

ORIGINAL

THE STATE OF SOUTH CAROLINA
In The Court of Appeals

APPEAL FROM GREENVILLE COUNTY
Court of Common Pleas

Honorable Edward W. Miller, Circuit Court Judge

Case No. 2013-001117

RECEIVED

DEC 12 2013

SC Court of Appeals

Lisa Gilliard on behalf of
Marvin Gilliard, deceased,

Appellant,

v.

City of Greenville,
Employer, and Self-Insurer,
and Hewitt, Coleman &
Associates, Inc., TPA

Respondent.

RECORD ON APPEAL
VOLUME II

Joe Mooneyham
Joshua T. Hawkins
Mooneyham Berry, LLC
Post Office Box 8359
Greenville, South Carolina 29605

Mike Farry
Bruce B. Campbell
The Horton Law Firm
307 Pettigru Street
Greenville, South Carolina 29601

BEFORE THE SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

STATE OF SOUTH CAROLINA)
)
 COUNTY OF GREENVILLE)

W.C.C. FILE NO.: 0627382

Lisa Gilliard on behalf of)
 Marvin Gilliard, deceased,,)
)
 Claimant,)

NOTICE OF WITNESSES AND
 WRITTEN MEDICAL REPORTS
 TO BE INTRODUCED AS DIRECT
 EVIDENCE ON BEHALF OF
 DEFENDANT

vs.)
)
 City of Greenville, Employer)
 and Self-Insured, and Hewitt,)
 Coleman & Associates, Inc.,)
 TPA,)
)
 Defendants.)

TO: SOUTH CAROLINA WORKERS' COMPENSATION
 COMMISSION AND CLAIMANT:

YOU ARE HEREBY NOTIFIED THAT THE Defendant, pursuant to the provisions of the South Carolina Workers' Compensation Act and South Carolina Code Section 1-23-330, 1985, as amended (South Carolina Administrative Procedures Act), herewith submits the following medical reports and documents as direct evidence on behalf of the Defendant:

APA #	Physician/Document	Date	Page #s
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13	Internet Mapping Framework – portion of City of Greenville		169
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APA #	Physician/Document	Date	Page #s
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18	Location Inquiry Form		174
19	Incident Types	4/1/04 – 9/15/07	175 – 177
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21	Greenville Police Incident Reports	1/1/01 – 4/30/04	192 – 193
22	Greenville Police Incident Dispatch Detail Reports		194 - 213
23	Dr. C. Ruffin Stephenson and Dr. Stacy Bizzell, Woodward Medical Center	2/23/96 – 6/28/10	214 – 268
24	Dr. William M. Scott, Crossroads Family Practice	9/11/06 – 9/15/07	269 – 292
25	Dr. Richard Laurens, Palmetto Pulmonary & Critical Care	11/30/06 – 1/18/07	293 – 334
26	Dr. Steven A. Sahn, MUSC, Division of Pulmonary, Critical Care, Allergy and Sleep Medicine		335 – 443

YOU ARE FURTHER NOTIFIED that you have the right of cross-examination and, should you desire to exercise said right, you are to forthwith schedule the depositions of any of the physicians, whose reports are submitted, for the purpose of cross-examination.

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

YOU ARE FURTHER NOTIFIED that the following witnesses may be called on behalf of Defendant:

1. Major Gary McLaughlin;
2. Gloria Moody; and

3. Other Representatives of Employer.

HORTON, DRAWDY, WARD, MULLINAX
& FARRY, P.A.



Michael A. Farry
Post Office Box 10167
Greenville, SC 29603
(864)233-4351
Attorneys for Defendant

Greenville, South Carolina
February 25, 2011

STATE OF SOUTH CAROLINA)

COUNTY OF GREENVILLE)

Lisa Gilliard on behalf of Marvin
Gilliard, deceased,)

Claimant,)

vs.)

City of Greenville, Employer and
Self-Insured, and Hewitt, Coleman
& Associates, Inc., TPA,)

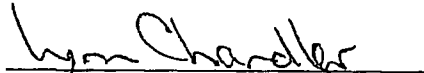
Defendants.)

W.C.C. FILE NO.: 0627382

CERTIFICATE OF MAILING

I, Lynn Chandler, an employee with the firm of Horton, Drawdy, Ward, Mullinax & Farry, P.A., do hereby certify that on February 25, 2011, I served Pre-Hearing Brief (W.C.C. Form 58) and Notice of Witnesses and Written Medical Reports to be Submitted as Direct Evidence on Behalf of Defendant on the following person(s), by causing same to be hand delivered, addressed as follows:

Joseph A. Mooneyham
Mooneyham, Berry & Karow, LLC
1225 S. Church Street
Greenville, SC


Lynn Chandler



Tel: (803) 252-7715
Fax: (803) 252-2145
PO Box 5061
Columbia, South Carolina 29250

February 9, 2011

Horton Law Firm
307 Pettigru St.
Greenville, S.C. 29601

Attn.: Michael A. Farry, Esquire

Re.: Marvin Louvell Gilliard vs. City of Greenville
WCC File No.: 0627382

Dear Mike,

As requested a good faith dependency investigation was performed on Marvin Louvell Gilliard with the following results:

BACKGROUND

Marvin Louvell Gilliard was born in Anderson County, S.C. He attended Crescent High School and graduated in 1988. After high school Gilliard attended USC-Upstate and graduated in 2000 with a BS in Inter-Disciplinary Studies. Gilliard did not serve in any branch or the United States Military.

BIRTH

South Carolina Certificate of Death documents the birth of Marvin Louvell on December 03, 1969 in Anderson County, S.C. to parents Warren Gilliard and Betty Johnson.

DEATH

South Carolina Certificate of Death Number 139-10-024776, documents the death of Marvin Louvell Gilliard on August 12, 2010 in Anderson County, S.C. The cause of death is listed as: Chronic Hypoxic Respiratory Failure, End Stage Lung Disease Hypersensitivity Pneumonitis. **(Exhibit 1)**

EMPLOYMENT

The decedent's last employment was with the City of Greenville he retired on disability on or about September 2007. His prior employment was with the County of Greenville and with Harris Teeter.

PROBATE

A search of the Greenville County Probate Court records located a Last Will and Testament of Marvin L. Gilliard, an Application for Probate of Will and Appointment, and a Fiduciary Letter signed by the Greenville County Probate Judge. The Application for Probate of Will list Lisa A. Gilliard as the decedent's only devisee, no intestate heirs are listed. **(Exhibit 2)** The Fiduciary Letter was signed on September 03, 2010 by Probate Judge Martha D. Newton appointing Lisa A Gilliard as the Personal Representative for the estate. **(Exhibit 3)** The decedent's Last Will and Testament is attached. **(Exhibit 4)**

CLERK OF COURT AND FAMILY COURT

A search of the Clerk of Court records for Greenville County, S.C. failed to locate any criminal or civil records regarding the decedent.
A search of the Greenville County, S.C. Family Court records failed to locate any divorce or child support orders regarding the decedent.

SPOUSE

At the time of his death the decedent was married to Lisa Andrea Workman. South Carolina License and Certificate of Marriage Number 21-073 issued in Greenville County S.C. on August 24, 1995 is attached. **(Exhibit 5)**

CHILDREN UNDER THE AGE OF 18 YEARS
(Including biological, step, adopted or foster children)

None

CHILDREN OVER THE AGE OF 18 YEARS
(Including biological, step adopted or foster children)

None

FATHER/MOTHER

Warren Gilliard, Sr. 109 Gilliard Dr. Starr, S.C. 29684 Telephone Number: 864-352-3132	Not Dependent
---	---------------

Betty Gilliard Same address and telephone number as above.	Not Dependent
--	---------------

BROTHER(S)/SISTER(S)

Warren Gilliard, Jr. Telephone Number: 864-354-4361	Not Dependent
--	---------------

Stephon Gilliard 1126 McCorkel Rd Charlotte, N.C. 28214 Telephone Number: 704-488-6961	Dependent
---	-----------

Terry Gilliard Telephone Number: 864-245-7873	Not Dependent
--	---------------

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Gilliard, Marvin L.

Willie Gilliard Heart Care Center 216 Fairview Ave. Hartwell, Ga. Telephone Number: 706-376-7121	Not Dependent
Wayne A. Gilliard	Deceased 1983
Derby Gilliard Telephone Number: 864-375-0346	Not Dependent
Lynn Player Telephone Number: 864-617-9168	Not Dependent
Carolyn Patterson Telephone Number: 864-352-2085	Not Dependent
Stephanie Howard	Dependent

RELEVANT INTERVIEWS

Wife
Lisa A. Gilliard
410 Woodfield Drive
Piedmont, S.C. 29673
Telephone Number: 864-350-1926

Gilliard was interviewed on February 01, 2011 in Greenville, S.C. Gilliard advised she was dependent on the decedent prior to his death. Gilliard advised she married the decedent on August 26, 1995 they have no biological children and no step, adopted or foster children. Gilliard advised to the best of her knowledge she was the decedent's only dependent prior to his death. Gilliard provided the background information and the phone numbers and addresses for the decedent's family members. Gilliard is employed by the Greenville County School District.

Page 5
Gilliard, Marvin L.

Father

Warren Gilliard, Sr.
109 Gilliard Dr.
Starr, S.C. 29684
Telephone Number; 864-352-3132

Gilliard was telephonically interviewed on February 08, 2011. Gilliard advised he was not dependent on the decedent prior to his death. Gilliard advised to his knowledge the decedent's only dependent Lisa Gilliard. Gilliard advised the decedent had no children and the marriage to Lisa was his only marriage.

Mother

Betty Gilliard
Same address and
telephone number as above.

Gilliard was interviewed telephonically on February 07, 2011. Gilliard advised she was not dependent on the decedent prior to his death. Gilliard advised the decedent did give her money on occasion but she did not consider herself dependent on the decedent. Gilliard advised the decedent's only dependent was his wife Lisa she further advised the decedent had no children and no other marriages.

Brothers

Warren Gilliard, Jr.: Telephone Number 864-354-4361
Terry Gilliard: Telephone Number 864-245-7873

Warren and Terry Gilliard were interviewed telephonically and both advised they were not dependent on the decedent prior to his death. Both advised to their knowledge the decedent's only dependent was his wife Lisa.

Willie Gilliard

Willie Gilliard was not interviewed. Jennifer Little with the Heart Care Center in Hartwell, Ga. was telephonically interviewed on February 09, 2011 she confirmed Willie Gilliard as a resident/patient at the Heart Care Center. Little advised due to Gilliard's medical condition he is capable of understanding but he can not adequately communicate and it is difficult to understand him. Little advised Gilliard's treatment and expenses are paid by Medicare and Medicaid and to her knowledge the decedent did not contribute financially to Willie Gilliard.

Wayne A. Gilliard

Warren Gilliard, Sr. advised Wayne Gilliard died in 1983.

Stephon Gilliard
1126 McCorkel Rd.
Charlotte, S.C. 28214
Telephone Number: 704-488-6961

Gilliard was telephonically interviewed on February 09, 2011. Gilliard advised he was dependent on the decedent prior to his death. Gilliard advised the decedent was providing him with \$300.00 per month in financial assistance. Gilliard advised the money was given to him in cash and the decedent did not expect repayment. Gilliard advised he is currently employed as a teacher with the Mooresville School District.

Sisters

Derby Gilliard: Telephone Number 864-375-0346
Lynn Player: Telephone Number 864-617-9168
Carolyn Patterson: Telephone Number 864-352-2085

Gilliard, Player and Patterson were interviewed telephonically. All three advised they were not dependent on the decedent prior to his death. All advised to their knowledge the decedent had no children and his wife Lisa was the decedent's only dependent.

Page 7
Gilliard, Marvin L.

Stephanie Howard
411 Joseph St.
Anderson, S.C. 29625
Telephone Number: 864-353-7527

Howard was interviewed telephonically on February 09, 2011. Howard advised she is divorced with two children, Wyndel Howard (9) nine years old and Braxton Howard a student at Tri County Tech. Howard advised she was dependent on the decedent. Howard advised the decedent was helping support her son Braxton while he was in school at Charleston Southern, he has since transferred to Tri County Tech. She further advised the decedent often paid for her children to go on vacations and other trips. Howard advised she does not receive any child support from the ex-husband.

Friend
John Blassingame
Telephone Number: 864-517-8941

Blassingame was interviewed telephonically on February 09, 2011. Blassingame advised he had been a friend and co-worker of the decedent for (11) eleven years. Blassingame advised to his knowledge the decedent's only dependent was his wife Lisa; the decedent had no children and no previous marriages. Blassingame advised the decedent may have helped his mother with some expenses but he did not know how much or how often this may have happened.

NEWSPAPER ARTICLE

The standard dependency investigation inquiry was placed in the legal notice section of the *Greenville News*, a newspaper published daily with circulation in Greenville and the surrounding area. The notice was published on February 02nd, 9th & 16th, 2011. No inquires have been received regarding this publication. The Affidavit of Service is attached. (Exhibit 6)

Page 8
Gilliard, Marvin L

FUNERAL STATEMENT

Palmetto Care Funeral Service, 328 DuPont Drive, Greenville, S.C. 29607 provided the funeral services for the decedent. The invoice for the services provided is attached. (Exhibit 7)

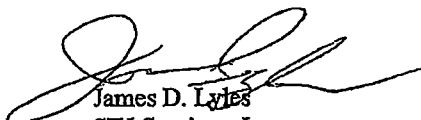
OBITUARY

The decedent's obituary was published in the *Greenville News*, on August 15, 2011. A copy of the obituary is attached. (Exhibit 8)

CONCLUSION

Based on the available information and interviews with family members and friend, the decedent was married to Lisa Gilliard, he had no children. Lisa Gilliard is claiming dependency. The decedent's parents advised they were not dependent on the decedent. The decedent had (8) eight siblings. Two of the siblings, Stephon Gilliard and Stephanie Howard are claiming to have been financially dependent on the decedent.

-----End of Report-----


James D. Lyles
SIU Services, Inc.

STATE OF SOUTH CAROLINA
CERTIFICATION OF VITAL RECORD

DEATH CERTIFICATION

STATE FILE NUMBER : 139-10-024776
DECEDENT'S NAME: *MARVIN LOUVELL GILLIARD* SEX: MALE
AKA's: NA SOCIAL SECURITY NUMBER: 249-31-3305
ARMED FORCES: NO
DATE OF BIRTH: DECEMBER 03, 1969 AGE: 40 YEARS
TYPE OF PLACE OF DEATH: DECEDENT'S HOME COUNTY OF DEATH: ANDERSON
NAME AND ADDRESS OF PLACE OF DEATH: 410 WOODFIELD DRIVE, PIEDMONT, SC 29673
PLACE OF DISPOSITION: CREMATION SOCIETY OF SOUTH CAROLINA
DISPOSITION LOCATION: GREENVILLE, SOUTH CAROLINA
METHOD OF DISPOSITION: CREMATION
DECEDENT'S RESIDENCE: 410 WOODFIELD DRIVE, PIEDMONT, ANDERSON COUNTY, SC, 29673
PLACE OF BIRTH: SOUTH CAROLINA MARITAL STATUS: MARRIED
SURVIVING SPOUSE'S NAME: LISA ANDREA WORKMAN
FATHER'S NAME: WARREN GILLIARD
MOTHER'S NAME PRIOR TO FIRST MARRIAGE: BETTY JOHNSON RELATIONSHIP: SPOUSE
INFORMANT'S NAME: LISA ANDREA GILLIARD
MAILING ADDRESS: 410 WOODFIELD DR, PIEDMONT, SC, 29673
FUNERAL HOME: CREMATION SOCIETY OF SOUTH CAROLINA, INC., 328 DUPONT DRIVE, GREENVILLE, SC, 29607
FUNERAL DIRECTOR: RANDALL G. HARRELD LICENSE NUMBER: 2489
EMBALMER'S NAME: NA LICENSE NUMBER: NA
ACTUAL OR PRESUMED DATE OF DEATH : AUGUST 12, 2010 MANNER OF DEATH : NATURAL
ACTUAL OR PRESUMED TIME OF DEATH: 0430
CAUSE OF DEATH - PART I
CHRONIC HYPOXIC RESPIRATORY FAILURE
ENDSTAGE LUNG DISEASE
HYPERSENSITIVITY PNEUMONITIS
OTHER SIGNIFICANT CONDITIONS - PART II:
PULMONARY HYPERTENSION
CORONER CONTACTED? YES AUTOPSY PERFORMED? NO AUTOPSY AVAILABLE? NA
DATE OF INJURY: NA TIME OF INJURY: NA INJURY AT WORK? NA
PLACE OF INJURY: NA
LOCATION OF INJURY: NA
HOW THE INJURY OCCURRED?
NA
CERTIFIER NAME AND TITLE: JAMES DONALD ATKISSON, DR. LICENSE NUMBER: 23571
CERTIFIER'S ADDRESS: 701 GROVE ROAD, GREENVILLE, SC, 29605
DATE FILED: AUGUST 20, 2010
DATE OF ISSUANCE: JANUARY 12, 2011
SPECIAL INSTRUCTIONS :
NA

ATTEST: This is a true copy of the death certificate on file in the Division of Vital Records, Public Health Statistics and Information Services of the South Carolina Department of Health and Environmental Control and is issued pursuant to Subpoena of the S. C. WORKERS' COMPENSATION COMMISSION Court of RICHLAND County, Case No. WCC 0627382, Dated January 06, 2011.

DATE: January 12, 2011

SC01163621

Rebecca Simpson
REBECCA SIMPSON
ASSISTANT TO DIRECTOR

This is a true certification of the facts on file in the Division of Vital Records, SC Department of Health and Environmental Control.

C. Earl Hunter
C. Earl Hunter
Commissioner and State Registrar

Guang Zhao
Guang Zhao
Assistant State Registrar

This copy is not valid unless prepared on an engraved border displaying the state seal and issuing agency logo.

Revision Date: 02/01/2009

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STATE OF SOUTH CAROLINA
COUNTY OF ANDERSON

PROBATE COURT

IN THE MATTER OF: GILLIARD, M. L.

10 - 1734

CASE NUMBER: 2010ES0400927

APPLICATION FOR (check any that apply)
INFORMAL
 PROBATE OF WILL
 APPOINTMENT

PETITION FOR
FORMAL
 TESTACY
 APPOINTMENT

Applicant/Petitioner: LISA A. GILLIARD
Address: 410 WOODFIELD DRIVE
Telephone: PIEDMONT, SC 29673

I. ALL APPLICANTS/PETITIONERS MUST COMPLETE THIS SECTION.

- 1. Give your relationship to the decedent, if any, and your interest in this proceeding.:
SPOUSE AND NAMED IN WILL
- 2. Decedent Information

Name: GILLIARD, M. L.
Social Security Number: _____
Date of Birth: 12/03/1969
Date of Death: 8/12/2010
Age at date of death: 40
Domicile at date of death: 410 WOODFIELD DRIVE PIEDMONT SC 29673
(county) (state)

- 3. Venue for this proceeding is proper in this county because:

- Decedent was domiciled in this county at date of death.
- Decedent was not domiciled in South Carolina, but property of Decedent was located in this county at date of death.
- Decedent has a right to take legal action in this county because:

- 4.a. Names and addresses of devisees in the will including dates of birth of minors. If there are no minors, so state.

Name	Date of Birth	Address	Relationship to Decedent
<u>LISA A. GILLIARD</u>		<u>410 WOODFIELD DRIVE PIEDMONT, SC 29673</u>	<u>SPOUSE</u>

(use additional sheet if necessary)

A TRUE AND CORRECT COPY
Martha A. Newton
Judge of Probate for Anderson County, S.C.

4.b. Names and addresses of intestate heirs who are not devisees, including dates of birth of minors. If there are no minors, so state. Intestate heirs are the persons who would inherit if the decedent left no will.

Name	Date of Birth	Address	Relationship to Decedent
NONE			

(use additional sheet if necessary)

5. Did decedent have any change of marital status or the birth or adoption of any children after execution of this will, if one exists, or has any child of the decedent been born since his death, or is any birth of a child of the decedent anticipated? (This includes illegitimate children.)

NO YES If yes, please explain on page 3.

6. To the best of your knowledge, was the decedent a patient in a South Carolina Mental Health facility during his/her lifetime?

NO YES If yes, please explain on page 3.

7. Has a guardian or conservator ever been appointed for this person?

NO YES If yes, please explain on page 3.

8. Has a personal representative of the decedent been appointed prior to this date by a Court in this state or elsewhere?

NO YES If yes, please state details, including name and address of such Personal Representative, on page 3.

9. Have you received or are you aware of any demands for notice of any probate or appointment proceeding concerning the decedent that may have been filed in this state or elsewhere?

NO YES If yes, please state details, including names and addresses of such Personal Representatives, on page 3.

10. Have more than ten years passed since the decedent's death?

NO YES If yes, please state circumstances authorizing tardy probate on page 3.

11. The decedent died with a personal estate of about the value of UNDETERMINED and real estate of about the value of UNDETERMINED (A full inventory and appraisal, Form #350PC, must be filed within 90 days.) If decedent was a non-resident, please attach South Carolina Tax Commission form ET 101.

12. After the exercise of reasonable diligence, are you aware of any unrevoked will and/or codicil(s), other than the one(s) attached hereto, relating to property in this State?

NO YES If yes, please explain on page 3 and then proceed to Section II.

II. IF A WILL EXISTS, PLEASE COMPLETE THIS SECTION.

10 -1734

1. Regarding the decedent's will:

- The original is attached
- The original is in the Court's possession
- An authenticated copy of a will probated in another jurisdiction is attached
- An authenticated copy of a will not probated in another jurisdiction is attached
- The will is lost, destroyed, or otherwise unavailable; however, a description of its contents is attached

2. Do you believe, to the best of your knowledge, the will described above was validly executed?

- YES NO If no, please explain on page 3.

3. The date of execution of the will was: 7/23/2010
codicil(s): 0/00/0000

4. Are you aware of any instrument or document amending or revoking the will?

- NO YES If yes, please explain on page 3.

5. Have you exercised reasonable diligence to determine there is no instrument or document revoking the will?

- YES NO If no, please explain on page 3.

6. Do you believe the will defined in "1" above is the decedent's last will?

- YES NO If no, please explain on page 3.

COMPLETE EXPLANATION (S) FOR QUESTIONS IN SECTIONS I AND II HERE.
(If more space is required, use additional sheet.)

III. IF APPLYING FOR INFORMAL FORMAL APPOINTMENT, PLEASE COMPLETE THE FOLLOWING.

1. The name(s) and address(es) of the proposed Personal Representative(s) is/are:
LISA A. GILLIARD 410 WOODFIELD DRIVE PIEDMONT, SC 29673

2. Priority for this appointment is:

- named as Primary Personal Representative in will or nominee of Primary Personal Representative
- named as Alternate Personal Representative in will or nominee of Alternate Personal Representative
- named as nominee of Primary and/or Alternate Personal Representative
- other devisee of decedent, or nominee (describe): _____ or nominee of said devisee
- surviving spouse of decedent or nominee of said spouse
- other heir of decedent (describe): _____
- creditor (Forty-five days after death must have passed) or nominee of creditor
- other (describe): _____
- nominee of any of the above

3. List below the names of any other persons, if any, having a prior or equal right of appointment (see priority above).

IV. ALL APPLICANTS/PETITIONERS MUST COMPLETE VERIFICATION.

VERIFICATION

The undersigned, being sworn, state that the facts set forth in the foregoing statement are true to the best of the undersigned's knowledge, information and belief, and hereby submits to the Court's jurisdiction in this matter.

SWORN to before me this 03rd day of September, 2010
Clouy J. Barnd
 Notary Public for South Carolina
 My Commission Expires: 12/2012

Signature: Lisa A. Gilliard
 Name: LISA A. GILLIARD
 Address: _____
 E-mail: _____
 Telephone (O): _____
 (H): _____
 Signature: _____
 Name: _____

ORDER OF INFORMAL PROBATE

IT IS HEREBY ORDERED that the above application for probate of a will be GRANTED DENIED informally this 03RD day of SEPTEMBER, 2010

Martha A. Newton
Probate Court Judge

ORDER OR HEARING ON FORMAL PETITION

IT IS HEREBY ORDERED that a hearing on this matter be set for:

10 - 1734

DATE: _____

TIME: _____

PLACE: _____

Pursuant to Section 62-1-401, the petitioner is ordered to give notice of this hearing to all interested persons at least twenty (20) days prior to the hearing.

Executed this _____ day of _____

Probate Court Judge

ORDER OF FORMAL TESTACY

On hearing of the above petition, this Court finds that the person is deceased, venue is proper, and the proceeding was commenced within appropriate time limits.

The Court further finds that

the decedent died intestate. The heirs are:

the decedent died testate. IT IS THEREBY ORDERED that the Last Will and Testament of the above named decedent, dated _____ be admitted formally to probate.

Executed this _____ day of _____

Probate Court Judge

SEE ATTACHED ORDER

ORDER OF APPOINTMENT

IT IS HEREBY ORDERED that the above application/petition for appointment be granted upon the filing of a bond as appropriate, qualification and acceptance.

Executed this 03RD day of SEPTEMBER 2010.

Martha D. Newton

Probate Court Judge

QUALIFICATION AND STATEMENT OF ACCEPTANCE

I accept this appointment and agree to perform the duties and discharge the trust of the office of Personal Representative of his estate.

Signature: Lisa A. Gilliard

Name: LISA A. GILLIARD

Address: 410 WOODFIELD DRIVE
PIEDMONT SC 29673

E-mail: _____

Telephone (O): _____

(H): 295-3816

Signature: _____

Name: _____

Address: _____

E-mail: _____

Telephone (O): _____

(H): _____

Attorney: _____

Address: _____

E-mail: _____

Telephone (O): _____

STATE OF SOUTH CAROLINA
COUNTY OF ANDERSON

10 - 1734

IN THE MATTER OF GILLIARD, M. L.

CASE NUMBER 2010ES0400927

FIDUCIARY LETTERS

- PERSONAL REPRESENTATIVE
- GUARDIANSHIP
- CONSERVATORSHIP
- TRUSTEESHIP

On the 03RD day of SEPTEMBER, 2010
LISA A. GILLIARD

was/were appointed and qualified as Fiduciary(ies) of the above matter by this Court, with all the authority granted to a fiduciary by law.

NOW, THEREFORE, LETTERS are Issued as evidence of such appointment, qualification, and authority of the above fiduciary(ies) to do and to perform all acts which may be authorized by law.

RESTRICTIONS:

Executed this 03RD day of SEPTEMBER, 2010

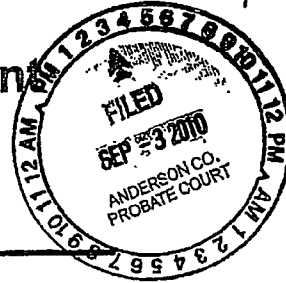
Martha D. Newton

Probate Court Judge
A TRUE AND CORRECT COPY
Martha D. Newton
Judge of Probate for Anderson County, S.C.

EXHIBIT 3

10-1734

**Last Will and Testament
of
Marvin L. Gilliard**



I, Marvin L. Gilliard, reside at 410 Woodfield Drive, Piedmont, SC 29673 – date of birth: 12/3/69 and SS# 249-31-3305, am of sound mental health and of contractual capacity. I am revoking all other wills and codicils that may have been executed before July 23, 2010.

I bequeath all to my wife, Lisa A. Gilliard. I appoint my wife, Lisa A. Gilliard, as the Executor of my estate. I empower my Executor to pay all of my cremation expenses, taxes, and estate administration expenses.

I empower my Executor to sell any real estate. I empower my Executor to pledge, lease, mortgage, or otherwise deal with my real estate as I would do.

I empower my Executor to have full access to all personal and joint financial accounts (including joint checking or saving accounts in any bank or savings and loan association or credit union) which are registered or held, at the time of my death, jointly in the names of myself and any other person (including tenancy by the entireties, but excluding any tenancy in common).

I, Marvin L. Gilliard, leave to my Executor, Lisa A. Gilliard, any and all real estate: property (to include land, home, and all personal property including all furniture, tools, lawn equipment, and all equipment and products for home renovations) located at 410 Woodfield Drive, Piedmont, SC 29673; property (to include 2 combined lots and mobile home) located at 203 and 205 Elaine Drive, Piedmont, SC 29673; property (to include land only) located at 7700 Marion Drive, Piedmont, SC 29673; property (to include land and house) located at 505 Berea Forest Drive, Greenville, SC 29617; 3 vehicles (to include 2 vehicles in which I serve as the Lienholder); 4 handguns; and 2 rifles.

Residuary Clause:

If there are any other assets remaining in my estate including but not limited to real property, personal property, causes of action or any other asset, of whatsoever nature and wheresoever situate, I give, bequeath, and devise such residue to my Executor, Lisa A. Gilliard. My Executor will serve without bond.

In Witness Whereof, I have set my hand to this my Last Will and Testament and on the bottom of each of the preceding and the following pages I have affixed my signature for better identification this 23rd day of July, 20 10.

Filed 9-14-10
Paid \$ 20.00 JA: [Signature]
Date Paid 9-16-10

Marvin L. Gilliard
(testator's signature)

A TRUE AND CORRECT COPY:
Martha D. Newton
Judge of Probate for Anderson County, S.C.

162 EXHIBIT 4

WITNESS ATTESTATION

10 -1734

The forgoing instrument was signed, published and declared by Marvin L. Gilliard as his Last Will and Testament in the presence of us and we, at his request, and in his presence, and the presence of each other, have hereunto subscribed our names as witnesses the day and year written above.

M L Gilliard
(testator's signature)

	NAME	ADDRESS
Signed	<u>Rachel Gibson</u>	<u>17 Cane Hill Dr</u>
Printed	<u>Rachel Gibson</u>	<u>Piedmont SC 29673</u>
Signed	<u>Margie Jenkins</u>	<u>119 Eastland Dr</u>
Printed	<u>Margie Jenkins</u>	<u>Greenville SC</u> <u>29607</u>
Signed	<u>Allison Howard</u>	<u>4 Copeland Ct</u>
Printed	<u>Allison Howard</u>	<u>Greenville SC 29607</u>

On this 23rd day of July, 20 10, Marvin L. Gilliard appeared before me in person and presented a SC Drivers License as a form of identification.

State of: South Carolina
County of: Greenville

Subscribed and sworn before me this the 23 Day of July, 2010.

Witness my hand and seal. Jacqueline Goldsmith Jones
(notary's name)

My commission expires: 9-7-16

Notary Public: Jacqueline Goldsmith Jones
(notary's signature)

(seal)

163

LICENSE AND CERTIFICATE FOR MARRIAGE
STATE OF SOUTH CAROLINA

21:073

GREENVILLE
COUNTY

GROOM-NAME (FIRST) (MIDDLE) (LAST)			BIRTHDATE (MONTH, DAY, YEAR)	AGE
(1) MARVIN LOVELL GILLIARD			(2a) 12/03/69	(2b) 25
BIRTHPLACE (State or foreign country)	RACE	RESIDENCE (Street and Number)		
(3) SOUTH CAROLINA	(4) BLACK	(5a) 115 HUGHES STREET		
CITY, TOWN OR LOCATION	COUNTY	STATE	NO. OF THIS MARRIAGE (1st, 2nd, etc.)	
(6b) FOUNTAIN INN	(6c) GREENVILLE	(6d) SC	(6) 1	
BRIDE-NAME (FIRST) (MIDDLE) (LAST)			BIRTHDATE (MONTH, DAY, YEAR)	AGE
(7) LISA ANDREA WORKMAN			(8a) 9/07/70	(8b) 24
BIRTHPLACE (State or foreign country)	RACE	RESIDENCE (Street and Number)		
(9) SOUTH CAROLINA	(10) BLACK	(11a) 507 MUSH CREEK ROAD		
CITY, TOWN OR LOCATION	COUNTY	STATE	NO. OF THIS MARRIAGE (1st, 2nd, etc.)	
(11b) TRAVELERS REST	(11c) GREENVILLE	(11d) SC	(12) 1	
MAIDEN NAME OF BRIDE (if Different From Above)				
(13)				

Application for a license was filed with this court at 12:50 PM on the 21 day of AUGUST, 1995. These are, therefore, to authorize any person qualified to perform marriage ceremonies to perform the marriage ceremony for the persons above named, and for the so doing this shall be sufficient warrant. Given under my hand and seal at 2:25 PM on the 24 day of August, A.D. 1995

David Brock _____
Signature of Issuing Officer Title of Issuing Officer
Probate Judge

GROOM-Signature	BRIDE-Signature
(14) <i>Marvin Gilliard</i>	(15) <i>Lisa Workman</i>
I certify that the above named persons were married on	
(16) _____ (MONTH) <u>7</u> (DAY) <u>26</u> (YEAR) <u>95</u>	(17) (CITY) <u>Greenville</u> (COUNTY) <u>Greenville</u> SOUTH CAROLINA
OFFICIANT-Signature	OFFICIANT-Title
(18a) <i>Rev. J.D. McQueen</i>	(18b) <i>Baptist Minister</i>
OFFICIANT- Mailing Address	
(18c) <u>365 Rock Quarry Rd, Travelers Rest SC 29690</u>	

DHEC 681 REV. 12-87

PROBATE JUDGE COPY

I ATTEST A TRUE COPY
Elizabeth M. Robinson
Clerk, Probate Court
Greenville County, SC
Dated: Sept 7, 2010

EXHIBIT 5
164

Newspaper Notice

The attached legal notice was placed in the *Greenville News*. The publication dates are February 02, 09, & 16, 2011. The Affidavit of Publication will be provided after the notice completes the run.

February 10, 2011

4671141

NOTICE

Marvin L. Gilliard VS.
City of Greenville

NOTICE IS HEREBY
GIVEN the above styled
action is pending be-
fore the South Carolina
Workers' Compensa-
tion Commission:

Marvin L. Gilliard
deceased in

Anderson County,
South Carolina

Any person or persons
having information
concerning the identity
and/or location of
anyone who is or
claims to be, an heir at
law of the said

Marvin L. Gilliard
or any person who was
or claims to be depen-
dent upon the said
Marvin L. Gilliard
at the time of his death
August 12, 2010

Please contact:

James D. Lyles
SIU Services, Inc.
P.O. Box 5061
Columbia, S.C. 29250






Office Phone:

803-252-7715

Fax: 803-252-2145

E-Mail:

siu@intergate.com

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Obituary

Helpful Resources

Marvin Gilliard (1969 - 2010) | Visit Guest Book

Marvin Louwaj Gilliard, of Piedmont, died Thursday, August 12, 2010. Born and raised in Starr, SC, he was the youngest son of Betty and Warren Gilliard, Sr. Also surviving are his wife, Lisa Gilliard of the home; Four brothers - Tony (Gwen) and Willie of Starr, Warren of Greenville, and Rev. Stephen Gilliard of Charlotte, NC. Four sisters - Derby Hark, Stephanie Howard, and Lynne Player all of Anderson, SC, Carolyn (Steve) Patterson of Starr, SC. He was preceded in death by a brother Wayne Gilliard. The family is at the home of Betty and Warren Gilliard Sr., Starr, SC. A private memorial service will be held at a later date.
 Cremation Society of South Carolina

Published In The Greenville News on August 15, 2010

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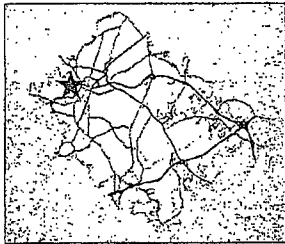
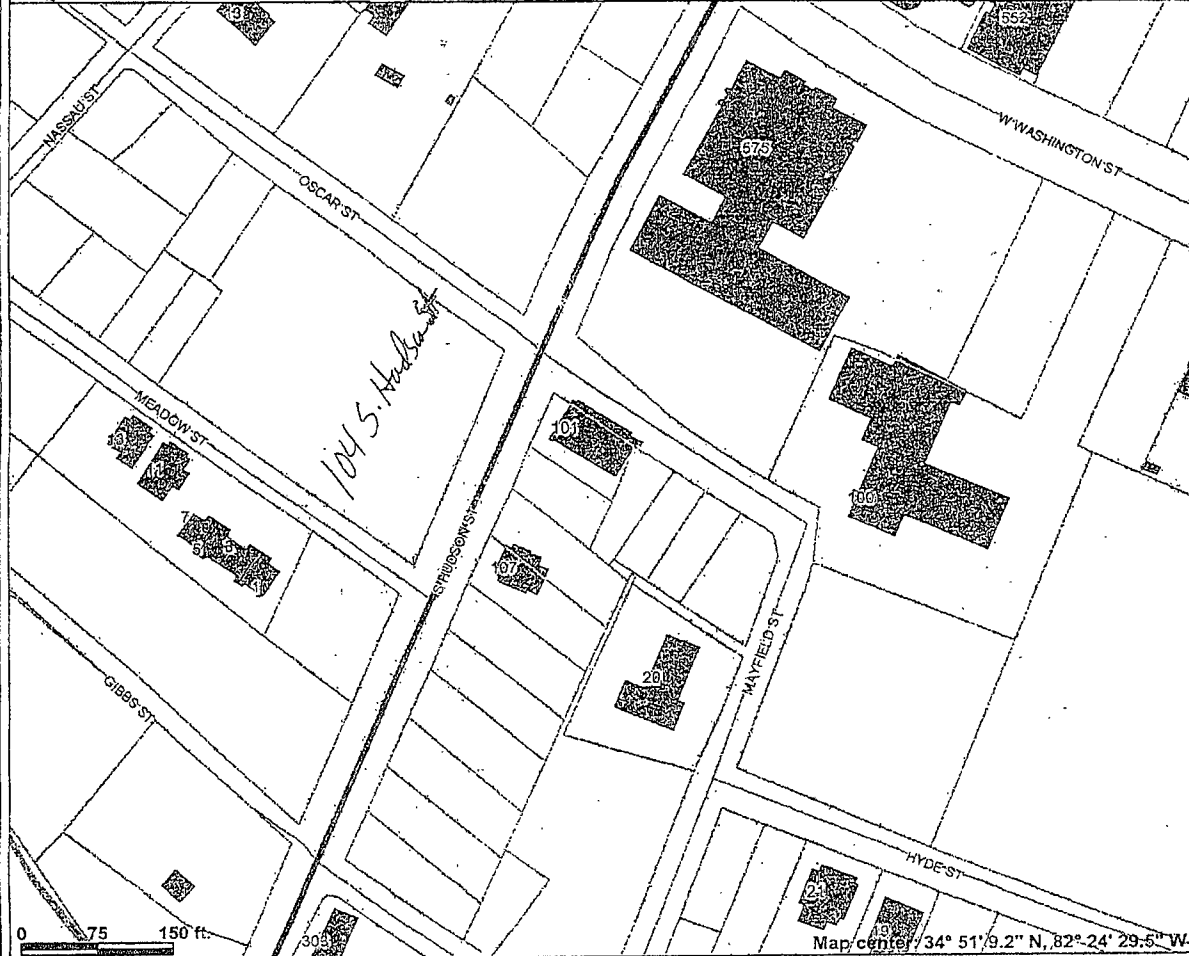
Donate to charity

A Printed Guest Book is Available



City of Greenville, S.C.

Internet Mapping Framework



Legend

- Addresses
- Street Centerlines
- Parcels
- Buildings
- Airport
- Grass
- Runway
- Streams
- Water Bodies
- City Limit Line
- County



Map center: 34° 51' 9.2" N, 82° 24' 29.5" W




Scale: 1:1,750

This map is user generated from the City of Greenville's MapIT! Intranet mapping site and is for general reference only. Data layers that appear on this map may or may not be accurate, current, or otherwise reliable and should be appropriately used with caution. Contact the GIS Division for all questions pertaining to the MapIT! program and data.

**CITY OF GREENVILLE COMPUTER AIDED DISPATCH
Record for 104 S. Hudson St.**

Incident #	Date	Time	Offense	Officer(s)
01-52919	7/4/2001	01:04:44	Suspicious Person.	Riggs 219/ Chatos 300
02-19121	2/7/2002	07:11:22	Burglary	Gillard 272/ Bradley 26/ Williams 249/ Justice 153/ Malaska 352
02-30488	3/25/2002	15:17:51	Fire Prevention	Rogers 377
02-34782	4/11/2002	11:41:12	Suspicious Person	Justice 153/ Owens 397
02-34839	4/11/2002	15:06:48	Environmental Offense	Mills 400
02-38690	4/25/2002	20:27:58	Suspicious Person	Toke 376/ Estes 342/ Albert 401
02-69224	8/19/2002	11:39:01	Fire Inspector	Lee 421
02-70075	8/22/2002	15:03:56	Vagrants	Skardon 332/ Albert 401/ Pearson 418
03-27407	3/12/2003	22:23:43	Structure Fire	Wilkes 304/ McIntyre 102/ Huntington 144/ Lusk 381/ Blackburn 18
03-27645	3/13/2003	18:15:55	Structure Fire	Duckett 75/ Austin 379/ Johnson 312/ Wilson 258
03-27660	3/13/2003	18:56:29	Structure Fire	Wilson 258/ Lusk 381/ Johnson 312
03-28923	3/18/2003	16:03:09	Suspicious Person	Johnson 312
03-29092	3/19/2003	09:31:28	Controlled Fire	Long 335
03-71396	8/25/2003	15:24:08	Trespassing	Madden 170

GREENVILLE COUNTY RECORDS MANAGEMENT SYSTEM				
Reports for 104 S. Hudson St.				
Incident#	Date	Time	Offense	Officer(s)
02-2002-19121	2/7/2002	0711	Unlawful Occupancy	Gillard, M. L. 272
02-2003-27645	3/13/2003	1800	Fire Investigation	Duckett, U 75
02-2003-27407	3/12/2003	2223	Structure Fire	Lusk, B. W. 381

PERSONNEL ORDER			
	Type	Distribution	Date of Issue
	ADMINISTRATIVE		04-06-98
Subject		Effective Date	Number
PROMOTION		04-11-98	PO 98-13
Reference		Page	Rescinds
OFFICER M. L. GILLIARD		. 1 of 1	

Effective Saturday, April 11, 1998, you will be promoted to Corporal and will be assigned to the Patrol Services Division, Community Services Bureau, Nicholtown Community. Your new unit number will be 771. Please see Lieutenant W. A. Robinson for your assignment and schedule.



D. M. Bridges, Chief of Police

DMB/dmm

Distribution:

Captain D. M. Henderson
 Lieutenant T. M. Alderman
 Lieutenant W. A. Robinson
 Accreditation File,
 Payroll
 Personnel File.
 Supply

9-30-02
 RICHARD ROBINSON
 MANVIN TO SRD

Identify Results

Coordinate Position

Custom Lambert Conformal Conlc: 1577312, 1101493

Parcels

PIN: 0052000500100
Parcel String: 52-5-1
Sheet: 005200
Block: 05
Lot: 00100
Owner Name: D & L PROPERTIES LLC SC LTD
Mailing Address: 2325 HAMPTON RD
City: WELLFORD
State: SC
Zipcode: 29385
Previous Owner: MEEKS DAVID
Deed Date: 20020523
Deed Book: 1995
Deed Page: 1559
Plat Page: 0
Tax District: 500
Market Area: CGRN03
Jurisdiction: 1
Landuse: 6800
Subdivision Lot Number: -
Site Address Number: 104
Site Address Street: HUDSON
Sales Price: 0
Building Value: 0
Land Value: 33542
Total Value: 33542
Taxes: 604.32
Taxes Paid: Jan 15, 2007
Estimated Acres: 1.482
Square Footage: 0
Number of Bedrooms: 0
Number of Bathrooms: 0
Number of Half Baths: 0
Return Code: 9

Agency: cp
 Incident Types:
 Start Date: 4/1/2004 12:00:01 AM
 to
 End Date: 9/15/2007 11:59:59 PM

Nothing for 104 S. Hudson St

Create Date & Time	Event Number	Incident Type ID	Primary Unit ID	Dispo Code	Incident Location
5/5/2004 12:44	LCP040505042074	71AN	<null>	CAC	S HUDSON ST&OSCAR ST
5/5/2004 17:22	LCP040505042164	71AN	<null>	CAC	S HUDSON ST&OSCAR ST
5/7/2004 0:48	LCP040507042594	88SP	E3	8M	GIBBS ST&S HUDSON ST
5/12/2004 18:06	LCP040512044168	19RT	D5	3	109 S HUDSON ST
5/14/2004 14:34	LCP040514044737	71AN	<null>	CAC	S HUDSON ST&OSCAR ST
5/17/2004 15:26	LCP040517045561	71AN	<null>	CAC	S HUDSON ST&MEADOW ST
5/18/2004 10:19	LCP040518045757	56TS	259	7	GIBBS ST&S HUDSON ST
5/27/2004 13:38	LCP040527048258	71AN	<null>	CAC	S HUDSON ST&MEADOW ST
5/27/2004 16:23	LCP040527048298	56TS	D5	7W	GIBBS ST&S HUDSON ST
6/1/2004 15:32	LCP040601049640	71AN	<null>	CAC	S HUDSON ST&MEADOW ST
6/2/2004 9:13	LCP040602049823	81AO	E7	3	109 S HUDSON ST
6/7/2004 9:04	LCP040607051214	88SP	F3	3	S HUDSON ST&MEADOW ST
6/8/2004 10:56	LCP040608051554	56TS	D3	7W	GIBBS ST&S HUDSON ST
6/11/2004 18:08	LCP040611052563	88SP	765	9M	S HUDSON ST&MEADOW ST
6/17/2004 0:39	LCP040617053992	88DW	E8	3	S HUDSON ST&MEADOW ST
6/21/2004 17:39	LCP040621055287	71AN	<null>	CAC	HUDSON&MEADOWS
6/21/2004 23:41	LCP040621055346	88SP	F8	3	101 S HUDSON ST
6/22/2004 7:54	LCP040622055388	86AO	E3	5	109 S HUDSON ST
7/2/2004 13:19	LCP040702058199	74DA	E2	3	109 S HUDSON ST
7/5/2004 1:32	LCP040705058854	81IP	F6	3	GIBBS ST&S HUDSON ST
7/9/2004 17:40	LCP040709060350	FELEC	202	3	GIBBS ST&S HUDSON ST
7/25/2004 17:53	LCP040725064742	88VE	E8	3	S HUDSON ST&MEADOW ST
7/29/2004 12:03	LCP040729065779	56TS	<null>	3	S HUDSON ST&MEADOW ST
7/30/2004 6:09	LCP040730066031	53AV	746	3	GIBBS ST&S HUDSON ST
7/30/2004 7:46	LCP040730066042	53AV	762	6T	GIBBS ST&S HUDSON ST
8/3/2004 4:33	LCP040803067123	88SP	F2	3	GIBBS ST&S HUDSON ST
8/6/2004 13:49	LCP040806068074	81AO	E8	3	107 S HUDSON ST
8/30/2004 21:22	LCP040830074770	60VS	151	3	GIBBS ST&S HUDSON ST
9/8/2004 5:37	LCP040908077017	52OB	D6	3	GIBBS ST&S HUDSON ST
9/12/2004 16:25	LCP040912078248	88DW	E1	3	S HUDSON ST&OSCAR ST
10/6/2004 16:41	LCP041006084735	71AN	<null>	CAC	S HUDSON ST&MEADOW ST
10/7/2004 10:13	LCP041007084916	85IP	F8	5	101 S HUDSON ST
10/13/2004 8:45	LCP041013086456	47MP	389	3	107 S HUDSON ST
10/16/2004 0:36	LCP041016087254	50HR	E3	65	GIBBS ST&S HUDSON ST
11/15/2004 12:26	LCP041115094912	56TS	E1	7W	S HUDSON ST&MEADOW ST
1/4/2005 21:08	LCP050104005865	56TS	F8	7W	S HUDSON ST&OSCAR ST
1/6/2005 17:21	LCP050106006279	88SP	52	1	GIBBS ST&S HUDSON ST
1/7/2005 11:30	LCP050107006451	56TS	E3	7	S HUDSON ST&MEADOW ST
1/14/2005 22:36	LCP050114008278	56TS	E6	7W	S HUDSON ST&OSCAR ST
1/18/2005 17:03	LCP050118009123	88SP	753	3	S HUDSON ST&OSCAR ST
1/19/2005 19:17	LCP050119009398	88SP	757	3	S HUDSON ST&OSCAR ST
2/17/2005 9:48	LCP050217015909	50NO	258	67	S HUDSON ST&OSCAR ST
2/22/2005 17:43	LCP050222017124	34DP	<null>	C3	GIBBS ST&S HUDSON ST
2/24/2005 11:19	LCP050224017511	88SP	E8	3	S HUDSON ST&MEADOW ST

2/24/2005 13:58	LCP050224017548	88SP	E7	3	GIBBS ST&S HUDSON ST
3/12/2005 15:12	LCP050312021249	88SP	153	3	GIBBS ST&S HUDSON ST
3/12/2005 16:13	LCP050312021266	88SP	E6	3	GIBBS ST&S HUDSON ST
3/19/2005 23:51	LCP050319023067	88SP	E7	1	S HUDSON ST&OSCAR ST
3/21/2005 20:16	LCP050321023502	56TS	E5	7W	S HUDSON ST&OSCAR ST
3/22/2005 22:18	LCP050322023784	911D	E6	3	101 S HUDSON ST
3/25/2005 17:55	LCP050325024531	8081	D1	3	101 S HUDSON ST
4/9/2005 15:12	LCP050409028165	88SP	E2	3	100 S HUDSON ST
4/11/2005 11:07	LCP050411028586	78WR	753	9S	GIBBS ST&S HUDSON ST
4/25/2005 15:05	LCP050425032001	88DW	D7	3	GIBBS ST&S HUDSON ST
5/12/2005 8:29	LCP050512036227	56TS	D6	9S	GIBBS ST&S HUDSON ST
6/2/2005 20:10	LCP050602041949	56TS	G8	7T	S HUDSON ST&OSCAR ST
6/4/2005 22:09	LCP050604042445	88SP	D5	3	S HUDSON ST&OSCAR ST
6/17/2005 22:09	LCP050617045893	83NR	E6	3G	S HUDSON ST&OSCAR ST
6/25/2005 18:16	LCP050625047820	8081	755	3G	S HUDSON ST&MEADOW ST
7/7/2005 8:45	LCP050707050690	52OB	260	3	GIBBS ST&S HUDSON ST
7/13/2005 15:27	LCP050713052304	88SP	E8	3	GIBBS ST&S HUDSON ST
7/14/2005 0:58	LCP050714052436	56TS	231	7M	S HUDSON ST&MEADOW ST
7/31/2005 9:52	LCP050731057168	88SP	E6	7M	GIBBS ST&S HUDSON ST
8/2/2005 9:13	LCP050802057655	88SP	41	3	S HUDSON ST&OSCAR ST
8/18/2005 12:46	LCP050818081777	56TS	758	7W	S HUDSON ST&MEADOW ST
8/27/2005 10:08	LCP050827064086	88SP	E1	3	GIBBS ST&S HUDSON ST
8/27/2005 16:37	LCP050827064135	88SP	E1	3	S HUDSON ST&OSCAR ST
9/20/2005 21:12	LCP050920070072	56TS	E1	7	S HUDSON ST&OSCAR ST
10/4/2005 15:36	LCP051004073481	88SP	E5	3G	S HUDSON ST&OSCAR ST
10/5/2005 19:30	LCP051005073807	88SP	E4	1	GIBBS ST&S HUDSON ST
10/12/2005 1:17	LCP051012075408	88SP	E8	3	GIBBS ST&S HUDSON ST
11/2/2005 10:34	LCP051102080738	88SP	F4	1	S HUDSON ST&MEADOW ST
11/26/2005 5:22	LCP051126086279	F33MP	E4	3	109 S HUDSON ST
11/26/2005 17:15	LCP051126086388	88SP	E8	9S	S HUDSON ST&OSCAR ST
12/4/2005 1:58	LCP051204088181	88SP	G1	3	GIBBS ST&S HUDSON ST
12/10/2005 4:00	LCP051210089642	88SP	D3	3	GIBBS ST&S HUDSON ST
1/6/2006 15:51	LCP060106006415	56TS	253	7	GIBBS ST&S HUDSON ST
1/10/2006 9:22	LCP060110007233	88SP	E1	1	S HUDSON ST&MEADOW ST
1/27/2006 3:09	LCP060127011399	88SP	E4	1	GIBBS ST&S HUDSON ST
1/28/2006 22:30	LCP060128011864	88DW	C1	3	S HUDSON ST&OSCAR ST
1/28/2006 22:39	LCP060128011865	88DW	C2	3	S HUDSON ST&OSCAR ST
2/9/2006 20:31	LCP060209014885	87JO	E3	5	S HUDSON ST&MEADOW ST
2/28/2006 1:09	LCP060228019290	56TS	A8	1	GIBBS ST&S HUDSON ST
3/5/2006 2:48	LCP060305020745	88SP	E8	3	S HUDSON ST&OSCAR ST
3/28/2006 1:13	LCP060328026275	56TS	E7	5	GIBBS ST&S HUDSON ST
4/4/2006 20:28	LCP060404028220	88VE	G1	3	S HUDSON ST&OSCAR ST
4/7/2006 10:18	LCP060407028921	56TS	D6	3	S HUDSON ST&OSCAR ST
4/16/2006 0:41	LCP060416031203	71LN	F3	3	S HUDSON ST&MEADOW ST
4/28/2006 21:57	LCP060428034557	88SP	D4	1	S HUDSON ST&MEADOW ST
5/8/2006 16:05	LCP060508037106	56TS	262	9MT	S HUDSON ST&OSCAR ST
6/1/2006 17:00	LCP060601043520	56TS	E4	7W	S HUDSON ST&MEADOW ST
6/1/2006 17:24	LCP060601043524	88SP	E4	1	S HUDSON ST&MEADOW ST
6/18/2006 12:36	LCP060618047751	88SP	G5	9M	GIBBS ST&S HUDSON ST
6/24/2006 0:11	LCP060624049257	80JO	201	3	S HUDSON ST&MEADOW ST
6/29/2006 5:12	LCP060629050538	56TS	E3	7P	S HUDSON ST&MEADOW ST
7/5/2006 19:24	LCP060705052483	88DW	G2	3	S HUDSON ST&MEADOW ST

7/24/2006 9:59	LCP060724057436	88SP	760	5	GIBBS ST&S HUDSON ST
8/12/2006 10:27	LCP060812062719	88SP	E1	3	S HUDSON ST&OSCAR ST
9/28/2006 10:50	LCP060928075100	56TS	E1	7M	GIBBS ST&S HUDSON ST
9/30/2006 17:49	LCP060930075730	85AO	D3	5	109 S HUDSON ST
10/1/2006 8:27	LCP061001075849	85AO	E3	5	109 S HUDSON ST
10/27/2006 11:26	LCP061027082254	45SA	D3	9S	107 S HUDSON ST
11/11/2006 9:41	LCP061111085858	85VE	E7	5	109 S HUDSON ST
11/24/2006 1:04	LCP061124088713	88SP	G1	3	S HUDSON ST&MEADOW ST
12/15/2006 20:51	LCP061215094040	56TS	262	7	GIBBS ST&S HUDSON ST
1/4/2007 16:38	LCP070104005955	88SP	753	3	S HUDSON ST&MEADOW ST
1/10/2007 17:31	LCP070110007310	56TS	F7	7	S HUDSON ST&OSCAR ST
1/25/2007 1:19	LCP070125010779	56TS	E4	1	S HUDSON ST&OSCAR ST
1/26/2007 4:21	LCP070126011030	88SP	E3	3	S HUDSON ST&OSCAR ST
1/29/2007 3:19	LCP070129011708	56TS	E1	1	S HUDSON ST&MEADOW ST
2/16/2007 17:12	LCP070216016104	ID	<null>	CCC	S HUDSON ST&MEADOW ST
2/16/2007 17:15	LCP070216016105	8149	208	9S	S HUDSON ST&MEADOW ST
2/24/2007 14:34	LCP070224018123	88SP	202	3	S HUDSON ST&MEADOW ST
3/16/2007 18:23	LCP070316023271	F40GR	A4	3	S HUDSON ST&MEADOW ST
3/29/2007 8:42	LCP070329026443	82EX	E6	3	GIBBS ST&S HUDSON ST
4/2/2007 19:33	LCP070402027577	88SP	A1	3	S HUDSON ST&MEADOW ST
4/15/2007 3:53	LCP070415030652	88SP	204	3	GIBBS ST&S HUDSON ST
4/25/2007 15:07	LCP070425033233	56TS	E2	7T	S HUDSON ST&MEADOW ST
6/29/2007 1:05	LCP070629050712	88SP	E3	1	GIBBS ST&S HUDSON ST
7/7/2007 7:15	LCP070707053069	88SP	A4	3	GIBBS ST&S HUDSON ST
7/16/2007 9:58	LCP070716055528	88SP	H4	1	GIBBS ST&S HUDSON ST
8/2/2007 15:08	LCP070802060271	56TS	G2	7W	S HUDSON ST&OSCAR ST
8/8/2007 8:54	LCP070808061797	52SM	262	3	GIBBS ST&S HUDSON ST
8/29/2007 9:34	LCP070829067420	56TS	A5	7W	S HUDSON ST&OSCAR ST
9/1/2007 22:09	LCP070901068442	81IP	D8	3	S HUDSON ST&MEADOW ST
	End of report				

Beg Date...: Mon - January 1, 2001 Available.....: 71 hr 6 mn 36 sec 33.6%
 End Date...: Wed - January 31, 2001 Dispatched.....: 2 mn 21 sec 0.0%
 Time.....: 12:00 Am - 11:59 Pm En-Route.....: 4 hr 0 mn 46 sec 1.9%
 Total Time: 30 days 23 hr 59 mn 0 s On-Scene.....: 26 hr 43 mn 36 sec 12.6%
 Beat.....: Hospital.....:
 Star #.....: 272 Gilliard, Marvin Busy.....: 108 hr 53 mn 18 sec 51.4%
 Val Star 2: Yes Traffic Stop...:
 Follow Up.....: 1 hr 3 mn 13 sec 0.5%
 Total.....: 211 hr 49 mn 50 sec 100.0%

Date	Time	Status	RD Number/ Plate/Busy	Nature Description/ Code Busy - T. Stop Location	Beat	Star# 1/2
01/06	16:16:02	Follow-	GP01-10665	52SM 52 Stranded Veh tx g06m	771	272
01/06	17:03:26	End Fol	GP01-10665	52SM 52 Stranded Veh tx g06m	771	272
01/06	17:03:37	Busy	AT:	1006 BRIGGS AVE	771	272
01/06	17:15:05	Busy/A	53 Abandone	53AV 906 HAMITLON AV	771	272
01/06	17:15:05	Dispatc	GP 1-11189	53AV 53 Abandoned Veh	771	272
01/06	17:15:05	On-Scen	GP01-11189	53AV 53 Abandoned Veh	771	272
01/06	17:29:05	Availab	GP01-11189	53AV 53 Abandoned Veh	771	272
01/06	19:00:37	Dispatc	GP 1-11212	88SP 88 Susp Person	771	272
01/06	19:00:37	En-Rout	GP01-11212	88SP 88 Susp Person	771	272
01/06	19:00:37	On-Scen	GP01-11212	88SP 88 Susp Person	771	272
01/06	19:09:27	Availab	GP01-11212	88SP 88 Susp Person	771	272
01/06	19:11:12	Busy/A	60 Foot Pat	60FP TEMPLE AND ELMORE	771	272
01/06	19:25:14	Availab			771	272
01/06	20:28:53	Dispatc	GP 1-11231	45JO 45 JO Armed Rob to indivi	771	272
01/06	20:29:18	En-Rout	GP01-11231	45JO 45 JO Armed Rob to indivi	771	272
01/06	20:40:00	On-Scen	GP01-11231	45JO 45 JO Armed Rob to indivi	771	272
01/06	20:44:31	Availab	GP01-11231	45JO 45 JO Armed Rob to indivi	771	272
01/06	21:01:53	Busy/A	88 Susp Per	88SP W WASHINGTON FOREST	771	272
01/06	21:01:53	Dispatc	GP 1-11245	88SP 88 Susp Person	771	272
01/06	21:01:53	On-Scen	GP01-11245	88SP 88 Susp Person	771	272
01/06	21:05:25	Availab	GP01-11245	88SP 88 Susp Person	771	272
01/06	22:00:56	Busy/A	Meal Break	13MB	771	272
01/06	22:29:40	Availab			771	272
01/06	23:08:33	Dispatc	GP 1-11267	81VD 81 Verbal Disput 1019 WIT	771	272
01/06	23:08:33	En-Rout	GP01-11267	81VD 81 Verbal Disput 1019 WIT	771	272
01/06	23:08:33	On-Scen	GP01-11267	81VD 81 Verbal Disput 1019 WIT	771	272
01/06	23:18:35	Availab	GP01-11267	81VD 81 Verbal Disput 1019 WIT	771	272
01/06	23:18:43	Busy/A	79 Special	79SA	771	272
01/06	23:28:30	Sign-Of	Car# 771P	Ending Mileage 641	771	272
01/06	23:29:01	Sign-On	Car# 771A	Starting Mileage 641	771	272
01/06	23:29:01	Availab			771	272
01/06	23:29:26	Busy/A	79 Special	79SA ASTRO/VEH 708/0500 HRS	771	272
01/07	05:10:43	Sign-Of			771	272
01/08	17:23:31	Sign-On	Car# NT/1	Starting Mileage 621	771	272
01/08	17:23:31	Availab			771	272
01/08	17:23:54	Sign-Of	Car# NT/1	Ending Mileage 1	771	272
01/08	17:24:00	Sign-On	Car# 771P	Starting Mileage 621	771	272
01/08	17:24:00	Availab			771	272
01/08	17:24:15	Busy/A	62 Community	62CM Hampden/Audison	771	272

Date Run 10/02/2007
 Time Run 15:37:39

Greenville Police
 Beat Status Inquiry Listing

Page 6
 ID-Unt200

Beg Date...: Thu - March 1, 2001 Available.....: 59 hr 50 mn 24 sec 28.9%
 End Date...: Sat - March 31, 2001 Dispatched.....: 11 mn 49 sec 0.1%
 Time.....: 12:00 Am - 11:59 Pm En-Route.....: 9 hr 50 mn 0 sec 4.8%
 Total Time: 30 days 23 hr 59 mn 0 s On-Scene.....: 32 hr 22 mn 27 sec 15.6%
 Beat.....: Hospital.....:
 Star #.....: 272 Gilliard, Marvin Busy.....: 104 hr 42 mn 43 sec 50.6%
 Val Star 2: Yes Traffic Stop...:
 Follow Up.....:
 Total.....: 206 hr 57 mn 23 sec 100.0%

Date	Time	Status	RD Number/ Plate/Busy	Nature Description/ Code Busy - T: Stop Location	Beat	Star# 1/2
03/08	22:36:41	On-Scen	GP01-24850	88SP 88 Susp Person	771	272
03/08	22:44:30	Availab	GP01-24850	88SP 88 Susp Person	771	272
03/08	22:48:28	Dispatc	GP 1-24853	88DW 88 SUB DOWN UNK DK CLOTHI	771	272
03/08	22:48:28	En-Rout	GP01-24853	88DW 88 SUB DOWN UNK DK CLOTHI	771	272
03/08	22:49:04	On-Scen	GP01-24853	88DW 88 SUB DOWN UNK DK CLOTHI	771	272
03/08	22:54:36	Availab	GP01-24853	88DW 88 SUB DOWN UNK DK CLOTHI	771	272
03/08	22:55:42	Busy	N Main St	426	771	272
03/08	23:28:50	Availab			771	272
03/08	23:28:57	Sign-Of			771	272
03/09	14:43:23	Sign-On	Car# SD/2	Starting Mileage 613	771	272
03/09	14:43:23	Availab			771	272
03/09	15:51:32	Dispatc	GP 1-25029	86AO 86 AO Assault SUBJ WALKIN	771	272
03/09	15:51:32	En-Rout	GP01-25029	86AO 86 AO Assault SUBJ WALKIN	771	272
03/09	15:54:40	On-Scen	GP01-25029	86AO 86 AO Assault SUBJ WALKIN	771	272
03/09	15:59:45	Availab	GP01-25029	86AO 86 AO Assault SUBJ WALKIN	771	272
03/09	16:03:30	Busy	AT:	1006 1110 BUNCUMB	771	272
03/09	16:19:54	Availab			771	272
03/09	16:35:12	Dispatc	GP 1-25042	88SP 88 Susp Person B/M, BLU J	771	272
03/09	16:35:12	En-Rout	GP01-25042	88SP 88 Susp Person B/M, BLU J	771	272
03/09	16:35:48	Availab	GP01-25042	88SP 88 Susp Person B/M, BLU J	771	272
03/09	16:57:03	Dispatc	GP 1-25049	49WP 49 Weapon Posses GROUP OF	771	272
03/09	16:57:03	En-Rout	GP01-25049	49WP 49 Weapon Posses GROUP OF	771	272
03/09	16:57:03	On-Scen	GP01-25049	49WP 49 Weapon Posses GROUP OF	771	272
03/09	17:06:18	Availab	GP01-25049	49WP 49 Weapon Posses GROUP OF	771	272
03/09	17:06:31	Dispatc	GP 1-25055	56TS 56 Traffic Stop WHI	771	272
03/09	17:06:31	On-Scen	GP01-25055	56TS 56 Traffic Stop WHI	771	272
03/09	17:08:32	Availab	GP01-25055	56TS 56 Traffic Stop WHI	771	272
03/09	17:14:15	Dispatc	GP 1-25052	49WP 49 Weapon Posses	771	272
03/09	17:14:15	En-Rout	GP01-25052	49WP 49 Weapon Posses	771	272
03/09	17:20:52	On-Scen	GP01-25052	49WP 49 Weapon Posses	771	272
03/09	17:30:34	Availab	GP01-25052	49WP 49 Weapon Posses	771	272
03/09	17:30:44	Dispatc	GP 1-25060	04WC 04 Welfare Check FEMALE S	771	272
03/09	17:30:44	En-Rout	GP01-25060	04WC 04 Welfare Check FEMALE S	771	272
03/09	17:31:49	On-Scen	GP01-25060	04WC 04 Welfare Check FEMALE S	771	272
03/09	18:16:43	Availab	GP01-25060	04WC 04 Welfare Check FEMALE S	771	272
03/09	18:44:39	Dispatc	GP 1-25078	44AA 44 AUDIBLE ALARM BACK EAS	771	272
03/09	18:44:39	En-Rout	GP01-25078	44AA 44 AUDIBLE ALARM BACK EAS	771	272
03/09	18:52:03	On-Scen	GP01-25078	44AA 44 AUDIBLE ALARM BACK EAS	771	272

Date Run 10/02/2007
 Time Run 15:37:40

Greenville Police
 Beat Status Inquiry Listing

Page 8
 ID-Unt200

Beg Date...: Thu - March 1, 2001 Available.....: 59 hr 50 mn 24 sec 28.9%
 End Date...: Sat - March 31, 2001 Dispatched.....: 11 mn 49 sec 0.1%
 Time.....: 12:00 Am - 11:59 Pm En-Route.....: 9 hr 50 mn 0 sec 4.8%
 Total Time: 30 days 23 hr 59 mn 0 sec on-Scene.....: 32 hr 22 mn 27 sec 15.6%
 Beat.....: Hospital.....:
 Star #.....: 272 Gilliard, Marvin Busy.....: 104 hr 42 mn 43 sec 50.6%
 Val Star 2: Yes Traffic Stop...:
 Follow Up.....:
 Total.....: 206 hr 57 mn 23 sec 100.0%

Date	Time	Status	RD Number/ Plate/Busy	Nature Description/ Code Busy - T. Stop Location	Beat	Star# 1/2
03/11	00:56:44	Dispatc	GP 1-25443	46PR 46 Prisoner	771	272
03/11	00:56:44	On-Scen	GP01-25443	46PR 46 Prisoner	771	272
03/11	01:11:19	Busy	AT:LECD/576	1006 57689	771	272
03/11	01:32:30	Availab	GP01-25443	46PR 46 Prisoner	771	272
03/11	01:32:51	Busy/A	79 Special	79SA THE ASTRO	771	272
03/11	03:16:49	Availab			771	272
03/11	03:16:57	Busy/A	Drug Overdo	83OD	771	272
03/11	03:16:57	Dispatc	GP 1-25471	83OD Drug Overdose W/F TAKEN	771	272
03/11	03:16:57	On-Scen	GP01-25471	83OD Drug Overdose W/F TAKEN	771	272
03/11	03:43:46	Availab	GP01-25471	83OD Drug Overdose W/F TAKEN	771	272
03/11	03:43:52	Busy/A	86 AO Assau	86AO	771	272
03/11	03:43:52	Dispatc	GP 1-25478	86AO 86 AO Assault	771	272
03/11	03:43:52	On-Scen	GP01-25478	86AO 86 AO Assault	771	272
03/11	03:44:33	Availab	GP01-25478	86AO 86 AO Assault	771	272
03/11	03:44:45	Busy/A	79 Special	79SA 738 S PLEASANTBURG DR	771	272
03/11	05:13:03	Sign-Of			771	272
03/13	16:01:25	Sign-On	Car# SD/2	Starting Mileage 631	771	272
03/13	16:01:25	Availab			771	272
03/13	16:01:31	Busy	AT:	1006 NOT 10-08 YET	771	272
03/13	17:33:52	Availab			771	272
03/13	18:09:38	Busy/A	88 Susp Per	88SP 706 W WASHINGTON	771	272
03/13	18:09:38	Dispatc	GP 1-26045	88SP 88 Susp Person	771	272
03/13	18:09:38	On-Scen	GP01-26045	88SP 88 Susp Person	771	272
03/13	18:10:07	Availab	GP01-26045	88SP 88 Susp Person	771	272
03/13	18:12:13	Dispatc	GP 1-26046	80VD 80 Verbal Disput argument	771	272
03/13	18:12:13	En-Rout	GP01-26046	80VD 80 Verbal Disput argument	771	272
03/13	18:12:45	Availab	GP01-26046	80VD 80 Verbal Disput argument	771	272
03/13	18:19:15	Busy	-- Unknown	1112-B BUNCOMBE ST	771	272
03/13	18:29:40	Dispatc	GP 1-26048	34DP 34 Directed Ptrl holding	771	272
03/13	18:29:59	Availab			771	272
03/13	18:30:03	En-Rout	GP01-26048	34DP 34 Directed Ptrl holding	771	272
03/13	18:32:51	On-Scen	GP01-26048	34DP 34 Directed Ptrl holding	771	272
03/13	18:48:49	Dispatc	GP 1-26052	88SP 88 Susp Person //subj try	771	272
03/13	18:52:01	Availab	GP01-26048	34DP 34 Directed Ptrl holding	771	272
03/13	18:52:17	En-Rout	GP01-26052	88SP 88 Susp Person //subj try	771	272
03/13	18:53:51	On-Scen	GP01-26052	88SP 88 Susp Person //subj try	771	272
03/13	19:06:29	Availab	GP01-26052	88SP 88 Susp Person //subj try	771	272
03/13	19:30:35	Dispatc	GP 1-26060	56TS 56 Traffic Stop WHI MERZ	771	272

Date Run 10/02/2007
 Time Run 15:37:41

Greenville Police
 Beat Status Inquiry Listing

Page 9
 ID-Unt200

Beg Date...: Thu - March 1, 2001 Available.....: 59 hr 50 mn 24 sec 28.9%
 End Date...: Sat - March 31, 2001 Dispatched.....: 11 mn 49 sec 0.1%
 Time.....: 12:00 Am - 11:59 Pm En-Route.....: 9 hr 50 mn 0 sec 4.8%
 Total Time: 30 days 23 hr 59 mn 0 s on-Scene.....: 32 hr 22 mn 27 sec 15.6%
 Beat.....: Hospital.....:
 Star #.....: 272 Gilliard, Marvin Busy.....: 104 hr 42 mn 43 sec 50.6%
 Val Star 2: Yes Traffic Stop...:
 Follow Up.....:
 Total.....: 206 hr 57 mn 23 sec 100.0%

Date	Time	Status	RD Number/ Plate/Busy	Nature Description/ Code Busy - T, Stop Location	Beat	Star# 1/2
03/13	19:30:35	On-Scen	GP01-26060	56TS 56 Traffic Stop WHI MERZ	771	272
03/13	19:39:27	Availab	GP01-26060	56TS 56 Traffic Stop WHI MERZ	771	272
03/13	19:51:22	Busy/A	Meal Break	13MB	771	272
03/13	20:12:48	Availab			771	272
03/13	20:31:59	Availab			771	272
03/13	20:33:49	T-Stop	619FJN	2.SC TOY WAS	771	272
03/13	20:33:49	Dispatc	GP 1-26075	56TS 56 Traffic Stop GRN JIMMY	771	272
03/13	20:33:49	On-Scen	GP01-26075	56TS 56 Traffic Stop GRN JIMMY	771	272
03/13	20:51:22	Availab	GP01-26075	56TS 56 Traffic Stop GRN JIMMY	771	272
03/13	20:51:26	Dispatc	GP 1-26079	84IP 84 IP Larceny NEIGHBOR A	771	272
03/13	20:51:26	En-Rout	GP01-26079	84IP 84 IP Larceny NEIGHBOR A	771	272
03/13	20:56:06	On-Scen	GP01-26079	84IP 84 IP Larceny NEIGHBOR A	771	272
03/13	21:00:47	Availab	GP01-26079	84IP 84 IP Larceny NEIGHBOR A	771	272
03/13	21:00:50	Dispatc	GP 1-26083	49WP 49 Weapon Posses MALE STA	771	272
03/13	21:00:50	En-Rout	GP01-26083	49WP 49 Weapon Posses MALE STA	771	272
03/13	21:06:58	On-Scen	GP01-26083	49WP 49 Weapon Posses MALE STA	771	272
03/13	22:19:12	Availab	GP01-26083	49WP 49 Weapon Posses MALE STA	771	272
03/13	22:19:19	Dispatc	GP 1-26092	75MP 75 Missing Perso B/MALE,1	771	272
03/13	22:19:19	En-Rout	GP01-26092	75MP 75 Missing Perso B/MALE,1	771	272
03/13	22:23:46	On-Scen	GP01-26092	75MP 75 Missing Perso B/MALE,1	771	272
03/13	22:42:23	Busy	GP 1-26092	75MP 75 Missing Perso B/MALE,1	771	272
03/13	23:46:20	Availab	GP01-26092	75MP 75 Missing Perso B/MALE,1	771	272
03/13	23:46:43	Sign-Of			771	272
03/14	16:57:15	Sign-On	Car# SD/2	Starting Mileage 631	771	272
03/14	16:57:15	Availab			771	272
03/14	16:59:43	Dispatc	GP 1-26263	8086 80 IP Assault THREATS/ EM	771	272
03/14	16:59:43	En-Rout	GP01-26263	8086 80 IP Assault THREATS/ EM	771	272
03/14	17:08:56	On-Scen	GP01-26263	8086 80 IP Assault THREATS/ EM	771	272
03/14	18:03:45	Availab	GP01-26263	8086 80 IP Assault THREATS/ EM	771	272
03/14	18:06:45	Dispatc	GP 1-26271	88SP 88 Susp Person SEVERAL B/	771	272
03/14	18:06:45	En-Rout	GP01-26271	88SP 88 Susp Person SEVERAL B/	771	272
03/14	18:11:09	On-Scen	GP01-26271	88SP 88 Susp Person SEVERAL B/	771	272
03/14	18:11:41	Availab	GP01-26271	88SP 88 Susp Person SEVERAL B/	771	272
03/14	18:24:38	Availab			771	272
03/14	18:29:55	Dispatc	GP 1-26280	34DP 34 Directed Ptrl SERVICES	771	272
03/14	18:29:55	En-Rout	GP01-26280	34DP 34 Directed Ptrl SERVICES	771	272
03/14	18:32:45	On-Scen	GP01-26280	34DP 34 Directed Ptrl SERVICES	771	272
03/14	19:11:40	Availab	GP01-26280	34DP 34 Directed Ptrl SERVICES	771	272
03/14	19:22:09	Busy	GP 1-26280	34DP 34 Directed Ptrl SERVICES	771	272

Date Run 10/02/2007
 Time Run 15:37:43

Greenville Police
 Beat Status Inquiry Listing

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 ID-Unt200

Beg Date...: Thu - March 1, 2001 Available.....: 59 hr 50 mn 24 sec 28.9%
 End Date...: Sat - March 31, 2001 Dispatched.....: 11 mn 49 sec 0.1%
 Time.....: 12:00 Am - 11:59 Pm En-Route.....: 9 hr 50 mn 0 sec 4.8%
 Total Time: 30 days 23 hr 59 mn 0 s@n-Scene.....: 32 hr 22 mn 27 sec 15.6%
 Beat.....: Hospital.....:
 Star #.....: 272 Gilliard, Marvin Busy.....: 104 hr 42 mn 43 sec 50.6%
 Val Star 2: Yes Traffic Stop...:
 Follow Up.....:
 Total.....: 206 hr 57 mn 23 sec 100.0%

Date	Time	Status	RD Number/ Plate/Busy	Nature Description/ Code Busy - T. Stop Location	Beat	Star# 1/2
03/19	21:45:38	Busy/A	Meal Break	13MB 1005	771	272
03/19	22:22:09	Availab			771	272
03/19	22:57:43	Dispatc	GP 1-27499	40AS 40 Assist Fd HOT WATER HE	771	272
03/19	22:57:43	En-Rout	GP01-27499	40AS 40 Assist Fd HOT WATER HE	771	272
03/19	23:02:40	On-Scen	GP01-27499	40AS 40 Assist Fd HOT WATER HE	771	272
03/19	23:14:38	Availab	GP01-27499	40AS 40 Assist Fd HOT WATER HE	771	272
03/19	23:14:56	Sign-Of			771	272
03/20	14:56:26	Sign-On	Car# 771A	Starting Mileage 601	771	272
03/20	14:56:26	Availab			771	272
03/20	14:56:44	Busy	AT:	1006 class at range	771	272
03/20	15:26:30	Availab			771	272
03/20	15:26:35	Sign-Of			771	272
03/20	15:29:02	Sign-On	Car# DP/2	Starting Mileage 642	771	272
03/20	15:29:02	Availab			771	272
03/20	16:33:50	Dispatc	GP 1-27688	73DR 73 Intoxicated NEXT DOOR	771	272
03/20	16:33:50	En-Rout	GP01-27688	73DR 73 Intoxicated NEXT DOOR	771	272
03/20	16:44:59	Availab	GP01-27688	73DR 73 Intoxicated NEXT DOOR	771	272
03/20	17:30:17	Availab			771	272
03/20	17:55:58	Busy/A	88 Susp Per	88SP 600 W W	771	272
03/20	17:55:58	Dispatc	GP 1-27706	88SP 88 Susp Person	771	272
03/20	17:55:58	On-Scen	GP01-27706	88SP 88 Susp Person	771	272
03/20	18:00:58	Availab	GP01-27706	88SP 88 Susp Person	771	272
03/20	18:13:32	Busy/A	88 Susp Veh	88VE HUDSON CACLE	771	272
03/20	18:13:32	Dispatc	GP 1-27708	88VE 88 Susp Vehicle HUDSON ST	771	272
03/20	18:13:32	On-Scen	GP01-27708	88VE 88 Susp Vehicle HUDSON ST	771	272
03/20	18:28:09	Availab	GP01-27708	88VE 88 Susp Vehicle HUDSON ST	771	272
03/20	18:44:58	Busy/A	88 Susp Per	88SP 600	771	272
03/20	18:44:58	Dispatc	GP 1-27714	88SP 88 Susp Person	771	272
03/20	18:44:58	On-Scen	GP01-27714	88SP 88 Susp Person	771	272
03/20	18:57:33	Availab	GP01-27714	88SP 88 Susp Person	771	272
03/20	19:31:30	Busy/A	Meal Break	13MB	771	272
03/20	21:09:40	Availab			771	272
03/20	21:10:18	Dispatc	GP 1-27730	88PR 88 Prow-Peep Tom SOUNDS L	771	272
03/20	21:10:18	En-Rout	GP01-27730	88PR 88 Prow-Peep Tom SOUNDS L	771	272
03/20	21:13:51	On-Scen	GP01-27730	88PR 88 Prow-Peep Tom SOUNDS L	771	272
03/20	21:31:04	Availab	GP01-27730	88PR 88 Prow-Peep Tom SOUNDS L	771	272
03/20	21:32:12	Dispatc	GP 1-27733	8081 80 IP Disturbanc MOTHER A	771	272
03/20	21:32:12	En-Rout	GP01-27733	8081 80 IP Disturbanc MOTHER A	771	272
03/20	21:33:25	On-Scen	GP01-27733	8081 80 IP Disturbanc MOTHER A	771	272

Date Run 10/02/2007
 Time Run 15:37:50

Greenville Police
 Beat Status Inquiry Listing

Page 23
 ID-Unt200

Beg Date...: Thu - March 1, 2001 Available.....: 59 hr 50 mn 24 sec 28.9%
 End Date...: Sat - March 31, 2001 Dispatched.....: 11 mn 49 sec 0.1%
 Time.....: 12:00 Am - 11:59 Pm En-Route.....: 9 hr 50 mn 0 sec 4.8%
 Total Time: 30 days 23 hr 59 mn 0 s on-Scene.....: 32 hr 22 mn 27 sec 15.6%
 Beat.....: Hospital.....:
 Star #.....: 272 Gilliard, Marvin Busy.....: 104 hr 42 mn 43 sec 50.6%
 Val Star 2: Yes Traffic Stop...:
 Follow Up.....:
 Total.....: 206 hr 57 mn 23 sec 100.0%

Date	Time	Status	RD Number/ Plate/Busy	Nature Description/ Code Busy - T. Stop Location	Beat	Star# 1/2
03/30	18:37:07	En-Rout	GP01-30036	911D 911 Disconnect ON CALL BA	771	272
03/30	18:37:46	On-Scen	GP01-30036	911D 911 Disconnect ON CALL BA	771	272
03/30	18:46:31	Availab	GP01-30036	911D 911 Disconnect ON CALL BA	771	272
03/30	18:46:54	En-Rout	GP01-30031	911D 911 Disconnect ON CALL BA	771	272
03/30	18:49:48	On-Scen	GP01-30031	911D 911 Disconnect ON CALL BA	771	272
03/30	18:49:50	Availab	GP01-30031	911D 911 Disconnect ON CALL BA	771	272
03/30	18:50:29	Dispatc	GP 1-30039	92UK 92 UNK Emer Situ MALE STA	771	272
03/30	18:50:29	En-Rout	GP01-30039	92UK 92 UNK Emer Situ MALE STA	771	272
03/30	18:59:16	On-Scen	GP01-30039	92UK 92 UNK Emer Situ MALE STA	771	272
03/30	18:59:18	Availab	GP01-30039	92UK 92 UNK Emer Situ MALE STA	771	272
03/30	18:59:29	Busy/A	Vacant Res	60MH HUDSON OSCAR	771	272
03/30	19:15:25	Availab			771	272
03/30	19:36:48	Busy/A	Meal Break	13MB	771	272
03/30	19:53:54	Busy/A	Meal Break	13MB	771	272
03/30	20:16:32	Availab			771	272
03/30	20:21:27	Dispatc	GP 1-30054	57PV 57 Parking Viola VEH PARK	771	272
03/30	20:21:27	En-Rout	GP01-30054	57PV 57 Parking Viola VEH PARK	771	272
03/30	20:25:09	On-Scen	GP01-30054	57PV 57 Parking Viola VEH PARK	771	272
03/30	20:28:49	Availab	GP01-30054	57PV 57 Parking Viola VEH PARK	771	272
03/30	20:34:33	Dispatc	GP 1-30057	71LM 71 Loud Music FROM A VEH/	771	272
03/30	20:34:33	En-Rout	GP01-30057	71LM 71 Loud Music FROM A VEH/	771	272
03/30	20:38:08	On-Scen	GP01-30057	71LM 71 Loud Music FROM A VEH/	771	272
03/30	21:17:50	Availab	GP01-30057	71LM 71 Loud Music FROM A VEH/	771	272
03/30	21:43:32	Dispatc	GP 1-30069	88SP 88 Susp Person IN THE PAR	771	272
03/30	21:43:32	En-Rout	GP01-30069	88SP 88 Susp Person IN THE PAR	771	272
03/30	22:04:01	On-Scen	GP01-30069	88SP 88 Susp Person IN THE PAR	771	272
03/30	22:08:26	Availab	GP01-30069	88SP 88 Susp Person IN THE PAR	771	272
03/30	22:10:45	Sign-Of			771	272
03/30	22:15:01	Sign-On	Car# 771A	Starting Mileage 640	771	272
03/30	22:15:01	Availab			771	272
03/30	22:20:45	Busy/A	79 Special	79SA BOWLING ALLEY	771	272
03/31	05:06:21	Sign-Of			771	272
03/31	08:52:38	Sign-On	Car# 771A	Starting Mileage 1	771	272
03/31	08:52:38	Availab			771	272
03/31	08:52:55	Busy/A	79 Special	79SA HAMPTON RD AREA	771	272
03/31	12:45:55	Availab			771	272
03/31	12:46:07	Sign-Of			771	272
03/31	22:05:29	Sign-On	Car# 771A	Starting Mileage 640	771	272
03/31	22:05:29	Availab			771	272

Date Run 10/02/2007
 Time Run 15:36:39

Greenville Police
 Beat Status Inquiry Listing

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 ID-Unt200

Beg Date...: Sun - April 1, 2001 Available.....: 73 hr 22 mm 46 sec 36.2%
 End Date...: Mon - April 30, 2001 Dispatched.....: 0 mm 16 sec 0.0%
 Time.....: 12:00 Am - 11:59 Pm En-Route.....: 4 hr 48 mm 23 sec 2.4%
 Total Time: 29 days 23 hr 59 mm 0 s En-Scene.....: 17 hr 48 mm 51 sec 8.8%
 Beat.....: Hospital.....:
 Star #.....: 272 Gilliard, Marvin Busy.....: 106 hr 2 mm 5 sec 52.2%
 Val Star 2: Yes Traffic Stop...:
 Follow Up.....: 54 mm 29 sec 0.4%
 Total.....: 202 hr 56 mm 50 sec 100.0%

Date	Time	Status	RD Number/ Plate/Busy	Nature Description/ Code Busy - T. Stop	Location	Beat	Star#	1/2
04/17	13:10:22	Availab	GP01-34261	52SM 52	Stranded Vehi 18 WHEEL	771	272	
04/17	13:39:25	Busy/A	Meal Break	13MB		771	272	
04/17	14:18:07	Dispatc	GP 1-34277	19RT 19	Report to WITH UNIT 76	771	272	
04/17	14:18:07	En-Rout	GP01-34277	19RT 19	Report to WITH UNIT 76	771	272	
04/17	14:28:47	On-Scen	GP01-34277	19RT 19	Report to WITH UNIT 76	771	272	
04/17	16:01:33	Availab	GP01-34277	19RT 19	Report to WITH UNIT 76	771	272	
04/17	16:02:02	Sign-Of				771	272	
04/18	07:49:47	Sign-On	Car# SD/1		Starting Mileage 640	771	272	
04/18	07:49:47	Availab				771	272	
04/18	07:49:50	Busy	N Main St	426		771	272	
04/18	08:58:50	Availab				771	272	
04/18	09:02:36	Busy	ST ANTHONY	1006	GOWER ST	771	272	
04/18	09:21:44	Availab				771	272	
04/18	11:21:40	Busy/A	Meal Break	13MB 1005		771	272	
04/18	11:53:51	Availab				771	272	
04/18	11:54:28	Dispatc	GP 1-34474	81VD 81	Verbal Disput BETWEEN	771	272	
04/18	11:54:28	En-Rout	GP01-34474	81VD 81	Verbal Disput BETWEEN	771	272	
04/18	12:07:03	On-Scen	GP01-34474	81VD 81	Verbal Disput BETWEEN	771	272	
04/18	12:11:33	Availab	GP01-34474	81VD 81	Verbal Disput BETWEEN	771	272	
04/18	14:49:38	Dispatc	GP 1-34518	88SP 88	Susp Person blu tobagg	771	272	
04/18	14:49:38	En-Rout	GP01-34518	88SP 88	Susp Person blu tobagg	771	272	
04/18	14:59:16	On-Scen	GP01-34518	88SP 88	Susp Person blu tobagg	771	272	
04/18	15:04:24	Availab	GP01-34518	88SP 88	Susp Person blu tobagg	771	272	
04/18	16:31:10	Sign-Of				771	272	
04/19	07:28:52	Sign-On	Car# SD/1		Starting Mileage 631	771	272	
04/19	07:28:52	Availab				771	272	
04/19	07:29:53	Busy	AT:	1006	NOT.10-08 YET	771	272	
04/19	07:57:10	Availab				771	272	
04/19	07:57:11	Busy	N Main St	426		771	272	
04/19	08:45:38	Busy	AT:	1006	205 E BROAD ST	771	272	
04/19	09:06:47	Availab				771	272	
04/19	09:06:50	Busy	at LEC	OUT		771	272	
04/19	09:27:51	Availab				771	272	
04/19	09:27:55	Busy		2100		771	272	
04/19	09:28:09	Busy	AT:	1006	301 A S HUDSON ST	771	272	
04/19	09:39:09	Availab				771	272	
04/19	10:02:29	Busy/A	Escort Othe	140T	for unit 770	771	272	
04/19	10:22:31	Availab				771	272	
04/19	10:32:26	Dispatc	GP 1-34707	81VD 81	Verbal Disput BETWEEN	771	272	

Date Run 10/02/2007
Time Run 15:29:40

Greenville Police
Beat Status Inquiry Listing

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ID-Unt200

Beg Date...: Mon - October 1, 2001 Available.....: 77 hr 35 mn 49 sec 36.7%
End Date...: Wed - October 31, 2001 Dispatched.....: 0 mn 7 sec 0.0%
Time.....: 12:00 Am - 11:59 Pm En-Route.....: 2 hr 7 mn 17 sec 1.0%
Total Time: 30 days 23 hr 59 mn 0 sec On-Scene.....: 19 hr 2 mn 8 sec 9.0%
Beat.....: Hospital.....:
Star #.....: 272 Gilliard, Marvin Busy.....: 112 hr 45 mn 35 sec 53.3%
Val Star 2: Yes Traffic Stop...:
Follow Up.....: 11 mn 13 sec 0.1%
Total.....: 211 hr 42 mn 9 sec 100.0%

Date	Time	Status	RD Number/ Plate/Busy	Nature Description/ Code Busy - T. Stop Location	Beat	Star# 1/2
10/23	10:00:20	Busy	N Main St	426	771	272
10/23	11:06:11	Availab			771	272
10/23	11:24:34	Busy/A	Meal Break	13MB	771	272
10/23	11:40:07	Busy/A	Meal Break	13MB E NORTH ST	771	272
10/23	12:11:32	Availab			771	272
10/23	15:17:41	Sign-Of			771	272
10/24	09:06:26	Sign-On	Car# SS1	Starting Mileage 611	771	272
10/24	09:06:26	Availab			771	272
10/24	09:06:32	Busy	at LEC	OUT	771	272
10/24	09:27:46	Availab			771	272
10/24	10:05:03	Dispatc	GP 1-81255	88SP 88 Susp Person 10-24 STAT	771	272
10/24	10:05:03	En-Rout	GP01-81255	88SP 88 Susp Person 10-24 STAT	771	272
10/24	10:08:09	On-Scen	GP01-81255	88SP 88 Susp Person 10-24 STAT	771	272
10/24	10:28:44	Availab	GP01-81255	88SP 88 Susp Person 10-24 STAT	771	272
10/24	10:28:49	Busy	AT:	1006 LUTHIS	771	272
10/24	10:33:50	Busy/A	81 Verbal D	81VD LABOR READY	771	272
10/24	10:33:50	Dispatc	GP 1-81263	81VD 81 Verbal Disput	771	272
10/24	10:33:50	On-Scen	GP01-81263	81VD 81 Verbal Disput	771	272
10/24	11:01:18	Availab	GP01-81263	81VD 81 Verbal Disput	771	272
10/24	11:02:30	Dispatc	GP 1-81268	88SP 88 Susp Person W/M	771	272
10/24	11:02:30	On-Scen	GP01-81268	88SP 88 Susp Person W/M	771	272
10/24	11:28:56	Availab	GP01-81268	88SP 88 Susp Person W/M	771	272
10/24	12:11:51	Busy/A	88 Susp Per	88SP OSCAR/NASSAU	771	272
10/24	12:11:51	Dispatc	GP 1-81286	88SP 88 Susp Person	771	272
10/24	12:11:51	On-Scen	GP01-81286	88SP 88 Susp Person	771	272
10/24	12:18:21	Availab	GP01-81286	88SP 88 Susp Person	771	272
10/24	14:47:44	Busy/A	60 Foot Pat	60FP 10 richard st	771	272
10/24	14:51:37	Availab			771	272
10/24	15:02:06	Dispatc	GP 1-81324	87RE 87 Rec Stolen Ve 1050 o	771	272
10/24	15:02:08	On-Scen	GP01-81324	87RE 87 Rec Stolen Ve 1050 o	771	272
10/24	15:24:36	Availab	GP01-81324	87RE 87 Rec Stolen Ve 1050 o	771	272
10/24	15:24:53	Busy	TO: kingsto	1005 5443 b/f	771	272
10/24	15:27:20	Busy	AT:5445	1006 5443 b/f	771	272
10/24	15:27:41	Availab			771	272
10/24	15:38:37	Dispatc	GP 1-81336	33EM 33 EMS Needs Ast EMPLOYEE	771	272
10/24	15:38:37	En-Rout	GP01-81336	33EM 33 EMS Needs Ast EMPLOYEE	771	272
10/24	15:42:27	On-Scen	GP01-81336	33EM 33 EMS Needs Ast EMPLOYEE	771	272
10/24	16:31:57	Busy	AT:LEC	1006 600 W WASHINGTON St, US P	771	272

Date Run 10/02/2007
 Time Run 15:27:05

Greenville Police
 Beat Status Inquiry Listing

Page 4
 ID-Unt200

Beg Date...: Thu - November 1, 2001 Available.....: 50 hr 31 mn 1 sec 32.9%
 End Date...: Fri - November 30, 2001 Dispatched.....: 1 mn 37 sec 0.0%
 Time.....: 12:00 Am - 11:59 Pm En-Route.....: 3 hr 22 mn 8 sec 2.2%
 Total Time: 29 days 23 hr 59 mn 0 s On-Scene.....: 24 hr 18 mn 11 sec 15.8%
 Beat.....: Hospital.....:
 Star #.....: 272 Gilliard, Marvin Busy.....: 75 hr 15 mn 58 sec 49.0%
 Val Star 2: Yes Traffic Stop...:
 Follow Up.....: 3 mn 24 sec 0.0%
 Total.....: 153 hr 32 mn 19 sec 100.0%

Date	Time	Status	RD Number/ Plate/Busy	Nature Description/ Code Busy - T	Stop Location	Beat	Star# 1/2
11/07	14:51:06	Busy	WASHINGTON/	1006	18 S MAIN St	771	272
11/07	15:28:46	Availab	GP01-84819	77TR	77 Trespassing wane ford,	771	272
11/07	16:02:49	Busy/A	88	88 Susp Per	88SP BUTLE	771	272
11/07	16:02:49	Dispatc	GP 1-84832	88SP	88 Susp Person	771	272
11/07	16:02:49	On-Scen	GP01-84832	88SP	88 Susp Person	771	272
11/07	16:06:02	Availab	GP01-84832	88SP	88 Susp Person	771	272
11/07	17:14:37	Sign-Of				771	272
11/08	07:01:18	Sign-On	Car# SD/1		Starting Mileage 621	771	272
11/08	07:01:18	Availab				771	272
11/08	07:01:27	Busy	AT PUBLIX	1006		771	272
11/08	09:00:26	Availab				771	272
11/08	09:00:34	Busy/A	62 Code Blu	62CB	ST ANTHONY'S	771	272
11/08	10:16:56	Availab				771	272
11/08	10:17:05	Busy/A	62 Code Blu	62CB	ST MARY'S	771	272
11/08	11:23:39	Availab				771	272
11/08	11:57:27	Dispatc	GP 1-85073	81VD	81 Verbal Disput argume	771	272
11/08	11:57:30	En-Rout	GP01-85073	81VD	81 Verbal Disput argume	771	272
11/08	11:57:40	Availab	GP01-85073	81VD	81 Verbal Disput argume	771	272
11/08	12:28:05	Busy/A	Meal Break	13MB	1005	771	272
11/08	12:48:33	Busy/A	Meal Break	13MB	HAYWOOD	771	272
11/08	13:16:13	Availab				771	272
11/08	14:08:35	Dispatc	GP 1-85107	911D	911 Disconnect BABY PLAYI	771	272
11/08	14:08:41	On-Scen	GP01-85107	911D	911 Disconnect BABY PLAYI	771	272
11/08	14:14:05	Availab	GP01-85107	911D	911 Disconnect BABY PLAYI	771	272
11/08	14:17:41	Busy	AT:	1006	FRANK ST	771	272
11/08	14:17:53	Busy/A	60 Foot Pat	60FP	200 BLOCK FRANK STREE	771	272
11/08	14:17:58	Busy/A	60 Foot Pat	60FP	200 BLOCK FRANK STREET	771	272
11/08	14:29:26	Busy/A	99 Report T	99RL	SYCAMORE/HUBSON	771	272
11/08	15:01:13	T-Stop	T7269	2	SC RICHA/BUNCOM/BLU TAHOE	771	272
11/08	15:01:13	Dispatc	GP 1-85124	56TS	56 Traffic Stop BLU TAHOE	771	272
11/08	15:01:13	On-Scen	GP01-85124	56TS	56 Traffic Stop BLU TAHOE	771	272
11/08	15:18:50	Availab	GP01-85124	56TS	56 Traffic Stop BLU TAHOE	771	272
11/08	15:25:02	Sign-Of				771	272
11/08	18:36:48	Sign-On	Car# 771A		Starting Mileage 611	771	272
11/08	18:36:48	Availab				771	272
11/08	18:37:04	Busy/A	62 Communty	62CM	813 hampton	771	272
11/08	22:00:15	Sign-Of				771	272
11/12	14:45:38	Sign-On	Car# SS1		Starting Mileage 616	771	272
11/12	14:45:38	Availab				771	272

Date Run 10/02/2007
 Time Run 15:27:07

Greenville Police
 Beat Status Inquiry Listing

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 ID-Unt200

Beg Date...: Thu - November 1, 2001 Available.....: 50 hr 31 mn 1 sec 32.9%
 End Date...: Fri - November 30, 2001 Dispatched.....: 1 mn 37 sec 0.0%
 Time.....: 12:00 Am - 11:59 Pm En-Route.....: 3 hr 22 mn 8 sec 2.2%
 Total Time: 29 days 23 hr 59 mn 0 s On-Scene.....: 24 hr 18 mn 11 sec 15.8%
 Beat.....: Hospital.....:
 Star #.....: 272 Gilliard, Marvin Busy.....: 75 hr 15 mn 58 sec 49.0%
 Val Star 2: Yes Traffic Stop...:
 Follow Up.....: 3 mn 24 sec 0.0%
 Total.....: 153 hr 32 mn 19 sec 100.0%

Date	Time	Status	RD Number/ Plate/Busy	Nature Description/ Code Busy - T. Stop Location	Beat	Star# 1/2
11/14	11:17:34	Availab			771	272
11/14	11:17:43	Busy/A	50 No Injur	50NO HUDSON BERNIE	771	272
11/14	11:17:44	Busy/A	50 No Injur	50NO HUDSON BERNIE	771	272
11/14	11:17:44	Dispatc	GP 1-86543	50NO 50 No Injuries	771	272
11/14	11:17:44	On-Scen	GP01-86543	50NO 50 No Injuries	771	272
11/14	12:00:09	Availab	GP01-86543	50NO 50 No Injuries	771	272
11/14	12:00:17	Busy/A	Meal Break	13MB 1005	771	272
11/14	12:40:27	Availab			771	272
11/14	12:40:36	Busy	TO:	1005 J L MANN	771	272
11/14	13:43:39	Availab			771	272
11/14	14:07:27	Dispatc	GP 1-86586	8149 81 + WEAPONS/ 1W/M 1 B/M	771	272
11/14	14:07:27	En-Rout	GP01-86586	8149 81 + WEAPONS/ 1W/M 1 B/M	771	272
11/14	14:14:12	Availab	GP01-86586	8149 81 + WEAPONS/ 1W/M 1 B/M	771	272
11/14	14:14:56	Dispatc	GP 1-86586	8149 81 + WEAPONS/ 1W/M 1 B/M	771	272
11/14	14:14:56	En-Rout	GP01-86586	8149 81 + WEAPONS/ 1W/M 1 B/M	771	272
11/14	14:14:56	On-Scen	GP01-86586	8149 81 + WEAPONS/ 1W/M 1 B/M	771	272
11/14	15:21:41	Availab	GP01-86586	8149 81 + WEAPONS/ 1W/M 1 B/M	771	272
11/14	15:21:41	Busy/A	60 Foot Pat	60FP 600 W WASHINGTON	771	272
11/14	15:33:04	Busy/A	88 Susp Per	88SP 600 W WASHINGTON	771	272
11/14	15:33:04	Dispatc	GP 1-86605	88SP 88 Susp Person	771	272
11/14	15:33:04	On-Scen	GP01-86605	88SP 88 Susp Person	771	272
11/14	15:36:16	Availab	GP01-86605	88SP 88 Susp Person	771	272
11/14	15:36:25	Dispatc	GP 1-86606	80VD 80 Verbal Disput UNK 1049	771	272
11/14	15:36:25	En-Rout	GP01-86606	80VD 80 Verbal Disput UNK 1049	771	272
11/14	15:38:22	On-Scen	GP01-86606	80VD 80 Verbal Disput UNK 1049	771	272
11/14	15:43:30	Availab	GP01-86606	80VD 80 Verbal Disput UNK 1049	771	272
11/14	16:44:35	Dispatc	GP 1-86623	83NR 83 Narcot-Drugs , subject	771	272
11/14	16:44:35	En-Rout	GP01-86623	83NR 83 Narcot-Drugs , subject	771	272
11/14	16:53:13	On-Scen	GP01-86623	83NR 83 Narcot-Drugs , subject	771	272
11/14	17:08:10	Availab	GP01-86623	83NR 83 Narcot-Drugs , subject	771	272
11/14	17:08:13	Sign-Of			771	272
11/15	06:53:39	Sign-On	Car# SD/1	Starting Mileage 621	771	272
11/15	06:53:39	Availab			771	272
11/15	06:53:52	Busy	ROLL CALL	1006	771	272
11/15	07:43:56	Availab			771	272
11/15	08:56:53	Busy/A	62 Code Blu	62CB	771	272
11/15	10:09:50	Availab			771	272
11/15	10:09:56	Busy/A	62 Code Blu	62CB ST MARY'S	771	272
11/15	11:29:05	Availab			771	272

Date Run 10/02/2007
 Time Run 15:26:09

Greenville Police
 Beat Status Inquiry Listing

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 ID-Unt200

Beg Date...: Sat - December 1, 2001 Available.....: 68 hr 50 mn 34 sec 35.9%
 End Date...: Mon - December 31, 2001 Dispatched.....: 26 mn 25 sec 0.2%
 Time.....: 12:00 Am - 11:59 Pm En-Route.....: 2 hr 41 mn 25 sec 1.4%
 Total Time: 30 days 23 hr 59 mn 0 s On-Scene.....: 16 hr 51 mn 30 sec 8.8%
 Beat.....: Hospital.....:
 Star #.....: 272 Gilliard, Marvin Busy.....: 102 hr 22 mn 21 sec 53.3%
 Val Star 2: Yes Traffic Stop...: 0 mn 3 sec 0.0%
 Follow Up.....: 41 mn 55 sec 0.4%
 Total.....: 191 hr 54 mn 13 sec 100.0%

Date	Time	Status	RD Number/ Plate/Busy	Nature Description/ Code Busy - T. Stop Location	Beat	Star# 1/2
12/10	16:02:02	On-Scen	GP01-92859	34DP 34 Directed Ptrl MONTH AL	771	272
12/10	16:03:23	Availab	GP01-92859	34DP 34 Directed Ptrl MONTH AL	771	272
12/10	17:11:53	Sign-Of			771	272
12/11	10:56:57	Sign-On	Car# SS1	Starting Mileage 616	771	272
12/11	10:56:57	Availab			771	272
12/11	10:57:13	Busy	TO:	1005 VERIZON	771	272
12/11	11:37:24	Availab			771	272
12/11	11:55:42	T-Stop	36CTP	2.SC ACADEM-CHURCH	771	272
12/11	11:55:43	T-Stop	736CCP	2.SC AC CHU WHIT MARQ	771	272
12/11	11:55:43	Dispatc	GP 1-93051	56TS 56 Traffic Stop WHITE MAR	771	272
12/11	11:55:43	On-Scen	GP01-93051	56TS 56 Traffic Stop WHITE MAR	771	272
12/11	12:07:46	Availab	GP01-93051	56TS 56 Traffic Stop WHITE MAR	771	272
12/11	12:30:21	Busy/A	88 Susp Per	88SP 108 ELM ST	771	272
12/11	12:31:18	Availab			771	272
12/11	12:31:24	Busy	-- Unknown		771	272
12/11	12:31:24	Dispatc	GP 1-93063	88SP 88 Susp Person	771	272
12/11	12:31:24	On-Scen	GP01-93063	88SP 88 Susp Person	771	272
12/11	12:33:31	Busy	1046-PR	1005 LECD	771	272
12/11	12:42:56	Busy	1046-PR	1006 LECD	771	272
12/11	13:44:50	Availab	GP01-93063	88SP 88 Susp Person	771	272
12/11	15:05:33	Busy/A	1006-360	S HUDSON	771	272
12/11	15:19:22	Availab			771	272
12/11	15:36:37	Busy/A	62 Code Blu	62CB GREENVILLE TECH	771	272
12/11	15:51:20	Sign-Of			771	272
12/11	17:00:34	Sign-On	Car# SD/2	Starting Mileage 655	771	272
12/11	17:00:34	Availab			771	272
12/11	17:12:44	Dispatc	GP 1-93130	50NO 50 No Injuries - GRN VAN	771	272
12/11	17:12:44	En-Rout	GP01-93130	50NO 50 No Injuries - GRN VAN	771	272
12/11	17:33:41	On-Scen	GP01-93130	50NO 50 No Injuries - GRN VAN	771	272
12/11	17:55:37	Busy	LEC	1006 Washington St & Laurens R	771	272
12/11	18:28:28	Availab	GP01-93130	50NO 50 No Injuries - GRN VAN	771	272
12/11	18:28:38	Busy/A	62 Community	62CM PENDLETON BAPT CH	771	272
12/11	20:35:43	Sign-Of			771	272
12/11	20:37:08	Sign-On	Car# 771A	Starting Mileage 632	771	272
12/11	20:37:08	Availab			771	272
12/11	20:37:39	Busy/A	62 Community	62CM PENDLETON ST CHURCH	771	272
12/11	20:38:57	Sign-Of			771	272
12/12	06:55:25	Sign-On	Car# SD/1	Starting Mileage 626	771	272
12/12	06:55:25	Availab			771	272

Date Run 10/02/2007
 Time Run 15:23:29

Greenville Police
 Beat Status Inquiry Listing

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Beg Date...: Fri - February 1, 2002 Available.....: 78 hr 45 mn 51 sec 35.4%
 End Date...: Thu - February 28, 2002 Dispatched.....: 0 mn 5 sec 0.0%
 Time.....: 12:00 Am - 11:59 Pm En-Route.....: 2 hr 22 mn 20 sec 1.1%
 Total Time: 27 days 23 hr 59 mn 0 s en-Scene.....: 11 hr 46 mn 47 sec 5.3%
 Beat.....: Hospital.....:
 Star #.....: 272 Gilliard, Marvin Busy.....: 129 hr 42 mn 38 sec 58.3%
 Val Star 2: Yes Traffic Stop...:
 Follow Up.....:
 Total.....: 222 hr 37 mn 41 sec 100.0%

Date	Time	Status	RD Number/ Plate/Busy	Nature Description/ Code Busy - T. Stop Location	Beat	Star# 1/2
02/06	16:40:10	Sign-On	Car# 771M	Starting Mileage 616	771	272
02/06	16:40:10	Availab			771	272
02/06	16:40:13	Dispatc	GP 2-19019	52SM 52 Stranded Vehi ON 385 R	771	272
02/06	16:40:13	En-Rout	GP02-19019	52SM 52 Stranded Vehi ON 385 R	771	272
02/06	16:40:13	On-Scen	GP02-19019	52SM 52 Stranded Vehi ON 385 R	771	272
02/06	16:40:33	Availab	GP02-19019	52SM 52 Stranded Vehi ON 385 R	771	272
02/06	16:40:39	Sign-Of	Car# 771M	Ending Mileage 616	771	272
02/07	06:40:19	Sign-On	Car# 771M	Starting Mileage 11068	771	272
02/07	06:40:19	Availab			771	272
02/07	06:47:33	Busy		BOV	771	272
02/07	07:11:12	Availab			771	272
02/07	07:11:22	Busy	Unknown	104 S HUDSON ST	771	272
02/07	07:11:22	Dispatc	GP 2-19121	85IP 85 IP BURGLARY	771	272
02/07	07:11:22	On-Scen	GP02-19121	85IP 85 IP BURGLARY	771	272
02/07	07:35:34	Busy	TO LECD 46P	1005 104 S HUDSON St, Servi	771	272
02/07	08:16:08	Availab	GP02-19121	85IP 85 IP BURGLARY	771	272
02/07	08:30:53	Busy		BOV	771	272
02/07	08:55:06	Busy/A	62 Communty	62CM ST ANTHONYS	771	272
02/07	11:19:42	Availab			771	272
02/07	11:19:48	Busy	CITY NURSE	1006	771	272
02/07	12:22:18	Availab			771	272
02/07	12:25:58	Dispatc	GP 2-19191	84AO 84 AO Larceny TV STOLEN	771	272
02/07	12:25:58	En-Rout	GP02-19191	84AO 84 AO Larceny TV STOLEN	771	272
02/07	12:33:11	On-Scen	GP02-19191	84AO 84 AO Larceny TV STOLEN	771	272
02/07	13:03:42	Availab	GP02-19191	84AO 84 AO Larceny TV STOLEN	771	272
02/07	13:09:48	T-Stop	117CRZ	2.SC laurens dunrven	771	272
02/07	13:09:48	Dispatc	GP 2-19198	56TS 56 Traffic Stop blue mer	771	272
02/07	13:09:48	On-Scen	GP02-19198	56TS 56 Traffic Stop blue mer	771	272
02/07	13:21:33	Availab	GP02-19198	56TS 56 Traffic Stop blue mer	771	272
02/07	13:27:37	Busy	AT:	1006 13 irvine st	771	272
02/07	13:34:57	Availab			771	272
02/07	13:35:06	Busy	TO:	1005 406 oscar	771	272
02/07	13:37:07	Availab			771	272
02/07	13:37:13	Dispatc	GP 2-19205	45PS 45 Purse SnatchN 2 BM IN	771	272
02/07	13:37:13	En-Rout	GP02-19205	45PS 45 Purse SnatchN 2 BM IN	771	272
02/07	13:39:26	On-Scen	GP02-19205	45PS 45 Purse SnatchN 2 BM IN	771	272
02/07	14:05:02	Availab	GP02-19205	45PS 45 Purse SnatchN 2 BM IN	771	272
02/07	14:08:52	Busy	AT:	1006 406 oscar st	771	272
02/07	15:26:54	Availab			771	272

Date Run 10/02/2007
 Time Run 15:57:02

Greenville Police
 Beat Status Inquiry Listing

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Beg Date...: Sat - June 1, 2002 Available.....: 64 hr 47 mn 20 sec 39.9%
 End Date...: Sun - June 30, 2002 Dispatched.....: 0 mn 5 sec 0.0%
 Time.....: 12:00 Am - 11:59 Pm En-Route.....: 45 mn 36 sec 0.5%
 Total Time: 29 days 23 hr 59 mn 0 s en-Scene.....: 3 hr 10 mn 37 sec 2.0%
 Beat.....: Hospital.....:
 Star #.....: 272 Gilliard, Marvin Busy.....: 93 hr 28 mn 10 sec 57.6%
 Val Star 2: Yes Traffic Stop...:
 Follow Up.....:
 Total.....: 162 hr 11 mn 48 sec 100.0%

Date	Time	Status	RD Number/ Plate/Busy	Nature Code	Description/ T. Stop Location	Beat	Star# 1/2
06/17	10:11:06	On-Scen	GP02-52459	85AO 85	AO Burglary y / possib	771	272
06/17	10:43:05	Availab	GP02-52459	85AO 85	AO Burglary y / possib	771	272
06/17	12:36:13	Dispatc	GP 2-52500	75MP 75	Missing Perso /WM/69YO	771	272
06/17	12:36:13	En-Rout	GP02-52500	75MP 75	Missing Perso /WM/69YO	771	272
06/17	12:41:33	On-Scen	GP02-52500	75MP 75	Missing Perso /WM/69YO	771	272
06/17	12:59:21	Availab	GP02-52500	75MP 75	Missing Perso /WM/69YO	771	272
06/17	13:47:35	Availab				771	272
06/17	14:49:51	Busy/A	79 Special	79SA	softball practice	771	272
06/17	17:22:17	Availab				771	272
06/17	17:22:41	Sign-Of				771	272
06/18	06:43:30	Sign-On	Car# 771M		Starting Mileage 17633	771	272
06/18	06:43:30	Availab				771	272
06/18	06:44:29	Availab				771	272
06/18	06:56:02	Busy	-- Unknown			771	272
06/18	07:34:11	Availab				771	272
06/18	08:07:12	Dispatc	GP 2-52728	88VE 88	Susp Vehicle BLACK CAR	771	272
06/18	08:07:12	En-Rout	GP02-52728	88VE 88	Susp Vehicle BLACK CAR	771	272
06/18	08:11:42	On-Scen	GP02-52728	88VE 88	Susp Vehicle BLACK CAR	771	272
06/18	08:17:12	Availab	GP02-52728	88VE 88	Susp Vehicle BLACK CAR	771	272
06/18	08:31:43	Availab				771	272
06/18	08:32:18	Busy/A	60 Foot Pat	60FP 526	W WASHINGTON	771	272
06/18	08:45:14	T-Stop	359BPKA 2-56	56TS 56	TRAFIC STOP GRN IMPAL	771	272
06/18	08:45:14	Dispatc	GP 2-52738	56TS 56	Traffic Stop GRN IMPAL	771	272
06/18	08:45:14	On-Scen	GP02-52738	56TS 56	Traffic Stop GRN IMPAL	771	272
06/18	08:49:21	Availab	GP02-52738	56TS 56	Traffic Stop GRN IMPAL	771	272
06/18	08:50:04	Busy/A	60 Foot Pat	60FP 526	W WASHINGTON ST	771	272
06/18	09:10:55	Availab				771	272
06/18	10:24:32	Busy/A	36 Court	36CT 426	N MAIN	771	272
06/18	13:49:31	Dispatc	GP 2-52812	911D 911	Disconnect pay phone,	771	272
06/18	13:49:31	En-Rout	GP02-52812	911D 911	Disconnect pay phone,	771	272
06/18	13:58:38	On-Scen	GP02-52812	911D 911	Disconnect pay phone,	771	272
06/18	13:58:40	Availab	GP02-52812	911D 911	Disconnect pay phone,	771	272
06/18	14:37:51	Busy/A	79 Special	79SA	SOFTBALL	771	272
06/18	15:12:13	Availab				771	272
06/18	15:12:21	Sign-Of				771	272
06/19	06:35:06	Sign-On	Car# 771M		Starting Mileage 17682	771	272
06/19	06:35:06	Availab				771	272
06/19	06:35:47	Availab				771	272
06/19	06:35:57	Availab				771	272

Date Run 10/02/2007
 Time Run 15:58:13

Greenville Police
 Beat Status Inquiry Listing

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Beg Date...: Thu - August 1, 2002 Available.....: 90 hr 50 mn 59 sec 42.5%
 End Date...: Sat - August 31, 2002 Dispatched.....: 0 mn 11 sec 0.0%
 Time.....: 12:00 Am - 11:59 Pm En-Route.....: 1 hr 49 mn 55 sec 0.9%
 Total Time: 30 days 23 hr 59 mn 0 sec On-Scene.....: 15 hr 58 mn 8 sec 7.5%
 Beat.....: Hospital.....:
 Star #.....: 272 Gilliard, Marvin Busy.....: 104 hr 44 mn 57 sec 49.0%
 Val Star 2: Yes Traffic Stop...:
 Follow Up.....: 27 mn 55 sec 0.2%
 Total.....: 213 hr 52 mn 5 sec 100.0%

Date	Time	Status	RD Number/ Plate/Busy	Nature Description/ Code Busy - T. Stop Location	Beat	Star# 1/2
08/27	09:24:46	Availab	GP02-71298	85AO 85 AO Burglary amoriah cl	771	272
08/27	09:28:54	Sign-Of			771	272
08/27	09:30:05	Sign-On	Car# 771P	Starting Mileage 651	753	26/272
08/27	09:30:05	Availab			753	26/272
08/27	09:30:13	Dispatc	GP 2-71309	84SH 84 Shoplifting BM,BLK SHI	753	26/272
08/27	09:30:13	En-Rout	GP02-71309	84SH 84 Shoplifting BM,BLK SHI	753	26/272
08/27	09:30:16	On-Scen	GP02-71309	84SH 84 Shoplifting BM,BLK SHI	753	26/272
08/27	09:31:32	Busy	307 W ANTRI	1006 494 S PLEASANTBURG Dr, B	753	26/272
08/27	09:43:06	Availab	GP02-71309	84SH 84 Shoplifting BM,BLK SHI	753	26/272
08/27	09:49:39	Busy/A	88 Susp Per	88SP 50 RAMSEY 48 CT	753	26/272
08/27	09:49:39	Dispatc	GP 2-71316	88SP 88 Susp Person X'S 2/ NEA	753	26/272
08/27	09:49:39	On-Scen	GP02-71316	88SP 88 Susp Person X'S 2/ NEA	753	26/272
08/27	10:05:23	Availab	GP02-71316	88SP 88 Susp Person X'S 2/ NEA	753	26/272
08/27	10:05:28	Busy/A	88 Susp Per	88SP DINE DIME	753	26/272
08/27	10:05:28	Dispatc	GP 2-71322	88SP 88 Susp Person	753	26/272
08/27	10:05:28	On-Scen	GP02-71322	88SP 88 Susp Person	753	26/272
08/27	10:13:20	Availab	GP02-71322	88SP 88 Susp Person	753	26/272
08/27	10:33:20	Busy/A	88 Susp Per	88SP GANDY REB	753	26/272
08/27	10:33:20	Dispatc	GP 2-71328	88SP 88 Susp Person 1046 REF 1	753	26/272
08/27	10:33:20	On-Scen	GP02-71328	88SP 88 Susp Person 1046 REF 1	753	26/272
08/27	10:48:56	Availab	GP02-71328	88SP 88 Susp Person 1046 REF 1	753	26/272
08/27	11:11:31	Dispatc	GP 2-71336	8081 80 IP Disturbanc / 1024 A	753	26/272
08/27	11:11:31	En-Rout	GP02-71336	8081 80 IP Disturbanc / 1024 A	753	26/272
08/27	11:20:53	On-Scen	GP02-71336	8081 80 IP Disturbanc / 1024 A	753	26/272
08/27	11:35:48	Availab	GP02-71336	8081 80 IP Disturbanc / 1024 A	753	26/272
08/27	11:36:04	Dispatc	GP 2-71340	82EX 82 Indecent Expo bm,blue	753	26/272
08/27	11:36:04	En-Rout	GP02-71340	82EX 82 Indecent Expo bm,blue	753	26/272
08/27	11:37:16	On-Scen	GP02-71340	82EX 82 Indecent Expo bm,blue	753	26/272
08/27	11:54:10	Availab	GP02-71340	82EX 82 Indecent Expo bm,blue	753	26/272
08/27	11:56:32	Busy	front desk	1006	753	26/272
08/27	12:05:54	Busy	AT: lec	1006	753	26/272
08/27	12:34:35	Availab			753	26/272
08/27	12:34:46	Busy/A	32 Getting	32CS HOBSON	753	26/272
08/27	15:20:43	Availab			753	26/272
08/27	15:20:50	Sign-Of			753	26/272
08/29	07:46:07	Sign-On	Car# 771A	Starting Mileage 611	771	272
08/29	07:46:07	Availab			771	272
08/29	07:46:21	Busy/A	79 Special	79SA j l mann	771	272
08/29	16:10:58	Availab			771	272

ite Run 10/02/2007
Time Run 15:43:51

Greenville Police

Combined Report - Ordered By Incident

Agency: GP Greenville Police Service Code:
Time...: 00:00 AM To 23:59 PM Exclusively Rd Year/Num.:
Date...: Jan 1, 2001 To Apr 30, 2004 Location....: 104 S. Hudson Street Gree

Incident ID Number	Incident Date	Incident Time	Incident Nature	Incident Location
1-52919	07/04/01	01:04	88 Susp Person Incident Created from m Busy Nature: 88 SP 88 Susp Person	104 S. Hudson Street Service Machine Shop
2-19121	02/07/02	07:20	85 IP BURGLARY Incident Created from m Busy Nature: 40 Assist Fd / W/ FIRE PREVENT ION AT THIS LOCATION UNK REASA ON	104 S. Hudson Street Service Machine Shop
2-30488	03/25/02	15:10	88 Susp Person	104 S. Hudson Street Service Machine Shop
2-34782	04/11/02	11:41	88 Susp Person Incident Created from m Busy Nature: 88 SP 88 Susp Person	104 S. Hudson Street Service Machine Shop
2-34839	04/11/02	14:59	61 Envir Offens 19 REF TO BOAD ING A BUILDING	104 S. Hudson Street Service Machine Shop
2-38690	04/25/02	20:26	88 Susp Person usually two va granst inside each night when business gets closedwants offi cer to check	104 S. Hudson Street Service Machine Shop
2-69224	08/19/02	11:32	19 Report to fire inspector th at is 1006req 1019 ref vacant bldg at this 1020	104 S. Hudson Street Service Machine Shop
2-70075	08/22/02	14:59	19 Report to DAVID MEEKS AT BA CK OF THIS 1020 REF RUNNING VA GRANTS OUT OF THIS VACANT BLDG ...PURP TRUCK WILL BE OUT BACK	104 S. Hudson Street Service Machine Shop
3-27407	03/12/03	22:22	Structure FIRE SMOKE COMING OU T OF THE BLDG	104 S. Hudson Street Service Machine Shop
3-27645	03/13/03	18:15	Structure FIRE FIRE HAS FLOG GED BACK UP	104 S. Hudson Street Service Machine Shop
3-27660	03/13/03	18:56	Structure FIRE	104 S. Hudson Street Service Machine Shop
3-28923	03/18/03	16:03	88 Susp Person NEAR RAILROAD T RACKS Incident Created from m Busy Nature: 88 SP 88 Susp Person	104 S. Hudson Street Service Machine Shop

ate Run 10/02/2007
Time Run 15:43:52

Greenville Police

Combined Report - Ordered By Incident

Agency: GP Greenville Police Service Code:
Time...: 00:00 AM To 23:59 PM Exclusively Rd Year/Num.:
Date...: Jan 1, 2001 To Apr 30, 2004 Location.....: 104 S. Hudson Street Gree

Incident RD Number	Incident Date - Time	Incident Nature	Incident Location
3-29092	03/19/03 09:30	Controlled FIRE // LINE HAS FA LLEN AND SPARKS AND FIRE COMIN G OUT 651 FD IS 1005	104 S. Hudson Street Service Machine Shop
3-71396	08/25/03 15:24	77 Trespassing /	104 S. Hudson Street Service Machine Shop

Total Incidents Listed - 14

Date Run 10/02/2007
 Time Run 16:26:12

Greenville Police
 Incident Dispatch Detail Report

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RD #: GP 01-52919

DISPATCH INFORMATION				DISPOSITION INFORMATION	
Location Service Machine Shop 104 S. Hudson Street Beat/Subbeat Source Priority Shift ECHO/1310 OFFICER INVESTIG A Code / Description 88SP Suspicious Person 88 Susp Person Incident Created from Busy Nature: 88SP 88 Susp Person Caller: () - Dispatch Assignment Area Dispatch Code: D Disp:07/04 01:04:35 Enrt:07/04 01:06:05 Onsc:07/04 01:04:35 Comp:07/04 01:12:25				Ucr Code Description 88SP Suspicious Person Service Description Code 1 FI Card Dispo Star: 219 RIGGS Remarks Continued Area	

Call Received Wed 07/04/2001 01:04:44 392 DALBY, JACKIE
 Call Dispatched Wed 07/04/2001 01:04:35 392 DALBY, JACKIE

Incident Dispatch Block Listing

Unit	Stars	Dispatch Time	En-Route Time	On-Scene Time	Complete Time
102	219 RIGGS			07/04/01 01:04:35	
102	219 RIGGS	07/04/01 01:04:35			07/04/01 01:12:25
D3	300 /408 Chatos			07/04/01 01:06:05	
D3	300 /408 Chatos		07/04/01 01:06:05		
D3	300 /408 Chatos	07/04/01 01:06:05			07/04/01 01:11:10

Date Run 10/02/2007
Time Run 16:25:50

Greenville Police
Incident Dispatch Detail Report

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RD #: GP 02-19121

DISPATCH INFORMATION		DISPOSITION INFORMATION	
Location Service Machine Shop 104 S. Hudson Street		Ucr Code 85IP	Description BURGLARY / IN PROGRESS
Beat/Subbeat Source Priority ECHO/1310 OFFICER CRITICAL	Shift P	Service Code 9M	Description Rpt w/Arst for Munic Crt Off
Code / Description 85IP BURGLARY / IN PROGRESS 85 IP BURGLARY		Dispo Star: 272 Gilliard Remarks Continued Area	
Incident Created from Busy Nature: Caller:	() -		
Dispatch Assignment Area			
Dispatch Code: D			
Disp: 02/07 07:11:22 Enrt: 02/07 07:21:06			
Onsc: 02/07 07:11:22 Comp: 02/07 08:16:08			

Call Received Thu 02/07/2002 07:20:39 187 MILLER, Tammy P
Call Dispatched Thu 02/07/2002 07:11:22 187 MILLER, Tammy P

Incident Dispatch Block Listing

Unit	Stars	Dispatch Time	En-Route Time	On-Scene Time	Complete Time
771	272 Gilliard			02/07/02 07:11:22	
771	272 Gilliard	02/07/02 07:11:22			02/07/02 08:16:08
753	26 Bradley		02/07/02 07:21:06		
753	26 Bradley	02/07/02 07:21:06		02/07/02 07:21:09	02/07/02 07:46:05
743	249 WILLIAMS		02/07/02 07:21:17		
743	249 WILLIAMS	02/07/02 07:21:17		02/07/02 07:21:20	02/07/02 07:34:57
752	153 Justice		02/07/02 07:21:31		
752	153 Justice	02/07/02 07:21:31		02/07/02 07:21:34	02/07/02 07:41:05
761	352 Malaska		02/07/02 07:22:03		

Date Run 10/02/2007
Time Run 16:25:50

Greenville Police
Incident Dispatch Detail Report

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RD #: GP 02-19121

Incident Dispatch Block Listing

Unit	Stars	Dispatch Time	En-Route Time	On-Scene Time	Complete Time
761	352	02/07/02 07:22:03		02/07/02 07:22:06	02/07/02 07:35:39
752	Malaska 153 /421 Justice	02/07/02 07:41:30		02/07/02 07:41:32	02/07/02 08:16:08

Date Run 10/02/2007
 Time Run 16:15:29

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 Incident Dispatch Detail Report

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RD #: GP 02-30488

DISPATCH INFORMATION	DISPOSITION INFORMATION
Location Service Machine Shop 104 S. Hudson Street Beat/Subbeat Source Priority Shift ECHO/1310 PHONE IMMEDIAT 1 Code / Description 40AS Assist FD 40 Assist Fd / W/ FIRE PREVENTION AT TH IS LOCATION UNK REASON Caller: STEVE JOHNSON / CITY FD 601 (864) - Dispatch Assignment Area Dispatch Code: D Disp: 03/25 15:17:51 Enrt: 03/25 15:17:51 Onsc: 03/25 15:25:15 Comp: 03/25 15:56:34	Ucr Code Description 40AS Assist FD Service Description Code 3 Officer Responded/NO REPO RT Dispo Star: 377 ROGERS Remarks Continued Area

Call Received Mon 03/25/2002 15:10:11 319 ROST, Linda (Kathie) K
 Call Dispatched Mon 03/25/2002 15:17:51 388 DAILEY, KITTIE K

Incident Dispatch Block Listing

Unit	Stars	Dispatch Time	En-Route Time	On-Scene Time	Complete Time
E6	377 ROGERS		03/25/02 15:17:51		
E6	377 ROGERS	03/25/02 15:17:51		03/25/02 15:25:15	03/25/02 15:56:34

Date Run 10/02/2007
Time Run 16:15:29

Greenville Police
Incident Dispatch Detail Report

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RD #: GP 02-30488

Additional Remarks

Type	Date	Time	Beat	Remarks / Comments
End FollowUp: EF	04/08/02	01:56:57	0402	10-4/0156/040802/612
End FollowUp: EF	04/11/02	02:47:53	0415	CHECKS 10-4 PER UNIT 107 ON 4-11-02 AT 02:47 HOURS//616
End FollowUp: EF	04/12/02	05:36:04	0402	CHECKED 10-4 ON 04/12/02 AT 05:35//616
St. FollowUp: SF	04/20/02	04:39:03	0402	0438 10-4 612
End FollowUp: EF	04/20/02	04:39:09	0402	0438 10-4 612

ate Run 10/02/2007
 ime Run 16:25:26

Greenville Police
 Incident Dispatch Detail Report

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RD #: GP 02-34782

DISPATCH INFORMATION	DISPOSITION INFORMATION
Location Service Machine Shop 104 S. Hudson Street Beat/Subbeat Source Priority Shift ECHO/1310 OFFICER INVESTIG P Code / Description 88SP Suspicious Person 88 Susp Person Incident Created from Busy Nature: 88SP 88. Susp Person Caller: () Dispatch Assignment Area Dispatch Code: D Disp:04/11 11:41:12 Enrt:04/11 11:42:48 Onsc:04/11 11:41:12 Comp:04/11 12:10:33	Ucr Code Description 88SP Suspicious Person Service Description Code 3 Officer Responded/NO REPO RT Dispo Star: 153 Justice Remarks Continued Area

Call Received Thu 04/11/2002 11:41:14 331 TERRY, Cynthia H
 Call Dispatched Thu 04/11/2002 11:41:12 331 TERRY, Cynthia H

Incident Dispatch Block Listing

Unit	Stars	Dispatch Time	En-Route Time	On-Scene Time	Complete Time
752	153 Justice	04/11/02 11:41:12		04/11/02 11:41:12	04/11/02 12:10:33
752	153 Justice				
E5	397 OWENS	04/11/02 11:42:48		04/11/02 11:42:48	
E5	397 OWENS				
E5	397 OWENS	04/11/02 11:42:48			04/11/02 12:08:13

Date Run 10/02/2007
 Time Run 16:15:49

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 Incident Dispatch Detail Report

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RD #: GP 02-34839

DISPATCH INFORMATION	DISPOSITION INFORMATION
Location Service Machine Shop 104 S. Hudson Street Beat/Subbeat Source Priority Shift ECHO/1310 PHONE NONCRIMI 1 Code / Description 61EO Environmental Offense 61 Envir Offens 19 REF TO BOADING A BUI LDING Caller:F.D.-REQ 19//633 (864) Dispatch Assignment Area Dispatch Code: D Disp:04/11 15:06:48 Enrt:04/11 15:06:55 Onsc:04/11 15:14:54 Comp:04/11 15:39:41	Ucr Code Description 61EO Environmental Offense Service Description Code 3 Officer Responded/NO REPO RT Dispo Star: 400 MILLS Remarks Continued Area

Call Received Thu 04/11/2002 14:59:58 411 BEDDINGFIELD, BETH
 Call Dispatched Thu 04/11/2002 15:06:48 432 MURRAY, DARA L

Incident Dispatch Block Listing

Unit	Stars	Dispatch Time	En-Route Time	On-Scene Time	Complete Time
C6	400 MILLS	04/11/02 15:06:48	04/11/02 15:06:55		04/11/02 15:09:07
C6	400 MILLS	04/11/02 15:11:30	04/11/02 15:11:47	04/11/02 15:14:54	04/11/02 15:39:41

Date Run 10/02/2007
 Time Run 16:17:15

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RD #: GP 02-38690

DISPATCH INFORMATION	DISPOSITION INFORMATION
Location Service Machine Shop 104 S. Hudson Street Beat/Subbeat Source Priority Shift ECHO/1310 PHONE INVESTIG 2 Code / Description 88SP Suspicious Person 88 Susp Person usually two vagranst in side each night when business gets clos edwants officer to check: Caller:david meeks 1019\ \ \ 621 (864)809-0762 Dispatch Assignment Area Dispatch Code: D Disp:04/25 20:27:58 Enrt:04/25 20:27:58 Onsc:04/25 20:39:32 Comp:04/25 20:41:54	Ucr Code Description 88SP Suspicious Person Service Description Code 3 Officer Responded/NO REPO RT Dispo Star: 401 ALBERT Remarks Continued Area

Call Received Thu 04/25/2002 20:26:19 331 TERRY, Cynthia H
 Call Dispatched Thu 04/25/2002 20:27:58 187 MILLER, Tammy P

Incident Dispatch Block Listing

Unit	Stars	Dispatch Time	En-Route Time	On-Scene Time	Complete Time
A7	376 /441 TOXR		04/25/02 20:27:58		
A7	376 /441 TOXR	04/25/02 20:27:58		04/25/02 20:39:32	04/25/02 20:41:35
A9	342 RSTES		04/25/02 20:27:58		
A9	342 RSTES	04/25/02 20:27:58			04/25/02 20:31:11
E9	401 ALBERT	04/25/02 20:41:49		04/25/02 20:41:52	04/25/02 20:41:54

Date Run 10/02/2007
 Time Run 16:17:32

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RD #: GP 02-69224

DISPATCH INFORMATION	DISPOSITION INFORMATION
Location Service Machine Shop 104 S. Hudson Street Beat/Subbeat Source Priority Shift ECHO/1310 PHONE NONCRIMI 1 Code / Description 19RT Report to 19 Report to fire inspector that is 100 6req 1019 ref vacant bldg at this 1020 Caller:fd..capt shirley 605 (864) Dispatch Assignment Area Dispatch Code: D Disp:08/19 11:39:01 Eart:08/19 11:39:01 Onsc:08/19 11:40:14 Comp:08/19 12:02:42	Ucr Code Description 19RT Report to Service Description Code 3 Officer Responded/NO REPO RT Dispo Star: 421 LEE Remarks Continued Area

Call Received Mon 08/19/2002 11:32:01 337 GILSTRAP, Carrie (Angie) A
 Call Dispatched Mon 08/19/2002 11:39:01 337 GILSTRAP, Carrie (Angie) A

Incident Dispatch Block Listing

Unit	Stars	Dispatch Time	En-Route Time	On-Scene Time	Complete Time
R7	421 LEE		08/19/02 11:39:01		
R7	421 LEE	08/19/02 11:39:01		08/19/02 11:40:14	08/19/02 12:02:42

Date Run 10/02/2007
Time Run 16:17:48

Greenville Police
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RD #: GP 02-70075

DISPATCH INFORMATION	DISPOSITION INFORMATION
Location Service Machine Shop 104 S. Hudson Street Beat/Subbeat Source Priority Shift ECHO/1310 PHONE NONCRIMI 1 Code / Description 19RT Report to 19 Report to DAVID MEEKS AT BACK OF TH S 1020 REF RUNNING VAGRANTS OUT OF THIS VACANT BLDG...PURP TRUCK WILL BE OUT B Caller:.... 605 (864)316-9572 Dispatch Assignment Area Dispatch Code: D Disp:08/22 15:03:56 Eart:08/22 15:03:56 Onsc:08/22 15:04:01 Comp:08/22 15:18:26	Ucr Code Description 19RT Report to Service Description Code 3 Officer Responded/NO REPO RT Dispo Star: 332 SKARDON, III Remarks Continued Area

Call Received Thu 08/22/2002 14:59:16 337 GILSTRAP, Carrie (Angie) A
 Call Dispatched Thu 08/22/2002 15:03:56 319 ROST, Linda (Kathie) K

Incident Dispatch Block Listing

Unit	Stars	Dispatch Time	En-Route Time	On-Scene Time	Complete Time
D9	332 SKARDON,		08/22/02 15:03:56		
D9	332 SKARDON,	08/22/02 15:03:56		08/22/02 15:04:01	08/22/02 15:18:26
E9	401 ALBERT	08/22/02 15:05:33		08/22/02 15:05:35	08/22/02 15:18:26
F9	418 PRARSON	08/22/02 15:10:44		08/22/02 15:10:46	08/22/02 15:18:26

RD #: GP 03-27407

DISPATCH INFORMATION	DISPOSITION INFORMATION
Location Service Machine Shop 104 S. Hudson Street Beat/Subbeat Source Priority Shift ECHO/1310 OFFICER EMER 1 Code / Description 40ST Structure FIRE / FD Structure FIRE SMOKE COMING OUT OF THE BLDG Caller: UNIT 747 612 (864) Dispatch Assignment Area Dispatch Code: D Disp: 03/12 22:23:43 Emt: 03/12 22:23:43 Onsc: 03/12 22:23:43 Comp: 03/13 07:08:02	Ucr Code Description 40ST Structure FIRE / FD Service Description Code Incident Rpt 5 Dispo Star: 102 MCINTYRE Remarks Continued Area

Call Received Wed 03/12/2003 22:22:09 478 BULGER, RICH
 Call Dispatched Wed 03/12/2003 22:23:43 406 WEBB, SCOTT L

Incident Dispatch Block Listing

Unit	Stars	Dispatch Time	En-Route Time	On-Scene Time	Complete Time
747	304 Wilkes			03/12/03 22:23:43	
747	304 Wilkes		03/12/03 22:23:43		
747	304 Wilkes	03/12/03 22:23:43			03/12/03 23:14:16
F3	102 MCINTYRE		03/12/03 22:32:27		
F3	102 MCINTYRE	03/12/03 22:32:27	03/12/03 22:39:49	03/12/03 22:39:49	03/12/03 22:39:25
F3	102 MCINTYRE	03/12/03 22:39:49			03/13/03 07:08:02
201	144 HUNTINGTO			03/12/03 22:41:06	
201	144 HUNTINGTO		03/12/03 22:41:06		
201	144 HUNTINGTO	03/12/03 22:41:06			03/13/03 00:23:59

Date Run 10/02/2007
Time Run 16:24:36

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RD #: GP 03-27407

Incident Dispatch Block Listing

Unit	Stars	Dispatch Time	En-Route Time	On-Scene Time	Complete Time
E3	381 LUSK		03/12/03 22:54:35		
E3	381 LUSK	03/12/03 22:54:35	03/12/03 23:08:54	03/12/03 23:08:54	03/12/03 23:08:40
E3	381 LUSK	03/12/03 23:08:54			03/13/03 07:08:02
6	18 Blackburn			03/13/03 00:10:13	
6	18 Blackburn		03/13/03 00:10:13		
6	18 Blackburn	03/13/03 00:10:13			03/13/03 00:30:50

Date Run 10/02/2007
Time Run 16:24:36

Greenville Police
Incident Dispatch Detail Report

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RD #: GP 03-27407

Additional Remarks

Type	Date	Time	Beat	Remarks / Comments
Comments	CM 03/13/03	00:00:12	0386	NOTIFIED DUKE POWER AT 0000//631

Date Run 10/02/2007
 Time Run 16:23:53

Greenville Police
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RD #: GP 03-27645

DISPATCH INFORMATION	DISPOSITION INFORMATION
Location Service Machine Shop 104 S. Hudson Street Beat/Subbeat Source Priority Shift ECHO/1310 E911 EMER 1 Code / Description 40ST Structure FIRE / FD Structure FIRE FIRE HAS FLOGGED BACK UP Caller: amette sullivan 612 (864) 907-4040 Dispatch Assignment Area Dispatch Code: D Disp: 03/13 18:15:55 Enrt: 03/13 18:15:55 Onsc: 03/13 18:18:55 Comp: 03/13 18:42:17	Ucr Code Description 40ST Structure FIRE / FD Service Description Code Incident Rpt 5 Dispo Star: 312 JOHNSON Remarks Continued Area

Call Received Thu 03/13/2003 18:15:32 278 Austin, Amy
 Call Dispatched Thu 03/13/2003 18:15:55 133 HOLLAND, Elizabeth B

Incident Dispatch Block Listing

Unit	Stars	Dispatch Time	En-Route Time	On-Scene Time	Complete Time
E7	75 /483 Duckett		03/13/03 18:15:55		
E7	75 /483 Duckett	03/13/03 18:15:55		03/13/03 18:23:01	03/13/03 18:42:17
R8	379 AUSTIN		03/13/03 18:15:55		
R8	379 AUSTIN	03/13/03 18:15:55		03/13/03 18:18:55	03/13/03 18:42:17
F8	312 JOHNSON		03/13/03 18:15:55		
F8	312 JOHNSON	03/13/03 18:15:55		03/13/03 18:25:31	03/13/03 18:42:17
756	258 Wilson			03/13/03 18:21:26	
756	258 Wilson		03/13/03 18:21:26		
756	258 Wilson	03/13/03 18:21:26			03/13/03 18:42:17

Date Run 10/02/2007
 Time Run 16:24:13

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RD #: GP 03-27660

DISPATCH INFORMATION	DISPOSITION INFORMATION
Location Service Machine Shop 104 S. Hudson Street Beat/Subbeat Source Priority Shift ECHO/1310 OFFICER IMMEDIAT 1 Code / Description 40ST. Structure FIRE / FD Structure FIRE Caller: (864) - Dispatch Assignment Area Dispatch Code: D Disp:03/13 18:56:29 Enrt:03/13 18:56:29 Onsc:03/13 18:56:29 Comp:03/13 21:41:16	Ucr Code Description 40ST Structure FIRE / FD Service Description Code 3 Officer Responded/NO REPO RT Dispo Star: 381 LUSK Remarks Continued Area

Call Received Thu 03/13/2003 18:56:29 133 HOLLAND, Elizabeth B
 Call Dispatched Thu 03/13/2003 18:56:29 133 HOLLAND, Elizabeth B

Incident Dispatch Block Listing

Unit	Stars	Dispatch Time	En-Route Time	On-Scene Time	Complete Time
756	258 Wilson			03/13/03 18:56:29	
756	258 Wilson		03/13/03 18:56:29		
756	258 Wilson	03/13/03 18:56:29			03/13/03 21:07:54
E3	381 LUSK			03/13/03 18:56:29	
E3	381 LUSK		03/13/03 18:56:29		
E3	381 LUSK	03/13/03 18:56:29	03/13/03 21:41:07		03/13/03 21:41:00
F8	312 JOHNSON			03/13/03 18:56:29	
F8	312 JOHNSON		03/13/03 18:56:29		
F8	312 JOHNSON	03/13/03 18:56:29			03/13/03 19:02:48

Date Run 10/02/2007
Time Run 16:24:13

Greenville Police
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RD #: GP 03-27660

Incident Dispatch Block Listing

Unit	Stars	Dispatch Time	En-Route Time	On-Scene Time	Complete Time
H3	381 LUSK	03/13/03 21:41:07		03/13/03 21:41:11	03/13/03 21:41:16

RD #: GP 03-28923

DISPATCH INFORMATION	DISPOSITION INFORMATION
Location Service Machine Shop 104 S. Hudson Street Beat/Subbeat Source Priority Shift ECHO/1310 OFFICER INVESTIG A Code / Description 88SP Suspicious Person 88 Susp Person NEAR RAILROAD TRACKS Incident Created from Busy Nature: 88SP 88 Susp Person Caller: () - Dispatch Assignment Area Dispatch Code: D Disp:03/18 16:03:09 Enrt:03/18 16:03:09 Onsc:03/18 16:03:09 Comp:03/18 16:10:14	Ucr Code Description 88SP Suspicious Person Service Description Code 1 FI Card Dispo Star: 312 JOHNSON Remarks Continued Area

Call Received Tue 03/18/2003 16:03:14 476 SEGEE, WESLEY
 Call Dispatched Tue 03/18/2003 16:03:09 476 SEGEE, WESLEY

Incident Dispatch Block Listing

Unit	Stars	Dispatch Time	En-Route Time	On-Scene Time	Complete Time
F8	312 JOHNSON			03/18/03 16:03:09	
F8	312 JOHNSON	03/18/03 16:03:09			03/18/03 16:10:14

Date Run 10/02/2007
 Time Run 16:23:12

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RD #: GP 03-29092

DISPATCH INFORMATION	DISPOSITION INFORMATION
Location Service Machine Shop 104 S. Hudson Street Beat/Subbeat Source Priority Shift ECHO/1310 E911 EMER 1 Code / Description 40CF Controlled FIRE / FD Controlled FIRE // LINE HAS FALLEN AND SPARKS AND FIRE COMING OUT 651 FD IS 1005 Caller: (864) - Dispatch Assignment Area Dispatch Code: D Disp:03/19 09:31:28 Enrt:03/19 09:31:28 Onsc:03/19 09:33:06 Comp:03/19 10:13:42	Ucr Code Description 40CF Controlled FIRE / FD Service Description Code 3 Officer Responded/NO REPO RT Dispo Star: 335 LONG Remarks Continued Area

Call Received Wed 03/19/2003 09:30:56 319 ROST, Linda (Kathie) K
 Call Dispatched Wed 03/19/2003 09:31:28 373 HARDIN, CAROLYN K

Incident Dispatch Block Listing

Unit	Stars	Dispatch Time	En-Route Time	On-Scene Time	Complete Time
R5	335 LONG		03/19/03 09:31:28		
R5	335 LONG	03/19/03 09:31:28	03/19/03 10:13:31	03/19/03 10:13:31	03/19/03 10:13:21
R5	335 LONG	03/19/03 10:13:31			03/19/03 10:13:42

Date Run 10/02/2007
Time Run 16:23:12

Greenville Police
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RD #: GP 03-29092

Additional Remarks

Type	Date	Time	Beat	Remarks / Comments
Comments	: CM 03/19/03	09:38:08	0319	NOTIFIED/ DUKE POWER REF TO POWER LINE THAT IS ON FIRE/ 001296 IS THE TICKET NUMBER/651
Comments	: CM 03/19/03	09:40:47	0319	IFIRST CALL WAS FROM 575 W WASHINGTON ST STATED THAT THEY COULD BE SEE IT FR OM THE BACK OF THE BUSINESS/ SECOND CALL WAS FROM 303 S HUDSON ST WITH THE SAME IMFO/651

Date Run 10/02/2007
 Time Run 16:22:57

Greenville Police
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RD #: GP 03-71396

DISPATCH INFORMATION	DISPOSITION INFORMATION
Location Service Machine Shop 104 S. Hudson Street Beat/Subbeat Source Priority Shift ECHO/1310 OFFICER INVESTIG 3 Code / Description 77TR Trespassing 77 Trespassing / Caller:unit 741 (864) Dispatch Assignment Area Dispatch Code: D Disp:08/25 15:24:08 Enrt:08/25 15:24:08 Onsc:08/25 15:24:08 Comp:08/25 15:24:22	Ucr Code Description 77TR Trespassing Service Description: Code Incident Rpt 5 Dispo Star: 170 MADDEN Remarks Continued Area

Call Received Mon 08/25/2003 15:24:08 319 ROST, Linda (Kathie) K
 Call Dispatched Mon 08/25/2003 15:24:08 319 ROST, Linda (Kathie) K

Incident Dispatch Block Listing

Unit	Stars	Dispatch Time	En-Route Time	On-Scene Time	Complete Time
741	170 MADDEN			08/25/03 15:24:08	
741	170 MADDEN		08/25/03 15:24:08		
741	170 MADDEN	08/25/03 15:24:08			08/25/03 15:24:22

FAMILY PRACTICE
James B. Gowan, MD
John L. Vry, MD
Paul H. Cone, MD
Julie R. Morgan, MD



21 Aberdeen Drive
Greenville, SC 29605
P.O. Box 9078
Greenville, SC 29604
Ph: (864) 242-4122
Fax: (864) 242-5867

INTERNAL MEDICINE
Henry M. Faris, Jr., MD
William G. Sandifer, III, MD
C. Ruffin Stephenson, MD

NEW PATIENT EVALUATION

Marvin Gillard
#1192
February 23, 1996.

- S: This is a new patient evaluation on this 26 year old married, somewhat overweight, black male who is in the Police Academy in Columbia and comes in because of a week's history of various symptoms. Right now the worst symptoms are nausea and vomiting that he has been doing he says for about a week. It apparently started after he went to the Exigent and he was put on Rimantidine or a similar anti-viral medicine. When he went to Exigent he was having fever, sweats, chills, nausea but no vomiting, a little bit of diarrhea, mild shortness of breath without headache, no cough. After starting the medication he has has been having a lot of nausea and vomiting through the day, especially when trying to eat and he has had no solid food but he can keep water down. No further does he have diarrhea, in fact he has constipation. He still has some chills and sweats. He says his temperature was 101.2 at Exigent, he has not taken it during the week but felt sweaty. At the Police Academy he has basically stayed in the bed and not done much over the last several days though he did get to talk to a nurse but no other medical treatment was apparently rendered. He has had a little bit of a mild sore throat, no headache, mild myalgias that have pretty much resolved. He does have a history of positive PPD as part of the police department, with one that was negative in the past, so was begun on what I assume to be Rifampin several months ago. Apparently has a blood test done every 4 weeks, the last done on 2-7-96 and apparently had a negative chest x-ray I gather from what he tells me. He has had no trouble tolerating the Rifampin up to this point unless some of the symptoms might be related, though he has had no Rifampin in the last 2 days due to these symptoms. His other medical history is fairly benign, no significant past history, he is a nonsmoker, nondrinker. No unusual family history except for diabetes.
- O: Blood pressure is about 120/80 when he is standing, about 135/80 when he is supine. Heart rate goes from about 90 standing to about 70 when he is supine. He is afebrile. Temp is 98.5. Respirations are normal. Weight is 247, he says he weighed 267 a week ago though his normal weight is 250. He is healthy appearing, skin is warm and dry. Conjunctivae are pink. Oral and pharyngeal mucosa are clear. Chest completely clear. Heart exam shows no significant murmur, rhythm is

DOB
2-3-69

ALL
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1192

Messing Hilland

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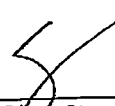
A 27

snache

Woodward Medical Center
21 Aberdeen Drive
Post Office Box 9078
Greenville, South Carolina 29604
Ph: (864) 242-4122 Fax: (864) 242-5867

Marvin Gilliard
#1192
February 27, 1996

- S: He is essentially back to normal after his viral illness and has no complaints at all today. His lab showed a CPK of a little over 900 and LDL cholesterol of 152, otherwise it was unremarkable. He, as I mentioned, is feeling well and has no complaints at all at the current time.
- O: Blood pressure is 138/84. Other vital signs are normal. His musculoskeletal exam looks fine.
- A: 1) Viral syndrome, resolved, associated with some myalgia.
 2) Elevated CPK - probably due to the viral syndrome.
- P: 1) Will recheck CPK and see him back only as needed.
 2) He is given an excuse to return to the Police Academy for routine activity.


C. Ruffin Stephenson, M.D.
CRS/jw

Dictated Not Read

Woodward Medical Center

21 Aberdeen Drive
Post Office Box 9078
Greenville, South Carolina 29604
Ph:(864)242-4122 Fax:(864)242-5867

Marvin Gilliard
#1192
December 4, 1996

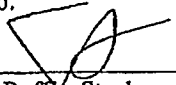
Level 4

- S: This is a 24 year old somewhat overweight black male who comes in because of abdominal problems. He apparently had similar problems about 7 yrs ago as he is having now. He, for 3 wks now, has had trouble in the epigastric area, probably a little low retroesophageal area of a peculiar I guess burning sensation or at least a peculiar sensation associated with eating that seems to last a few minutes maybe less and then seems to resolve. When he had it 7 yrs ago he was told he had gas that was irritating the lining of his stomach, he was given some medicine and I am not sure what it was. He says he thinks he was taking 2 before each meal so it may have been something like Phazyme or a similar agent, it is difficult to know. In any event it resolved and he has had no trouble since of this nature. He does not have trouble when his stomach is empty. He has no true GERD type symptoms or reflux symptoms and no problems during the night. His bowel pattern is pretty normal, he has no blood or melena and no other abdominal pain. He is currently on no daily medication, he takes no OTC medicines at all, rarely drinks alcohol, does not smoke cigarettes. No documented ulcers in the past. Health otherwise good, no fever or rash, no urogenital problems, no CNS nor any pulmonary problems. He is not taking any Maalox or antacids OTC or H2 antagonist.
- O: Blood pressure is elevated persistently at about 150/85. Other vital signs are normal. Overweight, pleasant, in no distress. Conjunctivae are pink. No thyromegaly. Chest is clear. Heart exam normal. Abdomen totally normal, no bruit, no enlarged organs or masses, no tenderness, good bowel sounds. He has trace peripheral edema.

- ASSESSMENT:
- 1) Somewhat nondescript abdominal complaints, very brief in nature.
 - 2) Previous history of similar problems responding to Rx. medicine.
 - 3) Mild obesity.
 - 4) Minimal elevated systolic blood pressure today - normal readings in the past.

- PLAN:
- 1) Observe blood pressure and recheck in 3 months.
 - 2) Zantac 150 twice a day x about 6 wks.
 - 3) If he does not improve he will give me a call back for further evaluation.

DISCUSSION: I did tell him his blood pressure was elevated and he needed to watch his salt intake and we needed to recheck that in a few months. He also incidentally has elevated LDL cholesterol at 152 that probably needs to be followed up when he comes back also.


C. Ruffin Stephenson, M.D.

217

11/3/97
no spec
confidential

CRS/jw

WOODWARD MEDICAL CENTER

21 ABERDEEN DRIVE
POST OFFICE BOX 9078
GREENVILLE, SOUTH CAROLINA 29604
PH: (864) 242-4122 FAX (864) 242-5867

Marvin Gilliard

#

06/28/99 Level IV IM

S: This is a 26 YO, OW, African American gentleman who comes in because of a month history of cough and intermittent chills and sweats and fever. Actually he was in the office in January for the same problem. I gave him a Z-Pak and it resolved. Lab at that time was unremarkable. Basically he does not complain of the past problems but for about a month he had a cough with occasional blood tinged sputum after paroxysms of cough. Also having chills and sweats. Did not miss and work. Appetite perhaps down a little bit, though he did not lose any weight. He had no significant systemic symptoms. Denies HA, myalgias or GI problems or dysuria. Apparently this was an intermittent phenomenon. He took some OTC medicines. He has gotten over all of this except rarely symptoms.

noted above, he did not miss any work. Continues to work and

cough today. He otherwise is healthy and does not smoke or drink. He has had no oral ulcerations or dysphagia, no iritis, no epistaxis, no urogenital complaints at all.

O: BP today is 128/70. P.70. R 18. Skin warm and dry. Does not feel febrile though temp is not taken. Large gentleman, though OW, WK, normal affect, oriented. No cervical, axillary or epitrochlear adenopathy. Clear chest, normal excursions. Heart rhythm regular. Faint systolic murmur. Good pulses, no edema. Abdomen is unremarkable and he has no unusual weakness in the UE's or LE's with good proximal and distal strength.

A: 1. Symptoms as described above with pretty much resolution.

P: 1. Chest x-ray, sed rate, CRP, SPE, CPC, UA and CMP for completeness.
2. If he has further trouble he is to see me during the

He has been on an OTC herb that I am not familiar with for weight loss and noted palpitations sporadically since that time. He has no associated symptoms. No associated chest pain, SOB. He has had cysts on his wrists that have been aspirated in the past. They seem to keep returning. They are minimally symptomatic. They seem to bother him more when he lifts weights. He has read about some laser treatment for soft tissues in the palate for snoring and would like to look into that. No symptoms of sleep apnea at this point by his history. Non-smoker, non-smoker.

10/70 P 70 R 18

VK, normal affect, oriented. No thyromegaly, cervical adenopathy. Lungs clear. Clear chest, normal excursions. Heart RR. Faint systolic murmur, no click. Good pulses, no edema or varicosities. Abdomen is unremarkable. Normal UE strength throughout with good ROM of all joints, no effusion, subluxation, atrophy. Probably 1 cm ganglion cyst on the volar aspect of both wrists and not objectively inflamed nor tender.

Review.

Refer to Dr. John Evans to look at the ganglion cyst to see if surgical removal would be in order.
Consult ENT for the snoring.
Discontinue the weight loss herb and if palpitations persist he is to get back with me for 24 hours Holter monitor.

Stephenson, MD

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C. Ruffin St

CRS/ktp

12/3-64 Martin Hillard

5/99 WT 274 A 29

OK

Jan + Feb 99

3/4/99 copies of lab & instructions sent to pt along with chal sheet. Will re check cholin 6MO
O.S.T./K.C.M.A.

6/28/99 WT 282h A 29

OK

2/28/00 WT 275h A 29

OK

10/19/01 WT 280 A 32

neck

9-130 296h & 30h NHOA mess: OK
T 967. P 68. B/P 106/76 (D)le

S: + NP in Dr. Borell "Martin"

"Sinus/allergy SA"

cold

fluid ears

(Saker)

swollen throat

throat

10/60 296h & 30h

NHOA

mess: OK

T 967. P 68. B/P 122/70 (D)le

S: Dranher since last yr

WOODWARD MEDICAL CENTER
21 Aberdeen Drive
Post Office Box 9078
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GILLIARD, MARVIN #4481 LEVEL III 10/19/01

S: 32 YO large but somewhat OW, AAM police officer that is because of a rash. He has had this about a week. It is a little bit pruritic. He has had no new lesions. He noted this after he was clearing some bushes and shrubs driving a bulldozer. He had a short sleeve shirt on but the trees and some of the leaves were falling on him. He is otherwise feeling well. No prodromal symptoms. He has had no fever, rash, GI problems. Otherwise feels perfectly fine. He is a nondrinker, nonsmoker.

O: BP: 148/80. HR: 70. RR: 18.
Large but somewhat OW, WK, normal affect, oriented. Good pulses in the UEs. Good motion. Ears and nose are normal. No discoloration of the eyelids. No cervical adenopathy. He has a rash on his arms and a few on his back that are small, probably 2 mm papules that are flesh colored, not erythematous

A: 1) Rash of uncertain etiology.

P: 1) Medrol DosePak for about 6 days, Atarax 25 mg. 3 a day for about a week and call if not resolved.

C. Ruffin Stephenson, M.D./pld

Dictated, but not read

LEVEL IV IM 06/28/00

GILLIARD, MARVIN #4481

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GREENVILLE, SOUTH CAROLINA 29605
(864) 242-4122

GILLIARD, MARVIN
CHART #: 4481
09-13-02

S: Mr. Gilliard is a 32 year-old black male with no significant PMH who presents today for complaints of sinus symptoms. He was a patient of Dr. Stephenson's but he is transferring to me for his primary care now. His main complaint today is some sinus drainage and his throat feels swollen. He does not really feel any pressure in his head but when he lies down at night his throat feels sore and gets red and it is very swollen. It is hard to talk or swallow when he wakes up. No shortness of breath. He feels like there is some fluid in his right ear. No fever. He has been sick for three to four weeks. No other acute complaints.

PAST MEDICAL HISTORY: Listed on the chart.

MEDICATIONS: Listed on the chart.

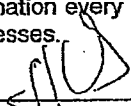
ALLERGIES: None.

O: PHYSICAL EXAMINATION: WT: 296 ½ lbs. TEMP: 96.7. P: 68. BP: 106/76.

In general, this is a pleasant black male who is mildly obese but in no apparent distress. HEENT exam shows sinuses: No pain to palpation. Oropharynx shows some significant erythema posteriorly. His tonsils are 2+ bilaterally without any exudates. Tympanic membranes are bulging on the right and clear on the left. Neck: Some tender cervical adenopathy right greater than the left. Lungs are clear. Heart: Within normal limits. Distal pulses are 2+. No evidence of any cyanosis, clubbing, or edema.

A: 1. Acute pharyngitis and sinusitis.
2. Allergic rhinitis.

P: I started him on some Allegra D one po bid #60 with one refill and also some Augmentin 875 mg one po bid #28 with no refills. We also discussed his past medical history and this is updated on the chart. He has already had his ganglionic surgery. He does not smoke. He is a policeman and he works full-time. He just admits that he does not eat well. He gets a complete physical examination every six months at the health department. I told him just to follow up with me prn for illnesses.


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GILLIARD, MARVIN
CHART #: 4481
10-16-02

S: Mr. Gilliard is a 33 year-old black male with no significant PMH who presents today for complaints of some diarrhea. I saw him for a severe sinus infection about one month ago and put him on some Augmentin for this. He actually did not complete the course and quit after about ten days because he had some severe diarrhea. He thought that it would get better but it is not improving. He is taking some Imodium and he took some last night but it still is not helping. His stomach feels like he has some pressure and urgency and he is going to the bathroom maybe eight times per day and has very loose watery stools. He is going all of the time. No blood or mucous in the stools. Overall, he does not have any other complaints. He is just a little bit tired. No fevers or chills. He has been out of town a lot and has been traveling but he has not been eating anything unusual that he is aware of except that he had some squid at a Japanese restaurant about two weeks ago.

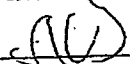
PAST MEDICAL HISTORY: Listed on the chart.

MEDICATIONS: Listed on the chart.
ALLERGIES: Listed on the chart.

O: PHYSICAL EXAMINATION: WT: 298 lbs. and stable. TEMP: 98.0. P: 80. BP: 122/70.
In general, this is a pleasant black male in no apparent distress. Lungs are clear. Heart: Within normal limits. Abdomen: Positive bowel sounds that are decreased somewhat. Soft and nontender. Distal pulses are 2+. No evidence of any cyanosis, clubbing, or edema.

A: 1. Severe diarrhea.

P: We will go ahead and do cultures on him. I am concerned about some type of bacterial infection or possibly C-difficile since he just completed some antibiotics. The Imodium has not helped so we will let him try some Lomotil 10 mg one po q four hours prn #30 with one refill. He knows to drink lots of fluids. He is on a BFFT type diet already that has not helped. I told him that the culture would take a couple of days to get back and if we do not get any results from this then the next step would be a GI referral. He will follow up with me as needed.


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GILLIARD, MARVIN
CHART #: 44481
04-24-03

S: Ms. Gilliard is a 33 year-old black male with no significant PMH who presents today for evaluation of some elevated cholesterol and glucose. He went for his usual physical examination for the Police Department and did well on the stress test but unfortunately on his blood work he was found to have a fasting glucose after midnight the night before of 127 and a high cholesterol at 224 with an LDL of 156 and a good HDL of 46. The rest of his blood work was normal. He is here to discuss this today. He does have two brothers with diabetes mellitus and he admits that he does eat too many sweets and does not exercise regularly. He walks maybe 30 minutes per day per week. He works full-time and also goes to school at night and he is very busy. No blurry vision or increased urination. His energy level is good. He has not been fatigued. He does wear a C-Pap at night and he sleeps very well. He has never had elevated blood sugars in the past that he is aware of.

PAST MEDICAL HISTORY: Listed on the chart.

SOCIAL HISTORY: He does not smoke cigarettes. He is a police officer. He does not drink alcohol. He does eat lots of sweets and he does just eat two meals per day, lunch and dinner. He walks thirty minutes three times per week.

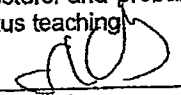
MEDICATIONS: None.
ALLERGIES: None.

REVIEW OF SYSTEMS: As stated above.

O: PHYSICAL EXAMINATION: WT: 293 lbs. TEMP: 97.1. P: 56. BP: 110/82.
In general, this is a pleasant black male with bright affect in no apparent distress. Lungs are clear. Heart: Within normal limits. Distal pulses are 2+. No evidence of any cyanosis, clubbing, or edema.

A: 1. New onset of diabetes mellitus.
2. Hyperlipidemia.

P: We talked intensely about his diabetes mellitus and the long-term complications from this. He will start on an 1800 kilocalorie ADA diet and he will cut out all of the sweets and try to eat three meals per day with some snacks. He will increase his exercise tolerance to 45 minutes five times per week with the walking. We will recheck his hemoglobin A1C today and I told him that if it was above 6.5 then we will probably call him in some oral medication. Otherwise, we will recheck him in one month and see if he can lose some weight and see how he does with his activity and his diet. We talked about a glucometer but we will wait and see how he does after one month of the diet alone. We also need to follow his cholesterol and probably recheck that in six months. This was an extended visit with lots of diabetes mellitus teaching.


Stacy Bizzell, M.D./ csw

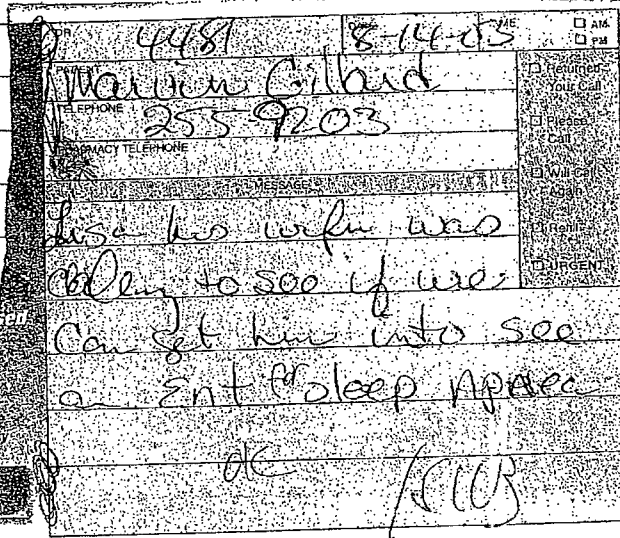
Marvin Gilbard
4481

1-24-03 293 @ 33 - NKPTA med's @
T97 P36 BP 110/82 (R) LC
mef

S: F/U (Fastly) on abulabs
done in work physical

5/22/03 wt: 284 (49#) Age: 33 BP - 108/76 lg. cuff
S/ 1 mo ROV

8/14/03 Per Dr. Bizzell +
pt request, appt
w/ Dr. Mclear
sched. 9/12/03 @ 8:30
A. ans. mach. @
H# + w# notified.
- SB/S. @ Clin, W



9/22/03 wt 290 B/P 134/90 Age: 33
S/ 4 mo ROV

9/25/03 Per lab of 9/22/03 + Dr. Bizzell, Rx for Glucophage
500 mg i po qd @ largest meal #30/5 refills called
to Eckerd's @ 220-9992. — SB/S. @ Clin, W

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GILLIARD, MARVIN
CHART #: 44481
05-22-03

S: Mr. Gilliard is a 33 year-old black male who presents today for recheck on his glucose. He had a screening on his job and had a high blood sugar of 127. We put him on a diabetic diet and his hemoglobin A1C was 6.1. He has done well since that time and has lost six pounds. He is not eating as much fast foods. He has not been to McDonald's at all. He admits that he has strayed a few times but overall he is trying to do well. He is still trying to keep very active. He has good energy. We will also recheck his blood pressure today. We will not need to recheck his cholesterol for another couple of months. No complaints. He is off of his medications.

PAST MEDICAL HISTORY: Listed on the chart.


MEDICATIONS: None.

ALLERGIES: None.

O: PHYSICAL EXAMINATION: WT: 284 lbs. down nine pounds. BP: 108/76.
In general, this is a pleasant black male with bright affect in no apparent distress. Lungs are clear without any rales, rhonchi, or wheezes. Heart: Within normal limits. Distal pulses are 2+. No evidence of any cyanosis, clubbing, or edema.

A: 1. Glucose intolerance.
2. Hyperlipidemia.
3. Mildly elevated blood pressure. Resolved.

P: He is doing well with his diet and exercise. I gave him lots of positive reinforcement about losing weight. We will recheck his renal function with his glucose today. He will follow up with me in four months and we will need to recheck his cholesterol and his hemoglobin A1C in the near future, possibly at his next visit. He will continue with his current diet and exercise program.


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GILLIARD, MARVIN
CHART #: 44481
09-22-03

S: Mr. Gilliard is a 33 year-old black male with a Hx of hyperlipidemia and mild diabetes mellitus who presents today for a recheck. He had some screening blood work that showed his blood sugar was high on a job physical. We checked a hemoglobin A1C on him it was 6.1 after he did a diet and he lost nine pounds. He felt good. He admits now that he has "fallen off of the wagon a little bit" and has been too busy to walk every morning and he is just lifting weights occasionally. He eats a few sweets and lots of cookies at work. He is going to cut back. He has gained some of his weight back and he was not happy with that. His energy level is good. No shortness of breath or headaches. No other complaints.

PAST MEDICAL HISTORY: Listed on the chart.

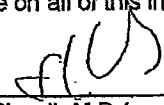
MEDICATIONS: Listed on the chart.

ALLERGIES: Listed on the chart.

O: PHYSICAL EXAMINATION: WT: 290 lbs. He has gained six pounds in four months. BP: 134/90. In general, this is a pleasant black male with bright affect in no apparent distress. Lungs are clear without any rales, rhonchi, or wheezes. Heart: Within normal limits. Distal pulses are 2+. No evidence of any cyanosis, clubbing, or edema.

A: 1. Diabetes mellitus.
2. Hypertipidemia.
3. Mild hypertension.

P: We talked about the importance of diet and reviewed this with some detail and he is going to work on adding back some walking along with the weight lifting and try to lose about ten pounds. We may need to start him on some blood pressure medication but we will recheck this again in three months. We will check a renal function, glucose, and a hemoglobin A1C also at that time and we discussed that if this is above 6.2 then we will go ahead and start him on medication along with the diet. He will follow up with me on all of this in three months.



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GILLIARD, MARVIN
CHART #:44481
12-19-03

S: Mr. Gilliard is a 34 year-old black male with a Hx of sleep apnea, mild hypertension, and new onset of diabetes mellitus who presents today for a recheck. He is doing well on the Glucophage. He has not been checking his blood sugar and he has gained weight. He says that he does not eat too much but he does have a problem with cardiovascular exercise and he is definitely going to work on that. He is having a tonsillectomy next week and adenoid surgery as well as surgery for sleep apnea and he thinks that overall his blood pressure will come down and his energy level will be better once he has that done. No other complaints. He has a recent blister on his foot but this has healed well.

PAST MEDICAL HISTORY: Listed on the chart.

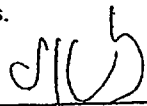
MEDICATIONS: Listed on the chart.

ALLERGIES: Listed on the chart.

O: PHYSICAL EXAMINATION: WT: 296 lbs. up six pounds. BP: 120/76.
In general, this is a pleasant black male with bright affect in no apparent distress. Lungs are clear without any rales, rhonchi, or wheezes. Heart: Within normal limits. Distal pulses are 2+. No evidence of any cyanosis, clubbing, or edema. Review of blood work from the patient's visit three months ago shows that his hemoglobin A1C was 6.3 with a glucose of 133.

A: 1. Diabetes mellitus.
2. Hypertension.
3. Sleep apnea.
4. Hyperlipidemia.

P: We will recheck his hemoglobin A1C and renal function today. His blood pressure was better. He is going to work on his weight and hopefully he will do better once he has all of his surgery for the sleep apnea. He will try to add some cardiovascular exercise. He will follow up with me on all of this in three months.



Stacy L. Bizzell, M.D./ csw

WOODWARD MEDICAL CENTER
 21 Aberdeen Drive
 Greenville, SC 29605

Patient: Gilliard, Marvin
 Med. Record #: 249313305

Sex: M Age: 34 DOB: 10/03/1969
 Doctor: Stacy L. Bizzell M.D.

Location:
 Other ID:

CHART # 44481

Test	040641 4/24/03 9:01	041832 5/22/03 14:24	046522 9/22/03 8:50	049211 12/18/03 8:48	Units	Reference Range
CHEMISTRY						
GLUCOSE		87	133 H	115	mg/dL	74-116
CALCIUM		9.8	9.2	9.1	mg/dL	8.4-10.5
SODIUM		141	141	138	mEq/L	135-148
POTASSIUM		4.4	4.4	4.4	mEq/L	3.5-5.5
FOSPHORUS		105	106	104	mEq/L	97-111
CHLORIDE		29	27	24	mEq/L	20-32
CO2		10	10	15	mg/dL	9-23
BUN		1.0	1.0	1.0	mg/dL	0.7-1.5
CREATININE						
DIABETIC %A1C	6.1		6.3 H	6.8 H	%	4.6-6.2

glucose borderline -
 continue med + diet +
 rec next CV
 SLU
 HSD

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GILLIARD, MARVIN
CHART #:44481
03-18-04

S: Mr. Gilliard is a 34 year-old black male with a history of diabetes mellitus, hyperlipidemia, and mild hypertension who presents today for a recheck. He recently admits that he quit exercising over the winter. He is still lifting weights but not doing his walking. Also, he has been eating bad with lots of fried foods and lots of meat. He went in for his physical examination at the Police Department and his cholesterol was high at 261. It had been 220 in the past. He had a good HDL of 50 but a very high LDL at 186. He had a good PSA and normal liver and renal function. His glucose was 142 on that day. Also, that day his blood pressure was high at 160/98. He had a stress test that was normal. He is really focused today on doing better and he wants to improve all of his numbers.

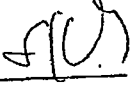
PAST MEDICAL HISTORY: Listed on the chart.

MEDICATIONS: Listed on the chart.
ALLERGIES: Listed on the chart.

O: PHYSICAL EXAMINATION: WT:284 lbs. down about twelve pounds. BP: 130/88.
In general, pleasant black male in no apparent distress. Lungs are clear. HEART: Within normal limits. Distal pulses are 2+. No evidence of cyanosis, clubbing, or edema. No evidence of cyanosis, clubbing, and edema.

A: 1. Diabetes mellitus.
2. Hyperlipidemia.
3. Hypertension.

P: His blood pressure is better today. He is very focused on trying to start losing weight and getting control of his diet. I wrote him a prescription for a glucometer. I want for him to start checking his blood sugars every day. We discussed his goal is to get them below 120. I think that if he gets his blood sugars down and his cholesterol then his blood pressure should also improve as well. Losing weight and exercising would all help him. We will hold off on hyperlipidemia medications or hypertension medications. He will try to diet and we will recheck his lipids and renal function and hemoglobin A1C on him today. We did lots of counseling about diet and exercise. He will follow up with me on all of this in three months.


Stacy Bizzell, M.D.
sb/csw

Mareni Gilliard
#4481

2/18/03

wt. 296 BP - 130/70 wrist Age 34

3mo ROV - fasting

Tonsillectomy - Mon
adenoids - summer
McClear

3/18/04 wt 284 34

3m ROV - fasting
needs refills
cough

130/88

261
150

2/28/04 wt 293 BP 128/84 age 34

3/27/04 wt 294.8 BP 130/98 age 34
3m ROV refill

2/27/04: No show

MS

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GILLIARD, MARVIN
CHART #:44481
06-28-04

S: Mr. Gilliard is a 34 year-old black male with a history of hypertension, hyperlipidemia, and diabetes mellitus who presents today for a three-month followup. He admits that he "fell off of the wagon" in regards to his diet. Recently he has gained back some weight and he also quit walking. He is really going to work with that. He wants to stick with the Glucophage right now and he needs to get a refill on that. No shortness of breath or chest pain. No visual changes.

PAST MEDICAL HISTORY: Listed on the chart.

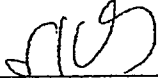
MEDICATIONS: Listed on the chart.

ALLERGIES: Listed on the chart.

O: PHYSICAL EXAMINATION: WT: 293 lbs. up about nine pounds. BP: 120/84.
In general, this is a pleasant black male with bright affect in no apparent distress. Lungs are clear. Heart: Within normal limits. Distal pulses were 2+. No evidence of cyanosis, clubbing, or edema on exam. He had blood work in March and his cholesterol was 235 with an LDL of 171. His hemoglobin A1C was good at 6.1.

A: 1. Hyperlipidemia.
2. Hypertension.
3. Diabetes mellitus.

P: He will continue on the Glucophage. We discussed diet and exercise and he is really going to work on this over the next few months. We will go ahead and recheck a hemoglobin A1C and renal function and cholesterol today. He thinks that he can bring this all down with diet and exercise. He will follow up with me on all of this in three months.



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GILLIARD, MARVIN
CHART #: 44481
09-27-04

S: Mr. Gilliard is a 34 year-old black male with a history of diabetes mellitus and borderline hypertension who presents today for a recheck. He admits that he has "fallen off of the wagon" in regards to exercise and he really does not want to change any of his medications. He is going to exercise more regularly with his wife for the rest of this year. He feels good and is having no shortness of breath or cough, fever, or chills. No GI or GU complaints. No other complaints. No swelling of his legs. No trouble with his vision.

PAST MEDICAL HISTORY: Listed on the chart.

MEDICATIONS: Listed on the chart.

ALLERGIES: Listed on the chart.

O: PHYSICAL EXAMINATION: WT: 294.8 lbs. BP: 130/98.
In general, this is a pleasant black male in no apparent distress. Lungs are clear. Heart: Within normal limits. Distal pulses were 2+. No evidence of cyanosis, clubbing, or edema on exam. His last hemoglobin A1C was 6.7 in June with a cholesterol of 264.

A: 1. Hyperlipidemia.
2. Hypertension.
3. Diabetes mellitus.

P: We talked about the importance of exercise and he is going to try exercising for 30 minutes every day to see if he can get his blood pressure and his blood sugar down. His blood sugars are running in the 110 range and sometimes up to the 150s. I refilled his Glucophage for him today and he will continue on that and we will recheck his hemoglobin A1C and renal function today. We will hold off on rechecking his cholesterol and give him a few months to lose some weight and exercise. We talked about adding an ACE inhibitor but he wants to hold off on his blood pressure medication until he can exercise. He will follow up with me on all of this in three months.


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GILLIARD, MARVIN
CHART #: 4481
12-27-04

S: Mr. Gilliard is a 35 year-old black male with a history of diabetes mellitus who presents today for a recheck. He just got Lasix eye surgery done this week and he feels great with that. No shortness of breath or chest pain. His blood sugars have been running in the 100s to 120s and he admits that he has been eating a little bit too much sweets but he has bought a treadmill and is trying to do that every day now.

PAST MEDICAL HISTORY: Listed on the chart.

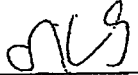
MEDICATIONS: Listed on the chart.

ALLERGIES: Listed on the chart.

O: PHYSICAL EXAMINATION: WT: 295.2 lbs. BP: 130/86.
In general, this is a pleasant black male in no apparent distress. Lungs are clear. Heart: Within normal limits. Distal pulses were 2+. No evidence of cyanosis, clubbing, or edema on exam. His last hemoglobin A1C was 6.5 three months ago.

A: 1. Diabetes mellitus.
2. Borderline hypertension.

P: His weight is up just about one pound and he is going to work on this and start walking on the treadmill and some dieting. We will recheck a hemoglobin A1C and renal function on him today and he will follow up with me on all of this in three months. I gave him enough refills on his medications for six months.



Stacy L. Bizzell, M.D./ csw

WOODWARD MEDICAL CENTER
 21 Aberdeen Drive
 Greenville, SC 29605

Patient: Gilliard, Marvin
 Med. Record #: 249313305 Sex: M Age: 35 DOB: 10/12/1969

Doctor: Stacy L. Bizzell M.D.
 Location:
 Other ID:

CHART # 44481

Test	040641 4/24/03 9:01	041832 5/22/03 14:24	046522 9/22/03 8:50	049211 12/18/03 8:48	052666 3/18/04 8:48	056673 6/28/04 9:08	060271 9/27/04 8:38	063759 12/27/04 10:33	Units	Reference Range
CHEMISTRY										
GLUCOSE		87	133 H	115 H	129 H	142 H	127 H	121 H	mg/dL	65-100
CALCIUM		9.8	9.2	9.1	9.4	9.3	9.2	9.4	mg/dL	8.4-10.5
SODIUM		141	141	138	138	139	138	137	mEq/L	135-148
POTASSIUM		4.4	4.4	4.4	4.6	4.5	4.4	4.4	mEq/L	3.5-5.5
CHLORIDE		105	106	104	107	106	104	101	mEq/L	97-111
CO2		29	27	24	26	29	26	27	mEq/L	20-32
BUN		10	10	15	10	8 L	8 L	9	mg/dL	9-23
CREATININE		1.0	1.0	1.0	0.9	1.1	1.0	0.9	mg/dL	0.7-1.5
DIABETIC										
H1A1C	6.1		6.3 H	6.8 H	6.1	6.7 H	6.5 H	6.1	%	4.6-6.2
LIPID PANEL										
TRIGLYCERIDES					107	118			mg/dL	0-200
CHOLESTEROL					235 H	264 H			mg/dL	0-200
HDL CHOLESTEROL					43	49			mg/dL	>40
LDL (Calc.)					171 H	191 H			mg/dL	0-130
LDL CALCULATION INVALID WHEN TRIGLYCERIDES EXCEEDS 400 MG/DL										
VLDL (Calc.)					21	24			mg/dL	0-40
CHOL/HDL RATIO					5.5	5.4				0-6.7

*OK NY
12-28-04*

Marvin Gillcard

4481

12/27/04

wt 295.2

bp 130/86

age 35

3m KOV

refill

4/4/05

wt 295.2

bp 138/96

age 35

3m KOV

refill

iron

130-135

154

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GILLIARD, MARVIN
CHART #: 44481
04-04-05

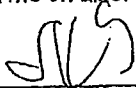
S: Mr. Gilliard is a 35 year-old black male with a history of diabetes mellitus and elevated blood pressure who presents today for a recheck. He rushed to get over here and he knows that his blood pressure was up today. No shortness of breath or chest pain. No GI or GU complaints. No other complaints. He admits that he has been having trouble getting a good work out regimen but he does avoid sweets. His blood sugars have been running in the 130 range.

PAST MEDICAL HISTORY: Listed on the chart.
MEDICATIONS: Listed on the chart.
ALLERGIES: Listed on the chart.

O: PHYSICAL EXAMINATION: WT: 295.2 lbs. Stable. BP: 130/96.
In general, this is a pleasant black male in no apparent distress. Lungs are clear. Heart: Within normal limits. Distal pulses were 2+. No evidence of cyanosis, clubbing, or edema on exam. His last hemoglobin A1C was 6.5 six months ago.

A: 1. Diabetes mellitus.
2. Hypertension. Poorly controlled.

P: We will go ahead and start him on some Alface 5 mg one per day #30 with five refills. We discussed that this would be a protective for his kidneys as well as keep his blood pressure down. We will increase his Glucophage to two per day #60 with five refills. We will recheck his hemoglobin A1C and lipid and liver function and renal function next week since he had to leave early today. He will follow up with me on all of this in three months.



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GILLIARD, MARVIN
CHART #: 444811
07-11-05

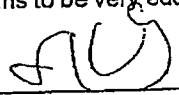
S: Mr. Gilliard is a 35 year-old black male police officer with a history of diabetes mellitus and hypertension who presents today for a recheck. He has not checked his blood pressures but he has felt fine. No shortness of breath or chest pain. He is eating more tofu and trying to go vegetarian and lifting weights and walking every day with his wife. His blood sugars are still high in the 150s in the morning and usually about 100 at night. He is just concerned about this.

PAST MEDICAL HISTORY: Listed on the chart.
MEDICATIONS: Listed on the chart.
ALLERGIES: None.

O: PHYSICAL EXAMINATION: WT: 296.2 lbs. BP: 134/92.
In general, this is a pleasant black male in no apparent distress. Lungs are clear. Heart: Within normal limits. Distal pulses were 2+. No evidence of cyanosis, clubbing, or edema on exam.

A: 1. Diabetes mellitus.
2. Hypertension.

P: We talked about his blood pressure and it is up a little bit but it is somewhat improved. I am more concerned about his diabetes mellitus. His hemoglobin A1C is still running high so we will recheck that as well as his lipids and renal function. We will go ahead and increase his Glucophage from two per day to three per day to see if we can get his fasting glucoses below 120. He will follow up with me on all of this in three months. If he is no better at that time then we will consider adjusting his blood pressure medication as well. He will continue with the diet and exercise. We did some teaching about that and he seems to be very educated.


Stacy Bizzell, M.D. /csw

Marvin Mikhail #4481

7-11-05 wt 296.2
3mROV

Bp 134/92

age 35

AM = 150
PM =

glucophage 500 bid
altace 5
HCTZ

10/11/05 wt 291.0
3mROV

Bp 128/82

age 36
refill -
Lipitor
Altace 5mg

1/11/06 wt 301.0
4mROV

Bp 120/82

age 36

184

140

4/21/06 wt 299.6
3mROV

Bp 120/90

age 36
refill

7/21/06 wt 292.2
3mROV

Bp 130/90

age 36

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GILLIARD, MARVIN
CHART #: 44481
10-11-05

S: Mr. Gilliard is a 36 year-old black male with a history of hypertension, diabetes mellitus, and hyperlipidemia who presents today for a recheck. He got really focused this summer and was working out and lifting weights. He stopped going to McDonalds and got down to 270 lbs. Then his wife went back to school and he has been eating more McDonalds again and not exercising. He has gained a bunch of the weight back. His blood sugars are still doing better though. He has kept off five pounds and his blood sugars are running in the 130s. He feels good physically. No complaints.

PAST MEDICAL HISTORY: Listed on the chart.

MEDICATIONS: Listed on the chart.

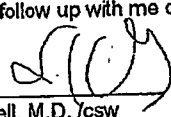
ALLERGIES: Listed on the chart.

O: PHYSICAL EXAMINATION: WT: 291 lbs. which is down five pounds. BP: 120/82 which is improved.

In general, this is a pleasant black male in no apparent distress with bright affect. Lungs are clear. Heart: WNL. Distal pulses are 2+. No evidence of cyanosis, clubbing, or edema on exam. Review of blood work from three months ago showed a hemoglobin A1C of 6.8 which is fairly good and good electrolytes. His cholesterol was improved to 186.

A: 1. Hyperlipidemia.
2. Hypertension.
3. Diabetes mellitus.

P: We talked about his diet and exercise. He is going to really work on it and he would like to get his weight down to 250 lbs. which is a good goal for him. His blood pressures and blood sugars are doing better. I refilled his medications as listed on the chart for him. We will recheck a lipid and liver function and renal function on him today. We will recheck a hemoglobin A1C and he will follow up with me on all of this in three months.


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GILLIARD, MARVIN
CHART #: 44481
01-11-06

S: Mr. Gilliard is a 36 year-old black male with a Hx of HTN, hyperlipidemia, diabetes mellitus and who presents today for a recheck. He admits that he was "bad" over the holidays. He took two weeks of vacation and did not do anything but play video games. He has gained a few pounds. He knows that this is bad. His blood sugar was 181 and most of the time they run below the 140s. He does not want to change any of his medications at this point but he just wants to work on his diet. He got a treadmill for Christmas and he is going to start walking thirty minutes every day to see if that helps him. He feels good physically and has no complaints.

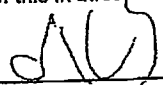
He had a crack in his heel and his foot was a little bit irritated and he has been putting lotion on it. It looks like it has healed up but he wants for me to check this out on his right heel as well:

PAST MEDICAL HISTORY: Listed on the chart.
MEDICATIONS: Listed on the chart.
ALLERGIES: None.

O: PHYSICAL EXAMINATION: WT: 301 lbs. up ten pounds in three months. BP: 120/82.
In general, this is a pleasant black male in no apparent distress. Lungs are clear. Heart: WNL. Distal pulses are 2+. No evidence of cyanosis, clubbing, or edema on exam. I examined both of his feet and his right heel showed a little bit of dry skin that has healed but it looks like the crack has healed on its own. No signs of any athlete's foot in that area.

A: 1. Foot care for diabetes mellitus.
2. Diabetes mellitus.
3. HTN.
4. Hyperlipidemia.

P: We talked about his blood work and it was good at his last visit. I am worried that his hemoglobin A1C may be higher today with his recent weight gain so we will recheck this as well as a lipid and liver and renal function as well. We talked about diet and exercise and he promised me that he will use the treadmill at least five times per week for thirty minutes and try to cut back on his eating and get a little bit more active. He will continue to check his blood sugars. Our goal is still to get fasting blood sugars below 120. He did not need any refills on his medications today and we will continue with his foot care and he will follow up with me on all of this in three months.


Stacy Bizzell, M.D. /csw

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GILLIARD, MARVIN
CHART #: 44481
04-21-06

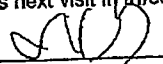
S: Mr. Gilliard is a 36 year-old black male with a Hx of hyperlipidemia, diabetes mellitus and HTN who presents today for a recheck. He feels good. He had been doing well with diet and exercise and then went out of town recently and gained some weight back. No shortness of breath or chest pain. His blood sugars are doing pretty well for him in the 120s to 130s.

PAST MEDICAL HISTORY: Listed on the chart.
MEDICATIONS: Listed on the chart.
ALLERGIES: Listed on the chart.

O: PHYSICAL EXAMINATION: WT: 299.6 lbs. which is down two pounds. BP: 120/90.
In general, pleasant black male in no apparent distress. Lungs are clear. Heart: WNL. Distal pulses are 2+. No evidence of cyanosis, clubbing, or edema on exam.

A: 1. Hyperlipidemia.
2. HTN.
3. Diabetes mellitus.

P: His hemoglobin A1C is good at 6.8 and his cholesterol was good at 175. His blood pressure is up a little bit but so is his weight so he is going to work on that. I gave him refills on all of his medications. He could not take the Altace because it made him cough. We will switch him to Diovan 80 mg per day #30 with five refills. We will recheck his blood work one week prior to his next visit in three months.


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GILLIARD, MARVIN
CHART #: 44481
07-21-06

S: Mr. Gilliard is a 36 year-old black male with a Hx of diabetes mellitus, hyperlipidemia, and HTN who presents today for a recheck. He had a complete physical examination through the city including a pulmonary function, stress test, etc. a few months ago. He did great on this but in the past month he has had trouble with his breathing. It is worse when he is outside when he is working in the yard at night. His wife has noticed that he seems to be a little bit more congested with his breathing. He recently was diagnosed with sleep apnea and had a tonsillectomy and his breathing had gotten much better but now it seems to be getting worse in the past month. He has been coughing up some clearish white phlegm that is not discolored. He does not feel sick. He feels good when he wakes up in the morning and, in fact, right now he is not wheezing. He has had to cut back on his treadmill and his weight loss program just because he is having so much trouble with his breathing. He feels good right now and his blood sugars have been fine when he checks them.

PAST MEDICAL HISTORY: Listed on the chart.

MEDICATIONS: Listed on the chart.

ALLERGIES: Listed on the chart.

O: PHYSICAL EXAMINATION: WT: 219.2 lbs. which is down seven pounds. BP: 130/90. In general, this is a pleasant black male in no apparent distress. Lungs are clear. No rales, rhonchi, or wheezes. Heart: Normal S1 and S2 without murmurs, gallops, or rubs. Distal pulses are 2+. No evidence of cyanosis, clubbing, or edema on exam. Review of blood work from last week shows that he had good liver function and his cholesterol was good at 202 with an LDL of 139. His hemoglobin A1C was good for him at 6.5.

A: 1. Diabetes mellitus.
2. Hyperlipidemia.
3. HTN.
4. Shortness of breath. Possible allergic asthma.

P: I told him that he may just be having a reaction to the weather. His symptoms are very outdoor related and may be an allergy type of asthma. I do not think that he needs an inhaler at present but we will try him on some Singulair 10 mg qhs #30 with two refills. We will recheck his blood work one week prior to his next visit in three months. He is doing well with the Diovan. We will keep this the same dose and once he loses more weight and gets back on the treadmill then hopefully his blood pressure will come down. We will recheck all of this with blood work in three months. I told him that if his breathing does not get better in the next one to two weeks to please give me a call and I would be glad to repeat PFTs at some point.


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GILLIARD, MARVIN
CHART #: 44481
10-25-06

S: Mr. Gilliard is a 36 year-old black male with a Hx of hypertension, diabetes mellitus, and hyperlipidemia who presents today for a recheck. He recently had some trouble breathing at his job. He went to see Dr. Scott. It sounds like _____ He has decided that he has asthma. He put him on Advair Diskus. He just started it last night. He has a lot of phlegm production in the morning but not for the rest of the day. No real shortness of breath or wheezing today. No other complaints. He has been very careful with his diet. He checks his blood sugars and they tend to run under 140. Other than that, he feels good.

PAST MEDICAL HISTORY: Listed on the chart.

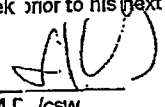
MEDICATIONS: Listed on the chart.

ALLERGIES: None.

O: PHYSICAL EXAMINATION: WT: 2__4 lbs. BP: 112/74.
In general, this is a pleasant black male in no apparent distress. Lungs are clear. No rales, rhcrchi, or wheezes. Heart: Normal S1 and S2 without murmurs, gallops, or rubs. Distal pulses are 2+. No evidence of cyanosis, clubbing, or edema on exam. His blood work from one week ago was good at 6.4 with a great cholesterol of 178 and normal liver and renal function.

A: 1. Hypertension. Well controlled.
2. Hyperlipidemia. Well controlled.
3. Diabetes mellitus. Stable.
4. Asthma.

P: He will continue with his Advair Diskus and continue with his other medications. He will be careful with his diet over the holidays and follow up with me on all of this in three months with fasting blood work one week prior to his next visit. No changes today.


Stacy Blizzell, M.C. /csw

Marvin Lillard

#4481

10/25/06

wt 277.4

Bp 112/74

age 36

3mROV

athina

Dr Scott

140

2/15/07

wt 279.0

Bp 120/82

age 37

3mROV

Dr Lauren

5/17/07

wt 264.4

Bp 118/78

age 37

3mROV

defects

4550

4850

Dulce - lung bx

non-specific
interstitial
pneumonitis

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GILLIARD, MARVIN
CHART #: 44481
02-15-2007

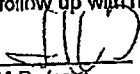
S: Mr. Gilliard is a 37 year-old black male with a Hx of diabetes mellitus, hyperlipidemia, hypertension and asthma who presents today for a recheck. He has been seeing Dr. Laurens for his asthma but it is just not getting better. He wonders if he could have walking pneumonia. He has been congested for several weeks, maybe even months. He has shortness of breath with exertion. Now his head is killing him and his nose feels congested. He has lots of post-nasal drainage with coughing, sneezing, and it is just a dry cough with some occasional clear phlegm coming up. No fever or chills. It is interfering with his job. He is doing light duty because he just cannot run because of the asthma. He is even using his inhalers. He admits that he has been eating lots of soup and lots and lots of bread. He did not realize that this would affect his blood sugars so much. He has not checked them regularly.

PAST MEDICAL HISTORY: Listed on the chart.
MEDICATIONS: Listed on the chart.
ALLERGIES: Listed on the chart.

O: PHYSICAL EXAMINATION: WT: 279 pounds up two pounds. BP: 120/82.
In general, this is a pleasant black male with obvious congestion in his head but in no acute distress. HEENT exam shows Sinuses: No pain to palpation. Oropharynx is clear. Nares just appear irritated. Tympanic membranes are clear bilaterally. NECK: No JVD, no lymphadenopathy, and no thyromegaly. Lungs are clear. He has decreased breath sounds at both bases. No rales, rhonchi, or wheezes. Heart: Normal S1 and S2 without murmurs, gallops, or rubs. Distal pulses are 2+. No evidence of cyanosis, clubbing, or edema on exam. Review of blood work shows that his cholesterol is 221 with an LDL of 152, which is fairly stable for him. He has a normal liver and renal function and a Hemoglobin A1c up to 8.1. He brought blood work from his physical exam recently. His TSH, CBC, et cetera, were all normal.

A: 1. Diabetes mellitus. Poorly controlled.
2. Hypertension. Stable.
3. Asthma. Not stable.
4. Possible allergic rhinitis.

P: His blood pressure is good. His cholesterol is fine. His weight is up from eating too much bread. His blood sugar is up as well. We will keep his Glucophage at three per day and he will try to cut out on the breads. We will see how his blood work results are doing in a couple of months. He will continue with the Advair Diskus and albuterol for his asthma. I suggested that he start on Singulair but he tried this in the past and it did not help. We will add Allegra 180 mg per day #30 with five refills. We will start him on Nasacort AQ two sprays to each nostril once per day. Of note, he is also on a C-Pap machine with his sleep apnea recently diagnosed. He is not getting much relief from that and this could be why he is having problems as well. I told him to discuss this all with Dr. Laurens until he gets his asthma stable. He will follow up with me on all of this in three months.


Stacy Bizzell, M.C. fcsW

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GILLIARD, MARVIN
CHART #: 44481
05-17-2007

S: Marvin is a ³⁷ year-old black male with a Hx of diabetes mellitus, hypertension, hyperlipidemia and who presents today for a recheck. Back in January, he was having trouble breathing and eventually got to Dr. Laurins office, pulmonologist, but he could not tell what was wrong with him and he got worse so on his own he went down to Duke and saw a specialist there. We have a copy of his name. They ended up admitting him to the hospital and doing a lung biopsy. He turned out to have nonspecific interstitial pneumonitis. They put him on prednisone and changed around his inhalers. His last lung function improved from 43 to 48 percent. His breathing is better. He is doing light duty at work. He is going back there in July and he needs a follow-up CT. He feels better. His blood sugars are running a little bit high at the end of the day in the 160s but he usually wakes up with them in the low 100s. He is on prednisone 60 mg per day and needs refills. He has not been on his Lipitor for about one week but he has been taking his other medications. Overall, he feels much better and he is just pleased to finally know what is wrong with him.

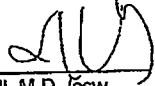
PAST MEDICAL HISTORY: Listed on the chart.
MEDICATIONS: Listed on the chart.
ALLERGIES: None.

SOCH: He is a non-smoker.

O: PHYSICAL EXAMINATION: WT: 264.4 pounds, which is down fifteen pounds. BP: 118/78. In general, this is a pleasant black male in no acute distress. Lungs are clear. No rales, rhonchi, or wheezes. Heart: Normal S1 and S2 without murmurs, gallops, or rubs. Distal pulses are 2+. No evidence of cyanosis, clubbing, or edema on exam. Review of blood work from last week shows that his Hemoglobin A1c was actually improved down to 7.9. It was 8.2 in January. He had good liver and renal function. His cholesterol was up to 260 with an LDL of 156 off of the Lipitor for two weeks.

A: 1. Diabetes mellitus.
2. Hyperlipidemia.
3. Hypertension.
4. Interstitial pneumonitis.

P: We discussed his recent pneumonitis and what he has had going on. We discussed the side effects of the prednisone. He knows to watch his blood sugars closely and to call me if they get elevated and we could always add medicine or increase what he is on. Right now we will keep everything at the same dose. I put him back on the Lipitor and Diovan and gave him refills on that. We will schedule the chest CT to follow up on the interstitial pneumonitis in the first of July and he will take it with him up to Duke. He is not going to see the pulmonologist locally. He wants to follow up with this guy at Duke and the pulmonologist said that once he gets him maintained, that I could probably follow him up. I am fine with that. He will try to get me notes from this doctor the next time that he goes to Duke. He will follow up with me on all of this in three months with fasting blood work one week prior to his next visit.


Stacy Bizzell, M.D. /csw

MARVIN GILLIARD

4481

06-11-07

S: This 37-year-old Afro American with diabetes is sent by Dr. Bizzell for his uncontrolled diabetes. She is requesting that we start him on some Lantus and adjust it accordingly as needed. The patient has been started on the long term use of prednisone 60 mg daily for interstitial pneumonitis. Blood sugars have been averaging 400. This morning it was 307. The patient has had a weight loss over the last few weeks, months of 40 pounds. He states he is extremely thirsty and having to urinate frequently.

PAST MEDICAL HISTORY: Interstitial pneumonia, diabetes, hypertension and hyperlipidemia.

MEDICATIONS: These include metformin 500 mg two tablets p.o. tid, Combivent inhaler, Advair 250/50 mg, Allegra 180 mg daily; Nasacort Aqua p.r.n., Lipitor 10 mg daily, Diovan 80 mg daily and prednisone 60 mg daily.

Obj: Alert and appropriate male is in no acute distress.

Assessment/ Plan:

1. Detailed teaching on insulin therapy, explaining what long acting insulin is versus the other types. How to draw up insulin and inject it. Insulin sites were also discussed with the patient. A demonstration on how to draw up the insulin and inject was given and the patient returned the demonstration. Giving himself 10 units of Lantus in the office. The patient will continue with 10 units at bedtime daily for four days, if blood sugars have not dropped to 120 or less he will increase by 2 units every three to four days until this goal is reached. Will recheck in one week unless problems occur. Written instructions and information given to the patient and reviewed with him.

Martha J. Clark, APRN 6-13-07
Martha J. Clark, APRN-BC/kra

6/11/07 Metformin 1000 mg Bid
Marvin Bellear
4481
WT 256 sent by Dr. Bygell age 37

diabetic teaching Pt is also on
prednisone 60 mg 1 per day BS
ave around 400 This em was 307.
wt low 40+ lbs.

Diabetic
pneumonia

Lantus
Re 1 wk

6/18/07
WT 206

One week RDU diabetes

age 37

124 Lantus
of problems & injection
urinary freq. Vag.

280 FBS avg
400 this AM
(Father's Day meal)

of problem

Last up from - 6 me.

120 H.L -
88

Re 1 wk

Lantus -
- long-acting
- on set of action, approx 1 hr.
- last 24 h.
- give at same time daily
- start 10 U₁ may increase
by 2 U every 4 days until
VENLAFAXINE HCl BS 120 or
EFFEXOR XR EXTENDED RELEASE CAPSULES

S: This 37-year-old Afro American returns for one week follow up for diabetes. He started insulin injections of Lantus 10 units daily. He states he has had no problems with the injections. He has moved his level up to 12 units in the evenings. He has noticed a slight decrease in the urinary frequency from what he was experiencing. He states his blood sugars are averaging around 250 to 280. This morning they were 400 but last night he broke off of his diet and had a big Father's Day meal. The patient denies chest pain, shortness of breath, GI or GU problems or skin problems.

Obj: Alert and appropriate male is in no acute distress. BP: 120/88.
Heart: Normal S1, S2, without murmur or rub.
Lungs: Clear bilaterally.
Skin: Intact.
Extremities: 2+ pulses, no edema.

Assessment/ Plan:

- Diabetes - continue the Lantus in the p.m., continue to increase the dosage by 2 units every three days until he is ranging somewhere between 100 and 120. The patient will see his pulmonologist within the next couple of weeks and hopes to start weaning off of the prednisone. At that time he will monitor closely to see if he needs to decrease his Lantus as the prednisone levels decrease. The patient had an eye exam six months ago. Discussed the need to have a regular yearly check up. Will recheck in one month unless problems occur.

Martha J. Clark, APRN
Martha J. Clark, APRN-BC/Kra 6-20-07

7/23/07
 WT 253
 BS - 291
 BP 122/64
 FBS 291 - FU from 6/20/07
 Diabetes
 Following DM nutritional guidelines -
 φ CP, SOB, GI, GU problems -
 0 - H, L - Eftc skin -
 1 - DM - ↑ Lantus to 24U.
 ↑ by 4U q 3d -
 < 150 ↑ by 2U
 as needed - goal 100-120 -
 250

meds
 Metformin 500mg qd
 Combivent
 Proair 90mg BID
 Acivair 250/50
 Allegra 180mg qd
 Allegra 18
 Nasacort
 Proair 150mg 2mg
 Lipitor 10mg qd
 Diovan 80mg qd
 Lantus 18U in AM

07-23-07

4481

MARVIN GILLIARD

S: This 37-year-old Afro American presents for follow up of his diabetes. He states his sugars have been ranging anywhere from 250 up to 400. He states his Prednisone has been decreased to 20 mg daily from the 60 mg daily. He is at present taking Lantus 18 units in the evenings. He states he just did not go any higher. He did not think it was necessary. He denies chest pain, any new shortness of breath, GI or GU problems.

MEDICATIONS: His medications remain Metformin 500 mg two tablets bid, Combivent two puffs bid, Advair 250/ 50 mg bid, Allegra 180 mg daily, Nasacort p.r.n., prednisone 20 mg daily, Lipitor 10 mg daily and Diovan 80 mg daily and Lantus 18 units in the evening.

Obj: Alert and appropriate male is in no acute distress. BP: 122/64. WT: 253.0 lb. PULSE: 104. TEMP: 95.4F.

His blood sugar this a.m. was 291.
Neck: Supple without palpable nodes.
Heart: Normal S1, S2, without murmur or rub.
Lungs: With course breath sounds but no wheezing, rhonchi.
Extremities: 2 + pulses, no edema.
Skin: Intact.

Assessment/ Plan:

1. Diabetes -- after discussing with patient will increase Lantus to 24 units in the evening with instructions to increase by 4 units every three days until blood sugars are 150 or below. Then he can increase every three days by two units until the goal of 100 to 120 blood sugar level is met. Recheck in two weeks unless problems occur.
2. HTN -- good control. No change in medication.
3. Hyperlipidemia -- good control, no change in medication.
4. Respiratory problems -- he will continue with the pulmonologist.

Martha J. Clark, APRN
Martha J. Clark, APRN-BC/kfra 7-30-07

MARVIN GILLIARD

4481

08-13-07

S: This 37-year-old Afro American presents for follow up of his diabetes. He states that he was seen by his pulmonologist last week. The pulmonologist states that his lung capacity has improved to 52% and is stable. Prednisone was decreased to 20 mg daily. The pulmonologist also increased his Lantus to 48 units daily and added Humulin 12 units a.c. The patient states his fasting blood sugars have been 93, 157, 143 in that range. Afternoon readings are up to 300 to 350. He denies chest pain, shortness of breath, GI or GU problems.

PAST MEDICAL HISTORY: Diabetes, pulmonary interstitial problems. The patient is a non-smoker.

Obj: Alert and appropriate male is in no acute distress. BP: 130/100, recheck 120/76. WT: 260.0 lb.
TEMP: 98.5F.
Heart: Normal S1, S2, without murmur or rub.
Lungs: Clear bilaterally.

Assessment/ Plan:

1. Diabetes – with some improvement. Continue to describe dietary habits with the patient, with afternoon elevations must consider intake during the day having a big effect on his blood sugar readings. He was in agreement with this and will try to work on a better dietary intake.
2. HTN – well controlled. No change in medications.
3. Pulmonary problems – continue medications. The patient will follow up with Dr. Bizzell on regularly scheduled appointment on August 20, 2007.

Martha J. Clark, APRN
Martha J. Clark, APRN-BC/kra 8-15-07

PT. NAME Maurin Hilliard ^{37.8°} CHART# 4481 DATE 8-13-07

WT. 260 B/P 130/101 TEMP 98.5 MEDS

REASON FOR VISIT: ^{130/96} DM F/U

FBS - 93
157
143
afternoon
300-350

↑
Humulin 124 ~~units~~ ^{units}
by Pulmonologist -
lung exp - 52% + stable
↓ Prednisone to 20 mg/d

#/4 c Dr. Bezell on
Aug 20, 07

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GILLIARD, MARVIN
CHART #: 44481
08-20-2007

S: Mr. Gilliard is a 37 year-old black male with a recent diagnosis of interstitial lung disease, pneumocystic, diabetes mellitus, hyperlipidemia, and hypertension who presents today for a recheck of all of these problems. His blood pressure has been good. His pulmonologist finally put him down to 20 mg of the prednisone about one week ago. He is a little bit more congested and a little bit more short of breath but he feels like it is pretty good. His last check showed that his pulmonary function had increased from 40 percent to 52 percent but he thinks that this is as good as it will get. He is still a little bit short of breath. He is going to have to go on disability soon and he is a little bit depressed about that. His blood sugars are high. They are running in the 200s to 300s. When he wakes up in the morning, they are 108 to 112 and even as low as 90, but they are high post-meals, and that is when he seems to have the most trouble keeping them under control. No other acute complaints but for a little bit of some shortness of breath and cough at times.


PAST MEDICAL HISTORY: Listed on the chart. Updated.
MEDICATIONS: Listed on the chart.
ALLERGIES: None.

SOCH: He is a non-smoker.

O: PHYSICAL EXAMINATION: WT: 264.6 pounds, which is stable for him. BP: 112/78.
In general, this is a pleasant black male with bright affect in no acute distress. Lungs show no wheezes and good clear sounds. Heart: Normal S1 and S2 without murmurs, gallops, or rubs. Distal pulses are 2+. No evidence of cyanosis, clubbing, or edema on exam. His blood work from last week showed that his Hemoglobin A1c was up to 42.5 and his cholesterol was 222 with an LDL of 134 and a normal liver and renal function.

A: 1. Hyperlipidemia.
2. Hypertension.
3. Diabetes mellitus.
4. Steroids and prednisone dependent interstitial lung disease.

P: He is going to be on the prednisone for at least six more months. We need to get more aggressive with his glucose control. His Hemoglobin A1c is probably high because he was on the 60 mg of the prednisone during a lot of that time when we checked it. We will increase his Humulin from 12 units before meals to 16 units, since he has a lot of post-prandial spikes. We will keep his Lantus at 48 units for now. No changes were made in his other medications. He is working on his diet. He is trying to cut out the carbohydrates and he thinks that this is helping with his blood sugars as well. He will follow up with me on all of this in three months. I told him to call me over the next couple of weeks if his blood sugars do not stay down below 200 by that time.


Stacy Bizzell, M.D. /csw

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GILLIARD, MARVIN
CHART #: 44481
11-27-2007

stopped
S: Mr. Gilliard is a 37 year-old black male who presents today for his DOT physical. He lost his job as a cop recently and he is on disability but he can work part-time as a truck driver so he wants to try this. He still has his lung disease. He goes to Duke for that. It is fairly stable. He wears oxygen when he is at home. His blood sugars are doing better. He has cut back a lot on his carbohydrates. He has lost a couple of pounds. He feels like his blood sugars are doing very well. His last Hemoglobin A1c was 7.7. He is having some low blood sugars at night and his blood sugars are dropping in the 50s to 60s. He has actually held his Lantus a few times and his blood sugars in the morning will still be in the 130s to 128 with the Glucophage. He feels like his numbers are coming down overall and he wants to keep his Lantus at the same dose at night. No visual problems or hearing problems. No urination problems or chest pain. He just has the shortness of breath at times with his lung disease. He is still on the prednisone 20 mg per day.

PAST MEDICAL HISTORY: 1. Interstitial pneumonitis.
2. Hypertension.
3. Hyperlipidemia.
4. Diabetes mellitus. Due to prednisone use.

SOCH: The patient does not smoke cigarettes or drink alcohol. He is a disabled policeman.

FAMILY HISTORY: Noncontributory.

ROS: He just has the occasional shortness of breath.

O: PHYSICAL EXAMINATION: WT: 263.6 pounds. BP: 114/78.
In general, this is a pleasant black male with obvious shortness of breath with bright affect in no apparent distress. He has a little bit of cushingoid facies. Lungs show decreased breath sounds at both bases with faint wheezes, no rales or rhonchi. Heart: Normal S1 and S2 without murmurs, gallops, or rubs. Distal pulses are 2+. No evidence of cyanosis, clubbing, or edema on exam. His sight in his left eye was 20/25 and his right was also 20/25. Both of his eyes were 20/25. He passed the color test. His height was 5'11 1/2". His urinalysis was clear but for a trace of blood. No glucose or protein.

A: 1. DOT physical.

P: The patient does not have the form yet but he will bring back the copy and I would be glad to fill it out and put a copy of it on the chart. His last Hemoglobin A1c last week was 7.7, which is much improved. I think that as he is getting used to his diet and sticking to his low carbohydrates that he is doing a lot better and we could keep him just on the Glucophage. He will use the Lantus if his blood sugars are higher than 90 at bedtime. If he keeps getting the lows in the 50s and 60s then he will continue to hold his Lantus and see if we can just control him with medication and diet. He still goes to Duke University for his lung disease follow-up. This sounds like it is fairly stable. He is still kept out of his regular job. He will follow up with me on all of this in about three months.

Stacy
Stacy Bizzell, M.D. /csw

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GILLIARD, MARVIN
CHART #: 44481
02-29-2008

S: Mr. Gilliard is a 38 year-old black male with a Hx of interstitial pneumonitis, oxygen and steroid dependent, hypertension, diabetes mellitus, hyperlipidemia, and who presents today for a recheck. His breathing is still not doing well. He had recent PFTs and it sounds like his oxygen demand level is getting more. He does not have a tank on today because he said that it was too big and about to run out and he did not want to run out. He says that he does fine as long as he walks slowly. If he exerts himself at all then he gets very short of breath. His blood sugars have been high. Fasting, they have been good in the 90s to 100s but he has not checked them any other times and we did blood work on him last week and his Hemoglobin A1c was very elevated. He admits that he had stopped his insulin on his own. He thought that he did not need it but now that he is on prednisone 50 mg per day he probably needs to stay on it. He sees the pulmonologist next week. He is still not finished with the driver's training for the tow truck and he is not sure if that will really work out or not. He is just tired and short of breath and really does not have any other acute complaints.

PAST MEDICAL HISTORY: Listed on the chart.

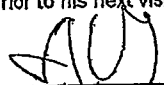
MEDICATIONS: Listed on the chart.

ALLERGIES: Listed on the chart.

O: PHYSICAL EXAMINATION: WT: 267 pounds, which is up four pounds. BP: 142/90.
In general, this is a pleasant black male with obvious cushingoid facies with a little bit of obvious shortness of breath when he talks in no apparent distress. Lungs show decreased breath sounds at both bases with very mild expiratory wheezes. Heart: Normal S1 and S2 without murmurs, gallops, or rubs. Distal pulses are 2+. No evidence of cyanosis, clubbing, or edema on exam. His blood work from last week showed a cholesterol good at 198 and normal liver and renal function but a Hemoglobin A1c up to 9.0. It was 6.4 three months ago.

A: 1. Diabetes mellitus. Insulin dependent.
2. Hyperlipidemia.
3. Hypertension.
4. Interstitial pneumonitis. Steroid and oxygen dependent.

P: We talked about the fact that he will need to stay on insulin as long as he is on the prednisone. He admits that he will cooperate now. He takes Lantus 50 units at night and Humulin N 20 units before all meals. He does a little bit of sliding scale before all meals. His goal is to keep his post-prandial blood sugars down as well as his pre-meals. We talked about this since he has not been checking these. His blood pressure is up a little bit probably because his weight is up. He will follow up with the pulmonologist about his lung disease. I hope that he gets that issue settled when he gets down off of the prednisone a little bit. He will follow up with me on all of this in three months with lab work one week prior to his next visit. I gave him refills on his medications as listed on the chart today.


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GILLIARD, MARVIN
CHART #: 44481
05-30-2008

S: Mr. Gilliard is a 38 year-old AAM with a history of diabetes mellitus hyperlipidemia, HTN and interstitial pneumonitis (steroid dependent) who presents today for a recheck. He is still on the lung transplant list. He still sees his pulmonologist in Spartanburg and will see him next week. He needs copies of his lab work. He feels like his blood sugars are doing better since adjusting his insulin a little bit. He feels like his blood sugars are running in the low 120s most of the time. His allergies are bothering him a little bit and he has a little bit of wheezing but he just wears his oxygen when he is at home. He needs to get a few refills on his medications today.

PAST MEDICAL HISTORY: Listed on the chart.

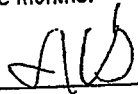
MEDICATIONS: Listed on the chart.

ALLERGIES: Listed on the chart.

O: PHYSICAL EXAMINATION: WT: 276.4 pounds, which is up about nine pounds in three months. BP: 118/78.
In general, this is a pleasant WM with obvious cushingoid facies and shortness of breath when he talks. Lungs show decreased breath sounds at both bases. No rales, rhonchi, or wheezes. Heart: Normal S1 and S2. No murmurs, rubs, or gallops. Distal pulses were 2+. No evidence of cyanosis, clubbing, or edema. Review of blood work shows that his cholesterol is good. His Hemoglobin A1C was down to the seven percent range, which is much improved with normal liver and renal function.

- A:
1. Diabetes mellitus.
 2. Chronic prednisone and occasional oxygen use due to interstitial pneumonitis.
 3. HTN.
 4. Hyperlipidemia.

P: I refilled his medications as listed on the chart. No changes were made in his medications. We will recheck his blood work in three months. He will take copies to his pulmonologist. Otherwise no change. We talked about his lung transplant in some detail. He will follow up with me in three months.


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GILLIARD, MARVIN
CHART #: 44481
08-28-2008

S: Mr. Gilliard is a 38 year-old black male with a history of end stage interstitial fibrosis, steroid and oxygen dependent, HTN, HL, diabetes mellitus and who presents today for a recheck. He had trouble recently with _____ where he was in the hospital and it turned out to be just tachycardia, probably from his severe lung disease. All that they did was to put him on something to regulate his heart. He had a catheterization that showed that all of his arteries were clear. He was on the lung transplant list at Duke but they told him that he needs to lose eight percent of his body weight. He figures that his goal is about 250. He is doing pulmonary rehab and trying to eat less. He has lost five pounds in the past couple of weeks just by cutting back on his carbohydrate intake. His blood sugars are good. They are running sometimes in the 70s. He even has some hyperglycemic episodes less than 70s and then sometimes they run up to the 180s. He is following it closely. He needs refills on everything. He is trying to keep his spirits up, even though he knows that his lung disease is getting worse. He tries to get around the best that he can. He is wearing his oxygen all of the time.

PAST MEDICAL HISTORY: Listed on the chart.
MEDICATIONS: Listed on the chart.
ALLERGIES: Listed on the chart.

O: PHYSICAL EXAMINATION: WT: 271.2 pounds. BP: 118/78. Pulse: Fast in the upper 90s. In general, this is a pleasant AAM with cushingoid facies. He is wearing oxygen. He is short of breath when he talks but he has bright affect. Lungs show decreased breath sounds at both bases. No rales, rhonchi, or wheezes. Heart: Mild tachycardia. Normal S1 and S2. No murmurs, rubs, or gallops. Distal pulses were 2+. No evidence of cyanosis, clubbing, or edema. His blood work from last week shows that his Hemoglobin A1C was up to 9.0. This was while he was hospitalized. He had good liver and renal function and his cholesterol was good at 168.

A: 1. Diabetes mellitus.
2. HL.
3. HTN.
4. Oxygen dependent interstitial fibrosis.

P: This is a pleasant man and I am sorry he is having such a rough time with the transplant list. He is really going to work on diet and exercise. We talked about his diet in some depth. He seems to be very motivated and I think that pulmonary rehab will help. He seems very short of breath with minimal walking. It takes him a few minutes to catch his breath just to walk down the hall to get to our exam room. I would like to get his blood sugars under better control. We will keep his Lantus the same. Hopefully with the diet change and the weight loss his blood sugars will come down. We will recheck everything with lab work one week prior to his next visit in three months. He knows to call if he gets any signs of any type of infection such as coughing et cetera.


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GILLIARD, MARVIN
CHART #: 44481
10-08-2008

S: Mr. Gilliard is a 38 year-old AAM with a history of diabetes mellitus, HL, HTN and chronic interstitial pneumonitis (oxygen and steroid dependent) on the lung transplant list who presents today for complaints of increasing shortness of breath and cough. He has felt terrible for the past week. He has felt his heart racing. He has had an SVT and was admitted to the hospital for that in July. He had a cardiologist who called him and told him to come here. He states that he feels a little bit more swollen. He cannot catch his breath. He wanted to get his oxygen level checked. He is wearing his oxygen 24 hours per day but just feels worse than usual today and very short of breath. He cannot get a good deep breath. He has even tried pursed lip breathing but it has not helped him.

PAST MEDICAL HISTORY: Listed on the chart.

MEDICATIONS: Listed on the chart. Updated. He is on prednisone 20 mg per day and Lantus insulin.

ALLERGIES: None.

SOCH: He is a non-smoker.

O: PHYSICAL EXAMINATION: WT: 274 pounds, which is up three pounds. BP: 112/74. P: 90s and irregular.
In general, this is a pleasant AAM wearing oxygen in a little bit of respiratory distress but very alert. Lungs show little air movement through. He has faint rales. Heart shows irregular rate and rhythm and tachycardia without any murmurs, rubs or gallops. Distal pulses were 2+. No evidence of edema in his lower extremities. His EKG in the office today showed a normal sinus rhythm with a rate of about the 90s. No acute ST changes. Pulse ox on room air was 70 percent, even after about five to ten minutes of rest.

A: 1. Respiratory distress.
2. History of interstitial pneumonitis.
3. Diabetes mellitus.
4. HL.
5. HTN.
6. History of SVTs.

P: I told him that I am more worried about his lungs than his heart today. He has very little air movement. He does not know if it is an infection or some type of allergy or fluid. His problem is that his weight is up but no signs of swelling in his legs. He has already increased his Lasix over the weekend but it did not help. He has _____ pulmonologist. We will go ahead and send him to Greenville Memorial Hospital to be admitted hopefully by the hospitalist there unless they can turn him around with some breathing treatments. He has some at home and it has not seemed to help. I am concerned because his pulse Ox was so low. He probably needs an ABG. We will send copies of all of his records and his EKG with him. We called him an ambulance since he was in some distress and he will be taken over there immediately. We sent copies of all of his notes and he has his own hospital records with him. He has already contacted his pulmonologist at Duke and his cardiologist and they are both aware of it. He is probably going over there after his visit with me today.


Stacy Bizzell, M.D. /csw

Medical Examination Report FOR COMMERCIAL DRIVER FITNESS DETERMINATION

1. DRIVER'S INFORMATION Driver completes this section

Driver's Name (Last, First, Middle) <i>Gilliard, Marvin</i>	Social Security No.	Birthdate <i>12/03/69</i> M/D/Y	Age <i>37</i>	Sex <input checked="" type="checkbox"/> M <input type="checkbox"/> F	<input checked="" type="checkbox"/> New certification <input type="checkbox"/> Recertification <input type="checkbox"/> Follow Up	Date of Exam <i>11-27-07</i>	
Address	City, State, Zip Code	Work Tel: ()	Home Tel: ()		Driver License No.	License Class <input type="checkbox"/> A <input type="checkbox"/> C <input type="checkbox"/> B <input type="checkbox"/> D <input type="checkbox"/> Other	State of Issue

2. HEALTH HISTORY Driver completes this section, but medical examiner is encouraged to discuss with driver.

<p>Yes No</p> <p><input type="checkbox"/> <input type="checkbox"/> Any illness or injury in last 5 years?</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Head/Brain injuries, disorders or illnesses</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Seizures, epilepsy <input type="checkbox"/> medication _____</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Eye disorders or impaired vision (except corrective lenses)</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Ear disorders, loss of hearing or balance</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Heart disease or heart attack; other cardiovascular condition <input type="checkbox"/> medication _____</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Heart surgery (valve replacement, bypass, angioplasty, pacemaker)</p> <p><input checked="" type="checkbox"/> <input type="checkbox"/> High blood pressure <input checked="" type="checkbox"/> medication <i>Dovoncor</i></p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Muscular disease</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Shortness of breath</p>	<p>Yes No</p> <p><input checked="" type="checkbox"/> <input type="checkbox"/> Lung disease, emphysema, asthma, chronic bronchitis</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Kidney disease, dialysis</p> <p><input type="checkbox"/> <input type="checkbox"/> Liver disease</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Digestive problems</p> <p><input checked="" type="checkbox"/> <input type="checkbox"/> Diabetes or elevated blood sugar controlled by: <input checked="" type="checkbox"/> diet <input checked="" type="checkbox"/> pills <input type="checkbox"/> insulin</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Nervous or psychiatric disorders, e.g., severe depression <input type="checkbox"/> Medication _____</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Loss of, or altered consciousness</p>	<p>Yes No</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Fainting, dizziness</p> <p><input type="checkbox"/> <input type="checkbox"/> Sleep disorders, pauses in breathing while asleep, daytime sleepiness, loud snoring</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Stroke or paralysis</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Missing or impaired hand, arm, foot leg, finger, toe</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Spinal injury or disease</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Chronic low-back pain</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Regular, frequent alcohol use</p> <p><input type="checkbox"/> <input type="checkbox"/> Narcotic or habit forming drug use</p>
<p>For any YES answer, indicate onset date, diagnosis, treating physician's name and address, and any current limitation. List all medications (including over-the-counter medications) used regularly or recently.</p> <p><i>hypertension - well controlled on <u>Dovoncor</u> since 4-4-05</i></p> <p><i>diabetes mellitus - well controlled on <u>glucophage</u> 500mg <u>ipatid</u> since 1-25-07</i></p> <p><i>interstitial pneumonitis - stable on <u>inhalers</u>, followed by <u>pulmonology</u></i></p>		

I certify that the above information is complete and true. I understand that inaccurate, false or missing information may invalidate the examination and my Medical Examiner's Certificate.

Driver's Signature

Date

Medical Examiners Comments on Health History (The medical examiner must review and discuss with the driver any "yes" answers and potential hazards of medications, including over-the-counter medications, while driving)

discussed as above

260
535

Name THOMAS WILLIAMS Social Security No. _____

TESTING (Medical Examiner completes Section 3 through 7)

3. VISION Standard: At least 20/40 acuity (Snellen) in each eye with or without correction. At least 70° peripheral in horizontal meridian measured in each eye. The use of corrective lenses should be noted on the Medical Examiner's Certificate.

INSTRUCTIONS: When other than the Snellen chart is used, give test results in Snellen-comparable values. In recording distance vision, use 20 feet as normal. Report visual acuity as a ratio with 20 as numerator and the smallest type read at 20 feet as denominator. If the applicant wears corrective lenses, these should be worn while visual acuity is being tested. If the driver habitually wears contact lenses, or intends to do so while driving, sufficient evidence of good tolerance and adaptation to their use must be obvious. Monocular drivers are not qualified.

Numerical readings must be provided.

ACUITY	UNCORRECTED	CORRECTED	HORIZONTAL FIELD OF VISION
Right Eye	20/25	20/—	Right Eye 80°
Left Eye	20/25	20/—	Left Eye 100°
Both Eyes	20/25	20/—	

Applicant can recognize and distinguish among traffic control signals and devices showing standard red, green, and amber colors? Yes No

Applicant meets visual acuity requirement only when wearing:
 Corrective Lenses
 Monocular Vision: Yes No

Complete next line only if vision testing is done by an ophthalmologist or optometrist.

Date of Examination _____ Name of Ophthalmologist or Optometrist (print) _____ Tel No. _____ License No./State of issue _____ Signature _____

4. HEARING Standard: a) Must first perceive forced whispered voice ≥ 5 ft., with or without hearing aid, or b) average hearing loss in better ear ≤ 40 dB

INSTRUCTIONS: To convert audiometric test results from ISO to ANSI, -14 dB from ISO for 500 Hz, -10 dB for 1,000 Hz, -8.5 dB for 2,000 Hz. To average, add the readings for 3 frequencies tested and divide by 3.

Numerical readings must be recorded.

a) Record distance from individual at which forced whispered voice can first be heard.

Right Ear	Left Ear
20 Feet	20 Feet

b) If audiometer is used, record hearing loss in decibels. (acc. to ANSI Z24.5-1951)

Right Ear			Left Ear		
500 Hz	1000 Hz	2000 Hz	500 Hz	1000 Hz	2000 Hz
Average:			Average:		

5. BLOOD PRESSURE/PULSE RATE Numerical readings must be recorded. Medical Examiner should take at least two readings to confirm BP.

Blood Pressure	Systolic	Diastolic
	119	78

Driver qualified if ≤ 140/90.

Pulse Rate Regular Irregular

Record Pulse Rate: 60

Reading	Category	Expiration Date	Recertification
140-159/90-99	Stage 1	1 year	1 year if ≤ 140/90. One time certificate for 3 months if 141-159/91-99.
160-179/100-109	Stage 2	One-time certificate for 3 months.	1 year from date of exam if ≤ 140/90.
≥ 180/110	Stage 3	6 months from date of exam if ≤ 140/90.	6 months if ≤ 140/90.

6. LABORATORY AND OTHER TEST FINDINGS Numerical readings must be recorded.

Urinalysis is required. Protein, blood or sugar in the urine may be an indication for further testing to rule out any underlying medical problem.
 Other Testing (Describe and record)

URINE SPECIMEN	SP GR	PROTEIN	BLOOD	SUGAR
	1.00	neg	trace	neg

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536

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GILLIARD, MARVIN
CHART #: 44481
12-01-2008

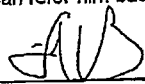
S: Mr. Gilliard is a 38 year-old AAM with a history of diabetes mellitus, HL, HTN, and non-specific interstitial pneumonitis (oxygen and steroid dependent) who presents today for a recheck of all of this. He just got out of the hospital. He was in there a couple of weeks with what sounds like a bad lung infection. Dr. Chang is his new local pulmonologist. He is going to Duke this month to reassess for the lung transplant. The only thing holding him back right now is his weight. He is really working on that and doing arm exercises. He is trying to eat less. His blood sugars are high. He has done lots of steroids and antibiotics during his hospitalization and his blood sugars just went crazy. His blood sugars were really low at Thanksgiving in the 60s. This is a common reaction for him with alcohol. Today he feels better. His breathing is fairly stable. He is short of breath with exertion but pretty much back at baseline for him. No swelling in his legs.

PAST MEDICAL HISTORY: Listed on the chart.
MEDICATIONS: Listed on the chart.
ALLERGIES: Listed on the chart.

O: PHYSICAL EXAMINATION: WT: 229.8 pounds, which is up five pounds in six weeks. BP: 100/70. In general, this is a pleasant cushingoid face AAM wearing oxygen in no apparent distress. Lungs showed decreased breath sounds at both bases. No rhonchi. HEART: Tachycardia. Normal S1 and S2 without murmurs, rubs, or gallops. The rate is in the 90s. Distal pulses were 2+. No evidence of cyanosis, clubbing, or edema. His blood work from last week showed that his cholesterol was up to 250 with an LDL up to 129 and Hemoglobin A1C high for him at 12.1 with normal liver and renal function and electrolytes.

A: 1. Diabetes mellitus. Poorly controlled.
2. HL.
3. HTN.
4. Nonspecific interstitial pneumonitis requiring lung transplant.

P: I hope that he does well. He is really going to try to lose weight, which is something holding him back. We talked about his blood sugars and we will increase his Lantus from 54 units to 58 units at night. No changes were made in the other dosages. I refilled his medications as listed on the chart and he will follow up with me in three months. We will have fasting lab work one week prior to his next visit. We can refer him back to the pulmonologist if he worsens but he sounds pretty good today.


Stacy Bizzell, M.D. /csw

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GILLIAMRD, MARVIN
CHART #: 44481
03-05-2009

S: Mr. Gilliard is a 39 year-old AAM with a history of diabetes mellitus, HL, HTN and non-specific interstitial pneumonitis that is oxygen and steroid dependent. He presents for a recheck. He feels like his breathing is doing better. He saw Dr. Chang who adjusted some of his medications and his oxygen and they have all been increased. He feels like his breathing is better. He admits that his blood sugars are up and down and usually in the 160s to 170s. He has lost about nine pounds. He is working on his weight and he thinks that his insulin requirements is going to go down as he loses weight. His shortness of breath is stable for him. He is still on the double lung transplant list for Duke and this is just taking a while. They wanted to get him to a lower weight and he is just having trouble exercising but he is doing the best that he can. Other than that he feels pretty good and his energy is fine today.

PAST MEDICAL HISTORY: Listed on the chart.
MEDICATIONS: Listed on the chart.
ALLERGIES: Listed on the chart.

SOCH: He is a non-smoker.

O: PHYSICAL EXAM: WT: 270.8 pounds, which is down nine pounds. BP: 90/68. In general, this is a pleasant AAM wearing oxygen with cushingoid facies in no apparent distress. Lungs show decreased breath sounds at both bases. No rales, rhonchi, or wheezes. Heart: Normal S1 and S2. No murmurs, rubs, or gallops. Distal pulses were 2+. No evidence of cyanosis, clubbing, or edema. Review of blood work shows that his cholesterol was 194 with a Hemoglobin A1C improved at 10.8, which is down two points. He had a normal liver and renal function.

A: 1. HTN.
2. Diabetes mellitus.
3. End stage lung disease. Oxygen and steroid dependent.

P: He looks like he is breathing a little bit better today. I refilled his medications as listed on the chart. He is on Lantus insulin 54 to 56 units per day. He adjusts it up and down depending on his blood sugars. He is going to try to be more aggressive to keep from hypoglycemia but his goal is to keep it under the 140s. He will follow up with me in three months with fasting labs one week prior to his next visit to see if we can get his Hemoglobin A1C down to seven percent. He is going to try to get on some lung transplant lists on some of the other Universities. He follows up closely with Dr. Chang, his pulmonologist. His blood pressure is great today.


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GILLIARD, MARVIN
CHART #: 44481
06-16-2009


S: Mr. Gilliard is a 39 year-old AAM with a history of diabetes mellitus, HL, HTN and non-specific interstitial pneumonitis (oxygen and steroid dependent) who presents today for a recheck. His blood sugars are pretty high. They are never lower than 100. They usually run in the 160s or so. He is willing to go up on his insulin. He admits that he only takes his regular Humulin once per day. He eats so irregular and comes home so late, that this is the best that he can do. He is doing lots of other part-time jobs and keeping fairly busy. He loves pulmonary rehab. He is doing that and it seems to be going fine. It seems to be giving him some more tolerance with his walking. He is pleased with that. He is still a questionable lung transplant candidate, but he has to get his Hemoglobin A1C in the 70s first:

PAST MEDICAL HISTORY: Listed on the chart.
MEDICATIONS: Listed on the chart.
ALLERGIES: Listed on the chart.

O: PHYSICAL EXAM: WT: 273 pounds, which is up three pounds. BP: 116/74.
In general, this is a pleasant AAM wearing oxygen with cushingoid facies in no apparent distress. Lungs show decreased breath sounds. No rales, rhonchi, or wheezes. Heart: Normal S1 and S2. No murmurs, rubs, or gallops. He has a little bit of tachycardia. Distal pulses were 2+. No evidence of cyanosis, clubbing, or edema

A: 1. Diabetes mellitus.
2. HTN.
3. Interstitial lung disease.

P: I refilled his medications as listed on the chart. No changes were made in his medications except that we will increase his Lantus from 54 units to 60 units at night. His Hemoglobin A1C last week was 10.1. We still need to get this down a lot. He is going to try to get his regular insulin at least twice per day. We talked about the importance of this. He is working on his diet. It sounds like his exercise tolerance is better. His lung disease is stable. He will follow up with me in three months. We will check fasting labs one week prior to his next visit.


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GILLIARD, MARVIN
CHART #:44481
09-15-2009

S: Mr. Gilliard is a 39 year-old AAM with a history of diabetes mellitus, HL, HTN, nonspecific interstitial pneumonitis (oxygen and steroid dependent) who presents today for a recheck. He is still waiting to get on the lung transplant list at Duke. It is all depending on his weight and his blood sugar. His blood sugars seem to be doing a little bit better. He did pulmonary rehab and that seemed to make a big difference for him, but he just ran out of his privileges to do it. He is going to see Dr. Chang soon, in the next week or two, and try to get back into it. He needs some antibiotics to have on hand in case he gets a cold. He feels good today. he can only walk about one lap before he gets very short of breath but his exercise tolerance with his muscles and heart seem to be pretty good.

He also wants to get some Viagra to try. He has developed some erectile dysfunction and wanted to know if this would be safe for him to try.


Other than the frustration with his weight and his breathing, which is bad as always, he has no other complaints. He is still disabled and unable to work at all.

PAST MEDICAL HISTORY: Listed on the chart.
MEDICATIONS: Listed on the chart.
ALLERGIES: Listed on the chart.

O: PHYSICAL EXAM: WT: 277.4 pounds, which is up four pounds. BP: 94/62.
In general, this is a pleasant AAM with bright affect and obvious cushingoid facies in no apparent distress. He is wearing oxygen today. Lungs show decreased breath sounds of both bases and decreased air movement throughout. No wheezes. Heart: Normal S1 and S2. No murmurs, rubs, or gallops. Distal pulses were 2+. No evidence of cyanosis, clubbing, or edema. His blood work from last week shows an improvement in his Hemoglobin A1C, down one point to 9.5. His cholesterol was better at 183 with a good LDL of 99 and normal liver and renal function.

A: 1. Diabetes mellitus.
2. HTN.
3. HL.
4. Oxygen and steroid dependent interstitial pneumonitis.

P: I wish he would lose weight to enable him to get on the lung transplant list. He is really working on it. He is going to try to get back into pulmonary rehab through Dr. Chang next week. No changes were made in his medications. We will keep everything at the same dose. He is doing better with his blood sugar control. I gave him a Z-Pak to take just in case he gets an infection. We gave him a flu shot today. He will follow up with me in three months with fasting labs one week prior to his next visit.


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GILLIARD, MARVIN
CHART #: 44481
12-17-2009

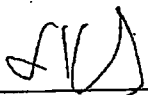
S: Mr. Gilliard is a 40 year-old AAM with a history of nonspecific interstitial pneumonitis, oxygen and steroid dependent, HTN, HL and diabetes mellitus who presents today for a recheck. His blood sugars are doing better in the 140s to 150s. He has his baseline shortness of breath. He has a little bit of a dry cough right now. He needs some vaccines today. He needs refills on his medications. He needs blood work. He is still having trouble losing weight. He is exercising some with a little bit of exercise on the treadmill. It seems like his pulmonary status is about the same. He still is waiting to be a lung transplant candidate at some point.

PAST MEDICAL HISTORY: Listed on the chart.
MEDICATIONS: Listed on the chart.
ALLERGIES: Listed on the chart.

O: PHYSICAL EXAM: WT: 277.6 pounds, which is stable, BP: 96/62.
In general, this is a pleasant AAM wearing oxygen and with obvious cushingoid facies to prednisone in no apparent distress. He has bright affect. Lungs show decreased breath sounds to both bases. No rales, rhonchi, or wheezes. HEART: Tachycardia. Normal S1 and S2 without murmurs, rubs, or gallops. Distal pulses were 2+. No evidence of cyanosis, clubbing, or edema. Review of blood work from last week showed that his potassium level was a little bit low at 3.1. He had normal liver and renal function. His Hemoglobin A1C was down to 8.8. His cholesterol was 182.

A: 1. HL.
2. Diabetes mellitus. Slightly improved.
3. Hypokalemia. Possibly due to diuretics.
4. Oxygen and steroid dependent pneumonitis.

P: His blood pressure and cholesterol are well controlled as is his diabetes mellitus. He is doing better on his present dose of Lantus and regular insulin so we will keep it the same. He is really going to work on it and try the treadmill a couple of times per day, as much as he can stand it. His lung disease still looks fairly bad. He follows up with Dr. Chang for that, as well as at Duke. He has received a flu shot. He is due for the swine flu vaccine. I suggested that he try eating bananas. He has some potassium pills at home that he is going to take for a couple of weeks, and he is going to wait and do blood work in three months, which is fine.


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GILLIARD, MARVIN
CHART #: 44481
03-22-2010

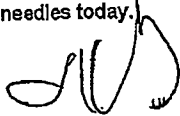
S: Mr. Gilliard is a 40 year-old AAM with a history of diabetes mellitus, HL, HTN, and nonspecific interstitial pneumonitis, oxygen and steroid dependent who presents today for a recheck. Recently, he had an episode where he had to go to the emergency room because he was swollen. He thought that he was drinking too much fluids, but it turns out that he was intravascularly volume depleted. The swelling was just in his tissues. His blood sugar was very high. They gave him some extra insulin and sent him home. He talked with the pulmonologist at Duke recently, and he stopped his Diovan because his blood pressure was too low, and told him to cut back on his Humulin R. Mr. Gilliard decided just to stop it and this is why his blood sugars have been high. He wants to know what dose he should go back on. His post-prandial blood sugars are definitely in the 160s. He feels a little bit better today. He still has trouble breathing and has increased his oxygen to eight liters. He is still waiting to be on the lung transplant list at some point. He has lost three pounds and is pleased with that. He is really trying to work on what he eats since he cannot exercise.

PAST MEDICAL HISTORY: Listed on the chart.
MEDICATIONS: Listed on the chart.
ALLERGIES: Listed on the chart.

O: PHYSICAL EXAM: WT: 274.2 pounds, which is down three pounds in three months. BP: 100/64. In general, this is a pleasant AAM wearing oxygen with Cushingoid face in no apparent distress. Lungs show diffuse faint rales at both bases. Heart: Normal S1 and S2. No murmurs, rubs, or gallops. Distal pulses were 2+. No evidence of edema on exam today. He is wearing his oxygen. His blood work from last week showed that his Hemoglobin A1C was improved a little bit to 8.6 with a cholesterol of 149 and normal liver function.

A: 1. Diabetes mellitus. Secondary to prednisone.
2. HL.
3. HTN.
4. Nonspecific interstitial pneumonitis. Oxygen and steroid dependent.

P: We talked about the difference of intravascular versus extravascular volume depletion. He needs to keep his blood sugars down. I want him to go back on 12 units of his regular insulin before each meal and continue on the Lantus 54 units at night. He will keep that the same. I think that it is fine for him to be off of the Diovan. His blood pressure is low. The less medicine the better. We are trying to cut back on his swelling. His legs looked good today. Our goal is still to get his Hemoglobin A1C down to seven. He needs to lose about 20 or 30 more pounds before he will be considered a good lung cancer candidate. He is going to try to do that before he goes back to Duke in August. Otherwise I will see him back again in three months with fasting labs one week prior to his next visit. I just refilled his insulin needles today.


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GILLIARD, MARVIN
CHART #: 4481
06-28-2010

S: Marvin is a ⁶⁷70 year-old white male with a history of diabetes mellitus, HL, HTN and severe interstitial pneumonitis with chronic lung disease who presents today for a recheck. Lately, he has been having trouble not only with his breathing but with a chronic cough. He is taking cough syrup, but they think that the cough is just from his lung disease. He has also developed signs of cor pulmonale. He is very fluid-overloaded. They have had to adjust his Zaroxolyn and Lasix. He is urinating all of the time, but he is just really thirsty. He is trying not to drink much. They are hoping to set up a right heart catheterization soon to see exactly what is going on with his heart. He has a follow up in August with Duke to see if he can go on the transplant list. He is very close to the goal weight of 250 pounds, which is what they want him at before they will do a transplant. He is just a little bit tired today. He had a rough summer with the heat bothering his breathing.

PAST MEDICAL HISTORY: Listed on the chart.

MEDICATIONS: Listed on the chart.

ALLERGIES: Listed on the chart.

O: PHYSICAL EXAM: WT: 261.4 pounds. BP: 90/60.

In general, this is a pleasant AAM wearing his oxygen and here with his wife today in no apparent distress. Lungs show decreased breath sounds at both bases. HEART: Tachycardia. Normal S1 and S2 without murmurs, rubs, or gallops. Distal pulses were 2+. He has evidence of 2+ pitting edema about up to the knees bilaterally. I reviewed his blood work from one week ago, which showed that his electrolytes were okay. His LFTs were elevated a little bit in the 70s and 44. His creatinine was 1.1. His Hemoglobin A1C was good at 0.8 and his cholesterol was 159.

A: 1. Diabetes mellitus.
2. HL.
3. HTN.
4. Severe lung disease. Awaiting lung transplant.
5. Some right-sided heart failure symptoms.

P: Hopefully he will get the catheterization of the right side of his heart done before he goes to Duke. I wished him good luck with that. I refilled his medications as listed on the chart. No changes were made in the dosages. His blood sugars are doing well. He will follow up with me in three months with fasting labs one week prior to his next visit. We talked about his extended course. He has been waiting for a lung transplant for three years. The right heart catheterization would benefit him. He and his wife are very knowledgeable and seem to understand all of the importance of this before he goes to Duke. He will follow up with me in three months.


Stacy Bizzell, M.D./ csw

Note for Marvin Gilliard on 09/11/2006 - Chart 0227801

This 36 year old male presents today for evaluation of breathlessness, dyspnea, fatigue and shortness of breath. Dyspnea and Wheezing is brought on by climbing stairs, walking and exertion. Associated symptoms include chest tightness, exercise limitations and wheezing. The severity of the dyspnea is worsening. Occupational history includes no exposures. Duration is 3 months. Cough started today. Dyspnea has been progressing and worsening.

Allergies: Patient admits allergies to shellfish.

Medication History:

Active:

Singulair 10 mg tablet (One PO QD) (active)
metformin 500 mg tablet (1 QAM, 2 QPM) (active)
Diovan 80 mg capsule (One PO QD) (active)
Lipitor 10 mg tab (One PO QD) (active)

Past Medical History: Endocrine Hx: (+) diabetes,, obesity. Respiratory Hx: (+) CPAP, shortness of breath, sleep apnea,. Cardiovascular Hx: (+) cholesterol level Last cholesterol level was high, high blood pressure.

Past Surgical History: No previous surgeries.

Family History: Patient admits a family history of diabetes associated with brother.

Social History: Patient admits education. He completed high school diploma. He completed grade school, employment status. Currently employed full-time, exercising regularly. He exercises 1 to 3 times per week, family environment. Normal, health status. fair, marital status. satisfied with marital status, sleep habits. He gets less than 6 hours of sleep a night, tobacco use. never smoked.

Review of Systems: Constitutional Symptoms: (+) tiredness, Endocrine: (+) tired/sluggish, Hematologic / Lymphatic: (+) fatigue, Respiratory: (+) cough, (+) breathing difficulties, respiratory symptoms, (+) chest pain with inspiration, (+) DOE, (+) shortness of breath, (+) wheezing, (+) breathing difficulty, Cardiovascular: (-) cardiovascular problems or chest symptoms, (-) chest pain with exertion.

Physical Exam: BP Sitting: 129/81 HR: 96 Temp: 98.9 Height: 5 ft. 11 in. Weight: 286 lbs. BMI: 40 SPO2: 89%

Patient is a 36 year old male who appears pleasant, in no apparent distress, his given age, well developed, well nourished and with good attention to hygiene and body habitus. Mood and affect normal, appropriate to the situation.

Neck: Neck exam reveals no abnormalities.

Thyroid examination reveals no abnormalities.

Respiratory: Chest inspection reveals chest configuration non-hyperinflated and symmetric expansion.

Assessment of respiratory effort reveals normal respiratory effort and even respirations without use of accessory muscles.

Chest percussion reveals resonance.

Chest palpation reveals no abnormal tactile fremitus.

Page: 1

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544

Auscultation of lungs reveal clear lung fields, no rubs noted, no adventitious sounds and no wheezes, rales, rhonchi, or pleuritic rubs. Diminished breath sounds in the bases. Dr. Scott also examined pt. O2 sat 93% while at rest, but decreases to 88% while walking down the hall.

Cardiovascular: Heart auscultation reveals normal S1 and S2 and no murmurs, gallop, rubs or clicks.

The apical impulse on heart palpation is located in the left fifth intercostal space in the midclavicular line, no thrill noted.

Examination of peripheral vascular system reveals full to palpation, varicosities absent, extremities warm to touch, no edema and no abnormalities.

Abdomen: Abdomen soft, nontender, bowel sounds present x 4 without palpable masses.

Musculoskeletal: Gait and station examination reveals midposition without abnormalities.

Inspection and palpation of bones, joints and muscles is unremarkable.

Nails of fingers and toes do not demonstrate pitting or any other changes.

Skin: Inspection of skin outside of affected area reveals no abnormalities.

Test & X-Ray Results:

The following chest x-rays were performed: two views - AP and lateral.

Chest x-ray on 09/11/2006 reveals CHF.

Impression:

Congestive heart failure, unspecified.

Procedures:

Plan: I have discussed the findings of this examination with the patient. The discussion included a complete verbal explanation of the examination results, diagnosis and planned treatment(s). A schedule for future care needs was explained. He verbalizes understanding of these instructions at this time. If any questions should arise after returning home I have encouraged the patient to feel free to call the office at 295-1295.

The following lab tests are pending results: BMP and BNP. These are drawn today.

Orders:

Ordered echocardiogram

Follow-up:

Scheduling: The patient is to follow-up after the ordered procedure is completed.

Prescriptions:

Atacand Dosage: 4 mg tablet Sig: one po q day Total Daily Dose Qty: 0 Dispense: 30 Refills: 0 Allow Generic: Yes

Patient Instructions:

Patient was given a release from work.

Ruth Tellano,

Digitally Signed on 09/11/2006 By: Ruth Tellano,

CROSSROADS FAMILY PRACTICE & URGENT CARE
3150 HWY. 153
P.O. BOX 51539
PIEDMONT, SC 29673
PH# (864) 295-1293 FAX# (864) 295-1294

William M. Scott III, M.D.
Merrylee Mullinax, N.P.

Ruth Tellano, N.P.
Cheryl W. Middleton, P.A.-C

RADIOGRAPHIC FILM INTERPRETATION

NAME: Marvin Gilliard

DATE: 9/11/06

PHYSICIAN: Scott

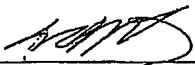
INDICATIONS: Dyspnea

EXAM: PA and lateral chest x-ray

SS#: 249-31-3305

FINDINGS: The film is suboptimal, due to patient's size. However, the heart is definitely enlarged. The pulmonary vasculature is markedly increased. There is no definite Kerley B lines, but I think the film is most consistent w/ CHF.

IMPRESSION: Findings consistent w/ CHF. Suggest repeat after treatment.


William M. Scott III, M.D.

WMS/mde

GILLIARD, MARVIN
ID: 249313305

09/11/2006 16:37:46

SINUS RHYTHM
WITHIN NORMAL LIMITS

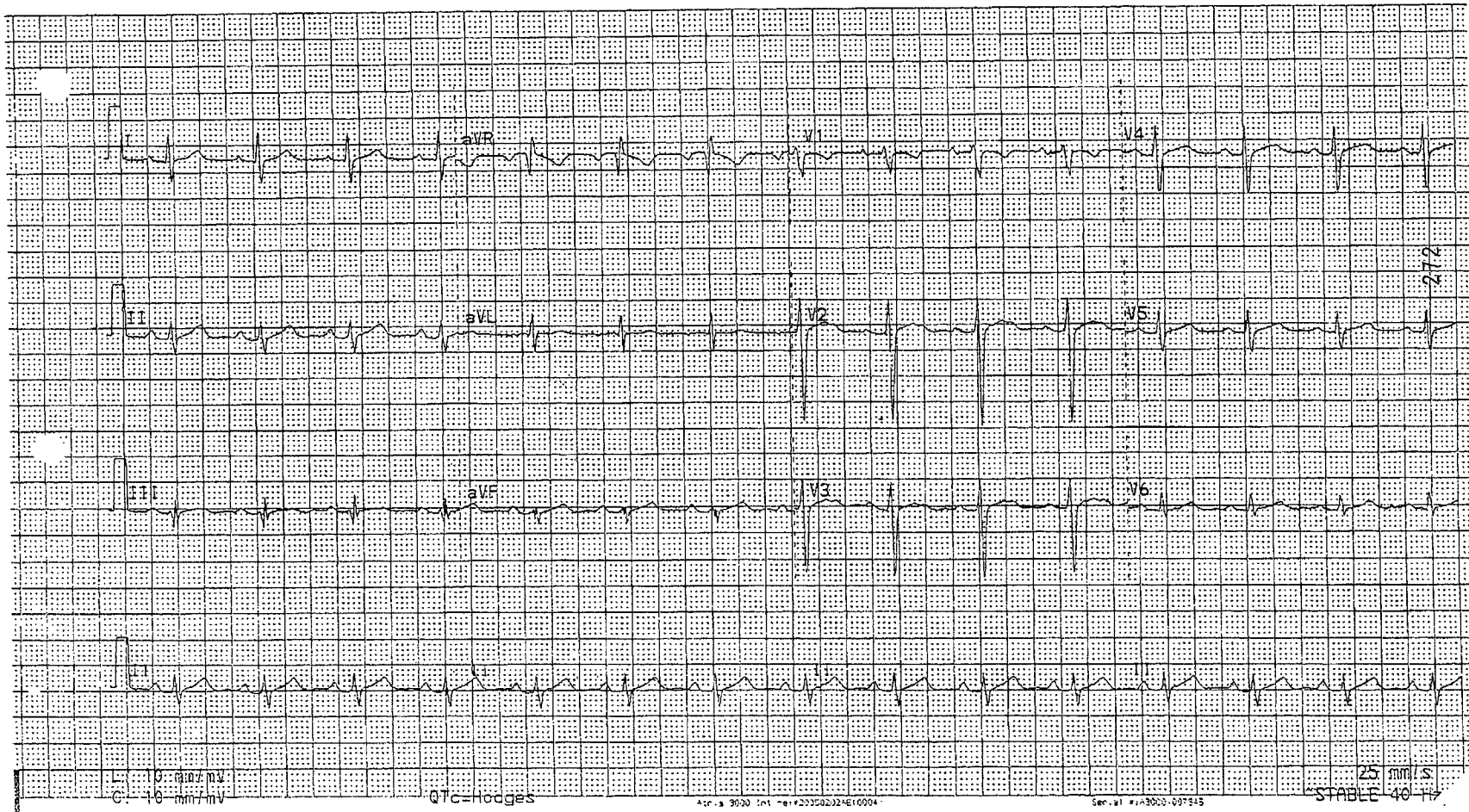
D.O.B.: 12/03/1969 36 YEARS
MALE BLACK
Meds:
Class:
Dr: W M SCOTT MD
Tech: PHS

Vent. Rate: 89 bpm
RR Interval: 674 ms
PR Interval: 168 ms
QRS Duration: 86 ms
QT Interval: 346 ms
QTc Interval: 396 ms
QT Dispersion: 50 ms
P-R-T AXIS: 63° 24° 50°

Summary: NORMAL ECG

* Unconfirmed Analysis *

8
9/11/06





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

Phone: 888-200-5439

SPECIMEN	TYPE	PRIMARY LAB	REPORT STATUS	Page#:
255-536-0006-0	S	BN	COMPLETE	1
ADDITIONAL INFORMATION			SS#: ***-**-3305	
SCOTT IIIW		FASTING: N		
PHONE: 864-220-0362		DOB: 12/03/1969		
PATIENT NAME		SEX	AGE(YR./MOS.)	
GILLIARD, MARVIN L		M	36 / 9	
PT. ADD.: 410 WOODFIELD DR		PIEDMONT SC 29673-0000		
DATE OF COLLECTION TIME	DATE RECEIVED	DATE REPORTED	TIME	
9/11/2006 18:11	9/12/2006	9/13/2006	5:40	1944

CLINICAL INFORMATION	
CD- 20270202973	
PHYSICIAN ID.	PATIENT ID.
SCOTT	249313305
ACCOUNT: Crossroads Family Practice and Urgent Care LLC 3200 River Road Piedmont SC 29673-0000	
ACCOUNT NUMBER:	39121030

TEST	RESULT	LIMITS	LAB
Basic Metabolic Panel (8)			
Glucose, Serum	94 mg/dL	65 - 99	BN
BUN	9 mg/dL	5 - 26	BN
Creatinine, Serum	0.9 mg/dL	0.5 - 1.5	BN
BUN/Creatinine Ratio	10	8 - 27	
Sodium, Serum	140 mmol/L	135 - 148	BN
Potassium, Serum	4.2 mmol/L	3.5 - 5.5	BN
Chloride, Serum	103 mmol/L	96 - 109	BN
Carbon Dioxide, Total	25 mmol/L	20 - 32	BN
Calcium, Serum	9.5 mg/dL	8.5 - 10.6	BN

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

6
9/13/04

Pat Name: GILLIARD, MARVIN L	Pat ID: 249313305	Spec #: 255-536-0006-0	Seq #: 1944
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Results are Flagged in Accordance with Age Dependent Reference Ranges
Last Page of Report



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

Phone: 888-200-5439

9-21-06
9-21-06

SPECIMEN 255-536-0308-0	TYPE S	PRIMARY LAB BN	REPORT STATUS COMPLETE	Page #: 1
ADDITIONAL INFORMATION			SS#: ***-**-3305	
SCOTT IIIW		FASTING: N		
PHONE: 864-220-0362		DOB: 12/03/1969		
PATIENT NAME GILLIARD, MARVIN L		SEX M	AGE(YR./MOS.) 36 / 9	
PT. ADDR.: 410 WOODFIELD DR PIEDMONT SC 29673-0000				
DATE OF COLLECTION TIME 9/11/2006 18:13	DATE RECEIVED 9/12/2006	DATE REPORTED 9/13/2006	TIME 11:51	1953

CLINICAL INFORMATION CD-20270202974	
PHYSICIAN ID. SCOTT	PATIENT ID. 249313305
ACCOUNT: Crossroads Family Practice and Urgent Care LLC 3200 River Road Piedmont SC 29673-0000	
ACCOUNT NUMBER: 39121030	

TEST	RESULT	LIMITS	LAB
B-Type Natriuretic Peptide	20.0 pg/mL	0.0 - 100.0	BN

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

9/13/06

Pat Name: GILLIARD, MARVIN L	Pat ID: 249313305	Spec #: 255-536-0308-0	Seq #: 1953
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Results are Flagged in Accordance with Age Dependent Reference Ranges

Last Page of Report



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

Phone: 888-200-5439

V 926

SPECIMEN 257-497-0137-0	TYPE S	PRIMARY LAB BN	REPORT STATUS COMPLETE	Page #: 1
ADDITIONAL INFORMATION			SS#: ***-**-3305	

SCOTT IIIW		FASTING: N	
PHONE: 864-220-0362		DOB: 12/03/1969	
PATIENT NAME GILLIARD, MARVIN L	SEX M	AGE(YR./MOS.) 36 / 9	
PT. ADD.: 410 WOODFIELD DR PIEDMONT SC 29673-0000			
DATE OF COLLECTION TIME 9/14/2006 8:20	DATE RECEIVED 9/14/2006	DATE REPORTED 9/15/2006	TIME 11:45 1966

CLINICAL INFORMATION CD- 20270202992	
PHYSICIAN ID. SCOTT	PATIENT ID. 249313305
ACCOUNT: Crossroads Family Practice and Urgent Care LLC 3200 River Road Piedmont SC 29673-0000	
ACCOUNT NUMBER:	39121030

TEST	RESULT	LIMITS	LAB
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B-Type Natriuretic Peptide	<i>3.2</i> pg/mL	0.0 - 100.0	BN
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LAB: BN LabCorp Burlington 1447 York Court, Burlington, NC 27215-2230	DIRECTOR: Frank Hancock MD
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*6-06
MWS*

Pat Name: GILLIARD, MARVIN L	Pat ID: 249313305	Spec #: 257-497-0137-0	Seq #: 1966
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Results are Flagged in Accordance with Age Dependent Reference Ranges
Last Page of Report

Gaston Medical Group, P.A.
 EchoCardiology Laboratory
 M-Mode/2-D
 Color Flow/Doppler
 Director: Ronald W. Digby, M.D., F.A.C.C., A.C.P.

Date of Report: 09/18/2006

Name: Gilliard, Marvin
 DOB: 12/3/1969
 Date of Study: 9/14/06
 Referring Physician: Dr. Scott
 Indication for Study: Dyspnea and congestive heart failure.
 Page 1 of 1

Routine Dimensions (Normal)		
AO	cm(2.4-3.9)	3.7
LA	cm(2.5-3.9)	3.9
LVID(S)	cm(2.3-3.9)	3.8
LVID(D)	cm(3.8-5.3)	5.2
PWT	cm(.7-1.1)	.9
IVS	cm(.7-1.1)	.9
EF	%(>50%)	55 to 60%

Regional Wall Motion: Normal.

Left Atrium: There is normal left atrial size. There is no evidence of a mural thrombus.

Mitral Valve: No structural abnormalities. Normal inflow characteristics. No regurgitation, prolapse, or stenosis.

Left Ventricle: Normal chamber size. Normal wall thickness. Normal contractility with no regional wall motion abnormalities. Ejection fraction 55 to 60%.

Aortic Valve, Aortic LVOT: No structural valvular abnormalities noted. Color flow Doppler analysis is normal. No stenosis or regurgitation.

Tricuspid Valve - IVC, SVC: No structural abnormalities noted. Normal color flow Doppler analysis. Normal RVSP and PAP, by estimation.

Pulmonary Valve: No structural abnormalities. Normal color flow Doppler analysis.

Right Ventricle: Normal.


Right Atrium: Normal chamber size. No thrombus or tumor seen.

Pericardial disease: No significant pericardial effusion identified.

IMPRESSION

1. Normal echocardiographic study.
2. Normal left ventricular contractility with ejection fraction 55 to 60%.

RWD/lb


 Ronald Digby, M.D.

Note for Marvin Gilliard on 09/21/2006 - Chart 0227801

This 36 year old male presents today for evaluation of fatigue, shortness of breath and vague chest discomfort. Dyspnea is brought on by exertion. Associated symptoms include chest tightness, cough and exercise limitations. The severity of the dyspnea is improving. The patient notes condition has mildly improved. The patient also comes in today for review of diagnostic tests performed to evaluate dyspnea. cc B.Roberts,LPN.

Allergies: Patient admits allergies to shellfish.

Medication History:

Active:

Singulair 10 mg tablet (One PO QD) (active)
metformin 500 mg tablet (1 QAM, 2 QPM) (active)
Atacand 4 mg tablet (one po q day) (active); usage started on 09/11/2006
medication was prescribed by Tellano Ruth
Diovan 80 mg capsule (One PO QD) (active)
Lipitor 10 mg tab (One PO QD) (active)

Past Medical History: Endocrine Hx: (+) diabetes,, obesity. Respiratory Hx: (+) CPAP, shortness of breath, sleep apnea,. Cardiovascular Hx: (+) cholesterol level Last cholesterol level was high, high blood pressure.

Past Surgical History: No previous surgeries.

Family History: Patient admits a family history of diabetes associated with brother.

Social History: Patient admits education. He completed high school diploma. He completed grade school, employment status. Currently employed full-time, exercising regularly. He exercises 1 to 3 times per week, family environment. Normal, health status. fair, marital status. satisfied with marital status, sleep habits. He gets less than 6 hours of sleep a night, tobacco use. never smoked.

Review of Systems: Hematologic / Lymphatic: (+) fatigue, Constitutional Symptoms: (+) chills, (-) fever, Respiratory: (+) breathing difficulties, respiratory symptoms, (+) cough, (+) DOE, (+) shortness of breath, (-) chest pain with inspiration, Cardiovascular: (-) cardiovascular problems or chest symptoms, (-) chest pain with exertion, Ears, Nose, Mouth, Throat: (-) ear pain, Neurological: (-) dizziness.

Physical Exam: BP Sitting: 122/74 HR: 96 Temp: 97.0 Height: 5 ft. 11 in. Weight: 282 lbs. BMI: 39

Patient is a 36 year old male who appears pleasant, in no apparent distress, his given age, well developed, well nourished and with good attention to hygiene and body habitus.

ENT:

Neck:

Respiratory: Chest inspection reveals chest configuration non-hyperinflated and symmetric expansion.

Assessment of respiratory effort reveals normal respiratory effort, even respirations without use of accessory muscles, even and nonlabored respirations and labored.

Auscultation of lungs reveal clear lung fields, no rubs noted, no adventitious sounds and no wheezes, rales, rhonchi, or pleuritic rubs.

Cardiovascular: Heart auscultation reveals no edema, no murmurs, gallop, rubs or clicks,

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normal S1 and S2, rate is regular and rhythm is regular.

The apical impulse on heart palpation is located in the left fifth intercostal space in the midclavicular line, no thrill noted.

Examination of peripheral vascular system reveals full to palpation, varicosities absent, extremities warm to touch, no edema and no abnormalities.

Abdomen:

Musculoskeletal: Gait and station examination reveals midposition without abnormalities.

Inspection and palpation of bones, joints and muscles is unremarkable.

Skin: Inspection of skin outside of affected area reveals no abnormalities.

Psychiatric: Psychiatric exam reveals orientation X 3 with mood and affect appropriate to situation

Test & X-Ray Results: Basic metabolic panel drawn on 09/11/2006 reveals within normal limits.

Test Results: BNP drawn on 09/14/2006 reveals 3.2 pg/mL.

Impression: Cough. Dyspnea. R/O CHF, R/O Asthma

Procedures:

Plan: I have discussed the findings of this examination with the patient. The discussion included a complete verbal explanation of the examination results, diagnosis and planned treatment(s). A schedule for future care needs was explained. He verbalizes understanding of these instructions at this time. If any questions should arise after returning home I have encouraged the patient to feel free to call the office at 295-1295. Patient advised to stop Atacand. Continue previous meds and start new meds listed below.

The patient is advised that he should use alternate form of contraceptives while taking antibiotics, finish all antibiotics, take all medications as directed, finish all medication even if feeling better and possible side effects of medication.

Orders:

Follow-up:

Scheduling: The patient is to follow-up after the ordered procedure is completed. PFT ordered.

Prescriptions:

Avelox Dosage: 400 mg tablet Sig: 1 po QD Total Daily Dose Qty: Dispense: 10 Refills: 0
Allow Generic: Yes

William M. Scott III, M.D.

Digitally Signed on 09/21/2006 By: William M. Scott III, M.D.

Note for Marvin Gilliard on 10/24/2006 - Chart 0227801

The patient comes in today for pulmonary function testing.

Allergies: Patient admits allergies to shellfish.

Medication History:

Active:

Singulair 10 mg tablet (One PO QD) (active)
metformin 500 mg tablet (1 QAM, 2 QPM) (active)
Atacand 4 mg tablet (one po q day) (active); usage started on 09/11/2006
medication was prescribed by Tellano Ruth
Avelox 400 mg tablet (1 po QD) (active); usage started on 09/21/2006 medication
was prescribed by Scott III William M. M.D.
Diovan 80 mg capsule (One PO QD) (active)
Lipitor 10 mg tab (One PO QD) (active)

Past Medical History: Endocrine Hx: (+) diabetes, obesity. Respiratory Hx: (+) CPAP, shortness of breath, sleep apnea. Cardiovascular Hx: (+) cholesterol level Last-cholesterol level was high, high blood pressure.

Past Surgical History: No previous surgeries.

Family History: Patient admits a family history of diabetes associated with brother.

Social History: Patient admits education. He completed grade school. He completed high school diploma, employment status. Currently employed full-time, exercising regularly. He exercises 1 to 3 times per week, family environment. Normal, health status. fair, marital status. satisfied with marital status, sleep habits. He gets less than 6 hours of sleep a night, tobacco use. never smoked.

Physical Exam: BP Sitting: 120/76 HR: 95 Height: 5 ft. 11 in. Weight: 276 lbs. BMI: 38 SPO2: 90%

Patient is a 36 year old male who appears pleasant, in no apparent distress, his given age, well developed, well nourished and with good attention to hygiene and body habitus.

Respiratory:

Chest palpation reveals no abnormal tactile fremitus.
Auscultation of lungs reveal clear lung fields and no rubs noted.

Cardiovascular: Heart auscultation reveals normal S1 and S2 and no murmurs, gallop, rubs or clicks.

The apical impulse on heart palpation is located in the left fifth intercostal space in the midclavicular line, no thrill noted.

Test & X-Ray Results:

Moderate restriction. Consider asthma as primary Dx

Impression:

Asthma.

Procedures:

Plan: I have discussed the findings of this examination with the patient. The discussion

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Gilliard, Marvin 10/24/2006 - 0227801

William M. Scott III M.D.

included a complete verbal explanation of the examination results, diagnosis and planned treatment(s). A schedule for future care needs was explained. He verbalizes understanding of these instructions at this time. If any questions should arise after returning home I have encouraged the patient to feel free to call the office at 295-1293.

Orders:

The patient is advised that he should return to the office on 11/07/2006 to repeat the PFT.

Follow-up:

Scheduling: Return to the clinic in 2 week(s).

Prescriptions:

Advair Dosage: 250/50 mg Sig: one spray bid Total Daily Dose Qty: Dispense: 1 Refills: 5
Allow Generic: Yes

William M. Scott III, M.D.

Digitally Signed on 10/24/2006 By: William M. Scott III, M.D.

Note for Marvin Gilliard on 11/07/2006 - Chart 0227801

The patient comes in today for repeat pulmonary function testing. Patient started Advair 250/50 mg on 10-24-06. States he sometimes feels breathing is better, sometimes not. Still a little trouble breathing when he exerts himself. Also bothers him more at night. Coughing clear mucus. Has had a little bright red blood in sputum lately. Prior history of exposure to TB and took the oral medication for this for ??60 days. Patient states he has had a chest x-ray done at this office 9-11-06. Patient has lost approximately 20 pounds in past several months without trying. cc/phs

Allergies: Patient admits allergies to shellfish.

Medication History:

Active:

Advair 250/50 mg (one spray bid) (active); usage started on 10/24/2006 medication was prescribed by Scott III William M. M.D.

Singulair 10 mg tablet (One PO QD) (active)

metformin 500 mg tablet (1 QAM, 2 QPM) (active)

Atacand 4 mg tablet (one po q day) (active); usage started on 09/11/2006 medication was prescribed by Tellano Ruth

Avelox 400 mg tablet (1 po QD) (active); usage started on 09/21/2006 medication was prescribed by Scott III William M. M.D.

Diovan 80 mg capsule (One PO QD) (active)

Lipitor 10 mg tab (One PO QD) (active)

Past Medical History: Endocrine Hx: (+) diabetes,, obesity. Respiratory Hx: (+) CPAP, shortness of breath, sleep apnea,. Cardiovascular Hx: (+) cholesterol level Last cholesterol level was high, high blood pressure.

Past Surgical History: No previous surgeries.

Family History: Patient admits a family history of diabetes associated with brother.

Social History: Patient admits education. He completed grade school. He completed high school diploma, employment status. Currently employed full-time, exercising regularly. He exercises 1 to 3 times per week, family environment. Normal, health status. fair, marital status. satisfied with marital status, sleep habits. He gets less than 6 hours of sleep a night, tobacco use. never smoked.

Physical Exam: BP Sitting: 125/78 HR: 89 Height: 5 ft. 11 in. Weight: 275 lbs. BMI: 38

Patient is a 36 year old male who appears pleasant, in no apparent distress, his given age, well developed, well nourished and with good attention to hygiene and body habitus.

Respiratory:

Chest palpation reveals no abnormal tactile fremitus.

Auscultation of lungs reveal clear lung fields and no rubs noted.

Cardiovascular: Heart auscultation reveals normal S1 and S2 and no murmurs, gallop, rubs or clicks.

The apical impulse on heart palpation is located in the left fifth intercostal space in the midclavicular line, no thrill noted.

Test & X-Ray Results:

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Moderate restriction on PFT exam done today.

Impression: Dyspnea. Unexplained weight loss.

Plan: I have discussed the findings of this examination with the patient. The discussion included a complete verbal explanation of the examination results, diagnosis and planned treatment(s). A schedule for future care needs was explained. He verbalizes understanding of these instructions at this time. If any questions should arise after returning home I have encouraged the patient to feel free to call the office at 295-1293.

Marvin was counseled on continuing current therapy. He is advised if he continues to loose weight, after evaluation by pulmonologist, he should return for further re-evaluation.

Orders:

Patient was referred to pulmonologist.

Follow-up:

Scheduling: Return to the clinic as needed.

Cheryl Middleton,

Digitally Signed on 11/07/2006 By: Cheryl Middleton,

Note for Marvin Gilliard on 06/22/2007 - Chart 0227801

This 37 year old male presents today for evaluation of light-headedness and loss of fluids x' 2 weeks. cc/seb Pt has a BS of 540 3 hrs ago. Wants to be seen here first so that when he goes to the ER, he will be seen more quickly.

Allergies: Patient admits allergies to shellfish.

Family History: Patient admits a family history of diabetes associated with brother.

Medication History:

Active:

Prednisone 20 mg tablet (One PO TID) (active)
Nasacort AQ 55 mcg/inh spray (2 sprays each nostril qd) (active)
Metformin 1000 mg tablet (One PO BID) (active)
Lipitor 10 mg tab (One PO QD) (active)
lantus insulin per unit injectable (14 units per day) (active)
Diovan 80 mg capsule (One PO QD) (active)
Combivent 18 mcg-90 mcg/inhalation metered dose inhaler (Two buffs BID) (active)
Allegra 180 mg capsule (One PO QD) (active)
Advair 250/50 mg (one spray bid) (active); usage started on 10/24/2006 medication was prescribed by Scott III William M. M.D.

Past Medical History: Endocrine Hx: (+) diabetes,, obesity. **Respiratory Hx:** (+) CPAP, shortness of breath, sleep apnea,. **Cardiovascular Hx:** (+) cholesterol level Last cholesterol level was high, high blood pressure.

Past Surgical History: No previous surgeries.

Social History: Patient admits education. He completed grade school. He completed high school diploma, employment status. Currently employed full-time, exercising regularly. He exercises 1 to 3 times per week; family environment. Normal, health status. fair, marital status. satisfied with marital status, sleep habits. He gets less than 6 hours of sleep a night, tobacco use. never smoked.

Review of Systems: **Neurological:** (+) trouble balancing, **Respiratory:** (+) breathing difficulties, respiratory symptoms, **Eyes:** (+) blurred vision, **Constitutional Symptoms:** (+) appetite decrease, (+) appetite unchanged, (+) weight loss, intentional, (-) chest pain, **Gastrointestinal:** (-) abdominal pain.

Physical Exam: BP Sitting: 128/86 HR: 107 Temp: 97.1 Weight: 250 lbs. Patient is a pleasant, 37 year old male in no apparent distress who looks his given age, is well-developed and nourished with good attention to hygiene and body habitus.

Constitutional: Constitutional exam is unremarkable

Head & Face: Examination of head and face is unremarkable

Respiratory: Lung auscultation reveals no rales, rhonchi, wheezing, or rubs

Cardiovascular: No edema present in bilateral lower extremities. Heart auscultation reveals rate is regular with no murmurs, gallop, rubs or clicks. Examination of abdominal aorta shows normal size without presence of systolic bruit.

Musculoskeletal: Muscle strength full and strength symmetric, normal muscle tone without any atrophy or abnormal movements

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Gilliard, Marvin 6/22/2007 - 0227801

Ruth Tellano

Psychiatric: Psychiatric exam reveals orientation X 3 with mood and affect appropriate to situation

Skin: No skin rash, subcutaneous nodules, lesions or ulcers observed

Test Results: BS 458 after 14 units of insulin.

Impression:

DM. Probable DKA

Plan/Treatment:

Marvin was counseled on calling the office @ 295-1293 if questions, s/s worsen or do not get better. Go imm to ER.

Scheduling: He should return to the clinic after hospitalization.

Ruth Tellano,

Digitally Signed on 06/22/2007 By: Ruth Tellano,

Note for Marvin Gilliard on 9/4/2007 - Chart 0227801

Marvin Gilliard received a call from Carrie Hughes CMA: regarding the following problem:
Patient called regarding sputum cultures and notes from another physician. Patient states that we
should be expecting a call from him and notes. Advised to obtain and come in to
discuss.cc/chughes, cma

Impression

Plan

Amanda Flynn, D.O.

Note for Marvin Gilliard on 9/12/2007 - Chart 0227801

This 37 year old male presents today for evaluation of productive cough. He recently has seen Dr. Yuh-Chin, Tony Haung, pulmonologist at Duke in Durham, NC. Patient states he was diagnosed with non specific interstitial pneumonitis. He takes Prednisone on a regular basis. Patient has had productive cough x 4 weeks. Mucus changed from thick yellow to thick white. The pulmonologist advised him to take Prednisone 20 mg three po x 2 days, then decrease to 2 and 1/2 tabs x 2 days, then 2 tabs po x 2 days, then 1 and 1/2 tabs x 2 days, then return to maintenance dose of 20 mg one po qd. He returns to see pulmonologist again in November. With this current illness, has had cough. Increase in his usual dyspnea. Robitussin cold and cough has not been helpful. He admits that he has sleep apnea and will sometimes wear oxygen at night with his c-pap. He states he is currently taking his fourth round of Avelox.

He sees Dr. Stacy Breazeale re: IDDM, HTN, Dyslipidemia. Dr. Breazeale is his PCP at Woodward Medical Center in Greenville. cc/psummey,cma

Allergies: Patient admits allergies to shellfish, NKDA.

Medication History:

Active:

Prednisone 20 mg tablet (One PO TID) (active)
Nasacort AQ 55 mcg/inh spray (2 sprays each nostril qd) (active)
Metformin 1000 mg tablet (One PO BID) (active)
Lipitor 10 mg tab (One PO QD) (active)
lantus insulin per unit injectable (14 units per day) (active)
Diovan 80 mg capsule (One PO QD) (active)
Combivent 18 mcg-90 mcg/inhalation metered dose inhaler (Two buffs BID)
(active)
Avelox 400 mg tablet (One PO QD) (active)
Allegra 180 mg capsule (One PO QD) (active)
Advair 250/50 mg (one spray bid) (active); usage started on 10/24/2006
medication was prescribed by Scott III, William M. M.D.

Past Medical History: Endocrine Hx: (+) diabetes, obesity. Respiratory Hx: (+) CPAP, shortness of breath, sleep apnea. Cardiovascular Hx: (+) cholesterol level Last cholesterol level was high, high blood pressure.

Social History: Patient admits education. He completed grade school. He completed high school diploma, employment status. Currently employed full-time, exercising regularly. He exercises 1 to 3 times per week, family environment. Normal, health status. fair, marital status. satisfied with marital status, sleep habits. He gets less than 6 hours of sleep a night, tobacco use. never smoked.

Review of Systems: Ears, Nose, Mouth, Throat: (+) post-nasal drip, (-) sore throat,

Constitutional Symptoms: (-) fever, (-) chills.

Physical Exam: BP Sitting: 146/95 HR: 101 Weight: 263 lbs. SPO2: 76% to 85% on room air. Patient is a pleasant, 37 year old male in no apparent distress who looks his given age, is well-developed and nourished with good attention to hygiene and body habitus.
Neck: Jugular veins examined with no distention or abnormal waves noted.
ENT: Examination of ears, nose, mouth, and throat is normal

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Respiratory: Auscultation of lungs reveal crackles fine, diminished breath sounds throughout bilateral and rhonchi in bases.

Cardiovascular: No edema present in bilateral lower extremities. Heart auscultation reveals rate is regular with no murmurs, gallop, rubs or clicks. Examination of abdominal aorta shows normal size without presence of systolic bruit.

Abdomen: Abdomen exam normal, with bowel sounds X 4, no evidence of masses or tenderness

Test Results: oxygen saturation 82 %. Chest x-ray on 9/12/2007 reveals cardiomegaly and chronic interstitial changes bilateral.

Impression:

Diabetes mellitus, w/o mention of complication, Type II, Controlled.

History of interstitial pneumonitis. Bronchitis, acute organism not specified. marked hypoxemia-needs chronic O2

Plan/Treatment:

The length of the visit was 60 minutes.

Obtain a consult for this patient for pulmonology, locally.

Counseling: Patient has O2 with concentrator at home. He is advised to use 2 lpm continuous.

Labs obtained today: Ordered B-Type Natriuretic Peptide (BNP). Ordered basic metabolic panel (Chem 8). CBC with differential ordered.

Prescriptions: He will add Biaxin to his current regimen of Avelox.

Procedures: The patient was given O2 by nasal cannula at a rate of 2 lpm.

Scheduling: The patient is to follow-up after consultation and intervention completed.

Prescriptions:

biaxin tablets xl Dosage: 500 mg tablet, film coated Sig: Two PO QD Dispense: 20 Refills: 1

Allow Generic: Yes

Advair Dosage: 250/50 mg Sig: one spray bid Dispense: 1 Refills: 5 Allow Generic: Yes

one touch ultra test strips Dosage: Sig: check blood sugar 4 times a day Total Daily Dose Qty:

4 Dispense: one month supply Refills: 11 Allow Generic: Yes

William M. Scott III, M.D.

Digitally Signed on 9/13/2007 By: William M. Scott III, M.D.

Note for Marvin Gilliard on 9/12/2007 - Chart 0227801

CROSSROADS FAMILY PRACTICE & URGENT CARE

3150 HWY. 153

P.O. BOX 51539

PIEDMONT, SC 29673

PH# (864) 295-1293 FAX # (864) 295-1294

WILLIAM M. SCOTT, III, M.D.

AMANDA B. FLYNN, D.O.

RADIOGRAPHIC FILM INTERPRETATION

NAME: Marvin Gilliard

DATE: 9/12/2007

SS#: 249313305

PHYSICIAN: Amanda Flynn D.O.

EXAM: PA and lateral chest x-rays

INDICATIONS: Cough, increased dyspnea. History of interstitial pneumonitis.

FINDINGS: Normal bony structures. The heart and mediastinal shadows show enlargement of the heart with an increased CT ratio of 17/33 cm. The lung fields have a somewhat ground-glass appearance consistent with an interstitial process

IMPRESSION: Findings consistent with interstitial pneumonitis versus CHF.

William M. Scott, M.D.

Note for Marvin Gilliard on 9/15/2007 - Chart 0227801

Marvin Gilliard received a call from Pam Summey CMA: regarding the following problem: discussion of recent lab results (noted below). He is advised to omit his Diovan for one month. Will give samples Diovan 80/12.5 mg to take one po qd x 1 month. His Glucose was 115 on BMP. He is advised cortisone can elevate glucose. He is to have a BMP drawn in one month. MLM/phs

lab results:

TestDate: 9/13/2007 Test: Glucose Flags: Above high normal Result: 115 mg/dL Range: 70-99 Status: Final

TestDate: 9/13/2007 Test: Potassium Flags: Normal Result: 5.1 mEq/L Range: 3.5-5.3 Status: Final

TestDate: 9/13/2007 Test: Chloride Flags: Normal Result: 106 mEq/L Range: 96-112 Status: Final

TestDate: 9/13/2007 Test: Calcium Flags: Normal Result: 9.5 mg/dL Range: 8.4-10.5 Status: Final

TestDate: 9/13/2007 Test: Creatinine Flags: Normal Result: 0.84 mg/dL Range: 0.40-1.50 Status: Final

TestDate: 9/13/2007 Test: CO2 Flags: Normal Result: 21 mEq/L Range: 19-32 Status: Final

TestDate: 9/13/2007 Test: Sodium Flags: Normal Result: 142 mEq/L Range: 135-145 Status: Final

TestDate: 9/13/2007 Test: BUN Flags: Normal Result: 12 mg/dL Range: 6-23 Status: Final

TestDate: 9/13/2007 Test: B Natriuretic Peptide Flags: Above high normal Result: 226.0 pg/mL Range: 0.0-100.0 Status: Final

Merrylee Mullinax,

Digitally Signed on 9/15/2007 By: Merrylee Mullinax,

CROSSROADS FAMILY PRACTICE AND
 URGENT CARE
 3150 HWY 153
 PIEDMONT, SC 29673

Patient Name: Gilliard, Marvin L.

ID: 249313305
 WE

09-12-07
 13:59

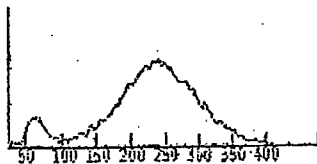
Age: 37

Patient
 Limits 1

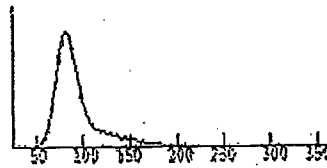
Sex: M

Tech Int: *CMH*

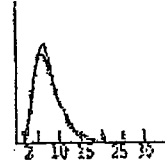
WBC	10.0		x10 ³ /uL	4.8	10.8
LY	8.9	L	%	24.0	44.0
MO	1.6	3L	%	2.0	6.0
GR	89.5	3H	%	43.0	89.0
LY#	0.9	L	x10 ³ /uL	1.0	3.8
MO#	0.2	3	x10 ³ /uL	0.1	0.7
GR#	8.9	3	x10 ³ /uL	1.9	9.1
RBC	5.54		x10 ⁶ /uL	4.50	5.90
Hgb	14.3		g/dL	13.5	17.5
Hct	45.7		%	41.0	53.0
MCV	82.4		fL	80.0	100.0
MCH	25.9	L	pg	28.0	34.0
MCHC	31.4		g/dL	31.0	37.0
RDW	14.9		%	13.2	16.0
Plt	418.		x10 ³ /uL	140.	440.
MPV	7.5		fL	7.4	10.4



WBC HISTOGRAM



RBC HISTOGRAM



PLT HISTOGRAM

PA Rom 9/15/12

CMH 10:25/

Date: 10/18/2007
 Printed By: Schwartz, Kathy

PATIENT INFORMATION

Name: Gilliard, Marvin L
 DOB: 12/3/1969
 ChartNo: 0227801
 Sex: male

TESTS	FLAGS	RESULTS	UNITS	REF-RANGE
FACILITY ID				

Accession: N72558579 Basic Metabolic Panel Report Date: 9/13/2007

22910: Basic Metabolic Panel
 Test/Specimen Date: 9/13/2007

Performed at: Spectrum Laboratory Network
 4380 Federal Drive, Suite 100
 Greensboro, NC 27410

Sodium	Normal	142	mEq/L	135-145	~
Potassium	Normal	5.1	mEq/L	3.5-5.3	~
Chloride	Normal	106	mEq/L	96-112	~
CO2	Normal	21	mEq/L	19-32	~
Glucose	Above high normal	115	mg/dL	70-99	~
BUN	Normal	12	mg/dL	6-23	~
Creatinine	Normal	0.84	mg/dL	0.40-1.50	~
Calcium	Normal	9.5	mg/dL	8.4-10.5	~

55185: B Natriuretic Peptide
 Test/Specimen Date: 9/13/2007

Performed at: Spectrum Laboratory Network
 4380 Federal Drive, Suite 100
 Greensboro, NC 27410

B Natriuretic Peptide	Above high normal	226.0	pg/mL	0.0-100.0	~
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Palmetto Pulmonary & Critical Care Associates
 R. Laurens MD, C. Mullen MD, W. Hollinger MD, J. Kubiak MD, A. Boota MD
 3 St. Francis Drive, Suite 300, Greenville, SC 29601
 (864) 233-8063

PatientID: 31246MG
 Patient Name: MARVIN I. GILLIARD
 Date of Birth: 12/03/1969
 SSN: 249-31-3305

Date of Service: 11/30/2006

CHIEF COMPLAINT: shortness of breath.

HISTORY OF PRESENT ILLNESS: He is a very pleasant 36 year old African-American male whom we are asked to evaluate in pulmonary consultation by Dr. William Scott, III secondary to shortness of breath. He describes onset of significant exertional dyspnea while ambulating on his job as a police officer in June of this year. He has had exertional dyspnea since that time. He has had occasional wheezing and in the occasional cough, primarily in the mornings. Sputum production has been scant but has been clear. There is no hemoptysis. He lost approximately 22 pounds without definitely trying over the past few months.

CXR demonstrated cardiomegaly; BNP was normal 9/2006. He was begun on Advair but had no significant response symptomatically or on spirometry. He has been able to resume exercise on the treadmill recently but continues to notice shortness of breath. There is a history of sleep apnea and he was on CPAP therapy for some time but had subsequent ENT surgery which apparently was UPPP; he states that his snoring resolved after surgery and he was not able to resume nasal CPAP secondary to nasal congestion. However, he has not followed up with his sleep physician, Dr. Wilson. He has never smoked. There is no history of toxic industrial or an environmental exposure. There is a history of a positive PPD approximately 1996 for which he was treated for six months prophylactically.

PAST MEDICAL HISTORY: Polysomnography approximately 2003, CPAP therapy initiated by Dr. Wilson.
 CURRENT PROBLEM LIST:

250.90 DIABETES, UNCOMPLICATED TYPE 2, CONTROLLED
 272.4 HYPERLIPIDEMIA
 278.00 OBESITY, UNSPECIFIED
 327.23 OBSTRUCTIVE SLEEP APNEA
 401.1 HYPERTENSION, ESSENTIAL, BENIGN
 786.05 DYSPNEA, SHORTNESS OF BREATH

PAST SURGICAL HISTORY: UPPP -- 2004.
 Wrist surgery for ganglion cyst.

CURRENT ALLERGY LIST:
 SHELLFISH

CURRENT MEDICATION LIST:
 DIOVAN ORAL TABLET 80 MG, 1 tab po qd
 ADVAIR 250/50, 1 inhalation bid
 METFORMIN HCL ORAL TABLET 500 MG, 1 po q am & 2 po q hs
 LIPITOR ORAL TABLET 10 MG, 1 po qd

Palmetto Pulmonary & Critical Care Associates
R. Laurens MD, C. Mullen MD, W. Hollinger MD, J. Kuhlak MD, A. Boota MD
3 St. Francis Drive, Suite 300, Greenville, SC 29601
(864) 233-8063

Patient ID: 31246MG
Patient Name: MARVIN L GILLIARD
Date of Birth: 12/03/1969
SSN: 249-31-3305

Date of Service: 11/30/2006

IMMUNIZATION/PPD:

Influenza Vaccine. Last Received 10/2006
Pneumovax. Have Never Received
PPD Status. Positive PPD 10 year ago/6 month TX of INH , CXR Negative

FAMILY HISTORY: Diabetes, questionable sleep apnea.

SOCIAL HISTORY: He has never smoked. There is no history of toxic industrial or an environmental exposure. There is a history of a positive PPD approximately 1996 for which he was treated for six months prophylactically. He consumes wine on rare occasions. He is employed as a police officer for the city of Greenville.

REVIEW OF SYSTEMS:

GENERAL:

No fever has been present. No chills have occurred. has night sweats. has lost weight. Fatigued has been noted.

EYES:

Denies problems with eye pain, erythema, blurred vision, diplopia, photophobia, or visual field loss.

ENTM:

There is no history of tinnitus, epistaxis, sore throat, hoarseness, or dysphonia.

CARDIAC:

No chest pain has been present. No palpitations have occurred. Orthopnea has been present. No paroxysmal nocturnal dyspnea. Heart murmur was noted in the past. No edema noted.

GI:

There have been no swallowing difficulties. No complaints of heartburn. No indigestion has been noted. No complaints of nausea. No complaints of abdominal pain. Diarrhea has been present. There has not been any blood in the stool.

GU:

There is no history of dysuria, hematuria, dark urine, polyuria, or decreased urinary output.

MS:

There is no history of myalgias, arthralgias, muscle atrophy, constant bone pain, or spasticity.

SKIN:

There is no history of rashes, jaundice, cyanosis, nodules, or ulcers.

NEUROLOGICAL:

There is no history of AMS, headache (persistent), decreased level of consciousness, seizures, or focal motor or sensory deficits.

There is no history of anxiety, depression, hallucinations, or irrational behavior.

HEME/LYMPHATIC:

Palmetto Pulmonary & Critical Care Associates
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3 St. Francis Drive, Suite 300, Greenville, SC 29601
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PatientID: 31246MG
Patient Name: MARVIN L GILLIARD
Date of Birth: 12/03/1969
SSN: 249-31-3305

Date of Service: 11/30/2006

There is no history of anemia, blood clots, bruising, recurrent infections, or lumps.

PHYSICAL EXAMINATION:

VITAL SIGNS:

VS-BLOOD PRESSURE: 122/81 Left Arm Sitting

VS-RESPIRATION: 16

VS-TEMPERATURE: 97.8°F Oral

VS-PULSE: 76 Left Radial Regular

VS-HEIGHT: 70in

VS-WEIGHT: 274lbs9oz

O2 SAT:96% (Room Air)

GENERAL APPEARANCE

The patient is able to communicate appropriately. The patient is obese, and in no respiratory distress.

HEENT:

PERRI, EOMI, conjunctivae unremarkable.

The nose is unremarkable. There is pharyngeal narrowing which is mild. Uvula is absent.

NECK/LYMPHATIC:

Symmetrical with no elevation of the jugular venous pulsation. Trachea midline. No thyroid enlargement, tenderness, or mass.

LUNGS:

Normal respiratory effort with symmetrical lung expansion. No expiratory wheezes noted bilaterally, no rales noted bilaterally, no rhonchi noted, diminished breath sounds are noted bilaterally.

HEART:

There is a regular rate and rhythm without murmur, gallop, or rub. There is no edema.

ABDOMEN:

The abdomen is soft and nontender without hepatosplenomegaly, masses, or abnormal bowel sounds.

SKIN:

There are no rashes, cyanosis, jaundice, or ecchymoses present.

EXTREMITIES:

The extremities are unremarkable without clubbing, cyanosis, joint inflammation, degenerative, or ischemic change.

MUSCULOSKELETAL:

There is no abnormal tone, muscle atrophy, or abnormal movement present.

Palmetto Pulmonary & Critical Care Associates
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 3 St. Francis Drive, Suite 300, Greenville, SC 29601
 (864) 233-8063

PatientID: 31246MG
 Patient Name: MARVIN L GILLIARD
 Date of Birth: 12/03/1969
 SSN: 249-31-3305

Date of Service: 11/30/2006

NEURO:

The patient is alert and oriented to person, place, and time. Memory appears intact and mood is unremarkable. No gross sensorimotor deficits are present.

RADIOLOGY/PFT FINDINGS: PFT's - moderately severe restriction. CXR - reviewed with Dr. Laurens - elevated right hemidiaphragm. Per radiology interpretation, cardiac silh. is borderline enlarged; increased interstitial densities in the lungs, right hemidiaphragm elevation.

Ambulatory oximetry on room air with exertion demonstrated baseline saturation 97%. Saturation dropped to 77% with exertion. Baseline heart rate was 92 and maximum was 112 with exertion.

ASSESSMENT:

786.05-DYSYPNEA, SHORTNESS OF BREATH There is moderate restrictive defect noted on spirometry. Abnormal chest x-ray and hypoxemia with exertion. There has been no significant symptomatic response or improvement in spirometry with Advair recently.

793.1-ABNORMAL CHEST X-RAY, LUNG SHADOW with increased interstitial densities, elevated right hemidiaphragm

327.23-OBSTRUCTIVE SLEEP APNEA intolerant to CPAP, status post UPPP; he has not had reassessment since surgery.

799.02-HYPOXEMIA significant desaturation with exertion

PLAN:

He was seen with Dr. Laurens.
 Due to hypoxia, elevated right hemidiaphragm, will obtain PE protocol CT and HRCT to also rule out T.D. mediastinal adenopathy.
 Will arrange PSG.
 Obtain CBC, BMP.
 Follow up tentatively in 3 - 4 weeks.
 On site MD - Laurens

cc: Dr. William Scott, III
 Dr. Stacy Bizzell

Electronically Signed by: Lucretia P. Myers, A.C.N.P. on Thursday, November 30, 2006

*** Addendum - 12/01/2006 10:57 am

Palmetto Pulmonary & Critical Care Associates
R. Laurens MD, C. Mullen MD, W. Hollinger MD, J. Kubiak MD, A. Boota MD
3 St. Francis Drive, Suite 300, Greenville, SC 29601
(864) 233-8063

PatientID: 31246MG
Patient Name: MARVIN L GILLIARD
Date of Birth: 12/03/1969
SSN: 249-31-3305

Date of Service: 11/30/2006

CT demonstrated patchy groundglass opacities, prominent and only in the upper lobes. There is a questionable small nodular component. CT was reviewed by Dr. Laurens. He advises TBLB for diagnostic purposes. I contacted the patient and discussed this with them and he is in agreement. This will be scheduled for next week as early as possible at St. Francis with Dr. Laurens. The patient will be contacted with instructions. I have discussed indications and risk of TBLB with him. Additionally, CT was negative for pulmonary embolus and fluoroscopy was negative as well. LPM

Electronically Signed by: Lucretia P. Myers, A.C.N.P. on Friday, December 01, 2006

11/30/2006 4:03:18 PM -0500

PAGE 1

Page 1

BON SECOURS ST. FRANCIS HOSPITAL

DIAGNOSTIC RADIOLOGY

NAME: GILLIARD, MARVIN

ADMISSION NO: 004822377

SEX: M AGE: 36Y

DATE OF BIRTH: Dec 03, 1969

LOCATION/NS: XR--

DATE OF EXAM: Nov 30 2006 10 11AM

MR#: 249313305 PATIENT CLASS: O

ACC. #: 3773212 DISCH. DATE:

ORD. PHYSICIAN: RICHARD LAURENS

ORD. PHYSICIAN # 720663

Final Report

ICD Codes / Adm. Diagnosis:
Examination: CHEST PA LATERAL - 2101020 - Nov 30 2006 10:14AM

PA AND LATERAL CHEST X-RAY: 11/30/2006 AT 09:16 HOURS

Reason: 786.05 Shortness of breath.

REPORT:

There are no prior radiographs for comparison. The cardiac silhouette is borderline enlarged. Central pulmonary vasculature appears prominent with mild increased interstitial densities in the lungs. Right hemidiaphragm is mildly elevated. No significant air space consolidation or pleural fluid collection.

IMPRESSION:
MILD PULMONARY VASCULAR CONGESTION AND INCREASED INTERSTITIAL DENSITIES WITHIN THE LUNGS.

End of Report

PA, 12/1/06 (JAN)

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Interpreting/Reading Doctor: JENNIFER ADAMS (792252)

Transcribed by / Date: CB on Nov 30 2006 1:40P
Approved Electronically by / Date: JENNIFER ADAMS (792252) Nov 30 2006 3:10P

Distribution:
Attending Doctor: RICHARD LAURENS
Alternate Doctor:

3/24/09

BON SECOURS ST. FRANCIS HOSPITAL**COMPUTED TOMOGRAPHY**
BON SECOURS ST. FRANCIS HOSPITAL, ONE EIGHTY SEVEN SOUTH SEVENTH STREET, MOBILE, ALABAMA 36688-1000

NAME: GILLIARD, MARVIN
 SEX: M AGE: 36Y
 LOCATION/NS: XR--
 MR#: 249313305 PATIENT CLASS: O
 ORD. PHYSICIAN: RICHARD LAURENS

ADMISSION NO: 004822377
 DATE OF BIRTH: Dec 03, 1969
 DATE OF EXAM: Nov 30 2006 3:13PM
 ACC. #: 3773981 DISCH. DATE:
 ORD. PHYSICIAN # 720663

*****Preliminary Report*****

ICD Codes / Adm. Diagnosis:
 Examination: CTA CHEST - 2401275 - Nov 30 2006 3:13PM

CTA OF THE CHEST AND HIGH-RESOLUTION CT OF THE CHEST, 11/30/06

Reason: 36 year old male with dyspnea and hypoxia.

TECHNIQUE: Thin-section images were obtained through the chest at 10 mm intervals using a high spatial frequency algorithm. Subsequently after the uneventful administration of intravenous contrast, axial images were obtained through the chest during the pulmonary arterial phase of the contrast bolus. Multiplanar reformatted images were generated and viewed on the workstation to better evaluate the pulmonary arteries.

REPORT: CTA and reformatted MIP images of the chest demonstrate no filling defects within the pulmonary arteries to indicate pulmonary emboli. Thoracic aorta is normal in caliber and morphology without evidence of aneurysm or dissection. Several mildly prominent mediastinal lymph nodes are present with prevascular lymph node measuring 2.4 cm in diameter and minimal fullness in the hilar soft tissues.

Lung windows demonstrate patchy ground-glass opacities throughout the lung periphery. There is a slight upper lobe predominance. In addition, there are several poorly defined nodular opacities measuring 5 mm in diameter situated in the left upper lobe (image #25), within the right middle lobe (image #46), within the right upper lobe (image #28).

High-resolution images of the chest demonstrate no significant interlobular septal thickening. A small nodule is present along the left major fissure (image #11 high-resolution CT). No additional perilymphatic nodules are demonstrated.

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Interpreting/Reading Doctor: JOHN F. PARROTT MD ()

Transcribed by / Date:
 Approved Electronically by / Date:

LW on Nov 30 2006 4:45P

Distribution:
 Attending Doctor: RICHARD LAURENS
 Alternate Doctor:

BON SECOURS ST. FRANCIS HOSPITAL

COMPUTED TOMOGRAPHY

NAME: GILLIARD, MARVIN

ADMISSION NO: 004822377

SEX: M AGE: 38Y

DATE OF BIRTH: Dec 03, 1969

LOCATION/NS: XR--

DATE OF EXAM: Nov 30 2006 3:13PM

MR#: 249313305 PATIENT CLASS: O

ACC. #: 3773981 DISCH. DATE:

ORD. PHYSICIAN: RICHARD LAURENS

ORD. PHYSICIAN # 720563

Preliminary Report

Included images of the upper abdomen demonstrate normal appearing bilateral adrenal glands.

Bone windows demonstrate no aggressive osseous lesions. The pleural spaces are clear.

IMPRESSION:

1. NO CT FINDINGS OF PULMONARY EMBOLISM.
2. PERIPHERAL GROUND-GLASS OPACITIES THROUGHOUT THE LUNGS WITH A SLIGHT UPPER LOBE PREDOMINANCE AND SEVERAL SMALL POORLY DEFINED NODULAR DENSITIES IN THE UPPER LOBES AND RIGHT MIDDLE LOBE. FINDINGS ARE NONSPECIFIC BUT SUGGEST A DIFFUSE PULMONARY INFLAMMATORY INFECTIOUS PROCESS. FOLLOW-UP IMAGING AFTER TREATMENT MAY BE BENEFICIAL FOR FURTHER EVALUATION.

FINDINGS WERE DISCUSSED WITH LUCRETIA IN DR. LAURENS' OFFICE AT 3:40 P.M. ON 11/30/06.
End of Report

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Interpreting/Reading Doctor: JOHN F. PARROTT MD ()

Transcribed by / Date: LW on Nov 30 2006 4:45P
Approved Electronically by / Date:
Distribution:
Attending Doctor: RICHARD LAURENS
Alternate Doctor:

Spirometry Report

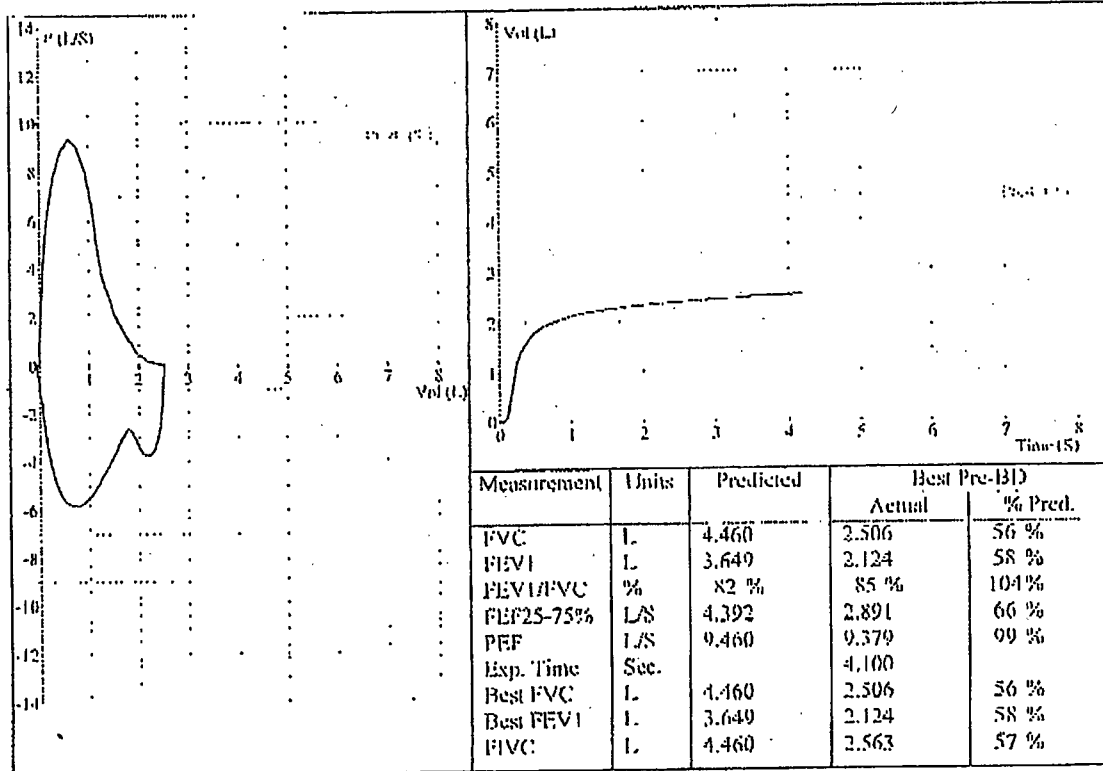
Midmark Diagnostics Group
 3300 Fujita Street
 Torrance, California 90505

Name: MARVIN M GILLIARD
 ID: 84851
 Sex: Male
 Smoker: No.
 COPD Risk: Very High

Age: 36 years Race: Black
 Height: 70 inches Weight: Unknown
 Indication:
 Medications:
 Lung Age: > 84 years

Requested By: LUCRETIA P MYERS
 Test Date: 11/30/06 10:42:23
 Press./Temp. 760 mmHg./70 degrees F
 Bronchodilator:

Performed By: gailb
 Sensor S/N: 522430
 Sensor Calibrated: 11/30/06 07:55:43
 Normals/Interp.: Crapo/ATS (1991)



Test Quality: Pre-BID FVC: 3 attempted, 3 accepted, 3 matches.

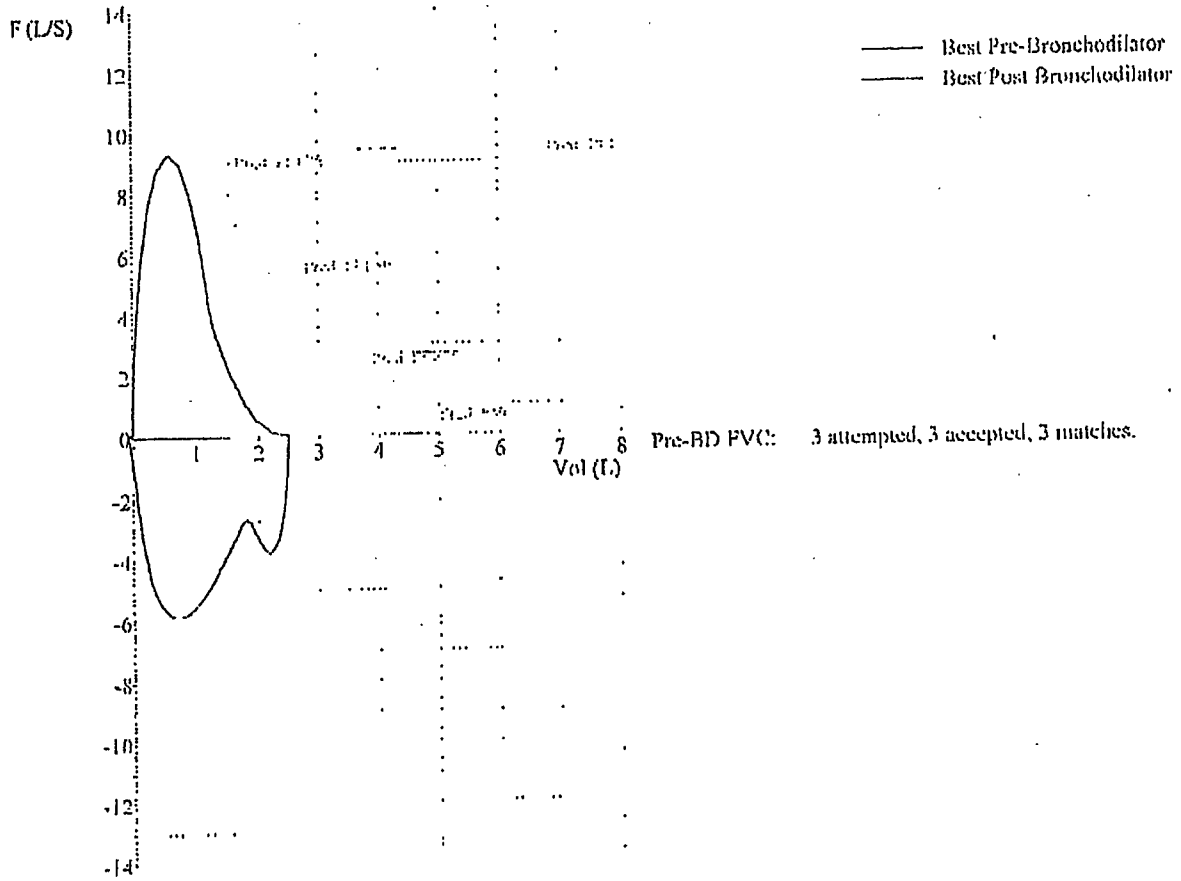
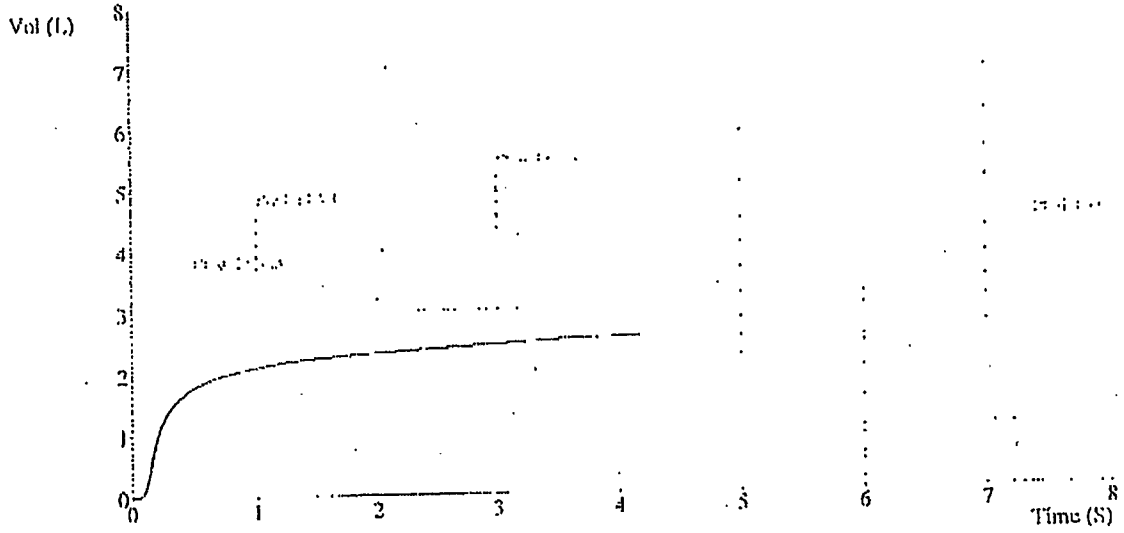
Interpretation: Spirometry shows a decreased FVC, decreased FEV-1, and normal FEV-1%. Flow volume loop shows normal contour of the inspiratory loop. Expiratory loop is normal. Spirogram is normal.

This study shows a moderately severe restrictive defect.

Reviewed By: RGL 11/30/06

Name: MARVIN GILJARD
ID: 84851
Test Date: 11/30/06 10:42:23

Best Pre/Post Bronchodilator FVC Tests



Pre-BD FVC: 3 attempted, 3 accepted, 3 matches.

Spirometry Report - Signature History

Patient Name: MARVIN L GILLIARD
Patient ID: 31246MG
Date of Report: 11/30/2006

Interpretive Report for Spirometry:

Spirometry shows a decreased FVC, decreased PIV-1, and normal FEV-1%. Flow volume loop shows normal contour of the inspiratory loop. Expiratory loop is normal. Spirogram is normal.

This study shows a moderately severe restrictive defect.

Comments:

Electronically signed by: Richard G. Laurens, JR M.D. on 11/30/2006

31246
RGT.

12/01/2006
09:30

ST. FRANCIS HOSPITAL, INC.
J. THOMAS LATTAM, JR., B.S., LABORATORY MEDICAL DIRECTOR
ONE ST. FRANCIS DRIVE, GREENVILLE, SOUTH CAROLINA 29601

CUMULATIVE SUMMARY
PAGE: 1

LIURENS, RICHARD C (2364)
PALMETTO PULMONARY AND CRITICA
1 ST FRANCIS DRIVE SUITE 300
GREENVILLE, SC 29601
LOC: DIAGNOSTIC PROCEDURES

PANO, GILLIARD, MARVIN L
AGE: 36Y SEX: M
ACCT #: 4322377
MED. REG. #1 249333285

CHEMISTRY

DAY:	1		
DATE:	11/30/06		
TIME:	12:10	NORMAL	STATS
LOC:	XR		

CREATININE	1.07	0.9-1.3	MG/DL

HEMATOLOGY

DAY:	1		
DATE:	11/30/06		
TIME:	12:10	NORMAL	STATS
LOC:	XR		

WBC	7.0	4.5-10.5	TB/HR
RBC	5.36	4.27-5.68	BILL/HR
HGB	13.5	12.8-16.3	GM/DL
HCT	40.7	38.1-49.4	%
MCV	136	79.6-97.9	FL
MCH	125.2	26.1-32.9	PG
MCHC	22.2	31.4-35.0	G/DL
PLT CT.	405	110-410	TB/HR
HEMATOCRIT	62.2	47.0-51.5	%
LYMPHS	26.1	14.7-41.3	%
LEU	3.0	0.9-3.1	%
MONOCYTE	1.0	1.2-9.0	%
EOSINOPHIL	2.6	0.5-7.9	%
PLASMAPL	1.1	0-2.0	%
ABSOLUTE NEUTROPHIL	1.4	1.9-7.9	TB09/HR3
ABSOLUTE LYMPHS	1.9	0.6-4.1	TB09/HR3
ABSOLUTE LUC	0.1	0.0-0.7	TB09/HR3
ABSOLUTE MONOCYTE	0.4	0.1-0.9	TB09/HR3
ABSOLUTE EOSINOPHIL	0.18	0.00-0.80	TB09/HR3
ABSOLUTE PLASMAPL	0.01	0.0-0.7	TB09/HR3
RPT-CV	13.9	11.9-14.6	%
RFT	1.7.7	9.3-12.9	FL
DIFFERENTIAL TYPE	AUTO		

Date Received/Initials 12-1-06 [Signature]
Date Reviewed/Initials [Signature]
Plan _____

GILLIARD, MARVIN L 249333285
12/01/2006 09:30

PAGE: 1
REV ACTIVITY ONLY

END OF REPORT

12/01/2006 8:11:22 PM -0500

PAGE 5 OF 5

31246-LPM

Page 1

BON SECOURS ST. FRANCIS HOSPITAL

DIAGNOSTIC RADIOLOGY

CANON PACS ONLINE, GREENVILLE, SC 29601 (864) 233-1000

NAME: GILLIARD, MARVIN

ADMISSION NO: 004822477

SEX: M

AGE: 36Y

DATE OF BIRTH: Dec 03, 1969

LOCATION/NS: XR--

DATE OF EXAM: Dec 1 2006 9:08AM

MR#: 249313305

PATIENT CLASS: O

ACC. #: 3778176 DISCH. DATE:

ORD. PHYSICIAN: RICHARD LAURENS

ORD. PHYSICIAN # 720663

Final Report

ICD Codes / Adm. Diagnosis: /

Examination: CHEST WITH FLUORO - 2101023 - Dec 1 2006 9:08AM

L:

FLUORO OF THE CHEST, 12/01/06

R:

Reason: Dyspnea. Please evaluate for diaphragmatic paralysis.

REPORT: Right hemidiaphragm is slightly elevated compared to the left side. There is normal movement of bilateral hemidiaphragms with both normal respiration and with sniffing maneuvers.

IMPRESSION: NO FLUOROSCOPIC EVIDENCE OF DIAPHRAGMATIC PARALYSIS.

End of Report

OK

12/4/06 (2AW)

ICD
S:
FL
S:
S:
S:
S:

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Interpreting/Reading Doctor: JOHN F. PARROTT MD (792260)

Transcribed by / Date:

LW on Dec 1 2006 10:04A

Approved Electronically by / Date:

JOHN F. PARROTT MD (792260) Dec 1 2006 7:28P

Distribution:

Attending Doctor, RICHARD LAURENS

Alternate Doctor,

305

580

51246/49

Department of Pathology and Laboratory Medicine

Bon Secours St. Francis Hospital
One St. Francis Dr.
Greenville, SC 29601
Tel. 864.255.1283 or 1670 Fax: 864.255.1664
J. Thomas Latham, JR, M.D., Director
SURGICAL PATHOLOGY REPORT

Name: GILLIARD, MARVIN L. Accession Number: F06-13699
DOB: 12/3/69 MR #: 249313305
SS #: 249313305 Physician: LAURENS, MD, RICHARD G (230A)

DIAGNOSIS

"TRANSBRONCHIAL BIOPSY RLL": SOFT TISSUE FOCALLY LINED BY
RESPIRATORY EPITHELIUM WITH NO TUMOR AND/OR GRANULOMA IDENTIFIED.

m-12-6-06

Electronically signed out on 12/6/06 13:05 by Tom Rosenzweig, MD

Procedures/ Addenda

Microscopic Description

Section reveals soft tissue focally lined by respiratory epithelium, and associated cartilage. Fragmentation is noted. No tumor and/or granuloma is identified. Dr. Latham concurs.

Specimen(s) Received

TB bx RLL

Macroscopic Description

Received in formalin labeled Marvin Gilliard, lung bx, name matching requisition, which contains a minute fragment of brown-tan soft tissue that measures approximately 2.0 mm in greatest dimension. Specimen submitted in toto in one cassette.
ATY

m-12-5-06

End of Report

Account Number: 4825720
Patient Name: GILLIARD, MARVIN L.
Copy To:

Pt. Location: RT (STF)
Sex: M

Page 1 of 1

Date Obtained: 12/5/06
Date Received: 12/5/06
Date Reported: 12/6/06 13:05

31246

12/04/2006
13:09

ST. FRANCIS HOSPITAL, INC.
J. THOMAS LATHAM, JR., M.D., LABORATORY MEDICAL DIRECTOR
ONE ST. FRANCIS DRIVE, GREENVILLE, SOUTH CAROLINA 29601

CUMULATIVE SUMMARY
PAGE: 1

LABORERS, RICHARD S (2304)
PALMETTO PULMONARY AND CRITICCA
1 ST FRANCIS DRIVE SUITE 300
GREENVILLE, SC 29601
LOC: LAB - QF CENTER

NAME: GILLIARD, MARVIN L
AGE: 57 SEX: M
ACCT #: 1023186
MED. REC. #: 249313705

***** COAGULATION *****

DATE:	1		
DATE:	12/04/06		
TIME:	10:56	NORMAL	UNITS
LOC:	18		
FESTNOTE:	#1		

PT	8.6	8.3-10.9	SEC
INR	1.0		
APTT	26.8	21.5-31.2	SEC

#1 PT = RESULTS FAILED
 INR - Use of INR recommended only for patients on stable, long term oral anticoagulation.
 Recommended ranges are:
 Prevention/treatment of venous thromboses: 2.0-3.0
 Recurrent systemic embolism, or mechanical heart valve prosthesis: 2.5-3.5
 RESULTS FAILED
 APTT = FOR HEPARIN THERAPY:
 SUGGESTED THERAPEUTIC RANGE: 45-59 SEC.
 RESULTS FAILED

***** HEMATOLOGY *****

DATE:	1		
DATE:	12/04/06		
TIME:	4:06	NORMAL	UNITS
LOC:	18		

PLT CT.	419	140-440	10 ³ /MM ³

12-4-06
 initials [signature]
 for TBLB

GILLIARD, MARVIN L 249313705
12/04/2006 13:00

END OF REPORT

PAGE: 1
NEW ACTIVITY ONLY

Palmetto Pulmonary & Critical Care Associates
R. Laurens MD, C. Mullen MD, W. Hollinger MD, J. Kubiak MD, A. Boota MD
3 St. Francis Drive, Suite 300, Greenville, SC 29601
(864) 233-8063

PatientID: 31246MG
Patient Name: MARVIN I. GILLIARD
Date of Birth: 12/03/1969
SSN: 249-31-3305

Date of Service: 12/05/2006

PROCEDURE NOTE:

This patient underwent outpatient bronchoscopy and transbronchial lung biopsy today at St. Francis Hospital for confirmation of possible sarcoidosis. The patient is to call the office on Thursday for results.

Electronically Signed by: Richard G. Laurens, JR M.D. on Tuesday, December 05, 2006

ST FRANCIS HOSPITAL
One St. Francis Drive
Greenville, S.C 29601
864-255-1000

OPERATIVE REPORT

NAME: Gilliard, Marvin L	SEX: M	MR: 249313305
LOC: RT	AGE: 37	ACCT: 4823720
DOB: 12/03/1969	DSCI:	PT: X
ADMIT: 12/05/2006		MSV: MED

DATE OF PROCEDURE: 12/05/06

PROCEDURE: Bronchoscopy and transbronchial lung biopsy.

This patient underwent outpatient bronchoscopy and transbronchial lung biopsy in Fluoroscopy Room 1. Upper airways and cords were normal. All peripheral airways were normal. Four transbronchial biopsies were obtained from various segments of the right lower lobe. Post bleeding was minimal. Post procedure fluoroscopy showed no evidence of a pneumothorax. Post procedure chest x-ray showed no pneumothorax.

Post procedure instructions were discussed with the wife. The patient is to call the office on Thursday for results.

Richard G Laurens, Jr, MD A

This is an unverified document unless signed by physician.

TID: rsg	DIC ID: 08854	DT: 12/05/2006 7:14 P
JOB: 000145308	DOC#: 75572	DD: 12/05/2006

cc: Richard G Laurens, Jr, MD

OPERATIVE REPORT - ST. FRANCIS HOSPITAL
Page 1 of 1 Physician copy for (Richard G Laurens, Jr, MD)

Palmetto Pulmonary & Critical Care Associates
 R. Laurens MD, C. Mullen MD, W. Hollinger MD, J. Kubiak MD, A. Boota MD
 3 St. Francis Drive, Suite 300, Greenville, SC 29601
 (864) 233-8063

PatientID: 31246MG
 Patient Name: MARVIN L GILLIARD
 Date of Birth: 12/03/1969
 SSN: 249-31-3305

Date of Service: 12/22/2006

CHIEF COMPLAINT: follow-up dyspnea, hypoxia, abnormal CT

HISTORY OF PRESENT ILLNESS: since his last visit, he was begun on prednisone 40 mg daily. There was slight improvement in shortness of breath except for when he is on an incline on his treadmill. There is an occasional cough productive of nonpurulent sputum. He reports occasional wheezing. He has some postnasal drainage which has been clear. There is no hemoptysis, chest pain, fever or chills. Overall, his blood sugars have tolerated prednisone without significant difficulty. Complete pulmonary function tests were performed as morning. Preliminary report reveals restrictive defect and no significant bronchodilator response in FEV1 or FVC but there was significant response in FEF 25 - 75% - 39% improvement. Diffusion capacity was decreased but corrected for volume ventilated. Formal interpretation is pending.

PAST MEDICAL HISTORY:

Polysomnography approximately 2003, CPAP therapy initiated by Dr. Wilson.
 Abnormal CT of chest 11/06 - diffuse groundglass opacities and nonspecific nodular opacities; negative for pulmonary embolus.
 Bronchoscopy 12/06 - negative for sarcoidosis or other abnormalities.

CURRENT PROBLEM LIST:

250.90 DIABETES, UNCOMPLICATED TYPE 2, CONTROLLED
 272.4 HYPERLIPIDEMIA
 278.00 OBESITY, UNSPECIFIED
 327.23 OBSTRUCTIVE SLEEP APNEA
 401.1 HYPERTENSION, ESSENTIAL, BENIGN
 786.05 DYSPNEA, SHORTNESS OF BREATH
 793.1 ABNORMAL CHEST X-RAY, LUNG SHADOW
 799.02 HYPOXEMIA

PAST SURGICAL HISTORY: UPPP ~ 2004.

Wrist surgery for ganglion cyst.

CURRENT ALLERGY LIST:

SHELLFISH

CURRENT MEDICATION LIST:

DIOVAN ORAL TABLET 80 MG, 1 tab po qd
 METFORMIN HCL ORAL TABLET 500 MG, 1 po q am & 2 po q hs
 LIPTOR ORAL TABLET 10 MG, 1 po qd
 PREDNISONE 20MG, as directed

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PatientID: 31246MG
Patient Name: MARVIN I. GILLIARD
Date of Birth: 12/03/1969
SSN: 249-31-3305

Date of Service: 12/22/2006

IMMUNIZATION/PPD:

Influenza Vaccine, Last Received 10/2006
Pneumovax, Have Never Received
PPD Sintus, Positive PPD 10 year ago/6 month TX of INH, CXR Negative

FAMILY HISTORY: Diabetes, questionable sleep apnea.

SOCIAL HISTORY: He has never smoked. There is no history of toxic industrial or an environmental exposure. There is a history of a positive PPD approximately 1996 for which he was treated for six months prophylactically. He consumes wine on rare occasions. He is employed as a police officer for the city of Greenville.

REVIEW OF SYSTEMS:

CONSTITUTIONAL:

There is no history of fever, chills, night sweats, weight loss, weight gain, persistent fatigue, or lethargy/hypersomnolence.

CARDIAC:

No chest pain, pressure, discomfort, palpitations, orthopnea, PND, murmurs, or edema have been present.

GI:

No dysphagia, odynophagia, heartburn, reflux, indigestion, nausea/vomiting, diarrhea, abdominal pain, or bleeding symptoms have been present.

NEUROLOGICAL:

There is no history of AMS, headache (persistent), decreased level of consciousness, seizures, or focal motor or sensory deficits.

PHYSICAL EXAMINATION:

VITAL SIGNS:

VS-TEMPERATURE: 97.1° Oral
VS-PULSE: 90 Left Radial, Regular
VS-BLOOD PRESSURE: 132/78 Right Arm Sitting
VS-RESPIRATION: 14

VS-HEIGHT: 70in
VS-WEIGHT: 275lbs/oz

O2 SAT: 91% RA

GENERAL APPEARANCE:

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 (864) 233-8063

PatientID: 31246MG
 Patient Name: MARVIN L GILLIARD
 Date of Birth: 12/03/1969
 SSN: 249-31-3305

Date of Service: 12/22/2006

The patient is able to communicate appropriately. The patient is obese, and in no respiratory distress.

HEENT:

PERRL, ECOML, conjunctivae unremarkable.

NECK:

Symmetrical with no elevation of the jugular venous pulsation. Trachea midline. No thyroid enlargement, tenderness, or mass.

LUNGS:

Normal respiratory effort with symmetrical lung expansion. Lungs clear to auscultation. No adventitious sounds noted.

HEART:

There is a regular rate and rhythm without murmur, gallop, or rub. There is no edema.

ABDOMEN:

The abdomen is soft and nontender without hepatosplenomegaly, masses, or abnormal bowel sounds.

NEURO:

The patient is alert and oriented to person, place, and time. Memory appears intact and mood is unremarkable. No gross sensorimotor deficits are present.

RADIOLOGY/PFT FINDINGS: complete pulmonary function tests – preliminary review is as described above. Repeat ambulatory oximetry on room air for three minutes and 50 seconds demonstrated baseline saturation of 96%. Saturation dropped to 81% with exertion. Baseline heart rate was 88 and maximum was 118 with exertion.

ASSESSMENT:

327.23-OBSTRUCTIVE SLEEP APNEA status post UPP: I suspect that there is significant untreated sleep apnea at this point.

786.05-DYSPNEA, SHORTNESS OF BREATH slight improvement. Multifactorial.

793.1-ABNORMAL CHEST X-RAY, LUNG SHADOW groundglass opacities, nonspecific nodular densities; bronchoscopy was negative for sarcoidosis or other abnormalities.

799.02-HYPOXEMIA recent CT was negative for pulmonary embolus.

493.10A-ASTHMA-INTRINSIC W/O STATUS although there was no statistically significant bronchodilator response in FEV1, there was 39% improvement in FEF 25 – 50% suggestive of small airways disease.

PLAN: Resume Advair 250/50 1 inhalation twice daily.

Pro air HFA two puffs four times daily if needed.

Begin supplemental oxygen at 2 L per minute with sleep and exertion at home. We will hold on portable oxygen for now.

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PatientID: 31246MG
Patient Name: MARVIN L GILLIARD
Date of Birth: 12/03/1969
SSN: 249-31-3305

Date of Service: 12/22/2006

Polysomnography will be scheduled.
He will gradually taper down to 10 mg of prednisone daily over the next three weeks and continue this dose until he is seen in follow-up with Dr. Laurens in approximately 4 weeks with repeat CT of the chest prior to that visit. This is for follow-up of groundglass opacities, nodular densities which are felt to be an inflammatory process.
On-site physician ~ Boota

MEDICATIONS:

PROAIR HFA, 2 puffs qid prn, 1 Dispensed, 11 Fills, status: NEW PRESCRIPTION,
12/22/2006.

ADVAIR 250/50, 1 inhalation twice daily, 1 Dispensed, status: NEW PRESCRIPTION,
12/22/2006.

cc: Dr. William Scott, III
Dr. Stacey Bizzell

Electronically Signed by: Lucretia P. Myers, A.C.N.P. on Friday, December 22, 2006



Palmetto Pulmonary & Critical Care Assoc
 3 St. Francis Drive, Suite 300
 Greenville, S.C. 29601
 (864) 233-8063 Fax: (864) 269-8005
 Pulmonary Function Analysis (PL)

Patient: Gilliard, Marvin
 Id: 31246
 Date: 12/22/06
 Ordering Clinician: Lucretia Myers, ACNP

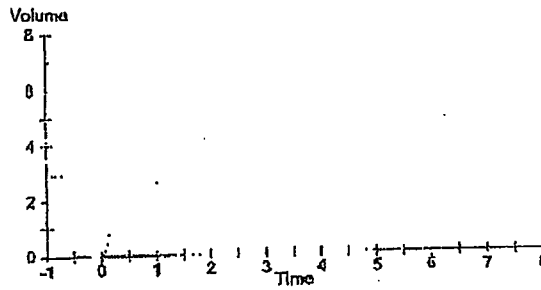
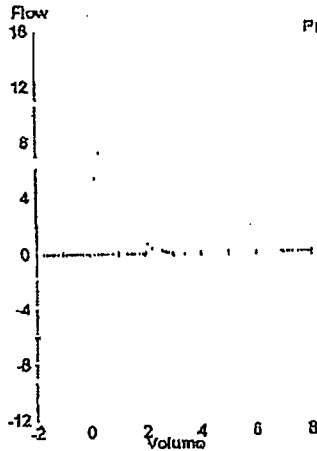
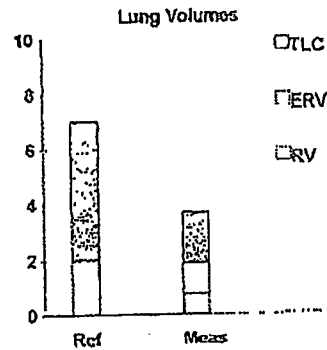
Age: 37 Height(in): 70 Weight(lb): 275 Gender: Male Race: Black Technician: Carol Rochester RRT

		Pre		Post	
		Mean	% Ref	Mean	% Ref
Spirometry					
FVC	Liters	2.81	4.27	2.90	68
FEV1	Liters	2.21	3.43	2.44	71
FEV1/FVC	%	79	83	84	10
FEV3/FVC	%	92	94	97	
FEF25-75%	L/Sec	2.14	4.45	2.97	67
PEF	L/Sec	9.55	9.42	8.60	91
FEF/FIF50		1.09	<1.00	1.22	12
FIVC	Liters	1.42	4.27	2.93	69

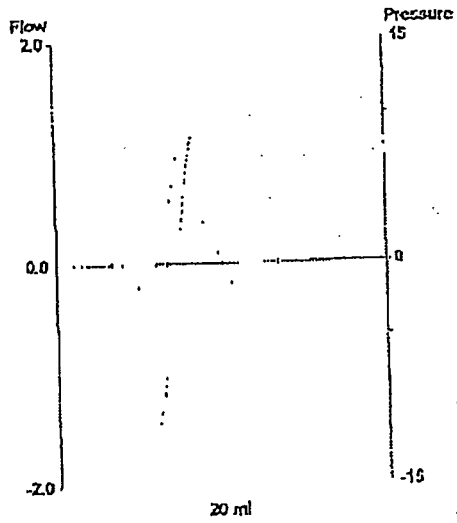
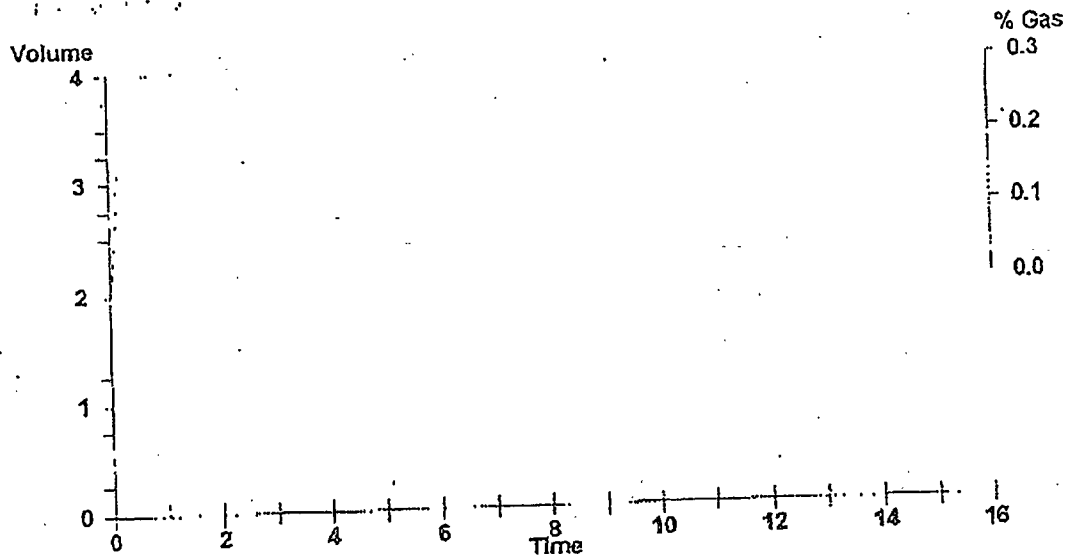
Plethysmograph Lung Volumes					
TLC	Liters	(3.68)	7.01	(53)	
VC	Liters	2.97	4.27	70	
FRC PL	Liters	1.83	3.03	61	
RV	Liters	(0.71)	1.98	(36)	
RV/TLC	%	19	29		
ERV	Liters	1.12			

Diffusion					
DLCO	mL/minHg/min	(11.1)	35.1	(32)	
DLCOVA	mL/minHg/mL	3.08	4.30	72	
VA	Liters	3.69			
IVC	Liters	2.88			

Maximal Respiratory Pressures					
PI max	cmH2O		123		
PI Volume	Liters				



0000000000



Palmetto Pulmonary & Critical Care Associates
R. Laurens MD, C. Mullen MD, W. Hollinger MD, J. Kubiak MD, A. Bonta MD
3 St. Francis Drive, Suite 300, Greenville, SC 29601
(864) 233-8063

PatientID: 31246MG
Patient Name: MARVIN I. GILLIARD
Date of Birth: 12/03/1969
SSN: 249-31-3305

Date of Service: 12/24/2006

COMPLETE PULMONARY FUNCTION STUDY

SPIROMETRY:

The FVC was 2.81 L (66 of % predicted). The FEV1 was 2.21 L (64 of % predicted). The FEV1/FVC was 79 % . The FEF 25-75 was 48 % of predicted.

LUNG VOLUMES:

The total lung capacity was decreased. The functional residual capacity measured by plethysmography was normal. The residual volume was decreased. The RV/TLC was normal.

DIFFUSION CAPACITY:

The diffusion capacity was decreased. The DLCO corrected for alveolar volume was normal.

IMPRESSION:

IMPRESSION: Spirometry is consistent with a moderate restrictive defect. There is no bronchodilator response. Lung volumes were decreased consistent with true restrictive lung disease or surgical resection. The diffusion capacity corrected for alveolar volume was normal suggesting no loss of alveolocapillary units.

Electronically Signed by: Charles V. Mullen, MD on Sunday, December 24, 2006

31246-32

POLYSOMNOGRAM

Patient Name:	GILLIARD, MARVIN	Social Security #	249-31-3305
Date:	12/29/2006	Referring Physician:	Dr. Laurens
Location: St. Francis			

BRIEF HISTORY:

MARVIN GILLIARD is a 37 year-old male. His weight is 270 lbs. His height is 70 inches. He is referred for the evaluation of obstructive sleep apnea.

Current Medications: Pro Air, Prednisone, Diovan, Lipitor, Advair, Metformin

INTRODUCTION:

A full polysomnogram was performed on this patient and the following parameters were monitored:

- 1. 4 channels of EEG
- 2. 2 channels of EOG
- 3. Chin and leg EMG
- 4. EKG
- 5. Airflow by nasal/oral thermistor
- 6. Chest and abdominal effort
- 7. O2 Sat
- 8. Body position

SLEEP STAGING AND ARCHITECTURE:

The patient was studied from 9:57:04 PM to 5:40:04 AM. The total time in bed was 463.0 minutes and the total sleep time was 306.5 minutes, which reveals a sleep efficiency of 66.2%. The patient had a sleep latency of 17.5 minutes. He had multiple awakenings after sleep onset resulting in sleep fragmentation.

With regards to sleep staging, Stage I - 9.6% Stage II - 90.2% Stage III - 0.2%

RESPIRATORY:

There were 170 hypopneas with a mean duration of 32.5 seconds. The overall respiratory disturbance index was 33.3 events per hour. The supine index was elevated at 37.7 events per hour.

The baseline SaO2 during sleep was 89 % and the lowest saturation was 84%. Snoring was noted

EMG: EMG showed a total of 0 periodic limb movements with an index of 0 per hour.

EEG:

There were a total of 273 EEG arousals. There were 39 arousals associated with apneas and hypopneas. Arousal Index was 54.4/hour.

EKG:

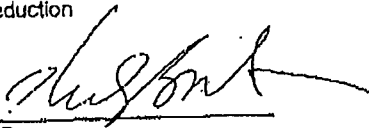
EKG showed a sinus rhythm with no significant electrocardiographic abnormalities.

IMPRESSION:

- 1. This study shows moderately severe obstructive sleep apnea syndrome.

RECOMMENDATIONS:

1. CPAP titration
2. Sleep on the side
3. Weight reduction



Ahmad Bonta, MD

cc: SleepWorks, Inc.

31246

POLYSOMNOGRAM
WITH CPAP TITRATION

Patient Name:	GILLIARD, MARVIN	Social Security #	249-31-3305
Date:	1/12/2007	Referring Physician:	Dr. Laurens

Location: St. Francis

BRIEF HISTORY:

MARVIN GILLIARD is a 37 year-old M. His weight is 270 lbs. His height is 70 inches. He is referred for a CPAP titration study.

Current Medications: PREDNISONE 20 MG, METFORMIN/ GLUCOPHAGE 500 MG, ADVAIR 250/50, PRO AIR 90 MCG, DIOVAN 80 MG, LIPITOR 10 MG

INTRODUCTION:

A full polysomnogram was performed on this patient and the following parameters were monitored:

1. 4 channels of EEG
2. 2 channels of EOG
3. Chin and leg EMG
4. EKG
5. Airflow by nasal/oral thermistor
6. Chest and abdominal effort
7. O2 Sat
8. Body position
9. CPAP titration

SLEEP STAGING AND ARCHITECTURE:

The patient was studied from 10:13:18 PM to 5:15:18 AM. The total time in bed was 413.5 minutes and the total sleep time was 382.5 minutes, which reveals a sleep efficiency of 92.5%. The patient had a sleep latency of 14.0 minutes and REM latency was 62.0 minutes from sleep onset. With regards to sleep staging, Stage I - 1.2% Stage II - 82.9% REM - 15.6%

CPAP TITRATION:

The patient was initiated at 5cm H2O and the patient was titrated up to an optimum pressure of 13cm H2O which appeared to eliminate snoring, apneas and hypopneas. The patient appeared to tolerate this amount of pressure well. The patient was studied in the supine position as well as REM stage.

The baseline SaO2 during sleep was 94% and the lowest saturation on CPAP 13 cm was > 90%.

EMG:

PLMS were not associated with arousals.

EEG:

There were a total of 50 EEG arousals. There were 12 arousals associated with apneas and hypopneas. Arousal Index was 8.0/hour.

EKG:


EKG showed a sinus rhythm

IMPRESSION:

1. CPAP titration revealed significant elimination of apneas, hypopneas and snoring at the optimum pressure of 13 cm H₂O.

RECOMMENDATIONS:

1. CPAP at 13 cm with humidity
2. Ramp time is 15 min
3. F/U in 3-4 wks


Ahmad Boola, MD

cc: SleepWorks, Inc.

Palmetto Pulmonary & Critical Care Associates
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PatientID: 31246MG
Patient Name: MARVIN L. GILLIARD
Date of Birth: 12/03/1969
SSN: 249-31-3305

Date of Service: 01/18/2007

CHIEF COMPLAINT:

Follow up of multiple issues.

HISTORY OF PRESENT ILLNESS:

The patient returns for follow-up of several problems. He had his CPAP titration study, and this showed his optimal CPAP level to be 13 cm. He has tapered off the prednisone as instructed. He can really tell no difference in his breathing after having been on this. According to his wife, he was fairly irritable. He had a cold recently and coughed up a small amount of blood. However, this seems to have resolved. He continues to be somewhat short of breath if he exerts himself too much at work. He tries to avoid steps and inclines.

PAST MEDICAL HISTORY:

Polysomnography approximately 2003, CPAP therapy initiated by Dr. Wilson.
Abnormal CT of chest 11/06 - diffuse ground glass opacities and nonspecific nodular opacities; negative for pulmonary embolus.
Bronchoscopy 12/06 - negative for sarcoidosis or other abnormalities.
CPAP titration study- 01/07

CURRENT PROBLEM LIST:

250.90 DIABETES, UNCOMPLICATED TYPE 2, CONTROLLED
272.4 HYPERLIPIDEMIA
278.00 OBESITY, UNSPECIFIED
327.23 OBSTRUCTIVE SLEEP APNEA
401.1 HYPERTENSION, ESSENTIAL, BENIGN
493.10A ASTHMA-INTRINSIC W/O STATUS
786.05 DYSPNEA, SHORTNESS OF BREATH
793.1 ABNORMAL CHEST X-RAY, LUNG SHADOW
799.02 HYPOXEMIA

PAST SURGICAL HISTORY:

UPPP ~ 2004.
Wrist surgery for ganglion cyst

CURRENT ALLERGY LIST:

SHELLFISH

CURRENT MEDICATION LIST:

DIOVAN ORAL TABLET 80 MG. 1 tab po qd

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PatientID: 31246MG
 Patient Name: MARVIN L GILJARD
 Date of Birth: 12/03/1969
 SSN: 249-31-3305

Date of Service: 01/18/2007

METFORMIN HCL ORAL TABLET 500 MG, 1 po qam & 2 po qhs
 LIPITOR ORAL TABLET 10 MG, 1 po qd
 PREDNISONE 20MG, as directed
 PROAIR HFA, 2 puffs qid prn
 ADVAIR 250/50, 1 inhalation twice daily

IMMUNIZATION/PPD:

Influenza Vaccine Last Received 10/2006
 Pneumovax Have Never Received
 PPD Status Positive PPD 10 year ago/6 month TX of INU, CXR Negative

FAMILY HISTORY:

Diabetes, questionable sleep apnea.

SOCIAL HISTORY:

He has never smoked. There is no history of toxic industrial or an environmental exposure. There is a history of a positive PPD approximately 1996 for which he was treated for six months prophylactically. He consumes wine on rare occasions. He is employed as a police officer for the city of Greenville.

REVIEW OF SYSTEMS:

Review of systems is unchanged from the patient's most recent visit.

PHYSICAL EXAMINATION:

VITAL SIGNS:

VS-HEIGHT: 70in
 VS-WEIGHT: 272lbs9oz
 VS-TEMPERATURE: 98.6°F Oral
 VS-PULSE: 98 Left Radial, Regular
 VS-BLOOD PRESSURE: 136/82 Right Arm Sitting
 VS-RESPIRATION: 14
 O2 SAT:90% RA

GENERAL APPEARANCE:

The patient is well nourished, and in no respiratory distress.

NECK:

Symmetrical with no elevation of the jugular venous pulsation. Trachea midline. No thyroid enlargement, tenderness, or mass.

LUNGS:

Normal respiratory effort with symmetrical lung expansion. Lungs clear to auscultation. No

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PatientID: 31246MG
Patient Name: MARVIN L GILJARD
Date of Birth: 12/03/1969
SSN: 249-31-3305

Date of Service: 01/18/2007

adventitious sounds noted.

HEART:

There is a regular rate and rhythm without murmur, gallop, or rub. There is no edema.

RADIOLOGY/PFT FINDINGS:

CHEST CT EVALUATION:

CT scan of the chest done yesterday at St. Francis Hospital shows no change in the previously noted bilateral patchy infiltrates.

SPIROMETRY:

Spirometry done in the office today shows a moderate restrictive defect and is unchanged from his most recent study.

ASSESSMENT:

327.23-OBSTRUCTIVE SLEEP APNEA

The patient will be started on CPAP in the past centimeters.

493.10A-ASTHMA-INTRINSIC W/O STATUS

This somewhat questionable diagnosis stable at present.

799.02-HYPOXEMIA

Overnight oxymetry will be performed on room and CPAP approximately a week after his CPAP is started.

518.3-PULMONARY INFILTRATES

Etiology of his infiltrates remains unknown. Transbronchial biopsy did not reveal the suspected diagnosis of sarcoidosis. There has not been any improvement of these with the patient on a sustained dose of prednisone. We will repeat his CT scan in six weeks just prior to his follow-up visit. If it has not improved at that time, we will need to seriously consider obtaining a biopsy via VAT.

PLAN:

Continue current medications unless otherwise noted.

He will be started on CPAP at 13 cm.

Follow-up CT scan will be obtained in six weeks. I will see him shortly after that.

cc: Dr. William Scott, III
Dr. Stacey Bizzell

Palmetto Pulmonary & Critical Care Associates
R. Laurens MD, C. Mullen MD, W. Hollinger MD, J. Kubiak MD, A. Boota MD
3 St. Francis Drive, Suite 300, Greenville, SC 29601
(864) 233-8063

PatientID: 31246MG
Patient Name: MARVIN I. GILLJARD
Date of Birth: 12/03/1969
SSN: 249-31-3305

Date of Service: 01/18/2007

Electronically Signed by: Richard G. Laurens, JR M.D. on Thursday, January 18, 2007

Spirometry Report

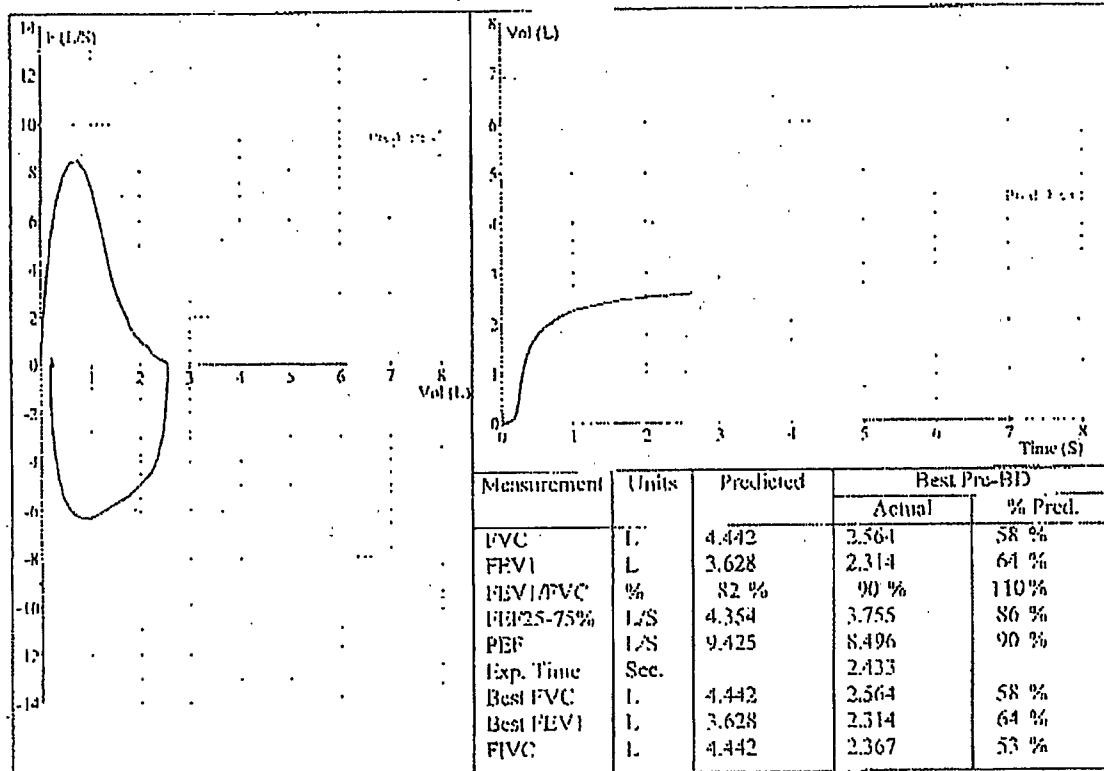
Midmark Diagnostics Group
3300 Fujita Street
Torrance, California 90505

Name: MARVIN M GILLIARD
ID: 84851
Sex: Male
Smoker: No.
COPD Risk:

Age: 37 years
Height: 70 inches
Race: Black
Weight: Unknown
Indication:
Medications:
Lung Age:

Requested By: RICHARD G. LAURENS
Test Date: 01/18/07 15:54:26
Press./Temp. 760 mmHg/69 degrees F
Bronchodilator:

Performed By: jllc
Sensor S/N: 522268
Sensor Calibrated: 01/18/07 07:51:46
Normals/Interp.: Crapof



Test Quality: Pre-BD FVC: 3 attempted, 3 accepted, 3 matches.

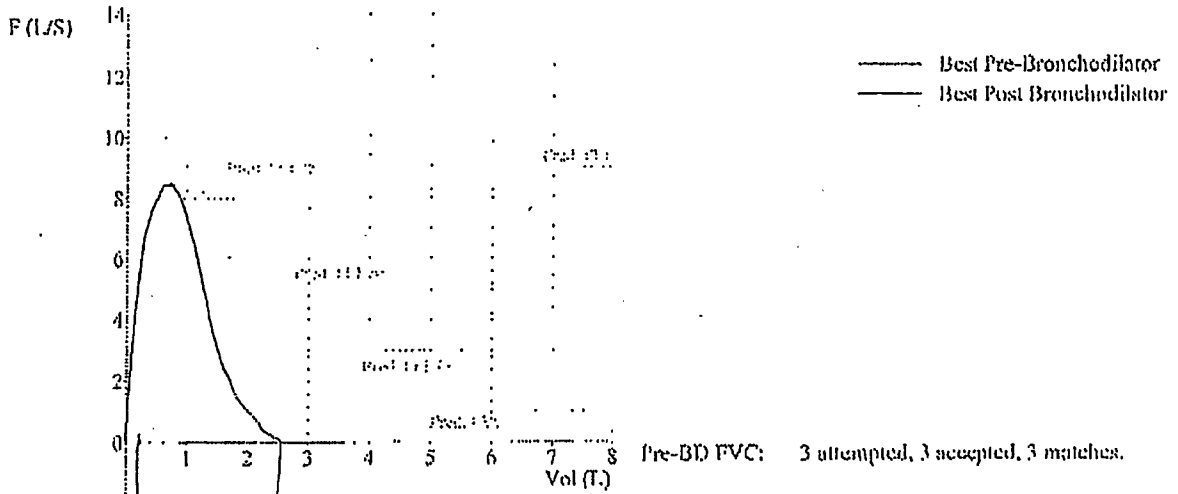
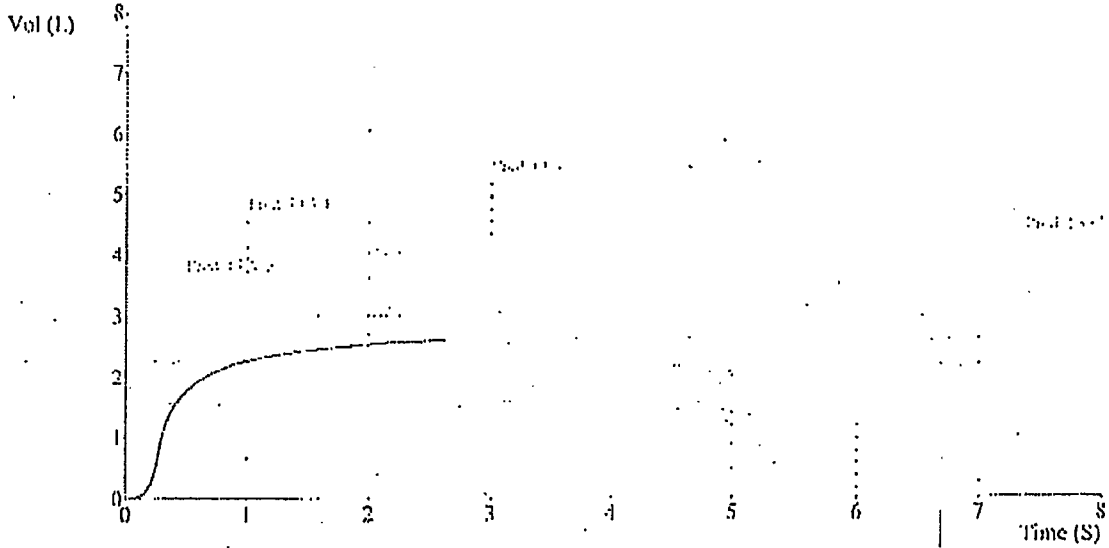
Interpretation: Spirometry shows a decreased FVC, decreased FEV-1, and normal FEV-1%. Flow volume loop shows normal contour of the inspiratory loop. Expiratory loop is normal. Spirogram is normal.

This study shows a moderate restrictive defect.
Since the most recent study of 11/30/06, there has been no significant change.

Reviewed By: RGL 01/18/07

Name: MARVIN GILLIARD
ID: 84851
Test Date: 01/18/07 15:54:26

Best Pre/Post Bronchodilator FVC Tests



Pre-BD FVC: 3 attempted, 3 accepted, 3 matches.

Spirometry Report - Signature History

Patient Name: MARVIN I. GILLIARD
Patient ID: 31246MG
Date of Report: 01/18/2007

Interpretive Report for Spirometry:

Spirometry shows a decreased FVC, decreased FEV-1, and normal FEV-1%. Flow volume loop shows normal contour of the inspiratory loop. Expiratory loop is normal. Spirogram is normal.

This study shows a moderate restrictive defect.
Since the most recent study of 11/30/06, there has been no significant change.

Comments:

Electronically signed by: Richard G. Laurens, JR M.D. on 01/18/2007

07-02-06 16:04 From:Apris Healthcare Inc

804 433 1705

T-816 P.009/009 F-415

3/13/06/08

Apris Healthcare, Inc.
 325 Inglesby Parkway, Suite A • Duncan, SC 29334
 Telephone: (864) 433-0615 FAX: (864) 433-1705

Study date: 02/05/07
 Doctor: Laurens

Start: 02/05/07 23:04
 End: 02/06/07 05:40

Gilliard, Marvin
 ID#: ARIS01

Oximetry: Summary Report

Comments: cpap 13 cmh20 overnight on room air with cpap only

Recording time: 06:35:16	Highest pulse: 117	Highest SpO2: 97%
Excluded sampling: 00:02:12	Lowest pulse: 61	Lowest SpO2: 74%
Total valid sampling: 06:33:04	Mean pulse: 86	Mean SpO2: 93.0%
	1 S.D.: 5.6	1 S.D.: 1.9

Time with SpO2<90: 0:13:36, 3.5%	Time with SpO2 =>90: 6:19:28, 96.5%
Time with SpO2<80: 0:00:40, 0.2%	Time with SpO2=>80 & <90: 0:12:58, 3.1%
Time with SpO2<70: 0:00:00, 0.0%	Time with SpO2=>70 & <80: 0:00:40, 0.2%
Time with SpO2<60: 0:00:00, 0.0%	Time with SpO2=>60 & <70: 0:00:00, 0.0%
Time with SpO2<89: 0:08:00, 2.0%	

The longest time with a saturation less than 89 was 00:01:28, which started at 23:08:34.

A desaturation event was defined as a decrease of saturation by 4 or more.
 No events were excluded due to artifact.
 There were 12 desaturation events over 3 minutes duration.

There were 29 desaturation events of less than 3 minutes duration during which:
 The mean high was 95.0%. The mean low was 89.5%.

The number of these events that were:

> 0 & <10 seconds: 0	> 0 seconds: 29
<=10 & <20 seconds: 6	<=10 seconds: 29
>20 & <30 seconds: 3	<=20 seconds: 23
<=30 & <40 seconds: 3	<=30 seconds: 20
>40 & <50 seconds: 1	>40 seconds: 17
>50 & <60 seconds: 1	>50 seconds: 16
>60 seconds: 15	>60 seconds: 15

The mean length of desaturation events that were >=10 sec & <=3 mins was: 66.3 sec.
 Desaturation event index (events >=10 sec per sampled hour): 4.4
 Desaturation event index (events >= 0 sec per sampled hour): 4.4

PROFOX Oximetry version: Apris Corporate AC0103.02-1000
 Oximeter: Respirationics P20M plus memory, 4 second resolution.

07-02-08 16:04 From:Apria Healthcare Inc

864 433 1705

T-815 P.008/008 F-415

Apria Healthcare, Inc.
325 Inglesby Parkway, Suite A, Duncan, SC 29334
Telephone: (864) 433-0613 Fax: (864) 433-1705

Study date: 02/05/07
Doctor: Laurent

Start: 02/05/07 23:04
End: 02/06/07 06:40

Gilliard, Marvin
ID#: AH1501

Oximetry: % Times Text Report

Comments: cpap 13 cmH2O overnight on room air with cpap only

Table with columns for SpO2 percentage and time. Includes rows for SpO2: 100, 99, 98, 97, 96, 95, 94, 93, 92, 91, 90, 89, 88, 87, 86, 85, 84, 83, 82, 81, 80, 79, 78, 77, 76, 75, 74, 73, 72, 71, 70, 69, 68, 67, 66, 65, 64, 63, 62, 61, 60, 59, 58, 57, 56, 55, 54, 53, 52, 51, 50, 49, 48, 47, 46, 45, 44, 43, 42, 41, 40, 39, 38, 37, 36, 35, 34, 33, 32, 31, 30, 29, 28, 27, 26, 25, 24, 23, 22, 21, 20, 19, 18, 17, 16, 15, 14, 13, 12, 11, 10, 9, 8, 7, 6, 5, 4, 3, 2, 1, 0. Total 90's 96.5 % time, Total 80's 3.3 % time, Total 70's 0.2 % time, Total 60's 0.0 % time, Total 50's 0.0 % time, Total 40's 0.0 % time.

Table with columns for Pulse range and time. Includes rows for Pulse range > 159, 180 - 199, 160 - 179, 140 - 159, 120 - 139, 100 - 119, 90 - 99, 80 - 89, 70 - 79, 60 - 69, 50 - 59, < 50. Total 90's 19.5 % time, Total 80's 66.7 % time, Total 70's 11.7 % time, Total 60's 0.0 % time, Total 50's 0.0 % time, Total < 50's 0.0 % time.

07-02-06 16:04 From:Apria Healthcare Inc

864 433 1705

T-815 P.009/009 F-415

Apria Healthcare, Inc.
125 Inglesby Parkway, Suite A * Duncan, SC 29334
Telephone: (864) 433-0615 Fax: (864) 433-1705

Study date: 02/05/07
Doctor: Laurens

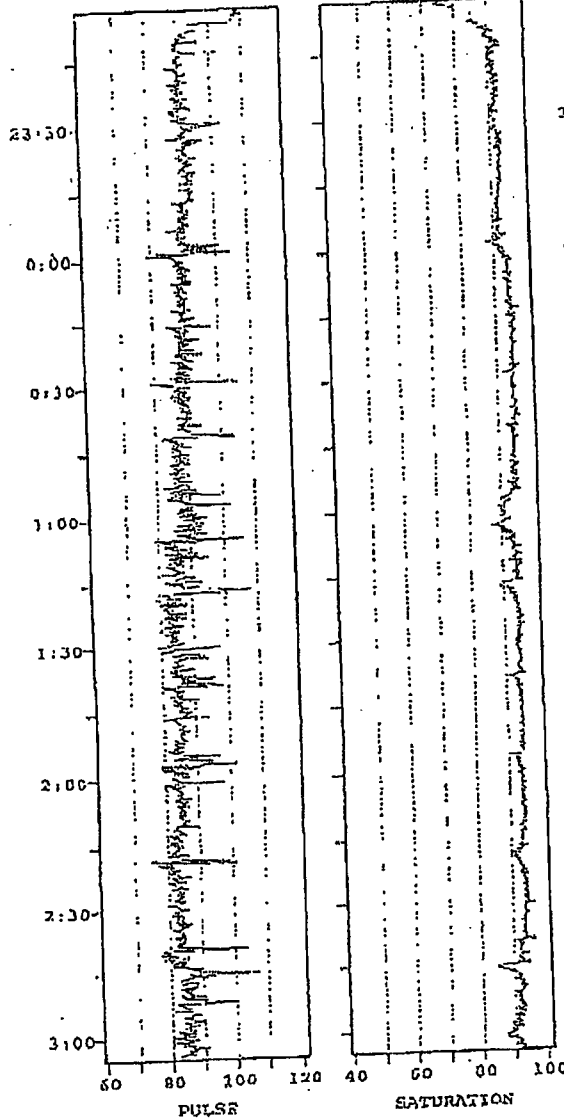
Start: 02/05/07 23:04
End: 02/06/07 05:40

Gilliard, Marvin
ID#: AH1501

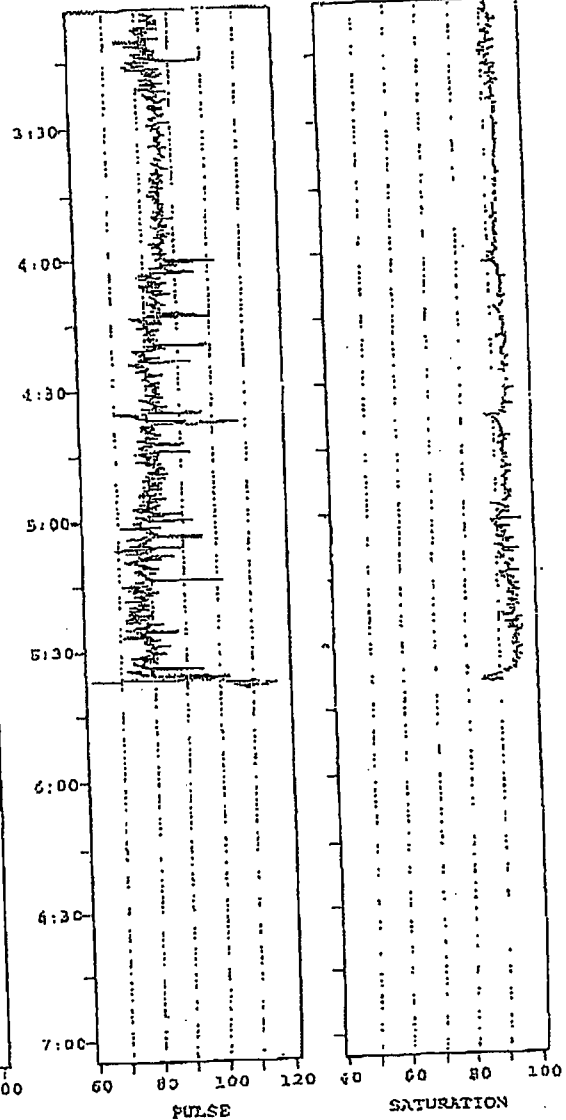
Oximetry: 8 hours per page

Comments: cpap 13 cmh2o overnight on room air with cpap only

Hour 02/05/07



Hour 02/06/07



3/24/08
OK

Aprila Healthcare, Inc.
325 Ingleby Parkway, Suite A, Duncan, SC 29334
Telephone: (864) 433-0615 Fax: (864) 433-1705

Gilliland, Marvin
ID# AH1501

Study date: 02/27/07
Doctor: Laurens

Start: 02/27/07 23:08
End: 02/28/07 05:49

Oximetry: Summary Report

Comments: overnight on 2lps o2 and CPAP

Recording time: 06:40:56	Highest pulse: 105	Highest SpO2: 98%
Excluded sampling: 00:23:12	Lowest pulse: 68	Lowest SpO2: 87%
Total valid sampling: 06:27:44	Mean pulse: 80	Mean SpO2: 95.7%
	1 S.D.: 4.7	1 S.D.: 2.8

Time with SpO2 < 90: 0:01:12, 0.3%	Time with SpO2 >= 90: 5:26:12, 99.7%
Time with SpO2 < 86: 0:00:00, 0.0%	Time with SpO2 >= 80 & < 90: 0:01:12, 0.3%
Time with SpO2 < 70: 0:00:00, 0.0%	Time with SpO2 >= 70 & < 80: 0:00:00, 0.0%
Time with SpO2 < 60: 0:00:00, 0.0%	Time with SpO2 >= 60 & < 70: 0:00:00, 0.0%
Time with SpO2 < 59: 0:00:08, 0.0%	

The longest time with a saturation less than 89 was 40:00:08, which started at 00:30:13.

A desaturation event was defined as a decrease of saturation by 4 or more.
No events were excluded due to artifact.

There were 5 desaturation events over 3 minutes duration.

There were 14 desaturation events of less than 3 minutes duration during which:
The mean high was 96.5%. The mean low was 91.2%.

The number of these events that were:

> 0 & < 10 seconds: 1	> 0 seconds: 14
>= 10 & < 20 seconds: 0	>= 10 seconds: 11
>= 20 & < 30 seconds: 1	>= 20 seconds: 13
>= 30 & < 40 seconds: 2	>= 30 seconds: 12
>= 40 & < 50 seconds: 3	>= 40 seconds: 11
>= 50 & < 60 seconds: 1	>= 50 seconds: 8
>= 60 seconds: 7	>= 60 seconds: 7

The mean length of desaturation events that were >= 10 sec & <= 3 mins was: 79.0 sec.
Desaturation event index (events >= 10 sec per sampled hour): 2.0
Desaturation event index (events >= 0 sec per sampled hour): 2.2

PROFOX Oximetry version: Aprila Corporate AC0103.02-1000
Oximetry: Respiroics 920M Plus memory. 4 second resolution.

Apria Healthcare, Inc.
325 Inglesby Parkway, Suite A * Duncan, SC 29334
Telephone: (864) 433-0615 Fax: (864) 433-1705

Study date: 02/27/07
Doctor: Laurons

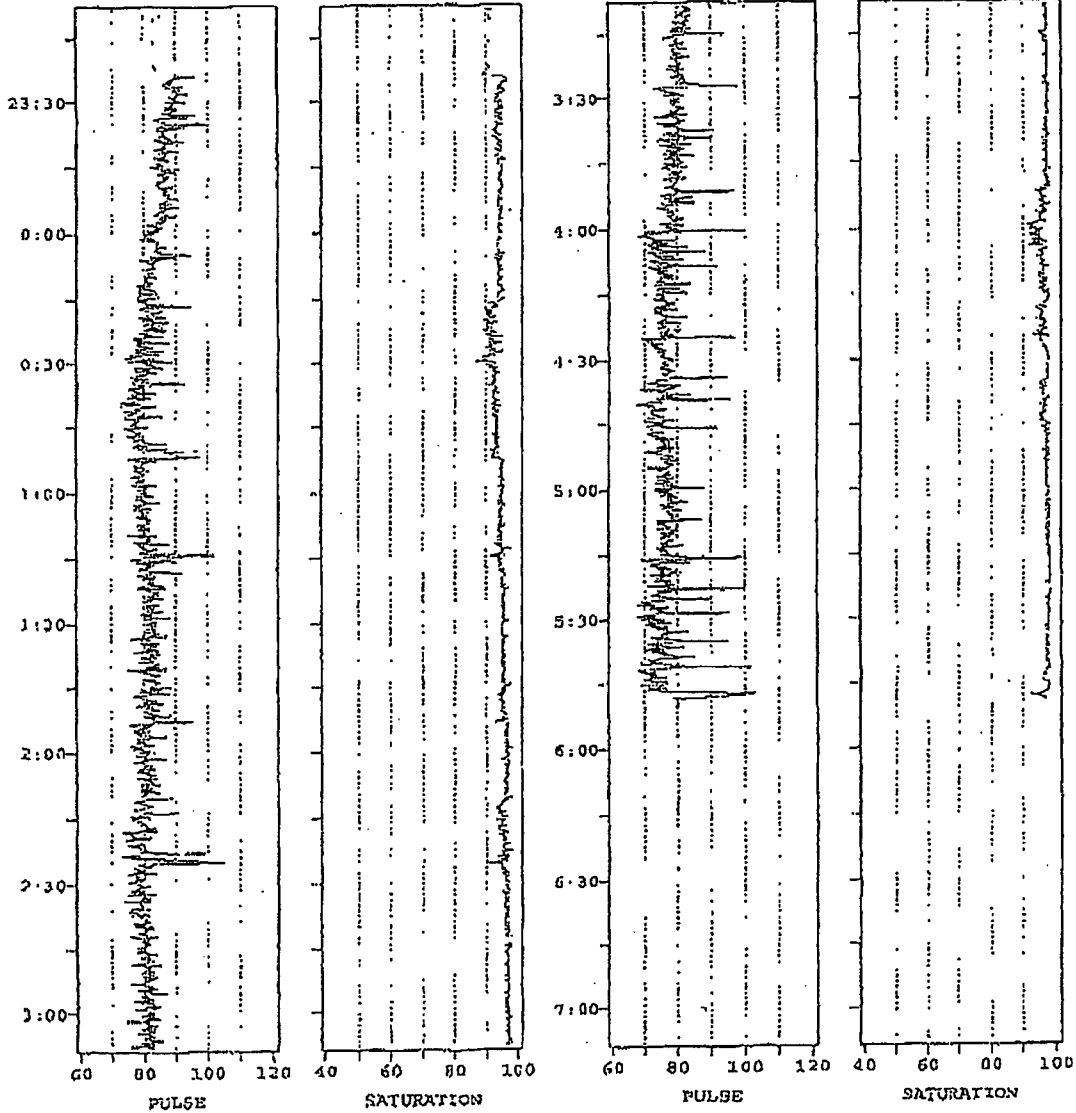
Start: 02/27/07 23:08
End: 02/28/07 05:49

Gilliard, Marvin
ID#: AH1501

Oximetry: 8 hours per page
Comments: overnight on 21pm o2 and CPAP

HOUR 02/27/07,

HOUR 02/28/07



1-456 P.005/008 F-936

864 433 1705

07-03-01 06:36 From Apria Healthcare Inc

Apria Healthcare, Inc.
125 Inglesby Parkway, Suite A - Duncan, SC 29334
Telephone: (864) 433-0625 Fax: (864) 433-1788

Study date: 02/27/07
Doctor: Lauzanne

Start: 02/27/07 23:00
End: 02/28/07 05:49

Gilliard, Marvin
ID#: AH1301

Oximetry: % Times Text Report
Comments: overnight on 2lpm O2 and CPAP

SpO2:100	0.0 % time				
SpO2: 99	0.0 % time	SpO2: 89	0.3 % time	SpO2: 79	% time
SpO2: 98	11.6 % time	SpO2: 98	0.0 % time	SpO2: 78	% time
SpO2: 97	28.9 % time	SpO2: 87	0.0 % time	SpO2: 77	% time
SpO2: 96	17.9 % time	SpO2: 86	% time	SpO2: 76	% time
SpO2: 95	18.2 % time	SpO2: 85	% time	SpO2: 75	% time
SpO2: 94	12.7 % time	SpO2: 84	% time	SpO2: 74	% time
SpO2: 93	4.8 % time	SpO2: 83	% time	SpO2: 73	% time
SpO2: 92	2.9 % time	SpO2: 82	% time	SpO2: 72	% time
SpO2: 91	1.8 % time	SpO2: 81	% time	SpO2: 71	% time
SpO2: 90	0.8 % time	SpO2: 80	% time	SpO2: 70	% time
Total 90's	99.7 % time	Total 80's	0.3 % time	Total 70's	0.0 % time
SpO2: 69	% time	SpO2: 59	% time	SpO2: 49	% time
SpO2: 68	% time	SpO2: 58	% time	SpO2: 48	% time
SpO2: 67	% time	SpO2: 57	% time	SpO2: 47	% time
SpO2: 66	% time	SpO2: 56	% time	SpO2: 46	% time
SpO2: 65	% time	SpO2: 55	% time	SpO2: 45	% time
SpO2: 64	% time	SpO2: 54	% time	SpO2: 44	% time
SpO2: 63	% time	SpO2: 53	% time	SpO2: 43	% time
SpO2: 62	% time	SpO2: 52	% time	SpO2: 42	% time
SpO2: 61	% time	SpO2: 51	% time	SpO2: 41	% time
SpO2: 60	% time	SpO2: 50	% time	SpO2: 40	% time
Total 60's	0.0 % time	Total 50's	0.0 % time	Total 40's	0.0 % time
				SpO2 <40	0.0 % time

Pulse range	> 199	0.0 % time
Pulse range	180 - 199	0.0 % time
Pulse range	160 - 179	0.0 % time
Pulse range	140 - 159	0.0 % time
Pulse range	120 - 139	0.0 % time
Pulse range	100 - 119	0.3 % time
Pulse range	90 - 99	3.3 % time
Pulse range	80 - 89	49.7 % time
Pulse range	70 - 79	46.1 % time
Pulse range	60 - 69	0.6 % time
Pulse range	50 - 59	0.0 % time
Pulse range	< 50	0.0 % time

3/24/07/27

BON SECOURS ST. FRANCIS - DOWNTOWN

COMPUTED TOMOGRAPHY

ONE ST FRANCIS DRIVE CRESTVIEW FL 32501 (850)265-1044

NAME: GILLIARD, MARVIN	ADMISSION NO: 004842758
SEX: M AGE: 37Y	DATE OF BIRTH: Dec 03, 1969
LOCATION/NS: CT--	DATE OF EXAM: Mar 1 2007 11:27AM
MR#: 249313305 PATIENT CLASS: Q	ACC. #: 4000952 DISCH. DATE:
ORD. PHYSICIAN: RICHARD LAURENS	ORD. PHYSICIAN # 720663

*****Preliminary Report*****

ICD Codes / Adm. Diagnosis: /
Examination: CT CHEST WO CONTRAST - 2401250 - Mar 1 2007 11:27AM

NONCONTRAST CHEST CT, 03/01/07:

Reason: Followup interstitial abnormality.

TECHNIQUE: Without contrast administration, the chest was scanned with spiral technique from the lung apices through the adrenals. 2.5 mm reformations were produced.

COMPARISON: Compared with prior studies of 01/17/07 and 11/30/06.

REPORT: Patchy ground-glass opacities in both upper and lower lobes remain unchanged. Small nodular densities are unchanged as well. Soft tissue prominence at both hila and myomediastinal lymphadenopathy are unchanged.

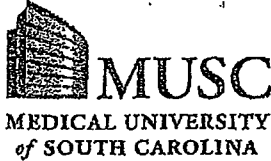
IMPRESSION: CONTINUED STABILITY OF DIFFUSELY SCATTERED GROUND-GLASS OPACITIES IN BOTH UPPER AND LOWER LOBES AS WELL AS A FEW PULMONARY PARENCHYMAL NODULAR DENSITIES AND LYMPHADENOPATHY. AN INFLAMMATORY ETIOLOGY IS AGAIN FAVORED, BUT ETIOLOGY REMAINS INDETERMINATE BY CT.
End of Report

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Interpreting/Reading Doctor: PAUL KOUNTZ ()

Transcribed by / Date: CP on Mar 1 2007 4:47P

Approved Electronically by / Date:
Distribution:
Attending Doctor: RICHARD LAURENS
Alternate Doctor:



Division of Pulmonary,
Critical Care, Allergy and
Sleep Medicine
96 Jonathan Lucas Street
Suite 812 CSB
MSC 630
Charleston SC 29425-6300
Tel 843 792 3161
Fax 843 792 0732
Appointments 843 792 9200

<http://clinicaldepartments.musc.edu/medicine/division/pulmonary/index.htm>

February 24, 2011

Mr. Michael A. Farry
Horton, Drawdy, Ward, Mulilnax & Farry, P.A.
307 Pettigru St.
PO Box 10167
Greenville, SC 29603
864-233-4351
864-233-7124 (F)

RE: Marvin Gilliard v. City of Greenville

Dear Mr. Farry,

At your request, I have reviewed the medical records of Marvin Gilliard from Drs. William Scott, Richard Laurens, C. Ruffin Stephenson, and Stacy Bizzell, and the deposition of Mr. Marvin Gilliard. I also reviewed the records and opinion of Dr. Yuh-Chin Tony Huang from Duke University Medical Center.

Based on the previous records, Mr. Gilliard's physicians are claiming that he developed non-specific interstitial pneumonitis (NSIP) which caused his retirement in September 2007 and his death on August 12, 2010. The workers compensation claim filed by Lisa Gilliard alleges that Marvin Gilliard was exposed to "various chemicals" allegedly contained in a vacant building that Mr. Gilliard periodically checked while on patrol as a police officer with the City of Greenville. Mr. Gilliard was employed as a police officer from 2/5/99 until his retirement in September 2007.

Dr. Huang assessed that Mr. Gilliard had NSIP from hypersensitivity pneumonitis. While NSIP is the second most common cause of the idiopathic interstitial pneumonias, it can also be caused by drug reactions, connective tissue diseases, and hypersensitivity pneumonitis; and it has also been noted in survivors of the acute respiratory distress syndrome (ARDS). A similar histologic pattern has been noted in immuno-compromised patients (for example, those with AIDS, bone marrow transplant recipients, and persons using various chemotherapeutic agents). However, the two individuals (Drs. Katzenstein and Meyers) who originally named this entity, NSIP, suggest that many of these cases represent difficult to diagnose viral or other infections or result from lung injuries of various causes. Evidently, Mr. Gilliard entered this abandoned building infrequently over an approximate two year period from 2001 to 2003. As far as the records state, it appears that Mr. Gilliard entered this building on patrol approximately 13 times in the year 2001

and approximately four times in 2002. It also appears, from the records, that Mr. Gilliard did not spend more than 30 minutes in the building on any single occasion; and the majority of the time, he was in the building for less than 30 minutes. No specific chemicals were identified in the records; however, there was supposedly "dye work" in the mill before it was shut down.

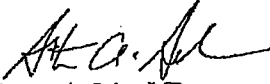
The incidence of NSIP is unknown. However, it is the second most common cause of the idiopathic interstitial pneumonias, representing approximately 14 to 36% of this histologic pattern. Most patients with NSIP are middle-aged adults between the ages of 39 and 60. In cases reported to date, there are more women than men, but this varies considerably from center to center.

According to the medical records, there does not appear to be any evidence of a connective tissue disease. When seen by Dr. Huang, his pulmonary functions showed severe restriction without concomitant obstruction. Lung volumes confirmed restriction, and his diffusion capacity was substantially reduced. As far as I can discern from his medical records, serologic tests for a connective tissue disease were negative. The only positive test was a 1:160 ANA antibody with a speckled pattern. A speckled pattern has little diagnostic significance because this pattern is seen in patients with systemic lupus erythematosus or a variety of other conditions. If present in low titer, the diffuse and speckled patterns are most commonly seen in patients without an underlying rheumatic disorder. Mr. Gilliard had a negative hypersensitivity pneumonitis panel and suggested no link to a specific antigen as the cause of his NSIP.

In my experience, classic idiopathic NSIP is generally an illness that is subacute in onset with an average duration of symptoms before the diagnosis of approximately 11 months, (range 2 to 44 months). Dyspnea (in 80 to 100% of cases) and cough (33 to 85% of cases) are the most common presenting symptoms. Fever and systemic flu-like symptoms, fatigue, and weight loss are also common clinical findings. Bibasilar crackles are frequently heard on chest examination, and inspiratory squeaks have also been noted. Digital clubbing occurs in 10 to 40% of patients. Surgical lung biopsy is required to confirm the diagnosis of NSIP. There are various degrees of inflammation and fibrosis in NSIP with some forms being primarily inflammatory (so called cellular NSIP), and the most prevalent cases being primarily fibrotic (fibrotic NSIP). The process may be diffuse or patchy. The fibrotic form of NSIP may be difficult to differentiate from idiopathic interstitial fibrosis (IPF), particularly in the early stages of IPF. The majority of patients with NSIP have a better prognosis than patients with IPF with the cellular form showing significant improvement on corticosteroids. However, the fibrotic form of NSIP is less responsive to corticosteroid therapy. The prognosis appears to depend on the extent of fibrosis at the time of diagnosis. A minority of the patients progress and die, usually five to ten years following the diagnosis.

After review of the medical records, including all laboratory data, CT scans, and lung biopsy findings, it appears that Mr. Gilliard did develop idiopathic NSIP. It is my opinion, with a reasonable degree of medical certainty, that the relatively brief exposure

in the building over a period of two years did not cause Mr. Gilliard to develop NSIP. My diagnosis would be idiopathic NSIP



Steven A. Sahn, MD
Professor of Medicine and Director
Division of Pulmonary, Critical Care,
Allergy and Sleep Medicine
MUSC
SAS/kk

CURRICULUM VITAE

(2/16/11)

Steven A. Sahn, M.D.

Present Position

Professor of Medicine
Director,
Division of Pulmonary,
Critical Care, Allergy and Sleep Medicine
Medical University of South Carolina
Charleston, South Carolina

Home Address

1491 Burning Tree Road
Charleston, SC 29412

Office Address

Medical University of South Carolina
Division of Pulmonary, Critical Care, Allergy and Sleep Medicine
96 Jonathan Lucas Street, Suite 812 CSB
MSC 630
Charleston, South Carolina 29425-6300
(843) 792-3167
e-mail: sahsa@musc.edu

Education and Training

Duke University, Durham, North Carolina, BA, 1964
University of Louisville School of Medicine, Louisville, Kentucky,
M.D., 1968
Intern in Internal Medicine, University of Iowa Hospitals, Iowa City,
Iowa, 6/68-6/69
Resident in Internal Medicine, University of Iowa Hospitals, Iowa City,
Iowa, 7/69-6/71
Fellow in Pulmonary Disease, University of Colorado Health Sciences
Center, Denver, Colorado, 7/71-6/73

Licensure

Kentucky, 1968 (inactive)
Iowa, 1970 (inactive)
Colorado, 1972 (inactive)
South Carolina, 1983 (#11700)

Academic Appointments

Instructor in Medicine, University of Colorado Health Sciences Center, 7/73-6/74
Assistant Professor of Medicine, University of Colorado Health Sciences
Center, 7/74-6/78
Associate Professor of Medicine, University of Colorado Health Sciences
Center, 7/78-9/83
Professor of Medicine, Director, Division of Pulmonary and Critical Care
Medicine, Medical University of South Carolina, 9/83-present

Major Scientific Interests

Pathogenesis of Pleural Disease
Inflammation/Fibrosis of the Pleura
Clinical Pleural Disease
Interstitial Lung Disease (IPF)

Awards and Honors

Alumni Scholarship, University of Louisville, 1966-1967 and 1967-1968
Research scholarship, University of Louisville, 1966 and 1967
Young Investigator Pulmonary Research Award, NHLBI, 1975-1977
Listed in "Outstanding Medical Specialists in the U.S.", Town and
Country Magazine, New York, NY, 1990
Listed in "The 400 Best Doctors in America", Good Housekeeping
Magazine, New York, NY, 1991
Listed in The Best Doctors in America (1st edition), Woodward/White, Inc., Aiken, SC,
1992-1993
Nominated for Golden Apple Award given by junior and senior medical
students at MUSC, Charleston, SC, 1992
Listed in The Best Doctors in America (2nd edition), Woodward/White, Inc., Aiken, SC,
1994-1995
Listed in Who's Who in the South and Southwest (24th edition), Marquis, New
Providence, NJ, 1995-1996
Listed in International Who's Who in Medicine (2nd edition), International Biographical
Centre, Cambridge, England, 1995
Listed in International Who's Who of Contemporary Achievement (3rd ed), American
Biographical Institute, Pompano Beach, FL, 1995
Listed in "The Best Medical Specialists in North America", Town and
Country Magazine, New York, NY, 1995
Listed in 2,000 Notable American Men (3rd edition), American Biographical Institute,
Pompano Beach, FL, 1995
Listed in Men of Achievement (17th edition), International Biographical Centre,
Cambridge, England, 1996

Listed in Who's Who in American Education (5th edition), Marquis, New Providence, NJ, 1996-1997

Listed in The Best Doctors in America: Southeast Region, Woodward/White, Inc., Aiken, SC, 1996-1997

Listed in Who's Who in Science and Engineering, (3rd edition), Marquis, New Providence, NJ, 1996-1997

Listed in Who's Who in North America, United Registry, Amityville, New York, 1996

Listed in "The Best Doctors in America", American Health Magazine, New York, NY, 1996

Listed in Top Two Thousand Doctors in North America, M.M.Braun: New York, 1997

Listed in Who's Who in Science and Engineering (4th Edition) Marquis, New Providence, NJ, 1998-1999

Listed in Who's Who in the World (15th edition), Marquis, New Providence, NJ, 1998

Listed in Who's Who in the South and Southwest (25th edition), Marquis, New Providence, NJ, 1997-1998

Alfred Soffer Award for Editorial Excellence. Awarded by American College of Chest Physicians at 63rd Annual International Scientific Assembly, New Orleans, LA, 10/97

Listed in Who's Who in the South and Southwest (26th edition), Marquis, New Providence, NJ, 1999-2000

Listed in The Best Doctors in America (4th edition), Woodward/White, Inc., Aiken, SC, 1998-1999

Listed in The Best Doctors in America (5th edition), Woodward/White, Inc., Aiken, SC, 2000

Listed in America's Top Doctors, Castle Connolly Medical Ltd., Westbury, NY, 2000

Listed in 21st Century Award for Achievement, International Biographic Centre, Cambridge, England, 2000-2001

Listed in Dictionary of International Biography (29th edition), International Biographical Centre, Cambridge, England, 2001

Listed in America's Top Doctors, Castle Connolly Medical Ltd., Westbury, NY, 2001

Listed in Best Doctors, Best Doctors, Inc., Aiken, SC, 2001-2002

Listed in America's Top Doctors, Castle Connolly Medical Ltd., Westbury, NY, 2002

Listed in America's Registry of Outstanding Professionals, 2002

Listed in Guide to America's Top Physicians, Consumer Research Council of America, Washington, DC, 2003

Listed in America's Top Doctors, Castle Connolly Medical Ltd., Westbury, NY, 2003

Listed in National Register Who's Who in Executive and Professionals, West Islip, NY, 2004

Listed in Best Doctors, Best Doctors, Inc., Aiken, SC, 2003-2004

Listed in America's Top Doctors, Castle Connolly Medical Ltd., Westbury, NY, 2004

Listed in Who's Who, Strathmore Directories, Westbury, NY, 2005-2006

Listed in America's Top Physicians, 2004-2005, Consumer's Research Council of America, Washington DC

Listed in Best Doctors, Best Doctors, Inc., Aiken, SC, 2005-2006

Listed in America's Top Doctors, Castle Connolly Medical Ltd., Westbury, NY, 2005

Listed in America's Top Doctors, 7th Ed. Castle Connolly Medical Ltd., Westbury, NY, 2006

Listed in Guide to America's Top Physicians, Consumers' Research Council of America, Washington, DC, 2007

Listed in America's Top Doctors, Castle Connolly Medical Ltd., Westbury, NY, 2007

Listed in Cambridge Who's Who Among Executives, Professionals, and Entrepreneurs, 2007-2008

Listed in Best Doctors in America, 2007-2008

Listed in America's Top Doctors (8th ed), Castle Connolly Medical Ltd., Westbury, NY, 2008

Alfred Soffer Award for Editorial Excellence, ACCP 10/2008

Listed in Marquis Who's Who in America, 2009

Listed in Cambridge Who's Who Among Executives and Professionals in the Field of Education and Research, 2009

Listed in America's Top Doctors, 2009

Listed in Marquis Who's Who in America, 2010

Listed in Best Doctors in America, 2009-2010

Listed in America's Top Doctors, 2009

Listed in Who's Who in Science and Engineering, 2011-2012

Listed in Guide to America's Top Physicians, 2010

Listed in The Leading Physicians in the World, 2010 by the International Assoc. of Internists

Listed in America's Top Doctors, 2010 Castle Connolly 10th Edition.

Listed in Best Doctors in America, 2011-2012

Professional Societies

Fellow, American College of Chest Physicians (FCCP)

Fellow, American College of Physicians (FACP)

Fellow, American College of Critical Care Medicine (FCCM)

American Federation for Medical Research, Southern Section

American Thoracic Society

Charleston County Medical Society

South Carolina Thoracic Society

Western Society for Clinical Investigation

Association of Pulmonary and Critical Care Medicine Program Directors

Association of Subspecialty Professors

Board Certification

American Board of Internal Medicine, October, 1974

American Board of Internal Medicine/Pulmonary Disease, October, 1974

American Board of Internal Medicine/Critical Care, November, 1987

Grants (All Principal Investigator, except where specified)

Young Investigator Pulmonary Research Award, NHLBI, 1975-1977, \$90,000.

Milheim Grant for Cancer Research, 1977-1978, \$17,500.
 Amoxicillin in Acute Bronchitis, Beecham, 1977-1978, \$17,500.
 Oxytriphylline and Aminophylline and Gastric Side Effects, Warner-Chilcott, 1978-1979, \$4,000.
 Cephadrine Penetration into Experimental Pleural Effusions, Squibb, 1978, \$23,250.
 Cephadrine Concentrations in Human Pleural Fluid and Pleural Tissue, Squibb, 1979-1980, \$15,000.
 Vancomycin and Experimental Staphylococcal Empyema, Lilly, 1979-1980, \$22,000 (co-investigator).
 Moxalactam and Experimental Esophageal Rupture, Lilly, 1981-1982, \$18,500 (co-investigator).
 Terbutaline and Metaproterenol and Skeletal Muscle Tremor, Boehringer-Ingelheim, 1980, \$24,525.
 Ticarcillin-Clavulanic Acid Clinical Trials, Beecham, 1982-1983, \$5,000.
 Transbronchial Needle Aspiration in the Etiologic Diagnosis of Pneumonia, MUSC Institutional Grant, 1985-1986, \$4,500.
 Transbronchial Needle Aspiration in the Etiologic Diagnosis of Pneumonia, ALASC; 1985-1986, \$5,000 (co-investigator).
 Are Placidyl Pleural Effusions a Mirror of ARDS?, MUSC Institutional Grant, 1985-1986, \$1,500.
 A Pilot Study of Models Comparing Acute Inflammation Progressing to Various Degrees of Fibrosis in the Pleural Space, ALASC, 1986-1987, \$5,240.
 Pleural Effusions in Ethchlorvynol Induced Adult Respiratory Distress Syndrome Resulting from Lung Leak, ALASC, 1986, \$7,500 (co-investigator).
 Modulation of Collagen Formation in the Pleural Space Following Acute Inflammation, ALASC, \$6,783 (co-investigator).
 Function of Transient Inflammatory Pleural Lymphatics, ALASC, 1987-1988, \$7,500 (co-investigator).
 Atrovent Solution in COPD Patients who are on Concurrent Alupent Therapy, Boehringer-Ingelheim, 1988, \$75,000.
 Role of the Macrophage in Mesothelial Proliferation, ALASC, 1988-1989, \$7,500 (co-investigator).
 Alveolitis Uniformity in Scleroderma as Assessed by Bilobar Bronchoalveolar Lavage, ALASC, 1988-1989, \$7,500 (co-investigator).
 Comparative Study of Suprax and Cefin in Treatment of Acute Lower Respiratory Tract Infections, Lederle, 1988-1992, \$120,000.
 Cefpirome vs Ceftazidime in the Treatment of Patients with Pneumonia, Hoechst-Roussel, 1988-1990, \$60,000 (co-investigator).
 Albuterol/Atrovent Combination in Treatment of Asthma, Boehringer-Ingelheim, 1989-1990, \$44,000.
 Ipratropium/Albuterol Combination in Treatment of COPD, Boehringer-Ingelheim, 1989-1990, \$93,000.
 Use of Rescue Bed in Prevention of Nosocomial Pneumonia, Support Systems International, 1990-1992, \$33,500.

- Prospective, double-blind, placebo-controlled, randomized, multi-center study of the Safety and Efficacy of Murine Monoclonal Antibody to Human Necrosis Factor (TNF Mab) for the Treatment of Patients with Sepsis Syndrome. Cutter Biological, Miles, Inc., \$126,000 (co-investigator).
- Use of the Restcure Bed in the Therapy of Nosocomial Pneumonia, Support Systems International, 1992-1993, \$75,000.
- Randomized double-blind; dose-ranging trial of Three Doses of Inhaled Fluticasone Propionate Versus Placebo in Adult and Adolescent Patients with Mild to Moderate Asthma, Glaxo, 1991-1992, \$66,000.
- A Comparison of the Efficacy, Safety, and Tolerance of Cefitibuten (SCH 39720) 400 mg in the fed and fasted state and Augmentin Amoxicillin/Clavulanate 1.5 gm in the fed state in the Treatment of Acute Exacerbations of Chronic Bronchitis, Schering-Plough, 1992-1993, \$77,640.
- A Comparison of the Efficacy, Safety, and Tolerance of Cefitibuten (SCH 39720) 300 mg given BID and Augmentin 500 mg given TID in the Treatment of Community Acquired Pneumonia, Schering-Plough, 1992-1993, \$95,250.
- Safety and Efficacy of Abbott-73001 in Patients with Moderate Asthma, Tap Pharmaceuticals, 1993, \$71,628.48
- A Randomized, Double-Blind, Double-Dummy, Comparative Clinical Trial of Twelve Week Courses of Salmeterol Xinafoate Versus Extended-Release Theophylline Versus Placebo in Adolescent and Adult Patients with Chronic Reversible Obstructive Airways Disease. Glaxo, Inc., 5/93-12/94, \$58,780.80.
- A Pilot Multicenter, Double-Blind, Placebo-Controlled, Rising Dose Tolerance Study of TLC C-53 in Patients with Adult Respiratory Distress Syndrome. The Liposome Company, 1/94-7/94, \$51,836.
- Prospective, Double Blind, Placebo-Controlled, Randomized Multi-Center North American Study of the Safety and Efficacy of Murine Monoclonal Antibody to Tumor Necrosis Factor (TNF MAb) for the Treatment of Patients with Septic Shock. Miles Pharmaceutical Division, 2/1/94-6/30/96, \$169,530.
- A Randomized, Double-Blind, Double-Dummy, Parallel Group, Comparative Trial of Inhaled Fluticasone Propionate Rotadisks via Diskhaler 250 mcg BID Versus Azmacort Oral Inhaler 200 mcg QID versus Placebo in Adolescent and Adult Asthma. Glaxo, Inc., May 1994-May 1995, \$80,000.
- A Multicenter, Double-Blind, Placebo Controlled Parallel Group Comparison of the Safety and Efficacy of Oral Twice Daily Administration of Sb 205312 with Inhaled Tilade in Patients with Mild to Moderate Asthma. SmithKline Beecham, October 1994-October 1995, \$129,056.
- A Double Blind, Randomized, Placebo Controlled, Dose-Response Study of Inhaled Nitric Oxide in the Treatment of Acute Respiratory Distress Syndrome. Ohmeda, Inc., January 1995/July 1996, \$112,500.

- A Multicenter, Open, Long-Term Study of the Safety, Tolerability, and Efficacy of Oral SB 205312 in Patients with Bronchial Asthma, SmithKline Beecham, May 1995-July 1996, \$20,500.
- A Multicenter, Randomized, Placebo Controlled Double-Blind, Two-Period, Parallel-Group Study to Assess the Clinical Effect of MK-04/6 with Concomitant Administration and Removal of Inhaled Beclomethasone in Asthmatic Patients, Merck and Company, May 1995-July 1996, \$83,500.
- Safety and Efficacy of AA-2414 (ABT-001) in Patients with Moderate Asthma, Besselaar, May 1995-July 1996, \$63,542.
- Salmeterol Xinafoate vs Ipratropium Bromide vs Placebo in Subjects with Chronic Obstructive Pulmonary Disease, Glaxo, July 1995-July 1996, \$105,000.
- Thoracentesis Study Proposal using Argyle Turkel Safety System, Sherwood Medical, September 1994-July 1996, \$10,000
- An Open-Label, Long-Term Study of the Safety and Tolerability of Seratrodast (AA-2414; ABT-001) in Patients with Moderate Asthma, Tap Holdings, October 1995-June 1998, \$46,267.20
- Safety and Efficacy of Seratrodast (Takeda AA-2414) in Patients with Moderate to Severe COPD, Tap Holdings, Inc., November 1996-December 1997, \$63,745.44.
- A Multicenter, Double-Blind, Placebo Controlled, Randomized Trial Evaluating the Safety and Efficacy of Aerobid M with and without AeroChamber in Patients with Mild-Moderate Asthma, Forest Laboratories, October 1996-December 1997, \$38,193.60
- An Open-Label, Long-Term Study of the Safety and Tolerability of Seratrodast in Patients with Moderate Asthma. Tap Holdings, January 1997-December 1998. \$50,484.
- An Open-Label, Long Term Study of the Safety and Tolerability of Seratrodast in Patients with Moderate to Severe COPD. Tap Holdings, May 1997-July 1998. \$38,073.48.
- A Comparison of Salmeterol Versus Theophylline Versus Salmeterol Plus Theophylline in COPD Patients. Glaxo-Wellcome. June 1997-July 1998. \$61,700.
- A Case Control Etiologic Study of Sarcoidosis (ACCESS) (co-investigator), NIH-NHLBI, 1995-2000, \$482,767.
- Safety and Efficacy of Tobramycin Solution for Inhalation in Patients with Bronchiectasis. Pathogenesis. July 1997-July 1998. \$32,000.
- A Multicenter Trial to Determine the Safety and Efficacy of Aerobid M Administered Once Daily, QHS, Via AeroChamber in Patients with Mild to Moderate Asthma. Forest Laboratories. October 1997-October 1998. \$30,000.
- An Open-Label Evaluation of the Effects of Oxandrolone on Body Weight and Composition and Respiratory Muscle Function in Patients with COPD and Associated Involuntary Weight Loss. Bio-Technology Corporation, April 1998-June 1999. \$14,285.90.

- Efficacy of AVONEX[®] in the Treatment of Idiopathic Pulmonary Fibrosis. Biogen, May 19, 1998-July, 1999. \$71,992.
- Effects of Treatment of SAR in Subjects with Co-Morbid Asthma and Seasonal Exacerbations of Asthma on Medical Resources Utilization. Schering-Plough, June, 1998-December, 1999. \$28,000.
- A Randomized, Double-Blind, Parallel Group Comparison Study of Inhaled Fluticasone Propionate (88 mcg bid) Versus Montelukast Sodium (10 mg qd) in Subjects Currently Receiving Beta Agonists Alone. Glaxo Wellcome, July, 1998-October, 1999. \$56,000.
- A Randomized, Double-Blind, Placebo-Controlled, Parallel-Group Trial Evaluating the Safety and Efficacy of the Diskus Formulations of Salmeterol (50 mcg bid) and Fluticasone Propionate (500 mcg bid) Individually and in Combination as compared to Placebo in Patients with Chronic Obstructive Pulmonary Disease (COPD). Glaxo Wellcome, September, 1998-October, 1999, \$75,324.
- A Randomized, Double-Blind, Active-Controlled, Parallel-Group 12-Week Trial Evaluating the Safety and Efficacy of the Salmeterol/Fluticasone Propionate Combination in GR106642X MDI, 42/88 mcg BID, and Salmeterol in-Propellant 11/12 MDI, 42 mcg BID, Fluticasone Propionate in Propellant 11/12 MDI, 88 mcg BID in Adolescent and Adult Subjects with Asthma. Glaxo Wellcome, January, 1999-June, 2000. \$58,896.
- A Randomized, Double-Blind, Multicenter Comparison of the Efficacy and Safety of Grepafloxacin (RAXAR[™]) and Azithromycin (Zithromax[®]) in the Treatment of Patients with Acute Bacterial Exacerbation of Chronic Bronchitis. Glaxo Wellcome, January, 1999-June, 2000. \$30,000.
- A Multicentre, Randomised, Double-Blind, Parallel Group, Placebo-Controlled, Dose-Ranging Trial to assess the Efficacy and Safety of NKP 608 Microemulsion Capsules in Adult Patients with Chronic Bronchitis. Novartis, February, 1999-June, 2000. \$67,500.
- A Randomized, 3-Period Crossover Study to Investigate the Safety and Tolerability of L-753,099 in Patients with COPD (002-01). Merck and Co., Inc. March, 1999-June, 2000. \$32,255.52.
- A 12-Week, Randomized, Double-Blind, Placebo-Controlled, Parallel-Group Study to Investigate the Effect of Ariflo (15 mg twice daily) on Trapped Gas Volume in Patients with Chronic Obstructive Pulmonary Disease. SmithKline Beecham, August 1999 - July 1, 2001. \$161,475.
- Phase II Multicenter, Randomized, Double-Blind, Placebo-Controlled, Parallel Group Study of the Efficacy, Safety and Tolerability of Six Weeks Treatment by Oral Dosing with CJ-13,610 in Adults with Chronic Obstructive Pulmonary Disease. Pfizer, August 1999 - July 1, 2001. \$36,000.
- A Randomized, Multicenter, Double-Blind, Double-Dummy Trial Comparing Azithromycin 500 mg Daily for 3 Days with Clarithromycin 1 Gram Daily for 10 Days for the Treatment of Acute Bacterial Exacerbation of Chronic Bronchitis. Pfizer, October 1, 1999 - July 1, 2001. \$23,500.
- A Multi-Center, Double-Blind, Placebo-Controlled, Group Comparative Study to Investigate the Long-Term Safety of AR-C6897AA via pMDI in Adult Patients

- with Chronic Obstructive Pulmonary Disease. AstraZeneca, December 1, 1999 – December 31, 2001. \$81,617.50.
- A Randomized, Double-Blind, Parallel Group, Comparative Trial of Salmeterol/Fluticasone Propionate Combination Product 50/100 mcg DISKUS Inhaler BID versus Fluticasone Propionate 250 mcg DISKUS Inhaler BID in Adolescents and Adults with Moderate Persistent Asthma. Glaxo Wellcome, March 1, 2000 – December 31, 2001. \$35,448.
- A Randomized, Double-blind, Placebo-controlled, Phase III Study of the Safety and Efficacy of Subcutaneous Recombinant Interferon gamma-1b (IFN- γ 1b) in Patients with Idiopathic Pulmonary Fibrosis; InterMune Pharmaceuticals, Inc., September, 2000 - December, 2002; \$159,830.
- A Randomized, 24-week, Double-blind, Placebo-controlled, Parallel-group Study to Evaluate the Efficacy, Safety and Tolerability of Ariflo (15 mg BID) in patients with Chronic Obstructive Pulmonary Disease (COPD), GlaxoSmithKline, January, 2001-December, 2002, \$103,740.
- A 12-Week Randomized, Multicenter, Double-blind, Double-dummy, Placebo and Active Controlled, Parallel Group Study Evaluating the Safety, Efficacy, and Pharmacokinetics of Foradil (formoterol fumarate) (10 μ g BID) Delivered by the Multi-dose Dry Powder Inhaler (MDDPI) Versus Placebo Versus Albuterol pMDI QID in Patients with Persistent Asthma, Novartis Pharmaceuticals Corporation, May, 2001-February, 2002, \$168,945.23.
- A Multicenter, Double-blind, Randomized, One Year, Long-term Safety Study of Ciclesonide 400 μ g/Day to 800 μ g/Day (Ex-Valve) or QVAR 320 μ g/Day to 640 μ g/Day (Ex-Actuator) Metered Dose Inhaler Administered Twice Daily for the Treatment of Severe Persistent Asthma, Quintiles Pacific, Inc, April, 2001-June, 2002, \$55,300.
- A Phase III Double-blind, Double-dummy, Parallel-group, Multicenter, Placebo-controlled, Efficacy and Safety Study of Ciclesonide 400 μ g/Day, 800 μ g/Day (EX-Valve) and Flovent MDI ((Fluticasone Propionate) 880 μ g/Day Administered Twice Daily for 12 Weeks, Quintiles Pacific, Inc, February, 2001-June, 2002, \$96,108.
- A Phase II Randomized, Double-Blind, Placebo-Controlled Study of the Safety, Biology and Clinical Effects of Interferon gamma-1b (IFN- γ 1b) Administered Subcutaneously to Patients with Idiopathic Pulmonary Fibrosis. InterMune. December 2001- June, 2003, \$102,345.
- A Double-Blind, Double-Dummy, Randomized, Placebo- and Active-Controlled, Multicenter, Parallel-Group Study of (R,R)-Formoterol in the Treatment of Subjects with Chronic Obstructive Pulmonary Disease, Sepracor. November 2001 – June, 2003, \$132,900.
- A Multi-center, Randomized, Double-Blind, Double-Dummy, Parallel Group, 16-Week Comparison Asthma Control in Adolescents and Adults Receiving Either Fluticasone Propionate/Salmeterol DISKUS Combination Product 100/50 mcg BID, Fluticasone Propionate DISKUS 100 mcg BID, Salmeterol Xinafoate DISKUS 50 mcg BID, or Oral Montelukast 10 mg QD, GlaxoSmithKline. October 2001 - December 2002, \$48,500.

- 12 Weeks Treatment with 125 ug Roflumilast versus 250 ug Roflumilast versus Placebo in Patients with Asthma, Byk Gulden, November 1, 2001 – June 30, 2003, \$33,100.
- An Open-Label Study of the Safety and Efficacy of Subcutaneous Recombinant Interferon gamma-1b (IFN γ 1b) in Patients with Idiopathic Pulmonary Fibrosis, InterMune Pharmaceuticals, Inc., October 1, 2002-December 31, 2004, \$69,700.
- A Comparison of Ipratropium Bromide/Salbutamol Delivered by the Respimat® Inhaler to Ipratropium Bromide Respimat®, Combivent® Inhalation Aerosol and Placebo of each Formulation in a 12-Week, Double-Blind, Safety and Efficacy Study in Adults with Chronic Obstructive Pulmonary Disease, Boehringer Ingelheim Pharmaceuticals, August 1, 2002-June 1, 2004, \$161,146.
- Protocol GIPF-007, A Randomized, Double-Blind, Placebo-Controlled, Phase 3 Study of the Safety and Efficacy of Interferon gamma-1b in Patients with Idiopathic Pulmonary Fibrosis, InterMune, November 2003-December 2005, \$200,000.
- A Double-Blind, Randomized, Placebo-Controlled, Dose-Ranging Trial with Lidocaine Solution for Inhalation (LSI) in Mild to Moderate Asthma Patients, Abaris, April 1, 2003-June 30, 2004, \$33,000.
- A Phase II, Multicenter, Randomized, Double-blind, Placebo-controlled Parallel Group, Dose Finding Study Evaluating the Safety and Efficacy of Infliximab Administration in Symptomatic Subjects with Moderate to Severe Chronic Obstructive Pulmonary Disease (COPD), Centocor, September 1, 2003 – June 30, 2005, \$79,800.
- A two-stage randomized, open-label, parallel group, phase III, multicenter 7-month study to assess the efficacy and safety of SYMBICORT pMDI administered either as fixed or as an adjustable regimen versus a fixed regimen of Advair in subjects 12 years of age and older with asthma, AstraZeneca, January 1, 2004 – January 1, 2006, \$49,000.
- A Four-Week, Double-Blind, Placebo-Controlled Exploratory Evaluation of FEV_{1.0} Changes and Safety of ONO-6126 in Patients with Chronic Obstructive Pulmonary Disease (COPD), ONO, December 31, 2003 – June 30, 2005, \$40,000.
- A double-Blind, Parallel, Placebo-Controlled, Randomized Study of the Efficacy and Safety of Etanercept in Patients with Idiopathic Pulmonary Fibrosis (IPF), Wyeth Pharmaceuticals, April 1, 2003-June 1, 2006, \$125,644.
- A Multi-Center, Multinational Randomized, Double-Blind, Parallel Group Study of the Effects of Ciclesonide HFA-MDI 640 μ g/Day and Beclomethasone HFA-MDI 640 μ g/Day on Lens Opacification in Adult Subjects with Moderate to Severe Persistent Asthma, Aventis Pharmaceutical, Inc., September 24, 2003 – March 15, 2005, \$71,500.
- InterMune, Protocol GIPF-007, A Randomized, Double-Blind, Placebo-Controlled, Phase 3 Study of the Safety and Efficacy of Interferon gamma-1b in Patients with Idiopathic Pulmonary Fibrosis, InterMune, Inc., December 2, 2003 – June 30, 2006, \$287,740.
- Effect of Roflumilast on Exacerbation Rate in Patients with Chronic Obstructive Pulmonary Disease – a 52-Week, Multicenter, Double-blind Study with 500 mcg Roflumilast Once Daily versus Placebo, Altana Pharma, May 1, 2004 – June 30, 2006, \$112,864.

- A Placebo and Active Controlled, Randomized, Parallel-Group, Dose-Range Finding Study of Ciclesonide Administered by Dry Powder Inhaler (Ultrahaler) in Adult and Adolescent Patients with Persistent Asthma, Sanofi-Aventis Pharmaceutical, Inc., March 30, 2005 – May 31, 2007, \$115,750.
- A 6-month Double-blind, Double-dummy, Randomized, Parallel Group, Multicenter Efficacy and Safety Study of SYMBICORT[®] pMDI 2 X 160/4.5 mcg and 80/4.5 mcg bid Compared to Formoterol TBH, Budesonide pMDI (and the combination) and Placebo in COPD patients, AstraZeneca, April 1, 2005 – May 31, 2007, \$89,000.
- A Randomized, Multiple-dose, Double-Blind, Placebo-and Active Controlled, Parallel Group Efficacy and Safety Study to Determine the Optimum Dose of BEA 2180 BR Delivered by the Respimat[®] Inhaler in Patients with Chronic Obstructive Pulmonary Disease (COPD), Boehringer Ingelheim, August 19, 2005 – August 18, 2006, \$221,581.
- PIPF-004 entitled "A Randomized, Double-Blind, Placebo-Controlled, Phase 3, Three-Arm Study of the Safety and Efficacy of Pirfenidone in Patients with Idiopathic Pulmonary Fibrosis", InterMune, 2006-2009, \$484,900.
- A Comparison of Ipratropium Bromide/Salbutamol Delivered by the Respimat[®] Inhaler to COMBIVENT Inhalation Aerosol and to Ipratropium Bromide Delivered by the Respimat[®] in a 12-Week, Double-Blind, Safety and Efficacy Study in Adults with Chronic Obstructive Pulmonary Disease - Protocol 1012.56, Boehringer-Ingelheim, November 1, 2006-October 31, 2008, \$120,100.
- A Randomized, Double-Blind, Placebo-Controlled Study Evaluating the Effects of MN-001 (tielukast) in Subjects with Mild to Moderate Asthma - Protocol MN-001-CL-004; MediciNova, Inc., March 31, 2007-April 1, 2009, \$199,812.
- BUILD 3: Effects of Bosentan on Morbidity and Mortality in Patients with Idiopathic Pulmonary Fibrosis - A Multicenter, Double-Blind, Randomized, Placebo-Controlled, Parallel Group, Event-Driven, Group Sequential, Phase III study - Protocol AC-052-321, Actelion, March 31, 2007-April 1, 2009, \$116,895.
- A 26-week treatment, multicenter, randomized, double-blind, double dummy, placebo-controlled, adaptive, seamless, parallel-group study to assess the efficacy, safety, and tolerability of two doses of indacaterol (selected from 75, 150, 300 & 600 µg o.d.) in patients with chronic obstructive pulmonary disease using blinded formoterol (12 µg b.i.d.) and open label tiotropium (18 µg o.d.) as active control, Novartis Pharmaceuticals, June 30, 2007-July 1, 2009, \$97,794.
- Multicenter international lymphangioliomyomatosis efficacy of Sirolimus Trial (The MILES Trial), May, 2007.
- A randomized, double-blind, placebo-controlled, parallel group study to assess the efficacy and safety of 4 weeks of once daily treatment of orally inhaled BI 1744 CL (2 µg, 5 µg, 10 µg, 20 µg) delivered by Respimat[®] inhaler to patients with COPD, protocol 1222.5 Boehringer Ingelheim, July 13, 2007-July 13, 2008, \$89,000.
- A multinational, randomized, double-blind, placebo- and active-controlled, parallel group efficacy and safety comparison over 24 weeks of three doses (50 µg, 100 µg, 200 µg) of BEA 2180 BR to tiotropium 5 µg and placebo delivered by the Respimat[®] inhaler in patients with chronic obstructive pulmonary disease.

- (COPD), Protocol BI 1205.12, Boehringer Ingelheim, \$164,966.
- An open-label extension study of the long-term safety of Pirfenidone in patients with Idiopathic pulmonary fibrosis (IPF) who completed the CAPACITY studies. InterMune, May 6, 2008-Current, \$403,219
- An open-label extension study in patients with idiopathic pulmonary fibrosis who completed protocol AC-052-321. Actelion, 7/1/08-6/30/09, \$61,820
- A Phase 2, Multicenter, Multinational, Randomized, Double-blind, Placebo-controlled, Parallel-group, Dose-ranging Study Evaluating the Efficacy and Safety of CNTO 888 in Subjects with Idiopathic Pulmonary Fibrosis, Centocor, February 25, 2009-Current, \$310,910
- STEP Trial (Sildenafil Trial of Exercise Performance in Idiopathic Pulmonary Fibrosis), Treatment, Randomized, Double Blind (Subject, Investigator), Placebo Control, Parallel Assignment, Safety/Efficacy Study, 2009- NIH, \$363,110
- Gilead (Ambrisentan) A Phase 3, Randomized, Double-Blind, Placebo-Controlled, Multi-Center, Parallel-Group, Event-Driven Study to Evaluate the Efficacy and Safety of Ambrisentan in Subjects with Early idiopathic Pulmonary Fibrosis (IPF), January 30, 2009-Current, \$262,075
- Prednisone, Azathioprine, N-Acetylcysteine: A Study That Evaluates Responses in IPF (PANTHER-IPF), Duke University (NIH); 12/14/09 - Current, \$182,411
- AntiCoagulation Effectiveness in Idiopathic Pulmonary Fibrosis (ACB-IPF), Duke University (NIH), 12/17/09 - Current, \$219,526
- A Phase 3; Randomized, Double-Blind, Placebo-Contrilled, Multi-Center, Parallel-Group Study to Evaluate the Efficacy and Safety of Ambrisentan in Subjects with Idiopathic Pulmonary Fibrosis and Pulmonary Hypertension (ARTEMIS-PH), Co-PI, 11/4/09 - Current, \$115,181
- A Phase 1, Open Label, Multi-Dose Study to Evaluate the Safety and Biologic Effects of IW001 in Patients with Idiopathic Pulmonary Fibrosis (IPF), ImmunWorkd, 5/26/10 - Current, \$67,718
- A Phase 1 Study to Evaluation the Safety, Tolerability, Pharmacokinetics, and Pharmacodynamis of AB0024 in Adult Patients with Idiopathic Pulmonary Fibrosis, Arresto Biosciences, Inc., 11/1/10 - Current, \$96,730

Editorial Boards

- Chest, 1987-present
- Department Editor, Pulmonary and Critical Care Pearls, Chest, 1992-present
- Pulmonary Critical Care SleepUpdate, PCCSU, 1988-present
- Deputy Editor, Pulmonary Critical Care Sleep Update, PCCSU, 2000-2007
- Editor, Pulmonary Critical Care Sleep, PCCSU, Update, 2007-present
- Department Editor, Pulmonary Pearls, Journal of Respiratory Disease, 1990-present
- Department Editor, Critical Care Pearls, Journal of Critical Illness, 1990-2000
- UpToDate in Pulmonary and Critical Care Medicine, 1994-present
- Section Editor on Pleural Disease, UpToDate in Pulmonary and Critical Care Medicine, 1994-present
- Pulmonary Perspectives, American College of Chest Physicians, 1995-1996
- Seminars in Respiratory and Critical Care Medicine, 1997-present

Respiratory Medicine Reviews, 2004-present
The Open Respiratory Medicine Journal, 2007-present
Case Reports in Medicine, 2008-present

Consultant to Editorial Boards

American Hospital Formulary Service, Drug Information
American Journal Diseases of Children
American Journal of the Medical Sciences
American Journal of Medicine
American Journal of Physiology-Lung, Cellular and Molecular Physiology
American Journal of Respiratory and Critical Care Medicine
American Journal of Respiratory Medicine
American Review Respiratory Disease
Annals of Internal Medicine
Archives of Internal Medicine
Arthritis and Rheumatism
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Cancer Investigation
Cancer Research
Case Reports in Medicine
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Consultant
Critical Care
Critical Care Medicine
European Journal of Clinical Investigation
European Journal of Internal Medicine
European Respiratory Journal
Expert Opinion on Biologic Therapy
Expert Opinion on Pharmacotherapy
International Journal of Tuberculosis and Lung Disease
Journal of the American Academy of Dermatology
Journal of the American Medical Association
Journal of Applied Physiology
Journal of Bronchology
Journal of Cardiothoracic Surgery
Journal of Critical Illness
Journal of Intensive Care Medicine
Journal of Investigative Medicine
Journal of Laboratory and Clinical Medicine
Journal of Respiratory Disease
Journal of Rheumatology

Journal of Thoracic Disease
 Journal of Women's Health
 Lancet
 Leukemia and Lymphoma
 Lung
 Mayo Clinic Proceedings
 Medical Toxicology
 Mount Sinai Journal of Medicine
 New England Journal of Medicine
 New York State Journal of Medicine
 Obstetrics and Gynecology International
 Oncology
 Pediatric Pulmonology
 Pulmonary, Pharmacology & Therapeutics
 Respiration
 Respiratory Care
 Respiratory Medicine
 Sarcoidosis, Vasculitis and Diffuse Lung Disease
 Southern Medical Journal
 The Lancet Oncology
 Thorax
 Tubercle and Lung Disease
 Western Journal of Medicine
 World Journal of Surgical Oncology
 Yearbook of Pulmonary Disease

National and International Committees/Service

Respiratory Care Committee, American Thoracic Society, 1978-1980
 Chairman, Operations Committee, Veterans Administration Spontaneous
 Pneumothorax Study, 1983-1989
 Research Coordinating Committee, American Thoracic Society, 1985-1987
 Annual Meeting Committee, American Thoracic Society, 1985-1987
 Program Committee, Scientific Assembly on Clinical Problems, American
 Thoracic Society, 1985-1989
 Chairman-Elect, Scientific Assembly on Clinical Problems, American
 Thoracic Society, 1985-1986
 Chairman, Scientific Assembly on Clinical Problems, American Thoracic
 Society, 1986-1987
 Annual Meeting Committee, American College of Chest Physicians, 1986
 Council of Chapter Representatives, American Thoracic Society,
 South Carolina 1987-1990
 Governor for South Carolina, American College of Chest Physicians,
 1988-1991; 1991-1994
 Comprehensive Part II Multidisciplinary Task Force, National Board of
 Medical Examiners, 1989-1991

Organizing Committee, National Pulmonary Board Review Course,
 American College of Chest Physicians, 1990, 1992, and 1994
 Clean Air Act Advisory Committee, U.S. Environmental Protection
 Agency, April 1991-March 1993
 Reviewer, American College of Physicians, MKSAP 1994, Pulmonary and
 Critical Care Medicine
 Contributor, Recertification in Pulmonary Disease 1995, American
 Board of Internal Medicine
 Contributor, Recertification in Critical Care Medicine 1995, American
 Board of Internal Medicine
 Membership Committee, American College of Chest Physicians, 1992-1994
 Annual International Scientific Program Committee, American College of
 Chest Physicians, 1993-1995
 Governors' Nominating Committee, American College of Chest Physicians,
 1994-1995
 Reviewer, ACP documents on "Clinical Competence in Thoracentesis" and
 "Clinical Competence in Percutaneous Pleural Biopsy", 1995
 Author and Committee Member, Pulmonary Medicine and Critical Care, MKSAP
 (Second Edition), American College of Medicine, American Society of Internal
 Medicine, and American Thoracic Society, 1996-1998
 American Thoracic Society/European Respiratory Society Task Force for
 Statement on Malignant Pleural Effusions, 1996-1998
 American College of Chest Physicians/American Thoracic Society, Committee
 on Clinical Practice Guidelines on Medical and Surgical Treatment of
 Empyema and Complicated Pleural Effusions, 1997
 American Thoracic Society, Reviewer for position paper on "Medical
 Thoracoscopy", 1997
 Reviewer, Residency Review Committee in Pulmonary and Critical Care
 Medicine, 1997, 1998
 American College of Chest Physicians on Clinical Guidelines on Management of
 Spontaneous Pneumothorax, 1998
 Reviewer, Community-Acquired Pneumonia: Guidelines for Management. Infectious
 Disease Society of America, for Clin Infect Dis 1998.
 COPD Advisory Board, Boehringer Ingelheim Pharmaceuticals Inc., 1998-2003
 Reviewer, Management of Acute Exacerbations of COPD, Agency for Health Care
 Policy and Research, 1999.
 Clinical Science Board of the LAM Foundation, Professional Advisory Council,
 2001-present
 Reviewer, British Thoracic Society Guidelines on Investigating Pleural Effusions, 2001.
 American College of Chest Physicians/CHEST 2003 Scientific Program Committee
 American College of Chest Physicians/CHEST 2004 Scientific Program Committee
 American College of Chest Physicians/CHEST 2005 Scientific Program Committee
 American College of Chest Physicians/CHEST 2006 Scientific Program Committee
 American College of Chest Physicians/CHEST 2007 Scientific Program Committee
 The LAM Foundation, Ask the Experts Program, 2008-present

LAM Guidelines Committee, Head Section on Pleural Disease 2009-2010

Local/State Committees

Medical Review Committee, American Lung Association of South Carolina, 1985-1989
Advisory Board, American Lung Association of South Carolina, Coastal Branch 1985-1987, 1989-1991, 1992-1994
Scientific Planning Committee, South Carolina Thoracic Society, 1985, 1986

MUSC Committees/Directorships

Director, Medical Intensive Care Unit, Medical University Hospital 1983-1985
Co-Director, Medical Intensive Care Unit, Medical University of South Carolina 1985-1995
MICU Committee, 1983-1995
Critical Care Committee, 1983-1995
Mithoeffer Visiting Professor Committee, 1983-present
Rank and Tenure Committee/Department of Medicine, 1985-2007
Fellow Attending Committee (Ad Hoc), 1985
DNR Committee (Ad Hoc), 1989
Honorary Degree Committee, 1992/1993
UMA/Department of Medicine Task Force on Billing Procedures, 1994-1995
Department of Medicine, Clinical Appointments and Privileges Committee (Ad Hoc), 1995
Department of Medicine, Chairman, Medical Attending Rotations Committee (Ad Hoc), 1995
Department of Medicine, Internal Medicine Residency Review Committee (Ad Hoc), 1996-1997
Medical Record Subcommittee for St. Francis Ambulatory Care (Ad Hoc), 1996-1997
Search Committee for Chairman for Department of Neurology, 1997-1998
Medical Director, Specialty Hospital of South Carolina and Kindred Hospital of Charleston, 1998-2006
Medical Director, Intensive Care Unit, Charleston Memorial Hospital, 1/2000-6/2000
Director of Pulmonary Clinic, McClennan Banks Clinic, Charleston Memorial Hospital, 1/2000-6/2000
Department of Medicine, Chairperson, Promotions and Tenure Committee, 7/2004-7/2007
Department of Medicine, Chairperson, Peer Review Committee 10/2005-12/2008
MUSC, Member of the Graduate Faculty 2006-2011

Consultant/Advisory Boards

Fitzsimons Army Medical Center, Consultant in Pulmonary Disease, 1980-1983; 1988-1990
Regional Medical Consultant for Tuberculosis to DHEC of SC, 1984-
Civilian National Consultant for Pulmonary Disease for the United States Air Force, 1989-1999
FDA Office of Orphan Products Development, 1993-1995
Specialty Healthcare Services, Inc., 1998-2002
National Medical Advisory Board, Kindred Health Care, 2002-2006
Advisory Board, International Pleural Network, 2002- present
Advisory Board, InterMune, 2003-present

Advisory Board, PILOT, 2003- present
Clinical Science Advisory Board, LAM Foundation, 2001- present
Respiratory Disorders, Advisory Board, F1000 Medicine Reports, 2008- present

Workshops

Co-Chairman, NHLBI, Pleural Cell Biology in Health and Disease,
Bethesda, Maryland, October 1-2, 1990
Participant, NHLBI, Interstitial Lung Disease, Bethesda, Maryland,
August 29-31, 1994

Multi-Center Trials

NHLBI, Interstitial Lung Disease Study Group
Empyema Study Group, Co-Chairman, 1995
NHLBI, Sarcoidosis Multi-Center Study Group
NIH IPFnet, 2008-

Visiting Professor

University of California, San Francisco (Fresno), 5/80
Kansas University Medical Center, Kansas City, Kansas, 4/81
University of Louisville School of Medicine, Kentucky, 9/82
Wright State University Medical School and Wright-Patterson Air
Force Hospital, Dayton, Ohio, 12/82
Oregon Health Sciences University, Portland, Oregon, 12/82
Vanderbilt University School of Medicine, Nashville, Tennessee, 9/84
Wilford Hall USAF Medical Center, Lackland AFB, San Antonio, Texas, 11/84
University of South Carolina School of Medicine, Columbia, South Carolina 1/85
Medical College of Georgia, Augusta, Georgia, 1/85
University of Arizona Health Sciences Center, Tucson, Arizona, 11/85
Yale University School of Medicine, New Haven, Connecticut, 3/86
Hershey Medical Center, Pennsylvania State University School of Medicine,
Hershey, Pennsylvania, 11/86
University of Tennessee School of Medicine, Chattanooga, Tennessee, 11/86
Queens Hospital Center, Health Sciences Center, State University of New
York at Stony Brook, 1/87
Winthrop-University Hospital, State University of New York at Stony Brook, 4/87
Nassau County Medical Center, Health Sciences Center, State University
of New York at Stony Brook, 10/87
University of Texas Health Sciences Center, San Antonio, Texas, 12/87
Dartmouth-Hitchcock Medical Center, Hanover, New Hampshire, 3/88
University of Washington School of Medicine, Seattle Washington, 6/88
Maine Medical Center, University of Vermont School of Medicine, Portland, Maine, 9/88
University Hospital, University of Florida School of Medicine, Jacksonville, Florida, 10/88
Wilford Hall USAF Medical Center, Lackland AFB, San Antonio, Texas, 11/88
Fitzsimmons Army Medical Center, Denver, Colorado, 1/89
St. Michael's Medical Center, Seton Hall University School of Graduate

Medical Education, Newark, New Jersey, 4/89
 University of Michigan Medical School, Ann Arbor, Michigan, 5/89
 Hershey Medical Center, Penn State University School of Medicine, Hershey,
 Pennsylvania, 7/89
 Hershey Medical Center, Penn State University School of Medicine, Hershey,
 Pennsylvania, 9/89
 Loyola University Medical Center, Chicago, Illinois, 11/89
 Baystate Medical Center, Tufts University School of Medicine, Springfield,
 Massachusetts, 1/90
 Andrews Air Force Base, Washington DC, 1/90
 Walter Reed Army Medical Center, Washington, DC, 2/90
 Ohio State University School of Medicine, Columbus, Ohio, 5/90
 Keesler Air Force Base, Biloxi, Mississippi, 9/90
 Highland Hospital, University of Rochester School of Medicine, Rochester,
 New York, 9/90
 The University of Alabama at Birmingham, Birmingham, Alabama, 10/90
 Jersey Shore Medical Center, UMDNJ-Robert Wood Johnson Medical School,
 Neptune, New Jersey, 11/90
 St. Vincent's Hospital, New York Medical College, New York, New York, 11/90
 Wright-Patterson Air Force Base, Fairborn, Ohio, 11/90
 Episcopal Hospital, Temple University School of Medicine, Philadelphia,
 Pennsylvania, 11/90
 University of Milan, Milan, Italy, 11/90
 Duke University Medical Center, Durham, North Carolina, 2/91
 Georgetown University Medical Center, Washington, DC, 4/91
 Bowman Gray Medical Center, Winston-Salem, NC, 4/91
 Montefiore Medical Center, Albert Einstein School of Medicine,
 New York, New York, 4/91
 Henry Ford Hospital, Detroit Michigan, 4/91
 University of California, San Francisco, San Francisco, California, 10/91
 Sinai Hospital, Johns Hopkins University School of Medicine, Baltimore,
 Maryland, 10/91
 St. Joseph's Hospital and Medical Center, University of Arizona Health
 Sciences Center, Phoenix, Arizona, 4/92
 Georgia Baptist Medical Center, Medical College of Georgia, Atlanta, Georgia, 1/93
 St. Joseph's Hospital and Medical Center, University of Arizona Health Sciences Center,
 Phoenix, Arizona, Visiting Professor in Residence, 4/93
 Indiana University Medical Center, Indianapolis, Indiana, 4/94
 Ohio State University Medical Center, Columbus, Ohio, 9/94
 Bethesda Naval Medical Center, Bethesda, Maryland, 11/94
 University of Wisconsin, Madison, Wisconsin, 3/95
 Bowman Gray School of Medicine, Winston-Salem, North Carolina, 4/95
 University of North Carolina School of Medicine, Chapel Hill, North Carolina, 4/95
 St. Joseph's Hospital and Medical Center, University of Arizona Health
 Sciences Center, Phoenix, Arizona, 3/96

University of South Florida, Tampa, Florida, 5/96
 M.S. Hershey Medical Center, Pennsylvania State University School of
 Medicine, Hershey, Pennsylvania, 10/96
 Baptist Hospital, Columbia, South Carolina, 10/96
 Albert Einstein Medical Center, Philadelphia, Pennsylvania, 4/97
 Louisiana State University Medical Center, New Orleans, Louisiana, 4/97
 University of Mississippi Medical Center, Jackson, Mississippi, 10/97
 MCP, Hahnemann School of Medicine, Allegheny University of the Health Sciences,
 Philadelphia, Pennsylvania, 10/97
 University of Iowa College of Medicine, Iowa City, Iowa, 5/98.
 Northwestern University Medical School, Chicago, Illinois, 6/98
 University of Pittsburgh Medical Center, Pittsburgh, Pennsylvania, 10/98
 Norwalk Hospital, Yale University School of Medicine, Norwalk, Connecticut, 11/98
 Winthrop-University Hospital, State University of New York at Stony Brook, Mineola,
 New York, 9/99
 St. Joseph's Hospital, The Medical College of Wisconsin, Milwaukee, Wisconsin, 10/99
 Memorial Medical Center, Savannah, Georgia, 12/99
 Hartford Hospital, The University of Connecticut, Hartford, Connecticut, 2/00
 Lankenau Hospital, Jefferson Health System, Philadelphia, Pennsylvania 5/00
 University of Washington School of Medicine, Seattle, Washington, 6/00
 Yale University School of Medicine, New Haven, Connecticut, 11/00
 University of Virginia School of Medicine, Charlottesville, Virginia 12/01
 Virginia Commonwealth Health Systems, Richmond, Virginia 12/01
 Tulane University School of Medicine, New Orleans, Louisiana 3/02
 University of Louisville School of Medicine, Louisville, Kentucky 5/02
 Lishui City Central Hospital, Zhejiang, China 9/02
 MCP Hahnemann University School of Medicine, Drexel University College of Medicine,
 Philadelphia, PA, 10/02
 University of Cincinnati College of Medicine, Cincinnati, OH 4/03
 UCLA, Los Angeles, CA 12/03
 Duke University Medical Center, Durham, NC 1/04
 University of Florida School of Medicine, Gainesville, FL 11/04
 Henry Ford Hospital, Detroit, MI, 3/09
 University of Tennessee Medical Center, Memphis, TN 10/09
 Johns Hopkins, Baltimore, MD 10/10

Keynote Speaker/State Thoracic Society Meetings, Visiting Faculty International Thoracic Meetings, and Honor Lectures

Miles Kuhn Lecturer, Miami Valley Thoracic Society, Dayton, Ohio, 12/82
 New York Trudeau Society, West Point, New York, 1/88
 Oregon Thoracic Society, Gleneden Beach, Oregon, 2/88
 New Hampshire/Vermont Trudeau Society, Hanover, New Hampshire, 3/88
 Georgia Thoracic Society, Atlanta, Georgia, 11/88
 Tri-State Thoracic Case Conference (Alabama, Louisiana, Mississippi ATS)
 Biloxi, Mississippi, 1/89
 North Carolina Thoracic Society, Durham, North Carolina, 4/89

Pennsylvania and New Jersey State Thoracic Society, Philadelphia, Pennsylvania, 9/89
 Chicago Thoracic Society, Chicago, Illinois, 11/89
 Colorado Trudeau Society, Durrance-Waring Chest Conference, Aspen, Colorado, 3/90
 South Carolina Thoracic Society, Charleston, South Carolina, 4/90
 Texas Thoracic Society, Austin, Texas 4/91
 Kentucky Chapter of the American College of Chest Physicians, Lexington, Kentucky, 10/91
 Virginia Thoracic Society, Richmond, Virginia, 10/95
 New Jersey State Thoracic Society, Selman Waksman Honor Lecture, 3/97
 Mississippi State Thoracic Society, Boswell-Campbell Lecture, 10/97
 Connecticut and Rhode Island Thoracic Societies, Mystic, Connecticut, 11/98
 Colorado Thoracic Society, Breckenridge, Colorado, 3/99
 Massachusetts Thoracic Society, Burlington, Massachusetts, 4/99
 Connecticut Thoracic Society, New Haven, Connecticut, 11/00
 Hawaii Thoracic Society, Maui, Hawaii, 2/01
 Pennsylvania Thoracic Society, Pittsburgh, Pennsylvania, 4/01
 Dudley Rochester Lecture, University of Virginia Medical School, Charlottesville,
 Virginia, 12/01
 Oren Muren Lecture, Virginia Commonwealth Health System, Richmond, Virginia, 12/01
 Charles Smith Lecture, University of Louisville School of Medicine, Louisville, Kentucky,
 5/02
 Robert F. Johnston Memorial Lecture, MCP Hahnemann University School of Medicine,
 Philadelphia, Pennsylvania, 10/02
 Visiting Faculty, XXXI Congressor Brasileiro De Pneumologia e Tisiologia, Sao Paulo,
 Brazil, 10/02
 Distinguished Lecturer in Physiology Honor Lecture, 68th International Scientific
 Assembly, American College of Chest Physicians, San Diego, California, 11/02
 William H. Anderson Lectureship, Covington, Kentucky, 11/04
 Ohio Thoracic Society, Columbus, Ohio, 9/07
 Tristate Thoracic Meeting, Door County, Wisconsin, 9/08

Director, Postgraduate Courses

Pulmonary Medicine-1975, University of Colorado School of Medicine,
 Denver, Colorado, 3/75
 Pulmonary Medicine-1976, University of Colorado School of Medicine and
 American College of Chest Physicians, Keystone, Colorado, 9/76
 Pulmonary Medicine-1978: An Update for the Clinician, University of
 Colorado Health Sciences Center and American College of Chest
 Physicians, Vail, Colorado, 9/78
 Pulmonary Medicine-1980: An Update for the Clinician, University of
 Colorado Health Sciences Center and American College of Chest
 Physicians, Vail, Colorado, 9/80
 Pulmonary Medicine-1981: An Update for the Clinician, University of
 Colorado Health Sciences Center and American College of Chest
 Physicians, Vail, Colorado, 9/81
 The Pleural Space: A Mirror of Systemic Disease, American College of

- Chest Physicians, Anaheim, CA, 10/88
- Spoletto Pulmonary Symposium, MUSC, Ohio State University and American College of Chest Physicians, Charleston, South Carolina, 5/91
- Spoletto Pulmonary Symposium, MUSC, Ohio State University and American College of Chest Physicians, Charleston, South Carolina, 5/92
- 3rd Charleston Pulmonary Symposium, Medical University of South Carolina, Ohio State University, and Medical College of Georgia, Charleston, South Carolina, 3/93
- 4th Charleston Pulmonary Symposium, Medical University of South Carolina, Ohio State University, and Medical College of Georgia, Charleston, South Carolina, 3/94
- 5th Charleston Pulmonary Symposium, Medical University of South Carolina, Ohio State University, and Medical College of Georgia, Charleston, South Carolina, 3/95
- 6th Charleston Pulmonary Symposium, Medical University of South Carolina, Ohio State University, and Medical College of Georgia, Charleston, South Carolina, 3/96
- 7th Charleston Pulmonary Symposium, Medical University of South Carolina, Ohio State University, and Medical College of Georgia, Charleston, South Carolina, 3/97
- 8th Charleston Pulmonary Symposium, Medical University of South Carolina, Charleston, South Carolina, 3/98
- 9th Charleston Pulmonary and Critical Care Symposium, Medical University of South Carolina, Charleston, South Carolina, 3/99
- 10th Charleston Pulmonary and Critical Care Symposium, Medical University of South Carolina, Charleston, South Carolina, 3/2000
- 11th Charleston Pulmonary Symposium, Medical University of South Carolina, Charleston, South Carolina, 3/2001
- 12th Charleston Pulmonary Symposium, Medical University of South Carolina, Charleston, South Carolina, 3/2002
- 13th Charleston Pulmonary Symposium, Medical University of South Carolina, Charleston, South Carolina, 3/2003
- 14th Charleston Pulmonary Symposium, Medical University of South Carolina, Charleston, South Carolina, 3/2004
- 15th Charleston Pulmonary Symposium, Medical University of South Carolina, Charleston, South Carolina, 4/2005
- 16th Charleston Pulmonary Symposium, Medical University of South Carolina, Charleston, South Carolina 4/2006
- 17th Charleston Pulmonary Symposium, Medical University of South Carolina, Kiawah Island, South Carolina 4/2007
- 18th Charleston Pulmonary Symposium, Medical University of South Carolina, Charleston, South Carolina 3/2008
- 19th Charleston Pulmonary Symposium, Medical University of South Carolina, Wild Dunes, South Carolina 3/2009
- 20th Charleston Pulmonary Symposium, Medical University of South Carolina,

Wild Dunes, South Carolina 3/2010

Invited Lectures (Since 1985)

1985

- 8th Annual Consecutive Conference, American Lung Association of South Carolina, Kiawah Island, South Carolina, 3/85
 - Moderator: "Five Consecutive Cases of Aspergilloma"
- American Lung Association/American Thoracic Society Annual Meeting, Anaheim, CA, 5/85
 - Meet the Professor: "Pleural Space Infections"
- Pulmonary Disease Review presented by the Medical College of Georgia, Kiawah Island, South Carolina, 7/85
 - "Asbestos-Related Lung Diseases"
 - "Evaluation of a Patient with a Pleural Effusion"
- MUSC Seminar Series on Parasitic and Geographic Medicine, Charleston, South Carolina, 10/85
 - "Pneumocystis Infection"
- Sixth Annual Hilton Head General Medicine Conference, Beth Israel Institute of Denver, Colorado, Hilton Head, South Carolina, 10/85
 - "Evaluation of the Patient with Pleural Effusion"
 - "Management of Patients with COPD"
 - "Pneumonia 1985: An Update"
- 51st Annual Scientific Assembly of the American College of Chest Physicians, New Orleans, Louisiana, 10/85
 - Chairman: Slide Presentations on Pleural Disease

1986

- Ninth Annual Consecutive Case Conference, South Carolina Thoracic Society, Kiawah Island, South Carolina, 2/86
 - Moderator: "Five Consecutive Cases of Undiagnosed Pleural Effusion in Which Pleuroscopy Was Used"
- Third Annual Charleston Cardiopulmonary Symposium, Roper Hospital, Charleston, South Carolina, 3/86
 - "Current Concepts in the Treatment of Acute Respiratory Failure"
- Thoracic Society Annual Meeting, Kansas City, Missouri, 5/86
 - Meet the Professor: "Undiagnosed Pleural Effusion"
 - Meet the Professor: "Malignant Pleural Effusion"
 - Co-chair: Scientific Assembly on Clinical Problems, "Controversies in Pulmonary Medicine"
- Sym-PAWS-ium—1986, Medical Alumni Association of the Medical University of South Carolina and the Clemson Alumni Association, Clemson, South Carolina, 10/86
 - "Current Concepts of Asthma"
- Second Annual Respiratory Week Symposium, Cape Fear Valley Medical Center, Fayetteville, North Carolina, 10/86
 - "Newer Techniques of Mechanical Ventilation and Weaning"

52nd Annual Scientific Assembly of the American College of Chest
Physicians, San Francisco, California, 10/86
Co-chairman: Poster Session on Pleural Disease
Chairman: Symposium: "Update on Pleural Disease"
Meet the Professor: "Questions and Answers on Pleural Effusions"
"Critical Care: A Cardiopulmonary Focus"
"New Insights into Weaning from Respiratory Support"

1987

Tenth Annual Consecutive Case Conference, American Lung Association of South
Carolina, Wild Dunes, South Carolina, 2/87
Moderator: "Five Consecutive Cases of Atypical Pneumonias"
Annual Meeting of the American Thoracic Society, New Orleans, Louisiana, 5/87
Chairman: Session on Pulmonary Medicine
"Controversies in Pulmonary Medicine"
Cardiopulmonary Update, St. Vincent's Medical Center, Jacksonville, Florida, 10/87
"Pleural Disease"

53rd Annual Scientific Assembly of the American College of Chest
Physicians, Atlanta, Georgia 10/87

Meet the Professor: "Clinical Pearls from the Pleural Space"
Panelist: Affiliates' Forum

Kansas City Southwest Clinical Society Fall Conference, Kansas City, Missouri, 11/87
"Diagnostic Approach to Pleural Effusion"
"Malignant Pleural Effusions"

1988

Greenville Memorial Hospital, Greenville, SC, 4/88

"Approach to the Patient with a Pleural Effusion"

Annual Meeting of the American Thoracic Society, Las Vegas, Nevada, 5/88

"Pulmonary Pearls: Cases from MUSC"

54th Annual Scientific Assembly of the American College of Chest Physicians,
Anaheim, California, 10/88

Chairman: Postgraduate Course on "The Pleural Space: A Mirror of
Systemic Disease" and Presenter: "Malignant Pleural Effusions"

Co-chairman: Original Investigation Session/"Pathophysiology and
Treatment of Lung Neoplasms"

Panelist: Affiliates' Forum

Georgia Baptist Medical Center, Atlanta, Georgia, 11/88

"Management of the Patient with Asthma"

Fifth Annual Clinical Update in Pulmonary Medicine, Deborah Heart and Lung Center,
Browns Mills, New Jersey, 12/88

"The Differential Diagnosis of Pleural Effusions"

"The Spectrum of the Atypical Pneumonias"

1989

United States Naval Hospital, Beaufort, South Carolina, 2/89

"Chronic Obstructive Pulmonary Disease"

Update in Pulmonary Medicine and Critical Care Symposium sponsored by

- Cleveland Clinic Foundation, Orlando, Florida, 3/89
 "Pleural Effusion: Pathophysiology and Differential Diagnosis"
 "Clinical Pearls in Pulmonary and Critical Care Medicine"
- American Thoracic Society Annual Meeting, Cincinnati, Ohio, 5/89
 Meet the Professor: "Pleural Pearls"
- United States Naval Hospital, Charleston, South Carolina, 6/89
 "Pulmonary Management of Pleural Effusions"
- 55th Annual Scientific Assembly of the American College of Chest Physicians,
 Boston, MA, 10/89
 Chairman: Clinical Colloquium on Pleural Disease; "Pathogenesis,
 Presentation, Chest Radiology, and Resolution of Pleural Diseases."
 Meet the Professor: "Interesting Pleural Cases"
- Charlotte Medical Society, Charlotte, North Carolina, 11/89
 "Current Management Strategies in the Treatment of COPD"
- (1990)
 Second Annual Pulmonary Fellows Symposium; Jacksonville, Florida; 2/90
 "Update on Pleural Disease"
- 32nd Annual Society of Air Force Physicians Meeting, San Antonio; Texas, 3/90
 "Pleural Disease"
- 12th Annual Critical Care Conference, Orlando Regional Medical Center, Orlando,
 Florida, 4/90
 "Pleural Disease in the ICU"
 "Critical Care Pearls"
- Pulmonary Update for the Primary Care Physician, University of Tennessee, Memphis,
 Tennessee, 4/90
 "Treatment of Pleural Disease"
 "An Update on COPD"
- Mercy Catholic Medical Center, Darby, Pennsylvania, 5/90
 "Pleural Fluid Analysis: Narrowing the Differential Diagnosis"
- 1990 World Conference on Lung Health, American Thoracic Society and the
 International Union Against TB and Lung Disease, Boston, Massachusetts, 5/90
 Meet the Professor: "Pleural Pearls"
- 8th Annual Pulmonary Board Review Course, American College of Chest
 Physicians, Anaheim, California, 6/90
 "Pleural Diseases"
 "Rare and Unusual Diseases - Case Presentations"
- Southern Medical Association's Fourteenth Symposium on Lung Disease,
 Sea Island, Georgia, 6/90
 "Malignant Pleural Effusions"
 "Pulmonary Pearls"
- Roundtable Symposium "Rotational Therapy in the Prevention of
 Nosocomial Pneumonia" sponsored by Support Systems
 International, New York, New York, 6/90
- Memorial Medical Center, Savannah, Georgia, 8/90
 "The Pathogenesis of Pleural Effusions"

Sarasota Memorial Hospital, Medical Staff, Sarasota, Florida, 8/90
 "The Diagnosis and Management of Pleural Disease"
 Kettering Medical Center, Kettering, Ohio, 9/90
 "The Pathogenesis of Pleural Effusions"
 8th Annual Pulmonary Board Review Course, American College of Chest
 Physicians, Miami, Florida, 9/90
 "Pleural Diseases"
 "Rare and Unusual Diseases - Case Presentations"
 East Tennessee State University, Johnson City, Tennessee, 9/90
 "The Pathogenesis of Pleural Effusions"
 Fairfax Hospital Medical Staff, Fairfax, Virginia, 9/90
 "The Pathogenesis of Pleural Effusions"
 Anderson Memorial Hospital Medical Staff, Anderson, South Carolina, 9/90
 "Treatment of COPD"
 56th Annual Assembly of the American College of Chest Physicians,
 Toronto, Canada, 10/90
 Co-chairman: Poster Session on Pleural Disease
 Chairman: Luncheon Panel on Pleural Disease; "Management of
 Parapneumonic Effusions"
 Meet the Professor: "Pleural Pearls"
 Meet the Professor: "Malignant Pleural Effusions"
 Orangeburg Regional Hospital Medical Staff, Orangeburg, South Carolina, 11/90
 "Pleural Effusions"

1991

Brook Army Medical Center, San Antonio, Texas, 1/91
 "Malignant Pleural Effusions"
 Vanderbilt University, Nashville, Tennessee, 2/91
 "Pleural Disease: Imaging, Sampling, and Treatment"
 Sisters of Charity Hospital, Buffalo, New York, 4/91
 "Pleural Effusion: Evaluation and Management"
 Cardiopulmonary Update Conference, Heart and Lung Institute at St. Vincents
 (Jacksonville, Florida), Amelia Island, Florida, 4/91
 "Pleural Diseases: Narrowing the Differential Diagnosis"
 Co-Director, First Annual Spoleto Pulmonary Symposium, Charleston, South Carolina, 6/91
 "Management of Parapneumonic Effusions"
 Kaiser Permanente Medical Center, Santa Clara, California, 10/91
 "Pleural Pearls"
 Baylor College of Medicine, Houston, Texas, 10/91
 "Update on the Management of COPD"
 57th Annual Scientific Assembly of the American College of Chest
 Physicians, San Francisco, California, 11/91
 Chairman: Interactive Symposium on Pleural Diseases
 Anderson Memorial Hospital Medical Staff, Anderson, South Carolina, 11/91
 "Current Management of COPD"

1992

United States Naval Hospital, Beaufort, South Carolina, 2/92
 "Asthma: The Role of Anti-inflammatory Drugs"
 Charlotte Pulmonary Society, Charlotte, North Carolina, 5/92
 "Overview of Asthma Therapy"
 1992 American Thoracic Society International Conference, Miami, Florida, 5/92
 Chairman: Poster Session on Pleural Disease
 Meet the Professor: "Pleural Pearls"
 Co-Director, Second Annual Spoleto Pulmonary Symposium, Charleston,
 South Carolina, 6/92 "Pleural Pearls"
 9th Annual Pulmonary Board Review Course, American College of Chest
 Physicians, Los Angeles, California, 6/92
 "Pleural Diseases"
 "Rare and Unusual Diseases - Case Presentations"
 9th Annual Pulmonary Board Review Course, American College of Chest
 Physicians, New Orleans, Louisiana, 9/93
 "Pleural Diseases"
 "Rare and Unusual Diseases - Case Presentations"
 32nd Annual Charlotte Postgraduate Seminar, Mecklenburg County
 Chapter of the American Academy of Family Physicians,
 Charlotte, North Carolina, 10/92
 "Update: Management of COPD"
 Orangeburg Regional Hospital Medical Staff, Orangeburg, South Carolina, 10/92
 "Acute Respiratory Failure"
 58th Annual Scientific Assembly of the American College of Chest Physicians,
 Chicago, Illinois, 10/92
 Interactive Symposium: "Rare and Unusual Pulmonary Diseases"
 Meet the Professor: "Pleural Effusions"
 Expert Panelist: Affiliate Forum on Pleural Disease
 Co-chairman: Poster Symposium on Pleural Disease
 Chairman: Thoracoscopy 1992 Symposium

1993

Phipps Memorial Center, Colorado Pulmonary Physicians, Denver, Colorado, 2/93
 "Pathogenesis of Pleural Effusions: Clinical Implications"
 Director, Third Annual Charleston Pulmonary Symposium, Charleston,
 South Carolina, 3/93
 "Pitfalls and Controversies in the Diagnosis and Management of
 Parapneumonic Effusions"
 Internal Medicine Update, Hilton Head, South Carolina, 7/93
 "Pleural Effusions: Pathogenesis and Clinical Implications"
 "New Concepts in Asthma"
 "Pleural Pearls"
 39th Tri-State Consecutive Case Conference on Lung Disease, American Lung
 Association of South Carolina, Ponte Vedre, Florida, 9/93
 Moderator: "Seven Consecutive Cases of Empyema"
 Challenges in Pulmonary Critical Care, Charleston, South Carolina, 10/93

- "Acute Respiratory Failure"
 Update on Pulmonary and Critical Care Medicine, University of Michigan
 Medical School, Ann Arbor, Michigan, 9/93
 "Management of Parapneumonic Effusions: Controversies"
 "Malignant Pleural Effusions: Pathophysiology, Clinical Features
 and Treatment with Special Reference to Pleurodesis"
 European Respiratory Society Annual Conference, Firenze, Italy, 9/93
 "Management of Pleural Effusions"
 59th Annual International Scientific Assembly of the American College of
 Chest Physicians, Orlando, Florida, 10/93
 Meet the Professor: "Management of Parapneumonic Effusions"
 Co-chairman: Original Investigations on Pleurodesis
 Co-chairman: Symposium on Pleural Disease; Presenter "Malignant
 Effusions: New Developments in Pleurodesis"
 Union Memorial Hospital, Monroe, North Carolina, 11/93
 "Management of Parapneumonic Effusions"
 Family Medicine Lecture Series, Medical University of South Carolina,
 Charleston, SC, 12/93
 "Approach to the Patient with a Pleural Effusion"
- 1994
 Director, Fourth Charleston Pulmonary Symposium, Charleston, SC, 3/94
 "Malignant Pleural Effusions: Pathophysiology, Clinical
 Presentation and Management (with special emphasis on Pleurodesis"
 Atlanta Lung Institute, Atlanta, Georgia, 5/94
 "Pleural Diseases"
 1994 American Thoracic Society International Conference, Boston, Massachusetts, 5/94
 Case Discussant: Clinical Topics in Pulmonary Medicine/Chest Radiology for the
 Pulmonologist Discussion Facilitator: Poster Session/Diagnostic Techniques and
 Monitoring
 10th Annual Pulmonary Board Review Course, American College of Chest
 Physicians, Los Angeles, California, 6/94
 "Pleural Diseases"
 "Pulmonary Pearls - Case Presentations"
 10th Annual Pulmonary Board Review Course, American College of Chest
 Physicians, Pittsburgh, Pennsylvania, 9/94
 "Pleural Diseases"
 "Pulmonary Pearls - Case Presentations"
 60th Annual International Scientific Assembly, American College of Chest
 Physicians, New Orleans, Louisiana, 11/94
 "Pleural Disease in AIDS"
 Chairman: "Plenary Pleural Potpourri"
 Bethesda Naval Medical Center, Bethesda, Maryland, 11/94
 "Pathophysiology of Pleural Effusions: Clinical Implications"
- 1995

Thirtieth Annual Postgraduate Course "Internal Medicine Update, 1995",
 University of Miami, Miami, Florida, 2/95
 "Diseases of the Pleura: Current Concepts and Management"
 Panelist: "Controversies in Managing Pulmonary Diseases"
 Director, Fifth Charleston Pulmonary Symposium, Charleston, SC, 3/95
 "Pleural Disease in Critically Ill Patients"
 University of Wisconsin, Madison, Wisconsin, 3/95
 Medical Grand Rounds: "Diagnosis and Management of Pleural Effusions"
 Meriter Hospital, Madison, Wisconsin, 3/95
 Medical Grand Rounds: "Clinical Implications of Pleural Effusions"
 Pulmonary, 3/95
 Keynote Lecture: "Pathogenesis of Pleural Effusions: Clinical
 Implications"
 Bowman Gray School of Medicine, Winston-Salem, North Carolina 4/95
 Medical Grand Rounds: "Update on Pleural Diseases"
 "Clinical Case Conference"
 Research Conference, University of North Carolina School of Medicine,
 Chapel Hill, NC, 4/95
 "Pathogenesis of Malignant Pleural Effusions"
 "Clinical Case Conference"
 Pulmonary Fellows Symposium, Seattle, Washington, 5/95
 "Recent Developments in Pleural Disease"
 1995 American Thoracic Society, Seattle, Washington, 5/95
 Chairman: Poster Session on Pleural Disease
 Co-Chairman: First Annual Meeting of the Empyema Study Group
 Pulmonary Evening Grand Rounds-1995, St. Louis, Missouri, 9/95
 "Contemporary Issues in Pleural Disease"
 42nd Annual Virginia Thoracic Society Pulmonary Conference, Richmond,
 Virginia, 10/95
 "Pleural Disease: Diagnosis"
 "Pleural Disease: Management"

1996

Junior Medicine Core Lectures, MUSC, 1/96
 "Pleural Effusions"
 "Pulmonary Embolism"
 Sixth Charleston Pulmonary and Critical Care Symposium, Charleston, SC, 3/96
 "Pleural Pearls"
 St. Joseph's Hospital and Medical Center, Phoenix, AZ 3/96
 Medical Grand Rounds: "Pleural Effusions"
 "Pleural Pearls"
 "Pulmonary Diseases" (seminar)
 1996 American Thoracic Society, New Orleans, Louisiana, 5/96
 Clinical Year in Review: "Pleural Disease"
 Master Clinicians (2 sessions)
 University of South Florida, College of Public Health, 5/96

"The Pleura in Environmental Lung Disease"
 Pulmonary Care Beyond 2000, University of Nebraska, Lincoln Nebraska, 9/96
 "Evaluation and Management of Pleural Effusions"
 "Pleural Pearls"
 M.S. Hershey Medical Center, Pennsylvania State University School of
 Medicine, Hershey, Pennsylvania, 10/96
 Medical Grand Rounds: "Pathophysiology of Pleural Effusions:
 Clinical Implications"
 Pulmonary Research Conference: "Clinical Research in Malignant
 Pleural Effusions"
 Baptist Hospital, Columbia, South Carolina, 10/96
 "Management of Chronic and Acute Asthma: New Treatment Strategies"
 62nd Annual International Scientific Assembly of the American College
 of Chest Physicians, San Francisco, California, 10/96
 Meet the Professor: "Pleural Pearls"
 Plenary Session: "Malignant Pleural Effusions: Pathophysiology,
 Clinical Features, and Management"
 Ralph H. Johnson V.A. Medical Center, Ambulatory Care Department, 11/96
 "Outpatient Management of COPD"
 Charleston Naval Hospital, 11/96
 "Outpatient Management of COPD"
 Core Lecture Series for Pulmonary and Critical Care Fellows, MUSC, 12/96
 "Pleural Fluid Analysis"

1997

Twenty-Fifth Annual Joint Conference of the New Jersey Thoracic Society
 and the New Jersey Chapter of the American College of Chest Physicians, 3/97
 "Pathophysiology of Pleural Effusions: Clinical Implications"
 Seventh Charleston Pulmonary and Critical Care Medicine Symposium,
 Charleston, South Carolina, 3/97
 "Malignant Pleural Effusions: Pathophysiology, Clinical Features, and
 Treatment Update"
 Medicine Grand Rounds, Mayo Clinic, Scottsdale, Arizona, 4/97
 "Pathophysiology of Pleural Effusions: Clinical Implications"
 Medicine Grand Rounds, Maricopa County Medical Center, Scottsdale, Arizona, 4/97
 "Pathophysiology of Pleural Effusions: Clinical Implications"
 Medicine Grand Rounds, Albert Einstein Medical Center "Helen Gordon
 Memorial Lecture", Philadelphia, Pennsylvania, 4/97
 Medicine Grand Rounds, Louisiana State University Medical Center, New Orleans,
 Louisiana, 4/97
 "Pathophysiology of Pleural Effusions: Clinical Implications"
 Medicine Research Grand Rounds, MUSC, Charleston, SC, 4/97
 "Writing Case Reports and Reviews"
 Core Lecture Series for Fellows in Pulmonary and Critical Care Medicine, MUSC, 4/97
 "Pathophysiology of Pleural Effusions: Clinical Implications"
 "Eosinophilic Lung Disease"

- 1997 ALA/ATS International Conference, San Francisco, California, 5/97
 Author: Thematic Poster Session
 Pranlukast (ULTAIR) Improves FEV1 in Patients with Asthma: Results
 of a 12-Week Multicenter Study vs Nedocromil
 Facilitator: Thematic Poster Session on Pleural Diseases
 Orangeburg Regional Medical Center, Orangeburg, SC, 5/97
 "Indications for and Methods of Delivery of Oxygen in the Hospital Setting"
 Core Lecture Series for Fellows in Pulmonary and Critical Care Medicine, MUSC, 6/97
 "Asbestosis, Silicosis, and CWP"
 Emergency Lecture Series for Department of Medicine Housestaff, 7/97
 "Acute Respiratory Failure"
 Core Lecture Series for Fellows in Pulmonary and Critical Care Medicine, MUSC, 8/97
 "Malignant Pleural Effusions"
 American College of Chest Physicians Pulmonary Board Review: 1997,
 New York, New York 9/97
 "Pleural Diseases"
 European Respiratory Society, Berlin Germany, 9/97
 "Rational Approach to Diagnosis of Pleural Effusions"
 Medicine Grand Rounds, University of Mississippi Medical Center, 10/97
 "Pleural Effusions"
 Frontline Treatment of COPD for Medical Education Resources, Baltimore, MD, 10/97
 "Management of COPD"
 Medicine Grand Rounds, MCP, Hahnemann School of Medicine, Allegheny University
 of the Health Sciences, Philadelphia, PA, 10/97
 "Pleural Effusions, Pathogenesis and Management"
 63rd Annual International Scientific Assembly, American College of Chest
 Physicians, New Orleans, LA, 10/97
 "The Diagnosis and Medical Management of Pleural Effusions"
 Moderator, "Clinical Pearls"
 Noon Conference to Housestaff, Department of Medicine, MUSC, 12/4/97
 "Evaluation of Pleural Effusions"
 Core Lecture Series for Fellows in Pulmonary and Critical Care Medicine, MUSC,
 12/10/97
 "Questions and Answers on Pleural Disease"
- 1998
- Southeastern Wildlife Exposition Educational Program, Charleston, SC, 2/98
 "Approach to the Patient with a Lower Respiratory Tract Infection"
 Medical Alumni Reunion 1998 CME Workshop, MUSC, 3/98
 Moderator: "Common Pulmonary Problems: Updates on Asthma,
 Sleep Apnea, and Lung Cancer"
 Presenter: "Update on Asthma"
 Junior Medicine Core Lecture Series, MUSC, 3/98
 "Pleural Effusions"; "Pulmonary Embolism"
 8th Charleston Pulmonary and Critical Care Medicine Symposium
 Charleston, South Carolina, 3/98

- “Pleural Pearls”
 Medicine Grand Rounds, Wright Patterson Air Force Base Medical Center, Dayton
 Ohio, 4/98
- “Diseases of the Pleura”
 1998 American Thoracic Society International Conference, Chicago, Illinois, 4/98
 Chairman, Mini-Symposium on Cellular Events in Pleural Disease
 Master Clinicians Workshop
 Symposium: Pleural Disease Management Update
 “Malignant Pleural Effusion: Diagnosis and Treatment”
 Division of Pulmonary and Critical Care Medicine Research Conference, University of
 Iowa College of Medicine, Iowa City, Iowa, 5/98
 “Pathogenesis and Management of Malignant Pleural Effusions”
 Junior Medicine Core Lecture Series, MUSC, 5/98
 “Pleural Effusions and Pulmonary Embolism”
 Department of Medicine Research Grand Rounds, MUSC, 5/98
 “Pathogenesis of Malignant Pleural Effusions”
 Medical Grand Rounds, Northwestern University Medical School, Chicago, Illinois, 6/98
 “Diagnosis and Management of Pleural Effusions”
 Charleston Air Force Base, 6/98
 “Diagnosis and Management of COPD”
 Emergency Lecture Series for Department of Medicine Housestaff, MUSC, 7/98
 “Acute Respiratory Failure”
 Charleston Naval Hospital, 7/98
 “Diagnosis and Management of COPD”
 American College of Chest Physician Pulmonary Board Review, 1998, Washington, DC
 9/98
 “Pleural Disease I”
 “Pleural Disease II”
 University of Pittsburgh Medical Center, Pittsburgh, PA, 10/98
 Pulmonary Grand Rounds
 “Malignant Pleural Effusions: Pathophysiology, Clinical Features and
 Management”
 Multidisciplinary Symposium on Pleural Diseases
 “Diagnosis and Management of Parapneumonic Effusions”
 Medical Education Resources, Atlanta, GA, 11/98
 “Frontline Treatment of COPD”
 Norwalk Hospital, Yale University Medical Center, Norwalk, CT, 11/98
 “Malignant Pleural Effusions: Pathophysiology, Clinical Features and
 Approach to Treatment”
 Connecticut Thoracic Society, Mystic, CT, 11/98
 “Pleural Pearls”
- 1999
 9th Charleston Pulmonary and Critical Care Medicine Symposium
 Charleston, South Carolina, 3/99
 “Malignant Pleural Effusions: With a Focus on Management”

Colorado Thoracic Society, Breckenridge, CO, 3/99
 "Malignant Pleural Effusions"
 "Pleural Pearls"

2nd Lung Cancer Symposium, Mount Sinai Cancer Center Miami Beach, FL, 3/99
 "Management of Malignant Pleural Effusions"

Massachusetts Thoracic Society, Burlington, MA, 4/99
 "Pleural Pearls"

1999 American Thoracic Society International Conference, San Diego, CA, 4/99
 11th Annual Pulmonary Fellows Symposium
 "Pleural Pearls"
 Postgraduate Course: Pleural Disease Update-1999
 "Malignant Pleural Effusions: What's Old, What's New, What to Do Now"
 Meet-The-Professor Seminar
 "Empyema: Approaches to Diagnosis and Care"
 Management of Pleural Malignancies: State-of-the-Art
 "Performing Pleurodesis: The Case for Chemical Pleurodesis by Chest Tube"
 Facilitator for Thematic Poster Session on Pleural Disease
 Meet-The-Professor Seminar
 "Pleurodesis for Malignant and Non-Malignant Pleural Effusions"

Lecture to Internal Medicine Faculty and House Staff, MUSC, 5/99
 "Management of COPD"

Baton Rouge General Medical Center, Baton Rouge, LA, 5/99
 Medical Grand Rounds
 "Diseases of the Pleura"

Festival of Flowers Medical Symposium, Self Memorial Hospital, Greenwood, SC, 6/99
 "Asthma Guidelines"

American College of Chest Physician Pulmonary Board Review, 1999, Orlando, FL 8/99
 "Pleural Disease I"
 "Pleural Disease II"

Georgia Medical Directors Association, Savannah, GA, 8/99
 "COPD: Pathophysiology, Clinical Presentation, and Management"

Medicine Grand Rounds, Winthrop-University Hospital, State University of New York at
 Stony Brook, Mineola, New York, 9/99
 "Pearls in Managing Pleural Effusion"

Lecture to Physicians Assistants, Charleston, SC 9/99
 "Management of COPD and Asthma"

Medicine Grand Rounds, St. Joseph's Hospital, The Medical College of Wisconsin,
 Milwaukee, Wisconsin, 10/99
 "Pleural Pearls"

Milwaukee Area Pulmonologists' Forum
 "Pathophysiology, Clinical Features and Management of Parapneumonic
 and Malignant Pleural Effusions"

Family Medicine Faculty and Housestaff, Trident Medical Center, Charleston, SC, 11/99
 "COPD"

65th Annual International Scientific Assembly, American College of Chest

- Physicians, Chicago, IL 11/99
 Interactive Session - "Pleural Pearls"
- Frontline Treatment of COPD for Medical Education Resources, Charlotte, NC, 11/99
 "Treatment Strategies in COPD"
- Memorial Medical Center Medical Grand Rounds, Savannah, GA, 12/99
 "Influenza: Morbidity, Mortality, and Prevention into the Millennium"
 Residents Conference
 "COPD: Pathophysiology, Clinical Features, and Outpatient Management"
- 2000
- Junior Medicine Core Lecture Series, MUSC, 1/00
 "Bronchial Asthma: Pathogenesis, Diagnosis, and Treatment"
- Hartford Hospital Medical Grand Rounds, The University of Connecticut, Hartford, CT, 2/00
 "Pleural Pearls"
- American Thoracic Society 5th State of the Art Review Course, Washington, DC, 2/00
 "Pleural Disease"
 Meet-the-Professor Seminar – Pleural Disease Cases
- Conference for Internal Medicine Residents, MUSC, 3/00
 "Influenza"
- Tenth Charleston Pulmonary and Critical Care Medicine Symposium
 Charleston, South Carolina, 3/00
 "Pleural Pearls: Valuable Lessons from Pleural Space"
- 2000 American Thoracic Society International Conference, Toronto, Canada, 5/00
 12th Annual Pulmonary Fellows Symposium
 "The Diagnosis of Pleural Effusions"
 Meet-The-Professor Seminar
 "Pleural Pearls"
- Lankenau Hospital Medical Grand Rounds, Jefferson Health System, Philadelphia, PA, 5/00
 "Pleural Pearls"
- American College of Chest Physician Pulmonary Board Review, 2000, Anaheim, CA, 6/00
 "Pleural Disease I"
 "Pleural Disease II"
- American College of Chest Physician Pulmonary Board Review, 2000, Pittsburgh, PA, 8/00
 "Pleural Disease I"
 "Pleural Disease II"
- European Respiratory Society Annual Conference, Florence, Italy, 8/00
 "Management of Malignant Pleural Effusions"
- Charleston Area Physicians, Charleston, South Carolina, 9/00
 "New Treatments for Interstitial Pulmonary Fibrosis"
- University of Michigan Medical School, Update on Pulmonary and Critical Care
 Medicine, Ann Arbor, MI, 10/00
 "Diagnosis and Management of Pleural Effusions"
 "Pleural Pearls"
- 66th Annual International Scientific Assembly, American College of Chest
 Physicians, San Francisco, CA, 10/00
 Postgraduate Course

"Pathophysiology and Evaluation of Pleural Effusion"

Moderator for Poster Grand Rounds

"Pleural Disease"

Interactive Session

"Diagnostic Problems in Pleural Disease"

Core Lecture Series for Fellows in Pulmonary and Critical Care Medicine, MUSC, 10/00

"Pathophysiology, Clinical and Radiographic Features, and Management of Pleural Disease"

Core Lecture Series for Junior Medical Students, MUSC, 10/00

"Pulmonary Embolism"; "Pleural Effusions"

Connecticut Thoracic Society Annual Meeting, New Haven, CT, 11/00

"Diagnosis and Management of Pleural Disease"

Yale University Medical Center, New Haven, CT, 11/00

"Pleural Pearls"

Medical Education Resources, Frontline Treatment of COPD, Miami, Florida, 12/00

28th Congreso Argentino de Medicina Respiratoria, Mar del Plata, Argentina, 12/00

Honor Lecture

"Diagnosis and Management of Pleural Effusions"

Meet-the-Professor

"Less Common Causes of Pleural Effusions"

Lecture

"Malignant Pleural Effusions: Diagnosis and Treatment"

Symposium

"Management of Parapneumonic Effusions"

The Year in Review

"Pleural Disease"

Core Lecture Series for Junior Medical Students, MUSC, 12/00

"Pulmonary Embolism"; "Pleural Effusions"

2001

Core Lecture Series for Junior Medical Students, MUSC, 1/01

"Pulmonary Embolism"; "Pleural Effusions"

American Lung Association of Hawaii/Hawaii Thoracic Society, 1st Annual Symposium -
Respiratory Infection, Maui, Hawaii, 2/01

"Medical Management of Pleural Infections"

"Unusual Causes of Pleural Infections"

11th Charleston Pulmonary and Critical Care Medicine Symposium Charleston, South
Carolina, 3/01

"Pleural Effusions"

6th Annual State of the Art Review Course in Pulmonary Medicine and Critical Care, San
Juan, Puerto Rico, 3/01

Lecture

"Malignant Pleural Effusions: Pathophysiology, Clinical Features and
Management"

Meet-the-Professor

"Unusual Pleural Cases"

- LAMposium 2001, Cincinnati, Ohio 3/01
 "Management of Pleural Effusion and Pneumothorax in LAM"
 Pennsylvania Thoracic Society, 2nd Annual Clinical Challenges in Pulmonary Nursing,
 Pittsburgh, PA, 4/01
 "Parapneumonic Effusions: A Pathophysiologic Approach to Management"
 Core Lecture Series for Fellows in Pulmonary and Critical Care Medicine, MUSC, 4/01
 "Pleura III"
 2001 American Thoracic Society International Conference, San Francisco,
 California, 5/01
 Pleural Disease: Controversies and New Directions
 "Recurrent Symptomatic Pleural Effusion and Pneumothorax: To Talc or
 Not to Talc? The Final Bout. Pro: Talc is Effective and Safe."
 Clinicians's Corner
 "Pleural Disease"
 Core Lecture Series for Junior Medical Students, MUSC; 5/01
 "Pulmonary Embolism"; "Pleural Effusions"
 Lung Day:2001, University of Washington, Seattle, Washington, 6/01
 Seattle Area Chest Grand Rounds
 "Less Common Causes of Pleural Effusions that You Should Know About"
 "Malignant Pleural Effusions: Pathophysiology, Clinical Features, and
 Management"
 "Spontaneous Pneumothorax: Pathophysiology, Clinical Features, and
 Management"
 American College of Chest Physician Pulmonary Board Review, 2001, Orlando, FL, 8/01
 "Pleural Disease I"
 "Pleural Disease II"
 Core Lecture Series for Junior Medical Students, MUSC, 8/01
 "Pulmonary Embolism"; "Pleural Effusions"
 Core Lecture Series for Fellows in Pulmonary and Critical Care Medicine, MUSC, 10/01
 "Unusual Causes of Pleural Effusions"
 Core Lecture Series for Junior Medical Students, MUSC, 10/01
 "Pulmonary Embolism"; "Pleural Effusions"
 Lecture to Primary Care Physicians, Charleston, SC 11/01
 "Update on Management of COPD"
 Medicine Grand Rounds, Virginia Commonwealth Health Systems, Richmond, VA, 12/01
 "Approach to the Patient with a Pleural Effusion"
 Medicine Grand Rounds, University of Virginia School of Medicine, Charlottesville, VA, 12/01
 "Malignant Pleural Effusions: Pathogenesis, Clinical Features and Management"
 "Unusual Causes of Pleural Effusions that Pulmonologists Should Know About"
- 2002
- Lecture Series for Medical Residents, MUSC, 1/02
 "Evaluation of a Pleural Effusion"
 The Lung Club, St. Joseph's Hospital, Tampa, FL, 2/02
 "Management of Pleural Effusions"
 Core Lecture Series for Junior Medical Students, MUSC, 3/02

- “Evaluation of Pleural Effusions”
- 12th Charleston Pulmonary and Critical Care Medicine Symposium
Charleston, South Carolina, 3/02
- “Malignant Pleural Effusions with an Emphasis on Talc Pleurodesis”
- Medicine Grand Rounds, Tulane University School of Medicine, New Orleans, LA, 3/02
- “Approach to the Patient with a Pleural Effusion”
- “Round-Table on Management of Pleural Effusions”
- Asheville Pulmonary Associates, Asheville, NC, 4/02
- “Update on the Treatment of IPF”
- Savannah Pulmonary Physicians, Savannah, GA, 5/02
- “Update on the Treatment of IPF”
- Medicine Grand Rounds, University of Louisville, Louisville, KY, 5/02
- “Management of Pleural Disease”
- Medical World Conferences, Charleston, SC, 5/02
- “The Biology of COPD”
- “Components of COPD Care: A COPD Management Program”
- 2002 American Thoracic Society International Conference, Atlanta, GA, 5/02
- “Thoracoscopy Should Not Be Performed for Undiagnosed Pleural Effusions”
- Jacksonville Pulmonary Physicians, Jacksonville, FL, 6/02
- “Update on the Treatment of Idiopathic Pulmonary Fibrosis”
- Core Lecture Series for Junior Medical Students, MUSC, 8/02
- “Pulmonary Embolism”; “Pleural Effusions”
- American College of Chest Physician Pulmonary Board Review, 2002, Chicago, IL, 8/02
- “Pleural Disease”
- “Pulmonary and Pleural Pearls”
- Lishui City Central Hospital, Zhejiang Province, China, 9/02
- “Management of Malignant Pleural Effusions”
- The 17th Annual Robert F. Johnston, M.D. Memorial Lecture, MCP Hahnemann
University School of Medicine, Drexel University College of Medicine, Philadelphia,
PA, 10/02
- “Malignant Pleural Effusions: Pathophysiology, Diagnosis and Management”
- XXXI Congressor Brasileiro de Pneumologia e Tisiologia, Sao Paulo, Brazil 10/02
- “Management of Malignant Effusion”
- “Talc or Another Agent for Pleurodesis”
- “Diagnosis and Treatment of Parapneumonic Effusion”
- “Discussion of Unusual Pleural Cases”
- Core Lecture Series for Fellows in Pulmonary and Critical Care Medicine, MUSC, 11/02
- “Unusual Causes of Pleural Effusions”
- 68th Annual International Scientific Assembly American College of Chest Physicians,
San Diego, California, 11/02
- Co-Chair Symposium
- “Pleural Disease”
- “Malignant Pleural Effusions: What’s New in Diagnosis and
Management?”
- “Pleural Disease: Current Diagnostic Approaches and Management”

- Co-Chair Slide Presentations
- Distinguished Lecturer in Physiology Honor Lecture
 "Pleural Fluid pH: Pathophysiology and Clinical Implications"
 Atlanta Pulmonary Physicians, Atlanta, Georgia, 11/02
 "Update on the Treatment of IPF"
 Baltimore Pulmonary Physicians, Baltimore, Maryland, 11/02
 "Update on the Treatment of IPF"
 Columbus Pulmonary Physicians, Columbus, OH, 12/02
 "Update on the Treatment of IPF"
 Oncology/Clinical Research Staff, Schering-Plough Research Institute, Kenilworth, New Jersey, 12/02.
 "Update on Diagnosis and Management of Malignant Pleural Effusions"
 "Review of Phase I/II Trial of Staphylococcal Enterotoxin A (SEA) in Malignant Pleural Effusions"
- 2003
- Core Lecture Series for Fellows in Pulmonary and Critical Care Medicine, MUSC, 1/03
 "Unusual Causes of Pleural Effusions"
 - Core Lecture Series for Junior Medical Students, MUSC, 1/03
 "Pulmonary Embolism"; "Pleural Effusion"
 - 13th Charleston Pulmonary and Critical Care Medicine Symposium
 Kiawah Island, South Carolina, 3/03
 "Pleural Pearls: How to be a Hero in Your Own Backyard"
 - The LAM Foundation/NHLBI Research Conference, Cincinnati, OH, 4/03
 Consensus Statement
 "Pleural Manifestations of LAM"
 - Pulmonary Grand Rounds, University of Cincinnati College of Medicine, Cincinnati, OH, 4/03
 "Rare and Unusual Causes of Pleural Effusions"
 - 2003 American Thoracic Society International Conference, Seattle, WA, 5/03
 Postgraduate Course
 "Pleural Pearls"
 Master Clinicians
 "Pleural Diseases"
 - Core Lecture Series for Fellows in Pulmonary and Critical Care Medicine, MUSC, 5/03
 "Pleural Fluid Analysis"
 - Atlanta Pulmonary Physicians, Atlanta, GA, 5/03
 "Idiopathic Pulmonary Fibrosis: Diagnosis, Pathogenesis and New Treatment"
 - Greenville Pulmonary Physicians, Greenville, NC, 6/03
 "Idiopathic Pulmonary Fibrosis: Diagnosis, Pathogenesis and New Treatment"
 - Charlotte Pulmonary Physicians, Charlotte, NC, 7/03
 "Pathogenesis, Diagnosis, and Management of COPD: GOLD Guidelines"
 "Therapy for Asthma"
 - IPF CME Faculty Development Program, Santa Monica, CA, 7/03
 "Epidemiology, Morbidity, Mortality, and Familial Distribution of IPF"
 - Charlotte Pulmonary Physicians, Charlotte, NC, 7/03

- "Pathogenesis, Diagnosis, and Management of COPD: GOLD Guidelines"
 "Therapy for Asthma"
 American College of Chest Physician Pulmonary Board Review, 2003, Scottsdale, AZ,
 8/03
 "Pleural Disease"
 "Pulmonary and Pleural Pearls"
 Savannah Pulmonary Physicians, Savannah, GA, 8/03
 "Idiopathic Pulmonary Fibrosis: Diagnosis, Pathogenesis and New Treatment"
 Birmingham Pulmonary Physicians, Birmingham, AL, 8/03
 "Idiopathic Pulmonary Fibrosis: Diagnosis, Pathogenesis and New Treatment"
 Columbia Pulmonary Physicians, Columbia, SC, 9/03
 "Idiopathic Pulmonary Fibrosis: Diagnosis, Pathogenesis and New Treatment"
 69th Annual International Scientific Assembly American College of Chest Physicians,
 Orlando, Florida, 10/03
 "Pleural Pearls from a Master Clinician"
 Boise Pulmonary Physicians, Boise, ID, 10/03
 "Idiopathic Pulmonary Fibrosis: Diagnosis, Pathogenesis and New Treatment"
 Seattle Pulmonary Physicians, Seattle, WA, 10/03
 "Idiopathic Pulmonary Fibrosis: Diagnosis, Pathogenesis and New Treatment"
 Spokane Pulmonary Physicians, Spokane, WA, 10/03
 "Idiopathic Pulmonary Fibrosis: Diagnosis, Pathogenesis and New Treatment"
 Raleigh Pulmonary Physicians, Raleigh, NC, 10/03
 "Idiopathic Pulmonary Fibrosis: Diagnosis, Pathogenesis and New Treatment"
 Wilmington Pulmonary Physicians, Wilmington, NC, 10/03
 "Idiopathic Pulmonary Fibrosis: Diagnosis, Pathogenesis and New Treatment"
 Jacksonville Pulmonary Physicians, Jacksonville, FL, 10/03
 "Idiopathic Pulmonary Fibrosis: Diagnosis, Pathogenesis and New Treatment"
 Melbourne Pulmonary Physicians, Melbourne, FL, 11/03
 "Idiopathic Pulmonary Fibrosis: Diagnosis, Pathogenesis and New Treatment"
 20th Annual Clinical Update of Pulmonary Disease, Deborah Heart and Lung Center,
 Atlantic City, NJ, 11/03
 "Illustrative Case Presentations of Pleural Disease"
 "Recommended Treatment Modalities for Idiopathic Pulmonary Fibrosis"
 Augusta Pulmonary Physicians, Augusta, GA, 11/03
 "Idiopathic Pulmonary Fibrosis: Diagnosis, Pathogenesis and New Treatment"
 Pulmonary and Critical Care Medicine Grand Rounds, David Geffen School of Medicine
 at UCLA, Los Angeles, CA, 12/03
 "Malignant Pleural Effusions: Clinical Presentation, Diagnosis and Management
 (Including Super Antigen Treatment)"
 Myrtle Beach Pulmonary Physicians, Myrtle Beach, SC, 12/03
 "Idiopathic Pulmonary Fibrosis: Diagnosis, Pathogenesis and New Treatment"
- 2004
 Core Lecture Series for Fellows in Pulmonary and Critical Care Medicine, MUSC, 1/04
 "Approach to the Patient with Pleural Effusion"
 Core Lecture Series for Fellows in Pulmonary and Critical Care Medicine, MUSC, 1/04

"Unusual Causes of Pleural Effusions"
 Greensboro Pulmonary Physicians, Greensboro, SC, 1/04
 "Idiopathic Pulmonary Fibrosis: Diagnosis, Pathogenesis and New Treatment"
 Pulmonary Research Conference, Duke University Medical Center, Durham, NC, 1/04
 "Unusual Causes of Pleural Effusions"
 "Malignant Pleural Effusions: Pathogenesis, Clinical Features, and Management
 (Including Superantigens)"
 Tallahassee Pulmonary Physicians, Tallahassee, FL, 1/04
 "Idiopathic Pulmonary Fibrosis: Diagnosis, Pathogenesis and New Treatment"
 Core Lecture Series for Junior Medical Students, MUSC, 1/04
 "Evaluation of Pleural Effusion"
 Core Lecture Series for Fellows in Pulmonary and Critical Care Medicine, MUSC, 2/04
 "Pleural Cases"
 Panama City Pulmonary Physicians, Panama City, FL, 2/04
 "Idiopathic Pulmonary Fibrosis: Diagnosis, Pathogenesis and New Treatment"
 San Antonio Pulmonary Physicians, San Antonio, TX, 2/04
 "Idiopathic Pulmonary Fibrosis: Diagnosis, Pathogenesis and New Treatment"
 Miami Pulmonary Physicians, Miami, FL, 2/04
 "Idiopathic Pulmonary Fibrosis: Diagnosis, Pathogenesis and New Treatment"
 Fayetteville Pulmonary Physicians, Fayetteville, NC, 3/04
 "Idiopathic Pulmonary Fibrosis: Diagnosis, Pathogenesis and New Treatment"
 Temple Pulmonary Physicians, Temple, TX, 3/04
 "Idiopathic Pulmonary Fibrosis: Diagnosis, Pathogenesis and New Treatment"
 Austin Pulmonary Physicians, Austin, TX, 3/04
 "Idiopathic Pulmonary Fibrosis: Diagnosis, Pathogenesis and New Treatment"
 The LAM Foundation/NHLBI Research Conference, Cincinnati, OH, 3/04
 "Update on Pleural Diseases in LAM"
 14th Charleston Pulmonary and Critical Care Medicine Symposium
 Kiawah Island, South Carolina, 3/04
 "Uncommon Pleural Effusions That You Should Know About"
 Atlanta Pulmonary Physicians, Atlanta, GA, 4/04
 "Idiopathic Pulmonary Fibrosis: Diagnosis, Pathogenesis and New Treatment"
 San Antonio Pulmonary Physicians, San Antonio, TX, 4/04
 "Idiopathic Pulmonary Fibrosis: Diagnosis, Pathogenesis and New Treatment"
 Phoenix Pulmonary Physicians, Phoenix, AZ, 5/04
 "Idiopathic Pulmonary Fibrosis: Diagnosis, Pathogenesis and New Treatment"
 Fort Myers Pulmonary Physicians, Fort Myers, FL, 5/04
 "Idiopathic Pulmonary Fibrosis: Diagnosis, Pathogenesis and New Treatment"
 Sarasota Pulmonary Physicians, Sarasota, FL, 5/04
 "Idiopathic Pulmonary Fibrosis: Diagnosis, Pathogenesis and New Treatment"
 2004 American Thoracic Society International Conference, Orlando, FL, 5/04
 Symposium Chairman
 "Complicated Parapneumonic Effusion and Empyema: Clinical Features,
 Bacteriology, Fibrinolytics and Outcomes"
 Master Clinicians

"Pleural Diseases"

- IPF CME Preceptorship Program, Charleston, SC, 7/04
"Practical Approach to Early and Accurate Diagnosis"
- Asheville Pulmonary Physicians, Asheville, NC, 7/04
"Idiopathic Pulmonary Fibrosis: Diagnosis, Pathogenesis and New Treatment"
- Junior Core Lecture, MUSC, 9/04
"Asthma"
- Myrtle Beach Pulmonary Physicians, 9/04
"Update on Idiopathic Pulmonary Fibrosis: A Case Study Approach to Early and Accurate Diagnosis"
- Greater Boston Pulmonary Physicians and Pathologists, Tyngboro, Mass, 9/04
"Update on Idiopathic Pulmonary Fibrosis: A Case Study Approach to Early and Accurate Diagnosis"
- 8th Annual Thomas J. Godar Pulmonary and Critical Care Symposium, Hartford, CT, 9/04
"A Rational Approach to Pleural Effusions"
- New Orleans Pulmonary Physicians, 10/04
"Update on Idiopathic Pulmonary Fibrosis: A Case Study Approach to Early and Accurate Diagnosis"
- Medical Grand Rounds Ochsner Clinic, 10/04, New Orleans, 10/04
"A Rational Approach to Pleural Effusions"
- Pulmonary Teaching Day, Binghamton, NY, 10/04
"Early and Accurate Diagnosis of IPF"
- Tuscaloosa Pulmonary Physicians, 10/04
"Early and Accurate Diagnosis of IPF"
- American College of Chest Physicians Annual Meeting, Seattle, WA, 10/04
"The Pleural Fluid Analysis"
- Baltimore Pulmonary Physicians, 11/04
"Early and Accurate Diagnosis of IPF"
- Orlando Pulmonary Physicians, 11/04
"Early and Accurate Diagnosis of IPF"
- Gainesville Pulmonary physicians, 11/04
"Early and Accurate Diagnosis of IPF"
- Pulmonary Grand Rounds, University of Florida School of Medicine, Gainesville, FL, 11/04
"Getting the Most from Pleural Fluid Analysis"
- William H. Anderson Lecture, ALA of Kentucky, Covington, KY, 11/04
"Pleural Fluid Prime Time"
- Tampa Pulmonary Physicians, Tampa, FL, 11/04
"Early and Accurate Diagnosis of IPF"
- Brandon Regional Hospital CME Lecture, Brandon, FL, 11/04
"Getting the Most from Pleural Fluid Analysis"
- 2005
- MUSC, Department of Medicine House Staff, 2/05
"Rational Approach to Pleural Effusions"
- Orangeburg Pulmonary Physicians, Orangeburg, SC 03/05
"Malignant Pleural Effusion"

Atlanta Pulmonary Physicians, 04/05
 "Emerging perspectives on IPF: Practical Strategies for Disease Management"
 10th Annual Critical Care and Pulmonary Program, Inova Health System, Falls Church,
 VA 04/05
 "Getting the Most from Pleural Fluid Analysis"
 "Pleural Pearls"
 The LAM Foundation/NHLBI Research Conference, Cincinnati, OH, 04/05
 "Pleural Disease in LAM"
 Louisville Pulmonary Physicians, 04/05
 "Emerging perspectives on IPF: Practical Strategies for Disease Management"
 15th Charleston Pulmonary and Critical Care Medicine Symposium, 04/05
 "Getting the Most from Pleural Fluid Analysis"
 Charleston Pulmonary Physicians, 04/05
 "2005 Inspire Clinical Trial Awareness Program"
 Virginia Beach Pulmonary Physicians, 04/05
 "Emerging perspectives on IPF: Practical Strategies for Disease Management"
 Greenville, SC Pulmonary Physicians, 05/05
 "2005 Inspire Clinical Trial Awareness Program"
 Columbus Pulmonary Physicians, Columbus, OH, 05/05
 "Emerging perspectives on IPF: Practical Strategies for Disease Management"
 2005 American Thoracic Society International Conference, San Diego, CA 05/05
 Symposium Chairman
 "Pleural Infection, Mechanisms and Management: What does the
 Physician do and why?"
 Moderator, Poster Discussion Session
 "Clinical Pleural Disease"
 Master Clinicians
 "Pleural Quiz"
 Pensacola Pulmonary Physicians, 06/05
 "Emerging perspectives on IPF: Practical Strategies for Disease Management"
 Orangeburg Hospital Physicians, 06/05
 "IPF: Diagnosis & Management"
 Jacksonville Pulmonary Physicians, 07/05
 "Emerging perspectives on IPF: Practical Strategies for Disease Management"
 American College of Chest Physician Pulmonary Board Review Course, 2005,
 Scottsdale, AZ, 08/05
 "Pleural Disease"
 "Pulmonary and Pleural Pearls"
 InterMune Pharmaceutical Representatives, Charleston, SC 09/05
 "Update on IPF: Diagnosis and Management"
 IPF Support Group, Charleston, SC. 09/05
 "IPF Update"
 Charlotte Area Pulmonary Physicians, 09/05
 "Emerging perspectives on IPF: Practical Strategies for Disease Management"
 University of Cincinnati Pulmonary & Critical Care Update, 10/05

"Update on Pleural Disease"
Northern Virginia Area Pulmonary Physicians, 10/05
"Emerging perspectives on IPF: Practical Strategies for Disease Management"
American College of Chest Physicians Annual Meeting, Montreal, Canada 10/05
Expert for Pleural Disease Case Presentations

2006

Core Lecture Series for Junior Medical Students, MUSC, 1/06
"Pleural Effusion"; "Pulmonary Embolism"
Core Lecture Series for Junior Medical Students, MUSC, 1/06
"Asthma"
Core Lecture Series for Junior Medical Students, MUSC, 4/06
"Pleural Effusion"; "Pulmonary Embolism"
Coalition for Pulmonary Fibrosis Support Group, Key Biscayne, FL, 4/06
"The Importance of Early Diagnosis of IPF"
16th Charleston Pulmonary and Critical Care Symposium, Charleston, SC 4/06
"Idiopathic Pulmonary Fibrosis"
"The Spectrum of Pleural Effusions Following CABG Surgery"
IPF Support Group, Charleston, SC, 5/06
"An Update on IPF"
Pirfenidone Investigators Meeting, Pasadena, CA, 5/06
"Recruitment and Retention of IPF Patients"
2006 American Thoracic Society International Conference, San Diego, CA 5/06
Clinical Expert on Pleural Disease
Clinicians and Fellows Center
Chairman, Symposium
"Pleural Controversies: A Pro/Con Session"
Chairman, Poster Discussion Symposia
"Pleural Diseases: Infection, Neoplasm, Management
and Research"
Clinical Workshop
"Master Clinicians: Pleural Diseases"
PILOT CME Dinner Series, Baltimore, MD, 7/06
"Bridging the Gap in IPF: The Clinical Implications of Emerging Evidence"
MUSC Fellows Lecture Series, Charleston, SC, 9/06
"Pleural Disease"
IPF Support Group, Charleston, SC, 9/06
"An Update on IPF"
American College of Chest Physicians Board Review Course, Orlando, FL, 9/06
"Pleural Disease"
"Pleural Pearls"
PILOT CME Dinner Series, Memphis, TN, 9/06
"Bridging the Gap in IPF: The Clinical Implications of Emerging Evidence"
PILOT CME Dinner Series, Atlanta, GA, 9/06
"Bridging the Gap in IPF: The Clinical Implications of Emerging Evidence"
American College of Chest Physicians annual meeting, Salt Lake City, UT, 10/06

13th Pulmonary and Critical Care Fellows Conference
"Pleural Pearls"

Expert for Pleural Disease Case Reports

Harvard Medical School, The Management of Pleural Diseases including Medical
Thoracoscopy and Other Procedures, Boston, MA

"Management of Parapneumonic Effusions and Empyema"

Berkley Family Practice, Charelston, SC, 12/06

"The New Face of COPD"

Women's Internal Medicine Group, Mt Pleasant, SC, 12/06

"Roundtable on COPD"

2007

IPF Patient Education Day, Charleston, SC, 3/07

"The Diagnosis of IPF"

"IPF Management: What Do We Do Now?"

17th Charleston Pulmonary and Critical Care Symposium, Kiawah Island, SC 4/07

"Pleural Effusions of Extravascular Origin"

2007 American Thoracic Society International Conference, San Francisco, CA 5/07

Clinical Workshop

Master Clinicians: Pleural Diseases

Facilitator Thematic Poster Session:

Pleural Disease: Treatment

MUSC Fellows Lecture Series, Charleston, SC, 8/07

"Pleural Disease"

MUSC Fellows Lecture Series, Charleston, SC, 8/07

"Pleural Pearls"

American College of Chest Physicians Board Review Course, Phoenix, AZ, 8/07

"Pleural Disease"

"Pleural Pearls"

Ohio Thoracic Society, Columbus, OH, 9/07

"Update in Pleural Diseases"

Update in Pulmonary and Critical Care Medicine, Ann Arbor, MI, 9/07

"Pleural Disease in 2007"

IPF Support Group, Charleston, SC, 9/07

"IPF: Diagnosis, Prognosis & Management"

American College of Chest Physicians annual meeting, Chicago, IL, 10/07

14th Pulmonary and Critical Care Fellows Conference

"Pleural Pearls"

Moderator: Pleural Disease: Diagnostic Markers (slide presentation)

Moderator: Pleural Disase (Poster presentation)

Year In Review: "Top 5 Articles in Pleural Disease"

2008

18th Charleston Pulmonary and Critical Care Symposium, Charleston, SC, 3/08

"Getting the most value from pleural fluid analysis"

The LAM Foundation/NHLBI International Research Conference, Cincinnati, OH, 4/08

"Doc Talk"

Pneumothorax and Chylothorax
 2008 American Thoracic Society International Conference, Toronto, Canada, 5/08
 Clinical Workshop
 Master Clinicians: Pleural Disease
 Clinical Expert for Clinicians and Fellows
 Pleural Disease
 Controversies in Pleural Diseases: Pro-Con Debate
 Webinar, 6/08
 IPF Management: Assessing the Options
 Webinar, 7/08
 IPF Diagnosis: A Practical Multidisciplinary Approach
 Webinar, 8/08
 IPF Diagnosis: A Practical Multidisciplinary Approach
 American College of Chest Physicians Board Review Course, Orlando, FL, 8/08
 "Pleural Disease"
 "Pleural Pearls"
 Tristate Thoracic Conference (PEMBINE) (Michigan, Minnesota, Wisconsin), 9/08
 "Update in Pleural Disease"
 American College of Chest Physicians annual meeting, Philadelphia, PA, 10/08
 15th Pulmonary and Critical Care Fellows Conference
 "Pleural Effusion"
 Expert—Peculiar Pleural Problems (case reports)
 Expert—Malignant and Idiopathic Pleural Diseases (case reports)
 Pilot Mini-Symposia 2008, Bronx, New York, 11/08
 "Recognizing and Managing an IPF Acute Exacerbation"

2009

Henry Ford Hospital, Detroit, MI, Medical Grand Rounds 3/09
 "Idiopathic Pulmonary Fibrosis: Diagnosis, Prognosis, and Management"
 19th Charleston Pulmonary and Critical Care Symposium, Wild Dunes, SC, 3/09
 "Getting the Most from Pleural Fluid Analysis"
 2009 American Thoracic Society International Conference, San Diego, CA 5/09
 Master Clinicians: Pleural Disease
 Pleural Poster Session, Lead Facilitator
 LAM Clinical Guidelines Committee: "Pleural Disease Management", San Diego,
 CA 5/09
 ACCP Pulmonary Board Review Course, Phoenix, AZ 8/09
 2009 PILOT Educational Series, "IPF Update from ATS 2009"
 • Jacksonville, FL 7/09
 • Sarasota, FL 7/09
 • Charleston, SC 8/09
 2009 PILOT Educational Series, "Assessment and Management of IPF"
 • Sarasota, FL 9/09
 • Memphis, TN 10/09
 • St. Louis, MO 10/09

ACCP Annual Meeting, San Diego, CA 11/09
Course Faculty: "Pleural Effusions Following Cardiac Injury or Surgery: A Rising Cause of Exudative Pleural Effusions"
Expert: Pleural Perplexities (case reports)
Master Clinician: Case Puzzlers: Pleural Diseases

IPF Support Group, Charleston, SC 11/09
"Diagnosis and Assessment of IPF"

IPF: Mini-Symposium: Diagnosis, Comorbidities, and Quality of Life, Chairperson,
Charleston, SC 11/09
IPF: "Establishing a Confident Clinical Diagnosis"

2010.

Pulmonary Fellow Lecture Series:

"Pleural Disease" 1/10

"Pleural Pearls" 3/10

20th Charleston Pulmonary and Critical Care Symposium, Wild Dunes, SC, 3/10
"Getting the Most from Pleural Fluid Analysis"

LAMposium 2010: Cincinnati, OH 4/10

Round table discussion with patients: "Pneumothorax and Chylothorax"

ACCP Annual Meeting, Toronto 4/10

"What Internists Should Know about Pleural Effusions"

ATS Annual Meeting, New Orleans, LA 5/10

Meet the Professor: "Getting the most from Pleural Fluid Analysis"

Facilitator: "Case Reports in Pleural Disease"

Poster Presentation: "Clinical Outcomes with Pirfenidone Therapy Treatment-Adherent Patients with Idiopathic Pulmonary Fibrosis"

Medical Staff House Lecture: MUSC 7/10

"Getting the Most from Pleural Fluid Analysis"

The Evaluation and Management of Pleural Disease, Johns Hopkins, Baltimore, MD

"The Evaluation of Pleural Effusions: Does Light's Criteria Still Apply?"

"Management of Unclear Exudates"

ACCP Annual Meeting, Vancouver, British Columbia 10-11/10

Master Clinician: Pleural Disease

Master Clinician: Clinical Case Puzzlers in Pleural Disease

2011

Pulmonary Fellows Lecture Series

"Getting the Most from Pleural Fluid Analysis" 1/11

"Pleural Pearls" 2/11

Physician Assistant Lecture Series

"Pleural Effusions and Pneumothorax" 1/11

Peer-Reviewed Manuscripts

1. Sahn SA, Richerson HB. Extremes of clinical presentation of parakeet-fancier's lung. Arch Intern Med 1972;130:913-917.
2. Sahn SA, Lakshminarayan S. Allergic bronchopulmonary penicilliosis. Chest 1973;68:286-288.
3. Lakshminarayan S, Sahn SA, Hudson LD. Massive hemolysis caused by rifampin. Brit Med J 1973;2:282-283.
4. Sahn SA, Lakshminarayan S, Char DC. Silent empyema in patients receiving corticosteroids. Am Rev Respir Dis 1973;107:873-876.
5. Sahn SA, Lakshminarayan S. Bedside criteria for discontinuation of mechanical ventilation. Chest 1973;63:1002-1005.
6. Lakshminarayan S, Sahn SA. Tuberculosis in a patient after renal transplantation. Tubercle 1973;54:72-76.
7. Lakshminarayan S, Sahn SA, Petty TL. Bicarbonate therapy in acute respiratory acidosis. Scand J Respir Dis 1973;54:128-131.
8. Lakshminarayan S, Sahn SA. Disseminated infection caused by Mycobacterium avium. Am Rev Respir Dis 1973;108:123-126.
9. Sahn SA, Neff RA. Miliary tuberculosis. Amer J Med 1974;56:495-505.
10. Sahn SA, Schwarz MI, Lakshminarayan S. Sarcoidosis: the significance of an acinar pattern on chest roentgenogram. Chest 1974;65:684-687.
11. Sahn SA, Davidson PT. Mycobacterium tuberculosis infection of the middle ear. Chest 1974;66:104-106.
12. Sahn SA, Pierson DJ. Primary cutaneous inoculation drug resistant tuberculosis. Am J Med 1974;57:676-678.
13. Sahn SA, Schwarz MI. Desquamative interstitial pneumonia with normal chest roentgenogram. Brit J Dis Chest 1974;68:228-234.
14. Petty TL, Lakshminarayan S, Sahn SA, Zwillich CW, Nett LM. The intensive respiratory care unit: Review of ten years' experience. JAMA 1975;233:34-37.

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16. Sahn SA, Levin DC. The diagnosis of miliary tuberculosis by transbronchial lung biopsy. *Brit Med J* 1975;2:667-668.
17. Matthay R, Schwarz M, Petty T, Stanford R, Gupta R, Sahn SA, Steigerwald J. Pulmonary manifestations of systemic lupus erythematosus: review of twelve cases of acute lupus pneumonitis. *Medicine* 1975;54:397-409.
18. Sahn EE, Sahn SA. Wegener's granulomatosis presenting with aphasia. *Arch Intern Med* 1976;136:87-89.
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20. Schwarz M, Matthay R, Sahn SA, Stanford R, Marmorstein B, Scheinhorn D. Interstitial lung disease in polymyositis and dermatomyositis. *Medicine* 1976;55:89-104.
21. Lakshminarayan S, Sahn SA, Petty TL, Pierson DJ. A systematic approach to the rehabilitation of patients with severe chronic obstructive pulmonary disease. In: Proceedings of the World Congress on Asthma, Bronchitis and Allied Conditions. Asthma and Bronchitis Foundation of India, Delhi Publishers, 1976.
22. Taryle DA, Lakshminarayan S, Sahn SA. Pleural mesotheliomas: An analysis of 18 cases and review of the literature. *Medicine* 1976;55:153-162.
23. Sahn SA, Pierson DJ, Petty TL, Lakshminarayan S. Factors associated with the survival in patients with severe chronic airways obstruction: An eight-year analysis of 182 patients participating in a rehabilitation program. In: Proceedings of the XXXIIIrd Conference of the International Union Against Tuberculosis, 1976;671-673.
24. Sahn SA, Lakshminarayan S, Petty TL. Weaning from mechanical ventilation. *JAMA* 1976;235:2208-2212.
25. Sahn SA, Neff TA. Cavitory pulmonary lymphosarcoma masquerading as rheumatoid lung disease. *JAMA* 1976;235:2751-2752.
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29. Sahn SA, Lakshminarayan S. Tuberculosis after corticosteroid therapy. *Brit J Dis Chest* 1976; 70:195-205.
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33. Zwillich CW, Sahn SA, Weil JV. Effects of hypermetabolism on ventilation and chemosensitivity. *J Clin Invest* 1977;60:900-906.
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35. Sahn SA. Corticosteroids in chronic bronchitis and emphysema. *Chest* 1978; 73:389-396.
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39. Taryle DA, Potts DE, Sahn SA. The incidence and clinical correlates of parapneumonic effusions in pneumococcal pneumonia. *Chest* 1978;74:170-173.
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46. Butcher DL, Sahn SA. Epidural lipomatosis: a complication of corticosteroid therapy. *Ann Intern Med* 1979;90:60.
47. Taryle DA, Chandler JE, Good JT Jr, Potts DE, Sahn SA. Emergency room intubations - complications and survival. *Chest* 1979;75:541-543.
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73. Heffner JE, Sahn SA. Application of controlled hyperventilation in patients with increased intracranial pressure. *Arch Intern Med* 1983;143:765-769.
74. Good JT Jr, Antony VB, Reller LB, Maulitz RM, Sahn SA. The pathogenesis of the low pleural fluid pH in esophageal rupture. *Am Rev Respir Dis* 1983;127:702-704.
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Invited Articles, Editorials, Letters to the Editor, and Book Reviews

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STATE OF SOUTH CAROLINA)

IN THE COURT OF COMMON PLEAS

COUNTY OF GREENVILLE)

Lisa Gilliard on behalf of Marvin Gilliard,)

CIVIL ACTION COVERSHEET

Plaintiff(s))

2012 FEB 13 P 4: 2012-CP - 23- 1088

vs.)

City of Greenville and Hewitt, Coleman & Associates, Inc.,)

Defendant(s))

FILED-CLERK OF COURT
GREENVILLE CO. S.C.
WICKENSIMP

(Please Print)
Submitted By: Joe Mooneyham
Address: 1225 S. Church Street, Greenville, SC 29605

SC Bar #: 004041
Telephone #: (864) 421-0036
Fax #: (864) 421-9060
Other:
E-mail: joe@upstatetriallawyers.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for the use of the Clerk of Court for the purpose of docketing. It must be filled out completely, signed, and dated. A copy of this cover sheet must be served on the defendant(s) along with the Summons and Complaint.

DOCKETING INFORMATION (Check all that apply)

*If Action is Judgment/Settlement do not complete

- JURY TRIAL demanded in complaint.
- NON-JURY TRIAL demanded in complaint.
- This case is subject to ARBITRATION pursuant to the Court Annexed Alternative Dispute Resolution Rules.
- This case is subject to MEDIATION pursuant to the Court Annexed Alternative Dispute Resolution Rules.
- This case is exempt from ADR. (Proof of ADR/Exemption Attached)

NATURE OF ACTION (Check One Box Below)

- | | | | | | |
|---|--|---|--|--|--|
| <p>Contracts</p> <ul style="list-style-type: none"> <input type="checkbox"/> Constructions (100) <input type="checkbox"/> Debt Collection (110) <input type="checkbox"/> Employment (120) <input type="checkbox"/> General (130) <input type="checkbox"/> Breach of Contract (140) <input type="checkbox"/> Other (199) | <p>Torts - Professional Malpractice</p> <ul style="list-style-type: none"> <input type="checkbox"/> Dental Malpractice (200) <input type="checkbox"/> Legal Malpractice (210) <input type="checkbox"/> Medical Malpractice (220) Previous Notice of Intent Case #
20__-CP-____ <input type="checkbox"/> Notice/ File Med Mal (230) <input type="checkbox"/> Other (299) | <p>Torts - Personal Injury</p> <ul style="list-style-type: none"> <input type="checkbox"/> Assault/Slander/Libel (300) <input type="checkbox"/> Conversion (310) <input type="checkbox"/> Motor Vehicle Accident (320) <input type="checkbox"/> Premises Liability (330) <input type="checkbox"/> Products Liability (340) <input type="checkbox"/> Personal Injury (350) <input type="checkbox"/> Wrongful Death (360) <input type="checkbox"/> Other (399) | <p>Real Property</p> <ul style="list-style-type: none"> <input type="checkbox"/> Claim & Delivery (400) <input type="checkbox"/> Condemnation (410) <input type="checkbox"/> Foreclosure (420) <input type="checkbox"/> Mechanic's Lien (430) <input type="checkbox"/> Partition (440) <input type="checkbox"/> Possession (450) <input type="checkbox"/> Building Code Violation (460) <input type="checkbox"/> Other (499) | | |
| <p>Inmate Petitions</p> <ul style="list-style-type: none"> <input type="checkbox"/> PCR (500) <input type="checkbox"/> Mandamus (520) <input type="checkbox"/> Habeas Corpus (530) <input type="checkbox"/> Other (599) | <p>Judgments/Settlements</p> <ul style="list-style-type: none"> <input type="checkbox"/> Death Settlement (700) <input type="checkbox"/> Foreign Judgment (710) <input type="checkbox"/> Magistrate's Judgment (720) <input type="checkbox"/> Minor Settlement (730) <input type="checkbox"/> Transcript Judgment (740) <input type="checkbox"/> Lis Pendens (750) <input type="checkbox"/> Transfer of Structured Settlement Payment Rights Application (760) <input type="checkbox"/> Other (799) | <p>Administrative Law/Relief</p> <ul style="list-style-type: none"> <input type="checkbox"/> Reinstate Driver's License (800) <input type="checkbox"/> Judicial Review (810) <input type="checkbox"/> Relief (820) <input type="checkbox"/> Permanent Injunction (830) <input type="checkbox"/> Forfeiture-Petition (840) <input type="checkbox"/> Forfeiture-Consent Order (850) <input type="checkbox"/> Other (899) | <p>Appeals</p> <ul style="list-style-type: none"> <input type="checkbox"/> Arbitration (900) <input type="checkbox"/> Magistrate-Civil (910) <input type="checkbox"/> Magistrate-Criminal (920) <input type="checkbox"/> Municipal (930) <input type="checkbox"/> Probate Court (940) <input type="checkbox"/> SCDOT (950) <input checked="" type="checkbox"/> Worker's Comp (960) <input type="checkbox"/> Zoning Board (970) <input type="checkbox"/> Public Service Commission (990) <input type="checkbox"/> Employment Security Comm (991) <input type="checkbox"/> Other (999) | | |
| <p>Special/Complex /Other</p> <table border="0"> <tr> <td style="vertical-align: top;"> <ul style="list-style-type: none"> <input type="checkbox"/> Environmental (600) <input type="checkbox"/> Automobile Arb. (610) <input type="checkbox"/> Medical (620) <input type="checkbox"/> Other (699) </td> <td style="vertical-align: top;"> <ul style="list-style-type: none"> <input type="checkbox"/> Pharmaceuticals (630) <input type="checkbox"/> Unfair Trade Practices (640) <input type="checkbox"/> Out-of State Depositions (650) <input type="checkbox"/> Motion to Quash Subpoena in an Out-of-County Action (660) <input type="checkbox"/> Sexual Predator (610) </td> </tr> </table> | | | | <ul style="list-style-type: none"> <input type="checkbox"/> Environmental (600) <input type="checkbox"/> Automobile Arb. (610) <input type="checkbox"/> Medical (620) <input type="checkbox"/> Other (699) | <ul style="list-style-type: none"> <input type="checkbox"/> Pharmaceuticals (630) <input type="checkbox"/> Unfair Trade Practices (640) <input type="checkbox"/> Out-of State Depositions (650) <input type="checkbox"/> Motion to Quash Subpoena in an Out-of-County Action (660) <input type="checkbox"/> Sexual Predator (610) |
| <ul style="list-style-type: none"> <input type="checkbox"/> Environmental (600) <input type="checkbox"/> Automobile Arb. (610) <input type="checkbox"/> Medical (620) <input type="checkbox"/> Other (699) | <ul style="list-style-type: none"> <input type="checkbox"/> Pharmaceuticals (630) <input type="checkbox"/> Unfair Trade Practices (640) <input type="checkbox"/> Out-of State Depositions (650) <input type="checkbox"/> Motion to Quash Subpoena in an Out-of-County Action (660) <input type="checkbox"/> Sexual Predator (610) | | | | |

Submitting Party Signature

Date: February 13, 2012

Note: Frivolous civil proceedings may be subject to sanctions pursuant to SCRCP, Rule 11, and the South Carolina Frivolous Civil Proceedings Sanctions Act, S.C. Code Ann. §15-36-10 et. seq.

FOR MANDATED ADR COUNTIES ONLY

Allendale, Anderson, Beaufort, Clarendon, Colleton, Florence, Greenville, Hampton, Horry, Jasper, Lee, Lexington, Pickens (Family Court Only), Richland, Sumter, Union, Williamsburg, and York

SUPREME COURT RULES REQUIRE THE SUBMISSION OF ALL CIVIL CASES TO AN ALTERNATIVE DISPUTE RESOLUTION PROCESS, UNLESS OTHERWISE EXEMPT.

You are required to take the following action(s):

1. The parties shall select a neutral and file a "Proof of ADR" form on or by the 210th day of the filing of this action. If the parties have not selected a neutral within 210 days, the Clerk of Court shall then appoint a primary and secondary mediator from the current roster on a rotating basis from among those mediators agreeing to accept cases in the county in which the action has been filed.
2. The initial ADR conference must be held within 300 days after the filing of the action.
3. Pre-suit medical malpractice mediations required by S.C. Code §15-79-125 shall be held not later than 120 days after all defendants are served with the "Notice of Intent to File Suit" or as the court directs. (Medical malpractice mediation is mandatory statewide.)
4. Cases are exempt from ADR only upon the following grounds:
 - a. Special proceeding, or actions seeking extraordinary relief such as mandamus, habeas corpus, or prohibition;
 - b. Requests for temporary relief;
 - c. Appeals
 - d. Post Conviction relief matters;
 - e. Contempt of Court proceedings;
 - f. Forfeiture proceedings brought by governmental entities;
 - g. Mortgage foreclosures; and
 - h. Cases that have been previously subjected to an ADR conference, unless otherwise required by Rule 3 or by statute.
5. In cases not subject to ADR, the Chief Judge for Administrative Purposes, upon the motion of the court or of any party, may order a case to mediation.
6. Motion of a party to be exempt from payment of neutral fees due to indigency should be filed with the Court within ten (10) days after the ADR conference has been concluded.

**Please Note: You must comply with the Supreme Court Rules regarding ADR.
Failure to do so may affect your case or may result in sanctions.**

2012-CP-23-1088

THE STATE OF SOUTH CAROLINA
IN THE COURT OF COMMON PLEAS
THIRTEENTH JUDICIAL CIRCUIT

2012 FEB 13 P 4: 11

FILED-CLERK OF COURT
GREENVILLE CO. S.C.
W.C.C. WORKERS' COMP.

APPEAL FROM THE ORDER OF THE
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

W.C.C. FILE NO.: 0627382

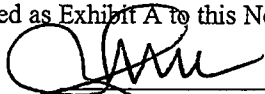
Lisa Gilliard on behalf of
Marvin Gilliard, deceased, Appellant/Claimant,

v.

City of Greenville, Employer and
Self-Insurer, and Hewitt, Coleman
& Associates, Inc., TPA, Respondents/Defendants.

NOTICE OF APPEAL

Lisa Gilliard, on behalf of Marvin Gilliard, deceased, appeals the decision of the South Carolina Workers' Compensation Commission dated January 13, 2012. Appellant received a copy of this decision on January 17, 2012. A copy of the order issued by the South Carolina Workers' Compensation Commission is attached as Exhibit A to this Notice.


Kelly Pope, S.C. Bar No. 69569
Joe Mooneyham, S.C. Bar No. 4041
Post Office Box 8359
Greenville, South Carolina 29604
864.421.0036 Fax 864.421.9060
kellyk@upstatetriallawyers.com

Attorneys for Appellant

Greenville, South Carolina

February 13, 2012

Other Counsel of Record:

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Counsel for the Respondents

2012-CP-23-1088

THE STATE OF SOUTH CAROLINA
IN THE COURT OF COMMON PLEAS
THIRTEENTH JUDICIAL CIRCUIT

2012 FEB 13 P 4: 11

APPEAL FROM THE ORDER OF THE
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

FILED-CLERK OF COURT
GREENVILLE CO. S.C.
WICKESIMB

W.C.C. FILE NO.: 0627382

Lisa Gilliard on behalf of
Marvin Gilliard, deceased, Appellant/Claimant,


v.

City of Greenville, Employer and
Self-Insurer, and Hewitt, Coleman
& Associates, Inc., TPA, Respondents/Defendants.

CERTIFICATE OF SERVICE

I, Bo Mooneyham, hereby certify that I have served a copy of the foregoing Notice of Appeal on
counsel for the Respondents on February 13, 2012, by hand delivery, at their offices, at:

Michael A. Farry, Esquire
David A. Wilson, Esquire
Horton Drawdy Ward Mullinax & Farry, P.A.
307 Petigru Street
Greenville, South Carolina 29601


Bo Mooneyham

South Carolina Workers' Compensation Commission
1333 Main Street, Suite 500
P.O. BOX 1715
Columbia, SC 29202-1715
803-737-5675



WCC File #: 0627382
Carrier File #: _____
Carrier Code #: _____
Employer FEIN #: _____

Claimant's Name: Marvin Gilliard, deceased by Lisa Gilliard SSN: 249-31-3305 Employer's Name: City of Greenville
Address: 410 Woodfield Drive Address: P.O. Box 2207
City: Piedmont State: SC Zip: 29673 City: Greenville State: SC Zip: 29602
Home Phone: () - - - - - Work Phone: () - - - - - Insurance Carrier: TPA - Hewitt, Coleman & Associates
Preparer's Name: Michael A. Farry Law Firm: Horton Law Firm Preparer's Phone #: (864) 233-4351

REQUEST FOR COMMISSION REVIEW

Request for Commission Review by claimant employer (check one) Date of injury: alleged 6/1/06

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

See attached grounds.

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

I certify that I have served this document pursuant to R.67-211 by delivering a copy to Kelly Pope Karow
Name
P.O. Box 8359, Greenville, SC 29604

on the 1st day of July, 2011 by first class mail personal service certified mail.
[Signature] Attorney for Employer/Carrier 7/1/11
Preparer's Signature Title Date

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

If the claimant appeals and is representing himself or herself, the Judicial Department will prepare the additional copies of this form and serve this form on the opposing party, R.67-701B. Otherwise, file the original and four copies of this form with the Judicial Department. The appeal must be postmarked no later than 14 days from the date of service of the Hearing Commissioner's decision, R.67-701 and R.67-205. Attach the filing fee to this form. Attach a Form 32 if you are unable to pay the filing fee. Refer to R.67-701 through R.67-711 for additional information.

WCC Form # 30
Rev. 3/97

30

REQUEST FOR COMMISSION REVIEW

BEFORE THE SOUTH CAROLINA WORKERS' COMMISSION

STATE OF SOUTH CAROLINA

COUNTY OF GREENVILLE

Lisa Gilliard on behalf of Marvin Gilliard,
Claimant/Respondent,

v.

City of Greenville, Employer, and Self-
insured, and Hewitt, Coleman & Associates,
Inc., TPA,
Defendants/Appellants.

W.C.C. FILE NO.: 0627382

W.C.C. FORM 30 ATTACHMENT

1. The hearing commissioner erred as a matter of law in Finding of Fact #2, the error being that the reliable, probative and substantial evidence in the record does not support the finding that the Claimant met his burden in proving a compensable occupational disease resulting in his death. Furthermore, the substantial evidence in the record does not support the finding that the Claimant developed chronic hypersensitivity pneumonitis as a direct result of his exposure to toxic chemicals rising out of and in the course of his employment.

2. The hearing commissioner erred as a matter of law in Finding of Fact #3, the error being that the reliable, probative and substantial evidence in the record does not support the finding that the Claimant had no preexisting issues with his breathing or lungs or the finding that he did not have any physical difficulties or problems outside of his diabetes.

3. The hearing commissioner erred as a matter of law in Finding of Fact #4, the error being that the reliable, probative and substantial evidence in the record does not support giving the opinion of Dr. Huang more weight than the opinion Dr. Sahn. Dr. Huang's opinions were based on incorrect assumptions and unsupported facts. Additionally, Dr. Huang's direct treatment of patients

"exposed to the same chemical as the Claimant" is irrelevant in determining causation in the present case because there is no proper foundation for the determination of the chemicals to which the Claimant was exposed, if any

4. The hearing commissioner erred as a matter of law in Finding of Fact #5, the error being that the reliable, probative and substantial evidence in the record does not support the finding that Dr. Sahn's report contained factual inaccuracies and other "failings." In fact, it is Dr. Huang's opinions that are subject to factual inaccuracies and other failings.

5. The hearing commissioner erred as a matter of law in Finding of Fact #6, the error being that the reliable, probative and substantial evidence in the record does not support the finding that the Claimant entered into the subject building more than one time. The only thing that "flies in the face of common sense" is a finding of a compensable occupational disease when the only evidence which even remotely supports exposure comes from the Claimant himself who is trying to obtain compensation and the Claimant's testimony is full of inconsistencies. Additionally, the hearing commissioner's finding that "if this site as benign as alleged, I find it interesting that an alternative site was used to finally build on. The contaminates, as listed in APA #7, clearly show why an alternative site would need to be used." This finding is not supported by the evidence and is not even the position argued by the Defendants. The subject building is only a small portion of a larger tract of land which was being considered for use of a new school. There is no evidence in the record to support why an administrative decision was made not build on the site. The hearing commissioner's findings in this regard totally lack in foundation or evidentiary support. The hearing commissioner erred in finding that the contaminates listed in APA #7 were chemicals to which the Claimant was exposed in the abandoned building because there is no evidence, much less substantial

evidence, in the record to support a finding that the contaminates listed in APA #7 were actually in the abandoned building. Additionally, the evidence does not support the finding that "the Claimant was in this building for periods up to an hour on many of the occasions."

6. The hearing commissioner erred as a matter of law in Finding of Fact #7, the error being that the reliable, probative and substantial evidence of record does not support a finding that the Claimant's wife is very credible in that it is the Claimant's wife whose entire testimony biased in that she is the one that receives any compensation awarded as set forth in Finding in Fact #8.

7. The hearing commissioner erred as a matter of law in Findings of Fact #9 and #10, the error being that the reliable, probative and substantial evidence of record does not support a finding that the Claimant's wife is entitled to 500 weeks of death benefits and reimbursement for funeral expenses or medical costs incurred before death. The Claimant failed to establish a compensable occupational disease.

8. The hearing commissioner erred as a matter of law in Ruling of Law #2 in that the hearing commissioner's rulings on the evidentiary objections of the Employer/Defendants are controlled by an error of law. The Claimant's deposition testimony on pages 52 and 53 is clearly hearsay and the Employer/Defendants did not "open the door" for admission. Additionally, the hearing commissioner's ruling that APA #7 is admissible because it is "highly probative on the issues before the commission." This is not the proper legal framework for determining admissibility. The Employer/Defendants objected on the grounds of lack of proper foundation. The Claimant did not provide any the foundation for the contention that APA #7 shows the contaminates in the subject building as opposed the contaminates contained within the entire A.J. Whittenburg site.

9. The hearing commissioner erred as a matter of law in ordering the Defendants to pay.

500 weeks of death benefits and \$2,500.00 as reimbursement for funeral expenses as well as medical care from June 2006 until the date of the death. The Claimant failed to establish compensable occupational disease.

10. The hearing commissioner erred in viewing the evidence blindly from the Claimant's perspective. Even in the summary of the medical evidence and statement of the case, the hearing commissioner ignored any evidence even remotely favorable to the Employer/Defendants' position.

11. The hearing commissioner erred as a matter of law if awarding compensation based upon surmise, conjecture and speculation.

12. The Findings of Fact and Rulings of Law of the hearing commissioner are not supported by the reliable, probative and substantial evidence of record for the law of this State.

13. The Decision and Order of the hearing commissioner is contrary to the statutory laws and common laws of the State of South Carolina.

HORTON, DRAWDY, WARD, MULLINAX
& FARRY, P.A.



Michael A. Farry (SC Bar #1964)
David A. Wilson (SC Bar #65273)
P. O. Box 10167
Greenville, SC 29603
(864) 233-4351
Attorney for Defendants/Appellant

June 30, 2011

South Carolina Workers' Compensation Commission
1612 Marion Street • Post Office Box 1715
Columbia, South Carolina 29202-1715
(803) 737-5723



WCC File #: 0627382
Carrier File #: _____
Carrier Code #: _____
Employer FEIN #: _____

Claimant's Name: Lisa Gilliard SSN: - - Employer's Name: City of Greenville
Address: 410 Woodfield Drive Address: Post Office Box 2207
City: Piedmont State: SC Zip: 29673 City: Greenville State: SC Zip: 29602
Home Phone: (864) 350 - 1926 Work Phone: () - Insurance Carrier: Hewitt, Coleman & Associates
Preparer's Name: Joe Mooneyham Law Firm: Mooneyham Berry & Karow, LLC Preparer's Phone #: (864) 421 - 0036

Complete each information blank. To request a hearing, check Box 12b., indicate the kinds of benefits claimed by checking the box(es) at Lines 6, 7 and 8 and file this form in duplicate.

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

The claimant is Lisa Gilliard, Wife (relationship to employee) of Marvin Gilliard (employee's name)

1. The employee sustained an accidental injury to the lungs (Part of Body Hurt) on 6/1/2006 (Month Day Year) in Greenville County, State of South Carolina.
2. Both the employee and the employer were subject to the South Carolina Workers' Compensation Act at the time of injury.
3. The relationship of employer and employee existed at the time of injury.
4. At the time of the injury the employee was performing services arising out of and in the course of employment.
5. Notice of the accidental injury was given to the employer on 1/1/2007 (Month Day Year) in the following manner:
Verbal notice was given as well as notice through email correspondence. He was also being treated by the city nurse.
6. Due to injury, the employee received medical examination and treatment which remains unpaid by the employer.
7. Due to injury, the employee lost compensable time from work and wages for the periods of:
9/3/2007 to 8/12/2010 (date of death)
8. The employee died on August 12, 2010 (Month Day Year) as a result of the accidental injury, and death compensation is claimed.
9. At the time of the injury, the employee was paid weekly wages of \$request Form 20. The claimant demands an accounting of days worked and wages earned as provided by law.
10. Further grounds of claim:
Mr. Gilliard developed pulmonary fibrosis as a result of this work for the Greenville City Police Department. He had to retire as a result of the disease, and ultimately passed away due to complications from it.
11. Appropriate benefits as provided in the Act for the above grounds and other relief as the Workers' Compensation Commission may direct as just and proper.
- 12a. I am filing a claim. I am not requesting a hearing at this time.
- 12b. I am requesting a hearing. A \$25 fee is required.

Signature of Claimant/Representative

11/30/2010
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 # 52
Revised 9/90

52

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

South Carolina Workers' Compensation Commission
1612 Marion St.
P.O. BOX 1715
Columbia, SC 29202-1715
(803) 737-5675



WCC File #: 0627382
Carrier File #: _____
Carrier Code #: _____
Employer FEIN #: _____

Claimant's Name: Lisa Gilliard on behalf of Marvin Gilliard SSN: 249-31-3305 Employer's Name: City of Greenville
Address: 410 Woodfield Drive Address: P.O. Box 2207
City: Piedmont State: SC Zip: 29673 City: Greenville State: SC Zip: 29602
Home Phone: () - Work Phone: () - Insurance Carrier: TPA - Hewitt, Coleman & Assoc.
Preparer's Name: Michael A. Farry Law Firm: Horton Law Firm Preparer's Phone #: (864) 233-4351

Complete each information blank. Specify clearly when contentions are admitted in part or denied in part.

The employer-insurance carrier in answer to the claim due to the death of Marvin Gilliard (employee's name) respectfully shows:

1. It is admitted denied that the employee sustained an injury on or about the date set forth in the application.
2. It is admitted denied that both the employer and employee were subject to the Workers' Compensation Act at the time in question. The reasons for denial are:
See paragraph 1.
3. It is admitted denied that the relationship of employer and employee existed at the time in question. The reasons for denial are:
See paragraph 1.
4. It is admitted denied that at the time in question the employee was performing services arising out of and in the course of employment.
5. It is admitted denied that notice of injury was given the employer as specified in the application.
6. It is admitted denied that the employee was entitled to medical care as a result of the injury.
7. It is admitted denied that the employee lost compensable time from work and wages for period(s) of:
See paragraph 1.
8. It is admitted denied that the employee's death resulted proximately from accidental injury arising out of and in the course of employment on _____ (m/d/yyyy).
9. It is contended that an average weekly wage of \$ _____ applies, according to the attached accounting of employee's earnings, as provided by law. Form 20 filed.
10. Further contentions or grounds of defense are:
Claim fails to meet the definition of § 42-1-160 and/or § 42-11-10 and/or § 42-11-20 and/or § 42-11-40 and/or § 42-11-60.
Defendants reserve the right to amend this Form 53.

I certify that I have served this document pursuant to R.67-212 by delivering a copy to Joseph A. Mooneyham (name), at P.O. Box 8359

Greenville, SC 29604 (address) on the 6th day of January, 2011, by first class mail personal service certified mail.

[Signature] Attorney for Defendants 1/6/2011
Preparer's Signature Title Date

Refer to R.67-205 and R.67-601 through R.67-615. Questions about the use of this form may be directed to the Commission's Judicial Department. Pursuant to R.67-606, a Form 20 must be filed with the Claims Department at least 30 days from the date of filing this form.

WCC Form # 53
Rev. 9/90

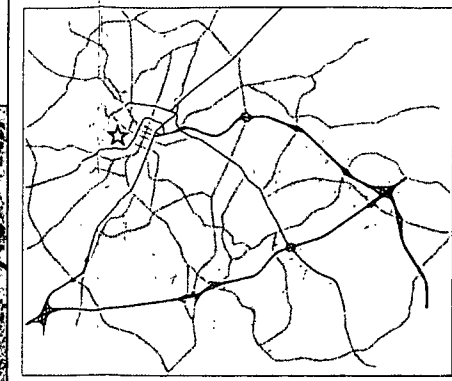
53

Employer's Answer to Request for Hearing,
Death Case



City of Greenville, S.C.

S. Hudson St.



Legend

- Street Centerlines
 - Parcels
 - Buildings
 - County Boundary
 - City Limit Line
 - County Background
- Aerial Photo (Pictometry 2009)



Scale: 1:3,097

This map is user generated from the City of Greenville's MapIT! intranet mapping site and is for general reference only. Data layers that appear on this map may or may not be accurate, current, or otherwise reliable and should be appropriately used with caution. Contact the GIS Division for all questions pertaining to the MapIT! program and data.



City of Greenville, S.C.

THE STATE OF SOUTH CAROLINA
In The Court of Appeals

APPEAL FROM GREENVILLE COUNTY
Court of Common Pleas

Honorable Edward W. Miller, Circuit Court Judge

Case No. 2013-001117

Lisa Gilliard on behalf of
Marvin Gilliard, deceased,

Appellant,

v.

City of Greenville,
Employer, and Self-Insurer,
and Hewitt, Coleman &
Associates, Inc., TPA

Respondent.

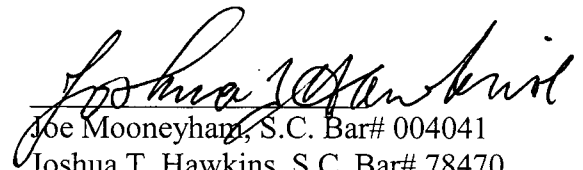
Certificate of Counsel

The undersigned hereby certifies that the Record on Appeal contains all material proposed to be included by any of the parties and not any other material.

RECEIVED

DEC 12 2013

SC Court of Appeals



Joe Mooneyham, S.C. Bar# 004041
Joshua T. Hawkins, S.C. Bar# 78470
Mooneyham Berry, LLC
1225 South Church Street
Greenville, South Carolina 29604
864.421.0036
864.421.9060 (fax)
Attorney for Claimant/Appellant