you remember writing Mr. Moore that letter on August the 13th, 2004?

A. Yes, sir.

Q. Okay. In this letter you stated that you reviewed blueprints. What type of blueprints did you review of the Federal-Mogul plant?

A. These were blueprints of the plant as supplied by Mr. Moore.

Q. Do you have a copy of these blueprints?

A. I believe so, yes, sir. Can I be excused?

Q. Yes.

(A recess transpired.)

THE WITNESS: I'll go back on the record now. This is a packet that actually has a copy of blueprints of materials she made. I believe that Mr. Moore showed me a copy of the blueprints of the plant, but I do not have those in my possession.

MR. EVANS: Do you have the blueprints?

(Off-the-record conference.)

BY MR. EVANS:

Q. I'm showing you a sketch drawing by Ms. Dingle that was introduced as Plaintiff's Exhibit 1 during her actual hearing. Is that the blueprint that you said you saw?

A. That's very similar, yes, sir. I don't know if it was the exact one, but to the best of my

recollection, yes.

Q. You would agree that it's not an actual blueprint of the plant?

A. That is correct.

Q. The blueprint is actually a drawing by the person who designed the plant?

A. That is correct.

Q. You agree that's not to scale?

A. Yes, sir.

Q. That's basically a layout drawing by Ms. Dingle from her memory?

A. Yes, sir.

Q. And I see she hasn't been at the plant for four years, as far as you know?

A. Based on my records, yes, sir.

Q. Now, have you noticed in this diagram she says the lanes are about a foot to a foot and a half wide?

A. That is correct.

Q. Are you aware that Federal-Mogul is a 144,000 square foot plant?

A. No, sir.

Q. And would you agree that this paper that the diagram is written on is 8 1/2 by 11?

A. That's correct.

Q. The length of this paper is a little less than a foot long?

A. Yes.

Q. So, basically, Ms. Dingle is saying that the lanes between the machinery at Federal-Mogul are a little farther apart than this sheet of paper?

A. That's correct.

Q. Do you think that's conceivable?

A. I find it hard to believe the exact measurement is going to be a foot to a foot and a half.

MR. MOORE: I object. I don't think Ms. Dingle made reference to the lanes being one and a half feet apart. I think that document speaks for itself, but you're quoting Ms. Dingle's description.

MR. EVANS: I'm not quoting Ms. Dingle. I'm basically saying what's written down on the paper and what he's testified he's seen on this paper.

MR. MOORE: Okay.

BY MR. EVANS:

Q. Now, in your report you listed several chemicals that she was exposed to. Isopropyl alcohol, butyl alcohol, and phenol formaldehyde?

A. That is correct.

Q. Are you aware of a substance called

Thixon 7505?

A. I believe it was referred to in one of these material safety and data sheets.

Q. So, you don't know the particular section that this chemical was used within the plant?

A. No, sir.

Q. Now, Ms. Dingle expressed to you that she ran a press in the plant. That was her job, and that's how she got exposed to these chemicals?

A. That is correct.

Q. Did she ever express to you any problem while working in gaskets, in the gasket area of the plant?

A. She did not describe working with gaskets, no, sir.

Q. All right. Now, you were provided material data safety sheets, correct?

A. Yes, sir.

Q. And would you agree that most of these sheets show acute problems, short-term problems being exposed but not long-term problems?

A. The MSDS sheets refer to primary acute, but they also refer to chronic problems.

Q. And the MSDS sheets, the chemicals listed on those sheets are in their pure forms, correct?

A. That is correct.

Q. All right. So, if a chemical is diluted with water, it would diminish the effect of that chemical, correct?

A. Not necessarily.

Q. It's possible, though? I mean, why would you dilute it with water if it doesn't change it?

A. But if that is then aerosolized, it may, in fact, magnify the effect.

Q. And you are not aware that Federal-Mogul dilutes most of its chemicals with water before it's used in the plant?

A. No, sir.

Q. You said earlier Ms. Dingle was diagnosed with RADS?

A. I have diagnosed her, yes.

Q. Now, one criteria of RADS would be a documented absence of any preceding respiratory complaints. Wouldn't you agree?

A. Usually patients do not have a preceding history of respiratory complaints with RADS, that is correct.

Q. Now, are you aware that Ms. Dingle was seen by her physician in 1995 for light-headedness and a sinus infection?

A. I have reviewed Ms. Dingle's records. I don't know that I have them dating back to 1985.

Q. 1995.

A. 1995.

Q. Yes, sir.

A. That, I would have to refer to her medical records.

Q. And are you aware that she told her physician of a family history of sinus and allergy problems?

A. Again, I would have to review her records.

Q. Okay. Now, if these things are in her records, that will show a prior history of respiratory complaints; wouldn't you agree to that?

A. That is correct.

Q. Also another criteria of RADS is exposure to gas, smoke, or vapor in high concentrations?

A. That's correct.

Q. Now, did you receive an industrial hygiene survey done by Mr. Richard Bennett of the Federal-Mogul plant?

A. Yes.

Q. Okay. Did you review that?

A. Yes I did.

Q. Now, wouldn't you agree his results show far below OSHA standards?

A. Yes.

Q. So, any exposure to any chemicals would be far less than what OSHA considers harmful to humans, wouldn't you think?

A. I would say the levels indicated are below the OSHA standards. I don't know that you could then extrapolate and say they are not harmful to humans.

Q. That's why OSHA makes these standards, to make sure the levels of chemicals would not be harmful to people working there.

A. But when you say that, that doesn't mean that there's no -- there are no health consequences of these standards. OSHA standards are what's generally, quote, unquote, safe; however, if one were exposed to them, it doesn't guarantee that they will not develop something like RADS or RUDS, for that matter.

Q. Okay. All right. Now, you expressed earlier that you've never been in the Federal-Mogul plant.

A. That is correct.

Q. So, you don't really know the amount of

exposure Ms. Dingle had at the Federal-Mogul plant?

A. My information is based on examining her, her history, as well as, of course, reviewing the MSDS sheets provided by Federal-Mogul.

Q. And wouldn't another criteria of RADS be the onset of symptoms occur within 24 hours of exposure?

A. Classically, yes.

Q. She never told you any particular incident of exposure that initiated these problems?

A. That is correct.

Q. And another criteria of RADS are that pulmonary diseases are basically ruled out?

A. That is correct.

Q. Okay. Are you familiar with cockroach allergens and the affect they can have on the body?

A. Yes.

Q. What kind of affect can cockroach allergens have?

A. We know that cockroach allergens can cause or worsen asthma.

Q. Can they cause problems breathing and hoarseness?

A. When you say problems breathing, we know that they can certainly cause, again, cause or

exacerbate asthma. I'm not aware that they cause hoarseness.

Q. Okay. Can they cause the problems Ms. Dingle is complaining of?

A. In my opinion, no.

Q. Okay. How about mold spores, do you have any knowledge of mold spores?

A. Yes, sir.

Q. What kind of problems can mold spores cause?

A. Mold spores can cause or exacerbate asthma. They can also cause hypersensitivity pneumonitis, in the more severe cases can even result in pneumonia.

Q. Okay. Were you aware that Ms. Dingle had an air quality test done on her home by Mr. Bennett?

A. Yes.

Q. Were you aware that the mold found was 40 times greater in her home than the outside air?

A. I don't know the exact concentrations, but I did review the report, yes.

Q. Can mold spores cause respiratory problems?

A. Yes.

Q. Now, you said earlier you examined

Ms. Dingle in May of 2004?

A. That is correct.

Q. And she continued to have at that time the hoarseness and the respiratory problems?

A. That's correct.

Q. Four years after she left the plant itself?

A. That is correct.

Q. As far as you know, she never went back to Federal-Mogul between her leaving and your examination?

A. To my knowledge, no. That is correct.

MR. EVANS: I have nothing further.

EXAMINATION

BY MR. MOORE:

Q. I just have a few.

Doctor, you were asked a question about a document prepared by a Mr. Richard Bennett; is that correct?

A. That's correct.

Q. Is that that document there?

A. Yes, sir.

Q. Can you look in that and tell me when this test was performed?

A. In February of 2004. February 23rd,

2004.

Q. Was that during the time that Ms. Dingle was working there at that plant?

A. No, sir, it was not.

Q. Can you tell me how many years after Ms. Dingle had left that that had been done?

A. Approximately four years after Ms. Dingle left.

Q. That would have no affect on any levels that may have been current at the time Ms. Dingle was employed there, do you think?

A. That is correct.

Q. Now, as far as your workup on Ms. Dingle, can you tell us exactly what you did?

A. Ms. Dingle was seen in the office on May 3rd, 2004. At that time I took a complete history as well as performed a physical exam. We also did a pulmonary function test, and we reviewed her chest X-ray.

Q. Okay. What did this testing show as far as Ms. Dingle's status?

A. The pulmonary function test revealed a mild obstructive defect most notable in the small airways. There was a positive bronchodilator response. There was a diffusion impairment.

Q. What does that mean to the layperson?

A. To the layperson, that means she doesn't blow air out as well as she should, and that this problem doesn't prove -- although it does not normalize in her case with the addition of what we call bronchodilator medicines that help open up the airways. In addition, she had an inability -- or I should say, an impairment in her ability to get oxygen out of the air into her lungs and then into the bloodstream.

Q. Now, did you diagnose her at that time with asthma?

A. No, sir.

Q. So, that did not have an impact on her condition?

A. No, sir.

Q. Did you diagnose her with any other respiratory problem that would have caused this problem?

A. No, sir. (1) At that time my impression was that her symptoms were the result of reactive airways dysfunction syndrome. (2) I also felt that, given the fact she had the ongoing pain in her throat and the hoarseness, that she may have also had a component of reactive upper airways dysfunction syndrome.

Q. So, you actually diagnosed her with two problems?

A. Yes, sir.

Q. In her history, did you have the opportunity to review records of doctors who have seen her in the past, particularly that of a Dr. Edward Keith?

A. Yes, sir.

Q. Okay. Did you see in her records during the period of time that she was seen and working at Federal-Mogul that had he taken her out of work for these very same problems?

A. Yes, sir.

Q. Now, what is important about the fact that she's a nonsmoker?

A. I think that as a nonsmoker your respiratory symptoms are clearly not attributable to smoking but must be due to some other factor. Whether that factor would be asthma, which she clearly does not have, it's inconceivable that she has been seen by, I would say, Dr. Keith, her family doctor, she also was seen by at least two ear, nose, and throat doctors, she was seen by an allergist, she was seen by myself.

In reviewing her medical records, no one

talks about asthma, or at least no one establishes that diagnosis, and the least of which myself, frankly, who would not miss asthma. In addition, her respiratory exposures at the plant were certainly suspect as the cause of these symptoms.

Q. Okay. Now, you reviewed from the plant, since you brought that up, the MSDS sheets?

A. That's correct.

Q. These were a list of chemicals, many, many, many chemicals that were used in the processing of seals and gaskets there at Federal-Mogul?

A. That's correct.

Q. Is it your understanding Federal-Mogul is an open-air type of plant with very little walls in the manufacturing portion of that plant?

A. That is correct.

Q. How does that affect a person who is employed there working there in a particular area or zone when they're exposed to many, many chemicals at the same time?

A. Well, certainly, if one is in that type of situation, although the individual patient may not be working with a certain chemical or group of chemicals, does not mean that they have not been exposed to them. Perhaps someone working at another

area was working with them, and they got exposed.

Q. The MSDS sheets detail several chemicals that had chemicals in them that caused the kind of problems that Ms. Dingle has; is that correct?

A. That's correct.

Q. What do you call the portion of the MSDS sheets that tell the adverse symptoms that a person could have as a result of exposure?

A. I presume you're talking about the health and safety risks.

Q. Right. Now, each one of these data sheets has that health and safety risk component on each of the documents; is that correct?

A. That is correct.

Q. Now, did you note that there were several that could have caused the same problems that Ms. Dingle complains of?

A. That is correct.

Q. The question was asked about those household spores. Cockroach allergens?

A. That is correct.

Q. Did you find that any possible or potential exposure to that caused her problem?

A. I did not feel that was the case, no.

Q. Did you feel like mold spores caused any

of her problems?

A. No, sir.

Q. How can she still have symptoms after leaving the plant several years ago?

A. The problem with RADS is that you get sensitized due to an exposure -- due to some type of irritant exposure and, following that, you develop an asthma-like illness in that you have an increased sensitivity to the -- to various irritants and can develop shortness of breath and chest tightness.

I think the other thing about Ms. Dingle that is of concern is that she has this ongoing hoarseness and pain that has been extensively evaluated by several physicians, and I'm presuming that they have at least heard of cockroaches and mold spores also.

Q. Did you note that any of them mentioned that being a possible or potential reason for her having these problems?

A. No, sir.

Q. What is the prognosis in terms of her getting beyond her present condition?

A. In my opinion, stated to within a reasonable degree of medical certainty, that this condition that she has is going to be lifelong. It's

been at least four years since her last exposure. She continues to have symptoms. She's been seen by several specialists. Nobody has come up with a way to treat this that is going to relieve her of her symptoms.

Q. How long have you been practicing now, Doctor?

A. 21 years.

Q. Have you ever seen a situation where a person is exposed to household allergens, cockroach allergens, mold spores that have the same condition that Ms. Dingle has?

A. No, sir.

Q. Is four years enough time for the kind of exposure that Ms. Dingle has to cause the kind of problem that she currently has? Is that enough time to cause these kinds of problems?

A. I would think so, yes.

Q. Are there any particular chemicals noted on the MSDS sheet that cause you any immediate concern? You list several in your report, alcohol -- is that phenol formaldehyde?

A. Yes.

Q. And methanol, the long word about 20 letters long. Can you pronounce that for me?

A. The hexamethylenetetramine methanol.

Q. Can you tell me why you mention those in your report?

A. Well, these were the ones that were mentioned in the material safety and data sheets, and specifically the formaldehyde, the phenol formaldehyde resin raised a red flag for me.

Q. Why?

A. Because that is one of the known causes of RADS.

Q. And this was used in this plant?

A. That is correct.

MR. MOORE: I'd like to have this marked as part of this record. I'd also like to have these records marked as part of the record.

MR. EVANS: I would object to that being marked since it was never placed in the APA, and it was done after the hearing was done. On the record, I state an objection.

MR. MOORE: You can go ahead and mark them.

(PLF. EXH. 1, Report of Industrial Hygiene Survey Conducted at Federal Mogul, Summerton, South Carolina, was marked for identification.)

(PLF. EXH. 2, Records, was marked for identification.)

BY MR. MOORE:

Q. Doctor, is there anything else you want to tell me about Ms. Dingle as a result of your seeing her?

MR. EVANS: I'll object to that question as a generalization, not a specific question, or any problem that she may have.

BY MR. MOORE:

Q. Can you tell me about any other problems she may have had that you have not mentioned thus far?

MR. EVANS: I'm still objecting as being a generalization.

THE WITNESS: The problems that she mentioned are listed in my report, and those are the only medical problems that I'm aware that she has.

BY MR. MOORE:

Q. Okay. Now, the pulmonary function laboratory test, tell me about that test, if you will.

A. That is, essentially, a measurement of how well people breathe, and what happens is you are first asked to blow into a machine to measure your

ability to move air, you're also asked to hold your breath for a brief amount of time so we can assess how well you get oxygen out of the air, into your lungs, and into your bloodstream.

Q. And, again, what did this test tell you about Ms. Dingle?

A. It did tell me that she had a problem getting air out. It also shows that she has a problem with getting the oxygen out of the air, into her lungs, into her bloodstream. So, in other words, she has difficulty moving air, and when she moves the air, she has difficulty getting the oxygen out of the air and into her bloodstream.

Q. You mentioned Dr. Keith's records, and he mentions her being hoarse and having swallowing problems.

A. Yes.

Q. How do the chemicals affect one's ability to swallow, exposure to those chemicals?

A. We think that the various irritants impact the moist skin, so-called mucous membranes of the upper airway and the lower airways based primarily upon their size as well as their water solubility.

Fairly large things usually will impact

the nose and upper airways, smaller things are able to get down into the lungs themselves. And we think that in addition to the fact that you are exposed to these irritants, for lack of a better term, your body then responds by releasing chemicals of their own that are usually for defensive purposes, but can be -- can help to -- can help to mediate what we call the inflammatory response, and, as a result, you may have some swelling, so-call edema, may have some degree of discomfort, and, in addition, we feel that there is a cascade of events that is triggered that will also involve some of the nerve endings such that you can develop pain.

Q. And is it your opinion that the pain that Ms. Dingle developed occurred as you've just explained?

A. Yes.

Q. Now, Ms. Dingle told you they did not use a mask, or she did not use a mask while working at Federal-Mogul for that period of time?

A. That is correct.

Q. Would that have helped her condition?

A. Usually we inquire about whether or not people wear a mask to determine whether there was any effort to protect the airways and the patient from

exposure to these various irritants.

Q. And she did not wear a mask?

A. She did not, no, sir.

Q. So, she had no protection from irritants or exposure to them?

A. To the best of my knowledge, she had no protection.

Q. It is advisable to wear a mask if you're working around these kind of chemicals, formaldehyde and alcohol sorts of things?

A. I would certainly want one.

Q. Doctor, what is diffusion impairment?

A. Diffusion impairment refers to the ability -- well, diffusion refers to movement of one substance from one area of high concentration to an area of lower concentration. When we talk about diffusion impairment specifically with respect to the lungs, we talk about the inability to get oxygen out of the air, into your lungs, and then into your bloodstream appropriately.

Q. And she's not able to do that?

A. That is correct.

Q. Now, does this exposure you have spoken to and that you have documented also cause headache?

A. It can.

Q. Did she tell you she had problems with headache?

A. Yes, sir.

Q. Okay. How about chest pains?

A. Yes, sir.

Q. You have GI, dash, positive for o-d-y-n-o-p-h-a-g-i-a. What is that?

A. Odynophagia.

Q. What is that?

A. Which is a pain upon swallowing.

Q. Sore throat?

A. Not even so much sore throat, but real pain when you swallow.

Q. And she is symptomatic for that?

A. That is correct.

Q. Is there anything that can be done to cure, if you will, her problem, Doctor?

A. From my knowledge, no.

Q. Is this something, I think you indicated, she'll have for pretty much the rest of her life?

A. Yes, sir.

Q. Is there anything that could make her more comfortable with it?

A. She could try cough drops and things that coat the throat, which I believe have been things

recommended by her other doctors, but they don't seem to have been particularly helpful, however.

Q. Doctor, are all of your opinions given today in this deposition based upon a reasonable degree of medical certainty?

A. Yes, they are.

MR. MOORE: I think those are all my questions.

MR. EVANS: I have a few questions.

EXAMINATION

BY MR. EVANS:

Q. The MSDS sheets don't show you the amount of exposure a person will have to a particular chemical --

A. No, sir.

Q. -- if any exposure?

Now, if there is a vacuum on these machines drawing any fumes away, would that lessen the amount of exposure?

A. It should.

Q. And you've never been in the plant, have you?

A. That is correct.

Q. Has Ms. Dingle ever expressed to you that there is a vacuum at every machine in that plant?

A. She did not express that to me.
Q. Would you think that would be helpful in your --
A. To have a vacuum at every machine?
Q. No, to be told this.
A. It would be helpful, yes, sir.
Q. Now, you said that phenol formaldehyde resin was a red flag to you?
A. Yes.
Q. Because it could cause RADS, correct?
A. That's correct.
Q. Do you know where this chemical is located within the plant?
A. No, sir.
Q. So, you don't know if she actually had any exposure to this chemical?
A. Well, I'm basing this on the material safety and data sheets supplied.
Q. Okay. Of course, the MSDS sheets that were supplied could be things like oil and antifreeze that's inside the machines, correct? Basically it gives you -- they have a sheet at every plant for every chemical that is in that plant.
A. That is correct.
Q. And it could be something like hydraulic

oil inside the machines that an operator would have no contact with it?

A. That's not necessarily true. If she's pressing gaskets and seals, some of these materials may be aerosolized. The fact they're in the machines and could potentially be aerosolized might increase her exposure.

Q. So, you're saying oil within the machine can increase your exposure if you operate the machine?

A. No. What I'm saying is that if something is in the machine and it is then aerosolized, then that may increase her exposure.

Q. Or it may mean she has no exposure at all, correct?

A. Correct.

Q. Federal-Mogul did not send Ms. Dingle to you to be examined?

A. No, sir.

Q. Who referred Ms. Dingle to you?

A. I believe it was Mr. Moore.

MR. EVANS: Okay. Nothing further.

MR. MOORE: I think that's it.

(PLF. EXH. 3, Letter dated August 13, 2004 to Dwight Moore from William F.

Alleyne, II, M.D., FCCP, was marked for identification.)

(The deposition was concluded at 2:30 P.M.)

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* Original retained by Dr. Alleyne.

REPORT OF INDUSTRIAL HYGIENE SURVEY CONDUCTED AT FEDERAL MOGUL SUMMERTON, SOUTH CAROLINA

BY

RISK TECH, LLC

Survey Date: February 23, 2004
Report Date: March 4, 2004

Risk Tech Project Number 04-1442-01

Prepared by: _____
Shawn Stewart, MA, IH
Project Manager

Reviewed by: _____
Richard Bennett, MSPH, CIH
Principal of Risk Tech, LLC



REPORT OF INDUSTRIAL HYGIENE SURVEY
WELLMAN, INC.

INTRODUCTION

Risk Tech, LLC conducted personal air sampling for Formaldehyde at the Federal Mogul Plant in Summerton, South Carolina on February 23, 2004. This monitoring was conducted at the request of Ms. Carolyn H. Blue. The purpose of this survey was to determine the potential formaldehyde exposure to mold press operators using the Mold Release Thixon 759 product.

This report is provided for the sole use Ms. Carolyn H. Blue and Tally, Roberts &Blue. Use of this report by any other parties will be at such party's sole risk and Risk Tech, LLC disclaims liability for any such use and reliance by third parties. The results presented in this report are indicative of conditions only during the time of the sampling period. This study does not purport to include every potential health hazard at this location and only those areas and exposures specifically mentioned were evaluated.

The Occupational Safety and Health Administration (OSHA), the American Conference of Governmental Industrial Hygienists (ACGIH), and the National Institute for Occupational Safety and Health (NIOSH) have established personal exposure standards for the agent as shown in Table 1.

METHODS

Air sampling was conducted using Advanced Chemical Senor Passive monitor badges. The badges were placed on the employees' collar at the beginning of the shift and removed at the end of the employees shift. The date and start time were recorded for each sample. At the end of the sampling period, the badges were removed and a stop time was recorded. All results are blank corrected if applicable.

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TABLE 1.
PERSONAL EXPOSURE STANDARDS

OSHA STANDARD	OSHA PEL-TWA	OSHA AL	OSHA STEL/C	ACGIH TLV	ACGIH STEL/C	NIOSH REL	NIOSH STEL/C
Formaldehyde	0.75 ppm	0.5 ppm	2 ppm	---	0.3 ppm	0.016 mg/m^3	0.1 ppm

DEFINITIONS:

NIOSH	National Institute for Occupational Safety and Health
OSHA	Occupational Safety and Health Administration
ACGIH	American Conference of Governmental Industrial Hygienists
PEL	(Permissible Exposure Limit) The 8-hour TWA, established by OSHA, which the employee should not exceed.
AL	(Action Level) An 8-hour Time Weighted Average (TWA) established by OSHA, usually one half of the Permissible Exposure Limit. The AL is the level at which the employer must take action (i.e. medical surveillance, personal protective equipment, periodic personnel monitoring) to reduce employee exposure.
REL	Recommended Exposure Limit. The 10-hour TWA, established by NIOSH, which the employee should not exceed.
STEL	(Short Term Exposure Limit) The concentration to which workers cannot be exposed continuously for 15-minutes.
TLV	(Threshold Limit Value) The 8-hour TWA, established by ACGIH, which the employee should not exceed.
C	(Ceiling Limit) The concentration that should not be exceeded during any part of the workday. The C is usually assessed by sampling over a fifteen-minute period.
ug/m^3	micrograms per cubic meter
ppm	parts of contaminant per million parts of air.
LFC	Lowest feasible concentration as specified in appendix A of the NIOSH Pocket Guide to Chemical Hazards.

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RESULTS/DISCUSSION

Personal Monitoring

The formaldehyde air samples were collected using Advanced Chemical Sensor badges. The badges were placed on two mold press employees operating presses 445 and 447. Both presses used the Mold Release Thixon 759. The Mold release product is applied by compressed air gun every turn of the press. The press produces 400 tons of pressure and heats up to 350°F. Once the press is turned on it takes 120 seconds for the entire process to complete. After each run compressed air is used to blow out excess rubber gaskets that may not have been pressed. The total time for load, press, and unload is around five minutes. The press is sprayed with the Mold Release compound about every five minutes.

The sampling time started about 0720 on February 23, 2004 and ended around 1510 on the same day.

The sample results indicate airborne formaldehyde concentrations on the two press operators to be below the OSHA PEL and Action Level during the sampling period.

CONCLUSION

The results of the Industrial Hygiene Survey conducted at the Federal Mogul Plant in Summerton, South Carolina on February 23, 2004 indicate formaldehyde exposures to be below the OSHA PEL and Action Level for the two press operators using the Mold Release 759 on presses 445 and 447.

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APPENDIX A

RESULTS SUMMARY TABLES / AIR SAMPLING DATA SHEETS

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TABLE A-1
FEDERAL MOGUL
PERSONAL AIR SAMPLING

NAME	SAMPLE NO.	OPERATION EXPOSURE BASIS	SAMPLE DATE	SAMPLE START	SAMPLE STOP	CONTAMINANT	MEASURED CONCENTRATION	OSHA LIMIT
Lilly Pack	GP5775	Mold Press 447	2/23/04	0720	1510	Formaldehyde	<0.01 ppm	0.75 ppm
Rosanna Hammett	FA1437	Mold Press 445r	2/23/04	0720	1510	Formaldehyde	<0.01 ppm	0.75 ppm
Blank	GP5774	N/A	2/23/04	---	---	Formaldehyde	<0.01 ppm	0.75 ppm

Abbreviations:
mg/m^3 milligrams per cubic meter;
PEL permissible exposure limit; OSHA regulatory limit based on an 8-hour Time Weighted Average
ug/m^3 micrograms per cubic meter
ug micrograms
N/A Not Available
mg/m^3 milligrams per cubic meter;
PEL permissible exposure limit; OSHA regulatory limit based on an 8-hour Time Weighted Average;
ug/m^3 micrograms per cubic meter
ug micrograms
N/A Not Applicable

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EMPLOYEE NOTIFICATION LETTERS

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EMPLOYEE NOTIFICATION LETTER

Company: Federal Mogul
Employee: Lilly Pack
Department: Mold Press Operator 447

The results of your exposure evaluation performed by Risk Tech, LLC on February 23, 2004 are listed below. The results indicate exposure below the respective OSHA Permissible Exposure Limit (PEL) for Formaldehyde. If you have any questions concerning your results, please contact your supervisor.

Contaminant	Measured Concentration	OSHA Standard	Type Standard	Agency	Method
Formaldehyde	<0.01 ppm	0.75 ppm	PEL	OSHA	OSHA Method 64

mg/m^3	milligrams per cubic meter
TWA	Time weighted average
OSHA	Occupational Health Administration
N	NIOSH
N/A	Not Available

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EMPLOYEE NOTIFICATION LETTER

Company: Federal Mogul
Employee: Rosanna Hammett
Department: Mold Press Operator 445

The results of your exposure evaluation performed by Risk Tech, LLC on February 23, 2004 are listed below. The results indicate exposure below the respective OSHA Permissible Exposure Limit (PEL) for Formaldehyde. If you have any questions concerning your results, please contact your supervisor.

Contaminant	Measured Concentration	OSHA Standard	Type Standard	Agency	Method
Formaldehyde	<0.01 ppm	0.75 ppm	PEL	OSHA	OSHA Method 64

mg/m^3	milligrams per cubic meter
TWA	Time weighted average
OSHA	Occupational Health Administration
N	NIOSH
N/A	Not Available

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APPENDIX B
ANALYTICAL RESULTS

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ADVANCED CHEMICAL SENSOR II P . 397

3201 North Dixie Highway, Boca Raton, FL 33431
(561) 338-3116 • FAX: (561) 338-5737

AIHA ACCREDITED LABORATORY

Reviewed by: _____
Laurence D. Locker, Ph.D.
Laboratory Director

TO: Att: Shawn Stewart
RISK TECH, LLC
669 Marina Drive-Suite 224
Charleston SC 29492

DATE: 2/25/2004

FORMALDEHYDE VAPOR ANALYSIS REPORT

SAMPLE NO	DATE	NAME	EXPOSURE TIME(hr)	CONCENTRATION (ppm)
Federal Mogul				
GP5774	02/23/04	Blank		
			Basis 8.00	Less than 0.01

The OSHA permissible exposure limit is 0.75 ppm, based on personal exposure for an 8 hour period. There is also an "action level" of 0.5 ppm.The OSHA short-term exposure limit is 2.0 ppm, based on a 15 minute period.

Concentration is low compared to the OSHA permissible exposure limit and below the action level.

Method of Analysis: *OSHA Method 64*
Limit of Quantitation(8 hr Basis): 0.01 ppm
Date Received: 02/25/04
Date Analyzed: 02/25/04

12728

The Values reported are the average concentrations for the monitoring period used, based on the information provided by the u

ADVANCED CHEMICAL SENSOR IN P . 398

3201 North Dixie Highway, Boca Raton, FL 33431
(561) 338-3116 • FAX: (561) 338-5737

AIHA ACCREDITED LABORATORY

Reviewed by:
Laurence D. Locker, Ph.D.
Laboratory Director

TO: Att: Shawn Stewart
RISK TECH, LLC
669 Marina Drive-Suite 224
Charleston SC 29492

DATE: 2/25/2004

FORMALDEHYDE VAPOR ANALYSIS REPORT

SAMPLE NO	DATE	NAME	EXPOSURE TIME(hr)	CONCENTRATION (ppm)
Federal Mogul				
GP5775	02/23/04	Lilly Pack Mold Press Operator Press 447	7:20 – 15:10 = 7.83	Less than 0.01

The OSHA permissible exposure limit is 0.75 ppm, based on personal exposure for an 8 hour period. There is also an "action level" of 0.5 ppm.The OSHA short-term exposure limit is 2.0 ppm, based on a 15 minute period.

Concentration is low compared to the OSHA permissible exposure limit and below the action level.

Method of Analysis: *OSHA Method 64*
Limit of Quantitation(8 hr Basis): 0.01 ppm
Date Received: 02/25/04
Date Analyzed: 02/25/04

12729

The Values reported are the average concentrations for the monitoring period used, based on the information provided by the u

ADVANCED CHEMICAL SENSORS
3201 North Dixie Highway, Boca Raton, FL 33431
(561) 338-3116 • FAX: (561) 338-5737

AIHA ACCREDITED LABORATORY

Reviewed by: _____
Laurence D. Locker, Ph.D.
Laboratory Director

TO:
Att: Shawn Stewart
RISK TECH, LLC
669 Marina Drive-Suite 224
Charleston SC 29492

DATE: 2/25/2004

FORMALDEHYDE VAPOR ANALYSIS REPORT

SAMPLE NO	DATE	NAME	EXPOSURE TIME(hr)	CONCENTRATION (ppm)
Federal Mogul				
FA1437	02/23/04	Rosanna Hammett Mold Press Operator Press 445	7:20 – 15:10 = 7.83	Less than 0.01

OSHA permissible exposure limit (PEL) is a time-weighted average of 0.75 ppm, based on personal exposure for an 8 hour period. There is also an "action level" of 0.5 ppm. OSHA short-term exposure limit (STEL) is 2.0 ppm, based on personal exposure for a 15 minute period.

The level measured is low compared to the OSHA permissible exposure limit and below the "action level" of 0.5ppm.

Method of Analysis: *NIOSH Method 3500*
Date Received: 02/25/04
Date Analyzed: 02/25/04

The Values reported are the average concentrations for the monitoring period used, based on the information provided by the

Medical Center
A Member of Piedmont Healthcare System

222 S. Herlong Avenue • Rock Hill, SC 29732 • 803-329-1234 • 803-329-8820

IMAGING SERVICES DEPARTMENT

IMAGING REPORT

P.400

Phys: Alleyne II,William MD
Dob: 08/18/1964 Age: 39 Sex: F
Acct: 010207272 Loc: IMAG
Exam Date: 05/03/2004 Status: REG CLI
Radiology No: 595383
Unit No: 000503195

William Alleyne II 17
Carolina Pulmonary Physicians
225 South Herlong Avenue
Building 2, Suite 230
Rock Hill, SC 29732

324-5280

EXAMS	TYPE/EXAM
000662049	XRAY/XR CHEST, PA & LAT

HISTORY:
Dyspnea.

PROCEDURE:
CHEST (TWO VIEW):

FINDINGS:
PA and lateral views of the chest reveal the lungs to be clear. The heart is not enlarged. The hemidiaphragms and costophrenic angles are clear. The trachea is midline. The pulmonary vessels are not increased. The bony thorax appears intact.

CONCLUSION:
NEGATIVE CHEST.

** REPORT SIGNATURE ON FILE 05/03/2004 **
Reported By: Lawrence F. Soderstrom MD
Signed By: LawrenceSoderstromMD

No Apt.

RECEIVED
NOV 04 2004

BY:_____

CC: William Alleyne II 17

Technologist: Pamela N. Caron, RT(R)
Dictated Date: 05/03/2004 Transcribed Date: 05/03/2004
Transcriptionist: RAD.ODOB
Printed Date/Time: 05/03/2004 (2009) Batch No: 478

PLAINTIFF'S EXHIBIT 2

DIANE DINGLE P.401 **05-03-04**

Medical Record: 19028

Ms. Dingle presents for evaluation of dyspnea. The patient is a 39 year old black female complaining of dyspnea since 1999. The patient is a life-long non-smoker with neither active nor passive smoke exposure. She worked at a facility called Federal Mogul from 1996 to 2000. This facility made oil seals for car engines. Her job was specifically to run a press and inspect parts. She was exposed to fumes on a daily basis. Prior to working there she had no history of asthma, cough or wheezing. Since she left the facility, she has had dyspnea which is worse with exertion. Although it has improved somewhat, it is still present. She also complains of odynophagia and pharyngeal irritation when eating a variety of foods such as spices or mints, for example. She denies fevers, chills, night sweats or weight loss. She did not work with the benefit of a mask. Her employment resulted in exposure to isopropyl alcohol, butyl alcohol, phenol formaldehyde resin and hexamethylenetetramine methanol, methyl ketone, and aluminum cleaner.

PAST MEDICAL HISTORY: Hypertension.

PAST SURGICAL HISTORY: Negative.

ALLERGIES: Claritin which makes her "feel bad"

SOCIAL HISTORY: The patient has four children, all vaginal deliveries. She does not smoke, drink alcohol or use drugs. She has a 12th grade education. She previously worked in a sewing factory and has minimal dust exposure.

REVIEW OF SYSTEMS: CNS – positive for headache; no neck stiffness, photophobia. CVS – positive for chest pains. GI – positive for odynophagia, diarrhea; no GERD. GU – no dysuria, hematuria. Musculoskeletal – no arthritis or arthralgias.

PHYSICAL EXAM:
Vital Signs - BP; 141/90 P: 88 R; 16 T: 97.9 oxygen sat 100% room air W: 153 lb.
General - This is a well-developed, well-nourished black female in no acute distress.
HEENT - Normocephalic - atraumatic. Pupils - equally round and reactive to light. Extra-ocular movements intact. Sclera - anicteric. Conjunctiva – pink, moist. Fundi – not visualized. Pharynx reveals midline tongue. Mucus membranes are moist. Neck – full range of motion, supple. Trachea midline. Thyroid not enlarged.
Breasts - Symmetric, no masses
Cardiac - PMI not displaced. S1/S2 within normal limits. No murmurs, rubs or gallops.
Chest - Normal AP diameter. No use of accessory muscles. Non-tender to palpation. Resonant to percussion. Diminished breath sounds with rhonchi at the bases.
Abdomen - Positive bowel sounds, soft, non-tender.
Extremities - No cellulitis, cyanosis or edema.

LABS: PFTs reveal mild obstructive defect most notable in the small airways. There is a positive bronchodilator response. There is a diffusion impairment.

Chest x-ray dated 05-03-04 PMC RAD# 595383 reveals cardiac shadow is not enlarged. Bone and soft tissue structures are intact. No evidence of infiltrates or effusions.

ASSESSMENT/PLAN:

1. Dyspnea. This patient's dyspnea is a result of reactive airways dysfunction syndrome. She is a life-long non-smoker with no significant passive smoke exposure. She has been exposed to a variety of volatile chemicals while in the workplace. Her PFTs reveal a diffusion capacity of 73% predicted. This qualifies as a Class II, 10-25% Impairment of the Whole Person as per the AMA Guides to the Evaluation of Permanent Disability, 5th ed., 2000. At present, I think it is reasonable to avoid any further exposure to volatile chemicals. She also has a positive bronchodilator response and I think the inhaled steroids will be helpful here but she may, in fact, benefit from a trial of Combivent two puffs q6h. Of note, although the Combivent will improve her airflow, it will not affect her diffusion. Certainly, given the fact that her most recent exposure was approximately four years ago, it is unlikely that this situation will improve significantly in the future.
2. Odynophagia. The etiology of this patient's odynophagia is not entirely clear to me. Certainly I think an ENT evaluation which is ongoing is reasonable. I would question whether she also has a component of reactive upper airways dysfunction syndrome.

William F. Alleyne, II, M.D., FCCP/bs

CAROLINA PULMONARY PHYSICIANS, P.A.

Pulmonary Functio P.403 atory
225 South Herlong Ave., Suite 230
Rock Hill, South Carolina 29732

Date: 05/03/04
Name: Dingle, Diane
ID: 19028
Age: 39 Height(in): 65
Weight(lb): 153 Gender: Female
Race: Black
Technician: Derrick Mundy CRT
Physician: Alleyne

Diagnosis: Dyspnea
Dyspnea Rest: Yes Dyspnea Exercise: Yes
Cough: No Persistent: No
Smoker: No How Long: Quit: No Stopped:
Cigarettes: No Pipe: No Cigars: No
Medication:
Medication:

			Ref	Pre	% Ref	Post	% Ref	%Chg
Spirometry								
	FVC	Liters	2.98	2.52	85	2.69	91	7
	FEV1	Liters	2.44	2.00	82	2.12	87	6
	FEV1/FVC	%	85	79		79		
	FEF25-75%	L/sec	3.34	1.85	56	2.12	63	14
	IsoFEF25-75	L/sec	3.97	1.86	47	2.44	62	32
	FEF50%	L/sec	3.92	2.54	65	2.40	61	-6
	FEF75%	L/sec	1.70	0.74	44	0.94	56	27
	FEF200-1200	L/sec	5.49	2.49	45	2.83	51	13
	PEF	L/sec	6.38	3.11	49	3.70	58	19
	FET100%	Sec		8.13		7.86		-3
	FIVC	Liters	2.96	1.91	65	2.33	79	22
	FIF50%	L/sec		1.75		1.63		-7
	PIF	L/sec		2.38		2.44		2
	FEV1/FIV1			1.32		1.27		-4
Lung Volumes								
	TLC	Liters	5.25	4.85	92			
	VC	Liters	2.96	2.52	85			
	FRC Dil	Liters	2.86	2.81	98			
	ERV	Liters		0.48				
	RV	Liters	1.74	2.33	134			
	RV/TLC	%	32	48				
Diffusing Capacity								
	DLCO	mL/mmHg/min	23.3	17.1	73			
	DL Adj	mL/mmHg/min	23.3	17.1	73			
	DLCO/VA	mL/mHg/min/L	4.33	4.19	97			
	DL/VA Adj	mL/mHg/min/L		4.19				
	VA	Liters		4.07				
	IVC	Liters		2.27				

DLCO/TLC(N2) = 3.52 (81%)

Comments:

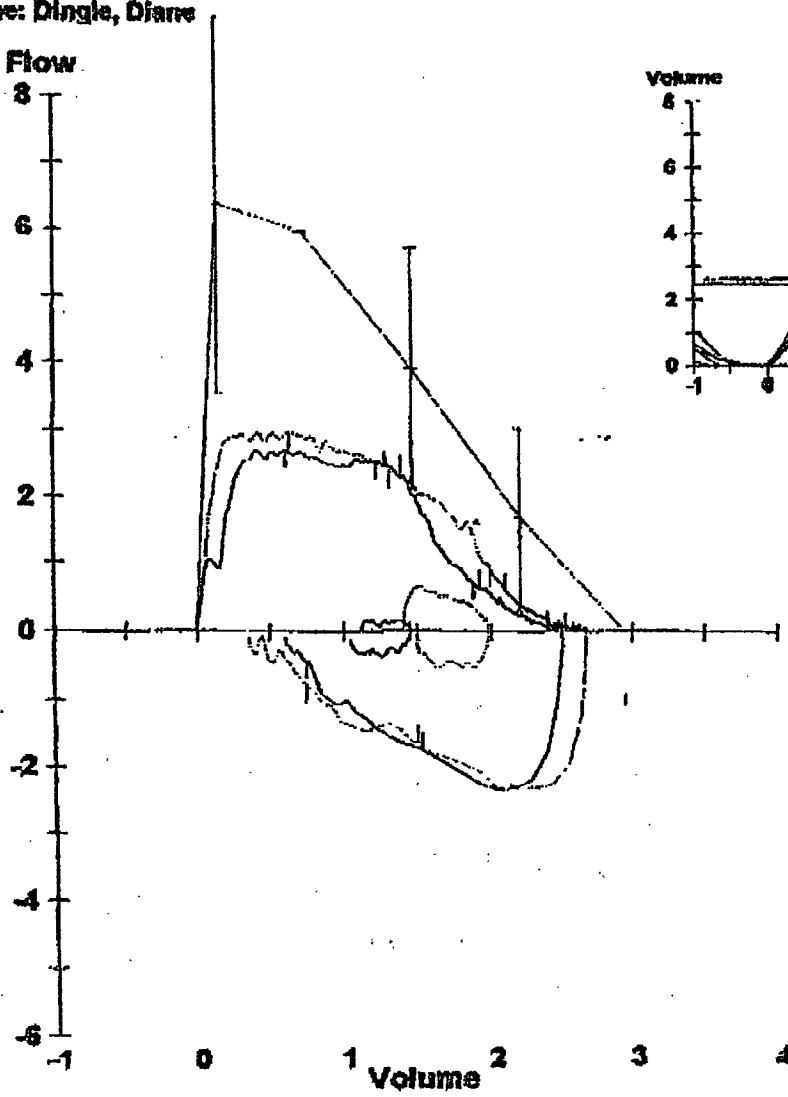
Ms. Dingle was able to produce acceptable and reproducible spirometry data. She was able to perform lung volumes with good effort and cooperation. Combivent inhaler was used for the post study times two puffs with an aerochamber.

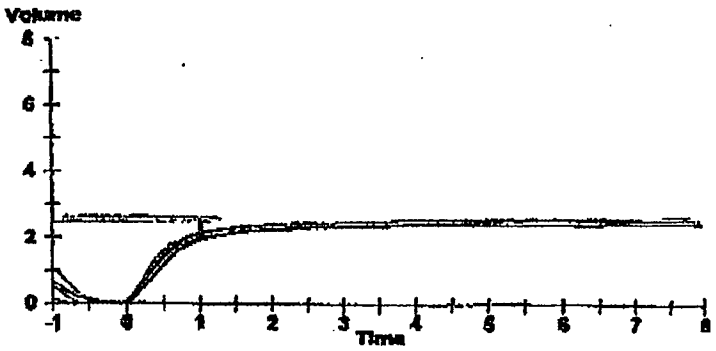
Physician Interpretation:

Mild obstructive defect most notable in the small airways. There is a (+ BD) response. There is a diffusion impairment (mild)

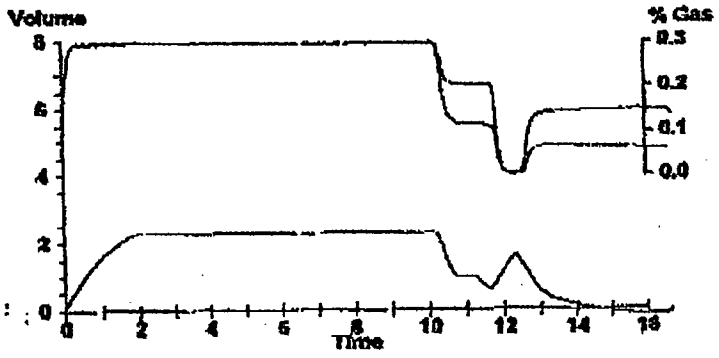
Name: Dingle, Diane

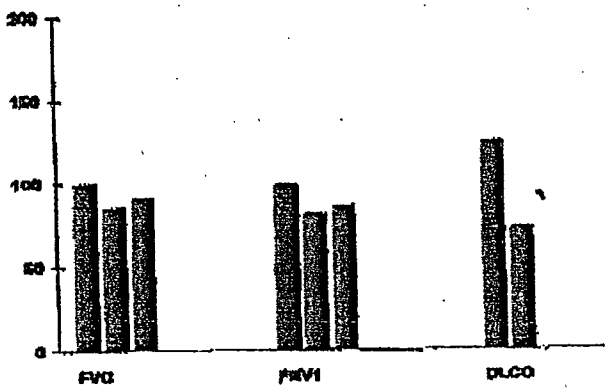
ID: 13028
Date: 05/03/04





Reference_____
Pre-Bronchodilator_____
Post-Bronchodilator_____





CAROLINA PULMONARY
PHYSICIANS, P.A.

C. EDWARD CREAGH, JR., M.D.
WILLIAM F. ALLEYNE, II, M.D., F.C.C.P.
ARUN ADLAKHA, M.D.
JUSTIN BLAYLOCK, P.A.

August 13, 2004

Dwight Moore, Esq.
Moore Law Firm
26 N. Main St.
P.O. Box 1229
Sumter, SC 29151

Dear Attorney Moore:

RE: Diane Dingle
DOB: 08-18-64

I have examined Ms. Diane Dingle on May 3, 2004 in my office. In addition, I have had the opportunity to review the material (safety and data sheets) from Federal Mogul. I have also reviewed the plant layout and blueprints as well as the type of gaskets manufactured by the patient. It is my opinion, stated to a reasonable to degree of medical certainty, that the patient has dyspnea as a result of reactive airways dysfunction syndrome (RADS). The RADS has occurred as the result of materials, chemicals and fumes the patient was exposed to while working at Federal Mogul.

A copy of my office notes and PFTs are enclosed. I reserve the right to amend this report as further information becomes available.

Sincerely,

William F. Alleyne, II, M.D., FCCP
Clinical Assistant Professor of Medicine, UNC - Chapel Hill
Department of Medicine, Carolinas Medical Center

WFA/bs

Enc: Copy – office notes
Copy – PFTs

PLAINTIFF'S EXHIBIT 3

225 South Herlong Ave., Rock Hill, SC 29732
Piedmont Park, Building 225, Suite 230
Telephone 803-324-5280 Fax 803-328-0270

BEFORE THE SOUTH CAROLINA
WORKERS' COMPENSATION COMMISSION
COUNTY OF CHARLESTON

DIANE DINGLE,
Employee,
vs. WCC NO. 9831715
FEDERAL MOGUL CORPORATION,
Employer.

COPY

DEPOSITION OF: DR. WILLIAM SIMPSON, JR.

DATE: September 13, 2004

TIME: 1:30 p.m.

LOCATION: Medical Offices of Dr. Simpson
19 Hagood Avenue, Suite 305
Charleston, SC

TAKEN BY: Counsel for the Employer

REPORTED BY: LAVON E. MCNAUGHTON
Registered Professional
Reporter, RMR, RDR

A. WILLIAM ROBERTS, JR., & ASSOCIATES

Charleston, SC
(843) 722-8414

Columbia, SC
(803) 731-5224

Greenville, SC
(864) 234-7030

Charlotte, NC
(704) 573-3919

Page 2

APPEARANCES OF COUNSEL:

ATTORNEYS FOR EMPLOYEE:

MOORE LAW FIRM
BY: DWIGHT MOORE, ESQ.
26 North Main Street
Sumter, SC 29150
803.778.6520

ATTORNEYS FOR EMPLOYER:

TALLY, ROBERTS & BLUE, LLC
BY: TOMMY EVANS, JR., ESQ.
1527 Blanding Street
Post Office Box 11288
Columbia, SC 29211
803.744.8800 x16
Evans@tglaw.org

(INDEX AT REAR OF TRANSCRIPT)

STIPULATION

It is stipulated by and between Counsel that this deposition is being taken in accordance with the South Carolina Rules of Civil Procedure, Rule 30; that all objections as to Notice of this deposition are hereby waived; that all objections except as to form are reserved until the time of trial; and that the deponent does not waive reading and signing of this deposition.

* * * * * * * * * * *

DR. WILLIAM M. SIMPSON, JR.

being first duly sworn, testified as follows:

THE COURT REPORTER: Would you state your full name for the record, please.

THE WITNESS: William Maynard M-A-Y-N-A-R-D Simpson, Jr.

EXAMINATION

BY MR. EVANS:

Q. Dr. Simpson, my name is Tommy Evans, and I represent Federal Mogul in this case.

A. Right.

Q. First of all, I would like to appreciate you taking the time off from your busy schedule and all. I have a couple friends that are doctors, so I know you are quite busy to meet with

Page 4

us on this deposition.

A. All right.

Q. I am going to try to make it as brief as possible so you can get back to your patients.

A. Fine.

Q. Now, have you ever been to a deposition before?

A. Yes.

Q. You have.

Okay. So you know that you have to answer yes or no to all of your questions?

A. Yes.

Q. Head nods will not be able to take place on the record, so we have to get a clear answer.

A. Okay.

Q. Dr. Simpson, what is your current occupation right now?

A. I'm a physician at the Medical University and faculty member.

Q. Okay. Let me ask you a few questions about your background, educational background. Basically what school did you attend?

A. Went to Clemson as undergraduate, received a premedicine degree, then went to the

Medical University for M.D. degree, three years in family medicine residency at the Medical University, and a year at Johns Hopkins in geriatric medicine, and a year fellowship in faculty development at UNC, Chapel Hill.

Q. How long have you been practicing medicine?

A. Twenty-nine years.

Q. Exactly what area of medicine do you specialize?

A. I'm a family physician, have Boards in Family Medicine, and I have a Certificate of Qualification in Geriatrics, and for the last 15 years have been part-time practicing in the area of Agromedicine and Occupational and Environmental Medicine.

Q. Now, you are currently Medical Director of the Occupational and Environmental Medicine Program here at MUSC?

A. Right, in the Department of Family Medicine.

Q. Okay. Explain exactly what area is Occupational and Environmental Medicine, if you could.

A. It's essentially the illnesses and

injuries that occur as a result of employment or avocational activity. So I deal with those people who have concerns or who have illnesses related to their area of employment or avocation.

Q. You mean like in certain fumes and environmental problems, things of that nature?

A. Environmental exposures, pesticides, chemical exposures, insect bites, snake bites, ciguatera poisoning.

Q. You are currently a Professor of Family Medicine here, also?

A. That's correct.

Q. Are you a member of any medical associations right now?

A. The Charleston County Medical Society, the South Carolina Medical Association, and the American Academy of Family Physicians, Society of Teachers of Family Medicine, and American Geriatric Society.

Q. Okay. Now, do you remember examining Ms. Diane Dingle in this case?

A. I do.

Q. She was referred to you by Dr. Linda Halstead, correct?

A. Lucinda Halstead, yes.

Q. What area of medicine does Dr. Halstead practice?

A. Otolaryngology, ENT.

Q. Okay. Now, exactly what kind of problems was she having when she came to see you?

A. I first saw her in July of 2002 with a Complaint of that she described as a four-year history of hoarseness, which she related to working at the Federal Mogul plant in Summerton.

Her main complaints at that time were hoarseness, difficulty speaking in a normal voice, and I believe that was the major complaint.

At the time -- shall I go ahead or tell you what I found or....

Q. Yes.

A. Okay. The remainder of her history was that she also had a history of hyperacidity and treatment for the organism which is felt to cause many peptic ulcers, H. Pylori, and intermittent difficulty getting a deep breath. All of those were, she felt, related to her exposures at the plant.

She had worked in another area of the plant for two years prior to moving to the inspector position and gasket inspection position

Page 8

and felt that she had no exposures of significance during that previous job in the plant. Her other work as an adult had been in a sewing factory with no exposure of concern to her. Most of the time she had also worked in the home.

She used no alcohol or tobacco, and she had been seen by a number of other doctors and had had some speech therapy at the time without benefit.

When I saw her, I saw no abnormality of the mucous membranes. I didn't repeat the nasopharyngoscopy which Dr. Halstead had done recently.

Her neck was normal.

Her chest was clear.

She had a benign heart murmur, a normal abdominal examination, and a normal extremity exam, and her voice was hoarse, and she appeared to force her voice when she was speaking.

So my assessment at the time was a chronic hoarseness; heart murmur, probably benign.

I had planned at that time to obtain Dr. Halstead's records and obtain the MSDS, that is, Material Safety Data Sheet, on the chemical that she thought was the prime one causing her

symptoms, and I was to see her again in a month.

Q. Okay. Now, she told you that she was an oil seal inspector at Federal Mogul, but you never saw any employment records?

A. I did not.

Q. So you don't have any idea if that's actually what she did?

A. That's correct.

Q. That's what she told you?

A. That's correct.

Q. All right. Now, you said that you were going to look at the Material Data Safety Sheets --

A. Right.

Q. -- for the actual chemical she said she was exposed to?

A. Right.

Q. Do you remember getting that or did you ever receive that?

A. I received a set of MSDSs from the Moore Law Firm, April 22, 2004. Prior to that time, I had not seen any specific MSDSs. And in March of 2004, which is the third and last visit that I had with her, she brought me a four-page list of chemicals used in the plant but no MSDSs, Material Safety Data Sheets.

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At the second visit that I had with her, which was a month after the first, at the early part of September of '02, she returned for her follow-up. I had received at that time no information from Dr. Halstead, and the patient said that she had had reflux testing and pulmonary function tests, and she did bring an MSDS at that time for an adhesive that I don't have here in my records anymore that didn't fit the description that she gave of a pungent-tasting powder that got onto her clothes and throat. It was a liquid adhesive, so it wouldn't have been a powder.

She continued with her respiratory irritation and reflux type symptoms.

Her physical exam was unremarkable, and I still felt that she had possible chemical exposure, uncertain as to type, and I again tried to get some records but never was successful.

Saw her again on November of 2002, and she had still not seen anybody else. Still had not gotten the MSDS sheets. There was no change on physical examination, and the patient was given our phone and fax numbers to have the MSDS sheets faxed or mailed to me.

And then I saw her for the last time in

March of 2004. Again, there was only mild nasal mucosal edema and some erythema, and she really was not different than she had been two years previously. And I suggested that she really needed to follow-up with Dr. Halstead and to also obtain the speech therapy which had been recommended in the past.

And that was the last time I saw her.

Q. Now, you initially examined Ms. Dingle in 2002, July?

A. Right.

Q. Were you aware that she left the plant in 2000? Were you aware of that?

A. I didn't know how long it had been. I realized she had not been there for a good while, yes.

Q. All right. Are you aware that an air quality test were done by Mr. Richard Bennett of her residence?

A. Yes.

Q. Are you familiar with cockroach allergens and the effect it can have on the body?

A. What kind of allergens?

Q. Cockroach allergens.

A. Yes.

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Q. Okay. Exactly what problems can be caused by cockroach allergens?

A. The most common one is allergic rhinitis, or hay fever, and less common, but also fairly frequent, is asthma.

Q. So you can have like problems breathing?

A. Yes.

Q. Hoarseness, things like that with cockroach allergens?

A. Yes.

Q. These are the same problems that Ms. Dingle had, correct?

A. It's certainly possible, yes, those were the same complaints.

Q. How about mold spores, could they cause those same problems as cockroach allergens?

A. In large numbers, mold spores in even nonallergic people can cause respiratory irritation, mucous membrane irritation.

Q. Basically the same irritation that Ms. Dingle was complaining of?

A. Yes, similar, yes.

Q. Okay. Are you aware that she had 40 time the amount of mold spores inside her apartment

than outside air? Were you aware of that?

A. That's a pretty general thing, but there was an amplification, as it is said, of mold counts inside her house compared to outdoors; however, I'm a little dubious of the outdoor reference standard. It's so low that I'm shocked.

Q. You are saying that the outside air was --

A. Was extremely clean.

Q. Okay. Now, you said earlier that you received MSDS sheets from Mr. Moore's office, is that correct?

A. That's correct.

Q. Do you remember writing a letter after receiving these sheets dated May 14, 2004? I have a copy of it, if you want to look at it.

A. Yes.

Q. Okay. That's the copy of the letter that you wrote?

A. That's correct.

Q. That's your signature on the bottom of that?

A. It is. It's a copy of that letter.

MR. MOORE: For proper reference, could we have that marked, if you don't mind?

MR. EVANS: Yeah.

THE WITNESS: I've got the original, if you want it.

MR. EVANS: Let's mark this one.

(DFT. EXH. 1, Letter from Dr. Simpson, Re: Diane Dingle, dated 5/14/2004, was marked for identification.)

BY MR. EVANS:

Q. So you have a copy of the original?

A. I do.

Q. This one is marked, so take a look at that one.

That is the actual copy of the letter that you wrote with your signature at the bottom, correct?

A. Right.

MR. EVANS: I would like to introduce this into evidence. Do you have any objections?

MR. MOORE: No.

(DFT. EXH. 1, Letter from Dr. Simpson, Re: Diane Dingle, dated 5/14/2004, was admitted in evidence.)

BY MR. EVANS:

Q. Now, in this letter, you specifically stated that you found no reference that suggested a

synergistic effect from any combination of these agents that would produce persistent mucous membrane irritation?

A. That's correct.

Q. You were talking about the MSDS sheets that were provided by Mr. Moore from Federal Mogul?

A. That's correct. Well, the references I refer to are other literature that look at these particular chemicals and any synergistic effect they might have. These chemicals, as you know, MSDS sheets don't have any synergistic information in them. They don't say, if you do this with this, you will get something different. They just say, if you breathe this, you will get this.

So there is admittedly a limited amount of data on combinations of products like this. We don't know what they do.

Q. Okay. Also, you state in your letter that it is your opinion that one or a number of the chemicals in question is causing mucous membrane irritation, which produced what should have been temporary voice alterations. You said that, also?

A. Right, yes.

Q. Now, you stated earlier that the cockroach allergens and mold spores can also

possibly cause the same problems, respiratory problems that Ms. Dingle had?

A. They can.

Q. And as we said before, she no longer worked for Federal Mogul once you saw her, correct?

A. As far as I'm aware, yes.

Q. So the only source that remains was the cockroach allergens and the mold spores, because it was in her residence, and she was still living there?

A. That is presumably one of the sources, at least, if not the only source. I don't know. There might be others.

Q. So you can't state with a reasonable degree of medical certainty that any chemical at Federal Mogul caused these problems, since it could possibly have come from the problems she had at home, also?

A. I can't, yes.

MR. EVANS: Okay. Nothing further.

MR. MOORE: I just have a few questions.

THE WITNESS: Sure.

EXAMINATION

BY MR. MOORE:

Q. Doctor, if Mrs. Dingle was tested for mold spores by a Dr. Atkison at an Asthma and Allergy Center, and those tests were negative for a litany of actual molds, and I will show you a copy of such test and give you an opportunity to review it. This is a document dated 9-1-2000 by Dr. James Atkison.

MR. EVANS: Can I see that a second?

MR. MOORE: Sure.

MR. EVANS: All right.

BY MR. MOORE:

Q. This has on it testing for mold spores, is that correct?

A. Right.

Q. And it lists ten actual types of molds, is that correct?

A. (Witness nods head up and down.)

Q. Can you pronounce them for me and name them for me?

A. Are you going to make her write them?

Alternaria; Aspergillus; Hormodendrum; Epicoccum; Mucor; Phoma; that's Pen. Notatum, Pen. Is short for Penicillium; Rhizopus;

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Helminthosporium; and Curvularaia Spicifera.

Q. Now, though these are the, I suppose, medical names or scientific name for these molds, these are the basic types of molds that one can find in a home, or just about anywhere, is that correct?

A. They are among the ones which can be found in the home, and there are hundreds of them.

Q. These are the ten basic ones, would you agree with that?

A. Probably so. That are a couple on that list whose names have changed since 2000, and a couple that are not on that list that are common molds that are around now, but, in general, that's the top ten.

Q. And these, according to Dr. Atkison's tests, she was found to be negative for?

A. That's correct.

Q. And does that limit then in your mind, or takes out of consideration these molds as a reason for her problems?

A. Well, it takes mold allergy out of the problem. The problem is that there are two sorts of reactions to molds: One is an allergic reaction; and one is an irritant reaction.

Irritant reactions can occur in anybody, if they have enough exposure to a mold, so it doesn't really matter whether you are allergic or not. If you enough exposure to the mold, you may have symptoms.

Q. Okay. But in this case, we know that for these that she were tested for, she was negative for?

A. She was not allergic. She could be irritated by them.

Q. Did you do any tests to show that she was irritated by any type mold?

A. No. There is not a test to really do that. You do that by looking at what's in the indoor environment and see if whether there are amplifications of particular molds in the environment.

Q. Would you agree that the Material Data Sheets that were sent to you are more intense in terms of chemical levels than one would find in a home?

A. I'm not sure what you mean.

Q. The MSDS sheets that were sent to you by myself?

A. Right.

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Q. There are perhaps 50-60 chemicals that are listed in this document?

A. There may be.

Q. Is the chance of some allergic reaction greater with these chemicals, or with the chemicals you would find in the home?

A. If these chemicals are at levels which are within the time limit value, or other values which were approved by the Environmental Protection Agency, then the likelihood of chemical reaction or irritant reaction of these is essentially the same as if you were in regular air.

Q. You had no way of measuring the exact amount of exposure or exact level of, to use your word, give me your word again?

A. I'm not sure which one -- but I hear you.

I have no way -- I don't know except for the material which was obtained from an industrial hygiene survey conducted by Risk Tech in 2004 looking at the level of one particular chemical, formaldehyde, in the environment, which was at a low level, but that is the only thing I know about.

Q. But that wasn't taken during the period

of time that she was employed?

A. Absolutely not.

Q. You said these sheets don't give you any problems that could be caused if they were used together or somehow reacted together?

A. There's no specific information in here that allows me to say that there might be a worse reaction if these were used together or not.

Q. Okay. These MSDSs has a list of reactions, if you will, or effects of overexposure, and a lot of them speak to ear, nose, throat type irritation, is that correct?

A. They do. They speak to acute changes but not chronic ones.

Q. Okay. And I think there are about ten, or so, that are marked in here that speak to those kinds of reactions?

A. Right. Again, acute reactions and not chronic.

Q. For the record, will you please define acute as opposed to chronic?

A. Acute meaning when the reactions occur during the time of exposure and with short levels of -- durations of exposure, as opposed to chronic about, where there may either be continuing

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exposures or long-term effects of an earlier exposure, or a single or multiple earlier exposure.

So these don't speak to anything being a long-term health effect of these particular chemicals.

Q. But that doesn't necessarily say they don't occur, does it?

A. It does not, no. Material Safety Data Sheets are oftentimes more heavily weighted toward the acute health effects of chemicals as opposed to chronic health effects.

Q. Okay. So they wouldn't necessarily document chronic effects as opposed to acute?

A. If they are known, they should be documented by the MSDS, but many times they are not known. There are not complete data on long term chemical exposures.

Q. Have you ever heard of RADS?

A. Yes.

Q. What is RADS?

A. Well, it's reactive airway disease syndrome, essentially asthma.

Q. Have you ever diagnosed cases of --

A. I don't use that terminology normally.

Q. What do you use?

A. Asthma.
Q. Asthma.
A. (Witness nods head up and down.)
Q. Is that caused by an occupational exposure?
A. It can be.
Q. Can be. You limit your diagnosis, I think, in your records as saying that Mrs. Dingle had a chemical reaction, I think the name you use, if I can find it in the records, chemical exposure, and that you were uncertain as to the type of chemical exposure?
A. That's correct.
Q. The document I just showed you, and I will go ahead and mark that from Dr. Atkison, does that help you rule out any other exposures? I will let you see the entire document before I have it marked.
A. Limit other exposures? No, it doesn't. This only tells me how she might react if she were exposed to these things.
Q. Okay. Was there any test done to show how she might react had she been exposed to the chemicals in the MSDS sheets?
A. No.

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Q. Okay. So far as those household and environmental -- I say, environmental, outside environment, in terms of outside, other than the actual workplace exposure, this limits at least her reaction to those general everyday-type exposures to weeds and trees and grasses and molds, is that correct?

A. Well, she does have positive reactions to many grasses, molds, to dogs and cats, to house dust mites, to cockroach, and several weeds, so she has a fairly strong allergic profile.

Q. Okay. But this at least limits that in terms of what and how you can come up with your actual diagnosis of problems, if you had viewed this originally?

In other words, this would give you some idea of what she was allergic to and what she wasn't?

A. Sure.

Q. These MSDS sheets, you said, are these chemicals here on this document?

A. Well, they are chemicals, but they are not these kinds of chemicals.

Q. Is it your opinion that she has some reaction to these type of chemicals, MSDS 7

chemicals, as opposed to these kinds of chemicals?

A. Not that I can tell.

Q. Do you know for sure?

A. No, I don't.

Q. So you are just not sure as to what her chemical exposure is?

A. All I know is what she has told me about her exposure and the list -- the partial list of the chemicals which she was exposed to. She was exposed to many chemicals in her work environment, most of which, and as far as I can tell from the MSDS, all of which don't have any chronic respiratory effect.

Q. But you just said that the chronic effect generally -- is not generally --

A. May not be defined.

Q. Right.

A. But looking through the literature on these chemicals, there is not a body of literature that says these chemicals of this type -- there are certainly chemicals of other types which have high risk for occupational asthma -- but these chemicals in particular in this list don't fall in that list.

Q. Have you ever had the occasion to evaluate persons who had worked in this type of

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environment, that is, making gaskets and seals and those types of --

A. She is the only person I have ever seen.

Q. Okay. Did you have occasion to actually, other than what was placed on these documents by way of general information, to do any in depth research on each and every MSDS sheet that you were given?

A. Only to the point of looking at the MSDS title, the chemical, and the list of common occupational asthma-causing chemicals to compare those to.

Q. So, other than doing what you just said, you didn't go any further than that?

A. Then I looked through MEDLINE at any combinations of those chemicals that might have produced a more severe reaction if used in combination, but only in pairs, not in greater numbers than two.

Q. So, if these chemicals were present in any greater number than two, you didn't look for that, you didn't go that far, one, and that could possibly have been the situation in this case?

A. It's certainly possible. We don't know

exactly what her exposure was.

Q. Okay. Did you speak to her about her living conditions, as far as any chemicals in the home that she had been in for many years as a part of your actual evaluation?

A. I only asked her about what she did as far as her work was concerned and whether she had any unusual exposures in her home, and she had no exposures of concern.

Q. And the exposures that she was concerned with dealt primarily with work?

A. That's where she felt her exposures had occurred.

Q. Did she tell you that she had all of her problems while at work, or immediately after leaving work?

A. She related that her four-year history of hoarseness was related to her work as an oil seal inspector at the plant.

Q. I see. As far as future diagnosis or future evaluation of Mrs. Dingle, is there anything that you know about her that can actually help her as relates to the voice/throat --

A. I believe that my opinion that was expressed in the letter of May 14th is that her

temporary -- what should have been a temporary voice alteration has persisted in the absence of speech therapy, even though she said that she had some speech therapy early on, I think it was fairly short and abbreviated. I believe she needs prolonged speech therapy to obtain relief from her voice abnormality that she has at the present time.

Q. When you think of speech therapy, you think about helping to speak, enunciate, as opposed to helping with relaxing vocal chords, those kinds of things --

A. Right.

Q. -- would you tell us what you mean by speech therapy to the layperson as opposed to a medical recommendation.

A. Well, Ms. Dingle has a very hoarse and forced voice, and just in listening to her, you can tell that she is abusing her vocal chords when she speaks. And the speech therapists, in addition to helping people who have had a stroke and can't speak anymore, or need to learn how to swallow and do things like that, they can also do those things which are described, which are relaxation exercises, phonation exercises, that allow her to use her voice properly and decrease the strain on

her vocal chords.

Q. Okay. Did you find that she had asthma?

A. I did not. I never heard her wheeze, and I did not do pulmonary function testing, because she had already had those at one time, and she has subsequently had another set from Dr. Elaine, I believe it is.

Q. Those are negative for asthma?

A. No. She has an obstructive component with a reversible component -- with a reversible change, so she has mild asthma, mild reversible airway obstruction by these pulmonary function studies.

Q. Did you know that she had asthma when she came to see you over two years ago?

A. Did not, but I didn't do pulmonary function, so I don't know what her values were when I saw her.

Q. But as far as your evaluating her face-to-face, she didn't appear to have asthma then?

A. And neither did she appear to have asthma to Dr. Elaine until he did the pulmonary function studies --

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Q. Okay.

A. -- because she had no findings on physical examination of asthma.

Q. What's the difference between a physical examination for asthma as opposed to a pulmonary?

A. Well, many times you can have mild degrees of lung obstruction that are not audible on a physical examination using a stethoscope, but when you do pulmonary function testing, you can find an obstructive defect and a reversal of that defect when you give a person a bronchodilator.

Q. I see. So we are basically back to some type of chemical exposure that you can't put your hands on?

A. Again, as I said, since we don't have pulmonary function studies before she was employed at Federal Mogul, we don't know whether this abnormality in her respiratory function is new or old. She has never really complained of anything except a difficulty with her voice to me, not shortness of breath, not asthma, not wheezing, none of those things like that. So this is a clinical finding based on a pulmonary function study that could be four years old, could be six years old,

could be ten years old. These are mild abnormalities, and they are certainly not necessarily having been produced by whatever exposure she had at Federal Mogul.

Q. She basically said that she didn't have these problems until she became employed at Federal Mogul, is that correct?

A. The problem of hoarseness and difficulty speaking, yes.

MR. MOORE: All right. Those are all my questions, doctor.

MR. EVANS: I have a few.

MR. MOORE: Can I have this document marked before you....

MR. EVANS: This is a copy of the same thing.

MR. MOORE: Same thing. Can we have one of them marked? I made reference to it.

(PLF. EXH. 1, Report from Sumter Asthma & Allergy Center, dated 9/1/2000, was marked for identification.)

MR. EVANS: A few questions, Dr. Simpson.

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FURTHER EXAMINATION

BY MR. EVANS:

Q. Now, I am going to show you Plaintiff's Exhibit 1. It does say on there that she had an allergic reaction to cockroach?

A. That's correct.

Q. And cockroach allergens can cause asthma?

A. They can, certainly.

Q. Okay. You stated earlier that the MSDS sheets, the chemicals that you took a look at only show acute but not long-term effects?

A. That's all that's documented, yes.

Q. But when she came to you in 2004, she still had these same problems with her voice and forcing of speech?

A. That's correct.

Q. But she wasn't working at Federal Mogul anymore, as far as you know?

A. That's correct.

Q. Okay. But the effects still was ongoing?

A. Yes.

Q. Even after she left?

A. Yes.

Q. Now, as for future diagnosis, you said you think she needs speech therapy in the future?

A. Yes.

Q. That would be good for her to do that. Do you think she can still work at any occupation? I'm not talking about Federal Mogul but just working in general?

A. Yes.

Q. There's nothing physically that would prevent her from working as far as you know?

A. No.

MR. EVANS: Okay. I have nothing further.

(The deposition was concluded at 2:15 p.m.)

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(No information was requested.)

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