THE STATE OF SOUTH CAROLINA
In the Supreme Court

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S.C. SUPREME COURT

APPEAL FROM THE SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

Appellate Case No. 2019-000647
Unpublished Opinion No. 2019-UP-023
Submitted October 1, 2018 - Filed January 9, 2019

Nikolay Gul, Claimant ..... Petitioner,

v.

Kohler Company, ... Respondent.

APPENDIX
VOLUME II

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INDEX TO APPENDIX

Court of Appeals Unpublished Opinion No. 2019-UP-023
(filed January 9, 2019) 1

Petition for Rehearing 3

Memorandum in Support of Petition for Rehearing 5

Respondent's Return to Petition for Rehearing 12

Order of the Court of Appeals Denying Petition for Rehearing 20

Brief of Appellant 21

Brief of Respondents 66

Reply Brief 109

Record on Appeal 123

STATE OF SOUTH CAROLINA
BEFORE THE
WORKERS' COMPENSATION COMMISSION
WCC FILE NO.: 0912295

Nikolay Gul)
)
Claimant,)
)
v.)
)
Kohler Company)
)
Employer,)
)
Broadspire)
)
Carrier,)
)
Defendants.)

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

PHYSICIAN	PROVIDER		DATES	PAGES
1	Dr. Gregory J. Feldman	Upstate Lung and Critical Care Specialties	9/3/14-9/23/09	1-115
2	Dr. Joseph E. Mobley	Cardiology Consultants	12/19/11-12/15/11	116-123
3	Dr. Steven Sahn	Medical University of South Carolina	10/13/11	124-127
4		Spartanburg Regional Medical Center	7/1/11-5/6/10	128-145
5	Dr. Charles M. Fogarty	Lung and Chest Medical Associates	12/22/09	146-155
6	Dr. Matthew Cannon	Family Physicians of Boiling Springs	10/5/09-9/21/09	156-165
7	Dr. Eric Cole/ Dr. Chris Nowatka	Family Medical Center	9/17/09-8/25/09	166-168
8		The Diagnostic Center Mary Black Hospital **X-ray: Chest**	8/25/09	169

APA #1

Gregory J. Feldman, M.D.
Joseph A. Bosola III, M.D.
Luis De La Cruz, M.D.
David R. Erb, M.D.
Chander Abboy, M.D

UPSTATE LUNG

Ssu Yin Wan, M.D.
Farhan Siddiqui, M.D.
Anthony Raynor, PC-C
May Yin Suen, PA

Upstate Lung & Critical Care Specialists, P.C.
151 Harold Fleming Court
Spartanburg, SC 29303
(864)573- 6320
FAX (864)573- 6323

Patient: GUL, NIKOLAY I, DOB: [REDACTED]/1975, Age: 39 years, Male
Acct #: 29997, Encounter Date: 09/03/2014

Established Patient Encounter
09/03/2014

Nursing Note: pt is here for PV.
pt is coughing up yellow sputum, SOB, wheezing. Zullekha Mohammed

Chief Complaint(s): asthma

History of Present Illness:
Pt. here for problem visit. He continues to have chest symptoms. Have chronic and recurrent symptoms.

Medical History
Asthma.
Hypertension.

Surgical History
No prior surgeries noted.

Family History
Unknown Family History.

Social History
Tobacco Use no smoking - Non- Smoker.
Occupation - Labor / Construction was exposed to acid at work on daily basis.
Smoking status: Never smoker (266919005).
Smokeless Tobacco Use (No).
Tobacco (No).
Alcohol Use - None - Doesn't Drink.
Caffeine Consumption - None - Denies Caffeine Use.
Marital Status - Married.

Allergies: No known drug allergies
Reviewed By: Zullekha Mohammed

Current Medications:
Reviewed By: Zullekha Mohammed
Advair Diskus (fluticasone- salmeterol) 500- 50 mcg/dose Disk with Device Inhale 1 puff as directed twice a day, Disp. 1 Rfl #6
Ventolin HFA (albuterol sulfate) 90 mcg/actuation HFA aerosol inhaler 2 puff using inhaler every four

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Patient: GUL, NIKOLAY I, DOB: [redacted]1975, Age: 39 years, Male
Acct #: 29997, Encounter Date: 09/03/2014

hours, as needed

Review of Systems:
Constitutional Symptoms:
Is patient a smoker? No
Complains of self Yes, Do you wear Oxygen? No, Do you use a CPAP or BIPAP? No.
Denies chills, fever, loss of appetite, night sweats, weight gain, weight loss.
Ears, nose, throat:
Denies bleeding gums, difficulty swallowing, ear discharge, earache, hay fever, hoarseness, loss of hearing, nosebleeds, ringing in ears, sinus problems.
Cardiovascular:
Denies blood clots, chest pain, high blood pressure, irregular heart beat, low blood pressure, poor circulation, rapid heart beat, swelling of ankles, varicose veins.
Pulmonary:
Denies Patient uses Oxygen daily and benefits from use of it., Patient uses CPAP daily and benefits from use of it., coughing up sputum, cough, coughing up blood, excessive sleepiness, loud snoring, short of breath, wheezing, sputum, dyspnea on exertion.
Gastrointestinal:
Denies abdominal pain, acid indigestion, bloating, bowel changes, constipation, diarrhea, excessive hunger, excessive thirst, gase, hemorrhoids, nausea, poor appetite, rectal bleeding, vomiting.
Eyes:
Denies blurring, double vision, vision loss.
Genitourinary:
urinary - Denies hematuria, incontinence, pain or burning on urination.
Musculoskeletal:
joints - Denies redness, swelling, tenderness.
muscles - Denies limitation of activity, weakness.
Integumentary:
nails - Denies clubbing at nail base.
skin - Denies presence of suspicious lesions, rash.
Neurological:
Denies seizures, syncope.
Psychiatric:
mood - Denies anxiety, depression.
mental state - Denies memory loss.
Endocrine:
Denies excessive hunger, excessive thirst.
Hematologic, Lymphatic:
hematologic - Denies bruises easily.
lymphatic - Denies enlarged lymph nodes.

Vitals:
Height 67 inches (170.18 cm) **Weight** 207 pounds (93.89 kg) **BMI** 32.41 **Pulse** 107 bpm, Sitting **O2 Sat** 97%, Room air **Blood Pressure** 130 / 86, Left arm sitting

Exam:
General appearance: well developed.
Interactive during exam.
well nourished.
Head: skull normocephalic, symmetric, and without deformities.
Eyes: ***conjunctivae and lids:*** conjunctivae pink with clear sclerae, lids are symmetrical.
pupils and irises: both pupils equal, round, reactive to light and accommodation, corneal light reflex

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Patient: GUL, NIKOLAY I, DOB: [REDACTED]1975, Age: 39 years, Male
Acct #: 29997, Encounter Date: 09/03/2014

symmetric.
extraocular movements intact.
ENMT: ***external ears and nose***: normal, no deformities or lesions.
oropharynx, oral mucosa, palates: oral mucosa pink and moist, posterior oropharynx clear.
Neck: supple, no masses, trachea midline, thyroid non- palpable.
Respiratory: ***auscultation***: diminished breath sounds.
respiratory effort: no intercostal retractions or use of accessory muscles.
Cardiovascular: ***auscultation***: regular rate and rhythm, S1 and S2 normal, no murmur, no rub, no gallup.
pulses: radial pulses 2+ and symmetric.
peripheral circulation: no cyanosis, clubbing or edema.
Abdomen: soft, nontender, bowel sounds normal, no masses.
Lymphatic: ***neck nodes***: no cervical adenopathy.
Musculoskeletal: ***gait and station***: smooth gait and upright posture.
digits and nails: no clubbing, cyanosis, petechiae or nodes.
Skin: ***inspection***: no rashes, no lesions.
Psychiatric: ***judgement and insight***: insight and judgement intact.
mood and affect: appropriate mood and affect.
orientation: oriented to time, place and person.
Neurologic: ***cranial nerves***: cranial nerves grossly intact.

Problems
ASTHMA, EXTRINSIC W/O S.A. (493.00), Status: Active, onset: 09/25/2009, Chronic, Noted, occupational asthma (assessed)
DYSPNEA (RESP. INSUFFICIENCY) (786.09), Status: Active, onset: 01/24/2011, Chronic, Moderate, Noted (assessed)

Medications
Medication Reconciliation Performed

Orders
The following tests/treatments were performed:
PULSE OXIMETRY (94760), Ordered: 09/03/2014, Indication(s): ASTHMA, EXTRINSIC W/O S.A. (493.00), DYSPNEA (RESP. INSUFFICIENCY) (786.09), Ordering Provider: Gregory J Feldman, MD, Status: Complete, 09/03/2014

Plan Note
1. would recommend flu shot
2. d/c advair for now
3. try Breo for Dr. Fedman, sent Rx
4. f/u 2 month

Disposition
Return to clinic in 2 months

Instructions
Clinical Summary provided to patient
Handouts given to patient

BMI - Adult
Date: 09/03/2014

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Patient: GUL, NIKOLAY I, DOB: [redacted]/1975, Age: 39 years, Male
Acct #: 29997, Encounter Date: 09/03/2014

If yes, BMI Management Plan: done, **Patient excluded due to following reason:** Being Managed by another provider

Note Contributing Authors:
Anthony Raynor, PA; Zullekha Mohammed; Lori Davis

Note electronically signed by: Anthony Raynor, PA on 09/03/2014 at 03:28 PM

I have read and concur with the above note

Cosigned by: Gregory J Feldman, MD on 09/04/2014 at 03:18 PM

E&M Code: 99213

Complexity: Limited

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Gregory J. Feldman, M.D.
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Luis De La Cruz, M.D.
David R. Erb, M.D.
Chandar Abbey, M.D

UPSTATELUNG

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Farhan Siddiqui, M.D.
Anthony Raynor, PC-C
May Yin Suen, PA

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FAX (864)573- 6323

Patient: GUL, NIKOLAY I, DOB: [REDACTED]1975, Age: 39 years, Male
Acct #: 29997, Encounter Date: 07/01/2014

Established Patient Encounter
07/01/2014

Referral from MELVIN MEDLOCK

Nursing Note: Pt is here for cough, shortness of breath, and chest tightness Angela Morin

Allergies: No known drug allergies
Reviewed By: Angela Morin

Current Medications:
Reviewed By: Angela Morin
Advair Diskus (fluticasone- salmeterol) 500- 50 mcg/dose Disk with Device Inhale 1 puff as directed twice a day, Disp. 1 Rfl #6
lisinopril 10 mg tablet 1 tablet by mouth once a day X 30 Days, Disp. 30 Rfl #11, Stop Date: 08/04/2014
prednisone 20 mg tablet 1 tablet by mouth twice a day X 10 Days, Disp. 20 Rfl #1, Start Date: 10/24/2013
Ventolin HFA (albuterol sulfate) 90 mcg/actuation HFA aerosol inhaler 2 puff using inhaler every four hours, as needed

Review of Systems:
Constitutional Symptoms:
Is patient a smoker? No
Complains of Confined to Wheelchair? No, Ambulation with a walker? No, Ambulation with a cane? No, self Yes, Do you wear Oxygen? No, Do you use a CPAP or BIPAP? No.
Cardiovascular:
Complains of chest pain tightness, high blood pressure.
Denies swelling of ankles.
Pulmonary:
Complains of cough, short of breath.
Denies wheezing.

Vitals:
Height 67 inches (170.18 cm) **Weight** 205 pounds (92.99 kg) **BMI** 32.10 **Pulse** 86 bpm, Sitting **O2 Sat** 99%, Room air **Blood Pressure** 143 / 95, Left arm sitting

Exam:
General appearance: well developed.
no acute distress.
well hydrated.

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Patient: GUL, NIKOLAY I, DOB: [redacted]1975, Age: 39 years, Male
Acct #: 29997, Encounter Date: 07/01/2014

well nourished.
Head: skull normocephalic, symmetric, and without deformities.
Eyes: ***conjunctivae and lids***: conjunctivae pink with clear sclerae left and right.
ENMT: ***external ears and nose***: no rhinorrhea.
otoscopic exam: tympanic membrane clear bilaterally.
oropharynx, oral mucosa, palates: oral mucosa pink and moist, posterior oropharynx clear.
Neck: ***neck***: supple, no stiffness.
Respiratory: ***auscultation***: rhonchi, wheezing.
respiratory effort: no grunting, no flaring, no retractions.
Cardiovascular: ***auscultation***: regular rate and rhythm.
Abdomen: soft, nontender, bowel sounds normal, no masses.
no guarding.
no masses or protrusions.
no rebound.
Lymphatic: no cervical adenopathy.
Musculoskeletal: ***head and neck***: ROM - full range of motion.
RUE: ***RUE range of motion***: full range of motion.
LUE: ***RUE range of motion***: full range of motion.
RLE: ***RLE range of motion***: full range of motion.
LLE: ***LLE range of motion***: full range of motion.
Skin: ***inspection***: no rashes, no lesions.

Problems
DYSPNEA (RESP. INSUFFICIENCY) (786.09), Status: Active, onset: 01/24/2011, Chronic, Moderate, Noted (assessed)
ASTHMA, INTRINSIC W/ S.A. (493.11), Status: Active, onset: 01/10/2013, Chronic, Moderate, Noted (assessed)

Medications
Medication Reconciliation Performed

Orders
The following tests/treatments were performed:
PULSE OXIMETRY (94760), Ordered: 07/01/2014, Indication(s): DYSPNEA (RESP. INSUFFICIENCY) (786.09), Ordering Provider: Gregory J Feldman, MD, Status: Complete

Plan Note
Advair 500 bid (samples given- cannot afford)

Disposition
Return to clinic in 1 month

Instructions
Clinical Summary provided to patient
Handouts given to patient

BMI - Adult
Date: 07/01/2014
If yes, BMI Management Plan: done, **Patient excluded due to following reason:** Being Managed by another provider

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Patient: GUL, NIKOLAY I, DOB: [redacted]1975, Age: 39 years, Male
Acct #: 29997, Encounter Date: 07/01/2014

Note Contributing Authors:
Gregory J Feldman, MD; Angela Morin

Note electronically signed by: Gregory J Feldman, MD on 07/01/2014 at 10:53 AM

E&M Code: 99213

Complexity: Limited

CC:
MELVIN MEDLOCK, 130 DILLON DRIVE, SPARTANBURG, SC, 29307

Upstate Lung & Critical Care Specialists, P.C.
151 Harold Fleming Court
Spartanburg, SC 29303
(864)573-6320
FAX (864)573-6323

Patient: GUL, NIKOLAY I, DOB: [redacted]1975, Age: 39 years, Male
Acct #: 29997, Encounter Date: 04/16/2014

Encounter
04/16/2014

Referral from MELVIN MEDLOCK

Nursing Note: Pt is here for a routine office visit.
He has shortness of breath, a cough, and chest tightness Angela Morin

Allergies: No known drug allergies
Reviewed By: Angela Morin

Current Medications:
Reviewed By: Angela Morin
Advair Diskus (fluticasone-salmeterol) 500-50 mcg/dose Disk with Device Inhale 1 puff as directed twice a day, Disp. 1 Rfl #6
lisinopril 10 mg tablet 1 tablet by mouth once a day X 30 Days, Disp. 30 Rfl #11, Stop Date: 08/04/2014
prednisone 20 mg tablet 1 tablet by mouth twice a day X 10 Days, Disp. 20 Rfl #1, Start Date: 10/24/2013
Ventolin HFA (albuterol sulfate) 90 mcg/actuation HFA aerosol inhaler 2 puff using inhaler every four hours, as needed

Review of Systems:
Constitutional Symptoms:
Is patient a smoker? No
Complains of Confined to Wheelchair? No, Ambulation with a walker? No, Ambulation with a cane? No, selfYes, Do you wear Oxygen? No, Do you use a CPAP or BIPAP? No.
Cardiovascular:
Complains of chest pain tightness, high blood pressure.
Denies swelling of ankles.
Pulmonary:
Complains of cough, short of breath.
Denies wheezing.

Vitals:
Height 67 Inches (170.18 cm) **Weight** 207 pounds (93.89 kg) **BMI** 32.41 **Pulse** 94 bpm, Sitting **O2 Sat** 98%, Room air **Blood Pressure** 144 / 101, Left arm sitting

Problems
ASTHMA, EXTRINSIC W/O S.A. (493.00), Status: Active, onset: 09/25/2009, Chronic, Severe, Noted, occupational asthma (assessed)
DYSPNEA (RESP. INSUFFICIENCY) (786.09), Status: Active, onset: 01/24/2011, Chronic, Noted (assessed)

Medications
Medication Reconciliation Performed

Orders
The following tests/treatments were performed:
PULSE OXIMETRY (94760), Ordered: 04/16/2014, Indication(s): DYSPNEA (RESP. INSUFFICIENCY) (786.09), Ordering Provider: Gregory J Feldman, MD, Status: Complete

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8

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Patient: GUL, NIKOLAY I, DOB: [redacted]1975, Age: 39 years, Male
Acct #: 29997, Encounter Date: 04/16/2014

SPIROMETRY (94010), Ordered: 04/16/2014, Indication(s): DYSPNEA (RESP. INSUFFICIENCY) (786.09), ASTHMA, EXTRINSIC W/O S.A. (493.00), Ordering Provider: David R Erb, MD, Status: Complete, 04/16/2014

Plan Note
Advair 500 bid

Instructions
Clinical Summary provided to patient
Handouts given to patient

BMI - Adult
Date: 04/16/2014
If yes, BMI Management Plan: done, **Patient excluded due to following reason:** Being Managed by another provider

Note Contributing Authors:
Angela Morin; Gregory J Feldman, MD; Daniela Baumgartner, RN

Note electronically signed by: Angela Morin on 07/01/2014 at 10:19 AM

I have read and concur with the above note

Cosigned by: Gregory J Feldman, MD on 11/07/2014 at 03:28 PM

E&M Code: Uncoded

CC:
MELVIN MEDLOCK, 130 DILLON DRIVE, SPARTANBURG, SC, 29307

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UPSTATE LUNG & CRITICAL CARE

EasyOne™ DIAGNOSTIC 8.1
© ndd 2000-2010
SN 81228 RecNo 3980
04/18/2014 04:18am

Patient Information		Test Information	
Name	GULNIKOLAY	Test Date/Time	04/18/2014 04:11am
ID	29997	Post Time	-:-
Age	39	Test Mode	DIAGNOSTIC
Height	5ft 7in	Interpretation	GOLD/Hardie
Weight	207 lbs BMI 32.6	Predicted Ref	NHANES III
Gender	MALE	Value Select	BEST VALUE
Ethnic	CAUCASIAN	Tech ID	
Smoker	NO	Automated QC	ON
Asthma	YES	BTPS (IN/EX)	-.-/1.02

Test Results — Your FEV1 is 82% Predicted

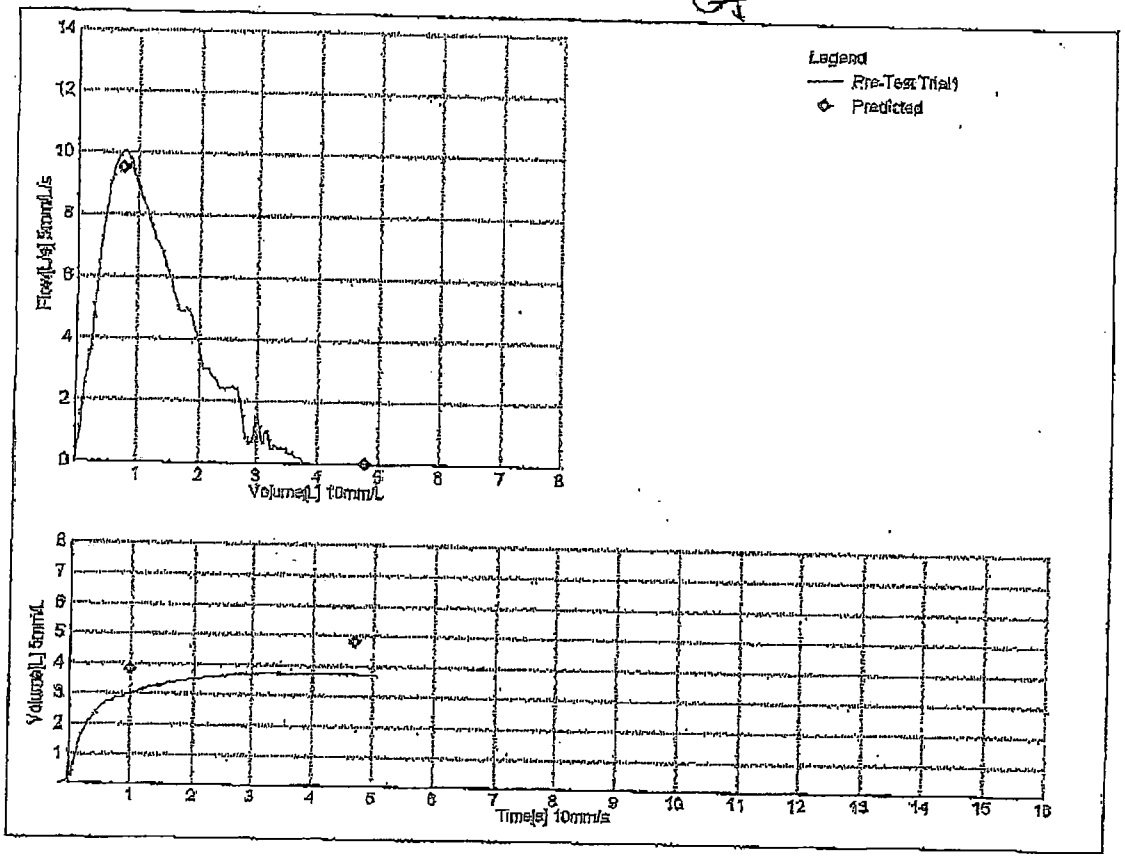
Parameter	Pre-Test Best	Trial1	Trial2	Trial3	Pred	%Pred
FVC[L]	3.75*	3.75*	3.55*	3.67*	4.81	78
FEV1[L]	3.16	3.09*	3.15	2.90*	3.86	82
FEV1/FVC[%]	84.1	82.0	88.8	79.9	80.0	105
PEF[L/min]	604.3	604.3	537.7	470.3	570.8	106
FEF25-75[L/s]	3.35	3.35	4.44	2.63	3.74	90
FET[s]	4.70	4.70	5.05	5.12	-.-	-

* Indicates Below LLN or Significant Post Change

Pre-Test Interpretation: Normal Spirometry

FEV1 Var=0.08L 2.4%; FVC Var=0.20L 5.3%; Session Quality C

CA



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Patient: GUL, NIKOLAY I, DOB: [REDACTED]1975, Age: 38 years, Male
Acct #: 29997, Encounter Date: 02/07/2014

Established Patient Encounter
02/07/2014

Nursing Note: Patient c/o sob, swelling, chest discomfort, and wheezing. He states he feels ok today. Anita Kershaw

Allergies: No known drug allergies
Reviewed By: Anita Kershaw

Current Medications:
Reviewed By: Anita Kershaw
Advair Diskus (fluticasone-salmeterol) 500-50 mcg/dose Disk with Device Inhale 1 puff as directed twice a day, Disp. 1 Rfl #6
lisinopril 10 mg tablet 1 tablet by mouth once a day X 30 Days, Disp. 30 Rfl #11, Stop Date: 08/04/2014
prednisone 20 mg tablet 1 tablet by mouth twice a day X 10 Days, Disp. 20 Rfl #1, Start Date: 10/24/2013
Ventolin HFA (albuterol sulfate) 90 mcg/actuation HFA aerosol inhaler 2 puff using inhaler four times a day, as needed X 30 Days, Disp. 6 Rfl #6, Stop Date: 03/26/2014

Review of Systems:
All systems are negative unless otherwise specified
Constitutional Symptoms:
Is patient a smoker? No
Complains of self Yes.
Denies Do you wear Oxygen?, Do you use a CPAP or BIPAP?.
Cardiovascular:
Complains of chest pain, swelling of ankles.
Pulmonary:
Complains of coughing up sputum white, cough, short of breath, wheezing.

Exam:
General appearance: well developed.
no acute distress.
well hydrated.
well nourished.
Head: skull normocephalic, symmetric, and without deformities.
Eyes: ***conjunctivae and lids***: conjunctivae pink with clear sclerae left and right.
ENMT: ***external ears and nose***: no rhinorrhea.
otoscopic exam: tympanic membrane clear bilaterally.
oropharynx, oral mucosa, palates: oral mucosa pink and moist, posterior oropharynx clear.
Neck: ***neck***: supple, no stiffness.
Respiratory: ***auscultation***: rhonchi, wheezing.
respiratory effort: no grunting, no flaring, no retractions.
Cardiovascular: ***auscultation***: regular rate and rhythm.
Abdomen: soft, nontender, bowel sounds normal, no masses.
no guarding.
no masses or protrusions.
no rebound.
Lymphatic: no cervical adenopathy.
Musculoskeletal: ***head and neck***: ROM - full range of motion.

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Patient: GUL, NIKOLAY I, DOB: [redacted]1975, Age: 38 years, Male
Acct #: 29997, Encounter Date: 02/07/2014

RUE: ***RUE range of motion:*** full range of motion.
LUE: ***RUE range of motion:*** full range of motion.
RLE: ***RLE range of motion:*** full range of motion.
LLE: ***LLE range of motion:*** full range of motion.
Skin: ***Inspection:*** no rashes, no lesions.

Problems
DYSPNEA (RESP. INSUFFICIENCY) (786.09), Status: Active, onset: 01/24/2011, Chronic, Noted (assessed)
ASTHMA, INTRINSIC W/ S.A. (493.11), Status: Active, onset: 01/10/2013, Chronic, Exacerbated (assessed)

Occupational asthma (acetic acid)

Medications
Medication Reconciliation Performed

Orders
The following tests/treatments were performed:
PULSE OXIMETRY (94760), Ordered: 02/07/2014, Indication(s): ASTHMA, EXTRINSIC W/O S.A. (493.00), Ordering Provider: Gregory J Feldman, MD; Status: Complete, 02/07/2014

Plan Note
Advair 500 bid
Remain Tight

Instructions
Clinical Summary provided to patient

Note Contributing Authors:
Gregory J Feldman, MD; Anita Kershaw

Note electronically signed by: Gregory J Feldman, MD on 02/07/2014 at 09:56 AM

E&M Code: 99214

Complexity: Moderate

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Patient: GUL, NIKOLAY I, DOB: [redacted]1975, Age: 38 years, Male
Acct #: 29997, Encounter Date: 12/27/2013

Established Patient Encounter
12/27/2013

Nursing Note: Patient complains of cough with white. Patient has slight wheezing Chasity Horne

Medical History
Asthma.
Hypertension.

Surgical History
No prior surgeries noted.

Family History
Unknown Family History.

Social History
Tobacco Use no smoking - Non- Smoker.
Occupation - Labor / Construction was exposed to acid at work on daily basis.
Smoking status: Never smoker (266919005).
Smokeless Tobacco Use (No).
Tobacco (No).
Alcohol Use - None - Doesn't Drink.
Caffeine Consumption - None - Denies Caffeine Use.
Marital Status - Married.

Allergies: No known drug allergies
Reviewed By: Chasity Horne

Current Medications:
Reviewed By: Chasity Horne
Advair Diskus (fluticasone- salmeterol) 500- 50 mcg/dose Disk with Device Inhale 1 puff as directed twice a day, Disp. 1 Rfl #6
lisinopril 10 mg tablet 1 tablet by mouth once a day X 30 Days, Disp. 30 Rfl #11, Stop Date: 08/04/2014
prednisone 20 mg tablet 1 tablet by mouth twice a day X 10 Days, Disp. 20 Rfl #1, Start Date: 10/24/2013
Ventolin HFA (albuterol sulfate) 90 mcg/actuation HFA aerosol inhaler 2 puff using inhaler four times a day, as needed X 30 Days, Disp. 6 Rfl #6, Stop Date: 03/26/2014

Review of Systems:
Constitutional Symptoms:
Cardiovascular:
Pulmonary:
Gastrointestinal:

Vitals:
Height 67 inches (170.18 cm) **Weight** 216 pounds (97.98 kg) **BMI** 33.82 **Pulse** 84 bpm, Sitting **O2 Sat** 97%, Room air **Blood Pressure** 138 / 96, Left arm sitting

Exam:
General appearance: well developed.

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Upstate Lung & Critical Care Specialists, P.C.
151 Harold Fleming Court
Spartanburg, SC 29303
(864)573- 6320
FAX (864)573- 6323

Patient: GUL, NIKOLAY I, DOB: [redacted]1975, Age: 38 years, Male
Acct #: 29997, Encounter Date: 12/27/2013

no acute distress.
well hydrated.
well nourished.
Head: skull normocephalic, symmetric, and without deformities.
Eyes: ***conjunctivae and lids***: conjunctivae pink with clear sclerae left and right.
ENMT: ***external ears and nose***: no rhinorrhea.
otoscopic exam: tympanic membrane clear bilaterally.
oropharynx, oral mucosa, palates: oral mucosa pink and moist, posterior oropharynx clear.
Neck: ***neck***: supple, no stiffness.
Respiratory: ***auscultation***: wheezing.
respiratory effort: no grunting, no flaring, no retractions.
Cardiovascular: ***auscultation***: regular rate and rhythm.
Abdomen: soft, nontender, bowel sounds normal, no masses.
no guarding.
no masses or protrusions.
no rebound.
Lymphatic: no cervical adenopathy.
Musculoskeletal: ***head and neck***: ROM - full range of motion.
RUE: ***RUE range of motion***: full range of motion.
LUE: ***RUE range of motion***: full range of motion.
RLE: ***RLE range of motion***: full range of motion.
LLE: ***LLE range of motion***: full range of motion.
Skin: ***inspection***: no rashes, no lesions.

Problems
ASTHMA, EXTRINSIC W/O S.A. (493.00), Status: Active, onset: 09/25/2009, Chronic, Noted, occupational asthma (assessed)
DYSPNEA (RESP. INSUFFICIENCY) (786.09), Status: Active, onset: 01/24/2011, Chronic, Noted (assessed)

Medications
Medication Reconciliation Performed

Orders
The following tests/treatments were performed:
PULSE OXIMETRY (94760), Ordered: 12/27/2013, Indication(s): DYSPNEA (RESP. INSUFFICIENCY) (786.09), Ordering Provider: Gregory J Feldman, MD, Status: Complete

Plan Note
Tight
Continue advair 500 bid
samples

Instructions
Clinical Summary provided to patient

Note Contributing Authors:
Gregory J.Feldman, MD; Chasity Horne

Note electronically signed by: Gregory J Feldman, MD on 12/30/2013 at 04:28 PM

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Upstate Lung & Critical Care Specialists, P.C.
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Patient: GUL, NIKOLAY I, DOB: [redacted] 1975, Age: 38 years, Male
Acct #: 29997, Encounter Date: 12/27/2013

E&M Code: 99213

Complexity: Limited

Upstate Lung & Critical Care Specialists, P.C.
151 Harold Fleming Court
Spartanburg, SC 29303
(864)573- 6320
FAX (864)573- 6323

Patient: GUL, NIKOLAY I, DOB: [REDACTED]1975, Age: 38 years, Male
Acct #: 29997, Encounter Date: 11/19/2013

Established Patient Encounter
11/19/2013

Referral from MELVIN MEDLOCK

Nursing Note: pt is here for routine office visit.
He feels OK today. Angela Morin

Chief Complaint(s): Routine follow up

History of Present Illness:
The patient currently describes their health status as good. Associated signs and symptoms: cough and shortness of breath.

Allergies: No known drug allergies
Reviewed By: Angela Morin

Current Medications:
Reviewed By: Angela Morin
Advair Diskus (fluticasone- salmeterol) 500- 50 mcg/dose Disk with Device Inhale 1 puff as directed twice a day, Disp. 1 Rfl #6
Ilsinopril 10 mg tablet 1 tablet by mouth once a day X 30 Days, Disp. 30 Rfl #11, Stop Date: 08/04/2014
prednisone 20 mg tablet 1 tablet by mouth twice a day X 10 Days, Disp. 20 Rfl #1, Start Date: 10/24/2013
Ventolin HFA (albuterol sulfate) 90 mcg/actuation HFA Aerosol Inhaler 2 puff using inhaler four times a day, as needed X 30 Days, Disp. 6 Rfl #6, Stop Date: 03/26/2014

Review of Systems:
Constitutional Symptoms:
Is patient a smoker? No
Complains of Confined to Wheelchair? No, Ambulation with a walker? No, Ambulation with a cane? No, selfYes, Do you wear Oxygen? No, Do you use a CPAP or BIPAP? No.
Denies chills, dizziness, fainting, fatigue, fever, forgetfulness, insomnia, loss of appetite, loss of sleep, malaise, nervousness, night sweats, numbness, weight gain, weight loss.
Eyes:
Denies blurring, discharge, double vision, excessive tearing, eye pain, irritation, photophobia, redness, spots, vision flashes, vision halos, vision loss.
Ears, nose, throat:
Denies bleeding gums, difficulty swallowing, ear discharge, earache, hay fever, hoarseness, loss of hearing, nosebleeds, ringing in ears, sinus problems.
Cardiovascular:
Denies blood clots, chest pain, high blood pressure, irregular heart beat, low blood pressure, poor circulation, rapid heart beat, swelling of ankles, varicose veins.
Pulmonary:
Complains of cough, short of breath.
Denies Patient uses Oxygen daily and benefits from use of it., Patient uses CPAP daily and benefits from use of it., coughing up sputum, coughing up blood, excessive sleepiness, loud snoring, wheezing.
Gastrointestinal:
Denies abdominal pain, acid indigestion, bloating, bowel changes, constipation, diarrhea, excessive hunger, excessive thirst, gass, hemorrhoids, nausea, poor appetite, rectal bleeding, vomiting.

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Patient: GUL, NIKOLAY I, DOB: [REDACTED]1975, Age: 38 years, Male
Acct #: 29997, Encounter Date: 11/19/2013

Genitourinary:
urinary - Denies altered color / odor of urine, frequency, hematuria, hesitancy, frequent urinary infections, kidney stones, incontinence, nocturia, pain or burning on urination, polyuria, reduced urine force / stream, urgency.
male - Denies breast lump, erection difficulties, lump in testicles, penile discharge, prostate difficulties, sore on penis.
Musculoskeletal:
neck - Denies pain, stiffness.
back - Denies arthritis of back, limitation of activity, limitation of movement, pain with cause, pain without cause, redness, stiffness, tenderness, unusual lesions, weakness.
ribs - Denies tenderness, pain.
joints - Denies arthritis, gout, limitation of joint activity, limitation of joint movement, pain without cause, redness, stiffness, swelling, tenderness, weakness.
muscles - Denies cramps at rest, cramps with exertion, limitation of activity, limitation of movement, weakness.
Integumentary:
hair - Denies alopecia, excessively dry or brittle hair, generalized hair loss, hirsutism, itching and scaling of skin, localized hair loss, recent change in hair texture.
nails - Denies clubbing at nail base, discoloration of nails, excessively dry or brittle nails, redness and pain at nail fold, ridging of nails.
skin - Denies change in mole, change in skin pigmentation or color, easy bruising, excessively dry skin, excessively oily skin, hives, itchy skin, presence of markings, presence of non-healing sores, presence of suspicious lesions, rash.
Neurological:
Denies blackouts, change in behavior, disorientation, headaches, involuntary movements, numbness, paralysis, seizures, speech, syncope, tingling, transient paralysis, tremors, unsteadiness, vertigo, weakness.
Psychiatric:
mood - Denies anxiety, depression, elation, insomnia, mood swings, nervousness, stressed, tenseness, withdrawn behavior.
mental state - Denies dementia, hallucinations, illusions, impaired, mental handicap, mental disturbance, paranoia, memory loss, suicidal ideation.
Endocrine:
Denies cold intolerance, excessive hunger, excessive sweating, excessive thirst, heat intolerance, hot flashes, polydipsia, polyphagia, polyuria, recent weight change, steroid use.
Hematologic, Lymphatic:
hematologic - Denies bruises easily, bleeding, hx of anemia, hx of transfusion reactions.
lymphatic - Denies enlarged lymph nodes, enlarged axillary lymph nodes, enlarged inguinal lymph nodes, enlarged nodes near ear.
Immunologic:
Denies hay fever, HIV exposure, persistent infections, urticaria.

Vitals:
Height 67 inches (170.18 cm) **Weight** 203 pounds (92.08 kg) **BMI** 31.79 **Pulse** 62 bpm, Sitting **O2 Sat** 99%, Room air **Blood Pressure** 139 / 91; Left arm sitting

Exam:
General appearance: well developed.
no acute distress.
well hydrated.
well nourished.

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Patient: GUL, NIKOLAY I, DOB: [REDACTED]1975, Age: 38 years, Male
Acct #: 29997, Encounter Date: 11/19/2013

Head: skull normocephalic, symmetric, and without deformities.
Eyes: ***conjunctivae and lids:*** conjunctivae pink with clear sclerae left and right.
ENMT: ***external ears and nose:*** no rhinorrhea.
otoscopic exam: tympanic membrane clear bilaterally.
oropharynx, oral mucosa, palates: oral mucosa pink and moist, posterior oropharynx clear.
Neck: ***neck:*** supple, no stiffness.
Respiratory: ***auscultation:*** rhonchi, wheezing.
respiratory effort: no grunting, no flaring, no retractions.
Cardiovascular: ***auscultation:*** regular rate and rhythm.
Abdomen: soft, nontender, bowel sounds normal, no masses.
no guarding.
no masses or protrusions.
no rebound.
Lymphatic: no cervical adenopathy.
Musculoskeletal: ***head and neck:*** ROM - full range of motion.
RUE: ***RUE range of motion:*** full range of motion.
LUE: ***RUE range of motion:*** full range of motion.
RLE: ***RLE range of motion:*** full range of motion.
LLE: ***LLE range of motion:*** full range of motion.
Skin: ***inspection:*** no rashes, no lesions.
Neurologic: Psychiatric:
Problems
DYSPNEA (RESP. INSUFFICIENCY) (786.09), Status: Active, onset: 01/24/2011, Chronic, Noted (assessed)

Medications
Medication Reconciliation Performed

Orders
The following tests/treatments were performed:
PULSE OXIMETRY (94760), Ordered: 11/19/2013, Indication(s): DYSPNEA (RESP. INSUFFICIENCY) (786.09), Ordering Provider: Gregory J Feldman, MD, Status: Complete

Immunizations
Influenza
Influenza, not administered - Refusal by patient/parent, 11/19/2013, note: pt does not take the flu vaccine

Plan Note
Symbicort 160 2 puff bid (samples)

Instructions
Clinical Summary provided to patient
Handouts given to patient

BMI - Adult
Date: 11/19/2013
If yes, BMI Management Plan: done, **Patient excluded due to following reason:** Being Managed by another provider

Note Contributing Authors:

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Patient: GUL, NIKOLAY I, DOB: [redacted]1975, Age: 38 years, Male
Acct #: 29997, Encounter Date: 11/19/2013

Gregory J Feldman, MD; Angela Morin

Note electronically signed by: Gregory J Feldman, MD on 11/19/2013 at 09:30 AM

E&M Code: 99213

Complexity: Limited

CC:
MELVIN MEDLOCK, 130 DILLON DRIVE, SPARTANBURG, SC, 29307

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Gregory I. Feldman, M.D.
Joseph A. Bracia III, M.D.
Yale Du Le Chan, M.D.
David R. Erli, M.D.

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Patient: GUL, NIKOLAY J, DOB: [REDACTED]1975, Age: 38 years, Male
Acct #: 29997, Encounter Date: 10/04/2013

Established Patient Encounter
10/04/2013

Nursing Note: Routine OV.
pt is coughing up white sputum, SOB and wheezing. Zulekha Mohammed

Chief Complaint(s): asthma

History of Present Illness:
Pt. here for follow- up. Has h/o asthma with numerous exacerbations. Today having mild symptoms.

Medical History
Asthma.
Hypertension.

Social History
Tobacco Use no smoking - Non- Smoker.
Occupation - Labor / Construction was exposed to acid at work on daily basis.
Smoking status: Never smoker (268919005).
Smokeless Tobacco Use (No).
Tobacco (No).
Alcohol Use - None - Doesn't Drink.
Caffeine Consumption - None - Denies Caffeine Use.
Marital Status - Married.

Surgical History
No prior surgeries noted.

Family History
Unknown Family History.

Allergies: No known drug allergies
Reviewed By: Zulekha Mohammed

Current Medications:
Reviewed By: Zulekha Mohammed
Advair Diskus (fluticasone- salmeterol) 500- 50 mcg/dose Disk with Device Inhale 1 puff as directed twice a day, Disp: 1 Rfl: #5

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Patient: GUL, NIKOLAY I, DOB: [REDACTED]1975, Age: 38 years, Male
Acct #: 29997, Encounter Date: 10/04/2013

lisinopril 10 mg tablet 1 tablet by mouth once a day X 30 Days, Disp. 30 Rfl #11, Stop Date: 08/04/2014
Ventolin HFA (albuterol sulfate) 90 mcg/actuation HFA Aerosol Inhaler 2 puff using Inhaler four times a day, as needed X 60 Days, Disp. 6 Rfl #5, Stop Date: 03/28/2014

Review of Systems:
Constitutional Symptoms:
Is patient a smoker? No
Complains of self: Yes, Do you wear Oxygen? No, Do you use a CPAP or BIPAP? No.
Denies chills, fever, loss of appetite, night sweats, weight gain, weight loss.
Ears, nose, throat:
Denies bleeding gums, difficulty swallowing, ear discharge, earache, hay fever, hoarseness, loss of hearing, nosebleeds, ringing in ears, sinus problems.
Cardiovascular:
Denies blood clots, chest pain, high blood pressure, irregular heart beat, low blood pressure, poor circulation, rapid heart beat, swelling of ankles, varicose veins.
Pulmonary:
Denies Patient uses Oxygen daily and benefits from use of it., Patient uses CPAP daily and benefits from use of it., coughing up sputum, cough, coughing up blood, excessive sleepiness, loud snoring, short of breath, wheezing, sputum, dyspnea on exertion.
Gastrointestinal:
Denies abdominal pain, acid indigestion, bloating, bowel changes, constipation, diarrhea, excessive hunger, excessive thirst, gas, hemorrhoids, nausea, poor appetite, rectal bleeding, vomiting.
Eyes:
Denies blurring, double vision, vision loss.
Genitourinary:
urinary - Denies hematuria, incontinence, pain or burning on urination.
Musculoskeletal:
joints - Denies redness, swelling, tenderness.
muscles - Denies limitation of activity, weakness.
Integumentary:
nails - Denies clubbing of nail beds.
skin - Denies presence of suspicious lesions, rash.
Neurological:
Denies seizures, syncope.
Psychiatric:
mood - Denies anxiety, depression.
mental state - Denies memory loss.
Endocrine:
Denies excessive hunger, excessive thirst.
Hematologic, Lymphatic:
hematologic - Denies bruises easily.
lymphatic - Denies enlarged lymph nodes.

Vitals:
Height 67 inches (170.18 cm) **Weight** 208 pounds (92.08 kg) **BMI** 31.79 **Pulse** 86 bpm, Sitting **O2 Sat** 99%, Room air **Blood Pressure** 131 / 87, Left arm sitting

Exam:
General appearance: well developed.
Interactive during exam.
well nourished.
Head: skull normocephalic, symmetric, and without deformities.

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Patient: GUL, NIKOLAY I, DOB: [redacted]1975, Age: 38 years, Male
Acct #: 29997, Encounter Date: 10/04/2013

Eyes: ***conjunctivae and lids:*** conjunctivae pink with clear scleras, lids are symmetrical.
pupils and irises: both pupils equal, round, reactive to light and accommodation, corneal light reflex symmetric.
extraocular movements intact.
ENMT: ***external ears and nose:*** normal, no deformities or lesions.
oropharynx, oral mucosa, palates: oral mucosa pink and moist, posterior oropharynx clear.
Neck: supple, no masses, trachea midline, thyroid non- palpable.
Respiratory: ***auscultation:*** end expiratory wheeze.
respiratory effort: no intercostal retractions or use of accessory muscles.
Cardiovascular: ***auscultation:*** regular rate and rhythm, S1 and S2 normal, no murmur, no rub, no gallop.
pulses: radial pulses 2+ and symmetric.
peripheral circulation: no cyanosis, clubbing or edema.
Abdomen: soft, nontender, bowel sounds normal, no masses.
Lymphatic: ***neck nodes:*** no cervical adenopathy.
Musculoskeletal: ***gait and station:*** smooth gait and upright posture.
digits and nails: no clubbing, cyanosis, petechiae or nodes.
Skin: ***inspection:*** no rashes, no lesions.
Neurologic: ***cranial nerves:*** cranial nerves grossly intact.
Psychiatric: ***judgement and insight:*** insight and judgement intact.
orientation: oriented to time, place and person.
mood and affect: appropriate mood and affect.

Problems
ASTHMA, EXTRINSIC W/O S.A. (493.00), Status: Active, onset: 09/25/2009, Chronic, Noted, occupational asthma (assessed)
DYSPNEA (RESP. INSUFFICIENCY) (786.09), Status: Active, onset: 01/24/2011, Chronic, Noted (assessed)

Medications
Medication Reconciliation Performed
New Medications:
prednisone 20 mg tablet Take 2 tablet by mouth single dose, as needed; as directed X 1 Days, Disp: 2 Rfl #2, Start Date: 10/04/2013, Stop Date: 10/07/2013

Orders
The following tests/treatments were performed:
PULSE OXIMETRY (94760), Ordered: 10/04/2013, Indication(s): ASTHMA, EXTRINSIC W/O S.A. (493.00), DYSPNEA (RESP. INSUFFICIENCY) (786.09), Ordering Provider: Gregory J Feldman, MD, Status: Complete, 10/04/2013

Immunizations
Influenza
Influenza, not administered - Refusal by patient/parent, 10/04/2013

Plan Note
1.

Upstate Lung & Critical Care Specialists, P.C.
151 Harold Fleming Court
Spartanburg, SC 29303
(864)573-6320
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Patient: GUL, NIKOLAY I, DOB: [REDACTED]1975, Age: 38 years, Male
Acct #: 29997, Encounter Date: 10/04/2013

1. Give rescue rx for prednisone
2. Refusea flu shot
3. Weight maintenance
4. consider DEXA

Disposition
Return to clinic in 2 months

Instructions
Clinical Summary provided to patient
Handouts given to patient

BMI - Adult
Date: 10/04/2013
If yes, BMI Management Plan: done, **Patient excluded due to following reason:** Being Managed by another provider

Note Contributing Authors:
Anthony Raynor, PA; Zulekha Mohammed

Note electronically signed by: Anthony Raynor, PA on 10/04/2013 at 03:05 PM

I have read and concur with the above note

Cosigned by: Gregory J Feldman, MD on 10/11/2013 at 03:40 PM

E&M Code: 99213
G8553

Complexity: Moderate

Gregory J. Feldman, M.D.
Joseph A. Fanelli III, M.D.
Luis De La Cruz, M.D.
David R. Erb, M.D.

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Patient: GUL, NIKOLAY I, DOB: [REDACTED]1975, Age: 38 years, Male
Acct #: 29997, Encounter Date: 08/28/2013

Established Patient Encounter
08/28/2013

Nursing Note: ov- patient complaining of cough- yellow sputum and chest tightness Inna Shtanko

Chief Complaint(s): cough; wheezing

History of Present Illness:
cough
Patient complains of cough . Patient complains of congestion .

Medical History
Asthma.
Hypertension.

Social History
Tobacco Use no smoking - Non-Smoker.
Occupation - Labor / Construction was exposed to acid at work on daily basis.
Smoking status: Never smoker (266919005).
Smokeless Tobacco Use (No).
Tobacco (No).
Alcohol Use - None - Doesn't Drink.
Caffeine Consumption - None - Denies Caffeine Use.
Marital Status - Married.

Surgical History
No prior surgeries noted.

Family History
Unknown Family History.

Allergies: No known drug allergies
Reviewed By: Inna Shtanko

Current Medications:
Reviewed By: Inna Shtanko
Advair Diskus (fluticasone- salmeterol) 500- 50 mcg/dose Disk with Device Inhale 1 puff as directed twice a day, Disp. 1 Rfl #3
lisinopril 10 mg tablet 1 tablet by mouth once a day X 30 Days, Disp. 30 Rfl #11, Stop Date: 08/04/2014
Ventolin HFA (albuterol sulfate) 90 mcg/actuation HFA Aerosol Inhaler 2 puff using inhaler four times a

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Patient: GUL, NIKOLAY I, DOB: [redacted]1975, Age: 38 years, Male
Acct #: 29997, Encounter Date: 09/26/2013

day, as needed X 30 Days, Disp: 6 Rfl #6, Stop Date: 03/25/2014

Review of Systems:
Constitutional Symptoms:
Is patient a smoker? No
Complains of self Yes.
Denies Confined to Wheelchair?, Ambulation with a walker?, Ambulation with a cane?, Do you wear Oxygen?, Do you use a CPAP or BIPAP?, chills, dizziness, fainting, fatigue, fever, forgetfulness, insomnia, loss of appetite, loss of sleep, malaise, nervousness, night sweats, numbness, weight gain, weight loss.
Cardiovascular:
Denies blood clots, chest pain, high blood pressure, irregular heart beat, low blood pressure, poor circulation, rapid heart beat, swelling of ankles, varicose veins.
Pulmonary:
Denies coughing up sputum, cough, coughing up blood, excessive sleepiness, loud snoring, short of breath, wheezing, sputum, dyspnea on exertion.
Gastrointestinal:
Denies abdominal pain, acid indigestion, bloating, bowel changes, constipation, diarrhea, excessive hunger, excessive thirst, gass, hemorrhoids, nausea, poor appetite, rectal bleeding, vomiting.
Eyes:
Denies blurring, double vision, vision loss.
Ears, nose, throat:
Denies difficulty swallowing, hoarseness, loss of hearing.
Genitourinary:
urinary - Denies hematuria, incontinence, pain or burning on urination.
Musculoskeletal:
joints - Denies redness, swelling, tenderness.
muscles - Denies limitation of activity, weakness.
Integumentary:
nails - Denies clubbing at nail base.
skin - Denies presence of suspicious lesions, rash.
Neurological:
Denies seizures, syncope.
Psychiatric:
mood - Denies anxiety, depression.
mental state - Denies memory loss.
Endocrine:
Denies excessive hunger, excessive thirst.
Hematologic, Lymphatic:
hematologic - Denies bruises easily.
lymphatic - Denies enlarged lymph nodes.

Vitals:
Height 67 inches (170.18 cm) Weight 204 pounds (92.53 kg) BMI 31.94 Pulse 64 bpm O2 Sat 98%, Room air Blood Pressure 124 / 83, Left arm sitting

Exam:
General appearance: well developed.
Interactive during exam.
well nourished.
Head: skull normocephalic, symmetric, and without deformities.
Eyes: *conjunctivae and lids:* conjunctivae pink with clear scleras, lids are symmetrical.
pupils and irises: both pupils equal, round, reactive to light and accommodation, corneal light reflex

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Patient: GUL, NIKOLAY I, DOB: [REDACTED]1975, Age: 38 years, Male
Acct #: 29997, Encounter Date: 08/28/2013

symmetric.
extraocular movements intact.
ENMT: *external ears and nose*: normal, no deformities or lesions.
oropharynx, oral mucosa, palates: oral mucosa pink and moist, posterior oropharynx clear.
Neck: supple, no masses, trachea midline, thyroid non- palpable.
Respiratory: *auscultation*: end expiratory wheeze.
respiratory effort: no intercostal retractions or use of accessory muscles.
Cardiovascular: *auscultation*: regular rate and rhythm, S1 and S2 normal, no murmur, no rub, no gallup.
pulses: radial pulses 2+ and symmetric.
peripheral circulation: no cyanosis, clubbing or edema.
Abdomen: soft, nontender, bowel sounds normal, no masses.
Lymphatic: *neck nodes*: no cervical adenopathy.
Musculoskeletal: *gait and station*: smooth gait and upright posture.
digits and nails: no clubbing, cyanosis, petechiae or nodes.
Skin: *inspection*: no rashes, no lesions.
Neurologic: *cranial nerves*: cranial nerves grossly intact.
Psychiatric: *judgement and insight*: insight and judgement intact.
orientation: oriented to time, place and person.
mood and affect: appropriate mood and affect.

Problems:
ASTHMA, EXTRINSIC W/O S.A. (493.00), Status: Active, onset: 09/25/2009, Chronic, Noted, occupational asthma (assessed)
DYSPNEA (RESP. INSUFFICIENCY) (786.09), Status: Active, onset: 01/24/2011, Chronic, Noted (assessed)

Medications
Medication Reconciliation Performed
Changed Medications:
Ventolin HFA (albuterol sulfate) 90 mcg/actuation HFA Aerosol Inhaler 2 puff using inhaler four times a day, as needed X 30 Days, Disp: 8 Ref #6, Stop Date: 08/28/2014

Orders
The following tests/treatments were performed:
PULSE OXIMETRY (94760), Ordered: 08/28/2013, Indication(s): DYSPNEA (RESP. INSUFFICIENCY) (786.09), Ordering Provider: Gregory J Feldman, MD, Status: Complete, 08/28/2013
DLCO (94729), Ordered: 08/28/2013, Indication(s): ASTHMA, EXTRINSIC W/O S.A. (493.00), Ordering Provider: Gregory J Feldman, MD, Status: Complete
THORACIC GAS VOLUMES - AIRWAY RESISTANCE (94726), Ordered: 08/28/2013, Indication(s): ASTHMA, EXTRINSIC W/O S.A. (493.00), Ordering Provider: Gregory J Feldman, MD, Status: Complete
PRE- AND POST- BRONCHODILATOR ADMINISTRATION (94060), Ordered: 08/28/2013, Indication(s): ASTHMA, EXTRINSIC W/O S.A. (493.00), Ordering Provider: Gregory J Feldman, MD, Status: Complete

Plan Note
Advair 500 bid

PFT- obstructive loop (good effort)
Still reduced midflow ratio

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Upstate Lung & Critical Care Specialists, P.C.
151 Harold Fleming Court
Spartanburg, SC 29303
(864)573-6320
FAX (864)573-6323

Patient: GUL, NIKOLAY I, DOB: [redacted]1975, Age: 38 years, Male
Acct #: 29997, Encounter Date: 08/28/2013

Instructions
Clinical Summary provided to patient

Note Contributing Authors:
Gregory J Feldman, MD; Inna Shtanko; Anita R Thompson, RN; Chasity Horne

Note electronically signed by: Gregory J Feldman, MD on 08/28/2013 at 11:54 AM

E&M Code: 99215

Complexity: Limited

Upstate Lung and Critical Care
151 Harold Fleming Ct.
Spartanburg, SC, 29303

Name:	Gul, Nikolay	ID:	29997	BSA:	2.04	Date:	08/28/2013
Tech:	HORNE, CHASITY	Height:	67.00	Age:	38	Room:	
Doctor:	FELDMAN, GREGORY	Weight:	204.00	Sex:	Male	Race:	Caucasian

Diagnosis:
Dyspnea: On hills and stairs Cough: Productive Wheeze: Constant
Tbco Prod: Never Smoked Yrs Smk: Pks/Day: Yrs Quit:
Medications:
Pre Test Comments:
Post Test Comments: Good patient effort & cooperation. CHorne

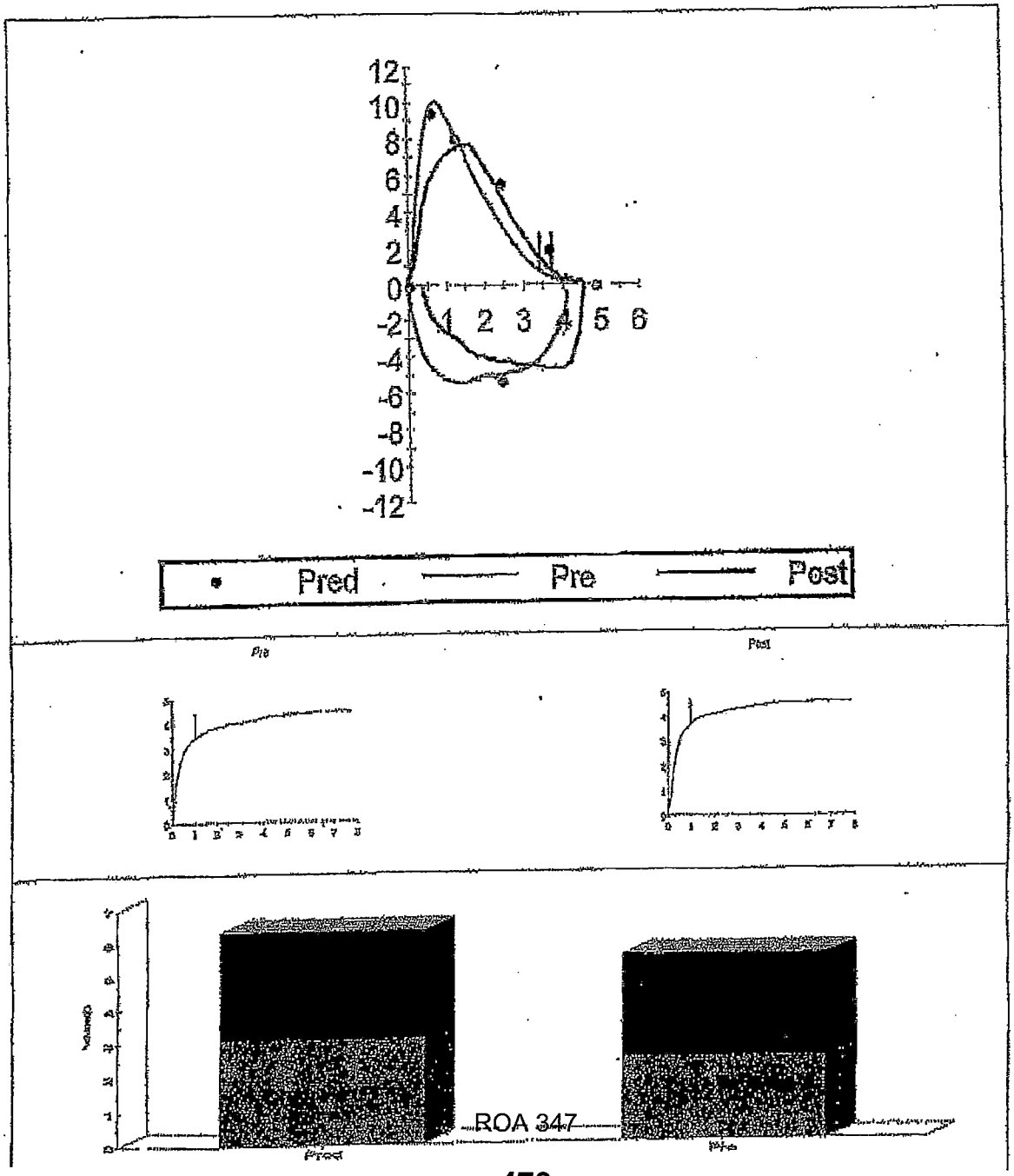
	Pre-Bronch			Post-Bronch		
	Actual	Pred	%Pred	Actual	%Pred	%Chng
—SPIROMETRY—						
FVC (L)	4.47	4.83	92	4.56	94	+1
FEV1 (L)	3.43	3.88	88	3.72	95	+8
FEV1/FVC (%)	77	80	95	82	102	+6
FEF 25% (L/sec)	8.64	8.06	107	7.39	91	-14
FEF 75% (L/sec)	0.89	1.94	46	1.67	86	+87
FEF 25-75% (L/sec)	2.78	3.78	73	4.26	112	+53
FEF Max (L/sec)	10.02	9.54	105	7.70	80	-23
FIVC (L)	4.11			4.20		+2
FIF Max (L/sec)	5.43			4.61		-15
—LUNG VOLUMES—						
TGV (L)	2.45	3.09	79			
RV (Pleth) (L)	1.66	1.63	101			
TLC (Pleth) (L)	5.54	6.32	87			
RV/TLC (Pleth) (%)	30	26	115			
Trapped Gas (L)						
—DIFFUSION—						
DLCOunc (ml/min/mmHg)	38.43	28.30	135			
DLCOcor (ml/min/mmHg)		28.30				
DL/VA (ml/min/mmHg/L)	5.84	4.48	130			
VA (L)	6.58	6.32	104			
—AIRWAYS RESISTANCE—						
Raw (cmH2O/L/s)	2.07	1.45	143			
Gaw (L/s/cmH2O)	0.48	1.03	46			
sRaw (cmH2O*s)	5.74	<4.76				
sGaw (1/cmH2O*s)	0.17	0.20	87			

4 Dr w consulted C Agarwal

OBSTRUCTIVE AIRWAY DISEASE

Upstate Lung and Critical Care
151 Harold Fleming Ct.
Spartanburg, SC, 29303

Name:	Gul, Nikolay	ID:	29997	BSA:	2.04	Date:	08/28/2013
Tech:	HORNE, CHASITY	Height:	67.00	Age:	38	Room:	
Doctor:	FELDMAN, GREGORY.	Weight:	204.00	Sex:	Male	Race:	Caucasian



Gregory L. Feldman, M.D.
Joseph A. Fanella III, M.D.
Luis De La Cruz, M.D.
David E. Erb, M.D.

Upstate Lung & Critical Care Specialists, P.C.

Yeu Yin Wan, M.D.
Chandler Albury, M.D.
Farhan Siddiqui, M.D.
Anupamy Rawnar, PA

Upstate Lung & Critical Care Specialists, P.C.
151 Harold Fleming Court
Spartanburg, SC 29303
(864)573-8320
FAX (864)573-8323

Patient: GUL, NIKOLAY I, DOB: [REDACTED]1978, Age: 36 years, Male
Acct #: 29997, Encounter Date: 08/09/2013

Established Patient Encounter
08/09/2013

Medical History
Asthma.
Hypertension.

Social History
Tobacco Use no smoking - Non- Smoker.
Occupation - Labor / Construction was exposed to acid at work on daily basis.
Smoking status: Never smoker (266919005).
Smokeless Tobacco Use (No).
Tobacco (No).
Alcohol Use - None - Doesn't Drink.
Caffeine Consumption - None - Denies Caffeine Use.
Marital Status - Married.

Surgical History
No prior surgeries noted.

Family History
Unknown Family History.

Allergies: No known drug allergies

Current Medications:
Advair Diskus (fluticasone- salmeterol) 500- 50 mcg/dose Disk with Device Inhale 1 puff as directed twice a day, Disp. 1 Rfl #6
Ilsinopril 10 mg tablet 1 tablet by mouth once a day X 30 Days, Disp. 30 Rfl #11, Stop Date: 08/04/2014
Ventolin HFA (albuterol sulfate) 90 mcg/actuation HFA Aerosol Inhaler 2 puff using Inhaler four times a day, as needed X 90 Days, Disp. 6 Rfl #3, Stop Date: 08/04/2014

Review of Systems:
Constitutional Symptoms:
Is patient a smoker? No
Complains of self: Yes.
Denies Confined to Wheelchair?, Ambulation with a walker?, Ambulation with a cane?, Do you wear Oxygen?, Do you use a CPAP or BIPAP?, chills, dizziness, fainting, fatigue, fever, forgetfulness, insomnia, loss of appetite, loss of sleep, malaise, nervousness, night sweats, numbness, weight gain, weight loss.
Cardiovascular:

Upstate Lung & Critical Care Specialists, P.C.
151 Harold Fleming Court
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Patient: GUL, NIKOLAY I, DOB: [REDACTED]1975, Age: 38 years, Male
Acct #: 29997, Encounter Date: 08/09/2013

Denies blood clots, chest pain, high blood pressure, irregular heart beat, low blood pressure, poor circulation, rapid heart beat, swelling of ankles, varicose veins.
Pulmonary:
Complains of cough, short of breath, wheezing.
Denies coughing up sputum, coughing up blood, excessive sleepiness, loud snoring.
Gastrointestinal:
Denies abdominal pain, acid indigestion, bloating, bowel changes, constipation, diarrhea, excessive hunger, excessive thirst, gass, hemorrhoids, nausea, poor appetite, rectal bleeding, vomiting.

Vitals:
Height 67 inches (170.18 cm) **Weight** 205 pounds (92.99 kg) **BMI** 32.10 **Pulse** 68 bpm, Sitting **O2 Sat** 100%, Room air **Blood Pressure** 138 / 84, Left arm sitting

Exam:
General appearance: well developed.
no acute distress.
well hydrated.
well nourished.
Head: skull normocephalic, symmetric, and without deformities.
Eyes: ***conjunctivae and lids:*** conjunctivae pink with clear sclerae left and right.
ENMT: ***external ears and nose:*** no rhinorrhea.
otoscopic exam: tympanic membrane clear bilaterally.
oropharynx, oral mucosa, palates: oral mucosa pink and moist, posterior oropharynx clear.
Neck: ***neck:*** supple, no stiffness.
Respiratory: ***auscultation:*** rhonchi, wheezing.
respiratory effort: no grunting, no flaring, no retractions.
Cardiovascular: ***auscultation:*** regular rate and rhythm.
Abdomen: soft, nontender, bowel sounds normal, no masses.
no guarding.
no masses or protrusions.
no rebound.
Lymphatic: no cervical adenopathy.
Musculoskeletal: ***head and neck:*** ROM - full range of motion.
RUE: ***RUE range of motion:*** full range of motion.
LUE: ***RUE range of motion:*** full range of motion.
RLE: ***RLE range of motion:*** full range of motion.
LLE: ***LLE range of motion:*** full range of motion.
Skin: ***inspection:*** no rashes, no lesions.

Problems
ASTHMA, EXTRINSIC W/O S.A. (493.00), Status: Active, onset: 09/25/2009, Chronic, Noted, occupational asthma (assessed)
DYSPNEA (RESP. INSUFFICIENCY) (786.09), Status: Active, onset: 01/24/2011, Chronic, Noted (assessed)

Medications
Changed Medications:
lisinopril 10 mg tablet 1 tablet by mouth once a day X 30 Days, Disp. 30 Rfl #11, Stop Date: 08/04/2014
Ventolin HFA (albuterol sulfate) 90 mcg/actuation HFA Aerosol Inhaler 2 puff using inhaler four times a day, as needed X 90 Days, Disp. 6 Rfl #3, Stop Date: 08/04/2014

Orders

Upstate Lung & Critical Care Specialists, P.C.
151 Harold Fleming Court
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(864)573-8320
FAX (864)573-8323

Patient: GUL, NIKOLAY I, DOB: [REDACTED]1975, Age: 38 years, Male
Acct #: 29997, Encounter Date: 08/09/2013

The following tests/treatments were performed:
PULSE OXIMETRY (94760), Ordered: 08/09/2013, Indication(s): DYSPNEA (RESP. INSUFFICIENCY) (786.09), Ordering Provider: Gregory J Feldman, MD, Status: Complete

Plan Note
advair 500 bid (samples)

BMI - Adult
Date: 08/09/2013
Patient excluded due to following reason: Being Managed by another provider

Note Contributing Authors:
Gregory J Feldman, MD; Chasity Horne; Daniela Baumgartner, RN

Note electronically signed by: Gregory J Feldman, MD on 08/09/2013 at 02:52 PM

E&M Code: 99213

Complexity: Limited

Upstate Lung & Critical Care Specialists, P.C.
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Patient: GUL, NIKOLAY I, DOB [REDACTED]/1975, Age: 38 years, Male
Acct #: 25997, Encounter Date: 05/20/2013

Established Patient Encounter
05/20/2013

Referral from MELVIN MEDLOCK

Nursing Notes: pt came for a routine office visit
pt is having shortness of breath and coughing Alla Kazantseva

Allergies: No known drug allergies
Reviewed By: Alla Kazantseva

Current Medications:
Reviewed By: Alla Kazantseva
Advair Diskus (fluticasone-salmeterol) 500-50 mcg/dose Disk with Device Inhale 1 puff as directed twice a day, Disp: 1 Rfl #6
lisinopril 10 mg tablet 1 tablet by mouth once a day
Ventolin HFA (albuterol sulfate) 90 mcg/actuation HFA Aerosol Inhaler 2 puff using inhaler four times a day, as needed

Review of Systems:
Constitutional Symptoms:
Is patient a smoker? No
Complains of Confined to Wheelchair? No, Ambulation with a walker? No, Ambulation with a cane? No, self Yes, Do you wear Oxygen? No, Do you use a CPAP or BIPAP? No,
Denies chills, dizziness, fainting, fatigue, fever, forgetfulness, insomnia, loss of appetite, loss of sleep, malaise, nervousness, night sweats, numbness, weight gain, weight loss.
Eyes:
Denies blurring, discharge, double vision, excessive tearing, eye pain, irritation, photophobia, redness, spots, vision flashes, vision halos, vision loss.
Ears, nose, throat:
Denies bleeding gums, difficulty swallowing, ear discharge, earache, hay fever, hoarseness, loss of hearing, nosebleeds, ringing in ears, sinus problems.
Cardiovascular:
Denies blood clots, chest pain, high blood pressure, irregular heart beat, low blood pressure, poor circulation, rapid heart beat, swelling of ankles, varicose veins.
Pulmonary:
Complains of cough, short of breath.
Denies coughing up sputum, coughing up blood, excessive sleepiness, loud snoring, wheezing.
Gastrointestinal:
Denies abdominal pain, acid indigestion, bloating, bowel changes, constipation, diarrhea, excessive hunger, excessive thirst, gas, hemorrhoids, nausea, poor appetite, rectal bleeding, vomiting.
Genitourinary:
urinary - Denies altered color / odor of urine, frequency, hematuria, hesitancy, frequent urinary infections, kidney stones, incontinence, nocturia, pain or burning on urination, polyuria, reduced urine force / stream, urgency.
male - Denies breast lump, erection difficulties, lump in testicles, penile discharge, prostate difficulties, sore on penis.
Musculoskeletal:
neck - Denies pain, stiffness.
back - Denies arthritis of back, limitation of activity, limitation of movement, pain with cause, pain without

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Patient: GUL, NIKOLAY I, DOB: [REDACTED]1975, Age: 38 years, Male
Acct #: 29997, Encounter Date: 05/20/2013

cause, redness, stiffness, tenderness, unusual lesions, weakness.
ribs - Denies tenderness, pain.
joints - Denies arthritis, gout, limitation of joint activity, limitation of joint movement, pain without cause, redness, stiffness, swelling, tenderness, weakness.
muscles - Denies cramps at rest, cramps with exertion, limitation of activity, limitation of movement, weakness.
Integumentary:
hair - Denies alopecia, excessively dry or brittle hair, generalized hair loss, hirsutism, itching and scaling of skin, localized hair loss, recent change in hair texture.
nails - Denies clubbing at nail base, discoloration of nails, excessively dry or brittle nails, redness and pain at nail fold, ridging of nails.
skin - Denies change in mole, change in skin pigmentation or color, easy bruising, excessively dry skin, excessively oily skin, hives, itchy skin, presence of markings, presence of non-healing sores, presence of suspicious lesions, rash.
Neurological:
Denies blackouts, change in behavior, disorientation, headaches, involuntary movements, numbness, paralysis, seizures, speech, syncope, tingling, transient paralysis, tremors, unsteadiness, vertigo, weakness.
Psychiatric:
mood - Denies anxiety, depression, elation, insomnia, mood swings, nervousness, stressed, tenseness, withdrawn behavior.
mental state - Denies dementia, hallucinations, illusions, impaired, mental handicap, mental disturbance, paranoia, memory loss, suicidal ideation.
Endocrine:
Denies cold intolerance, excessive hunger, excessive sweating, excessive thirst, heat intolerance, hot flashes, polydipsia, polyphagia, polyuria, recent weight change, steroid use.
Hematologic, Lymphatic:
hematologic - Denies bruises easily, bleeding, hx of anemia, hx of transfusion reactions.
lymphatic - Denies enlarged lymph nodes, enlarged axillary lymph nodes, enlarged inguinal lymph nodes, enlarged nodes near ear.
Immunologic:
Denies hay fever, HIV exposure, persistent infections, urticaria.

Vitals:
Height 67 Inches (170.18 cm) Weight 205 pounds (92.99 kg) BMI 32.10 Pulse 95 bpm, Sitting O2 Sat 100%, Room air Blood Pressure 136 / 87, Left arm sitting

Exam:
General appearance: well developed.
no acute distress.
well hydrated.
well nourished.
Head: skull normocephalic, symmetric, and without deformities.
Eyes: *conjunctivae and lids:* conjunctivae pink with clear sclerae left and right.
ENMT: *external ears and nose:* no rhinorrhea.
otoscopic exam: tympanic membrane clear bilaterally.
oropharynx, oral mucosa, palates: oral mucosa pink and moist, posterior oropharynx clear.
Neck: *neck:* supple, no stiffness.
Respiratory: *auscultation:* rhonchi, wheezing.
respiratory effort: no grunting, no flaring, no retractions.
Cardiovascular: *auscultation:* regular rate and rhythm.

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Patient: GUL, NIKOLAY I, DOB: [redacted]1975, Age: 38 years, Male
Acct #: 29997, Encounter Date: 05/20/2013

Abdomen: soft, nontender, bowel sounds normal, no masses.
no guarding.
no masses or protrusions.
no rebound.
Lymphatic: no cervical adenopathy.
Musculoskeletal: ***head and neck:*** ROM - full range of motion.
RUE: ***RUE range of motion:*** full range of motion.
LUE: ***RUE range of motion:*** full range of motion.
RLE: ***RLE range of motion:*** full range of motion.
LLE: ***LLE range of motion:*** full range of motion.
Skin: ***inspection:*** no rashes, no lesions.

Problems
ASTHMA, INTRINSIC W/ S.A. (493.11), Status: Active, onset: 01/10/2013, Chronic, Noted (assessed)
DYSPNEA (RESP INSUFFICIENCY) (786.09), Status: Active, onset: 05/20/2013 (added)

Medications
Medication Reconciliation Performed

Orders
The following tests/treatments were performed:
PULSE OXIMETRY (94760), Ordered: 05/20/2013, Indication(s): DYSPNEA (RESP INSUFFICIENCY) (786.09), Ordering Provider: Gregory J Feldman, MD, Status: Complete

Plan Note
Advair 500 bid
albuterol q 4 hr

(tight!)

Instructions
Clinical Summary provided to patient
Handouts given to patient

BMI - Adult
Date: 05/20/2013
If yes, BMI Management Plan: done, Patient excluded due to following reason: Being Managed by another provider

Note Contributing Author(s)
Gregory J Feldman, MD; Alla Kazantseva

Note electronically signed by: Gregory J Feldman, MD on 06/09/2013 at 11:46 AM

E&M Code: 99214

Complexity: Moderate

CC:

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Patient: GUL, NIKOLAY I, DOB: [redacted]1975, Age: 38 years, Male
Acct#: 29997, Encounter Date: 05/20/2013

MELVIN MEDLOCK

Upstate Lung & Critical Care Specialists, P.C.
151 Harold Fleming Court
Spartanburg, SC 29303
(864)573- 6320
FAX (864)573- 6323

Patient: GUL, NIKOLAY I, DOB: [REDACTED]1975, Age: 37 years, Male
Acct #: 29997, Encounter Date: 09/27/2013

Established Patient Encounter
09/27/2013

Referral from MELVIN MEDLOCK

Nursing Note: Pt is here with a cough, shortness of breath, and chest tightness.
He feels OK today. Angela Morin

Chief Complaint(s): cough

History of Present Illness:
Patient complains of cough . Chest pain (Yes): tightness. Associated signs and symptoms: shortness of breath.

Allergies: No known drug allergies
Reviewed By: Angela Morin

Current Medications:
Reviewed By: Angela Morin
Advair Diskus (fluticasone- salmeterol) 500- 50 mcg/dose Disk with Device Inhale 1 puff as directed twice a day, Disp. 1 Rfl #6
lisinopril 10 mg tablet 1 tablet by mouth once a day
Ventolin HFA (albuterol sulfate) 90 mcg/actuation HFA Aerosol Inhaler 2 puff using inhaler four times a day, as needed

Review of Systems:
Constitutional Symptoms:
Is patient a smoker? No
Complains of Confined to Wheelchair? No, Ambulation with a walker? No, Ambulation with a cane? No , self:Yes, Do you wear Oxygen? No, Do you use a CPAP or BIPAP? No.
Denies chills, dizziness, fainting, fatigue, fever, forgetfulness, insomnia, loss of appetite, loss of sleep, malaise, nervousness, night sweats, numbness, weight gain, weight loss.
Eyes:
Denies blurring, discharge, double vision, excessive tearing, eye pain, irritation, photophobia, redness, spots, vision flashes, vision halos, vision loss.
Ears, nose, throat:
Denies bleeding gums, difficulty swallowing, ear discharge, earache, hay fever, hoarseness, loss of hearing, nosebleeds, ringing in ears, sinus problems.
Cardiovascular:
Denies blood clots, chest pain, high blood pressure, irregular heart beat, low blood pressure, poor circulation, rapid heart beat, swelling of ankles, varicose veins.
Pulmonary:
Denies coughing up sputum, cough, coughing up blood, excessive sleepiness, loud snoring, short of breath, wheezing, sputum, dyspnea on exertion.
Gastrointestinal:
Denies abdominal pain, acid indigestion, bloating, bowel changes, constipation, diarrhea, excessive hunger, excessive thirst, gas, hemorrhoids, nausea, poor appetite, rectal bleeding, vomiting.
Genitourinary:
urinary - Denies altered color / odor of urine, frequency, hematuria, hesitancy, frequent urinary infections, kidney stones, incontinence, nocturia, pain or burning on urination, polyuria, reduced urine

Upstate Lung & Critical Care Specialists, P.C.
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Spartanburg, SC 29303
(864)573-6320
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Patient: GUL, NIKOLAY I, DOB: [redacted]1975, Age: 37 years, Male
Acct #: 29997, Encounter Date: 03/27/2013

force / stream, urgency.
male - Denies breast lump, erection difficulties, lump in testicles, penile discharge, prostate difficulties, sore on penis.
Musculoskeletal:
neck - Denies pain, stiffness.
back - Denies arthritis of back, limitation of activity, limitation of movement, pain with cause, pain without cause, redness, stiffness, tenderness, unusual lesions, weakness.
ribs - Denies tenderness, pain.
joints - Denies arthritis, gout, limitation of joint activity, limitation of joint movement, pain without cause, redness, stiffness, swelling, tenderness, weakness.
muscles - Denies cramps at rest, cramps with exertion, limitation of activity, limitation of movement, weakness.
Integumentary:
hair - Denies alopecia, excessively dry or brittle hair, generalized hair loss, hirsutism, itching and scaling of skin, localized hair loss, recent change in hair texture.
nails - Denies clubbing at nail base, discoloration of nails, excessively dry or brittle nails, redness and pain at nail fold, ridging of nails.
skin - Denies change in mole, change in skin pigmentation or color, easy bruising, excessively dry skin, excessively oily skin, hives, itchy skin, presence of markings, presence of non-healing sores, presence of suspicious lesions, rash.
Neurological:
Denies blackouts, change in behavior, disorientation, headaches, involuntary movements, numbness, paralysis, seizures, speech, syncope, tingling, transient paralysis, tremors, unsteadiness, vertigo, weakness.
Psychiatric:
mood - Denies anxiety, depression, elation, insomnia, mood swings, nervousness, stressed, tenseness, withdrawn behavior.
mental state - Denies dementia, hallucinations, illusions, impaired, mental handicap, mental disturbance, paranoia, memory loss, suicidal ideation.
Endocrine:
Denies cold intolerance, excessive hunger, excessive sweating, excessive thirst, heat intolerance, hot flashes, polydipsia, polyphagia, polyuria, recent weight change, steroid use.
Hematologic, Lymphatic:
hematologic - Denies bruises easily, bleeding, hx of anemia, hx of transfusion reactions.
lymphatic - Denies enlarged lymph nodes, enlarged axillary lymph nodes, enlarged inguinal lymph nodes, enlarged nodes near ear.
Immunologic:
Denies hay fever, HIV exposure, persistent infections, urticaria.

Vitals:
Height 67 inches (170.18 cm) **Weight** 209 pounds (94.8 kg) **BMI** 32.73 **Pulse** 74 bpm, **Sitting O2 Sat** 98%, **Room air Blood Pressure** 136 / 94, **Left arm sitting**

Exam:
General appearance: well developed.
interactive during exam.
well nourished.
Head: skull normocephalic, symmetric, and without deformities.
Eyes: ***conjunctivae and lids:*** conjunctivae pink with clear sclerae, lids are symmetrical.
pupils and irises: both pupils equal, round, reactive to light and accommodation, corneal light reflex symmetric.

Upstate Lung & Critical Care Specialists, PC.
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Patient: GUL, NIKOLAY I, DOB: [REDACTED]1975, Age: 37 years, Male
Acct #: 25997, Encounter Date: 08/27/2013

extraocular movements intact.
ENMT: *external ears and nose:* normal, no deformities or lesions.
oropharynx, oral mucosa, palates: oral mucosa pink and moist, posterior oropharynx clear.
Neck: supple, no masses, trachea midline, thyroid non-palpable.
Respiratory: *auscultation:* rhonchi, wheezing.
respiratory effort: no intercostal retractions or use of accessory muscles.
Cardiovascular: *auscultation:* regular rate and rhythm, S1 and S2 normal, no murmur, no rub, no gallup.
pulses: radial pulses 2+ and symmetric.
peripheral circulation: no cyanosis, clubbing or edema.
Abdomen: soft, nontender, bowel sounds normal, no masses.
Lymphatic: *neck nodes:* no cervical adenopathy.
Musculoskeletal: *gait and station:* smooth gait and upright posture.
digits and nails: no clubbing, cyanosis, petechiae or nodes.
Skin: *inspection:* no rashes, no lesions.
Neurologic: *cranial nerves:* cranial nerves grossly intact.
Psychiatric: *judgement and insight:* insight and judgement intact.
orientation: oriented to time, place and person.
mood and affect: appropriate mood and affect.

Problems
DYSPNEA (RESP INSUFFICIENCY) (786.09), Status: Active, onset: 01/24/2011, Chronic, Noted (assessed)
ASTHMA, INTRINSIC W/ S.A. (493.11), Status: Active, onset: 01/10/2013, Chronic, Noted (assessed)

Medications
Medication Reconciliation Performed

Orders
The following tests/treatments were performed:
PULSE OXIMETRY (94760), Ordered: 08/27/2013, Indication(s): DYSPNEA (RESP INSUFFICIENCY) (786.09), Ordering Provider: Gregory J Feldman, MD, Status: Complete

Plan Note
advair 500 bid

Instructions
Clinical Summary provided to patient
Handouts given to patient

BMI - Adult
Date: 08/27/2013
If yes, BMI Management Plan: done, **Patient excluded due to following reason:** Being Managed by another provider

Note Contributing Authors:
Gregory J Feldman, MD; Angela Morin

Note electronically signed by: Gregory J Feldman, MD on 08/27/2013 at 09:34 AM

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Patient: GUL, NIKOLAY I, DOB: [REDACTED]1975, Age: 37 years, Male
Acct #: 29997, Encounter Date: 03/27/2013

E&M Code: 99213

Complexity: Limited

CC:
MELVIN MEDLOCK, 130 DILLON DRIVE, SPARTANBURG, SC, 29307

Upstate Lung & Critical Care Specialists, P.C.
151 Harold Fleming Court
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(864)573-6320
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Patient: GUL, NIKOLAY I, DOB: [REDACTED]1975, Age: 37 years, Male
Acct #: 29997, Encounter Date: 02/11/2013

Established Patient Encounter
02/11/2013

Chief Complaint(s): cough

History of Present Illness:
Patient complains of cough : Patient complains of congestion . Patient does not complain of phlegm.

Allergies: No known drug allergies
Reviewed By: Alla Kazantseva

Current Medications:
Reviewed By: Alla Kazantseva
Advair Diskus (fluticasone- salmeterol) 500- 50 mcg/dose Disk with Device Inhale 1 puff as directed twice a day, Disp: 1 Rfl #6
lisinopril 10 mg tablet Take 1 tablet by mouth once a day X 30 Days, Disp: 30 Rfl #5, Stop Date: 03/13/2013
Ventolin HFA (albuterol sulfate) 90 mcg/actuation HFA Aerosol Inhaler 2 puff using inhaler four times a day, as needed

Review of Systems:
Constitutional Symptoms:
Denies chills, fever, loss of appetite, night sweats, weight gain, weight loss.
Eyes:
Denies blurring, double vision, vision loss.
Ears, nose, throat:
Denies difficulty swallowing, hoarseness, loss of hearing.
Cardiovascular:
Denies chest pain, high blood pressure, irregular heart beat, rapid heart beat.
Pulmonary:
Denies cough, short of breath, wheezing, sputum, dyspnea on exertion.
Gastrointestinal:
Denies abdominal pain, constipation, diarrhea, nausea, rectal bleeding, vomiting.
Genitourinary:
urinary - Denies hematuria, incontinence, pain or burning on urination.
Musculoskeletal:
joints - Denies redness, swelling, tenderness.
muscles - Denies limitation of activity, weakness.
Integumentary:
nails - Denies clubbing at nail base.
skin - Denies presence of suspicious lesions, rash.
Neurological:
Denies seizures, syncope.
Psychiatric:
mood - Denies anxiety, depression.
mental state - Denies memory loss.
Endocrine:
Denies excessive hunger, excessive thirst.
Hematologic, Lymphatic:

Upstate Lung & Critical Care Specialists, P.C.
151 Harold Fleming Court
Spartanburg, SC 29303
(864)573-6320
FAX (864)573-6323

Patient: GUL, NIKOLAY I, DOB: [REDACTED]1975, Age: 37 years, Male
Acct #: 28997, Encounter Date: 02/11/2013

hematologic - Denies bruises easily.
lymphatic - Denies enlarged lymph nodes.

Vitals:
Height 67 inches (170.18 cm) Weight 200 pounds (90.72 kg) BMI 31.32 Pulse 66 bpm, Sitting O2 Sat 99%, Room air Blood Pressure 141 / 93, Left arm sitting

Exam:
General appearance: well developed.
interactive during exam.
well nourished.
Head: skull normocephalic, symmetric, and without deformities.
Eyes: *conjunctives and lids*: conjunctives pink with clear scleras, lids are symmetrical.
pupils and irises: both pupils equal, round, reactive to light and accommodation, corneal light reflex symmetric.
extraocular movements intact.
ENMT: *external ears and nose*: normal, no deformities or lesions.
oropharynx, oral mucosa, palates: oral mucosa pink and moist, posterior oropharynx clear.
Neck: supple, no masses, trachea midline, thyroid non-palpable.
Respiratory: *auscultation*: wheezing.
respiratory effort: no intercostal retractions or use of accessory muscles.
Cardiovascular: *auscultation*: regular rate and rhythm, S1 and S2 normal, no murmur, no rub, no gallop.
pulses: radial pulses 2+ and symmetric.
peripheral circulation: no cyanosis, clubbing or edema.
Abdomen: soft, nontender, bowel sounds normal, no masses.
Lymphatic: *neck nodes*: no cervical adenopathy.
Musculoskeletal: *gait and station*: smooth gait and upright posture.
digits and nails: no clubbing, cyanosis, petechiae or nodes.
Skin: *inspection*: no rashes, no lesions.
Neurologic: *cranial nerves*: cranial nerves grossly intact.
Psychiatric: *judgement and insight*: insight and judgement intact.
orientation: oriented to time, place and person.
mood and affect: appropriate mood and affect.

Problems
ASTHMA, EXTRINSIC W/O S.A. (493.00), Status: Active, onset: 09/26/2009, Chronic, Noted, occupational asthma (assessed)
DYSPNEA (RESP INSUFFICIENCY) (786.09), Status: Active, onset: 01/24/2011, Chronic, Noted (assessed)

Medications
Medication Reconciliation Performed

Plan Note
advair 500 bid

Disposition
Return to clinic in 1 month

Upstate Lung & Critical Care Specialists, P.C.
151 Harold Fleming Court
Spartanburg, SC 29303
(864)573-6320
FAX (864)573-6323

Patient: GUL, NIKOLAY I, DOB: REDACTED 1975, Age: 37 years, Male
Acct #: 29997, Encounter Date: 02/11/2013

Note Contributing Authors:
Gregory J Feldman, MD; Alla Kazantseva

Note electronically signed by: Gregory J Feldman, MD on 02/22/2013 at 02:32 PM

E&M Code: 99213

Complexity: Limited

Upstate Lung & Critical Care Specialists, P.C.
1091 Boiling Springs Road
Spartanburg, SC 29303
(864)573- 6320
FAX (864)573- 6323

Patient: GUL, NIKOLAY I, DOB: [redacted]1975, Age: 37 years, Male
Acct #: 28997, Encounter Date: 01/10/2013

Established Patient Encounter
01/10/2013

Nursing Note: pt is here for Routine OV.
pt is coughing up yellow sputum, SOB, and wheezing.
pt doesn't need any refills. Zulekha Mohammed

Medical History
Asthma.
Hypertension.

Social History
Tobacco Use no smoking - Non- Smoker.
Occupation - Labor / Construction was exposed to acid at work on daily basis.
Smoking status: Never smoker (266919005).
Smokeless Tobacco Use (No).
Tobacco (No).
Alcohol Use - None - Doesn't Drink.
Caffeine Consumption - None - Denies Caffeine Use.
Marital Status - Married.

Surgical History
No prior surgeries noted.

Family History
Unknown Family History.

Allergies: No known drug allergies
Reviewed By: Zulekha Mohammed

Current Medications:
Reviewed By: Zulekha Mohammed
Advair Diskus (fluticasone- salmeterol) 500- 50 mcg/dose Disk with Device Inhale 1 puff as directed twice a day, Disp. 1 Rfl #6
lisinopril 10 mg tablet Take 1 tablet by mouth once a day X 30 Days, Disp. 30 Rfl #5, Stop Date: 03/18/2013
Ventolin HFA (albuterol sulfate) 90 mcg/actuation HFA Aerosol Inhaler 2 puff using inhaler four times a day, as needed

Review of Systems:
Constitutional Symptoms:
Is patient a smoker? No
Complains of self:Yes, Do you wear Oxygen? No, Do you use a CPAP or BIPAP? No.
Ears, nose, throat:
normal, no problems indicated
Cardiovascular:
swelling in hands and face.
Denies blood clots, chest pain, high blood pressure, irregular heart beat, low blood pressure, poor circulation, rapid heart beat, swelling of ankles, varicose veins.
Pulmonary:

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FAX (864)573-6323

Patient: GUL, NIKOLAY I, DOB: [redacted]1975, Age: 37 years, Male
Acct #: 29997, Encounter Date: 01/10/2013

Complains of cough yellow sputum, short of breath, wheezing.
Denies coughing up blood, excessive sleepiness, loud snoring.
Gastrointestinal:
normal, no problems indicated

Vitals:
Height 67 inches (170.18 cm) Weight 200 pounds (90.72 kg) BMI 31.32 Pulse 78 bpm, Sitting O2 Sat 98%, Room air Blood Pressure 126 / 81, Left arm sitting

Exam:
General appearance: well developed.
no acute distress.
well hydrated.
well nourished.
Head: skull normocephalic, symmetric, and without deformities.
Eyes: *conjunctivae and lids*: conjunctivae pink with clear scleras left and right.
ENMT: *external ears and nose*: no rhinorrhea.
otoscopic exam: tympanic membrane clear bilaterally.
oropharynx, oral mucosa, palates: oral mucosa pink and moist, posterior oropharynx clear.
Neck: *neck*: supple, no stiffness.
Respiratory: *auscultation*: wheezing.
respiratory effort: no grunting, no flaring, no retractions.
Cardiovascular: *auscultation*: regular rate and rhythm.
Abdomen: soft, nontender, bowel sounds normal, no masses.
no guarding.
no masses or protrusions.
no rebound.
Lymphatic: no cervical adenopathy.
Musculoskeletal: *head and neck*: ROM - full range of motion.
RUE: *RUE range of motion*: full range of motion.
LUE: *RUE range of motion*: full range of motion.
RLE: *RLE range of motion*: full range of motion.
LLE: *LLE range of motion*: full range of motion.
Skin: *inspection*: no rashes, no lesions.

Problems
ASTHMA, EXTRINSIC W/O S.A. (493.00), Status: Active, onset: 09/25/2009, Chronic, Noted, occupational asthma (assessed)
DYSPNEA (RESP. INSUFFICIENCY) (786.09), Status: Active, onset: 01/24/2011, Chronic, Noted (assessed)
ASTHMA, INTRINSIC W/ S.A. (493.11), Status: Active, onset: 01/10/2013, Chronic, Exacerbated (added)

was on predrisone- bitter
Still tight

Medications
Medication Reconciliation Performed

Orders
The following tests/treatments were performed:
PULSE OXIMETRY (94760), Ordered: 01/10/2013, Indication(s): ASTHMA, EXTRINSIC W/O S.A.

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FAX (864)573-6328

Patient: GUL, NIKOLAY I, DOB: [REDACTED]1975, Age: 37 years, Male
Acct #: 29997, Encounter Date: 01/10/2013

(493.90), DYSPNEA (RESP INSUFFICIENCY) (786.09), Ordering Provider: Gregory J Feldman, MD, Status: Complete, 01/10/2013

Plan Note
prednisone 40 mg day
Advair 500 bid

Disposition
Return to clinic in 1 month

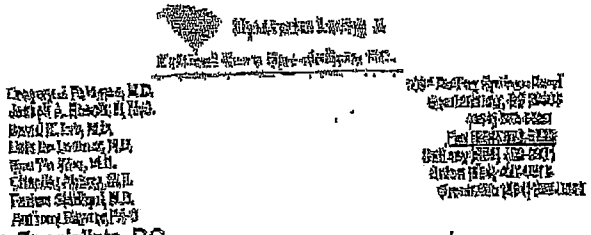
BMI - Adult:
Date: 01/10/2013
If yes, BMI Management Plan: done, **Patient excluded due to following reason:** Being Managed by another provider

Note Contributing Authors:
Gregory J Feldman, MD; Zulekha Mohammed

Note electronically signed by: Gregory J Feldman, MD on 01/10/2013 at 11:41 AM

E&M Code: 99214

Complexity: Moderate



Upstate Lung & Critical Care Specialists, P.C.
1091 Boiling Springs Road
Spartanburg, SC 29303
(864)573- 6320
FAX (864)573- 6323

Patient: GUL, NIKOLAY I, DOB: [REDACTED] 1975, Age: 37 years, Male
Acct #: 29997, Encounter Date: 09/19/2012

Established Patient Encounter
09/19/2012

Referral from MELVIN MEDLOCK

Nursing Note: Pt is here for cough, shortness of breath, wheezing, and pressure in chest. Angela Morin

Allergies: No known drug allergies
Reviewed By: Angela Morin

Current Medications:
Reviewed By: Angela Morin
Advair Diskus (fluticasone- salmeterol) 500- 50 mcg/dose Disk with Device Inhale 1 puff twice a day, Disp. 1 Rfl #3
Ilotnapril 10 mg tablet Take 1 tablet once a day X 30 Days, Disp. 30 Rfl #5, Stop Date: 03/18/2013
Ventolin HFA (albuterol sulfate) 90 mcg/actuation HFA Aerosol Inhaler 2 puff four times a day, as needed

Review of Systems:
Constitutional Symptoms:
Is patient a smoker? No
Complains of Confined to Wheelchair? No, Ambulation with a walker? No, Ambulation with a cane? No, self Yes, Do you wear Oxygen? No, Do you use a CPAP or BIPAP? No.
Denies chills, dizziness, fainting, fatigue, fever, forgetfulness, insomnia, loss of appetite, loss of sleep, malaise, nervousness, night sweats, numbness, weight gain, weight loss.
Eyes:
Denies blurring, discharge, double vision, excessive tearing, eye pain, irritation, photophobia, redness, spots, vision flashes, vision halos, vision loss.
Ears, nose, throat:
Denies bleeding gums, difficulty swallowing, ear discharge, earache, hay fever, hoarseness, loss of hearing, nosebleeds, ringing in ears, sinus problems.
Cardiovascular:
Complains of swelling of ankles swelling in hands and face.
Denies blood clots, chest pain, high blood pressure, irregular heart beat, low blood pressure, poor circulation, rapid heart beat, varicose veins.
Pulmonary:
Denies coughing up sputum, cough, coughing up blood, excessive sleepiness, loud snoring, short of breath, wheezing, sputum, dyspnea on exertion.
Gastrointestinal:
Denies abdominal pain, acid indigestion, bloating, bowel changes, constipation, diarrhea, excessive hunger, excessive thirst, gas, hemorrhoids, nausea, poor appetite, rectal bleeding, vomiting.
Genitourinary:

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FAX (864)573-6323

Patient: GUL, NIKOLAY I, DOB: REDACTED 1975, Age: 37 years, Male
Acct #: 29997, Encounter Date: 09/19/2012

urinary - Denies altered color / odor of urine, frequency, hematuria, hesitancy, frequent urinary infections, kidney stones, incontinence, nocturia, pain or burning on urination, polyuria, reduced urine force / stream, urgency.
male - Denies breast lump, erection difficulties, lump in testicles, penile discharge, prostate difficulties, sore on penis.
Musculoskeletal:
neck - Denies pain, stiffness.
back - Denies arthritis of back, limitation of activity, limitation of movement, pain with cause, pain without cause, redness, stiffness, tenderness, unusual lesions, weakness.
ribs - Denies tenderness, pain.
joints - Denies arthritis, gout, limitation of joint activity, limitation of joint movement, pain without cause, redness, stiffness, swelling, tenderness, weakness.
muscles - Denies cramps at rest, cramps with exertion, limitation of activity, limitation of movement, weakness.
Integumentary:
hair - Denies alopecia, excessively dry or brittle hair, generalized hair loss, hirsutism, itching and scaling of skin, localized hair loss, recent change in hair texture.
nails - Denies clubbing at nail base, discoloration of nails, excessively dry or brittle nails, redness and pain at nail fold, ridging of nails.
skin - Denies change in mole, change in skin pigmentation or color, easy bruising, excessively dry skin, excessively oily skin, hives, itchy skin, presence of markings, presence of non-healing sores, presence of suspicious lesions, rash.
Neurological:
Denies blackouts, change in behavior, disorientation, headaches, involuntary movements, numbness, paralysis, seizures, speech, syncope, tingling, transient paralysis, tremors, unsteadiness, vertigo, weakness.
Psychiatric:
mood - Denies anxiety, depression, elation, insomnia, mood swings, nervousness, stressed, tenseness, withdrawn behavior.
mental state - Denies dementia, hallucinations, illusions, impaired, mental handicap, mental disturbance, paranoia, memory loss, suicidal ideation.
Endocrine:
Denies cold intolerance, excessive hunger, excessive sweating, excessive thirst, heat intolerance, hot flashes, polydipsia, polyphagia, polyuria, recent weight change, steroid use.
Hematologic, Lymphatic:
hematologic - Denies bruises easily, bleeding, hx of anemia, hx of transfusion reactions.
lymphatic - Denies enlarged lymph nodes, enlarged axillary lymph nodes, enlarged inguinal lymph nodes, enlarged nodes near ear.
Immunologic:
Denies hay fever, HIV exposure, persistent infections, urticaria.

Vitals:
Height 67 inches (170.18 cm) **Weight** 202 pounds (91.63 kg) **BMI** 31.63 **Pulse** 93 bpm, **Sitting O2 Sat** 98%, **Room air Blood Pressure** 136 / 93, **Left arm sitting**

Exam:
General appearance: well developed,
interactive during exam,
well nourished.
Head: skull normocephalic, symmetric, and without deformities.
Eyes: ***conjunctivae and lids:*** conjunctivae pink with clear sclerae, lids are symmetrical.
pupils and irises: both pupils equal, round, reactive to light and accommodation, corneal light reflex

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Spartanburg, SC 29303
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Patient: GUL, NIKOLAY I, DOB: [REDACTED]1975, Age: 37 years, Male
Acct #: 29987, Encounter Date: 09/19/2012

symmetric.
extraocular movements intact.
ENMT: *external ears and nose:* normal, no deformities or lesions.
oropharynx, oral mucosa, palates: oral mucosa pink and moist, posterior oropharynx clear.
Neck: supple, no masses, trachea midline, thyroid non- palpable.
Respiratory: *auscultation:* wheezing.
respiratory effort: no intercostal retractions or use of accessory muscles.
Cardiovascular: *auscultation:* regular rate and rhythm, S1 and S2 normal, no murmur, no rub, no gallup.
pulses: radial pulses 2+ and symmetric.
peripheral circulation: no cyanosis, clubbing or edema.
Abdomen: soft; nontender, bowel sounds normal, no masses.
Lymphatic: *neck nodes:* no cervical adenopathy.
Musculoskeletal: *gait and station:* smooth gait and upright posture.
digits and nails: no clubbing, cyanosis, petechiae or nodes.
Skin: *inspection:* no rashes, no lesions.
Neurologic: *cranial nerves:* cranial nerves grossly intact.
Psychiatric: *judgement and insight:* insight and judgement intact.
orientation: oriented to time, place and person.
mood and affect: appropriate mood and affect.

Problems
ASTHMA, EXTRINSIC W/O S.A. (493.00), Status: Active, onset: 09/25/2009, Chronic, Noted, occupational asthma (assessed)
DYSPNEA (RESP. INSUFFICIENCY) (786.09), Status: Active, onset: 01/24/2011, Chronic, Noted (assessed)

Medications
Medication Reconciliation Performed
Changed Medications:
lisinopril 10 mg tablet Take 1 tablet once a day X 30 Days, Disp. 30 Rfl #5, Stop Date: 03/18/2013

Orders
The following tests/treatments were performed:
PULSE OXIMETRY (94760), Ordered: 09/19/2012, Indication(s): DYSPNEA (RESP. INSUFFICIENCY) (786.09), Ordering Provider: Gregory J Feldman, MD, Status: Complete

Plan Note
advair 500 bid

Disposition
Return to clinic in 1 month

BMI - Adult
Date: 09/19/2012
If yes, BMI Management Plan: done, **Patient excluded due to following reason:** Being Managed by another provider

Note Contributing Authors:
Gregory J Feldman, MD; Angela Morin; Daniela Baumgartner, RN

Note electronically signed by: Gregory J Feldman, MD on 09/19/2012 at 03:26 PM

Upstate Lung & Critical Care Specialists, P.C.
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Spartanburg, SC 29303
(864)573- 6320
FAX (864)573- 6323

Patient: GUL, NIKOLAY I, DOB: [redacted]1975, Age: 37 years, Male
Acct #: 29997, Encounter Date: 08/19/2012

E&M Code: 99214
G8553

Complexity: Limited

CC:
MELVIN MEDLOCK, 130 DILLON DRIVE, SPARTANBURG, SC, 29307

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

Physician's Statement

Claimant's Name: Nikolay Gul
Employer's Name: Kohler Company
Physician's Name: Dr. Gregory J. Feldman
Insurance Carrier: Broadspire
Practice/Clinic: Upstate Lung & Critical Care Spec. SCWCC File No: 0912295
Preparer's Name: Dr. Gregory F. Byron
Phone: (864) 573 - 6320

The undersigned physician has been authorized by the Employer/Carrier to treat this Claimant for his or her injury by accident pursuant to §§42-15-60, 42-1-172 or 42-11-10.

Date of Injury or Illness: 9/23/09

Date of first office visit: 9/23/09 Date of last visit: 8/15/12

Diagnosis or nature of injury or illness: SEVERE ASTHMA

Body part(s) injured: N/A Body part(s) affected: LUNGS

Date of Maximum Medical Improvement: _____

Based on the AMA Guidelines, the claimant has sustained a 65 % medical impairment to Corp 4 injured body part(s) and a _____% medical impairment to _____ other affected body part(s)

____ The claimant is able to return to work without restriction.

____ The claimant is able to return to work with the following restrictions:

_____

_____

✓ The claimant is unable to return to work at his or her current employment.

As of the date I last saw this patient, it is my professional medical opinion the claimant:

____ will not need future medical care related to his or her work related injury or illness based on a reasonable degree of medical certainty (more likely than not).

✓ will need future medical care and treatment related to his or her work related injury or illness based on a reasonable degree of medical certainty (more likely than not) and that medical care and treatment including medication is as follows:

_____

_____

_____

Treating Physician

8/16/12
Date

Physician's Questionnaire

PATIENT: Nikolay Gul
DOB: REDACTED75
SSN: REDACTED

I have treated this patient since September of 2009 for asthma. As discussed in my letter dated July 17, 2010, there is no question that this patient suffers with asthma. More specifically, this patient suffers with Work-related Asthma ("WRA").

✓ Yes _____ No

I have continued to treat this patient for asthma over the years. Having spent this amount of time treating this patient, seeing him on multiple occasions and prescribing asthma medications that have helped him with his asthmatic symptoms, I believe with a high degree of medical certainty this patient has asthma.

✓ Yes _____ No

I have reviewed the one-time evaluations performed by Dr. Fogarty and Dr. Sahn, wherein they conclude this patient does not have asthma, but rather suffers with a cardiac condition that causes his symptoms. I disagree with this assessment in light of the above.

✓ Yes _____ No

Further, I have reviewed the evaluation reports from Dr. Mobley, cardiologist. Dr. Mobley concluded this patient's long-standing dyspnea is most likely pulmonary related. Specifically, Dr. Mobley noted:

> I do not feel that there is a significant component of heart failure related to [this patient's] symptoms. He states that his symptomatic dyspnea flares generally respond to steroids and an albuterol inhaler, as does his atypical pleuritic chest pain. These medications would not be expected to relieve cardiac chest pain or congestive heart failure.
>
> It is my opinion that [this patient's] symptoms are not cardiac in nature. He has had an extensive cardiac evaluation 2 years ago with cardiac catheterization that showed no significant problems, no coronary disease. His EKG at his office visit here was unremarkable with no ischemic findings. His symptoms are pleuritic and have improved with steroids and inhalers, signifying that they are most likely pulmonary in nature.

I believe Dr. Mobley's evaluation and conclusions confirm and support my own opinion that this patient has an asthmatic condition, and that his symptoms are not related to a cardiac condition as suggested by Dr. Fogarty and Dr. Sahn.

✓ Yes _____ No

As his treating pulmonologist, it continues to be my opinion, based upon reasonable medical certainty, this patient's exposure to Acetic Acid at Kohler most probably resulted in him developing occupational asthma.

✓ Yes _____ No

It is my opinion that this patient has reached maximum medical improvement for his occupational asthma.

✓ Yes _____ No

IF PATIENT AS REACHED MMI:

It is my opinion that as a result of the above-referenced exposure, this patient has suffered 10% impairment to his lungs a result of his work-related exposure.

I believe this patient needs ongoing treatment for this work-related problem.

✓ Yes _____ No

I believe this patient requires the following additional care (if applicable):

DAILY TREATMENT
EMERGENT OFFICE VISIT
HOSPITALIZATIONS

Gregory J. Feldman, M.D.

6-3-12
Date

Upstate Lung &
Critical Care Specialists, P.C.

Gregory A. Fitzsimmons, M.D.
Joseph A. Pezzi, II, M.D.
David E. Lee, M.D.
Lydia Lo Levine, M.D.
Sau Yin Kai, M.D.
Chandra Akula, M.D.
Fadwa Shaya, M.D.
Jaclynn Sapere, PA-C

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(864) 573-5320
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Delray Beach, FL 33483
Latest Office Hours
Greenville Office 235-6541

Upstate Lung & Critical Care Specialists, PC.
1091 Boiling Springs Road
Spartanburg, SC 29303
(864)573- 5320
FAX (864)573- 6323

Patient: GUL, NIKOLAY I, DOB: [REDACTED]1975, Age: 36 years, Male
Acct #: 29997, Encounter Date: 04/10/2012

Established Patient Encounter
04/10/2012

Referral from MELVIN MEDLOCK

Nursing Note: Pt is here for routine office visit. Angela Morin

Allergies: No known drug allergies
Reviewed By: Angela Morin

Current Medications:
Reviewed By: Angela Morin
Advair Diskus (fluticasone- salmeterol) 500-50 mcg/dose Disk with Device Inhale 1 puff twice a day, Disp: 1 Rfl #6
Lisinopril 10 mg Tablet 1 tablet once a day
Ventolin HFA (albuterol sulfate) 90 mcg/actuation HFA Aerosol Inhaler 2 puff four times a day, as needed

Review of Systems:
Constitutional Symptoms:
Is patient a smoker? No
Complains of Confined to Wheelchair? No, Ambulation with a walker? No, Ambulation with a cane? No, self Yes, Do you wear Oxygen? No, Do you use a CPAP or BIPAP? No.
Denies chills, dizziness, fainting, fatigue, fever, forgetfulness, insomnia, loss of appetite, loss of sleep, malaise, nervousness, night sweats, numbness, weight gain, weight loss.
Eyes:
Denies blurring, discharge, double vision, excessive tearing, eye pain, irritation, photophobia, redness, spots, vision flashes, vision halos, vision loss.
Ears, nose, throat:
Denies bleeding gums, difficulty swallowing, ear discharge, earache, hay fever, hoarseness, loss of hearing, nosebleeds, ringing in ears, sinus problems.
Cardiovascular:
Complains of chest pain both sides, high blood pressure.
Denies blood clots, irregular heart beat, low blood pressure, poor circulation, rapid heart beat, swelling of ankles, varicose veins.
Pulmonary:
Complains of coughing up sputum white, cough, short of breath.
Denies coughing up blood, excessive sleepiness, loud snoring, wheezing.
Gastrointestinal:
Denies abdominal pain, acid indigestion, bloating, bowel changes, constipation, diarrhea, excessive hunger, excessive thirst, gass, hemorrhoids, nausea, poor appetite, rectal bleeding, vomiting.
Genitourinary:

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(864)573-6320
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Patient: GUL, NIKOLAY I, DOB: [REDACTED]1975, Age: 36 years, Male
Acct #: 29997, Encounter Date: 04/10/2012

urinary - Denies altered color / odor of urine, frequency, hematuria, hesitancy, frequent urinary infections, kidney stones, incontinence, nocturia, pain or burning on urination, polyuria, reduced urine force / stream, urgency.
male - Denies breast lump, erection difficulties, lump in testicles, penile discharge, prostate difficulties, sore on penis.
Musculoskeletal:
neck - Denies pain, stiffness.
back - Denies arthritis of back, limitation of activity, limitation of movement, pain with cause, pain without cause, redness, stiffness, tenderness, unusual lesions, weakness.
ribs - Denies tenderness, pain.
joints - Denies arthritis, gout, limitation of joint activity, limitation of joint movement, pain without cause, redness, stiffness, swelling, tenderness, weakness.
muscles - Denies cramps at rest, cramps with exertion, limitation of activity, limitation of movement, weakness.
Integumentary:
hair - Denies alopecia, excessively dry or brittle hair, generalized hair loss, hirsutism, itching and scaling of skin, localized hair loss, recent change in hair texture.
nails - Denies clubbing at nail base, discoloration of nails, excessively dry or brittle nails, redness and pain at nail fold, ridging of nails.
skin - Denies change in mole, change in skin pigmentation or color, easy bruising, excessively dry skin, excessively oily skin, hives, itchy skin, presence of markings, presence of non- healing sores, presence of suspicious lesions, rash.
Neurological:
Denies blackouts, change in behavior, disorientation, headaches, involuntary movements, numbness, paralysis, seizures, speech, syncope, tingling, transient paralysis, tremors, unsteadiness, vertigo, weakness.
Psychiatric:
mood - Denies anxiety, depression, elation, insomnia, mood swings, nervousness, stressed, tenseness, withdrawn behavior.
mental state - Denies dementia, hallucinations, illusions, impaired, mental handicap, mental disturbance, paranoia, memory loss, suicidal ideation.
Endocrine:
Denies cold intolerance, excessive hunger, excessive sweating, excessive thirst, heat intolerance, hot flashes, polydipsia, polyphagia, polyuria, recent weight change, steroid use.
Hematologic, Lymphatic:
hematologic - Denies bruises easily, bleeding, hx of anemia, hx of transfusion reactions.
lymphatic - Denies enlarged lymph nodes, enlarged axillary lymph nodes, enlarged inguinal lymph nodes, enlarged nodes near ear.
Immunologic:
Denies hay fever, HIV exposure, persistent infections, urticaria.

Vitals:
Height 67 inches (170.18 cm) **Weight** 199 pounds (90.27 kg) **BMI** 31.16 **Pulse** 69 bpm, Sitting **O2 Sat** 98%, Room air **Blood Pressure** 149 / 103, Left arm sitting

Exam:
General appearance: well developed.
no acute distress.
well hydrated.
well nourished.
Head: skull normocephalic, symmetric, and without deformities.
Eyes: ***conjunctivae and lids:*** conjunctivae pink with clear scleras left and right.

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Patient: GUL, NIKOLAY I, DOB: [REDACTED]1975, Age: 36 years, Male
Acct #: 29997, Encounter Date: 04/10/2012

ENMT: *external ears and nose:* no rhinorrhea.
otoscopic exam: tympanic membrane clear bilaterally.
oropharynx, oral mucosa, palates: oral mucosa pink and moist, posterior oropharynx clear.
Neck: *neck:* supple, no stiffness.
Respiratory: *auscultation:* rhonchi, wheezing.
respiratory effort: no grunting, no flaring, no retractions.
Cardiovascular: *auscultation:* regular rate and rhythm.
Abdomen: soft, nontender, bowel sounds normal, no masses.
no guarding.
no masses or protrusions.
no rebound.
Lymphatic: no cervical adenopathy.
Musculoskeletal: *head and neck:* ROM - full range of motion.
RUE: *RUE range of motion:* full range of motion.
LUE: *RUE range of motion:* full range of motion.
RLE: *RLE range of motion:* full range of motion.
LLE: *LLE range of motion:* full range of motion.
Skin: *inspection:* no rashes, no lesions.

Problems
ASTHMA, EXTRINSIC W/O S.A. (493.00), Status: Active, onset: 08/25/2009, Chronic, Noted, occupational asthma (assessed)
DYSPNEA (RESP. INSUFFICIENCY) (786.09), Status: Active, onset: 01/24/2011, Noted (assessed)

Medications
Medication Reconciliation Performed

Orders
The following tests/treatments were performed:
PULSE OXIMETRY (94760), Ordered: 04/10/2012, Indication(s): DYSPNEA (RESP. INSUFFICIENCY) (786.09), Ordering Provider: Gregory J Feldman, MD, Status: Complete

Plan Note
Advair 500 bid to continue

BMI - Adult
Date: 04/10/2012
If yes, BMI Management Plan: done, Patient excluded due to following reason: Being Managed by another provider

Note Contributing Authors:
Gregory J Feldman, MD; Angela Morin

Note electronically signed by: Gregory J Feldman, MD on 04/11/2012 at 02:33 PM

E&M Code: 99213

Complexity: Limited

CC:
MELVIN MEDLOCK, 139 DILLON DRIVE, SPARTANBURG, SC, 29307

Upstate Lung & Critical Care Specialists, P.C.
1991 Boiling Springs Road
Spartanburg, SC 29303
(864)573-5320
FAX (864)573-5323

Patient: GUL, NIKOLAY I, DOB: [redacted]1975, Age: 36 years, Male
Acct #: 29997, Encounter Date: 04/10/2012

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[redacted]

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FAX (864)573- 6323

Patient: GUL, NIKOLAY I, DOB: [redacted]/1976, Age: 36 years, Male
Acct #: 29997, Encounter Date: 02/27/2012

Established Patient Encounter
02/27/2012

Nursing Note: pt is coughing up yellow sputum, SOB, wheezing, swelling of face, chest pain. Zulekha Mohammed

Medical History
No serious medical conditions noted.
Asthma.
Hypertension.

Social History
Tobacco Use no smoking - Non- Smoker.
Occupation - Labor / Construction was exposed to acid at work on daily basis.
Smoking status: Never smoker.
Smokeless Tobacco Use (No).
Tobacco (No).

Surgical History
No prior surgeries noted.

Family History
Unknown Family History.

Allergies: No known drug allergies
Reviewed By: Zulekha Mohammed

Current Medications:
Reviewed By: Zulekha Mohammed
Advair Diskus (fluticasone- salmeterol) 500- 50 mcg/dose Disk with Device Inhale 1 puff twice a day, Disp. 1 Rfl #6
lisinopril 20 mg Tablet Take 1 tablet once a day X 30 Days, Disp. 30 Rfl #5, Start Date: 08/04/2011, Stop Date: 03/01/2012
Ventolin HFA (albuterol sulfate) 90 mcg/actuation HFA Aerosol Inhaler 2 puff four times a day, as needed

Review of Systems:
Constitutional Symptoms:
Is patient a smoker? No
Complains of self Yes, Do you wear Oxygen? No, Do you use a CPAP or BIPAP? No.
Ears, nose, throat:
normal, no problems indicated

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Patient: GUL, NIKOLAY I, DOB: [redacted]1975, Age: 36 years, Male
Acct #: 29997, Encounter Date: 02/27/2012

Cardiovascular:
swelling of face
Complains of chest pain.
Pulmonary:
Complains of cough yellow sputum, short of breath, wheezing.
Denies coughing up sputum, coughing up blood, excessive sleepiness, loud snoring.
Gastrointestinal:
normal, no problems indicated

Vitals:
Height 67 inches (170.18 cm) **Weight** 199 pounds (90.27 kg) **BMI** 31.16 **Pulse** 93 bpm, **Sitting O2 Sat** 95%, **Room air Blood Pressure** 124 / 86, Left arm sitting

Exam:
General appearance: well developed.
no acute distress.
well hydrated.
well nourished.
Head: skull normocephalic, symmetric, and without deformities.
Eyes: *conjunctivae and lids*: conjunctivae pink with clear sclerae left and right.
ENMT: *external ears and nose*: no rhinorrhea.
otoscopic exam: tympanic membrane clear bilaterally.
oropharynx, oral mucosa, palates: oral mucosa pink and moist, posterior oropharynx clear.
Neck: *neck*: supple, no stiffness.
Respiratory: *auscultation*: clear to auscultation bilaterally.
respiratory effort: no grunting, no flaring, no retractions.
Cardiovascular: *auscultation*: regular rate and rhythm.
Abdomen: soft, nontender, bowel sounds normal, no masses.
no guarding.
no masses or protrusions.
no rebound.
Lymphatic: no cervical adenopathy.
Musculoskeletal: *head and neck*: ROM - full range of motion.
RUE: *RUE range of motion*: full range of motion.
LUE: *RUE range of motion*: full range of motion.
RLE: *RLE range of motion*: full range of motion.
LLE: *LLE range of motion*: full range of motion.
Skin: *inspection*: no rashes, no lesions.

Problems
ASTHMA, EXTRINSIC W/O S.A. (493.00), Status: Active, onset: 08/25/2009, Chronic, Exacerbated, occupational asthma (assessed)
DYSPNEA (RESP. INSUFFICIENCY) (786.09), Status: Active, onset: 01/24/2011, Noted (assessed)

sob
congested
wheezing

Medications
Medication Reconciliation Performed

Orders

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Patient: GUL, NIKOLAY I, DOB [redacted]1975, Age: 36 years, Male
Acct #: 29997, Encounter Date: 02/27/2012

The following tests/treatments were performed:
PULSE OXIMETRY (94760), Ordered: 02/27/2012, Indication(s): ASTHMA, EXTRINSIC W/O S.A. (493.90), Ordering Provider: Gregory J Feldman, MD, Status: Complete

Plan Note
prednisone 40 qd 5 days
advair 500 bid

Disposition
Return to clinic in 1 month

BMI - Adult
Date: 02/27/2012
If yes, BMI Management Plan: done, Patient excluded due to following reason: Being Managed by another provider

Note Contributing Authors:
Gregory J Feldman, MD; Zulfekha Mohammed

Note electronically signed by: Gregory J Feldman, MD on 02/27/2012 at 09:48 AM

E&M Code: 99213

Complexity: Limited

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Patient: GUL, NIKOLAY I, DOB: [REDACTED]1975, Age: 36 years, Male
Acct #: 29997, Encounter Date: 01/24/2012

Established Patient Encounter
01/24/2012

Nursing Note: 3 day f/u from taking Prednisone and doing better but cont to have some SOB and wheezing, coughing. Anita R Thompson, RN

Allergies: No known drug allergies
Reviewed By: Anita R Thompson, RN

Current Medications:
Reviewed By: Anita R Thompson, RN
Advair Diskus (fluticasone- salmeterol) 500- 50 mcg/dose Disk with Device Inhale 1 puff twice a day, Disp. 1 Rfl #6
lisinopril 20 mg Tablet Take 1 tablet once a day X 30 Days, Disp. 30 Rfl #6, Start Date: 06/04/2011, Stop Date: 03/01/2012
Ventolin HFA (albuterol sulfate) 90 mcg/Actuation HFA Aerosol Inhaler Inhale 2 puff four times a day, as needed X 30 Days, Disp. 1 Rfl #6, Start Date: 07/16/2011, Stop Date: 02/10/2012

Review of Systems:
All systems are negative unless otherwise specified
Constitutional Symptoms:
Complains of self Yes.
Denies Confined to Wheelchair?, Ambulation with a walker?, Ambulation with a cane?, Do you wear Oxygen?, Do you use a CPAP or BIPAP?, chills, dizziness, fainting, fatigue, fever, forgetfulness, insomnia, loss of appetite, loss of sleep, malaise, nervousness, night sweats, numbness, weight gain, weight loss.
Eyes:
Denies blurring, discharge, double vision, excessive tearing, eye pain, irritation, photophobia, redness, spots, vision flashes, vision halos, vision loss.
Ears, nose, throat:
Denies bleeding gums, difficulty swallowing, ear discharge, earache, hay fever, hoarseness, loss of hearing, nosebleeds, ringing in ears, sinus problems.
Cardiovascular:
face in am
Denies blood clots, chest pain, high blood pressure, irregular heart beat, low blood pressure, poor circulation, rapid heart beat, swelling of ankles, varicose veins.
Pulmonary:
Complains of coughing up sputum white, cough, short of breath, wheezing.
Denies coughing up blood, excessive sleepiness, loud snoring.
Gastrointestinal:
Denies abdominal pain, acid indigestion, bloating, bowel changes, constipation, diarrhea, excessive hunger, excessive thirst, gass, hemorrhoids, nausea, poor appetite, rectal bleeding, vomiting.

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Patient: GUL, NIKOLAY I, DOB: [redacted]1975, Age: 36 years, Male
Acct #: 29997, Encounter Date: 01/24/2012

Genitourinary:
normal, no problems indicated
Musculoskeletal:
normal, no problems indicated
Integumentary:
normal, no problems indicated
Neurological:
Denies blackouts, change in behavior, disorientation, headaches, involuntary movements, numbness, paralysis, seizures, speech, syncope, tingling, transient paralysis, tremors, unsteadiness, vertigo, weakness.
Psychiatric:
normal, no problems indicated
Endocrine:
Denies cold intolerance, excessive hunger, excessive sweating, excessive thirst, heat intolerance, hot flashes, polydipsia, polyphagia, polyuria, recent weight change, steroid use.
Hematologic, Lymphatic:
normal, no problems indicated
Immunologic:
Denies hay fever, HIV exposure, persistent infections, urticaria.

Vitals:
Height 67 inches (170.18 cm) **Weight** 200 pounds (90.72 kg) **BMI** 31.32 **Pulse** 113 bpm **O2 Sat** 98%, O2 Mask **Blood Pressure** 120 / 68, Left arm sitting

Exam:
General appearance: well developed.
no acute distress.
well hydrated.
well nourished.
Head: *skull* normocephalic, symmetric, and without deformities.
Eyes: *conjunctivae and lids:* conjunctivae pink with clear scleras left and right.
ENMT: *external ears and nose:* no rhinorrhea.
otoscopic exam: tympanic membrane clear bilaterally.
oropharynx, oral mucosa, palates: oral mucosa pink and moist, posterior oropharynx clear.
Neck: *neck:* supple, no stiffness.
Respiratory: *auscultation:* wheezing.
respiratory effort: no grunting, no flaring, no retractions.
Cardiovascular: *auscultation:* regular rate and rhythm.
Abdomen: soft, nontender, bowel sounds normal, no masses.
no guarding.
no masses or protrusions.
no rebound.
Lymphatic: no cervical adenopathy.
Musculoskeletal: *head and neck:* ROM - full range of motion.
RUE: *RUE range of motion:* full range of motion.
LUE: *RUE range of motion:* full range of motion.
RLE: *RLE range of motion:* full range of motion.
LLE: *LLE range of motion:* full range of motion.
Skin: *inspection:* no rashes, no lesions.

Problems
ASTHMA, EXTRINSIC W/O S.A. (493.00), Status: Active, onset: 09/25/2009, Chronic, Exacerbated,

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Patient: GUL, NIKOLAY I, DOB: [REDACTED]1975, Age: 36 years, Male
Acct #: 29997, Encounter Date: 01/24/2012

occupational asthma (assessed)

sob
wheezing

Medications
Medication Reconciliation Performed

Orders
The following tests/treatments were performed:
PULSE OXIMETRY (94760), Ordered: 01/24/2012, Indication(s): DYSPNEA (RESP. INSUFFICIENCY) (786.09), Ordering Provider: Gregory J Feldman, MD, Status: Complete, 01/24/2012

Immunizations
Influenza
Influenza, not administered - Refusal by patient/parent, 01/24/2012

Pneumococcal
Pneumococcal, not administered - Refusal by patient/parent, 01/24/2012

Plan Note
advair 500 bid
d/c prednisone

BMI - Adult
Date: 01/24/2012
If yes, BMI Management Plan: done, **Patient excluded due to following reason:** Being Managed by another provider

Note Contributing Authors:
Gregory J Feldman, MD; Anita R Thompson, RN

Note electronically signed by: Gregory J Feldman, MD on 01/26/2012 at 03:52 PM

E&M Code: 99214

Complexity: Moderate

Upstate Lung &
Critical Care Specialists, P.C.

Gregory A. Feldman, M.D.
Ashish A. Nayak, M.D.
David E. Lee, M.D.
Luis Fe La Luz, M.D.
Ha Thi Diep, M.D.
Christy Estes, M.D.
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Brittany Rogers, PA-C

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Patient: GUL, NIKOLAY I, DOB: [REDACTED]1975, Age: 36 years, Male
Acct #: 29997, Encounter Date: 01/12/2012

Established Patient Encounter
01/12/2012

Nursing Note: pt is here for routine office visit.
He never takes flu or pneumo vaccine. Angela Morin

Allergies: No known drug allergies
Reviewed By: Angela Morin

Current Medications:
Reviewed By: Angela Morin
Advair Diskus (fluticasone- salmeterol) 500-50 mcg/dose Disk with Device Inhale 1 puff twice a day, Disp. 1 Rfl #6
lisinopril 20 mg Tablet Take 1 tablet once a day X 30 Days, Disp. 30 Rfl #6, Start Date: 02/04/2011, Stop Date: 03/01/2012
Ventolin HFA (albuterol sulfate) 90 mcg/Actuation HFA Aerosol Inhaler Inhale 2 puff four times a day, as needed X 30 Days, Disp. 1 Rfl #6, Start Date: 07/15/2011, Stop Date: 02/10/2012

Review of Systems:
Constitutional Symptoms:
Is patient a smoker? No
Complains of Confined to Wheelchair? No, Ambulation with a walker? No, Ambulation with a cane? No, self Yes, Do you wear Oxygen? No, Do you use a CPAP or BIPAP? No.
Denies chills, dizziness, fainting, fatigue, fever, forgetfulness, insomnia, loss of appetite, loss of sleep, malaise, nervousness, night sweats, numbness, weight gain, weight loss.
Eyes:
Denies blurring, discharge, double vision, excessive tearing, eye pain, irritation, photophobia, redness, spots, vision flashes, vision halos, vision loss.
Ears, nose, throat:
Denies bleeding gums, difficulty swallowing, ear discharge, earache, hay fever, hoarseness, loss of hearing, nosebleeds, ringing in ears, sinus problems.
Cardiovascular:
Complains of chest pain both sides, high blood pressure.
Denies blood clots, irregular heart beat, low blood pressure, poor circulation, rapid heart beat, swelling of ankles, varicose veins.
Pulmonary:
Complains of cough, short of breath.
Denies coughing up sputum, coughing up blood, excessive sleepiness, loud snoring, wheezing.
Gastrointestinal:
Denies abdominal pain, acid indigestion, bloating, bowel changes, constipation, diarrhea, excessive hunger, excessive thirst, gass, hemorrhoids, nausea, poor appetite, rectal bleeding, vomiting.

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Patient: GUL, NIKOLAY I, DOB: [redacted]1975, Age: 36 years, Male
Acct #: 29597, Encounter Date: 01/12/2012

Genitourinary:
urinary - Denies altered color / odor of urine, frequency, hematuria, hesitancy, frequent urinary infections, kidney stones, incontinence, nocturia, pain or burning on urination, polyuria, reduced urine force / stream, urgency.
male - Denies breast lump, erection difficulties, lump in testicles, penile discharge, prostate difficulties, sore on penis.
Musculoskeletal:
neck - Denies pain, stiffness.
back - Denies arthritis of back, limitation of activity, limitation of movement, pain with cause, pain without cause, redness, stiffness, tenderness, unusual lesions, weakness.
ribs - Denies tenderness, pain.
joints - Denies arthritis, gout, limitation of joint activity, limitation of joint movement, pain without cause, redness, stiffness, swelling, tenderness, weakness.
muscles - Denies cramps at rest, cramps with exertion, limitation of activity, limitation of movement, weakness.
Integumentary:
hair - Denies alopecia, excessively dry or brittle hair, generalized hair loss, hirsutism, itching and scaling of skin, localized hair loss, recent change in hair texture.
nails - Denies clubbing at nail base, discoloration of nails, excessively dry or brittle nails, redness and pain at nail fold, ridging of nails.
skin - Denies change in mole, change in skin pigmentation or color, easy bruising, excessively dry skin, excessively oily skin, hives, itchy skin, presence of markings, presence of non-healing sores, presence of suspicious lesions, rash.
Neurological:
Denies blackouts, change in behavior, disorientation, headaches, involuntary movements, numbness, paralysis, seizures, speech, syncope, tingling, transient paralysis, tremors, unsteadiness, vertigo, weakness.
Psychiatric:
mood - Denies anxiety, depression, elation, insomnia, mood swings, nervousness, stressed, tenseness, withdrawn behavior.
mental state - Denies dementia, hallucinations, illusions, impaired, mental handicap, mental disturbance, paranoia, memory loss, suicidal ideation.
Endocrine:
Denies cold intolerance, excessive hunger, excessive sweating, excessive thirst, heat intolerance, hot flashes, polydipsia, polyphagia, polyuria, recent weight change, steroid use.
Hematologic, Lymphatic:
hematologic - Denies bruises easily, bleeding, hx of anemia, hx of transfusion reactions.
lymphatic - Denies enlarged lymph nodes, enlarged axillary lymph nodes, enlarged inguinal lymph nodes, enlarged nodes near ear.
Immunologic:
Denies hay fever, HIV exposure, persistent infections, urticaria.

Vitals:
Height 67 inches (170.18 cm) **Weight** 198 pounds (89.81 kg) **BMI** 31.00 **Pulse** 104 bpm, **Sitting O2 Sat** 99%, **Room air Blood Pressure** 144 / 91, **Left arm sitting**

Exam:
General appearance: well developed.
no acute distress.
well hydrated.
well nourished.
Head: skull normocephalic, symmetric, and without deformities.

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Patient: GUL, NIKOLAY I, DOB: [REDACTED]1975, Age: 36 years, Male
Acct #: 29997, Encounter Date: 01/12/2012

Eyes: *conjunctivae and lids*: conjunctivae pink with clear scleras left and right.
ENMT: *external ears and nose*: no rhinorrhea.
otoscopic exam: tympanic membrane clear bilaterally.
oropharynx, oral mucosa, palates: oral mucosa pink and moist, posterior oropharynx clear.
Neck: *neck*: supple, no stiffness.
Respiratory: *auscultation*: end expiratory wheeze, wheezing.
respiratory effort: no grunting, no flaring, no retractions.
Cardiovascular: *auscultation*: regular rate and rhythm.
Abdomen: soft, nontender, bowel sounds normal, no masses.
no guarding.
no masses or protrusions.
no rebound.
Lymphatic: no cervical adenopathy.
Musculoskeletal: *head and neck*: ROM - full range of motion.
RUE: *RUE range of motion*: full range of motion.
LUE: *RUE range of motion*: full range of motion.
RLE: *RLE range of motion*: full range of motion.
LLE: *LLE range of motion*: full range of motion.
Skin: *inspection*: no rashes, no lesions.

Problems
DYSPNEA (RESP. INSUFFICIENCY) (786.09), Status: Active, onset: 01/24/2011, Noted (assessed)

Medications
Medication Reconciliation Performed

Orders
The following tests/treatments were performed:
PULSE OXIMETRY (94760), Ordered: 01/12/2012, Indication(s): DYSPNEA (RESP. INSUFFICIENCY) (786.09), Ordering Provider: Gregory J Feldman, MD, Status: Complete

Plan Note
Prednisone 40 mg/day
Advair 500 bid

Disposition
Return to clinic in 1 week

BMI - Adult
Date: 01/12/2012
If yes, BMI Management Plan: done, Patient excluded due to following reason: Being Managed by another provider

Note Contributing Authors:
Gregory J Feldman, MD; Angela Morin

Note electronically signed by: Gregory J Feldman, MD on 01/12/2012 at 11:19 AM

E&M Code: 99213

Complexity: Limited

Upstate Lung & Critical Care Specialists, P.C.
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Patient: GUL, NIKOLAY I, DOB: [redacted]1975, Age: 36 years, Male
Acct #: 29997, Encounter Date: 12/05/2011

Established Patient Encounter
12/05/2011

Nursing Note: Patient states he is the same Chasity Horne

Medical History
No serious medical conditions noted.
Asthma.
Hypertension.

Social History
Tobacco Use no smoking - Non-Smoker.
Occupation - Labor / Construction was exposed to acid at work on daily basis.
Smoking status: Never smoker.
Smokeless Tobacco Use (No).
Tobacco (No).

Surgical History
No prior surgeries noted.

Family History
Unknown Family History.

Allergies: No known drug allergies
Reviewed By: Chasity Horne

Current Medications:
Reviewed By: Chasity Horne
Advair Diskus (fluticasone-salmeterol) 500-50 mcg/dose Disk with Device Inhale 1 puff twice a day, Disp. 1 Rfl #0
lisinopril 20 mg Tablet Take 1 tablet once a day X 30 Days, Disp. 30 Rfl #6, Start Date: 08/04/2011, Stop Date: 03/01/2012
Ventolin HFA (albuterol sulfate) 90 mcg/Actuation HFA Aerosol Inhaler Inhale 2 puff four times a day, as needed X 30 Days, Disp. 1 Rfl #6, Start Date: 07/15/2011, Stop Date: 02/10/2012

Review of Systems:
Constitutional Symptoms:
Cardiovascular:
Pulmonary:
Gastrointestinal:

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Patient: GUL, NIKOLAY I, DOB: [redacted]1975, Age: 36 years, Male
Acct #: 29987, Encounter Date: 12/05/2011

Vitals:
Height 67 inches (170.18 cm) Weight 190 pounds (86.18 kg) BMI 29.75 Pulse 97 bpm, Sitting O2 Sat 99%, Room air Blood Pressure 160 / 90, Left arm sitting

Exam:
General appearance: well developed.
no acute distress.
well hydrated.
well nourished.
Head: skull normocephalic, symmetric, and without deformities.
Eyes: *conjunctivae and lids*: conjunctivae pink with clear sclerae left and right.
ENMT: *external ears and nose*: no rhinorrhea,
otoscopic exam: tympanic membrane clear bilaterally.
oropharynx, oral mucosa, palates: oral mucosa pink and moist, posterior oropharynx clear.
Neck: *neck*: supple, no stiffness.
Respiratory: *auscultation*: clear to auscultation bilaterally.
respiratory effort: no grunting, no flaring, no retractions.
Cardiovascular: *auscultation*: regular rate and rhythm.
Abdomen: soft, nontender, bowel sounds normal, no masses.
no guarding.
no masses or protrusions.
no rebound.
Lymphatic: no cervical adenopathy.
Musculoskeletal: *head and neck*: ROM - full range of motion.
RUE: *RUE range of motion*: full range of motion.
LUE: *RUE range of motion*: full range of motion.
RLE: *RLE range of motion*: full range of motion.
LLE: *LLE range of motion*: full range of motion.
Skin: *inspection*: no rashes, no lesions.

Problems
ASTHMA, EXTRINSIC W/O S.A. (493.00), Status: Active, onset: 09/26/2009, Chronic, Noted: occupational asthma (assessed)
DYSPNEA (RESP. INSUFFICIENCY) (786.09), Status: Active, onset: 01/24/2011, Noted (assessed)

Orders
PULSE OXIMETRY (94760), Ordered: 03/22/2011, Indication(s): DYSPNEA (RESP. INSUFFICIENCY) (786.09), Ordering Provider: Angela Morin, Status: Complete
The following tests/treatments were performed:
PULSE OXIMETRY (94760), Ordered: 12/05/2011, Indication(s): DYSPNEA (RESP. INSUFFICIENCY) (786.09), Ordering Provider: Gregory J Feldman, MD, Status: Complete

Plan Note
Advair 500 bid

BMI - Adult
Date: 12/05/2011
Patient excluded due to following reason: Being Managed by another provider

Note Contributing Authors:
Gregory J Feldman, MD; Chasity Horne

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Patient: GUL, NIKOLAY I, DOB: [redacted]1975, Age: 36 years, Male
Acct #: 29997, Encounter Date: 12/08/2011

Note electronically signed by: Gregory J Feldman, MD on 12/09/2011 at 09:10 AM

E&M Code: 99214

Complexity: Moderate

DAILY LOG
Upstate Lung and Critical Care Specialists, P.C.
1091 Boiling Springs Road
Spartanburg, SC 29303
Phone 573-6320

___/___/___

BRONCHS	CONSULTS	D/C

This Pt was witnessing today in the OR was taken for meds then seen on unit

UL-116

☐ GJF
☐ JAB
☐ DRE

DAILY LOG
Upstate Lung and Critical Care Specialists, P.C.
1091 Boiling Springs Road
Spartanburg, SC 29303
Phone 573-6320

___/___/___

ADMS	BRONCHS	CONSULTS	D/C

Needs to go to MUSC on A-fib but not going today

UL-116

Allman Printing Co., Inc. 10/09

Upstate Lung And Critical Care Specialists, P.C.

F

Name: Gul, Nikolay I. Chart# 24977 Date 11-8-11

Wt 189 Ht 6'1" BP 142/90 HR 75 RR ____ Temp ____ FIO2 RA

Cough 0 Smoking 0 Present Illness + reason for visit OV

Sputum 0 Nausea 0 Swelling in face

Dyspnea + Vomiting 0

Wheeze + Diarrhea 0

Edema + Chest Pain +

Palpitations 0 Pain 0

Oriented NL ETOH: ____

New Allergies ____

Last Chest X-Ray ____

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

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

Lung Vol ___ DLCO ___ UA ___ CXR ___ ABG's ___ Bun ___ Cre ___ K+ ___ O_2Sat Rest Then 96%

O_2Sat Rest ___

Office Treatment ____

Education ____

Diagnosis ____ Plan ____

Prescriptions ____

Upstate Lung And Critical Care Specialists, P.C.

F

Name: Gul, Nikolay T. Chart# 29997 Date 11/1/2011

Wt 190 Ht (6') B/P 143/90 HR 75 RR ____ Temp ____ FiO2 RA

Cough (+) Smoking 0 Present Illness + reason for visit Worse OV pt
Sputum (+) yellow Nausea 0 with SOB on exertion. Hx of
Dyspnea + Exertion Vomiting 0 asthma. Productive yellow sputum.
Wheeze (+) Diarrhea 0
Edema trace Chest Pain (+) c SOB
Palpitations 0 Pain 0 arms
Oriented X3 ETOH 0
New Allergies NKDA
Last Chest X-Ray ____

Physical Exam: ✓ WNL/NEG * ABN/FOS

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

LAB ORDER: Spirometry ___ EKG ___ Sinus ___ CBC ___ Glu ___ PT ___ INR ___ O_2Sat Rest
Lung Vol ___ DLCO ___ UA ___ CXR ___ ABG's ___ Bun ___ Cre ___ K+ ___ Theo 100%
O_2Sat Rest ___

Office Treatment ____

Education Albuterol Inhaler Demo

Diagnosis Asthma Plan 2 Albuterol

Prescriptions 2

Upstate Lung And Critical Care Specialists, P.C.

Name: Gul, Nikolay Chart# 29997 Date 10/6/2011

Wt 190 Ht 5'7" B/P 140/94 HR 83 RR ____ Temp ____ FIO2 RA

Cough + Smoking NO Present Illness + reason for visit OV

Sputum White Nausea ____ Cough Questions

Dyspnea + Vomiting ____

Wheeze + Diarrhea ____

Edema Trace Chest Pain ____

Palpitations ____ Pain ____

Oriented X3 ETOH ____

New Allergies ____

Last Chest X-Ray ____

Physical Exam: ✓ WNL/NEG * ABN/POS

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

LAB ORDER: Spirometry ____ EKG ____ Sinus ____ CBC ____ Glu ____ PT ____ INR ____ O2Sat Rest ____
Lung Vol ____ DLCO ____ UA ____ CXR ____ ABG'S ____ Bun ____ Cre ____ K+ ____ Theo ____

O_2Sat Rest ____

Office Treatment ____

Education ____

Diagnosis ____ Plan ____

Prescriptions ____

Signature ____ Staff ____

Upstate Lung And Critical Care Specialists, P.C.

Name: Gul; Nikolay Chart# 29997 Date 9/6/11

Wt 193 Ht 6'1" B/P 142/90 H/R 107 RR ____ Temp ____ FIO2 RA

Present Illness + reason for visit Office Visit
Cough mucus
Pain across chest
Feels ok

Cough	Smoking	
Sputum	Nausea	
Dyspnea	Vomiting	
Wheeze	Diarrhea	
Edema	Chest Pain	
Palpitations	Pain	
Oriented	ETOH	
New Allergies		
Last Chest X-Ray		

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

LAB ORDER: Spirometry ___ EKG ___ Sinus ___ CBC ___ Glu ___ PT ___ INR ___ O_2Sat Rest ___
Lung Vol ___ DLCO ___ DA ___ CXR ___ ABG'S ___ Bun ___ Cre ___ K+ ___ Theo 97
O_2Sat Rest ___

Office Treatment

Education

Diagnosis

Plan

Prescriptions

Upstate Lung And Critical Care Specialists, P.C.

Name: Gul, Nikolay I Chart# 29997 Date 7/15/2011

Wt 193 Ht 67 B/P 150/97 H/R 66 RR ____ Temp ____ FIO2 RA

Cough + Smoking D/C Present Illness + reason for visit F/U from SNF

Sputum White Nausea ____ doing some baths

Dyspnea + Vomiting ____

Wheeze + Diarrhea ____

Edema ____ Chest Pain ____ Lisinopril 20mg qd

Palpitations ____ Pain ____

Oriented ____ ETOL ____

New Allergies ____

Last Chest X-Ray ____

Physical Exam: ✓ WNL/NEG * ABN/POS

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

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

Lung Vol ____ DLCO ____ U/A ____ CXR ____ ABG's ____ Bun ____ Cre ____ K+ ____ Theo 100 %

O_2Sat Rest ____

Office Treatment ____

Education ____

Diagnosis ____ Plan ____

Prescriptions ____

Next Appt: ____ Wks ____ Months W/CIF ____ #AE ____ INR ____ Signature ____

Upstate Lung And Critical Ca[redacted] Salists, P.C. [redacted]

F

Name: Gul, Nikolov T Chart# 29997 Date 7/1/2011

Wt 192 Ht 67" B/P 178/113 R/R 101 RR ____ Temp ____ FIO2 RA

Cough	1	Smoking	0
Sputum	1	Nausea	0
Dyspnea	1	Vomiting	0
Wheeze	1	Diarrhea	0
Edema	0	Chest Pain	1
Palpitations	0	Pain	0
Oriented	Y3	ETOL	
New Allergies			
Last Chest X-Ray			

Present Illness + reason for visit GV

Uncle Southern

BP high

Physical Exam: ✓ WNL/NEG * ABN/POS

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

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

Office Treatment

Education

Diagnosis

Plan SPHC
Albuterol Neb Q12
Y Bronch Tremens
Y Hem Stat OP
Symbicort 160 1puff BID

Prescriptions

Next Appt. ___ Wks ___ Months W/GOF JAB DRB Signature

Next Visit: Spiro LV DLCO PA PAL Sinus Dexa RTC/WFE Staff ___

Upstate Lung And Critical Care Specialists, P.C.

Name: Gul, Mirdad T. Chart# 29997 Date 4/21/2011

Wt 192 Ht 67 BP 160/95 HR 94 RR ____ Temp ____ FIO2 RA

Cough +
Sputum White
Dyspnea +
Wheeze mild
Edema ____
Palpitations ____
Oriented x3
New Allergies ____
Last Chest X-Ray ____

Smoking NO
Nausea ____
Vomiting ____
Diarrhea ____
Chest Pain +
Pain ____
ETOL ____

Present Illness + reason for visit OV-
wheeze & treat
cough

Physical Exam: ✓ WNL/NEG * ABN/POS

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

LAB ORDER: Spirometry ____ EKG ____ Sinus ____ CBC ____ Glu ____ PT ____ INR ____ O_2Sat Rest
Lung Vol ____ DLCO ____ U/A ____ CXR ____ ABG'S ____ Bun ____ Cre ____ K+ ____ Thos ____
O_2Sat Rest 99 RA

Office Treatment ____

Education ____

Diagnosis ____ Plan ____

Prescriptions ____

Next Appt. ____ Wks ____ Months W/QIF IAH DKE Signature ____ Staff ____

Upstate Lung And Critical Care Specialists, P.C.

Name: Gill, Nikolay I. Chart# 29997 Date 5/16/2011

Wt 193 Ht ____ BP 144/86 HR 85 RR ____ Temp ____ FIO2 RA

Cough ____ Smoking ____ Present Illness + reason for visit

Sputum ____ Nausea ____

Dyspnea + Vomiting ____

Wheeze ____ Diarrhea ____

Edema ____ Chest Pain ____

Palpitations ____ Pain ____

Oriented x3 EFOL ____

New Allergies ____

Last Chest X-Ray ____

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

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

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

O_2Sat Rest 94% RA

Office Treatment ____

Education ____

Diagnosis ____ Plan ____

Prescriptions ____

Staff ____

Upstate Lung And Critical Care Specialists, P.C.

Name: Gui, Nikolay I. Chart# 70997 Date 4/15/11 F

Wt 192 Ht _____ B/P 144/108 HR 91 RR _____ Temp _____ FiO2 _____

Cough T
Sputum white
Dyspnea +
Wheeze _____
Edema _____
Palpitations _____
Oriented x3
New Allergies _____
Last Chest X-Ray _____

Smoking _____
Nausea _____
Vomiting _____
Diarrhea _____
Chest Pain _____
Pain lower back
ETOL _____

Present Illness + reason for visit _____

Physical Exam: ✓ WNL/NEG # ABN/POS

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

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

Office Treatment: Albuterol 2.5 - 3.0 neb

Education _____

Diagnosis: AECB

Plan: levaquin 750 po

Prescriptions _____

Staff MT

5

Upstate Lung And Critical Care Specialists, P.C.

Name: Nikolau T Gut. Chart# 29997. Date 3/25/11

Wt 194 Ht 61.0 BP 179/102 HR 93. RR ____ Temp ____ HO2 RA

Cough	Smoking	Present Illness + reason for visit SV	
Sputum	Nausea	SOB.	
Dyspnea	Vomiting		
Wheeze	Diarrhea		
Edema	Chest Pain		
Palpitations	Pain		
Oriented x3	ETOH		

New Allergies ____

Last Chest X-Ray ____

Physical Exam: ✓ WNL/NEG * ABN/POS

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

LAB ORDER: Spirometry ___ EKG ___ Sinus ___ CBC ___ Chn ___ PT ___ INR ___ O_2Sat Rest 99 %
Lung Vol ___ DLCO ___ U/A ___ CXR ___ ABG'S ___ Bun ___ Cre ___ K+ ___ Theo ___
O_2Sat Rest ___

Office Treatment ____

Education ____

Diagnosis ____ Plan ____

Upstate Lung And Critical Care Specia[redacted], P.C.

Name: Nikolay Gul M Chart# 29997 Date 3-22-11 S

Wt 192 Ht 62" BP 134/98 P/R 84 RR ____ Temp ____ Pulse OX ____

Office Visit

Cough + Smoking
Sputum + Nausea
Dyspnea + Vomiting
Wheeze + Diarrhea
Edema + Chest Pain +
Palpitations Pain
Oriented x3 ETOL

Present Illness / reason for visit: Cough's sup. yellow / white Swelling in legs and face Pain across chest.

New Allergies ____
Last Chest X-Ray ____

Physical Exam:	√ WNL/NEG	* ABN/POS
* General Appearance		
Skin/Turgor		- Ht 1 dyspnea s cough
* ENT		- sl tender
Sinus		- clear c mild erythema
* Mouth		- mm moist
* Neck		- Forearm and dorsum pt to touch
* Heart: Rhythm		Normal S1 S2 no murmurs
Murmurs		- Bilat basilar crackles
Gallop		- no edema
Tones		
* Abdomen		
* Chest/Lungs:		
Breath Sounds		
Wheezes	+	
Rales		
Effort		
Symmetry		
Extremities		- edema noted
Mobility: Gait		
Reflexes		
Aides		
* Mental Status		

LAB ORDER: Spirometry ____ EKG ____ Sinus ____ CBC ____ Glu ____ PT ____ INR ____ O_2Sat Rest ____
Lung Vol ____ DLCO ____ U/A ____ CXR ____ ABG'S ____ Bun ____ Cre ____ Ex ____ Theo 100
O_2Sat Rest ____

Office Treatment: ____

Education ____

Diagnosis: CHF ____ Plan: ① Plan Therapy ② ? Thoracentesis

Prescriptions: Albuterol Sulfate Inhaler 2 puffs ____ Staff: AR

Upstate Lung And Critical Care Specialists, P.C.

F

Name: GAUL, NIKOLAY Chart# 29981 Date 2/14/2011

Wt 195 Ht ____ B/P 150/94 H/R 130 RR ____ Temp ____ FiO2 RA

Cough +	Smoking —	Present Illness + reason for visit	
Sputum —	Nausea —		
Dyspnea +	Vomiting —		
Wheeze —	Diarrhea —		
Edema —	Chest Pain + Chest tightness		
Palpitations —	Pain —		
Oriented x 3	ETOH —		
New Allergies —			
Last Chest X-Ray ____			

Physical Exam: ✓ WNL/NEG * ABN/POS

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

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

Lung Vol ____ DLCO ____ D/A ____ CXR ____ ABG'S ____ Bun ____ Cre ____ K+ ____ Theo ____

O_2Sat Rest 99%

Office Treatment

Education

Diagnosis

Plan

Prescriptions

ROA 400

Staff MT

Upstate Lung And Critical Care Specialists, P.C.

Name: GUL, NICKOLAY Chart# 29997 Date 1-24-11

Wt 193 Ht 67 BP 152/104 HR 110 RR _____ Temp _____ FIO2 RA

Cough (+) Smoking Ø
Sputum _____ Nausea _____
Dyspnea (+) Vomiting _____
Wheeze (+) Diarrhea _____
Edema Ø Chest Pain ↓
Palpitations Ø Pain _____
Oriented ×3 ETOL _____
New Allergies _____
Last Chest X-Ray _____

Present Illness + reason for visit _____

Physical Exam: √ WNL/NEG * ABN/POS

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

LAB ORDER: Spirometry ___ EKG ___ Sinus ___ CBC ___ Glu ___ PT ___ INR ___ O2Sat Rest 98%
Lung Vol ___ DLCO ___ UA ___ CXR ___ ABG'S ___ Bun ___ Cre ___ K+ ___ Theo ___
O2Sat Rest ___

Office Treatment _____

Education _____

Diagnosis _____ Plan _____

Prescriptions

Upstate Lung And Critical Care Specialists, P.C.

F

Name: Gul, Nikolay I Chart# 24997 Date 12/14/10

Wt 193 Ht 67" B/P 151/97 H/R 122 RR ____ Temp ____ FIO2 RA

Cough (+) Smoking 0
Sputum yellow Nausea 0
Dyspnea (+) Vomiting 0
Wheeze (+) Diarrhea 0
Edema 0 Chest Pain 0
Palpitations 0 Pain 0
Oriented x3 ETOH ____
New Allergies ____
Last Chest X-Ray ____

Present Illness + reason for visit RV
yellow productive cough x 2 days
SOB Chest tightness
nebulizer 2x/day

Physical Exam: ✓ WNL/NEG * ABNPGS

* General Appearance ✓ but wt
Skin/Turgor ✓
* ENT ✓ decreased
Sinus ✓
* Mouth ✓
* Neck ✓
* Heart: Rhythm ✓
Murmurs ✓
Gallop ✓
Tones ✓
* Abdomen ✓ BS+, non-tender
* Chest/Lungs:
Breath Sounds ✓ Fine
Wheezes ✓
Rales ✓
Effort ✓
Symmetry ✓
* Extremities: ✓ Few
Mobility: Gait ✓
Reflexes ✓
Aides ✓
* Mental Status ✓

LAB ORDER: Spirometry ✓ EKG ____ Sinus ____ CBC ____ Glu ____ PT ____ INR ____ O_2Sat Rest 100%
Lung Vol ____ DLCO ____ U/A ____ CXR ____ ABG'S ____ Bun ____ Cre ____ K+ ____ Theo ____
O_2Sat Rest ____

Office Treatment ____

Education Risk factors

Diagnosis ____ Plan Advised Lisinopril 20mg

ROA 402

Prescriptions ____

TR

Upstate Lung And Critical Care Specialists, P.C.

F

Name: Gul, Nikolay Chart# 29997 Date 11/23/10

Wt 186 Ht 67" B/P 154/100 H/R 99 RR ____ Temp ____ FIO2 RA

Cough 1 Smoking 0
Sputum 1 Nausea 0
Dyspnea 1 Vomiting 0
Wheeze 1 Diarrhea 0
Edema 1 Chest Pain 1
Palpitations 0 Pain ____
Oriented X3 ETOL 0
New Allergies ____
Last Chest X-Ray ____

Present Illness + reason for visit: Office Visit
Cough S up yellow/white phlegm
Swelling in hands and face.
Pain both sides of chest.

Physical Exam:	✓ WNL/NEG	# ABN/POS
* General Appearance	✓	
* Skin/Turgor	✓	
* ENT	✓	
* Sinus	✓	
* Mouth	✓	
* Neck	✓	
* Heart: Rhythm	✓	
Murmurs	✓	
Gallop	✓	
Tones	✓	
* Abdomen	✓	
* Chest/Lungs:		
Breath Sounds	✓	
Wheezes	✓	
Rales	✓	
Effort	✓	
Symmetry	✓	
* Extremities:		
* Mobility: Gait	✓	
Reflexes	✓	
Aides	✓	
* Mental Status	✓	

LAB ORDER: Spirometry ____ EKG ____ Sinus ____ CBC ____ Glu ____ PT ____ INR ____ O_2Sat Rest ____
Lung Vol ____ DLCO ____ U/A ____ CXR ____ ABG'S ____ Bun ____ Cre ____ K+ ____ Theo 99
O_2Sat Rest ____

Office Treatment ____

Education ____

Diagnosis ____ Plan ____

Prescriptions ____

Upstate Lung And Critical Care Specialists, P.C.

Name: W. Nolay Gul Chart#: 29997 Date: 11-15-10

Wt: 180 Ht: 6'1" B/P: 154/102 HR: 113 RR: ____ Temp: ____ HO2: 96%

Cough +	Smoking 0	Present Illness + reason for visit:	Office visit
Sputum +	Nausea 0		Coughs up white/yellow sputum
Dyspnea +	Vomiting 0		Swelling in face and hands.
Wheeze +	Diarrhea 0		Chest pain across chest
Edema +	Chest Pain +		Pain across back
Palpitations 0	Pain +		Pt. is dizzy today
Oriented X3	ETOH 0		BP 134/102 C 1020 Monmart
New Allergies ____			Lyng
Last Chest X-Ray ____			

Physical Exam: ✓ WNL/NEG * ABN/POS

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

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

Lung Vol ___ DLCO ___ UA ___ CXR ___ ABG'S ___ Bun ___ Cre ___ K+ ___ Theo 100

O_2Sat Rest ___

Office Treatment Gave 0.2 mg clonidine.

Education Have Exercised 5 min 10 times/day

Diagnosis ____ Plan ____

Prescriptions Ventolin

Upstate Lung And Critical Care Specialists, P.C.

F

Name: Gul, Nikolay T. Chart# 29997 Date 10/14/10

Wt 186 Ht 67" BP 154/99 H/R 78 RR ____ Temp ____ FiO2 RA

Present Illness + reason for visit: office visit

Cough 0 Sputum 0 Dyspnea + Wheeze + Edema + Palpitations ____ Oriented ____

Smoking 0 Nausea 0 Vomiting 0 Diarrhea 0 Chest Pain + Pain 0 ETOH 0

Swelling in legs
tightness & heaviness
pt feels better today.

New Allergies ____

Last Chest X-Ray ____

Physical Exam: ✓ WNL/NEG * ABN/POS

* General Appearance ✓
Skin/Turgor ✓
* ENT ✓
Sinus ✓
* Mouth ✓
* Neck ✓
* Heart: Rhythm ✓
Murmurs ✓
Gallop ✓
Thuds ✓
* Abdomen soft, nontender
* Chest/Lungs:
Breath Sounds ✓
Wheezes ✓
Rales ✓
Effort ✓
Symmetry ✓
Extremities:
Mobility: Gait ✓
Reflexes ✓
Ankles ✓
* Mental Status ✓

LAB ORDER: Spirometry ____ EKG ____ Sinus ____ CBC ____ Glu ____ PT ____ INR ____ O_2Sat Rest ____
Lung Vol ____ DLCO ____ UA ____ CXR ____ ABG'S ____ Bun ____ Cre ____ K+ ____ Theo 100
O_2Sat Rest ____

Office Treatment ____

Education ____

Diagnosis ____ Plan ____

Prescriptions Micardis

Staff ____

Upstate Lung And Critical Care Specialists, P.C.

Name: Gul, Nikolay I Chart# 29997 Date 10/11/2010

Wt 188 Ht 6'1" B/P 102/70 H/R 110 RR ____ Temp ____ FIO2 RA

Cough + Smoking NO Present Illness + reason for visit DV

Sputum + white Nausea ____ Wheezing

Dyspnea + Vomiting ____

Wheeze + Diarrhea ____

Edema ____ Chest Pain ++ Chest tight

Palpitations ____ Pain ____

Oriented ____ ETOL ____

New Allergies ____

Last Chest X-Ray ____

Physical Exam: ✓ WNL/NEG * ABN/POS

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

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

Lung Vol ____ DLCO ____ U/A ____ CXR ____ ABG'S ____ Bun ____ Cre ____ K+ ____ Theo 100 RA

O_2Sat Rest ____

Office Treatment ____

Education ____

Diagnosis ____ Plan ____

Prescriptions ____

Staff ____

Upstate Lung And Critical Care Specialists, P.C.

Name: Wilson Carl Chart# _____ Date 9/29/13

Wt 190 Ht 6'1 B/P 140/90 HR/Rhy _____ RR _____ Temp _____ FIO2 RA

Cough mild
Sputum —
Dyspnea +
Wheeze +
Edema —
Palpitations —
Oriented X3
New Allergies —
Last Chest X-Ray _____

Smoking —
Nausea —
Vomiting —
Diarrhea —
Chest Pain —
Pain —
ETOL _____

Present Illness + reason for visit

Physical Exam: ✓ WNL/NEG * ABN/POS

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

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

O_2Sat Rest 99%

Office Treatment

Education

Diagnosis Plan

Prescriptions

Staff MT

F

Upstate Lung And Critical Care Specialists, P.C.

Name: Goul, Nikolay Chart# 29997 Date 8-23-10

Wt 188 Ht 180 B/P 140/90 H/R 92 RR ____ Temp ____ FiO2 RA

Cough little wet Smoking 0
Sputum one yellow Nausea 0
Dyspnea + Vomiting 0
Wheeze + Diarrhea 0
Edema 0 Chest Pain one
Palpitations + Pain sides
Oriented + ETOL ____
New Allergies ____
Last Chest X-Ray ____

Present Illness + reason for visit FV

Stable SOB

A. Tuler

Physical Exam: ✓ WNL/NRG * ABN/POS

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

LAB ORDER: Spirometry ____ EKG ____ Sinus ____ CBC ____ Gln ____ PT ____ INR ____ O_2Sat Rest ____
Lung Vol ____ DLCO ____ UA ____ CXR ____ ABG'S ____ Bun ____ Cre ____ K+ ____ Theo 09/1
O_2Sat Rest ____

Office Treatment ____ cough syr

Education ____

Diagnosis Asthma Plan Prevpac 6-4-10
2 x 5 d
Albuterol PRN BID

Prescriptions ____

F

Upstate Lung And Critical Care Specialists, P.C.

Name: Gul, Nikolay I Chart# 29997 Date 7/26/10

Wt 192 Ht 60 B/P 132/98 H/R 164 RR ____ Temp ____ FIO2 N/A

Cough — Smoking —
Sputum — Nausea —
Dyspnea + Vomiting —
Wheeze + Diarrhea —
Edema — Chest Pain —
Palpitations — Pain —
Oriented X3 ETOL —
New Allergies —
Last Chest X-Ray ____

Present Illness + reason for visit: f/u dizziness x 2 days

Physical Exam: √ WNL/NEG # ABN/PES

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

LAB ORDER: Spirometry ___ EKG ___ Sinus ___ CBC ___ Glu ✓ PT ___ INR ___ O_2Sat Rest ___
Emerg Vol ___ DLCO ___ U/A ___ CXR ___ ABG'S ___ Bun ___ Cre ___ K+ ___ Theo ___
O_2Sat Rest 98%
Office Treatment FSBS = 99

Elevation ____
Diagnosis ____ Plan MRI Brain NC 7/27/10 @ 12N
Dizziness
ROA 409

Prescriptions

Upstate Lung And Critical Care Specialists, P.C.

F

Name: GUL NIKOLAN I Chart# 29997 Date 7-19-10

Wt 192 Ht 6'7" B/P 131/102 P/R 115 RR ____ Temp ____ FIO2 99%

Cough + Smoking Ø Present Illness + reason for visit OV

Sputum White/yellow Nausea Ø

Dyspnea + Vomiting Ø Coughing / wheezing on + off

Wheeze + Diarrhea Ø

Edema Ø Chest Pain tightness + activity

Palpitations Ø Pain Ø back

Oriented x 3 ETOL ____

New Allergies ____

Last Chest X-Ray ____

Physical Exam: ✓ WNL/NEG * ABN/POS

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

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

Lung Vol ___ DLCO ___ U/A ___ CKR ___ ABG'S ___ Bun ___ Cre ___ K+ ___ Then

O_2Sat Rest ___

Office Treatment ____

Education ____

Diagnosis ____ Plan ____

UPSTATE LUNG & CRITICAL CARE

EasyOne™ DIAGNOSTIC 6.1
[illegible]
8/19/2016 08:30am

Patient Information

ID	29997
Age	35
[illegible]	[illegible]
Gender	MALE
Ethnic	CAUCASIAN
[illegible]	[illegible]
Asthma	NO

Test Information

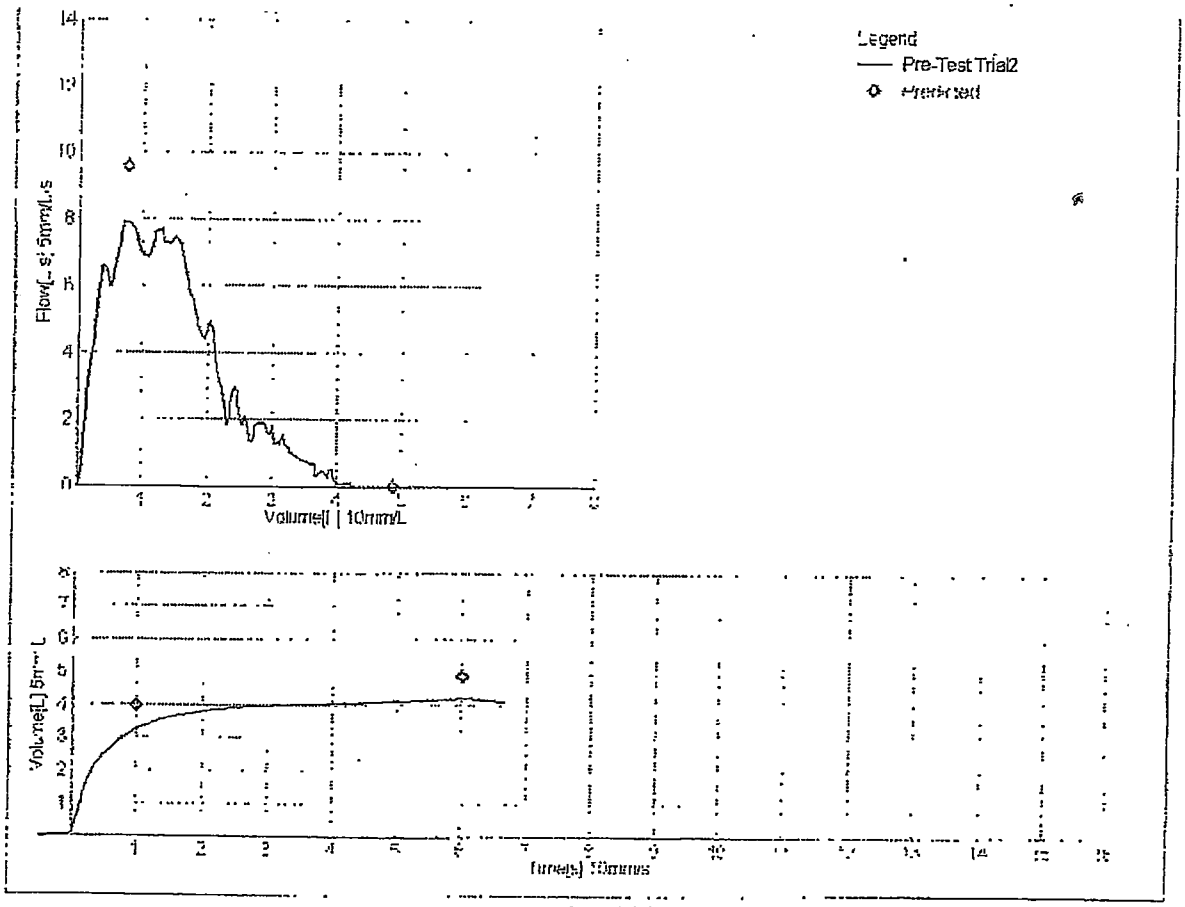
[illegible]	[illegible]
Post Time	
Test Mode	DIAGNOSTIC
[illegible]	[illegible]
[illegible]	[illegible]
Value Select	BEST VALUE
[illegible]	
[illegible]	[illegible]
BTPS (Est.)	[illegible]

Test Results — Your FEV1 is 95% Predicted

Parameter	Pre-Test Best	Trial2	Trial1	Pred	%Pred
FVC[L]	4.23	4.23	4.09	4.89	87
FEV1[L]	3.29	3.29	3.10*	3.96	83
FEV1/FVC[%]	77.7	77.7	75.8	80.8	96
PEF[L/min]	475.0	475.0	790.9	574.1	83
FEF25-75[L/s]	2.82	2.82	2.46*	3.94	72
FET[s]	6.02	6.02	5.97	--	--

* Indicates Below LLN or Significant Post Change

Pre-Test Interpretation: FEV1 Var-0.19L 5.8% FVC Var-0.14L 3.4% [illegible]: Normal Spirometry



Upstate Lung &
Critical Care Specialists, P.C.

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June 17, 2010

RE: Nicolay Gul

DOB [REDACTED].975

Dear Mr. Dantin,

I am writing in response to your letter of Febuary 11, 2010. Sorry for the delay, as I did not have your letter on the chart. I have been treating Mr. Gul since Sept 2009.His diagnosis of Asthma is really without any doubt and he has classic asthma. He had very difficult time with Persistent asthma that manifested by Dyspnea, overt and obvious wheezing as well as fatique and intermittent chest pain. and has has required high-dose of steroids to contol his symptoms.After he has failed oupatient treatment he has required admission to the Hospital. He has improved considerably since his Admission in May, 2010.I disagree with nearly everything that Dr. Fogarty has written in his report. Work-related Asthma (WRA) has become the most common occupational lung disease in the USA.and accounts for 15% of all adult asthma. Asthma is characterised as an acute or chronic inflammatory disorder of the airways, often reversible, with recurrent episodes of wheezing, shortness of breath, chest tightness and/or cough due to airway obstruction. Work related asthma (WRA) refers to asthma that can be attributed to or made worse by exposures in the workplace. WRA is characterised by episodic symptoms of airflow obstruction which is at least partialy reversible and temporal pattern of symptoms associated with exposure at workplace. Mr. Gul undoubtedly clearly has both classic symptoms and temporal exposure history. As for Spirometry, even at Dr. Fogarty office where he reportedly had no wheezing, his FEV1 was 3.37 L as compared to 3.69 L , at Hohler earlier which is significant drop of 332 ml. When he was more symptomatic in my office his FEV1 was 2.71 l, nearly 1000 cc less or 68%. Often times no Spirometry was possible due to severe wheezing and symptoms. Mr. Gul has also clearly deimonstrated Obstructive defect, which cannot be faked by any effort. Two other trials were meaningless as he was getting fatigued and tired due to Asthma exacerbation. Please let me know if you need any other information.

Regards,

Gregory J. Feldman, MD

Upstate Lung And Critical Care Specialists, P.C.

Name: Nikolay, I Col. Chart# 29994 Date 6/17/10

Wt 192 Ht 6'1" B/P 150/92 HR 76 RR ____ Temp ____ FIO2 RA

Cough +/- Smoking 0 Present Illness + reason for visit CV

Sputum + Nausea 0 White Sputum

Dyspnea + Vomiting 0

Wheeze +/- Diarrhea 0

Edema 0 Chest Pain +

Palpitations 0 Pain 0

Oriented X3 ETOL ____

New Allergies ____

Last Chest X-Ray ____

Physical Exam: ✓ WNL/NEG * ABN/POS

* General Appearance ____

* Skin/Turgor ____

ENT ____

Sinus ____

* Mouth ____

* Neck ____

* Heart: Rhythm ____

Murmurs ____

Gallop ____

Tones ____

* Abdomen ____

* Chest/Lungs:

Breath Sounds ____

Wheezes ____

Rales ____

Effort ____

Symmetry ____

Extremities:

Mobility: Gait ____

Reflexes ____

Aides ____

* Mental Status ____

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

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

O_2Sat Rest 100%

Office Treatment ____

Education ____

Diagnosis ____ Plan ____

Prescriptions ____

Staff ZM

Upstate Lung and Critical Care
1091 Boiling Springs Rd.
Spartanburg, SC, 29303

Name:	Gul, Nikolay	ID:	29997	BSA:	1.99	Date:	06/17/2010
Tech:	HORNE, CHASITY	Height:	67.00	Age:	35	Room:	
Doctor:	FELDMAN, GREGORY	Weight:	192.00	Sex:	Male	Race:	Caucasian

Diagnosis:
Dyspnea: On hills and stairs Cough: Productive Wheeze: Frequent
Tbco Prod: Never Smoked Yrs Smk: Pks/Day: Yrs Quit:
Medications:
Pre Test Comments: Patient o2 sat at starting of testing is 99%RA resting.
Post Test Comments: Patient had some nausea & vomiting during methacholine. Stopped methacholine & gave Albuterol while letting patient rest.

	Pre-BD			Challenge		Post-BD	
	Actual	Pred	%Pred	Actual	%Chng	Actual	%Chng
--- SPIROMETRY ---							
FVC (L)	4.64	4.90	95	4.61	-1		
FEV1 (L)	3.69	3.97	93	3.68	-0		
FEV1/FVC (%)	79	81	98	80	0		
FEF 25% (L/sec)	8.50	8.03	106	8.52	0		
FEF 75% (L/sec)	*1.15	1.99	*58	*1.26	9		
FEF 25-75% (L/sec)	3.51	3.95	89	3.34	-5		
FEF Max (L/sec)	9.61	9.58	100	9.87	3		
FIVC (L)	3.87			4.48	16		
FIF Max (L/sec)	4.61			2.23	-52		

Upstate Lung And Critical Care Specialists, P.C.

Name: Gul, Nikolay Chart# 29997 Date 4/15/2010

Wt 192 Ht _____ B/P 130/80 H/R 85 RR _____ Temp _____ FiO2 _____

Cough +	Smoking —	Present Illness + reason for visit	
Sputum —	Nausea —		
Dyspnea +	Vomiting —		
Wheeze +	Diarrhea —		
Edema _____	Chest Pain —		
Palpitations _____	Pain Lower back		
Oriented X3	ETOH _____		
New Allergies _____			
Last Chest X-Ray _____			

Need Spirometry

Physical Exam: ✓ WNL/NEG * ABN/POS

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

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

98%

Office Treatment _____

Education _____

Diagnosis _____ Plan _____

Prescriptions

ROA 415

Upstate Lung And Critical Care Specialists, P.C.

F

Name: Gill, Nikolay I Chart# 299997 Date 5/3/10

Wt 194 Ht 67 B/P 155/90 H/R 98 RR ____ Temp ____ FIO2 RA

Cough +
Sputum Yellow
Dyspnea +
Wheeze +
Edema +
Palpitations 0
Oriented X3
New Allergies ____
Last Chest X-Ray ____

Smoking NO
Nausea 0
Vomiting 0
Diarrhea 0
Chest Pain Birthday
Pain ____
ETOL ____

Present Illness + reason for visit

Swelling in body after shot
Birthday
0

Physical Exam: ✓ WNL/NEG * ABN/POS

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

A

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

99 RA

Office Treatment ____

Education ____

Diagnosis ____

Plan Azithromycin
Pred 80 mg QD x 5 days
Albuterol Q 6°
UCC, BMP, CBC

Prescriptions ____

ROA 416

98

Upstate Lung And Critical Care Specialists, P.C.

F

Name: Gul, Nikolay I Chart# 29997 Date 4/9/10

Wt 192 Ht 67 B/P 155/104 HR 92 RR ____ Temp ____ FIO2 RA

Cough ____ Smoking ND Present Illness + reason for visit PV

Sputum ____ Nausea ____ dizzy

Dyspnea I Vomiting ____ palpitations

Wheeze ____ Diarrhea ____ SOB

Edema ____ Chest Pain ____ BP 139/97.

Palpitations ____ Pain ____

Oriented X3 ETOL ____

New Allergies ____

Last Chest X-Ray ____

Physical Exam: ✓ WNL/NEG * ABN/PRS

* General Appearance ✓ Obese

Skin/Turgor ✓

ENT ✓

Sinus ✓

* Mouth ✓

* Neck ✓

* Heart: Rhythm ✓

Murmurs ✓

Gallop ✓

Tones ✓

* Abdomen ✓

* Chest/Lungs:

Breath Sounds ✓

Wheezes ✓

Rales ✓

Effort ✓

Symmetry ✓

Extremities:

Mobility: Gait ✓

Reflexes ✓

Aides ✓

* Mental Status ✓

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

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

O_2Sat Rest ____ FSBS 99

Office Treatment 1530 Clonidine 0.2mg given Oral. PA

Education ____

Diagnosis ____ Plan ____

Prescriptions ____

ROA 417

99

Upstate Lung And Critical Care Specialists, P.C.

F

Name: Gul - Nikolay Chart# 29997 Date 3/19/10

Wt 195 Ht '07 B/P 165/98 H/R 120 RR ____ Temp ____ FIO2 RA

Cough some Smoking NS Present Illness + reason for visit RECHECK

Sputum white-yellow Nausea no

Dyspnea + Vomiting no

Wheeze no Diarrhea no

Edema no Chest Pain discomfort

Palpitations + Pain ____

Oriented X3 ETOL ____

New Allergies ____

Last Chest X-Ray ____

Physical Exam: ✓ WNL/NEG * ABN/POS

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

LAB ORDER: Spirometry ___ EKG ___ Sinus ___ CBC ___ Glu ___ PT ___ INR ___ O_2Sat Rest ___
Lung Vol ___ DLCO ___ U/A ___ CXR ___ ABG'S ___ Bun ___ Cre ___ K+ ___ Theo ___
O_2Sat Rest 95

Office Treatment ____

Education ____

Diagnosis ____ Plan ____

Prescriptions ____

Upstate Lung And Critical Care Specialists, P.C.

Name: Nikolay Evl Chart# 2997 Date 3/12/10

Wt 195 Ht _____ B/P 124/88 H/R 78 RR _____ Temp _____ FIO2 RA

Cough + Smoking Ø
Sputum thick white Nausea Ø
Dyspnea + Vomiting Ø
Wheeze + Diarrhea Ø
Edema Ø Chest Pain c cough
Palpitations _____ Pain Ø
Oriented x 3 ETOL _____
New Allergies _____
Last Chest X-Ray _____

Present Illness + reason for visit
feels breathing better now, still SOB + new wheezy

Physical Exam: ✓ WNL/NEG ✗ ABN/POS

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

LAB ORDER: Spirometry ___ EKG ___ Sinus ___ CBC ___ Glu ___ PT ___ INR ___ O_2Sat Rest 98%
Lung Vol ___ DLCO ___ U/A ___ CXR ___ ABG'S ___ Bun ___ Cre ___ K+ ___ Theo ___
O_2Sat Rest ___

Office Treatment _____

Education _____

Diagnosis _____ Plan _____

Prescriptions

F

Upstate Lung And Critical Care Specialists, P.C.

Name: Carl Nikolay Chart# 29977 Date 1-11-10

Wt 180 Ht 67" B/P 126/92 H/R 84 RR ____ Temp ____ FIO2 RA

Cough 0	Smoking 0	Present Illness + reason for visit CV	
Sputum 0	Nausea 0	No complaints	
Dyspnea +	Vomiting 0		
Wheeze +	Diarrhea 0		
Edema 0	Chest Pain +		
Palpitations 0	Pain 0		
Oriented X3	ETOL		

New Allergies ____

Last Chest X-Ray ____

Physical Exam: ✓ WNL/NEG * ABN/POS

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

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

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

O_2Sat Rest 97%

Office Treatment ____

Education Asthma / COPD

Diagnosis Asthma Plan Bronchodilators

Prescriptions ____

F

Upstate Lung And Critical Care Specialists, P.C.

Name: Nikolay Gul Chart# 29997 Date 12.11.2009

Wt 180 Ht 102 B/P 131/88 HR 92 RR ____ Temp ____ FIO2 RA

Cough 0	Smoking NO	Present Illness + reason for visit	OV
Sputum 0	Nausea 0		Chest pain
Dyspnea +	Vomiting 0		
Wheeze +	Diarrhea 0		Wheeze
Edema 0	Chest Pain +		
Palpitations +	Pain ____		palpitations
Oriented X3	ETOH ____		
New Allergies ____			
Last Chest X-Ray ____			

Physical Exam: ✓ WNL/NEG * ABN/POS

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

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

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

O_2Sat Rest 99. RA

Office Treatment ____

Education ____

Diagnosis Asthma Plan Albuterol Prednisone p.r.n.

Prescriptions ROA 421

103

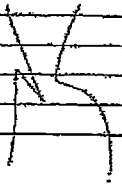
Upstate Lung And Critical Care Specialists, P.C.

Name: Gul Nikolay I Chart# 29997 Date 11-6-09

Wt _____ Ht _____ B/P _____ B/R _____ RR _____ Temp _____ FIO2 _____

Cough _____ Smoking _____
Sputum _____ Nausea _____
Dyspnea _____ Vomiting _____
Wheeze _____ Diarrhea _____
Edema _____ Chest Pain _____
Palpitations _____ Pain _____
Oriented _____ ETOL _____
New Allergies _____
Last Chest X-Ray _____

Present Illness + reason for visit _____



Physical Exam: ✓ WNL/NEG ✱ ABN/POS

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

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

Office Treatment _____

Education _____

Diagnosis _____ Plan _____

Prescriptions

Upstate Lung And Critical Care Specialists, P.C.

Name: Gul · Nikolay Chart# 29997 Date 10/20/09

Wt 172 Ht 67 B/P 159/94 P/R ~~93~~ RR ____ Temp ____ FiO2 RA

Cough ~~—~~ Smoking ____ Present Illness + reason for visit ____

Sputum ____ Nausea ____

Dyspnea + Vomiting ____

Wheeze ____ Diarrhea ____

Edema ____ Chest Pain Chest tightness

Palpitations ____ Pain ____

Oriented X3 ETOL ____

New Allergies ____

Last Chest X-Ray ____

Physical Exam: ✓ WNL/NEG * ABN/POS

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

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

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

O_2Sat Rest ____ 100%

Office Treatment ____

Education ____

Diagnosis ____ Plan ____

Prescriptions ____

Upstate Lung And Critical Care Specialists, P.C.

F

Name: Gul Nikolay I. Chart# 29997 Date 10/16/09

Wt 173. Ht. 67 B/P 140/87 H/R 76 RR ____ Temp ____ FiO2 RA

Cough ____ Smoking NO Present Illness + reason for visit Rogov

Sputum ____ Nausea ____ Better

Dyspnea + Vomiting ____

Wheeze ____ Diarrhea ____

Edema ____ Chest Pain ____ Belly

Palpitations ____ Pain ____

Oriented ____ ETOL ____ look

New Allergies ____

Last Chest X-Ray ____ but yet feel

Physical Exam: ✓ WNL/NEG * ABN/POS good

= General Appearance ✓

* Skin/Turgor ____

ENT ✓

Sinus ✓

Mouth ✓

* Neck ✓

* Heart: Rhythm ✓

Murmurs ____

Gallop ✓

Tones ✓

* Abdomen ✓

* Chest/Lungs:

Breath Sounds ____

Wheezes ✓

Rales ✓

Effort ✓

Symmetry ✓

Extremities: ✓

* Mobility: Gait ✓

Reflexes ✓

Aides ✓

* Mental Status ✓

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

Lung Vol ____ DLCO ____ U/A ____ CXR ____ ABG'S ____ Bun ____ Cre ____ K+ ____ Then

O_2Sat Rest ____ 100 RA

Office Treatment ____

Education ____

Diagnosis ____ Plan ____

Prescriptions ____

Upstate Lung And Critical Care Specialists, P.C.

Name: Nikolay I Gug Chart# 29997 Date 10/12/09

Wt 197 Ht 69" B/P 146/100 H/R 108 RR ____ Temp ____ FIO2 RA

Cough 0 Smoking 0 Present Illness + reason for visit: FV

Sputum 0 Nausea 0

Dyspnea + Vomiting 0 SOB & wheezing.

Wheeze + Diarrhea 0

Edema + Chest Pain + some

Palpitations 0 Pain 0

Oriented x3 ETOL

New Allergies

Last Chest X-Ray

Physical Exam: ✓ WNL/NEG * ABN/POS

* General Appearance ✓ very dyspneic

* Skin/Turgor ✓

INT ✓

* Sinus ✓

Mouth ✓

* Neck ✓

* Heart: Rhythm ✓ Regular

Murmurs ✓

Gallop ✓

Tones ✓ organ!!

* Abdomen ✓ protruded

* Chest/Lungs:

Breath Sounds ✓ Unable to

Wheezes * Rales

Rales * Effort

Effort ✓ Labored

Symmetry ✓

Extremities:

* Mobility: Gait ✓ Steady

Reflexes ✓

Aides ✓

* Mental Status ✓

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

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

O_2Sat Rest 98%

Office Treatment Oxygen

Education

Diagnosis Asthma Plan Prednisone x 1

Asthma exacerbation Prednisone 40

Prescriptions

-pecialists, P.C.

7091 Boiling Springs Rd.
Spartanburg, SC 29303
(864) 573-6320

1419 N. Limestone Street
Gaffney, SC 29340
(864) 487-9931

319 W. South Street, Suite C
Union, SC 29379
(864) 427-0278

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

Ann Staciw, M.D.
Luis De la Cruz, M.D.
Anita Cooper, APN

Return To Work/School

Date 10/12/09

Patient Nikolay Gul

Was seen in our office on: 10/12/09

Out of work/school from 9/23/09 to 10/23/09

Upon return to work/school, level of activity should be:

_____ Light Duty

_____ Normal Duty

_____ Will not be able to return to work because: _____

PT- Inc. Writing

Persistent neck pain limiting

_____ Is to be excused from P.E. class until _____

_____ Can return to regular P.E. class if: _____

_____ May participate in P.E. class limited to: _____

Physician Name _____

Physician Signature _____

UL-107

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F

Upstate Lung And Critical Care Specialists, P.C.

Name: Gul, Nikolay I Chart# 29997 Date 10/2/09

Wt 173 Ht 6'4" B/P 143/84 H/R 87 RR ____ Temp ____ FIO2 2/4

Cough ____ Smoking ____ Present Illness + reason for visit

Sputum ____ Nausea ____

Dyspnea + Vomiting ____

Wheeze ____ Diarrhea ____

Edema ____ Chest Pain ____

Palpitations ____ Pain ____

Oriented x3 ETOH ____

New Allergies ____

Last Chest X-Ray ____

Physical Exam: ✓ WNL/NEG * ABN/POS

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

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

Lung Vol ___ DLCO ___ U/A ___ CXR ___ ABG'S ___ Bun ___ Cre ___ K+ ___ O_2Sat Rest Then 100%

O_2Sat Rest ___

Office Treatment Inam. 120mg IV stat.

Education

Diagnosis Plan

Upstate Lung & Critical Care Specialists, P.C.

Upstate Lung & Critical Care Specialists, P.C.
1091 Boiling Springs Road
Spartanburg, SC 29303
(864)573-6320
FAX (864)573-6323

Patient: GUL, NIKOLAY I, DOB: [redacted] 1975, Age: 34 years, Male
Acct #: 29997

Encounter
09/25/2009

Medical History
No serious medical conditions noted.

Social History
Tobacco Use no smoking - Non-Smoker.
Occupation - Labor / Construction was exposed to acid at work on daily basis.

Review of Systems:
Constitutional Symptoms:
Complains of fatigue, loss of sleep, malaise, nervousness.
Eyes:
normal, no problems indicated
Ears, nose, throat:
normal, no problems indicated
Cardiovascular:
normal, no problems indicated
Pulmonary:
Complains of cough, loud snoring, wheezing.
Gastrointestinal:
normal, no problems indicated
Musculoskeletal:
Neurological:
normal, no problems indicated
Psychiatric:
normal, no problems indicated

Exam:
General appearance: well developed. no acute distress. interactive during exam.
Head: holds erect and midline, facial features symmetric. skull normocephalic, symmetric, and without deformities.
Eyes: normal.
ENMT:
Neck:
Respiratory: *auscultation:* end expiratory wheeze, rhonchi. *palpation:* normal fremitus. *respiratory effort:* no intercostal retractions or use of accessory muscles. *percussion:* no dullness.
Cardiovascular: normal.
Chest: normal.

[illegible]

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1091 Boiling Springs Road
Spartanburg, SC 29303
(864)573-6320
FAX (864)573-6323

Patient: GUL, NIKOLAY I, DOB: [redacted]1975, Age: 34 years, Male
Acct #: 29987

Abdomen: soft, nontender, bowel sounds normal, no masses.
Skin: normal.
Neurologic: normal.
Psychiatric: normal.

Studies:
Pulmonary Function Test: Date 9-25-09; interpretation moderate obstructive airway disease; FEV1 1.53 93.99 predicted 68%.

Problems
ASTHMA, EXTRINSIC W/O S.A. (493.00), onset: 09/25/2009, Chronic, Exacerbated, occupational asthma (added)

Note Contributing Authors:
Gregory J Feldman, MD; Angela Morin

Note electronically signed by: Gregory J Feldman, MD on 10/23/2009 at 09:40 AM

E&M Code: Uncoded

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Sep. 29. 2009 5:01PM No. 9017 P. 2/3

Upstate Lung And Critical Care Specialists, P.C.

Name: Gail Hinkley Chart# 29997 Date 9-25-09

Wt 123 Ht 62" BP 150/90 HR 117 RR ____ Temp ____ FIO2 RA

Cough ∅ Smoking ∅
Sputum ∅ Nausea ∅
Dyspnea + Vomiting ∅
Wheeze ∅ Diarrhea ∅
Edema ∅ Chest Pain +
Palpitations + Pain ∅
Oriented x3 ETOH ∅
New Allergies ____
Last Chest X-Ray ____

Present Illness + reason for visit: office visit
Chest pain across chest
Short of breath walking

Review
JJS

Physical Exam: ✓ WNL/NEG * ABN/POS

* General Appearance ✓ WBP
* Skin/Turgor ✓
* ENT ✓
* Sinus ✓
* Mouth ✓
* Neck ✓
* Heart: Rhythm ✓
Murmurs ✓
Gallop ✓
Tones ✓
* Abdomen Soft + non-tender
* Chest/Lungs
Breath Sounds ✓ Prolonged on expiration
Wheezes ✓
Rales ✓
Effort ✓
Symmetry ✓
* Extremities: ✓ edema
* Mobility: Gait ✓
Reflexes ✓
Aides ✓
* Mental Status ✓

LAB ORDER: Spirometry ___ EKG ___ Sinus ___ CBC ___ Glu ___ PT ___ INR ___ O2Sat Rest ___
Lung Vol ___ DLCO ___ D/A ___ CXR ___ ABG'S ___ Bun ___ Cre ___ K+ ___ Then 99
O2Sat Rest ___

Office Treatment: Albuterol neb x 10

Education ____

Diagnosis: Obstructive Airway Disease

Plan: Albuterol MDI
Albuterol neb q 2-3 hr

Prescriptions: Albuterol MDI

Signature ____ Staff ____

UPSTATE LUNG
AND CRITICAL
CARE
SPARTANBURG

EasyOne™ DIAGNOSTIC 5.2
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SN 70334 RefNo 192
09/25/09 03:21pm

Patient Information		Test Information	
Name	GULN	Test Date/Time	09/25/09 03:20pm
ID	29997	Post Time	-:-
Age	34 (04/01/1975)	Test Mode	DIAGNOSTIC
Height	5 ft 7 in	Interpretation	GOLD/Hardie
Weight	173 lbs,BMI 27.2	Predicted Ref	NHANES III
Gender	MALE	Value Select	BEST TRIAL
Ethnic	CAUCASIAN	Tech ID	
Smoker	NO	Automated QC	ON
Asthma	NO	BTPS (INVEX)	-.-/ 1.02

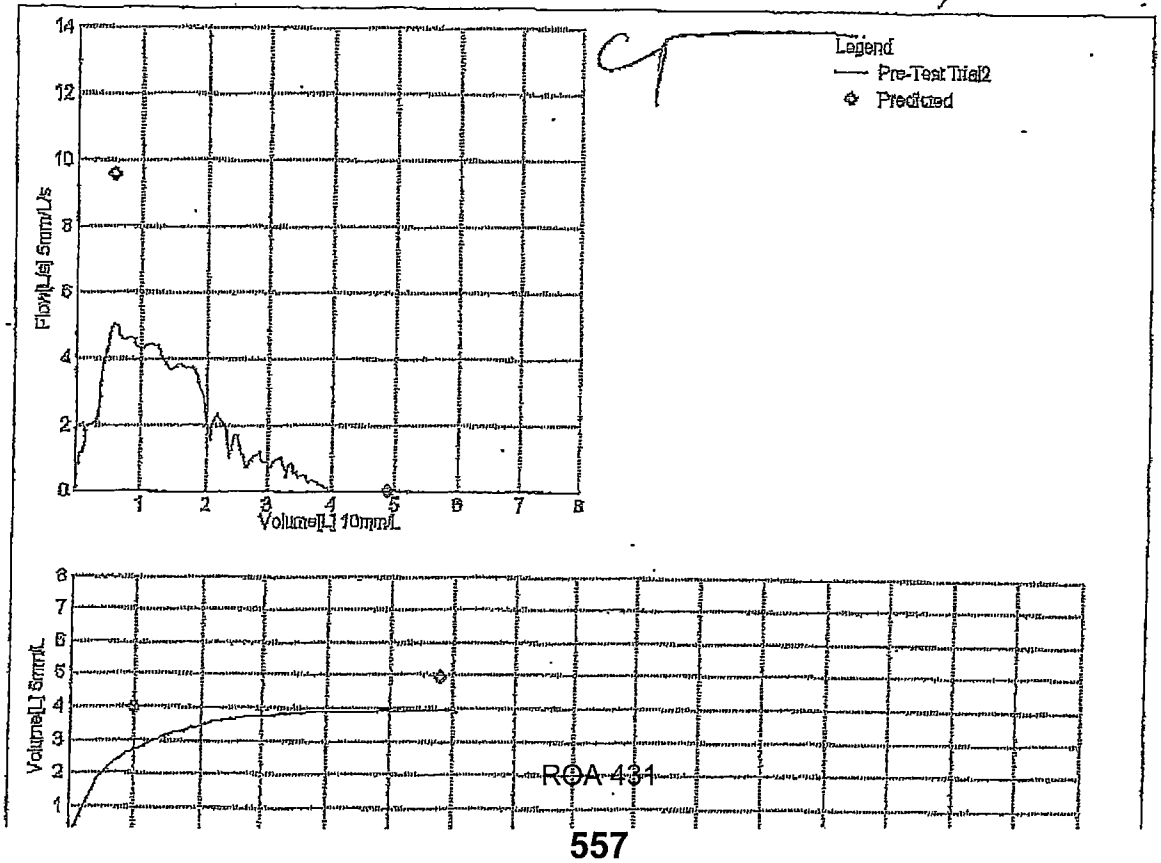
Test Results — Your FEV1 is 68% Predicted

Parameter	Pre-Test Trial2	Trial1#	Trial3#	Pred	%Pred
FVC[L]	3.95*	2.79*	1.54*	4.90	80
FEV1[L]	2.71*	2.72*	1.53*	3.99	68
FEV1/FVC[%]	68.6*	97.3	99.8	81.0	85
PEF[L/s]	5.09*	3.95*	2.93*	9.57	53
MEF25-75[L/s]	1.88*	3.40	0.27*	3.99	47
MEF75[L/s]	4.34	3.08	1.24	-:-	-:-
MEF50[L/s]	2.61	3.37	1.55	-:-	-:-
MEF25[L/s]	0.65	3.35	0.05	-:-	-:-
FET[s]	5.80	3.25	2.01	-:-	-:-

* Indicates Below LLN or Significant Post Change

Pre-Test FEV1 Var=0.01L 0.2%; FVC Var=1.16L 29.3%; Session Quality D
Interpretation Moderate Obstruction
Caution: Only One Acceptable Maneuver - Interpret With Care.

OBSTRUCTIVE AIRWAY



F.

Upstate Lung And Critical Care Specialists, P.C.

Name: Dan Nikolay Chart# 29997 Date 9-23-09

Wt 173 Ht 6'1" B/P 128/87 H/R 84 RR ____ Temp ____ FIO2 RA

Cough ____ Smoking ____ Present Illness + reason for visit ____

Sputum ____ Nausea ____

Dyspnea ____ Vomiting ____

Wheeze ____ Diarrhea ____

Edema ____ Chest Pain ____

Palpitations ____ Pain ____

Oriented ____ ETOH ____

New Allergies ____

Last Chest X-Ray ____

Physical Exam: ✓ WNL/NEG * ABN/POS

* General Appearance ____

Skin/Turgor ____

ENT ____

Sinus ____

* Mouth ____

* Neck ____

* Heart: Rhythm ____

Murmurs ____

Gallop ____

Tones ____

* Abdomen ____

* Chest/Lungs:

Breath Sounds ____

Wheezes ____

Rales ____

Effort ____

Symmetry ____

Extremities:

Mobility: Gait ____

Reflexes ____

Aides ____

* Mental Status ____

Comp. Adl 9 mos

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

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

O_2Sat Rest ____ 99%

Office Treatment ____

Education ____

Diagnosis ____ Plan Prednisone 60 1d

Advair 500 BID

Prescriptions MT

Upstate Lung and Critical Care Specialists

Gregory J. Feldman, M.D.
Joseph A. Boscia, M.D.
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1091 Boiling Springs Road
Spartanburg, SC 29303
(864) 573-6320
Office Fax (864) 573-6323
Nurse Fax (864) 591-0503

INTERIM REPORT #560-3650

Date: 9/23/09 Pages:

To: DR Matthew Cannon Fax:

RE: Patient: Nikolay Gul Chart #:

Impression: DOB [REDACTED] 75

1) ASTHMA

Test Results: POSSIBLY OCCUPATIONAL

C-Pap Initiated ☐ (Check Box)

Plan: 1) PREDNISONE 60mg QD
ADVAIR 500 BID

Formal correspondence to follow:

APA #2

Nikolay I Gul Home: (864) 592-1819
Male DOB: [REDACTED]975 134582 Ins: RHP - Blue Choice HealthPlan

12/19/2011 - Internal Other: MD letter
Provider: Joseph E. Mobley M.D.
Location of Care: All

December 19, 2011

RE: Nikolay Gul, DOB [REDACTED]975

To Whom It May Concern:

I was kindly asked to evaluate Mr. Gul from a cardiac perspective to determine whether he has evidence of significant cardiovascular disease as a component of his long-standing dyspnea. He also was having some atypical chest pain. I had the pleasure of seeing him on 12/15/2011. Please see my attached office visit from the date of evaluation for full details.

Briefly, on review of his records previously, Mr. Gul has had 2 previous cardiac evaluations and 3 separate pulmonary evaluations by different physicians. There is a question as to whether he has had occupational exposure to acetic acid which has produced a long-standing history of problems and possibly asthma. There is some debate between the pulmonary physicians who have evaluated him as to whether or not he has significant pulmonary disease. I will defer on commenting on these matters.

From a cardiac standpoint, he is a 36-year-old man with a history of hypertension who has previously been evaluated by Dr. Hiremath in Spartanburg in 2009 and subsequently Dr. Chapman in Greenville in September 2009. He had previously been seen during a hospitalization at Mary Black Hospital in 2008. At the 2008 hospitalization, he had a normal nuclear stress test. Subsequently, he had a negative exercise stress test in 2009 at Dr. Hiremath's office. Later in 2009, he had further evaluation at Dr. Chapman's office, where he had an echocardiogram which showed normal LV function, normal pulmonary pressures and no evidence for intracardiac shunting or valvular pathology. A nuclear stress test was performed at that time which showed apical ischemia and he subsequently underwent cardiac catheterization bu Dr Worthington on 9/28/2009 which showed angiographically normal coronaries with normal LV function and a normal baseline LVEDP (end diastolic pressure) which went up after ventriculography, which is not uncommon. He was felt to have no evidence for significant cardiac disease at that point. Subsequently he has seen Dr. Sahn in Charleston at MUSC for a third pulmonary opinion, at which time it was recommended that he have a third cardiac opinion.

Please see my attached office notes for full details of my evaluation. In short, Mr. Gul has had atypical pleuritic chest pain and intermittent dyspnea for 3 or 4 years. He has no evidence for volume overload on my clinical exam. In fact, the patient was having a dyspnea flare in the office and was more short of breath than usual and had no evidence clinically for CHF. We sent him for a chest x-ray which showed no pulmonary edema and no significant infiltrate. He also had a CHF BNP level which is very predictive for heart failure which was completely normal at 2.8. Given these findings, which represent a 99% negative predictive value for significant CHF or volume overload, I do not feel that there is a significant component of heart failure related to Mr. Gul's symptoms. He states that his symptomatic dyspnea flares generally respond to steroids and an albuterol inhaler, as does his atypical pleuritic chest pain. These medications would not be expected to relieve cardiac chest pain or congestive heart failure.

It is my opinion that Mr. Gul's symptoms are not cardiac in nature. He has had an extensive cardiac evaluation 2 years ago with cardiac catheterization that showed no significant problems, no coronary disease. His EKG at his office visit here was unremarkable with no ischemic findings. His symptoms are pleuritic and have improved with steroids and inhalers, signifying that they are most likely pulmonary in nature. His evaluation for heart failure is unremarkable and I see no evidence for heart failure or volume overload. Given this, I have recommended only risk factor modification from a cardiac perspective, including aggressive blood pressure control. He is to followup with his primary care physician in this regard. From my perspective, he appears clinically stable and I do not think that he needs further cardiac

Nikolay I Gul
Male DOB: [redacted]1975 134582 Ins: RHP - Blue Choice HealthPlan
Home: (864) 592-1819

If I can be of further assistance, please let me know.

Sincerely,

Joseph E. Mobley, M.D.

Signed by Joseph E. Mobley M.D. on 12/21/2011 at 6:45 PM

Cardiology Consultants

Joseph R. Dorchak, M.D., F.A.C.C.
James R. Story, M.D., F.A.C.C.
F. Michael Eickman, M.D., F.A.C.C.
Barry L. Huey, M.D., F.A.C.C.
David G. Ike, M.D., F.A.C.C.
Larry E. Kibler, M.D., F.A.C.C.
Nalin K. Srivastava, M.D., F.A.C.C.
David J. Rodak, M.D., F.A.C.C.
Alejandro N. Lopez, M.D., F.A.C.C.
Kristen P. Nawabi, M.D., F.A.C.C.
John J. Gallagher, M.D., F.A.C.C.
Joseph E. Mobley, M.D.
Robin Simpkins, R.N., A.N.P., A.C.N.P
Dianna Jones, R.N., A.C.N.P.-BC

OFFICE VISIT

NAME: GUL, NIKOLAY

DOB: [redacted]1975

DATE: DECEMBER 15, 2011

HPI:
I appreciate very much the referral of Mr. Gul. He is a very pleasant 36-year-old Russian gentleman who was referred to me for a third cardiac opinion regarding chest pain and dyspnea. This is a workman's compensation case regarding occupational exposure to chemicals, specifically acetic acid, while working at the Kohler plant.

According to Mr. Gul, who speaks with me through the translation of his son, he has had progressive problems with respiratory issues, namely shortness of breath, over the last three to four years. He began having episodic periods where he became more short of breath and had a productive cough with yellowish sputum. This became fairly severe and lead to a fairly persistent exertional shortness of breath. He also developed some chest discomfort, sometimes a heaviness in his chest, sometimes a sharp, stabbing pain when he took a deep breath or tried to move. He had no real orthopnea, but did occasionally have paroxysmal nocturnal dyspnea and had to sit up on the side of the bed.

He denies any history of major edema. The only edema he ever really gets is related to the use of Prednisone. His symptoms have been fairly persistent, waxing and waning episodically, but have not clearly completely resolved since they first began almost four years ago.

I have reviewed extensively numerous records from Dr. Fogarty, Dr. Feldman, and Dr. Sahn from the Medical University of South Carolina, all of whom are pulmonologists. From a pulmonary perspective, he has had numerous pulmonary function tests that appear to be conflicting, showing different findings. It is Dr. Feldman's opinion that the patient had occupational asthma, although Dr. Sahn and Dr. Fogerty believe he does not. Given his other findings, it has also been felt that he possibly has a cardiac etiology for his dyspnea. In that regard, I am now seeing him for a third cardiac opinion.

The patient has previously seen Dr. Hiremath here in Spartanburg as well as Dr. Chapman in Greenville from a cardiac perspective.

Continued on the next page...

From my review of the records, in 2008 he was admitted to Mary Black Memorial Hospital and had a normal nuclear stress test with no evidence for ischemia and normal left ventricular function. Subsequently he apparently saw Dr. Hiremath according to Dr. Fogarty's notes. I do not have these records in front of me, specifically, but Dr. Fogarty apparently did and noted that the patient had an exercise stress test on a Bruce protocol and walked 7 minutes with no ischemic findings. No specific treatment was ordered except for beta blockade for some palpitations. He has subsequently seen Dr. Chapman for an extensive evaluation in Greenville in September of 2009. At that time, he had a Holter monitor that showed evidence for premature ventricular contractions, premature atrial contractions, and symptomatic sinus tachycardia. He had an echocardiogram that showed normal left ventricular function with normal right ventricular function, no evidence for significant shunting, no significant valvular pathology, and a right ventricular systolic pressure calculated at 32 mmHg, which is unremarkable. He did have a nuclear stress test at that time that showed apical wall ischemia and subsequently according to Dr. Chapman's office notes had a cardiac catheterization that showed no coronary disease. I do not have the official cardiac catheterization report. He was reassured and felt only to have symptomatic palpitations, which were treated with Coreg. Again Mr. Gul has not tolerated numerous beta blockers as they cause tingling in his mouth and arms and a generalized weakness and worsening of his shortness of breath. Apparently he was also tried on diltiazem, which caused similar effects. He has subsequently been treated with lisinopril and states that his blood pressure has been well controlled at home. His blood pressure is obviously elevated here today, but he is extremely nervous and has recently been taking Prednisone due to recent exacerbation of his shortness of breath and cough as well as pleuritic chest pain.

As above, Mr. Gul states that he has had a particularly bad last few days. His shortness of breath became acutely worse two days ago and he started on Prednisone and Ventolin once again. He has been coughing up whitish to yellowish sputum and has had to sit up while sleeping the last couple of nights because he was short of breath. He denies frank orthopnea, however, and has had no edema. He has had some pleuritic chest pain, which is worse with inspiration, but nothing that sounds anginal.

Continued on the next page...

RISK FACTORS
Patient does have hypertension
Patient does not have diabetes
Patient does not have hyperlipidemia
Tobacco use: never

FAMILY HISTORY
Mother is alive age 71 with no known heart disease
Father is alive age 73 with no known heart disease
# of sisters: 1
# of brothers: 3

PAST MEDICAL HISTORY: Hypertension, Asthma

PAST SURGICAL HISTORY: No surgeries

ACTIVE MEDICATION LIST:
LISINOPRIL 20 MG TABS (LISINOPRIL) one po qd
ADVAIR DISKUS 500-50 MCG/DOSE AEPB (FLUTICASONE-SALMETEROL) as directed
VENTOLIN HFA 108 (90 BASE) MCG/ACT AERS (ALBUTEROL SULFATE) as directed
PREDNISONE 20 MG TABS (PREDNISONE) as directed

SOCIAL HISTORY
Marital Status: Married
unemployed
Alcohol use: no
Caffeine use (drinks/day): 0
Exercise: Regular

REVIEW OF SYSTEMS
GENERAL: Denies fevers, chills, sweats, fatigue, malaise, weight loss.

CARDIOVASCULAR: Complains of chest pains, dizziness, dyspnea on exertion, orthopnea, PND Denies palpitations, lightheadedness, syncope, peripheral edema

PERIPHERAL VASCULAR: Denies claudication, DVT, vein problem

RESPIRATORY: Complains of wheezing Denies cough, dyspnea, excessive sputum, hemoptysis

GASTROINTESTINAL: Denies nausea, vomiting, diarrhea, constipation, change in bowel habits, indigestion, abdominal pain

MUSCULOSKELETAL: Denies back pain, joint pain, joint swelling, muscle cramps, muscle weakness, stiffness, arthritis , pt states he has joint pain and muscle cramps after he takes Prednisone

SKIN: Denies rash, itching, dryness, suspicious lesions

NEUROLOGIC: Denies transient paralysis, weakness, paresthesias, seizures, headache, syncope, tremors, vertigo

ENDOCRINE: Denies cold intolerance, heat intolerance, polydipsia, polyphagia, polyuria, weight change

HEME/LYMPHATIC: Denies abnormal bruising, bleeding, enlarged lymph nodes

ALLERGIC/IMMUNOLOGIC: Denies hay fever, persistent infections

Vital Signs
Weight: 194 pounds
Pulse rate: 81
Blood Pressure #1: 170/110 supine left arm
Blood Pressure #2: 166/110 sitting left arm

Exam
General Appearance Well developed, well nourished, well groomed, no acute distress.

Neck: Carotid arteries 2+ without bruits. No jugular venous distention. No thyroid enlargement.

Chest: No intercostal retraction or use of accessory muscles. No rales, rhonchi, or wheezes. mildly decreased breath sounds/air movement bilaterally

Heart Exam:
Rhythm: Regular
Palpation:
Apex Impulse: location normal
Heart Sounds
S1 normal
S2 normal
Murmur: No significant murmurs heard

Abdomen: Soft, non-tender, no masses. No enlargement or nodularity.

Continued on the next page...

Abdominal aorta: No enlargement or bruits.

Extremities: No edema, clubbing, cyanosis, varicosities, petechiae.

Peripheral Vascular Exam:
L Carotid: normal L Popliteal: normal L Dorsalis Pedis: normal
R Carotid: normal R Popliteal: normal R Dorsalis Pedis: normal

Neuro: Alert and oriented X3.

Psychiatric Judgement intact.

EKG:
The electrocardiogram in the office today notes sinus rhythm/sinus arrhythmia and is otherwise normal. No ischemic changes are noted. This is an unremarkable electrocardiogram for the patient's age.

IMPRESSION:
1. Dyspnea, questionable etiology, appears mostly likely pulmonary related given my history and physical examination. No current evidence of volume overload on my examination to suggest congestive heart failure as a component here.
2. History of catheterization with no significant coronary disease in September of 2009.
3. Normal left ventricular function.
4. Normal right ventricular function on echocardiogram in 2009.
5. Normal pulmonary pressures on echocardiogram in 2009 with no evidence for shunting.
6. Occupational exposure to acetic acid.
7. Hypertension, elevated today, controlled at home.
8. Palpitations, previous monitoring has shown symptomatic sinus tachycardia, premature ventricular contractions and premature atrial contractions, all of which would be prognostically insignificant given his recent cardiac evaluation in 2009.

Continued on the next page...

RECOMMENDATIONS:
Mr. Gul has long-standing dyspnea at this point, which appears most likely pulmonary related. He has previously had an extensive cardiac evaluation including an echocardiogram, catheterization, and Holter monitor in 2009, two years ago, which noted no significant ischemic coronary disease, normal left ventricular function; normal right ventricular function, normal pulmonary pressures and no evidence for intracardiac shunting. He does have significant hypertension that needs to be controlled. However, I see no evidence to suggest ischemia and his symptoms of chest pain are clearly atypical, pleuritic and are likely related to underlying pulmonary pathology, possibly asthma.

I cannot comment regarding the possibility for occupation exposure and occupation asthma, however, I will say that I doubt that the patient has any evidence for heart failure given his current clinical findings. I will refer him for a chest x-ray and a CHF-BNP level. If his chest x-ray is clear with no evidence for pulmonary edema and his CHF-BNP is normal, given his test findings in 2009 from a cardiac perspective, I would not recommend further cardiac evaluation, but instead would concentrate more on pulmonary treatment especially as treatment with Prednisone and Ventolin inhalers seems to be improving his symptoms currently, which would go against a cardiac component. If he has an abnormality on his chest x-ray or CHF-BNP, which would signify possible fluid overload, then I would proceed with a stress echocardiogram once his acute shortness of breath is resolved. I have discussed this with him in detail.

In the interim he needs to aggressively monitor and control his blood pressure. He states his blood pressure is well controlled off Prednisone and this may well be the case.

I will subsequently plan on seeing him back to go over the results of his previous testing and laboratory work and see if anything further needs to be done.

Once again, I appreciate the opportunity of participating in his care.

Joseph E. Mobley, M.D.
Cardiology Consultants, P.A.

JEM:LAC

APA #3

MUSC
MEDICAL UNIVERSITY
of SOUTH CAROLINA

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
www.musc.edu/pulmonary

October 13, 2011

Mary Hayes, RN, CCM
Broadspire
Medical Case Manager
1900 East Golf Road
Suite 700
Schaumburg, IL 60173

RE: Nikolay Gul

I performed an IME on Mr. Nikolay Gul on 10/13/11 at the Medical University of South Carolina.

Mr. Gul is a 36-year-old who worked for the Kohler Company in Spartanburg, SC. Mr. Gul worked for about 6 years at the Kohler Company. He was a machine operator and worked making ceramic lids for toilets. He did not use respiratory equipment.

According to the industrial hygiene assessment dated October 3, 2011, there were two separate areas corresponding with the types of pressure cast machines that were monitored. The first area contained the "Big Beam" machine. This machine was set for 12 molds for toilet tank lids with three cavities per mold. The operators were tasked with monitoring the machines during pressure molding and then removing the clay castings at the completion of the cycle. The pressure mold cast cycle lasted approximately 23 minutes. Once the castings were removed, the molds were purged by forcing air and water through the epoxy-resin molds. After the purge, the molds were sprayed with 20% acetic acid solution before the cycle begins again. The acid is sprayed using a hand-held pump sprayer for approximately 5 seconds per mold. During the machine's cycle, the employees perform finishing work on the previously de-molded castings.

In addition to the "Big Beam" machine, a machine called a "two mold" machine, was also used to form the toilet-tank lids. The process for the "two mold" machine is essentially the same as the "Big Beam", except that the machine's cycle is 26 minutes for the smaller machine and only one employee is stationed in the area. The acetic acid levels reported by the laboratory range from 0.081 to 0.81 parts per millions (ppm), which are less than 1/10th of the OSHA PEL. The PEL for acetic acid is 10 ppm.

As a machine operator for almost 6 years, Mr. Gul was in the area previously described. Again, he used no respiratory equipment; and there was a high temperature and humidity in the working area, according to Mr. Gul. No dust was noticeable. However, Mr. Gul stated that there was a lot of dust in the compartment next to his work. Mr. Gul worked 3 days per week for 12 hours with 2 days off and, then, 3 days per week for 12 hours.

The major symptoms that he first noticed in 2008 were burning of the eyes, shortness of breath, post-nasal drainage, nausea, and cough with yellow sputum production of approximately ¼ cup per day. A fan was used at work. He denied hemoptysis. There is no history compatible with sleep apnea. He denies any reflux symptoms.

Mr. Gul left the work area on August 20, 2009. He states that he currently feels better.

He has recently seen a cardiologist for his tachycardia in Spartanburg.

PAST MEDICAL HISTORY: Tachycardia, hypertension, and acute chest pain.

PAST SURGICAL HISTORY: Negative.

FAMILY HISTORY: The patient's mother is 71 with coronary artery disease and hyperlipidemia, and his father is 75 with prostate cancer. He has two well siblings.

SOCIAL HISTORY: Mr. Gul is married with nine children who are all well. He was born in the Ukraine and lived there for 28 years before moving to the United States 8 years ago.

He is a never-smoker and does not drink alcohol. His TB skin test is negative. He denies birds in his home or asbestos exposure. He is unsure whether he has ever had the pneumococcal vaccine and has not had the influenza vaccine this year.

REVIEW OF SYSTEMS: Other than stated in the present illness, there is no history of asthma and no family history of asthma.

MEDICATIONS: Ventolin MDI qid or more this past summer, prednisone prn over the past 2 years, approximately 3 days per month, lisinopril 20 mg/d, and advair 500/50 1 puff bid. There are no known drug allergies.

PHYSICAL EXAMINATION: Mr. Gul was an overweight man who showed no evidence of increased work of breathing at rest on room air. Vital signs: temperature 98.9, pulse 128 and regular, respiratory rate 18/min., blood pressure 143/92 mmHg with a room air oxygen saturation at rest of 100%. His weight today was 187 lbs with a height of 66 inches. ENT examination showed a Mallampati III airway with erythema without exudates. The neck was supple without thyromegaly. There was no cervical or supraclavicular lymphadenopathy. The skin showed no lesions. Lung examination showed equal bilateral expansion, a resonant percussion note, equal bilateral fremitus, and normal vesicular breath sounds, without adventitious sounds. Cardiac examination

showed no jugular venous distention at 30 degrees. There was a regular tachycardia, without gallops or murmurs. The abdomen was mildly obese and non-tender without hepatosplenomegaly. Muscle strength was 5/5 throughout. There was no digital clubbing or peripheral edema.

LABORATORY FINDINGS: 10/13/11: WBC: 10,140/uL with 77% neutrophils, 15% lymphocytes, 7% monocytes, 0% eosinophils, and 0% basophils. Hemoglobin was 17.3 gm/dL with an hematocrit of 51%. Platelet count was 335,000/uL. CRP was normal at <0.700 mg/dL. ESR was normal at 1 mm/hr.

An EKG performed on 10/13/11 showed a sinus tachycardia at 125 bpm with possible left atrial enlargement.

Pulmonary function studies: 10/13/11: Spirometry: FVC: 4.08 L (86% of predicted), FEV1 3.26 L (85% of predicted) with an FEV1/FVC ratio of 80%. The FEF25-75% was 3.21 L/sec. (84% of predicted). The MVV was 97 L/min. (62% of predicted) and was inappropriately low based on the absolute FEV1, suggesting either submaximal effort or respiratory muscle weakness.

Lung volumes: TLC: 88% of predicted, FRC: 70% of predicted, RV: 73% of predicted, and ERV 34% of predicted. The RV/TLC ratio was 23% of predicted (predicted 29%).

The diffusion capacity for carbon monoxide, unadjusted for hemoglobin, was 100%.

Interpretation of pulmonary function studies: Spirometry was normal with an inappropriate MVV. Lung volumes show minimal restriction, and the diffusion capacity was normal.

Mr. Gul was unable to produce acceptable and reproducible spirometry data. He stated that he was exhausted and could not perform the testing any better. Four puffs of albuterol were administered with a spacer to determine a bronchodilator response without adverse effects. Only one DLCO met the ATS criteria out of four trials. The DLCO was not adjusted for hemoglobin. Lung volumes were measured by nitrogen washout. The patient has no prior pulmonary function studies on file.

Mr. Gul attempted a 6 minute walk test on 10/13/11, but stopped after 2 minutes 43 seconds, having walked only 465 feet (142 meters) with exercise limitations of dizziness. Although his oxygen saturation on room air ranged from 98-100% throughout the limited walk, the comments of the technician were that the patient was swaying from side to side and said he felt "very dizzy". There was an abnormal cardiovascular response to exercise.

A chest radiograph on 10/13/11 showed no evidence of acute cardiopulmonary disease.

ASSESSMENT AND PLAN: A 36-year-old white male who worked at Kohler for approximately 6 years and was exposed to acetic acid. His current pulmonary function studies are essentially normal with the exception of a borderline low FRC and RV. The

ERV was substantially low in comparison to the other lung volumes, compatible with truncal obesity.

Mr. Gul evidently has had a sinus tachycardia for a period of time. His cardiac condition is most likely the cause of his dyspnea with exertion. I would recommend that he have a complete cardiac evaluation and a thyroid evaluation for hyperthyroidism. At the time of his visit, I find no evidence of lung disease. Furthermore, I do not find any work-related respiratory illness.

With kind regards,

Steven A. Sahn, MD
Professor of Medicine
Director Division of Pulmonary, Critical Care
Allergy and Sleep Medicine
Medical University of South Carolina
Charleston, SC 29425
843-792-3167
843-792-0732 (F)

SAS/jd

APA #4

SPARTANBURG REGIONAL MEDICAL CENTER

NURSING UNIT

ATTENDING PHYSICIAN	CONSULTING PHYSICIAN	ICD-9-CM
PRINCIPAL DIAGNOSIS		
ADDITIONAL DIAGNOSES		
PRINCIPAL SURGERY		
ADDITIONAL SURGERY		
DATE		

OTHER SIGNATURE

OTHER SIGNATURE

ASSEMBLED | CODED | ANALYZED | FINAL CHECK

ACCOMMODATION: ☐ DCCU ☐ ICU ☐ NEURO. ☐ POST CCU

CORPORATE ID 00629577

SPARTANBURG REGIONAL MEDICAL CENTER

UNIT NUMBER 000-634844

DISCHARGED DATE 7/3/11 TIME

DISCHARGE DISPOSITION: ☐ ALIVE ☐ AUTOPSY ☐ DEATH 48 ☐ DEATH 48+ ☐ STILLBORN ☐ TRANSFERRED

ACCOUNT NO.	ADMISSION DATE/TIME	FC	DATE OF BIRTH	AGE	SEX	MAR	MS	SERVICE	STATION	ROOM NO.	ACC	PAT TYPE
S 1116202271	07/01/11 1555	PS	REDACTED 75	36Y	M	1	M	MED	4W	439-A	P	IP

PATIENT

RESIDENT / REFERRING DOCTOR	ADMITTING DOCTOR	ACCIDENT / WORK RELATED	ACCIDENT DATE / TIME	ADM. TYPE / SOURCE
FELDMAN,GREGORY	FELDMAN,GREGORY	NO		2 2

GUARANTOR

PATIENT INFORMATION
GUL,NIKOLAY
156 SUTTLES ROAD
INMAN SC 29349

REDACTED
TELEPHONE NO
(864)590-8347

PATIENT EMPLOYER

TELEPHONE NO.

GUARANTOR NAME AND ADDRESS
GUL,NIKOLAY
155 SUTTLES ROAD
INMAN SC 29349

REDACTED
TELEPHONE NO.
(864)590-8347
RELATION
SELF

EMPLOYMENT

GUARANTOR EMPLOYER

TELEPHONE NO.

OCCUPATION
UNEMPLOYED

RELATIVE

RELATIVE 1
GUL,ALLA
(864)590-8352
SPOUSE

RELATIVE EMPLOYER

INSURANCE

INSURANCE 1
PENDING SPONSOR, INPT ONL
1001 NORTH PINE STREET
SPARTANBURG SC 29303
PENDING SPON GUL,NIKOLAY
ORS 855161926

INSURANCE 2

1

INSURANCE 3

INSURANCE 4

MISC

PRESENTING COMPLAINT	ARRIVAL MODE	PUB/VAL	ADV DIR.	PAT CLA	DENOM	ADM. BY
493.90-ASTHMA NOS						JT

STAFF ALERT:

OBSERVATION: ☐ YES ☐ NO

ROA 449

128

PATIENT NAME: GUL, NIKOLAY
MEDICAL RECORD #: 634844
DATE OF BIRTH: REDACTED 1975
ACCOUNT NUMBER: 1118202271
DATE OF ADMISSION: 07/01/2011
ROOM:

CHIEF COMPLAINT
Shortness of breath.

HISTORY OF PRESENT ILLNESS
Mr. Gul is a gentleman well-known to our practice. His history includes asthma with apparent occupational induced injury with diagnosis of reactive airway disease. I am unsure of the exact exposure. Nonetheless, he presents to the clinic with symptoms consistent with exacerbation. He states his breathing is difficult. He has coughing and congestion. Dr. Feldman elected to admit him to the hospital as an outpatient treatment failure.

PAST MEDICAL HISTORY
1. Asthma.
2. Reactive airway disease.
3. Occupational exposure.

PAST SURGICAL HISTORY
None mentioned.

SOCIAL HISTORY
Mr. Gul is married. He does have multiple children from the marriage as many as 5. He denies use of tobacco, alcohol or drugs. His primary language Russian, I am unsure if he is emigrated or is a natural citizen. He does work in a local factory.

FAMILY HISTORY
Listed as noncontributory.

REVIEW OF SYSTEMS
Essentially consistent with exacerbation of asthma. This patient states he has increasing cough, congestion and wheeze. This has not been helped with high-dose oral steroids. Otherwise, review of systems is not significant.

PHYSICAL EXAMINATION
GENERAL: A well-developed, well-nourished slightly overweight gentleman in mild to moderate respiratory distress.
HEENT: Head atraumatic and normocephalic. Sclerae anicteric. Pupils equal, round and reactive to light. Oral mucosa moist. No thrush. No erythema.
NECK: Supple. Trachea midline. No lymphadenopathy.
CARDIOVASCULAR: Rhythm is regular. Rate is controlled. No gross rub, murmur or gallop.
CHEST: Shows bilateral wheeze with overall diminished breath sounds.
ABDOMEN: Soft, nontender and nondistended. Bowel sounds present in all quadrants.

EXTREMITIES: Muscle mass appropriate. No joint redness, tenderness or swelling.
NEUROLOGIC: Alert and oriented, engaged in conversation. Examination without acute neurological focality.
PSYCHIATRIC: Shows a quite pleasant gentleman, in fact.

LABORATORY DATA
None in the clinic.

ASSESSMENT/PLAN
Mr. Gul is a gentleman with a history of asthma with reactive airway disease in the context of occupational exposure. He has been on high dose of oral steroids with no help. He will be admitted to the hospital on a high-dose intravenous steroids and consideration of bronchoscopy. Otherwise _____ stability, he will be discharged to home.

DICTATED BY: ANTHONY W. RAYNOR, PA
DICTATED FOR (IF APPLICABLE): 15836 FELDMAN, GREGORY

D:07/28/2011 16:51:14
T:07/28/2011 22:09:15/sn
1131221/985434

Cc:GREGORY FELDMAN, M.D., Attending Physician
H & P Page 2 of 2
GUL, NIKOLAY
634844

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

Authenticated by Gregory Feldman, M. D. On 08/01/2011 03:28:31 PM

OP REPORT
PATIENT NAME: GUL, NIKOLAY
DOB: [redacted]1975
MEDICAL RECORD #: 634844
PROCEDURE DATE: 07/02/2011
ACCOUNT NUMBER: 1118202271
ROOM: 438

PROCEDURE
Bronchoscopy.

This is a patient with persistent asthma, multiple steroids, failure to improve. Bronchoscopy done for therapeutic lavage.

ANESTHESIA PROVIDED
Versed 5 mg IV, fentanyl 75 mcg IV. 1% Xylocaine was given to vocal cords.

PROCEDURE IN DETAIL
Fiberoptic bronchoscope was passed through the nose without difficulty. Saturation maintained above 90%. Tracheobronchial tree was inspected to subsegmental levels. There have been no endobronchial lesions or plugs, but inflamed mucosa. Repeat lavage was done from every subsegment. The patient tolerated the procedure well.

DICTATED BY: GREGORY FELDMAN, M.D.

D:07/02/2011 11:45:12
T:07/03/2011 04:22:34/an
1121131/9766?0

cc:

GUL, NIKOLAY
634844

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

Authenticated by Gregory Feldman, M. D. On 07/04/2011 12:38:58 PM

DISCHARGE SUMMARY
PATIENT NAME: GUL, NIKOLAY
DOB: REDACTED1975
MEDICAL RECORD #: 634844
ACCOUNT NUMBER: 1118202271
ADMISSION DATE: 07/01/2011 DISCHARGE DATE: 07/03/2011
ATTENDING PHYSICIAN: FELDMAN, GREGORY

FINAL DIAGNOSIS
Asthma exacerbation and failure to improve as an outpatient.

HOSPITAL COURSE
This was characterized by initiation of high dose of steroids IV. Bronchoscopy was undertaken. At the time of discharge the patient has improved. He has residual wheezing, but feeling much better. He will be discharged home on Advair 500 1 puff b.i.d., albuterol and reassessed within a week. No further steroids.

DIET
Unrestricted.

DICTATED BY: GREGORY FELDMAN, M.D.

D:07/03/2011 11:14:53
T:07/03/2011 22:05:18 /aa
1121263/976771

cc:GREGORY FELDMAN, M.D., Admitting Physician
Authenticated by Gregory Feldman, M. D. On 07/04/2011 12:39:00 PM

SPARTANBURG
Regional Healthcare System

☐ SRMC

MD ORDER TIME #1 #2 #3

BLOOD
- CBC with Auto Diff then ☐
- BMP ☐ CMP ☐
- Total CPK ☐
- Lipase / Amylase ☐
- PT / PTT ☐
- BHCG: quant ☐
- Group RH ☐
- T&S ☐
- T&C 1 2 3 4 5 ☐
- Culture: 1 2 ☐
- LFTs ☐
- D-dimer ☐

ISTAT
- CK / MB/ Troponin 1 2 3 ☐
- CHF- BNP ☐
- CHEM 8 LYTES/CR/BUN ☐

MEDS
- ETOH ☐
- ASA ☐
- Tylenol ☐
- Digoxin ☐
- Lithium ☐
- Phenobarb ☐
- Dilantin ☐
- Depakote ☐
- Tegretol ☐

MICRO
- GC/Chlamydia ☐
- Wet Prep ☐
- EKG ☐ 1300
- ABG ☐
- Rapid Strep ☐
- HHN ☐

URINE
- EC URINE DIP ☐
- UA c/o pain ☐
- C & S ☐
- UDS / EC / LAB ☐
- UDS ☐

☐ SYMPTOM SPECIFIC PATHWAY USED

OTHER ORDERS
1. ☐
2. ☐
3. ☐
4. ☐
5. ☐
6. ☐
7. ☐

DIAGNOSTICS

CT Head ☐	Doppler ☐ art L R ☐ E ☐
CT Chest for P E ☐	US Abdomen ☐
CT Abd/Renal for Stones ☐	US Pelvic (Order Quant HCG if pregnant) ☐
CT Abd with/Without contrast ☐	US Gallbladder ☐
CT Pelvis with/without contrast ☐	Other: ☐

Reason for above diagnostic exam: ☐
NOTE: The above ordered diagnostics cannot be ordered without reason stated.

Reasons for Plain Films: (1) (2) MSM

PLAIN FILMS

CXR:	pallet	port	☐ 1300
Abd:	2 view	KUB	☐
C-spine	x-table lateral		☐
portable	6 view		☐
Neck for soft tissue			☐
T-spine			☐
L-spine	x-table lateral		☐
portable	3 view		☐
Shoulder	L	R	☐
Humerus	L	R	☐
Elbow	L	R	☐
Forearm	L	R	☐
Wrist	L	R	☐
Hand	L	R	☐
Finger #	L	R	☐
Pelvis	portable		☐
Hip	L	R	☐
Femur	L	R	☐
Knee	L	R	☐
Tib/Fib	L	R	☐
Ankle	L	R	☐
Foot	L	R	☐
Toe	L	R	☐

☐ Template Assessment ☐ Dictated

Consultant	1st	2nd
1.		
2 STAT ALERT:		

Time Ordered	MEDS & INTERVENTION	NURSE/ TECH	TIME
1305	Prednisone 60mg PO	MNE	0117
1305	Doxycycline 100mg PO	MNE	0117

Dx: Admit MD: Bed:

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

ACCOUNT NO.	ADMISSION DATE / TIME	FC	DATE OF BIRTH	AGE	SEX	RACE	MS	SERVICE	ARRIVAL	PAT. TYPE	BY	UNIT NUMBER
S 102400134	08/22/10 1244	MD	REDACTED 75	35Y	M	1	M	EME	1	ER	CC	000-634844

INSURANCE 1:	INSURANCE 2:	INSURANCE 3:	INSURANCE 4:
MEDICAID OF SOUTH CAROLINA	MEDICAID 1500		

ADMITTING DOCTOR	ATTENDING DOCTOR	ACCIDENT/WORK RELATED	ACCIDENT DATE/TIME	ADM. TYPE / SOURCE	CORPORATE ID
PHYSICIANS,ED	PHYSICIANS,ED	NO		1 7	90520577

PATIENT INFORMATION
GUL,NIKOLAY
158 SUTTLES ROAD

SOC. SEC. NO. REDACTED
TELEPHONE NO. (864)590-8347

PATIENT EMPLOYER
KOHLER COMPANY OR
PO BOX 1564
SPARTANBURG SC 29304
TELEPHONE NO. (864)582-3401

RA 454

22 Dyspnea (COPD, CHF, and Other)

DATE: 4/22 TIME: 2:54 ROOM: 4A EMS Arrival

HISTORIAN: ✓patient paramedic translator other

AGE 35 M F

History limited by

HPI

chief complaint: shortness of breath (hx of asthma / COPD / CHF)

X 2 hours. Mild chest tightness

CHF like an asthma attack.

duration / started: Started Wed. in Patient Found Improvement of Chest pain

timing: continues in ED / goes now / later / intermittent / worse

severity: mild moderate ✓severe

pain level: current /10 max /10

modifying factor: exacerbated by: exertion lying flat coughing

associated symptoms:

PULMONARY
✓cough
QUALITY: sputum / non-productive / blood-tinged sputum / frank hemoptysis
✓fever 100.3(O)
SEVERITY: subjective / to °F
sweating
chills

CVS
chest discomfort
LOCATION: left / right / central / upper / lower
QUALITY: pain / discomfort / tightness / sharp / burning / pressure
MODIFYING FACTORS: worse with deep breaths
TIMING: constant / intermittent / duration:
leg / calf pain (R / L)
ankle swelling

OTHER
light-headed / dizzy
anxiety

tingling / numb: hands / feet / face
heart racing / palpitations

Similar symptoms previously:

Recently seen / treated by doctor:

Treatment / Rx:

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

ROS ☐ ROS below otherwise negative

ENT
sore throat
sinus drainage

GI
nausea
vomiting
abdominal pain
black / bloody stools
diarrhea

NEURO / EYES
headache
fainting
visual disturbance

GU / ENDOCRINE
pain with urination
excessive urination

SKIN / LYMPH / MS
skin rash / swelling
joint pain
swollen glands

IMMUNOLOGICAL
allergies / hayfever

PAST HISTORY ☐ Tabatha UTD *=PE Risk Factors

prior records reviewed:
asthma
emphysema
heart disease
*CHF CAD angina MI
kidney failure / dialysis
*PE / DVT
*risk factors for PE / DVT
other

*high blood pressure
diabetes insulin / oral / diet
high cholesterol
*CVA
pneumonia
pneumothorax
bronchitis: acute chronic

Surgeries / Procedures ✓none

prior intubation
cardiac bypass
cardiac cath
angioplasty
cholecystectomy
appendectomy
hysterectomy
pacemaker

Medications none ✓see list - confirmed
acetaminophen *BCP's
home O2 @ L home nebulizer

Allergies NKDA
see list - confirmed

SOCIAL HISTORY *smoker drugs

alcohol (recent / heavy / occasional)
lives alone lives in nursing home lives at home
occupation

FAMILY HISTORY CAD

© 1996- 2005 T-System, Inc. Circle or check affirmatives, backslash (\) negatives.

Spartanburg Regional Healthcare System
EMERGENCY PHYSICIAN RECORD

1023400134 000-6348844
GUL,NIKOLAY DOB [redacted]75
ADM: PHYSICIANS ED
ADM DATE/TIME: 04/22/10 1244

T: 100.3 HR: 71 BP: 148/90 RR: 22

PHYSICAL EXAM

☐ Agree w/ vital signs Other: _____

Pulse Ox: time _____ _____ % _RA _O2 Liters

Interpretation: _normal _abnormal Dx: _____

Exam limited by: _____

CONSTITUTIONAL
- ✓no acute distress
- _mild / moderate / severe distress

HEENT
- ✓normocephalic, atraumatic
- ✓PERRL
- _nml ENT inspection
- _scleral icterus / pale conjunctivae
- _post-surgical pupillary defect (R / L)
- _TM's obscured by cerumen (R / L)
- _purulent nasal drainage
- _pharyngeal erythema

NECK
- _nml inspection
- _thyromegaly
- _lymphadenopathy (R / L)

RESPIRATORY
- _no resp. distress
- ✓breath sounds nml
- _respiratory distress / fatigue
- _prolonged expirations
- _accessory muscle use
- _retractions
- _splinting
- _dull on percussion
- _decreased air movement
- _stridor
- _rhonchi / wheezing / rales
- _chest wall tenderness

CVS
- ✓regular rate, rhythm
- ✓no JVD
- ✓no murmur
- ✓no gallop
- ✓no friction rub
- _irregularly irregular rhythm
- _extrasystoles (occasional / frequent)
- _tachycardia / bradycardia
- _JVD present
- _murmur grade ___/6 sys / dias
  cresc / cresc-decresc / decresc
- _gallop (S3 / S4)
- _decreased pulse(s)

GI / ABDOMEN
- ✓non-tender
- ✓no organomegaly
- _tenderness
- _guarding / rebound
- _hepatomegaly / splenomegaly / mass

RECTAL
- _non-tender
- _heme neg stool
- _heme positive stool
- _heme trace positive stool

SKIN
- ✓color nml, no rash
- ✓warm, dry
- _cyanosis / diaphoresis / pallor
- _skin rash

MUSCULOSKELETAL / EXTREMITIES
- ✓non-tender
- ✓normal ROM
- ✓no pedal edema
- _pedal edema
- _calf tenderness

NEURO
- ✓awake and alert
- ✓oriented x3
- ✓CN's nml as tested
- ✓no motor / sensory deficit
- _lethargic
- _disoriented to person / place / time
- _facial droop / EOM palsy / aphasia
- _weakness / sensory loss

PSYCH
- ✓mood / affect nml
- _depressed affect
- _anxious

PROCEDURES:
- ☐ BiPAP placed yes / no
- _Intubated by: ED physician / anesthesiologist / _____
  with #___ ET tube nasal / oral depth of insertion _____
- _post-intubation pulse ox reading _____
- _placement confirmed by: auscultation / ETCO2 monitor / CXR
- breath sounds after intubation: equal R greater than L L greater than R
- after ETT adjustment: n/a equal R greater than L L greater than R

LABS, EKG & XRAYS:

CBC	Chemistries		UA
normal except	normal except	CK:	normal except
WBC:	Na:	CKMB:	WBC:
Hgb:	K:	Troponin:	RBC's:
Hct:	Cl:	Myo:	bacteria:
Platelets:	CO2:	D-Dimer:	dip:
segs:	Gluc:	BNP:	
bands:	BUN:	PT:	
lymphs:	Creat:	PTT:	
	Ca:	INR:	

ABGs: time: _____ Blood: _____ Peak Flow

pH: _____ RA time: _____

pCO2: _____ O2 _____ L _____ L/Min

pO2: _____ % _____ % predicted

Rhythm ECG (1 - 3 Lead): _NSR _sinus _____ Time: _____

12 Lead ECG: NSR Time: _____

Rate: _____

- ✓NSR
- ✓nml QRS
- ✓nml intervals
- ✓nml ST / T
- _tachycardia / bradycardia / atrial fibrillation
- _wide QRS LBBB RBBB WCD
- _heart block I° II° III°
- _non-specific ST - T abnormalities
- _ST elevation / ST depression / T-waves inversion

PRIOR ECG - _unchngd _unavail. _changed: _____

☐ Interp contemporaneously by me ☐ I agree w/ confirm computer reading

CXR PA/LAT AP port # of views

- ✓nml heart size
- ✓nml lung markings
- ✓nml great vessels and mediastinum
- ✓NAD
- _under-penetrated / over-penetrated / rotated
- _decr. lung markings c/w COPD
- _density c/w pleural effusion
- _cardiomegaly
- _incr. lung markings / infiltrate

PRIOR XRAY - _unchngd _unavail. _changed: _____

☐ Interp contemporaneously by me ☐ discussed w/ Radiologist

☐ Interp by Radiologist ☐ personally reviewed by me

ED COURSE:

Time _____ _re-examined _unchanged _improved

air movement: _poor _fair _good

Anxiety, Medication Given, Diagnosis

Pt placed on monitor and chair in ambulatory area

Anxiety

Crit Care - _____ min (excluding separately billable procedures)

_Discussed with Dr. _____ Time: _____

_patient will be seen in: office / ED / hospital

_Counseled patient / family regarding _____ Rx given: _____

_lab results _diagnosis _need for follow-up _Prior records ordered

☐ EMTALA EMC present ☐ EMTALA EMC absent

☐ Stable for discharge / our patient follow up

CLINICAL IMPRESSION:

Dyspnea - acute

COPD - acute exacerbation

Acute Pulmonary Edema

Congestive Heart Failure

Anxiety Attack, Exacerbation - Situational

Follow up with Dr. _____

DISPOSITION: ☑ discharge ☐ admit _____ ☐ transfer _____

Time: 14:35 ☐ placed in obs. (see obs template) ☐ Left AMA _____

CONDITION: ☐ unchanged ☐ improved ☐ stable _____

☐ stable unless otherwise marked _____

ARNP / PA _____

PHYSICIAN: [redacted] J. Rice MD 1305

PHYSICIAN _____ Time _____

☐ T Complete ☐ T Sheet Add-On _____ ☐ Copy FMD ☐ Dictated

1022500134 UDO-5346844
GULZHIKOLAY DOB [redacted]
ADM: PHYSICIANS ED
ADM DATE/TIME: 08/22/10 1244

Spartanburg Regional Medical Center
101 E. Wood St.

Emergency Center
65123
Assessment Sheet

MR # 00604844 Sex: Male DOB: [REDACT]1975
Name: Gul, Nikolay I
Phone: (864)590-8347
Address: 155 SUTTLES ROAD, INMAN, SC 29349
Unit Code: 10105 Account # 1023400134 Age: 35

Complaint: Resp distress
Arrival Time/Date: 12:45 08/22/2010
Arrived by: Ambulance
Mobility: Stretcher
Primary Care: Unassigned,
Accompanied By:

Triage Class: Class 3
Insurance: --None
Amb/Helicopter: [REDACT]
Referring Facility:
Emergency Physician: Buck MD, Justin B

Vital Signs

Info	Time	Temp	Blood Pressure	Pulse	Resp
HL	12:45	100.3			
HL	12:50		148/90	78	22
HL	13:12		144/107	75	20
HL	14:06	99.4	120/83	88	16
HL	14:28	99.1	125/77	66	19

Pain

Time	Scale
14:06	0/10
14:28	0/10

Pulse Ox

Time	%
12:49	96
13:18	99
14:06	98
14:28	97

Pupils

Time	L[illegible]	R[illegible]

Glasgow Coma

Time	Score

Presenting Medications

Medication	Dosage	Freq	Medication	Dosage	Freq
Symbicort	?				
Albuterol Sulfate	?				
Advair Diskus	?	TWICE A...			
Carvedilol	3.125mg	DAILY			
Lisinopril	2.5mg	PRN			

Allergy

Allergy	Allergic Reaction
No Known Allergies	

Triage Nurse: Lawter,RN, Heather M

Past Medical Hx:
Tetanus History:
Social History:
Weights:
LMP Date:

Disposition Information
Primary Diagnosis: Asthma
Secondary Diagnosis:
Disposition: Disch - Home
Dispositioned By: Justin Buck MD
Report Called By:
Prescriptions: Doxycycline 100mg , Prednisone 20mg
Discharge Instructions: ASTHMA, COUGH
Disability Statement:
Follow-up Care: Follow up with regular MD
Discharge Time: 14:51 08/22/2010

Family Notification:
Report Given To:
Appt Date/Time:
Discharged By: Heather Lawter,RN

Initials Name Initials Name

Spartanburg Regional Medical Center
101 E. Wood St.

Emergency Center
66128
Assessment Sheet

MR # 000634344 Sex: Male DOB: [REDACTED]1975
Name: Gul, Nikolay I
Phone: (864)590-8547
Address: 135 SUTTLES ROAD, INMAN, SC 29349
Unit Code: 10105 Account # 1013400134 Age: 35

Triage/Initial Assessment

12:45 08/22/2010 - Initial Triage Info -- Heather Lawler,RN
Chief Complaint: Resp distress
Initial Triage Acuity: Class3

Administrative

12:38 08/22/2010 - Referral/Transfer-In -- Kim Patton EMT
Note: ems medic 21 reports 10 minute pta with 35 yom who reportes respiratory distress. pt hold ems he has hx of asthma and his home meds have not helped, at time of ems reportup was 150/0 HR, hr 89 nsr he is sinus rhythm on the monitor sat on o2 via ns at 4 lpm was 100% . pt has received xopenex treatment while enroute to ed.

Disposition

14:16 08/22/2010 - Discharge Note -- Justin Davis MD
Note: Take medications as prescribed and follow up with your regular doctor tomorrow to make sure you are improving. Use albuterol nebulizer at home and return for worsening condition.

Assessment

12:38 08/22/2010 - Registration Information -- Christina Lotze
First Name: 21
Last Name: Medic
Arrival Time: 08/22/2010 12:32
Chief Complaint: Resp distress
Date of Birth: 08/22/ 910
Sex: M
12:37 08/22/2010 - Change Nurse -- Jonathan Stoever
Primary Nurse: Lawler,RN, Heather M
Secondary Nurse:
Responsible Nurse: Lawler,RN, Heather M
12:38 08/22/2010 - Reassessment -- Heather Lawler,RN
Note: RT notified.
12:42 08/22/2010 - Registration Information -- Christina Lotze
First Name: Nikolay
Last Name: Gul
Date of Birth: 04/01/ 975
Social Security Number: 555-16-1928
12:44 08/22/2010 - Registration Information -- REG3
Date of Birth: 19750101
Medical Record Number: 000634344
Account Number: 1013400134
Corporate ID: 00520577
Financial Class: Medicaid
Insurance Class: MEDICAID OF SOUTH CAROLINA
Ethnicity: White
Zip Code: 29349
12:45 08/22/2010 - Receive Patient -- Heather Lawler,RN
Last Name: Gul
First Name: Nikolay
Middle Initial: I
Date of Birth: 04/01/ 975
Location: CP42
Chief Complaint: Resp distress
12:45 08/22/2010 - Initial Triage Info -- Heather Lawler,RN
Initial Triage Acuity: Class3
12:45 08/22/2010 - Blood Sugar -- Heather Lawler,RN
EMS (mg/dl): 146
12:45 08/22/2010 - Secondary Survey -- Heather Lawler,RN
Exposure: Clothing removed, Hospital gown provided, Warm blankets applied
Gadgets: Call bell at bedside, Monitor, Pulse Oximeter, Side rails raised for pt safety, Use of call bell explained to pt/family
Head to Toe Assessment: See Focused Survey
12:45 08/22/2010 - Vital Signs -- Heather Lawler,RN
Temp: 100.3
12:46 08/22/2010 - Primary Survey -- Heather Lawler,RN
Airway: INTACT, patent
Breathing: PRESENT, no labored respirations noted, symmetrical chest movement, trachea midline
Breath sounds - L: Wheezing - expiratory, Wheezing - inspiratory
Breath sounds - R: Rhonchi
Circulation: adequate, skin warm and dry
Radial - L: Present
Radial - R: Present
Cap refill: brisk
RUE Strength: normal
RLE Strength: normal
LUE Strength: normal
LLE Strength: normal
Disabilities: alert, oriented X3
12:49 08/22/2010 - Home Medications -- Heather Lawler,RN
Med: Symbicort
Med: Albuterol Sulfate
Med: Advair Diskus TWICE A DAY
Med: 3.125 mg Carvedilol - PO DAILY
Med: 2.5 mg Lisinopril - PO PRN
Note: verified 08/20/10
12:49 08/22/2010 - Oximetry -- Heather Lawler,RN
Pulse Oximetry %: 92
Oxygen Therapy: Room Air
12:50 08/22/2010 - Vital Signs -- Heather Lawler,RN
BP: 148/90
HR: 78
Resp: 22
12:50 08/22/2010 - Fall Risk Assessment -- Heather Lawler,RN
Low fall risk because: Ambulatory, steady gait, independent and continent, No hx of falls, No orthostatics
12:50 08/22/2010 - Misc/Other Intervention -- Heather Lawler,RN
Indications: EKG completed by EMS and shown to MD
Performed by: Stoever, Jonathan
12:50 08/22/2010 - Document IV Placement -- Heather Lawler,RN
Site #: 1
Site: Left hand
Catheter size: 20g
Tubing: Regular
Note: inserted PTA via EMS
12:52 08/22/2010 - Respiratory -- Heather Lawler,RN
Note: pt presents to ER via triage with complaint respiratory distress. pt states onset approx 1020 and friend brought pt's inhaler with slight relief. pt reports "pressure in lungs" and "short of breath" when pt states like this and appears to be breathing shallow. pt alert and oriented times 3. pt speaks minimal english. pt received xopenex in route with much improvement.
12:55 08/22/2010 - Registration Information -- REG3
Date of Birth: 19750101
Financial Class: Self pay
Insurance Class: None
13:00 08/22/2010 - Misc/Other Intervention -- Heather Lawler,RN
Indications: EKG Reported to Physician
Performed by: Lawler RN, Heather M
Note: Justin davis
13:12 08/22/2010 - Reassessment -- Heather Lawler,RN
Other Assessment: Pt to xray
13:14 08/22/2010 - Reassessment -- Heather Lawler,RN
Other Assessment: Pt return from xray
13:16 08/22/2010 - Reassessment -- Heather Lawler,RN
Note: pt medicated per md order no family at bedside.
13:25 08/22/2010 - Oximetry -- Heather Lawler,RN
Pulse Oximetry %: 98
Oxygen Therapy: Nasal Cannula
Concentration: 2
Units: l/min
13:16 08/22/2010 - Vital Signs -- Heather Lawler,RN
BP: 144/107
HR: 75

Spartanburg Regional Medical Center 101 E. Wood St.	Emergency Center 66128 Assessment Sheet	MR # 000634844 Sex: Male DOB: [REDACT]1973 Name: Gul, Nikolay I Phone: (864)590-8547 Address: 135 SUTTLES ROAD, INMAN, SC 29349 Unit Code: 10105 Account # 1023400134 Age: 35

Resp: 20
15:16 06/22/2010 - Medication Administered -- Heather Lawler,RN
Medication: *Other-See Note
Note: doxycycline 100 mg given po per md order
15:18 06/22/2010 - Medication Administered -- Heather Lawler,RN
Medication: Prednisone
Dose: 60
Units: mg
Route: - PO
14:25 06/22/2010 - Pain Assessment -- Heather Lawler,RN
Severity Score: 0/10 - none
14:05 06/22/2010 - Vital Signs -- Heather Lawler,RN
Temp: 99.4
BP: 129/85
HR: 88
Resp: 18
14:55 06/22/2010 - Oximetry -- Heather Lawler,RN
Pulse Oximetry %: 98
Oxygen Therapy: Nasal Cannula
Concentration: 2
Units: l/min
14:07 06/22/2010 - Reassessment -- Heather Lawler,RN
Note: pt lying in bed resting. pt has ice vest, telephone, and call light at bedside. respirations even and unlabored. will continue to monitor.
14:15 06/22/2010 - Discharge Diagnosis -- Justin Davis MD
Primary: Asthma
14:15 06/22/2010 - Custom Prescriptions -- Justin Davis MD
Medication: Doxycycline
Strength: 100
Unit: mg
Sig 1: One PO BID x 7 days
Dispense: 14
14:15 06/22/2010 - Custom Prescriptions -- Justin Davis MD
Medication: Prednisone
Strength: 20
Unit: mg
Sig 1: take 60mg PO qday for three days
Dispense: 9
14:15 06/22/2010 - Re/Appt -- Justin Davis MD
Appointment with: Follow up with regular MD
Follow up in: 1 days
14:16 06/22/2010 - Discharge Note -- Justin Davis MD
Note: Take medications as prescribed and follow up with your regular doctor tomorrow to make sure you are improving. USe albuterol nebulizer at home and return for worsening condition.
14:28 06/22/2010 - IV Care -- Heather Lawler,RN
Education/Consent: Patient instructed on puncture site care, procedure explained to patient
Equipment and Supplies: 2 x 2, tape
Post procedure assessment: IV/Gd INT - catheter intact, no redness at site, no swelling at site
14:35 06/22/2010 - Discharge Condition -- Heather Lawler,RN
Acuity: Class 3
Condition: good
Mobility at Discharge: Ambulatory
Patient Teaching: Follow-up plan of care reviewed w/ pt, Pt voiced understanding of plan of care, Written discharge instructions reviewed w/ pt
Note: pt given discharge instructions and reviewed with pt. pt verbalized understanding.
14:27 06/22/2010 - Allergy Information -- Heather Lawler,RN
Allergy: *No Known Allergies
14:28 06/22/2010 - Pain Assessment -- Heather Lawler,RN
Severity Score: 0/10 - none
14:28 06/22/2010 - Oximetry -- Heather Lawler,RN
Pulse Oximetry %: 99
14:29 06/22/2010 - Vital Signs -- Heather Lawler,RN
Temp: 98.1
BP: 128/77
HR: 88

Resp: 18

Lab Result Summary

SPARTANBURG REGIONAL MEDICAL CENTER
Radiology Report

NAME: GUL,NIKOLAY
ORDERING PHYSICIAN: DAVIS,JUSTIN B
LOC: ECH-CP42-A
Pt. Type:ER

DOB: [REDACTED]75
EMERG DEPT

UNIT #: 000634844
CI#: 2835567
AN#:S1023400134

FINAL

Exam
10044 ER CHEST PA AND LATERAL Date: 08/22/10 1300
71020 Ord Diag: SOB ** Portable **

Two-view chest August 22, 2010 at 1304

Reference exam: None

Indication: Short of breath

Findings: Cardiac silhouette and pulmonary vascularity are normal, lungs appear clear.

Impression: Lungs appear clear.

Transcriptionist- n/a
Reading Radiologist- JEFFREY NEWMAN MD
Releasing Radiologist- JEFFREY NEWMAN MD
Released Date Time- 08/22/10 1425

Spartanburg Regional Medical Center Emergency Center

101 E. Wood St., Spartanburg, SC 29303
(864)560-5400

18 0/10 96/. 99.1 oral 125/77 104

Prescriptions Received: Doxycycline 100mg , Prednisone 20mg

Discharge Instructions Received: ASTHMA, COUGH

Drug Instructions Received:

Referral:
Follow up with regular MD in 1 days
Important Note: Unless prior arrangements are made, the Referral Doctor does not take walk-in appointments. You are asked to call for an appointment.

I hereby acknowledge receipt of the instructions indicated above. I understand that I have had emergency treatment and that I may be released before all my medical problems are known or treated. I will arrange for follow-up care as instructed above.

****

Take medications as prescribed and follow up with your regular doctor tomorrow to make sure you are improving. USe albuterol nebulizer at home and return for worsening condition.

****

Date/Time: 08/22/2010 14:16 Treating MD: Davis MD, Justin B

Patient Signature: _____

Account Number: 1023400134

Medical Record Number: 000634844

I have explained the instructions and have given a copy to the patient.

Nurse's Signature: _____ Date: 8-22-10

ATTENDING MD

ATTENDING PHYSICIAN | CONSULTING PHYSICIAN | ICD-9-CM

PRINCIPAL DIAGNOSIS

ADDITIONAL DIAGNOSES

PRINCIPAL SURGERY

ADDITIONAL SURGERY

DATE

OTHER SIGNATURE

OTHER SIGNATURE

ASSEMBLED 5-7 BL | CODED | ANALYZED | FINAL CHECK

ACCOMMODATION ☐ ccu ☐ icu ☐ NEURO ☐ POST ccu

CORPORATE ID 00620577

SPARTANBURG REGIONAL MEDICAL CENTER

DISCHARGED DATE 5-6-10 TIME

DISCHARGE DISPOSITION ☐ ALIVE ☐ AUTOPSY ☐ DEATH <48 ☐ DEATH >48 ☐ STILLBORN ☐ TRANSFERRED

UNIT NUMBER 000-82-6844

PATIENT

ACCOUNT NO.	ADMISSION DATE / TIME	PC	DATE OF BIRTH	AGE	SEX	RACE	MS	SERVICE	STATION	ROOM NO	ACC	PAT TYPE
S 1012301803	05/05/10 1929	MG	REDACTED 75	35Y	M	1	S	MED	ONC	2012-A	P	IP

RESIDENT / REFERRING DOCTOR	ADMITTING DOCTOR	ACCIDENT / WORK RELATED	ACCIDENT DATE / TIME	ADM. TYPE / SOURCE
FELDMAN,GREGORY	FELDMAN,GREGORY	NO		2 1

PATIENT INFORMATION
GUL,NIKOLAY
155 SUTTLES ROAD
INMAN SC 29349

SOC SEC NO REDACTED
TELEPHONE NO (864)590-8347

PATIENT EMPLOYER
KOHLER CORPORATION
P O BOX 1987
SPARTANBURG SC 29304

TELEPHONE NO (864)582-3401

GUARANTOR

GUARANTOR NAME AND ADDRESS
GUL,NIKOLAY
155 SUTTLES ROAD
INMAN SC 29349

SOC SEC NO REDACTED
TELEPHONE NO (864)590-8347
RELATION SELF

EMPLOYERS

GUARANTOR EMPLOYER
KOHLER CORPORATION
P O BOX 1987
SPARTANBURG SC 29304

TELEPHONE NO (864)585-3401
OCCUPATION

RELATIVE

RELATIVE 1
GUL,ALLA (864)590-8352
SPOUSE

RELATIVE EMPLOYER

INSURANCE

INSURANCE 1
UNITED HEALTHCARE 1
P O BOX 740800
ATLANTA GA 30374-0800
UNITED HEALT GUL,NIKOLAY
771608 958256897

INSURANCE 2
UNITED HEALTHCARE 1500 1
P O BOX 740800
ATLANTA GA 30374-0800
UNITED HEALT GUL,NIKOLAY
771608 958256897

INSURANCE 3

INSURANCE 4

MISC

PRESENTING COMPLAINT	ARRIVAL MODE	PUB/VA	ADV DIR	PAT CLA	CERON	ADM BY
493.90-ASTHMA NOS		N				BLG

STAFF ALERT: OBSERVATION ☐ YES ☐ NO

PREVIOUS ENCOUNTER NAME / DATE / TYPE
GUL,NIKOLAY 10/09/09 OPT

PATIENT NAME: GUL, NIKOLAY
MEDICAL RECORD #: 634844
DATE OF BIRTH: REDACTED/1975
ACCOUNT NUMBER: 1012301803
DATE OF ADMISSION: 05/03/2010
ROOM: 2012

HISTORY OF PRESENT ILLNESS
This is a patient with very protracted and severe asthma and has been on multiple medications including as high as prednisone 60 mg a day for the past week, has presented to my office and being admitted due to the lack of improvement. He has very difficult asthma to control for a number of months, in fact, he has never been well. His attempts to come off prednisone lead to immediate and profound exacerbation. He has occupational exposure and appeared to be well with dealing with occupational asthma and/or RADS. His underlying history otherwise has been healthy, not a smoker, never drank, no drug abuse of any kind.

REVIEW OF SYSTEMS
Considerable amount of pain, a lot of muscle cramps especially in the back, and he has been continuously off and on prednisone for a number of months right now. Otherwise his past medical history is noncontributory.

FAMILY HISTORY
No history of asthma.

PHYSICAL EXAMINATION
GENERAL: Revealed the patient being not in acute distress.
VITAL SIGNS: Temperature 99.2. His blood pressure is 135/85. Respirations 20. Heart rate elevated to 115.
HEENT: Pupils equal and reactive to light. Extraocular movements are intact.
NECK: Supple, no thyromegaly, no lymphadenopathy.
LUNGS: Bilateral diffuse wheezing throughout.
HEART: S1, S2 regular without gallops, murmurs, or rubs.
ABDOMEN: Soft, nontender.
EXTREMITIES: No edema.
NEUROLOGICAL: No focal signs.

The patient did have a chest x-ray in my office a few days prior that was not remarkable with no infiltrates.

IMPRESSION
Asthma, severe, persistent, difficult to control, steroid dependent, slight tracheobronchitis. We will proceed with admission, bronchodilators, steroids, insulin coverage for anticipated elevation of blood sugars, possible bronchoscopy.

DICTATED BY: GREGORY FELDMAN, M.D.

D:05/04/2010 12:27:21
T:05/04/2010 13:06:03/bt

937309/820015

Cc:
~~H & P Page 2 of 2~~
GJL, NIKOLAY
534844

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

Authenticated by Gregory Feldman, M. D. On 05/06/2010 01:18:22 PM

OP REPORT
PATIENT NAME: GUL, NIKOLAY
DOB: REDACTED 1975
MEDICAL RECORD #: 634844
PROCEDURE DATE: 05/05/2010
ACCOUNT NUMBER: 1012301803
ROOM: 2012

PROCEDURES
Bronchoscopy.

INDICATIONS
The patient with a very severe protracted and persistent asthma. He is undergoing bronchoscopy for evacuation of secretions in tracheobronchial tree and cultures.

ANESTHESIA PROVIDED
Versed 5 mg, IV fentanyl 25 mcg IV, 1% lidocaine was given to vocal cords and tracheobronchial tree, saturation maintained above 90% throughout the procedure with supplemental oxygen.

PROCEDURE IN DETAIL
Fiberoptic bronchoscope was passed without difficulty. Vocal cord appeared normal. Tracheobronchial tree was examined down to segmental levels. They contained very copious secretions in the left lower lobe, left upper lobe, left main bronchus as well as the right lower lobe. Secretions were nonpurulent but copious. Lavage was done until all visible secretions were cleared and appropriate culture has been obtained. No apparent clinical complications.

Thank you.

DICTATED BY: GREGORY FRIDMAN, M.D.

D:05/05/2010 13:25:40
T:05/06/2010 06:52:52/abi
937999/820766

cc:

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

Authenticated by Gregory Feldman, M. D. On 05/06/2010 01:18:24 PM

DISCHARGE SUMMARY
PATIENT NAME: GUL, NIKOLAY
DOB: REDACTED 1975
MEDICAL RECORD #: 634844
ACCOUNT NUMBER: 1012301803
ADMISSION DATE: 05/03/2010 DISCHARGE DATE: 05/06/2010
ATTENDING PHYSICIAN: FELDMAN, GREGORY

FINAL DIAGNOSIS:
1. Asthma exacerbation.

The patient was admitted due to failure to improve outpatient despite multiple doses of high dose steroids with Prednisone. He was started on high dose intravenous Solu-Medrol around the clock. Bronchoscopy was undertaken with lavage of tracheobronchial tree. Subsequently over the next several days he improved considerably. The wheezing has much decreased and his lungs are clear on discharge. He will be discharged home on Prednisone 10 milligrams a day tapering over the next week. He will continue on Hydrea 500 one twice a day and Albuterol. Reassessment will be done in my office within the next thirty days.

DICTATED BY: GREGORY FELDMAN, M.D.

D:05/16/2010 09:09:47
T:05/17/2010 08:02:52 /cb
942826/824983

cc:
Authenticated by Gregory Feldman, M. D. On 05/30/2010 12:18:47 PM

APA #5

Lung and Chest Medical Associates

Charles M. Fogarty, M.D.
Wilson R Smith, Jr., M.D.
J. Douglas Clark, M.D.
Rico V. I. Mendoza, M.D.
Raul B. Cruz, M.D.

J.P. Elm, F.N.P.
Cindy A. Edwards, F.N.P.
Nicole H. Jackson, F.N.P.
Charlene McCraw, ACNP-C

Independent Medical Exam

RE: Nikolay Gul

12-22-09

DOB: [REDACTED]/1975

Present Illness

Nikolay Gul, a 43-year-old male is referred by Kohler, (Nexsen/Pruet-Attorneys), for further evaluation of possible occupational asthma. Mr. Gul worked at Kohler from 2006 through 8/25/09 and per Mr. Russell Infinger's letter of 12/22/09 has identified acetic acid as the agent causing his respiratory problems.

Mr. Gul, whose primary language is Russian, is accompanied by a translator. On interview at Lung and Chest today the patient stated that his "asthma" problems started about two years ago and occurred after exposure to chemicals, (acetic acid) at Kohler. His shortness of breath is aggravated by intensive activities involving exercise, working, and other factors such as elevated room temperature or exposure to acetics.

He states his current medications are Advair 250/50, Ventolin HFA as rescue, prednisone 20 mg twice a day, Coreg 6.25 mg b.i.d. alternating for one week with Cardizem 120 mg daily. Expense for medications, particularly the Advair, has been a problem. He has been dependent on samples and he has not been taking the Advair regularly.

The patient has never smoked. He is married with eight children. He has had hypertension for several years. He recently was diagnosed with borderline diabetes. (Prednisone 20 b.i.d. could aggravate diabetes.)

Review of Kohler records:

Spirometry tests performed at Kohler on 5/9/06 showed a vital capacity of 4.7 liters, 101 percent of predicted value of 4.67 and the FEV1 was 3.69 or 94 percent of predicted values of 3.92. The flow volume loop showed a normal appearing peak and tapering flows with increasing exhalation as expected. Spirometry performed at Kohler on 6/11/09 showed a vital capacity of 4.52 or 103.8 percent of the predicted value of 4.35.

The FEV1 is 3.59 or 98 percent of the predicted value of 3.64. A chest film performed at Kohler on 6/11/09 did not show any acute process. A small 5 mm nodule was noted at the right lung base. It is not clear whether this was in the lung or in the rib cage. The heart and pulmonary vascular markings were felt normal.

Review of the Material Safety Data Sheet For Acetic Acid:

The Material Safety Data Sheet for acetic acid is reviewed since the patient was exposed to in the course of his employment at Kohler. The MSDS notes the hazards of severe skin and eye burns, irritating mist or vapor to eyes and respiratory tract. The threshold limit values given ranged from 10 parts per million for a time weighted average up to the NIOSH approved 15 parts per million for short-term exposure.

Review of Mary Black Memorial Hospital records:

The patient presented to Mary Black Emergency Room 5/14/08 with a chief complaint of chest pain for about one month on and off. He also complained of feeling dizzy at times. He felt worse after taking lisinopril, which had just been started the day before for his blood pressure. The Mary Black record notes the pain radiated to the left arm and the patient felt like he had near syncope and dyspnea. He denied dyspnea on exertion. He did also report nausea or vomiting when his blood pressure got high and history of hypertension. The Mary Black history was obtained from the patient and translator. The patient reported his chest pain symptoms had started about a month previously, coming on gradually and becoming progressively worse. The patient did not recall any specific activity precipitating the pain. Symptoms were present at the time of the Mary Black Emergency Room visit, which were mild severity. The patient noted elevated blood pressure when he felt the pain and felt dizzy and had over-the-counter Inderal from Russia that he was taking p.r.n. for these symptoms prior to the new blood pressure medicine. On evaluation in the Emergency Room his blood pressure was elevated at 169/96. His oxygen saturation was normal range. His physical exam showed the lungs clear with equal breath sounds bilaterally and normal cardiac and abdominal exam. His white count was 11.07, hemoglobin 17.8, glucose 117. Other lab results were normal range. The cardiogram showed normal rate and rhythm and was normal range. The chest films, PA and lateral views, were also normal with no acute disease. The patient's initial pulse was 130 but was down to the 60 to 70 range at the time of discharge. The impression of Dr. Bourdon was chest pain – atypical and hypertension. He was felt not to have any acute cardiac etiology and was discharged to follow up with his family physician with a prescription for Toprol XL 25 mg daily to replace the lisinopril 20 mg daily which the patient felt was not helping his chest pain. The patient was to follow up with Dr. Imtiaz Khan, family physician.

The patient returned to Mary Black 5/24/08 at 3:18 a.m. The history was again obtained from the patient as well as a translator in the family. The chief complaint was the patient wanted something different for his increased blood pressure and his symptoms had began 5/23 with headache, burning pain in the left chest. The symptoms were not exacerbated by anything particular. The patient reported headache

and dyspnea/shortness of breath, also nausea. The chest pain was reported in the left chest wall, described as intermittent, aching and burning and exacerbated by movement. The patient denied any cough. The patient listed his occupation as unemployed at that time, although the guarantor was K. H. Kohler-Blue Choice Health Care. On exam no respiratory distress was noted. At the time of presentation his blood pressure was 133/84, pulse 66, respirations 20. The lungs were clear with equal breath sounds. The heart tones were regular with no murmur or gallop noted. The abdomen was soft. The clinical impression was essential hypertension and the patient was advised to increase his Toprol to 1 pill twice daily and check his blood pressure four times a day. On discharge his blood pressure was 130/70, pulse 80. The patient's pain was 4 on a scale of 2 on arrival; it was 2 on 1 to 10 scale on discharge. Dr. Tracy Lance was the examining physician and instructions were to follow up with Dr. Khan in two days and increase the Toprol to one pill twice daily. While in the emergency room the patient was given a dose of 1 mg Ativan p.o. at 5:25 a.m.

A cardiovascular stress test was done 10/20/2008 at Mary Black Hospital. The complaint was irregular heartbeat, chest pain, hypertension, family history of heart disease. The myocardial perfusion scan showed a maximum heart rate of 170 with no reversible ischemia and a normal ejection fraction of 70 percent with good left ventricular wall motion. The test was interpreted by John Thornburg, M.D. and the report sent to Dr. Nowatka.

Review of Dr. Nowatka's notes provided from 6/25/09 7/22/09:

On 6/25/09 visit the patient noted a chief complaint of feeling bad and having gone to the emergency room the day before where he was treated with ibuprofen for fever of 102. The patient was worried that he might have a high sugar since he had found when he was feeling bad his sugars were up to 160. The patient was accompanied by his sons who translated some, but the patient was also noted to understand English fairly well. On physical exam the cardiac exam was normal. The lungs were clear. The abdomen showed suprapubic tenderness, a little to the right lumbar area. The patient was felt to have a febrile illness and since he was already on ibuprofen, Amoxicillin 500 mg t.i.d. for a seven-day course was added with the caveat that the patient probably had a viral illness.

On 7/22/09 the patient returned with a chief complaint of an irregular pulse sometimes as low as 48, sometimes as high as 145, left chest pain when his blood pressure went up and a burning sensation in his chest was also noted. The Coreg made his pulse go down and also he took lisinopril, he did well for a day or two but then his blood pressures became low on these medicines. Finger stick blood sugars at work ranged from 80 to 167. The patient was also noted by Dr. Nowatka on chart review to have elevated liver enzymes. The heart rate was regular and the lungs were clear on exam. The assessment was a history of bradycardia, tachycardia unclear etiology. Additional findings were abnormal liver enzymes, elevated blood sugars. The patient was scheduled to see cardiology/Dr. Hiremath and a glucose tolerance test was scheduled.

Review of Dr. Hiremath 7/27/09 report:

The patient saw Dr. Hiremath five days later, 7/27/09 and his office note indicated a complaint of chest pain on and off for the last year with anterior chest discomfort when he was walking. No diaphoresis was noted. Some intermittent right upper back pain above the flank area also was noted to get worse when he worked. The patient also stated when he worked his blood pressure got high and his heart rate got low and that he worked at a heavy labor job. He denied other symptoms such as headache, fevers, chills, vomiting, paroxysmal nocturnal dyspnea, orthopnea, edema or palpitations. No mention was made of shortness of breath or wheezing. The patient's medications on 7/27/09 were carvedilol (Coreg) 3.125 mg p.r.n. The patient's nonsmoking, no alcohol intake status was again confirmed. On exam by Dr. Hiremath the blood pressure was 134/90 in the right arm, 120/84 in the left arm. Height 5'7". The neck exam was normal range. The chest was clear to auscultation. The cardiac exam showed normal heart tones with no murmur or gallop. The abdominal exam was normal range and peripheral pulses were symmetric and normal range. The patient was placed on the treadmill and walked seven minutes of a Standard Bruce Protocol with no ischemia. The impression was history of chest pain that was atypical and increased blood pressure when he worked. Since the treadmill test was normal and there was no evidence of cardiac ischemia, and the patient's focus was something different for his blood pressure Dr. Hiremath instituted Atenolol 50 mg a day. He noted that Mr. Gul's son was interpreting for the visit.

Review of Dr. Nowatka 7/29/09-8/31/09 notes:

He saw Dr. Nowatka on 7/29/09, two days later for follow up of new onset diabetes, problems with his heart and right flank pain at night and when he worked. Dr. Nowatka went over diet at length with reference to the diabetes with recommendation of multiple small meals a day, high protein and avoidance of quick release carbohydrates such as honey and fruit juices. The flank pain was not associated with any foods and the patient wondered if he needed an ultrasound. On Dr. Nowatka's exam the lungs were clear. Heart tones were regular. A little discomfort in the right upper quadrant was noted. The assessment was flank pain unclear etiology, new onset diabetes, hypertension and heart problems. The urinalysis was normal range. The patient was placed on Metformin 500 mg daily for the diabetes. The patient reported that he did not like the Atenolol prescribed by Dr. Hiremath and thus went back to the Coreg 3.125 mg and if his blood pressure remained elevated then lisinopril 2.5 mg.

The patient returned on 8/11/09 complaining of right upper quadrant and right flank pain and lumbar back pain that had been going on for a month. Mr. Gul stated it was debilitating. Urinalysis on the previous visit was clear. He stated his pain had awakened him from sleep, was excruciating pain a few days prior. The patient also complained of tachycardia. On physical exam no acute distress was noted. The cardiovascular exam showed a regular rate and rhythm. The lungs were clear. There was a little tenderness in the right upper quadrant into the right flank was noted. The assessment was right upper quadrant pain. Dr. Nowatka ordered a CT scan of the

abdomen and continued monitoring of the sugars which were felt controlled by the Metformin but the dosage was reduced to 250 mg a day since some of the sugars had been low. Atenolol 25 mg daily was continued for the tachycardia.

The CT of the abdomen ordered by Dr. Nowatka for 8/12/09 was normal range. A small-calcified granuloma in the right lung base was noted. (This was in the same vicinity as the chest film obtained at Kohler 8/11/09 that showed a small calcified granuloma). The final impression of the abdominal exam was within normal limits. This was read by Dr. John Thomburg.

The patient returned to Dr. Nowatka's office on 8/25/09 complaining of continued pain. He stated he tried to go back to work but "could not work for more than four hours before he started having severe pain in his right upper quadrant and shortness of breath". "He still does have some episodes of tachycardia. He has had some cough with mucus that happens three or four times a day and several minutes, but at night it can last up to 30 minutes. He is unable to tolerate the Atenolol as it makes his pulse go too low and he feels poorly." He was accompanied by a friend who was translating for him. On Dr. Nowatka's exam, the patient was noted to be well-nourished, no acute distress. The neck exam is normal. The cardiac exam showed a regular rate and rhythm. The lungs were clear. A little bit of pain in the right upper quadrant was noted but it was intermittent with no relationship to deep breath. Dr. Nowatka's assessment was continued right upper quadrant pain, shortness of breath and tachycardia. Additional problems included abnormal liver enzymes, abnormal chest film, borderline diabetes. Dr. Nowatka noted the patient was asking for a referral to the pulmonologist. Dr. Nowatka wrote "I don't think there is anything wrong with his lungs, so we certainly consider that but I think unlikely if anything wrong. With abnormal liver enzymes we could consider referral to the GI doctor but he is eating okay and his last set of liver enzymes were normal". His CT scan of the abdomen was essentially normal. I asked if there seems to be some stress and anxiety that could be causing these problems and his friend says that that this is not the case. He is actually in a least stressful job that he has had at Kohler." Dr. Nowatka put him out of work for another couple of weeks because it seemed like most of his problems were tachycardia and heart related. He referred him to Dr. Feldman for pulmonary evaluation, although he considered that anxiety was more of a problem and he felt that an Ativan trial should be considered before he went to work. The chest film taken on 8/25/09 by Dr. Nowatka showed unremarkable lungs, pleurae and cardiac silhouette. Small anterior vertebral body osteophytes were noted. The film was read by Dr. Lawdahl.

Dr. Nowatka's note of 8/31/09 reports the patient is complaining of continued pain that is sometimes "fine and then sometimes he has the pain that can be debilitating". He was placed on a low dose of Lexapro with the thought that this might help his stress anxiety.

Review of Dr. Feldman 9/23/09 & 9/25/09 notes:

The patient saw pulmonology Dr. Feldman 9/23/09. The record indicates "? occupational asthma". The weight on that exam was 173, height 67", blood pressure

128/87, pulse 84, respiratory rate and temperature were not noted. The oxygen saturation remained 99% on room air. Dr. Feldman sent an interim report to Dr. Cannon stating an assessment of asthma, possibly occupational and treatment of prednisone 60 mg daily and Advair 500 b.i.d.

The patient returned back to Dr. Feldman's office on 9/25/09 with a complaint of chest pain across the chest and shortness of breath walking. The weight was 173, blood pressure 150/90, pulse rate 117. Respiratory rate and temperature not noted. The patient's symptoms indicated positive for dyspnea, wheezing, palpitations and chest pain. The physical exam indicated wheezes under lung exam with the abdomen unremarkable. The patient's lung function test showed a vital capacity of 2.95 liters or 80 percent of the predicted value at 4.9. The FEV1 was 2.71 liters or 66 percent of predicted. Obstructive moderate obstruction was noted. However, the report indicates "Caution: Only one acceptable maneuver was present and that the report should be interpreted with care." (Dr. Charles M. Fogarty comment: The patient's other maneuvers showed wide variation. The initial vital capacity of 3.95 should have had two other values within 150 ml. However, the trial 1 vital capacity was only 2.79 liters, which is 1,140 ml lower than the first value. The third vital capacity of 1.54 was 2,510 ml lower. Thus, any interpretation based on this study is limited by the possibility of spuriously low values/suboptimal/inconsistent effort. It appears that only prebronchodilator values were performed.

The exam at the Lung and Chest office performed by myself 12/22/09 is remarkable for a pleasant male appearing his stated age in no acute distress. The pupils are symmetric. The oropharynx is clear. Nasal turbinates are patent. The tongue does not obscure the oropharynx. The trachea is midline. There is no supraclavicular or axillary adenopathy. The chest expands symmetrically. Fremitus is symmetric as is percussion. No rales or rhonchi are noted. Expiratory phase is not prolonged. The heart tones are regular with no murmur or gallop. The extremities do not show any edema or clubbing. Coordination is normal range.

Mr. Gul was observed by myself directly in his performance of the lung function tests. He appeared to have difficulty taking a deep breath despite repeated coaxing. He appeared to stop short with limited use of his accessory and intercostal muscles to achieve a full inflation of the chest (which would be evidenced by increased AP diameter and elevation of the ribs on palpation.) After repeated instruction and demonstration he did give one effort where he appeared to be taking in a deep breath. Even after taking in a deep breath he appeared to have difficulty with the initial forceful expiratory effort. Given the difficulties of translation of the word blast or blow out hard, I demonstrated how to take a forceful initial exhalation or "blast". On his fourth maneuver he did appear to give a good deep breath but still had difficulty with the forceful blast. Even so, the vital capacity on this maneuver was dramatically higher than other values at 4.18 or 89 percent of predicted. The FEV1 of 3.37 was 86 percent of predicted. The patient appeared to be fatiguing and after seven efforts we proceeded to give him four inhalations of albuterol. Repeat testing after the albuterol inhalation looking for a bronchospastic or asthmatic component was again limited by inconsistent effort. The

patient's best effort was still significantly below his prebronchodilator effort. Early onset for the peak flow was not noted and there appeared to be some truncation as on the prebronchodilator flow volume loops, raising the possibility of premature glottic closure. In any case, there was no evidence for a response to bronchodilator.

PA and lateral views of the chest 12/22/09 shows normal appearing thoracic rib cage and thoracic spine except for mild degenerative changes of the spine on the lateral view. The cardiac contour is unremarkable. The lung fields show no abnormalities and appeared to show a normal range total thoracic lung volume. A small-calcified granuloma is noted in the right lower lung field. Impression: no acute disease and normal range PA and lateral chest film.

Discussion of Above History, Physical Exam Findings and Pulmonary Function Findings

The patient's complaints over the last three years have been predominantly chest wall pain and palpitations which the patient has related to his blood pressure and problems with control of the blood pressure with the medicines such as lisinopril, Coreg and Atenolol. In the records available there is no complaint of eye, nose, or mouth irritation in relationship to inhalation of environmental air at work. The patient's complaints relate more to chest wall pain and strenuous exertion at work as noted in the Mary Black admission visits and Dr. Nowatka's office visits.

On all of the physical exams obtained while the patient was in the course of his work, there is no finding of wheezes, rales or rhonchi. Expiratory wheezes were noted by Dr. Feldman on his 9/25/09 visit, but the patient's work history indicates that he had not worked since 7/20/09 with the exception of four hours or work on 8/25/09.

Thus the time course of environmental exposure to the acetic acid does not match the time course or character of the patient's complaints. If the acetic acid exposure, (even though within TLV value limits) was somehow related to the patient's symptoms, we would have expected complaints of skin, eye, nasal, throat irritation or cough at the time of exposure.

The time course of physical findings also appears discordant with the only time that the patient was found to have expiratory wheezes more than one month after potential occupational exposure.

With reference to the diagnosis of asthma per ATS guidelines the diagnosis is based on demonstration of reduced expiratory airflow which improves after bronchodilator inhalation. The finding of decreased expiratory airflow is contingent on the patient's taking a maximal inhalation, (one cannot blow out what one does not inhale). It is also dependent on a forceful expiration so that the limitation of the airflow can be attributed to intrinsic lung dysfunction rather than to a suboptimal muscular effort. Despite repeated coaching none of the patient's efforts on the PTF reviewed, with the exception of the initial effort performed at the time of his employment in 2006, show a typical peak flow at the start of the breath consistent with an initial blast. The patient's vital capacity and FEV1 performed on 6/11/09 are essentially unchanged from the values obtained in 5/9/06. Granted these were done three years apart with different equipment and some difference is expected simply due to the elapsed time and different equipment, the FEV1 of 3.69 liters obtained 5/6/09 is essentially identical to the FEV1 of 3.58 obtained 6/11/09. The vital capacity of 4.7 obtained in 2006 is also very close to the vital capacity of 4.52 liters obtained 6/11/09. If any occupational exposure had impaired the patient's lung function evidence for this would be a fall in the patient's vital capacity and FEV1 over the three years of exposure from 2006 to 2009. In addition, the vital capacity obtained in our office of 4.16 and the FEV1 of 3.37 are still in the normal range, although as mentioned suboptimal effort was noted and the possibility of even higher values with a more vigorous effort remains.

The truncation on both the inspiratory and expiratory sides of the flow volume loops raises the possibility of a mechanical upper tracheal/extra thoracic obstruction. However, if there was indeed a fixed obstruction due to some anatomic abnormality the patient would be giving a more consistent effort and the loops would be super imposable. The truncation is quite variable and thus appears more likely due to effort rather than to a fixed obstruction. In any case, a fixed obstruction would be totally different etiology than asthma and would not markedly improve simply with improved effort. The patient's continued symptoms despite the trial of Advair and prednisone would be against a diagnosis of asthma. Any continued high dose of prednisone may aggravate the patient's diabetes.

In summary, it is my opinion within a reasonable degree of medical certainty that:

1. Mr. Gul does not meet the ATS/ERS criteria for a diagnosis of asthma.

2. Mr. Gul's lung function remained essentially unchanged from the 5/09/06 through 6/11/09. In addition, the patient's lung function interpretation on 12/22/09 with limited poor effort remains in the normal range. Thus, there does not appear to be any objective evidence of deterioration of lung function over the three years corresponding to employment at Kohler.

3. While a diagnosis of possible occupational asthma was made on September 25, 2009, it appears to have been based on flawed pulmonary function tests, which do not meet ATS criteria for interpretability or current federal standards for disability evaluation.

4. The patient's hypertension predated his period of employment at Kohler.

5. The patient's chest wall pain, tachycardia, palpitations, shortness of breath were related by the patient to problems with his blood pressure and blood pressure medications rather than to any occupational exposure per health care visit records contemporaneous with his employment.

6. The findings of normal cardiograms and cardiac stress test and the patient's young age, nonsmoking history are consistent with a chest wall rather than cardiac etiology for the patient's chest pain.

7. The prescription of Ativan by the Mary Black Emergency Room physician on his 2008 visit and Dr. Nowatka's prescription of Lexapro appear appropriate and consistent with an anxiety component to the patient's symptoms.

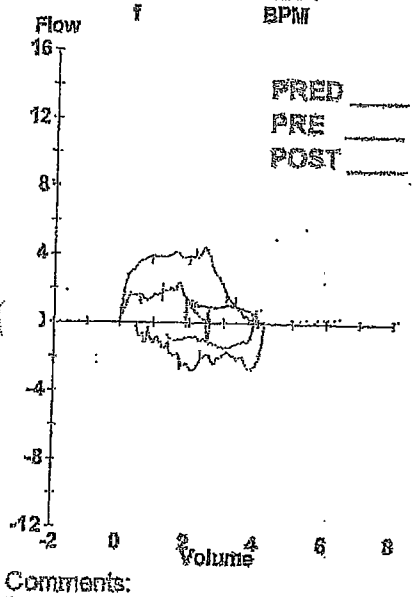
Charles M. Fogarty, MD
CMF/ne

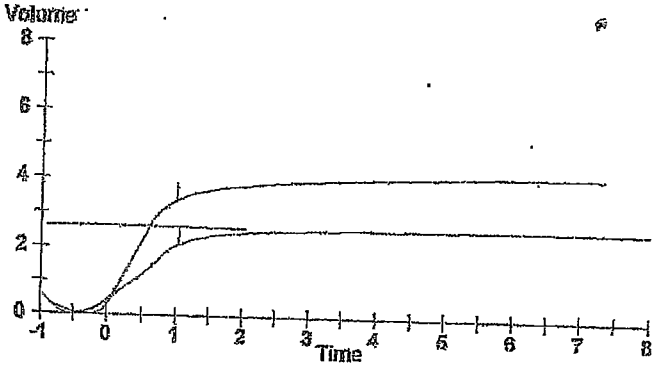
Lung and Chest Medical Associates
2030 North Church Place
Spartanburg, SC 29303
864-582-6858

Name: Gul, Nikolay
Gender: Male
Age: 34 Race: Caucasian
Height(in): 66 Weight(lb): 179
Any Info:

Id: 113170
Date: 12/22/09
Temp: 20 PBar: 748
Physician: Dr. Charles Fogarty
Technician: Jamie Gaffney, CRT

Spirometry	(BTPS)	PRED	PRE-RX BEST	%PRED	POST-RX BEST	%PRED	% CHG
FVC	Liters	4.69	4.18	89	2.62	56	-37
FEV1	Liters	3.92	3.37	86	2.09	53	-38
FEV1/FVC	%	84	81		80		
FEF25-75%	L/sec	3.98	3.44	87	1.71	43	-50
IsoFEF25-75	L/sec	3.98	3.44	87			
FEF75-85%	L/sec	1.29	1.00	78	0.82	64	-18
PEF	L/sec	8.67	4.45	52	2.37	28	-47
FET100%	Sec		7.31		9.01		23
FIVC	Liters	4.38	3.68	84	0.14	3	-96
FEV1	Liters	3.92	3.37	86	2.09	53	-38
FIV1	Liters		2.22				
FEF/FIF50		<1.00	1.82		2.04		12
Vol Extrap	Liters		0.34		0.50		44
FVL ECode			111100		110100		
MVV	L/min	160					
f	BPM						





Comments:
Patient gave a good effort and demonstrated a good understanding of test.

Jamie Gaffney, CRT
Interpretation:
There is a minimal obstructive lung defect. The airway obstruction is confirmed by the decrease in flow rate at peak flow and flow at 25%, 50% and 75% of the flow volume curve. On the basis of this study, more detailed pulmonary function testing may be useful if clinically indicated. Poor test performance is indicated by volume extrapolation/FVC. This is interpreted as an insignificant response to bronchodilator.

CALIBRATION: Pred Volume: 3.00 Expire Avg: 2.99 Inspire Avg: 3.00 Flow Cal Date: 12/22/09

( ) = OUTSIDE 95% CONFIDENCE INTERVAL PF Reference: Knudson/IMTS Version: IVS-0101-07-2B

Nikolay Gul v. Kohler Company
WCC File No.: 0912295
Date of Accident: 08/20/09
Claim No.: 2313030606
Our File No.: 6457/8002

INDEX TO DEFENDANTS' PRE-HEARING BRIEF APA SUBMISSIONS

	Physician	Practice	Dates of Service	Page Numbers
1.		ReGenesis Healthcare	11/22/13 - 05/13/08	1 – 19
2.		Spartanburg Regional Medical Center	12/16/11 - 08/22/10	20 – 22
3.	Steven Sahn, MD	Medical University of South Carolina	10/13/11	23 – 28
4.	Archie H. Chandler, III, MD John Worthington, MD, FACC	Carolina Cardiology Consultants, PA	03/18/11 - 09/04/09	29 – 44
5.	Matthew Cannon, DO	Family Physicians of Boiling Springs	07/16/10 - 09/21/09	45 – 73
6.	Charles M. Fogarty, MD	Lung and Chest Medical Associates	12/22/09	74 – 87
7.	Chris Nowatka, MD		08/31/09 - 06/25/09	88 – 93
8.		The Diagnostic Center Mary Black Health System	08/25/09 - 05/14/08	94 – 101
9.		Spartanburg Cardiology	07/27/09	102 – 103
10.		Mary Black HealthCare	05/24/08 - 05/14/08	104 – 124
11.	A.H. Chandler, MD	Carolina Cardiology Consultants	09/25/09	125 – 127
12.		Upstate Lung & Critical Care	02/24/15	128

SOWELL S G GRAY

Litigation Is our Business.

GLB

6457/8002

DATE: 11/21/2013 5:00:40 PM PAGES (Including Cover): 6

TO: ReGenesis Healthcare

FAX NUMBER: 864-487-8734

COMPANY:

FILE NUMBER: 6457/8002

FROM: Alaina McDaniel

PHONE NUMBER: 803-231-7830

COMMENTS:

11/22/13
The referenced patient has not been seen at ReGenesis Health Care since 6-17-2008. He had only ever been seen 3 times and none of those visits dealt with any work related injury, but per your subpoena those records are being provided from your to date of accident. Thank you, Alaina

IF YOU DID NOT RECEIVE ALL PAGES, PLEASE CALL BACK AS SOON AS POSSIBLE.

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Note for NIKOLAY GUL on 6/17/2008 - Chart 00108539

This 33 year old male presents today for follow up evaluation of hypertension. pt states atenolol makes him unable to sleep wants different bp medication.

Allergies: No known medical allergies.
Medication History: No medications based on current display settings
Past Medical History: **Cardiovascular Hx:** (+) hypertension.
Past Surgical History: No previous surgeries.
Family History: Unremarkable.
Social History: Patient or Guardian (for patient) denies alcohol use, illegal drug use, tobacco use.
Review of Systems: **Allergic / Immunologic:** (-) allergic symptoms, **Cardiovascular:** (-) cardiovascular problems or chest symptoms, **Constitutional Symptoms:** (-) constitutional symptoms such as fever, headache, nausea, dizziness, **Ears, Nose, Mouth, Throat:** (-) symptoms involving ear, nose, mouth, or throat, **Endocrine:** (-) endocrine-related symptoms, **Eyes:** (-) eye or vision problems, **Gastrointestinal:** (-) GI symptoms, **Genitourinary:** (-) GU symptoms, **Hematologic / Lymphatic:** (-) bleeding problems, **Integumentary:** (-) skin-related symptoms, **Musculoskeletal:** (-) joint or musculoskeletal symptoms, **Neurological:** (-) neurological symptoms or problems, **Psychiatric:** (-) psychiatric or emotional difficulties, **Respiratory:** (-) breathing difficulties, respiratory symptoms.

Physical Exam: BP Sitting: 147/94 HR: 71 Height: 5 ft. 6.500 in. Weight: 179 lbs. 8 oz. BMI: 29
Patient is a 33 year old male who appears his given age, well developed, well nourished and alert.

Respiratory: Lung auscultation reveals no rales, rhonchi, wheezing, or rubs.
Cardiovascular: Heart auscultation reveals no murmurs, gallop, rubs or clicks and rhythm is regular.
Abdomen: Abdomen exam reveals bowel sounds present that are normal, bowel sounds present x 4 without palpable masses, no palpable masses and soft. Liver and/or Spleen have no abnormalities, tenderness, or masses noted.
Musculoskeletal: The exam shows his muscle strength is full and the strength is symmetric. His muscles show normal muscle tone without any atrophy or abnormal movements.
Extremities: He has no clubbing, cyanosis, or edema.
Skin: No skin rash, subcutaneous nodules, lesions or ulcers observed.
Neurological: Neurologic exam shows cranial nerves 2 through 12 are grossly intact, deep tendon reflexes are 2+ bilaterally equal. He is oriented to person, place and time. There are no sensory losses.

Test Results:
TestDate: 5/28/2008 **Test:** HCV Ab **Flags:** Normal **Result:** <0.2 s/co ratio **Range:** 0.0-0.9 **Status:** Final
Comments: Negative
Not infected with HCV, unless recent infection is suspected or other evidence exists to indicate HCV infection.

TestDate: 5/28/2008 **Test:** Hep B Surface Ab **Flags:** Normal **Result:** 0.10 Index Value **Range:** 0.00-0.99 **Status:** Final
Comments: Status of Immunity — Anti-HBs Level

Status of Immunity	Anti-HBs Level
Inconsistent with Immunity	0.00 - 0.99
Consistent with Immunity	>0.99

An Index Value of 1.00 is equivalent to 10 mIU/mL.

However the magnitude of the Index Value is not indicative of the total amount of antibody present.

Please note reference interval change
No tests to report at this time

Impression:
Benign Essential Hypertension (401.1)
Procedures:

Plan:
will d/c atenolol and try cozaar 50 mg and pt advised to remain compliant and take as directed and keep bp log. pt medical leave form filled out see scanned copy. cozaar 50 mg 1 po q day #14 sample given with written instruction son/translator aware.
Orders:
Follow-up:
Scheduling: Return to the clinic in 2 week(s).

Signed by



Khan, Imtiaz - D. O.
Digital Signature on 6/17/2008 at 5:41:19 PM by: Khan, Imtiaz - D. O.

From: From: Stephanie Boyd
Date: 6/13/2008
Subject: BP
Patient: NIKOLAY GUL

Pts son called and states that the new BP med is causing insomnia. Please Advise.
Phone# 590-8352 or 592-1819

From: From: Imtiaz Khan
Date: 6/13/2008
Subject: Re: BP
Patient: NIKOLAY GUL

---

needs to be seen

ok and reviewed by dr khan

--- Original Message ---
From: Stephanie Boyd
Pts son called and states that the new BP med is causing insomnia. Please Advise.
Phone# 590-8352 or 592-1819

Remarks for GUL, NIKOLAY (00108539) - Date: 11/22/2013 - Printed by: Monica Duris

	Remark	Date
	6/13/08 Pts son called and states that pt can not sleep b/c of BP med. Per Dr. Khan informed that pt needs to be seen. SPBoyd, LPN.	6/16/2008
	5/14/08 Per Dr Khan informed pt with sl high lft. need to check hep panal abc and to stop etoh and tylenol. Left msg. SPBoyd, LPN.	5/14/2008

Note for NIKOLAY GUL on 5/27/2008 - Chart 00108539

This 33 year old male presents today for follow up evaluation of hypertension.

Allergies: No known medical allergies.
Medication History: Cardiovascular System Meds: Lisinopril 20 mg Tablet (one tab po qd) (active); usage started on 5/13/2008 medication was prescribed by Khan, Imtiaz D. O..
Past Medical History: Cardiovascular Hx: (+) hypertension.
Past Surgical History: No previous surgeries.
Family History: Unremarkable.
Social History: Patient or Guardian (for patient) denies alcohol use, illegal drug use, tobacco use.
Review of Systems: Allergic / Immunologic: (-) allergic symptoms, **Cardiovascular:** (-) cardiovascular problems or chest symptoms, **Constitutional Symptoms:** (-) constitutional symptoms such as fever, headache, nausea, dizziness, **Ears, Nose, Mouth, Throat:** (-) symptoms involving ear, nose, mouth, or throat, **Endocrine:** (-) endocrine-related symptoms, **Eyes:** (-) eye or vision problems, **Gastrointestinal:** (-) GI symptoms, **Genitourinary:** (-) GU symptoms, **Hematologic / Lymphatic:** (-) bleeding problems, **Integumentary:** (-) skin-related symptoms, **Musculoskeletal:** (-) joint or musculoskeletal symptoms, **Neurological:** (-) neurological symptoms or problems, **Psychiatric:** (-) psychiatric or emotional difficulties, **Respiratory:** (-) breathing difficulties, respiratory symptoms.

Physical Exam: BP Sitting: 144/91 HR: 70 Height: 5 ft. 6.500 in. Weight: 180 lbs. 4 oz. BMI: 29
Patient is a 33 year old male who appears his given age, well developed, well nourished and alert.
Head & Face: Examination of head and face is unremarkable
ENT: Otoscopic examination reveals a clear auditory canal, mobile tympanic membrane with pneumatic otoscopy and no abnormalities of external auditory canals and tympanic membranes. Inspection of nose reveals no abnormalities. Examination of oropharynx reveals no abnormalities and tissues pink and moist.
Neck: Neck stiffness is not present. Neck exam reveals no abnormalities, no masses, no tenderness and neck is supple.
Respiratory: Lung auscultation reveals no rales, rhonchi, wheezing, or rubs
Cardiovascular: Heart auscultation reveals no murmurs, gallop, rubs or clicks and rhythm is regular.
Abdomen: Abdomen exam reveals bowel sounds present that are normal, bowel sounds present x 4 without palpable masses, no palpable masses and soft. Liver and/or Spleen have no abnormalities, tenderness, or masses noted.
Musculoskeletal: The exam shows his muscle strength is full and the strength is symmetric. His muscles show normal muscle tone without any atrophy or abnormal movements
Extremities: Toe shows no evidence of clubbing, cyanosis, inflammation, petechiae, ischemia, infection, or Osler's nodes. He has no clubbing, cyanosis, or edema.
Skin: No skin rash, subcutaneous nodules, lesions or ulcers observed
Neurological: Neurologic exam shows cranial nerves 2 through 12 are grossly intact, deep tendon reflexes are 2+ bilaterally equal. He is oriented to person, place and time. There are no sensory losses.
Psychiatric: Psychiatric exam reveals orientation to person, place and time with mood and affect appropriate to the situation. He is a reliable source. There is no suicidal ideation.

Test Results: No tests to report at this time

Impression:
Nonspecific abnormal results of function study of liver 794.8.
Benign Essential Hypertension (401.1)
Procedures:

Plan:

pt states he felt bad on lisnipril and stopped meds. pt also with sl high lft.s neeed to check hep panal today. will try pt on atenolol and have him keep bp log. pt ok with plan
Orders:
Diagnostic & Lab Orders: Ordered Hep A AB total, Ordered,Hep B Core AB total, Ordered Hep B Surface AB, Ordered Hep B Surface AG, Ordered Hep C AB.
Follow-up:
Scheduling: Return to the clinic in 1 month(s).

Prescriptions:
Atenolol Dosage: 25 mg tablet Sig: 1 PO daily Dispense: 30 Refills: 0 Allow Generic: Yes



Imtiaz Khan, D. O.

Digitally Signed on 5/27/2008 By: Imtiaz Khan, D. O.

Date: 11/22/2013
Printed By: Duris, Monica

PATIENT INFORMATION
Name: GUL, NIKOLAY
DOB: [redacted]1975
ChartNo: 00100539
Sex: male

TESTS	FLAGS	RESULTS	UNITS	REF-RANGE	FACILITY ID
Accession: 14853612660	HCV Ab w/Rflx to RIBA	Report Date: 5/28/2008			
UniversalServiceID: 143991					
Specimen Date: 5/27/2008 3:53:00 PM					
HCV Ab	~	<0.2	s/co ratio	0.0-0.9	BN
Negative					
Not infected with HCV, unless recent infection is suspected or other evidence exists to indicate HCV infection.					
UniversalServiceID: 006395					
Specimen Date: 5/27/2008 3:53:00 PM					
Hep B Surface Ab	~	0.10	Index Value	0.00-0.99	BN
Status of Immunity / Anti-HBs Level					
Inconsistent with Immunity		0.00 - 0.99			
Consistent with Immunity		>0.99			
An Index Value of 1.00 is equivalent to 10 mIU/mL. However the magnitude of the Index Value is not indicative of the total amount of antibody present.					
Please note reference interval change					
UniversalServiceID: 006510					
Specimen Date: 5/27/2008 3:53:00 PM					
HBsAg Screen	~	Negative	~	Negative	BN
UniversalServiceID: 006734					
Specimen Date: 5/27/2008 3:53:00 PM					
Hep A Ab, IgM	~	Negative	~	Negative	BN

Facility ID	FacilityName
BN	LabCorp Burlington

Accession: 13449706930	CBC With Differential/Platelet	Report Date: 5/14/2008			
UniversalServiceID: 005009					
Specimen Date: 5/13/2008 9:54:00 AM					
WBC	~	8.6	x10E3/uL	4.0-10.5	BN
RBC	~	5.48	x10E6/uL	4.10-5.60	BN
Hemoglobin	~	16.6	g/dL	12.5-17.0	BN
Hematocrit	*Above High normal*	*50.1*	%	*36.0-50.0*	BN
MCV	~	92	fL	80-98	BN
MCH	~	30.4	pg	27.0-34.0	BN
MCHC	~	33.2	g/dL	32.0-36.0	BN
RDW	~	12.5	%	11.7-15.0	BN
Platelets	~	339	x10E3/uL	140-415	BN
Neutrophils	~	64	%	40-74	BN
Lymphs	~	28	%	14-46	BN
Monocytes	~	6	%	4-13	BN
Eos	~	2	%	0-7	BN
Basos	~	0	%	0-3	BN
Neutrophils (Absolute)	~	5.5	x10E3/uL	1.8-7.8	BN
Lymphs (Absolute)	~	2.4	x10E3/uL	0.7-4.5	BN
Monocytes(Absolute)	~	0.5	x10E3/uL	0.1-1.0	BN
Eos (Absolute)	~	0.2	x10E3/uL	0.0-0.4	BN
Baso (Absolute)	~	0.0	x10E3/uL	0.0-0.2	BN
Hematology Comments:	~	~	~	~	BN
UniversalServiceID: 322000					
Specimen Date: 5/13/2008 9:54:00 AM					
Glucose, Serum	~	94	mg/dL	65-99	BN
BUN	~	14	mg/dL	5-26	BN
Creatinine, Serum	~	0.95	mg/dL	0.50-1.50	BN
Glom Filt Rate, Est	~	>60	mL/min	60-137	BN
If African-American	~	>60	mL/min	60-137	BN

Note: Persistent reduction for 3 months or more in an eGFR <60 mL/min/1.73 m2 defines CKD. Patients with eGFR values >/=60 mL/min/1.73 m2 may also have CKD if evidence of persistent proteinuria is present.

Additional information may be found at www.kdoqi.org.

BUN/Creatinine Ratio	~	15	~	8-27	BN
Sodium, Serum	~	138	mmol/L	135-145	BN
Potassium, Serum	~	4.6	mmol/L	3.5-5.2	BN
Chloride, Serum	~	99	mmol/L	97-108	BN
Carbon Dioxide, Total	~	28	mmol/L	20-32	BN
Calcium, Serum	~	10.0	mg/dL	8.5-10.6	BN
Protein, Total, Serum	~	7.7	g/dL	6.0-8.5	BN
Albumin, Serum	~	4.7	g/dL	3.5-5.5	BN
Globulin, Total	~	3.0	g/dL	1.5-4.5	BN
A/G Ratio	~	1.6	~	1.1-2.5	BN
Bilirubin, Total	~	0.8	mg/dL	0.1-1.2	BN
Alkaline Phosphatase, S	~	62	IU/L	25-150	BN
AST (SGOT)	~	36	IU/L	0-40	BN
ALT (SGPT)	*Above high normal*	*74*	*IU/L*	*0-55*	*BN*

UniversalServiceID: 235010
Specimen Date: 5/13/2008 9:54:00 AM

Cholesterol, Total	~	193	mg/dL	100-199	BN
Triglycerides	*Above high normal*	*229*	*mg/dL*	*0-149*	*BN*
HDL Cholesterol	*Below low normal*	*38*	*mg/dL*	*40-59*	*BN*
VLDL Cholesterol Cal	*Above high normal*	*46*	*mg/dL*	*5-40*	*BN*
LDL Cholesterol Calc	*Above high normal*	*109*	*mg/dL*	*0-99*	*BN*

UniversalServiceID: 012057
Specimen Date: 5/13/2008 9:54:00 AM

Comment	~	~	~	~	BN

If initial LDL-cholesterol result is >100 mg/dL, assess for risk factors.

UniversalServiceID: 235010
Specimen Date: 5/13/2008 9:54:00 AM

LDL/HDL Ratio	~	2.9	ratio units	0.0-3.6	BN

UniversalServiceID: 004259
Specimen Date: 5/13/2008 9:54:00 AM

TSH	~	1.521	uIU/mL	0.350-5.500	BN

Adult TSH concentrations below 5.5 uIU/mL do not rule out the presence of subclinical hypothyroidism.

Facility ID	FacilityName
BN	LabCorp Burlington

From: From: Imtiaz Khan
Date: 5/19/2008
Subject: Re: BP
Patient: NIKOLAY GUL

---

needs to be seen or to er if any cp or sob or isssue with elevated bp

ok and reviewed by dr khan

---- Original Message ----
From: Stephanie Boyd
Pts son called and states that his BP is still running high and pt does not feel well. Please advise.

From: From: Imtiaz Khan
Date: 5/19/2008
Subject: Re: BP
Patient: NIKOLAY GUL

---

needs to be seen

ok and reviewed by dr khan

---- Original Message ----
From: Stephanie Boyd
Pts son called and states that his BP is still running high and pt does not feel well. Please advise.

From: From: Stephanie Boyd
Date: 5/19/2008
Subject: BP
Patient: NIKOLAY GUL

Pts son called and states that his BP is still running high and pt does not feel well. Please advise.

From: From: Imtiaz Khan
Date: 5/14/2008
Subject: labs
Patient: NIKOLAY GUL

---

pt with sl high lft. need to check hep panal abc

and to stop etoh and tylenol

ok and reviewed by dr khan

RIGENESIS

PATIENT DEMOGRAPHIC INFORMATION

Please complete and answer all questions on this form.

Patient Name Gul (Last) Nikolay (First) I (Middle) Date of Birth REDACTED 1975 Age 33

Sex ☒Male ☐Female Social Security # REDACTED

Mailing Address 155 Saddles Rd Apt/Suite

City Inman State SC Zip Code 29349

Phone # (864) 592-1810 Cell # (864) 590-834 Best way to reach you? ☐Home ☒Cell

Marital Status ☐Single ☒Married ☐Divorced ☐Separated ☐Widowed ☐Other

Emergency Contact Bogatov Pavel Phone # (864) 237-8993

Relationship to Patient Friend

Ethnic Group ☐American Indian/Alaska Native ☐Asian ☐Asian/Pacific Islander ☐Black/African-American ☐Hispanic/Latino ☐Native Hawaiian ☐Other Pacific Islander ☐Refused to Report ☐Unreported ☒White

Language: ☐English ☐Sign Language ☐Spanish ☒Other (please list language) Russian

Characteristics: ☒Migrant Worker ☐Seasonal Worker ☐Homeless ☐Homeless Shelter ☐Transitional/Visiting ☐Multiple Family Household ☐Unknown ☐Other

Referral Source (How did you hear about us?): ☐Health Fair/Event ☐Relative/Friend ☐Newspaper ☐Hospital/Agency _____ (Name of hospital/agency) ☐Physician _____ (Name of physician)

PATIENT/PARENT/GUARDIAN EMPLOYMENT INFORMATION

Employment Status: ☒Full-time ☐Part-time ☐Unemployed ☐Retired ☐Seasonal ☐Migrant

Student: ☐Full-time ☐Part-time

Employer Kohler

Address Spartanburg Zip Code

City/State SC Can we contact you at work: ☐Yes ☐No

Employer Phone #

INSURANCE INFORMATION

*You will be expected pay any insurance co-pays at time of visit and/or payment for services not covered by insurance

☐Private Insurance ☐Self Pay ☒Workers Comp ☐Disabled ☐Other

☐Medicare# ☐Medicaid#

Insurance Company Blue CHOICE Insured's Name Nikolay Gul

Group# Policy#

SS# REDACTED DOB

Employer Employer Phone #

Employer Address Spartanburg City/State/Zip

I authorize the release of any required medical information from my record to the above insurance company in order to process my claim.

Signature of Patient, Guardian or Legal Representative Date 5-13-2008

continue on next page

PARENT/GUARDIAN INFORMATION

Name & Relationship of Adult Accompanying Child _____

List of persons having permission to obtain medical treatment for your child if you are unable to accompany your child. Person must provide picture identification at time of visit

Name _____ Relationship _____

_____ Relationship _____

I AUTHORIZE THE SHARING OF MY MEDICAL INFORMATION WITH THE FOLLOWING INDIVIDUALS:

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Patient(Parent/Guardian)Signature _____

AUTHORIZATION FOR TREATMENT

I, the undersigned, hereby authorize ReGenesis Community Health Center to administer such treatment as is necessary. I also certify that no guarantee or assurance has been made as to the results of this treatment.

_____ 5-13-2008

Signature of Patient, Guardian or Legal Representative *Date*

If signed by other than patient, relationship to patient: _____

AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION & BENEFIT ASSIGNMENT

ReGenesis Community Health Center is authorized to release information required for further treatment including, but not limited to, psychiatric care, sexual assault, or tests for infectious diseases including AIDS/HIV, and when required by law. ReGenesis Community Health Center is authorized to release any medical information required in the processing of applications for financial coverage for services rendered and authorized to request payment of benefits directly to ReGenesis Community Health Center on my behalf.

_____ _____

Signature of Patient, Guardian or Legal Representative *Date*

NOTICE OF PRIVACY PRACTICES ACKNOWLEDGMENT

I acknowledge that I have been given a copy of the ReGenesis Community Health Center Notice of Privacy Practices.

_____ _____

Signature of Patient, Guardian or Legal Representative *Date*

If signed by other than patient, relationship to patient: _____

Witness (Personnel): _____ 5-13-08

Date

This organization is required to maintain the privacy and confidentiality of your health information and provide you with a notice as to our legal duties and privacy practices with respect to information we collect and maintain about you.

ReGenesis Community Health Center

PATIENT MEDICAL HISTORY

Patient Name: Nikolay Gul Date Of Birth: REDACTED -1975

MEDICAL HISTORY

Do you have any drug allergies? ☐ Yes ☐ No
If yes, list those drugs you are allergic to: _____
What type adverse reaction? _____ List any other allergies _____

Do you take any prescription medications? ☐ Yes ☑ No If yes, please list all medications:
_____
_____

Do you take any nonprescription medications? ☐ Yes ☐ No If yes, please check all that apply:
☑ Aspirin ☐ Ibuprofen/Tylenol ☐ Advil/Aleve ☑ Vitamins Others: _____

Have you ever had any surgeries? ☐ Yes ☑ No If yes, please list: _____

Do you or any family member have any of the following conditions? Please check all that apply to either you or a family member:

	YOU	FAMILY MEMBER	RELATIONSHIP
Ulcers/Stomach Problems	☐	☐	_____
Arthritis	☐	☐	_____
Diabetes	☐	☐	_____
Stroke	☐	☐	_____
Cancer	☐	☐	_____
Thyroid Problems	☐	☐	_____
High Blood Pressure	☐	☐	_____
Heart Disease	☐	☐	_____
Lung Disease	☐	☐	_____
Kidney Problems	☐	☐	_____
Osteoporosis	☐	☐	_____
Chemical Dependency	☐	☐	_____
Depression	☐	☐	_____
Other	☐	☐	(List): _____

Do you smoke: ☐ Yes ☑ No If yes, how much? _____ Cigarettes/Packs per day
Do you drink alcoholic Beverages? ☐ Yes ☑ No If yes, how much: _____
Please list any cultural or ethnic needs that might affect your care: _____

4 7 06/mjd/LFJapp

Note for NIKOLAY GUL on 5/13/2008 - Chart 00108539

This 33 year old male presents today for initial evaluation of hypertension. pt states he is on propranolol and his is not feeling well on it and his bp is not controlled very well. pt also using meds from russia for his bp. pt with no cp no sob no ha. pt states he has no hx of palpitation or arrythmya disorder.

Allergies: No known medical allergies.
Medication History: Non-contributory
Past Medical History: **Cardiovascular Hx:** (+) hypertension.
Past Surgical History: No previous surgeries.
Family History: Unremarkable.
Social History: Patient or Guardian (for patient) denies alcohol use, illegal drug use, tobacco use.
Review of Systems: Allergic / Immunologic: (-) allergic symptoms, **Cardiovascular:** (-) cardiovascular problems or chest symptoms, **Constitutional Symptoms:** (-) constitutional symptoms such as fever, headache, nausea, dizziness, **Ears, Nose, Mouth, Throat:** (-) symptoms involving ear, nose, mouth, or throat, **Endocrine:** (-) endocrine-related symptoms, **Eyes:** (-) eye or vision problems, **Gastrointestinal:** (-) GI symptoms, **Genitourinary:** (-) GU symptoms, **Hematologic / Lymphatic:** (-) bleeding problems, **Integumentary:** (-) skin-related symptoms, **Musculoskeletal:** (-) joint or musculoskeletal symptoms, **Neurological:** (-) neurological symptoms or problems, **Psychiatric:** (-) psychiatric or emotional difficulties, **Respiratory:** (-) breathing difficulties, respiratory symptoms.

Physical Exam: BP Sitting: 148/106 HR: 48 Height: 5 ft. 6.500 in. Weight: 187 lbs. BMI: 30
Patient is a 33 year old male who appears his given age, well developed, well nourished and alert.
Head & Face: Examination of head and face is unremarkable
ENT: Otoscopic examination reveals a clear auditory canal, mobile tympanic membrane with pneumatic otoscopy and no abnormalities of external auditory canals and tympanic membranes. Inspection of nose reveals no abnormalities. Examination of oropharynx reveals no abnormalities and tissues pink and moist.
Neck: Neck stiffness is not present. Neck exam reveals no abnormalities, no masses, no tenderness and neck is supple.
Respiratory: Lung auscultation reveals no rales, rhonchi, wheezing, or rubs
Cardiovascular: Heart auscultation reveals no murmurs, gallop, rubs or clicks and rhythm is regular.
Abdomen: Abdomen exam reveals bowel sounds present that are normal, bowel sounds present x 4 without palpable masses, no palpable masses and soft. Liver and/or Spleen have no abnormalities, tenderness, or masses noted.
Musculoskeletal: The exam shows his muscle strength is full and the strength is symmetric. His muscles show normal muscle tone without any atrophy or abnormal movements.
Extremities: He has no clubbing, cyanosis, or edema.
Skin: No skin rash, subcutaneous nodules, lesions or ulcers observed.
Neurological: Neurologic exam shows cranial nerves 2 through 12 are grossly intact, deep tendon reflexes are 2+ bilaterally equal. He is oriented to person, place and time. There are no sensory losses.
Psychiatric: Psychiatric exam reveals orientation to person, place and time with mood and affect appropriate to the situation. He is a reliable source. There is no suicidal ideation.

Test Results: No tests to report at this time

Impression:
Benign essential hypertension 401.1.
Procedures:

Plan:
Ordered CBC with complete differential and platelet count. Comprehensive metabolic panel ordered.

Ordered lipid panel. Ordered serum thyroid stimulating hormone.

pt advised to stop all meds from russia and will start linsipril. pt ok with plan
Orders:
Follow-up:
Scheduling: Return to the clinic in 2 week(s).

Prescriptions:
Lisinopril Dosage: 20 mg tablet Sig: one tab po qd Dispense: 30 Refills: 0 Allow Generic: Yes



Imtiaz Khan, D. O.

Digitally Signed on 5/13/2008 By: Imtiaz Khan, D. O.

SPARTANBURG REGIONAL MEDICAL CENTER
Radiology Report

E: GUL,NIKOLAY
ORDERING PHYSICIAN: MOBLEY,JOSEPH E
LOC: OPT
Pt. Type:OPT

UNIT #: 000634844
CI#: 3218240
DOB: [redacted]75
OPT REGISTRATION
AN#:S1135000608

FINAL

Exam
50342 XR CHEST PA AND LATERAL
71020

Date: 12/16/11 1046
Ord Diag: 786.09-RESPIRATORY ABNORM NEC

Two-view chest x-ray 12/16/2011

Reference exam: 8/22/2010

Indication: Asthma

Findings: Cardiac silhouette is normal in size and contour. Lungs appear under expanded but otherwise clear, pulmonary vascularity is normal.

Impression: Normal two-view chest.

Transcriptionist- n/a
Reading Radiologist- JEFFREY NEWMAN MD
Releasing Radiologist- JEFFREY NEWMAN MD
Released Date Time- 12/16/11 1107

SPARTANBURG REGIONAL MEDICAL CENTER
Radiology Report

NAME: GUL,NIKOLAY
ORDERING PHYSICIAN: DAVIS,JUSTIN B
L: ECH-CP42-A
Pt. Type:ER
DOB: [redacted]/75
EMERG DEPT
UNIT #: 000634844
CI#: 2835567
AN#:S1023400134

FINAL

Exam
10044 ER CHEST PA AND LATERAL
71020
Date: 08/22/10 1300
Ord Diag: SOB
** Portable **

Two-view chest August 22, 2010 at 1304

Reference exam: None

Indication: Short of breath

Findings: Cardiac silhouette and pulmonary vascularity are normal, lungs appear clear.

Impression: Lungs appear clear.

Transcriptionist- n/a
Reading Radiologist- JEFFREY NEWMAN MD
Releasing Radiologist- JEFFREY NEWMAN MD
Released Date Time- 08/22/10 1425

FINAL **Patient Care Report**



Spartanburg EMS

525 UNION STREET
SPARTANBURG, SC 29306
(864) 596-2800 Ext.

Run Number: 28513
Patient Number 1 of 1
Date of Service: 08/22/2010
Patient Name: Nikolay Gul
Medical Record # 000634844
Account # 1023400134

Allergies

None — No Known Drug Allergies

Chief Complaint

Respiratory - SOB

Note: According to the patient, he had run some errands earlier and when he returned to his house, his asthma began to affect him. There was no other complaint presented to EMS.

Medications

Advair Diskus - Albuterol - Coreg - Lisinopril -

Other - Not Listed -

Note: Symbacort.

Past Medical History

Hyperlension — Respiratory Problems - Asthma

PRINTED BY: BSA500 DATE 10/24/201

022

626

Medical University of South Carolina

Charleston, SC

843-792-2123

Radiology Report

Patient:	GUL, NIKOLAY	MRN:	001830425
Procedure:	DIAG CHEST 2 VIEWS	Date Exam Completed:	10/13/2011
Accession#:	6473298	Last Update:	10/13/2011

EXAMINATION: CHEST 10/13/11 12:42:00
ACCESSION NUMBER: 6473298
INDICATION: DYSPNEA/shortness of breath
COMPARISON: None
FINDINGS: Frontal and lateral radiographs of the chest demonstrate normal and unchanged size and contour of the mediastinal and cardiac silhouettes. The lungs show no evidence of focal air space disease, pleural effusion, or pneumothorax. Calcific granuloma versus enostoma in the right ninth rib. Thoracic spondylosis, but no acute bony abnormality.

IMPRESSION:

No evidence of acute cardiopulmonary disease.

VOICE DICTATED BY: Dr. Andrew Conrad
I have reviewed the images and agree with the findings in this report.

History:	36 YO M WITH DYSPNEA/ SOB: 786.09		
Technologist:	CHERYL RAYMOND	Date Dictated:	
Radiologist 1:	JAMES RAVENEL MD ANDREW CONRAD .RAD RESIDENT	Proxy Signer:	JAMES RAVENEL RADIOLOGIST
Radiologist 2:		Authenticating Radiologist:	
	Tech InitTalk		10/13/11 5:10 PM

This document should not be filed in the paper medical record and should be confidentially destroyed when it is no longer needed.

Printed by: PELZER, CHERISE
Date Printed: 11/04/2013

10/13/11 : 11:02am
6-MINUTE WALK TEST - REQUESTED BY PULMONARY RUTLEDGE TOWER
MEDICAL UNIVERSITY OF SOUTH CAROLINA
c99

MRN: 1830425
NIKOLAY GUL is a 36 year old male

DIAGNOSIS: Dyspnea/SOB

ORDERING PHYSICIAN: Steven Sahn, MD pager: 14264
INTERPRETING PHYSICIAN: Patrick Flume, MD pager: 14435

OXYGEN: FiO2: 0.21 , LPM:
SET-UP:

MDI PRIOR:

Other: Advair 1 puff, Ventolin

VITAL SIGNS	BASELINE	AFTER WALK	5 MIN RECOVERY
HR	128	137	100
RR	18	26	20
SaO2	100%	100%	100%
B/P	143/92	158/109***	162/108***
RPE	3	9	4

*RPE=rating of perceived exertion (0=no effort, 10=maximum effort)

Total distance walked: 465 ft.= 141.73 meters

Number of rests: 0

Exercise limitations: Dizziness

Comments: Good pt effort, pt carried oximeter. After 2:43 walk test was stopped. Pt was swaying from side to side and said he was very dizzy.

Lowest SaO2: 98%

Therapist: Desha Simpson, CMA «PLINK2:walk data|2176815\1830425.EXP»

INTERPRETATION: Very limited 6 minute walk distance without O2 desaturation. abnormal cardiovascular response to exercise.

Special Studies

SIX MINUTE WALK TEST

The SIX MINUTE WALK completed on 10/13/11 is located under the Progress Note tab within this patient's chart.

PULM CC: PULMFLUME

SIGNED BY DESHA SIMPSON, CMA (DS2) 10/13/2011 11:14AM
CO-SIGNED BY PATRICK FLUME, M.D. (ATTENDING) (C99) 10/13/2011 04:47PM

10/13/11: Gul, Nikolay: MRN: 1830425.
Pulmonary Patient New Consultation
MEDICAL UNIVERSITY OF SOUTH CAROLINA
C95

October 13, 2011

Mary Hayes, RN, CCM
Broadspire
Medical Case Manager
1900 East Golf Road
Suite 700
Schaumburg, IL 60173

RE: Nikolay Gul

I performed an IME on Mr. Nikolay Gul on 10/13/11 at the Medical University of South Carolina.

Mr. Gul is a 36-year-old who worked for the Kohler Company in Spartanburg, SC. Mr. Gul worked for about 6 years at the Kohler Company. He was a machine operator and worked making ceramic lids for toilets. He did not use respiratory equipment.

According to the industrial hygiene assessment dated October 3, 2011, there were two separate areas corresponding with the types of pressure cast machines that were monitored. The first area contained the "Big Beam" machine. This machine was set for 12 molds for toilet tank lids with three cavities per mold. The operators were tasked with monitoring the machines during pressure molding and then removing the clay castings at the completion of the cycle. The pressure mold cast cycle lasted approximately 23 minutes. Once the castings were removed, the molds were purged by forcing air and water through the epoxy-resin molds. After the purge, the molds were sprayed with 20% acetic acid solution before the cycle begins again. The acid is sprayed using a hand-held pump sprayer for approximately 5 seconds per mold. During the machine's cycle, the employees perform finishing work on the previously de-molded castings.

In addition to the "Big Beam" machine, a machine called a "two-mold" machine, was also used to form the toilet-tank lids. The process for the "two mold" machine is essentially the same as the "Big Beam", except that the machine's cycle is 26 minutes for the smaller machine and only one employee is stationed in the area. The acetic acid levels reported by the laboratory range from 0.081 to 0.81 parts per millions (ppm), which are less than 1/10th of the OSHA PEL. The PEL for acetic acid is 10 ppm.

As a machine operator for almost 6 years, Mr. Gul was in the area previously described. Again, he used no respiratory equipment; and there was a high temperature and humidity in the working area, according to Mr. Gul. No dust was noticeable. However, Mr. Gul stated that there was a lot of dust in the compartment next to his work. Mr. Gul worked 3 days per week for 12 hours with 2 days off and, then, 3 days per week for 12 hours.

The major symptoms that he first noticed in 2008 were burning of the eyes, shortness of breath, post-nasal drainage, nausea, and cough with yellow sputum production of approximately ¼ cup per day. A fan was used at

work. He denied hemoptysis. There is no history compatible with sleep apnea. He denies any reflux symptoms.

Mr. Gul left the work area on August 20, 2009. He states that he currently feels better.

He has recently seen a cardiologist for his tachycardia in Spartanburg.

PAST MEDICAL HISTORY: Tachycardia, hypertension, and acute chest pain.

PAST SURGICAL HISTORY: Negative.

FAMILY HISTORY: The patient's mother is 71 with coronary artery disease and hyperlipidemia, and his father is 75 with prostate cancer. He has two well siblings.

SOCIAL HISTORY: Mr. Gul is married with nine children who are all well. He was born in the Ukraine and lived there for 28 years before moving to the United States 8 years ago.

He is a never-smoker and does not drink alcohol. His TB skin test is negative. He denies birds in his home or asbestos exposure. He is unsure whether he has ever had the pneumococcal vaccine and has not had the influenza vaccine this year.

REVIEW OF SYSTEMS: Other than stated in the present illness, there is no history of asthma and no family history of asthma.

MEDICATIONS: Ventolin MDI qid or more this past summer, prednisone prn over the past 2 years, approximately 3 days per month, lisinopril 20 mg/d, and advair 500/50 1 puff bid. There are no known drug allergies.

PHYSICAL EXAMINATION: Mr. Gul was an overweight man who showed no evidence of increased work of breathing at rest on room air. Vital signs: temperature 98.9, pulse 128 and regular, respiratory rate 18/min., blood pressure 143/92 mmHg with a room air oxygen saturation at rest of 100%. His weight today was 187 lbs with a height of 66 inches. ENT examination showed a Mallampati III airway with erythema without exudates. The neck was supple without thyromegaly. There was no cervical or supraclavicular lymphadenopathy. The skin showed no lesions. Lung examination showed equal bilateral expansion, a resonant percussion note, equal bilateral fremitus, and normal vesicular breath sounds, without adventitious sounds. Cardiac examination showed no jugular venous distention at 30 degrees. There was a regular tachycardia, without gallops or murmurs. The abdomen was mildly obese and non-tender without hepatosplenomegaly. Muscle strength was 5/5 throughout. There was no digital clubbing or peripheral edema.

LABORATORY FINDINGS: 10/13/11: WBC: 10,140/uL with 77% neutrophils, 15% lymphocytes, 7% monocytes, 0% eosinophils, and 0% basophils. Hemoglobin was 17.3 gm/dL with an hematocrit of 51%. Platelet count was 335,000/uL. CRP was normal at <0.700 mg/dL. ESR was normal at 1 mm/hr.

An EKG performed on 10/13/11 showed a sinus tachycardia at 125 bpm with possible left atrial enlargement.

Pulmonary function studies: 10/13/11: Spirometry: FVC: 4.08 L (86% of predicted), FEV1 3.26 L (85% of predicted) with an FEV1/FVC ratio of 80%. The FEF25-75% was 3.21 L/sec. (84% of predicted). The MVV was 97 L/min. (62% of predicted) and was inappropriately low based on the absolute FEV1, suggesting either submaximal effort or respiratory muscle weakness.

Lung volumes: TLC: 88% of predicted, FRC: 70% of predicted, RV: 73% of predicted, and ERV 34% of predicted. The RV/TLC ratio was 23% of predicted (predicted 29%).

The diffusion capacity for carbon monoxide, unadjusted for hemoglobin, was 100%.

Interpretation of pulmonary function studies: Spirometry was normal with an inappropriate MVV. Lung volumes show minimal restriction, and the diffusion capacity was normal.

Mr. Gul was unable to produce acceptable and reproducible spirometry data. He stated that he was exhausted and could not perform the testing any better. Four puffs of albuterol were administered with a spacer to determine a bronchodilator response without adverse effects. Only one DLCO met the ATS criteria out of four trials. The DLCO was not adjusted for hemoglobin. Lung volumes were measured by nitrogen washout. The patient has no prior pulmonary function studies on file.

Mr. Gul attempted a 6 minute walk test on 10/13/11, but stopped after 2 minutes 43 seconds, having walked only 465 feet (142 meters) with exercise limitations of dizziness. Although his oxygen saturation on room air ranged from 98-100% throughout the limited walk, the comments of the technician were that the patient was swaying from side to side and said he felt "very dizzy". There was an abnormal cardiovascular response to exercise.

A chest radiograph on 10/13/11 showed no evidence of acute cardiopulmonary disease.

ASSESSMENT AND PLAN: A 36-year-old white male who worked at Kohler for approximately 6 years and was exposed to acetic acid. His current pulmonary function studies are essentially normal with the exception of a borderline low FRC and RV. The ERV was substantially low in comparison to the other lung volumes, compatible with truncal obesity.

Mr. Gul evidently has had a sinus tachycardia for a period of time. His cardiac condition is most likely the cause of his dyspnea with exertion. I would recommend that he have a complete cardiac evaluation and a thyroid evaluation for hyperthyroidism. At the time of his visit, I find no evidence of lung disease. Furthermore, I do not find any work-related respiratory illness.

With kind regards,

Steven A. Sahn, MD
Professor of Medicine
Director Division of Pulmonary, Critical Care
Allergy and Sleep Medicine
Medical University of South Carolina
Charleston, SC 29425
843-792-3167
843-792-0732 (F)

SAS/jd

SIGNED BY STEVEN A SAHN, M.D. (ATTENDING) (C95) 10/20/2011 09:55AM

Carolina Cardiology Consultants
877 West Faris Rd Greenville, SC 29605
(864) 455-6900 Fax: (864) 255-5619

October 17, 2013
Page 1
Chart Document

Mr Nikolay I Gul
Male DOB: [REDACTED] 1975

Home: (864)592-1819 Work: (864)590-8347
93928-2168001 Ins: United H (23) Grp: 711809

03/18/2011 - Phone Note: no show office note
Provider: Ashley Miller, RN
Location of Care: Carolina Cardiology Consultants

==>Carolina Cardiology Consultants, P.A. Phone Note
PCP: A.H. Chandler MD
This Note started: 03/18/2011 at 4:12 PM

Patient Contact Transaction Follows:

pt was a no show for appt AHC. tried to call pt but phone has been disconnected. unable to leave VM.
(Ashley Miller, RN: March 18, 2011 4:14 PM)

Electronically Signed by Ashley Miller, RN on 03/18/2011 at 4:14 PM

Carolina Cardiology Consultants
877 West Faris Rd Greenville, SC 29605
(864) 455-6900 Fax: (864) 255-5619

October 17, 2013

Chart Document

Mr Nikolay I Gul
Male DOB: [REDACTED]1975
93928-2168001

Home: (864)592-1819 Work: (864)590-8347
Ins: United H (23) Grp: 711809

11/23/2009 - Office Visit: CCC -
Provider: A.H. Chandler MD
Location of Care: Carolina Cardiology Consultants

Current Problems:

History of Present Illness
Referral Source: Dr. Chris Nowatka
Reason for Visit: cardiovascular disease management
Chief Complaint: dyspnea
Medication Review: visual
Refill policy reviewed
History from: patient
History of Present Illness:
Mr. Gul is a 34 year old Ukrainian gentleman with a history of hypertension and diabetes who presents for further follow up. Since his last office visit he had a heart catheterization which showed normal coronary arteries with normal LV function. He also wore an event monitor. The event monitor returned to show PVCs and PACs, but no malignant dysrhythmias. He still has some atypical chest discomfort at times. It feels like a sharp sticking sensation and he has palpitations. His history is aided by the help of a Russian translator.

Current Medications:
CARDIZEM CD 120 MG XR24H-CAP (DILTIAZEM HCL COATED BEADS) 1 per mouth daily

Current Allergies:
NKDA

Review of Systems

Cardiovascular Procedures
Cath 09/28/2009
Stress test 09/16/2009
Echo 09/16/2009
Event Recorder 09/04/2009

Past Medical History
1. Hypertension.
2. Diabetes.
3. Anxiety.

Past Surgical History
None

Vital Signs
Height: 66.5
Weight: 172
BP: 135/84

Carolina Cardiology Consultants
877 West Faris Rd Greenville, SC 29605
(864) 455-6900 Fax: (864) 255-5619

Mr Nikolay I Gul
Male DOB: [REDACTED]1975 93928-2168001

Home: (864)592-1819 Work: (864)590-8347
Ins: United H (23) Grp: 711809

Pulse: 71
BMI: 27.44

Physical Exam
General: well developed, well nourished, no distress

Eyes,Ears,Nose, and Throat
External eye: conjunctiva and lids normal
Teeth/gums/palate: dentition and gums normal, no lesions
Oropharynx: no pallor or cyanosis
Neck veins: no visible JVD

Respiratory
Respiratory effort: no respiratory distress
Auscultation: lungs clear to auscultation

Cardiovascular
Palpation: PMI non-displaced
Auscultation: S1,S2, no murmurs, rubs, or gallops
Carotids: normal upstrokes without bruits
Pedal Pulses: normal pedal pulses bilaterally
Peripheral Circulation: no lower extremity edema or varicosities

Gastrointestinal
Palpation: non-tender, no masses, bowel sounds normal
Liver/Spleen: no palpable enlargement

Musculoskeletal
Gait: normal gait

Extremities
Digits/Nails: no clubbing or cyanosis

Skin
Skin and subcutaneous tissue: warm and dry

Mental Status/Neuro
Orientation: oriented to time,place,person
Mood/Affect: normal mood and affect

Ancillary Data

Impression
Mr. Gul is a 34 year old gentleman with a history of hypertension and diabetes who thankfully has a good result from recent heart catheterization.

Plan
1. He feels that he felt better on the Coreg as far as palpitations than he has with Diltiazem. I will allow him to change back to Coreg at 6.25 mg p.o. b.i.d.
2. If he has any problems or questions he is to let me know.
3. I will have him follow up with me in a year.

cc: Dr. Chris Nowatka

AHC/kl

Carolina Cardiology Consultants
877 West Faris Rd Greenville, SC 29605
(864) 455-6900 Fax: (864) 255-5619

Mr Nikolay I Gul
Male DOB: [REDACTED]1975

Home: (864)592-1819 Work: (864)590-8347
93928-2168001 Ins: United H (23) Grp: 711809

Electronically Signed by A.H. Chandler MD on 11/24/2009 at 8:10 AM

CAROLINA CARDIOLOGY CONSULTANTS, P.A.

Jim R. Baucum, MD FACC
Harold P. Blanks III, MD FACC
Jerry D. Champ, MD FACC
A.H. Treyl Chandler III, MD FACC
Marcus J. Cox, MD
Josh R. Doll, MD FACC
Rhonda L. Duncan, MD FACC
Arthur L. Eberly III, MD FACC
Michael S. Emery, MD
Jay P. Gaucher, MD FACC
Zachary H. George, MD FACC FSCAI
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Craig M. Hudak, MD FACC FACP
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Satish K. Surabhi, MD FACC FSCAI
Dev G. Vaz, MD FACC
John R. Wendt, MD FACC
John W. Worthington, MD FACC

Justin M. Benfield
Administrator

GUL, Nikolay
SSN REDACTED
7 October 2009
EVENT MONITOR

CLINICAL HISTORY: Palpitations.

The patient wore the event monitor for four weeks. During that time, there were 14 transmissions. Baseline rhythm is sinus. He had rare PVC's and rare PAC's seen. Sinus tachycardia was seen.

CONCLUSION:
1. Baseline rhythm is sinus.
2. Sinus tachycardia is seen.
3. PVC's and PAC's are seen.

A. H. (Trey) Chandler, III, M.D., F.A.C.C.

AHC/as

CC: Dr. Chris Nowatka
Dr. Barry Feldman

Mailing Address • P.O. Box 8795 • Greenville, SC 29604 • www.carolinacardio.com
Greenville Office • 877-B West Faris Road • Greenville, SC 29605 • (864) 455-6900 • Fax (864) 255-5619
Greer Office • 315 Medical Parkway, Suite 200 • Greer, SC 29650 • (864) 797-9900 • Fax (864) 255-5619
Simpsonville Office • 719A S.E. Main Street • Simpsonville, SC 29681 • (864) 455-6900 • Fax (864) 255-5619
Anderson Office • 100 Healthy Way, Suite 1250 • Anderson, SC 29621 • (864) 224-2465 • Toll Free: 1 (877) 224-2465 • Fax (864) 224-1146
Greenville, Greer & Simpsonville • Toll Free: 1 (877) 611-9965

Received: Sep 28 2009 07:12pm

GREENVILLE HOSPITAL SYSTEM UNIVERSITY MEDICAL CENTER
GREENVILLE MEMORIAL HOSPITAL
MEDICAL RECORD

NAME: GUL, NIKOLAY I
PATIENT MR#: 000-970-83-4373

Patient Location: 08CL08CL20
Billing NO: 080010728778

GREENVILLE MEMORIAL CARDIAC CATHETERIZATION:

DATE OF CATHETERIZATION: 09/28/2009

CLINICAL PROBLEM: This 34-year-old white male with diabetes mellitus and hypertension was recently evaluated because of continuing chest pain. An exercise thallium stress test was felt to show a reversible apical defect. Accordingly, diagnostic cardiac catheterization was felt indicated to rule out significant coronary artery disease.

PROCEDURE: The patient was premedicated with Valium 10 mg p.o. A 6-French dilator and sheath was placed into the right femoral artery using the Seldinger technique in a single piece needle without difficulty. A 6-French pigtail catheter was advanced through the sheath to the ascending aorta under x-ray control, pressure was measured, the aortic valve was crossed retrogradely without difficulty, and preasure was measured within the left ventricle. A single plane left ventriculogram was made using 30 degrees RAO projection and Oxilan 10 mL per second over 3 seconds. A left heart pullback was performed. A 64 Judkins left coronary catheter was substituted for the pigtail, and multiple selective injections of the left coronary artery were made. A 64 Judkins right coronary catheter was substituted for the left, and 3 selective injections of the right coronary artery were made. The catheter initially tended to subselectively engage a small atrial circumflex branch. The right coronary catheter and sheath were removed, and adequate groin hemostasis was obtained after 15 to 20 minutes of local pressure with use of a hemostatic patch. Approximately 100 mL of Oxilan was used. The patient tolerated the procedure well and was returned to the prep and recovery area in good condition.

HEMODYNAMIC DATA: Central aortic pressure was 140/90 mmHg. A non-simultaneous LV pressure was 160/14 mmHg. Following the left ventriculogram, the LVDP rose to 28 mmHg. There was no aortic valve gradient on left heart pullback.

LEFT VENTRICULOGRAM: Rhythm during left ventriculogram was sinus with several PVCs. Left ventricular contractility was vigorous without segmental wall motion abnormalities. The ejection fraction was in the range of 65%.

CORONARY ARTERIOGRAPHY: Coronary arteriography revealed a right dominant circulation. All vessels were fairly large caliber.

A. LEFT MAIN: The left main coronary artery was free of significant obstructive disease.

COPY TO: Archie H. Chandler, III,

RECEIVED:
Sep 28 2009 07:13pm

GREENVILLE HOSPITAL SYSTEM UNIVERSITY MEDICAL CENTER
MEDICAL RECORD

NAME: GUL, NIKOLAY I
PATIENT MR#: 000-970-83-4373

Patient Location: 08CL08CL20
Billing NO: 080010728778

B. CIRCUMFLEX: The left circumflex gave rise to several very small caliber marginal branches. The left circumflex system was free of significant obstructive disease.

C. RAMUS: There was a significant sized ramus branch which was free of significant obstructive disease.

D. LAD: The LAD gave rise to 2 significant sized diagonal branches. The LAD system was free of significant obstructive disease.

E. RIGHT: The right coronary artery was free of significant obstructive disease.

IMPRESSIONS:

1. NORMAL CORONARY ARTERIES.
2. MILD LEFT VENTRICULAR DIASTOLIC DYSFUNCTION.
3. NORMAL LEFT VENTRICULAR SYSTOLIC FUNCTION.

COMMENT: The patient is a candidate for continued medical therapy. There is an element of hypertensive heart disease, which may explain some of his symptomatic difficulty.

John W. Worthington, MD, FACC

cc: Archie H. Chandler, III, MD, FACC
Thomas Christian Nowatka, MD
John W. Worthington, MD, FACC

D: 09/28/2009 03:39 P T: 09/28/2009 07:02 P zbs DVI: 715631 C/S#: 2881603

CARDIAC CATHETER.
Page 2 of 2
MD, FACC

COPY TO: Archie H. Chandler, III,

CAROLINA CARDIOLOGY CONSULTANTS, P.A.

Jim R. Baucum, MD FACC
Harold P. Blanks III, MD FACC
Jerry D. Champ, MD FACC
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Brett C. Stoll, MD FACC FCCP
Satish K. Surabhi, MD FACC FSCAI
Jev G. Vaz, MD FACC
Julio R. Wondi, MD FACC
John W. Worthington, MD FACC

Justin N. Benfield
Administrator

September 28, 2009

Chris Nowatka, M.D.
130 Dillon Dr.
Spartanburg, SC 29307

RE: Nikolay I. Gul
SSN REDACTED

Dear Dr. Nowatka;

This is to advise you that Mr. Gul underwent diagnostic cardiac catheterization today at Greenville Memorial Hospital.

As you will no doubt remember, this 34 year old, white male has been followed by Dr. Chandler for evaluation of chest pain. He has multiple positive risk factors, including diabetes mellitus. He underwent an exercise thallium stress test on September 16, and this was felt to show some apical ischemia. Accordingly, diagnostic cardiac catheterization was felt indicated to define his coronary anatomy and ventricular function in order to plan optimal therapy.

Catheterization today revealed absolutely normal coronary arteries. The vessels are large caliber, a good bit larger than would be expected for someone with diabetes. There was evidence of some diastolic dysfunction. His LVEDP was 14 at rest, rising to 28 following the left ventriculogram. Left ventricular systolic function was well preserved with an ejection fraction of 65%. He is a candidate for continued medical therapy. I have added Cardizem CD 120 mg q.d. to his regimen to help better control his blood pressure and perhaps improve his diastolic function. He will be seen in follow-up by Dr. Chandler in approximately one month, and I am certain Dr. Chandler will keep you informed as to his progress.

As always, we appreciate being involved in the care of your patients.

Sincerely,

John W. Worthington, M.D., F.A.C.C.

JWW/lam

cc: Trey Chandler, M.D.

Carolina Cardiology Consultants
877 West Faris Rd Greenville, SC 29605
(864) 455-6900 Fax: (864) 255-5619

October 17, 2013
Page 1
Chart Document

Mr Nikolay I Gul
Male DOB: [REDACTED]1975
Home: (864)592-1819 Work: (864)590-8347
93928-2168001 Ins: United H (23) Grp: 711809

09/25/2009 - Office Visit: CCC
Provider: A.H. Chandler MD
Location of Care: Carolina Cardiology Consultants

History of Present Illness
Referral Source: Dr. Chris Nowatka
Reason for Visit: cardiovascular disease management
Chief Complaint: chest pain
Medication Review: visual
Refill policy reviewed
Refills declined
History from: patient, friend
History of Present Illness: Not taking any meds regularly -only Coreg PRN

Mr. Gul is a 34 year old Ukranian gentleman with past medical history significant for hypertension, diabetes who presents for evaluation of chest pain. Since his last visit, he reports he continues to have chest pain. It happens several times per week. He had a nuclear perfusion scan recently which returned to show reversible ischemia at the apex.

Current Medications:
METFORMIN HCL 500 MG TABS (METFORMIN HCL) 1/2 tab per mouth daily
COREG 3.125 MG TABS (CARVEDILOL)
LEXAPRO 10 MG TABS (ESCITALOPRAM OXALATE)
PROTONIX 40 MG SOLR (PANTOPRAZOLE SODIUM)
LISINOPRIL 2.5 MG TABS (LISINOPRIL)
LORAZEPAM 0.5 MG TABS (LORAZEPAM)
METOPROLOL TARTRATE 25 MG TABS (METOPROLOL TARTRATE)
ZOLPIDEM TARTRATE 5 MG TABS (ZOLPIDEM TARTRATE)
VOLTAREN 75 MG TBEC (DICLOFENAC SODIUM)

Current Allergies:
NKA

Review of Systems
Constitutional:
Denies: see HPI, fevers, chills, night sweats, fatigue, weakness, loss of appetite, weight loss
Cardiovascular:
Complains of: chest pain, palpitations, dyspnea on exertion, dizziness Denies: see HPI, dyspnea, syncope, orthopnea, PND, peripheral edema
Pulmonary:
Denies: see HPI, cough, dyspnea, hemoptysis, wheezing, snoring, sleep apnea

Cardiovascular Procedures
Echo 09/16/2009
Stress 09/16/2009

Carolina Cardiology Consultants
877 West Faris Rd Greenville, SC 29605
(864) 455-6900 Fax: (864) 255-5619

Mr Nikolay I Gul
Male DOB: [REDACTED]1975

Home: (864)592-1819 Work: (864)590-8347
93928-2168001 Ins: United H (23) Grp: 711809

Past Medical History
1. Hypertension.
2. Diabetes.
3. Anxiety.

Past Surgical History
None

Cardiovascular Procedures
Echo 09/16/2009
Stress 09/16/2009

Vital Signs
Height: 66.5 **Weight:** 172
BP: 154/99
Pulse: 122

Physical Exam
General: well developed, well nourished, no distress

Eyes,Ears,Nose, and Throat
External eye: conjunctiva and lids normal
Teeth/gums/palate: dentition and gums normal, no lesions
Oropharynx: no pallor or cyanosis
Neck veins: no visible JVD

Respiratory
Respiratory effort: no respiratory distress
Auscultation: lungs clear to auscultation

Cardiovascular
Palpation: PMI non-displaced
Auscultation: S1,S2, no murmurs, rubs, or gallops
Carotids: normal upstrokes without bruits
Pedal Pulses: normal pedal pulses bilaterally
Peripheral Circulation: no lower extremity edema or varicosities

Gastrointestinal
Palpation: non-tender, no masses, bowel sounds normal
Liver/Spleen: no palpable enlargement

Musculoskeletal
Gait: normal gait

Extremities
Digits/Nails: no clubbing or cyanosis

Skin
Skin and subcutaneous tissue: warm and dry

Mental Status/Neuro
Orientation: oriented to time,place,person
Mood/Affect: normal mood and affect

Carolina Cardiology Consultants
877 West Faris Rd Greenville, SC 29605
(864) 455-6900 Fax: (864) 255-5619

Mr Nikolay I Gul
Male DOB: REDACTED 1975
Home: (864)592-1819 Work: (864)590-8347
93928-2168001 Ins: United H (23) Grp: 711809

Ancillary Data

Impression
Mr. Cul is a 34 year old Ukranian gentleman with a history of hypertension, diabetes and abnormal stress test who has had ongoing chest pain.

Plan
1) Will have him undergo left heart catheterization and possible percutaneous revascularization.
2) Check BMP and CBC.
3) Further plans to follow results of the stress test.
AHC/as

cc: Dr. Chris Nowatka
cc: Dr. Gregory Feldman, Spartanburg, SC

Electronically Signed by A.H. Chandler MD on 09/27/2009 at 2:42 PM

Referrals: print

CAROLINA CARDIOLOGY CONSULTANTS, P.A.

G3461

Date of Request: 08/27/09

Referring M.D.: Chris Nowatka
Phone Number: 864-216-4620
Fax Number: 864-585-2780
Practice Name: Family Medical Center
Contact Person: Christian

ALLEN BENNETT OFFICE

Patient Name: Nikolly Gul
Patient SSN: REDACTED
Patient Date of Birth: REDACTED/75
Patient Address: 155 Settles Rd Inman,SC 29349
Patient Home Phone: 864-590-8347
Patient Work Phone:
Insurance: Commercial Insurance
Reason for Referral: htn,palps/per dr nowatka
Weight:

Appointment Date: 09/04/09
Time: 10:30AM

Cardiologist: A.H. (Trey) Chandler
Office: Greer

ALLEN BENNETT OFFICE

Medical Records Date Requested: 08/27/09
Medical Records Date Sent:

Staff Initials: sdg

Office Procedures

- Office Consultation
  - Benign Hypertension (401.1)
  - Palpitations (785.1)

PAGE 30/30 * RCVD AT 10/31/2013 4:12:51 PM [Eastern Daylight Time] * SVR:RIGHTFAX/3 * DNIS:7875 * CSID:8644255+5619 * DURATION (mm-ss):15-22

040

Carolina Cardiology Consultants
877 West Faris Rd Greenville, SC 29605
(864) 455-6900 Fax: (864) 255-5619

October 17, 2013
Page 1
Chart Document

Mr Nikolay I Gul
Male DOB: REDACTED 1975
Home: (864)592-1819 Work: (864)590-8347
93928-2168001 Ins: United H (23) Grp: 711809

09/04/2009 - Consultation Report: Cardiology Consultation
Provider: A.H. Chandler MD
Location of Care: Carolina Cardiology Consultants

Cardiology Consultation

History of Present Illness
Referral Source: Dr. Chris Nowatka
Reason for Visit: cardiovascular evaluation
Chief Complaint: dyspnea
Medication Review: visual
Refill policy reviewed
History from: patient, friend
History of Present Illness:
Mr. Gul is a 34 -year-old gentleman with a history of hypertension and diabetes who presents for further evaluation of chest pain. The patient is originally from the Ukraine. His English is somewhat limited. History is gathered from him and from a friend who accompanies him to the visit. They report that he has had 2 episodes of near syncope. He feels like his heart rate is very slow when it happens. He has also been troubled by some chest pain. He describes it at times as an aching and sometimes more sharp in his chest. He reports that he had a stress test about a year ago which was unremarkable. He does have some shortness of breath with exertion. He has had no PND or orthopnea.

Current Medications:
METFORMIN HCL 500 MG TABS (METFORMIN HCL) 1/2 tab per mouth daily
COREG 3.125 MG TABS (CARVEDILOL)
LEXAPRO 10 MG TABS (ESCITALOPRAM OXALATE)
PROTONIX 40 MG SOLR (PANTOPRAZOLE SODIUM)
LISINOPRIL 2.5 MG TABS (LISINOPRIL)
LORAZEPAM 0.5 MG TABS (LORAZEPAM)
METOPROLOL TARTRATE 25 MG TABS (METOPROLOL TARTRATE)
ZOLPIDEM TARTRATE 5 MG TABS (ZOLPIDEM TARTRATE)
VOLTAREN 75 MG TBEC (DICLOFENAC SODIUM)

Current Allergies:
NKDA

Past Medical History
1. Hypertension.
2. Diabetes.
3. Anxiety.

Past Surgical History
None

Cardiovascular Procedures

Carolina Cardiology Consultants
877 West Faris Rd Greenville, SC 29605
(864) 455-6900 Fax: (864) 255-5619

Mr Nikolay I Gul
Male DOB: [redacted] 1975

Home: (864)592-1819 Work: (864)590-8347
93928-2168001 Ins: United H (23) Grp: 711809

Family History
Father- living
Mother -MI, HBP
Brothers
Sisters

Social History
Married
8 children
Machine operator

Risk Factors
Tobacco Use: never
Alcohol (drinks per day): 0
Caffeine drinks/ day: 0
Exercise (times/week): 3

Review of Systems
Constitutional:
Complains of: night sweats, fatigue Denies: see HPI, fevers, chills, weakness, loss of appetite, weight loss
Eye:
Denies: vision loss, vision change, cataracts, glaucoma
Ear, nose, and throat:
Denies: hoarseness, difficulty swallowing, hearing loss, nosebleeds
Cardiovascular:
Complains of: chest pain, palpitations, dyspnea on exertion, dizziness
Skin:
Complains of: muscle pain Denies: back pain, joint pain, muscle cramps, arthritis
Musculoskeletal:
Denies: rashes, skin growths
Neurological:
Denies: fainting, headaches, memory loss, seizures, stroke, paralysis, numbness, poor balance, dizziness
Psychiatric:
Complains of: anxiety Denies: depression, panic attacks
Endocrine:
Complains of: borderline diabetes Denies: thyroid problems
Hematologic:
Denies: anemia, blood transfusion, blood disorder, abnormal bruising
Allergic/Immunologic:
Denies: food allergies, insect allergies, anaphylaxis

Cardiovascular Procedures

Vital Signs
Height: 66.5 inches
Weight: 167 pounds
Blood Pressure #1: 140/91 mm Hg, sitting

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Blood Pressure #2: 147/95 mm Hg, standing
Blood Pressure #3: 140/94 mm Hg, sitting

Postural Pulses
Pulse #1: 93, sitting
Pulse #2: 92, standing
Pulse #3: 74, sitting

Calculations
Body Mass Index: 26.66

Physical Exam
General: well developed, well nourished, no distress

Eyes,Ears,Nose, and Throat
External eye: conjunctiva and lids normal
Teeth/gums/palate: dentition and gums normal, no lesions
Oropharynx: no pallor or cyanosis
Neck veins: no visible JVD

Respiratory
Respiratory effort: no respiratory distress
Auscultation: lungs clear to auscultation

Cardiovascular
Palpation: PMI non-displaced
Auscultation: S1,S2, no murmurs, rubs, or gallops
Carotids: normal upstrokes without bruits
Pedal Pulses: normal pedal pulses bilaterally
Peripheral Circulation: no lower extremity edema or varicosities

Gastrointestinal
Palpation: non-tender, no masses, bowel sounds normal
Liver/Spleen: no palpable enlargement

Musculoskeletal
Gait: normal gait

Extremities
Digits/Nails: no clubbing or cyanosis

Skin
Skin and subcutaneous tissue: warm and dry

Mental Status/Neuro
Orientation: oriented to time,place,person
Mood/Affect: normal mood and affect

Impression
Mr. Gul is a 34 -year-old gentleman who has been troubled with chest pain, dyspnea, tachy palpitations, and presyncope.

Plan
1. I will have him undergo an exercise Cardiolite stress test to evaluate for ischemia.

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Mr Nikolay I Gul
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Ins: United H (23) Grp: 711809

2. I will get an echo to look at the structural integrity of his heart.
3. I will have him wear an event monitor to elucidate the etiology of his palpitations and presyncope.
4. I will have him follow up with me in about 6 weeks.

cc: Dr. Chris Nowatka

AHC/kl

Electronically Signed by A.H. Chandler MD on 09/07/2009 at 10:47 PM

3941 Highway 9 Boiling Springs, SC 29316
864-560-3650 Fax: 864-560-3675

NIKOLAY GUL
Female DOB: REDACTED 1975 828228
Home: (864)494-3294 Work: (864)278-5295
Ins: UNITED H (72) Grp: 711809

07/16/2010 - Office Visit: MEDS
Provider: Matthew Cannon, DO
Location of Care: Medical Group of the Carolinas - Family Medicine - Boiling Springs

Visit Type: Follow-up Visit

Chief Complaint: F/U HTN and requesting sleeping medication.

History of Present Illness:
Patient is a 35 year old male presenting for a recheck on hypertension and difficulty sleeping. States that blood pressure is good. States he is having difficulty falling asleep. States Ambien has helped before with sleeping.

Hypertension History:
She denies headache, chest pain, palpitations, orthopnea, PND, peripheral edema, visual symptoms, neurologic problems, syncope, and side effects from treatment. She notes no problems with any antihypertensive medication side effects.

Positive major cardiovascular risk factors include hypertension. Negative major cardiovascular risk factors include female age less than 55 years old, negative family history for ischemic heart disease, and non-tobacco-user status.

Past Medical History:
Reviewed history from 10/05/2009 and no changes required:
asthma

Past Surgical History:
Reviewed history from 10/05/2009 and no changes required:
none

Family History:
Reviewed history and no changes required:

Social History:
Reviewed history from 06/15/2010 and no changes required:
2 adults , 8 children at home
Married
Operator machinist-currently unemployed

Risk Factors:
Tobacco use: never
Passive smoke exposure: no
Drug use: no
Caffeine use: 0 drinks per day
Alcohol use: no
Exercise: yes
Times per week: 7
Type: walking ,running
Seatbelt use: 100 %
Sun Exposure: rarely

3941 Highway 9 Boiling Springs, SC 29316
864-560-3650 Fax: 864-560-3675

NIKOLAY GUL Home: (864)494-3294 Work: (864)278-5295
Female DOB: [REDACTED]1975 826228 Ins: UNITED H (72) Grp: 711809

Family History Risk Factors:
Family History of MI in females < 65 years old: no
Family History of MI in males < 55 years old: no

Preventive Care Screening

Prior Values:
Last Tetanus Booster: done (05/01/2008)
Last Flu Shot: done (10/01/2008)

Review of Systems

General
Complains of insomnia.
Patient states he was given zolpidem for trouble sleeping by another doctor and would like refill.....Audra M Helm, LPN July 16, 2010 4:00 PM

CV
Denies chest pain or discomfort, racing/skipping heart beats, lightheadedness, shortness of breath with exertion, and swelling of hands or feet.

Resp
Denies cough and shortness of breath.

GI
Denies nausea, vomiting, abdominal pain, diarrhea, and constipation.

Neuro
difficulty sleeping

Psych
Denies anxiety and depression.

Vital Signs:

Patient Profile:	35 Years Old Female
Height:	67 inches
Weight:	188.44 pounds
BMI:	29.62
BSA:	1.97
Temp:	98.4 degrees F tympanic
Pulse rate:	90 / minute
Pulse rhythm:	regular
Resp:	20 per minute
BP sitting:	126 / 76 (left arm)
Cuff size:	regular

NIKOLAY GUL Home: (864)494-3294 Work: (864)278-5295
Female DOB: [redacted]1975 828228 Ins: UNITED H (72) Grp: 711809

Vitals Entered By: Audra M Helm, LPN (July 16, 2010 3:59 PM)

Physical Exam

General:
well developed, well nourished, in no acute distress.
Head:
normocephalic and atraumatic.
Eyes:
PERRL/EOM intact; conjunctiva and sclera clear with out nystagmus.
Ears:
TM's intact and clear with normal canals with grossly normal hearing.
Nose:
no deformity, discharge, inflammation, or lesions.
Mouth:
no deformity or lesions
Neck:
no masses, thyromegaly, or abnormal cervical nodes.
Lungs:
clear bilaterally to auscultation,no distress.
Heart:
normal S1, S2 without murmurs, rubs, gallops, or clicks.
Abdomen:
normal bowel sounds; no hepatosplenomegaly no ventral,umbilical hernias or masses noted.
Msk:
no deformity or scoliosis noted of thoracic or lumbar spine.
Pulses:
pulses normal in all 4 extremities.
Extremities:
no clubbing, cyanosis, edema, or deformity noted with normal full range of motion of all joints.
Neurologic:
no focal deficits; cranial nerves II-XII grossly intact with normal sensation, reflexes, coordination, muscle strength and tone.
Skin:
intact without lesions or rashes.
Psych:
alert and cooperative; normal mood and affect; normal attention span and concentration.

Impression & Recommendations:

Problem # 1: HYPERTENSION, BENIGN ESSENTIAL (ICD-401.1)
Patient's blood pressure is good at this time. States feeling well at this time. Monitor blood pressure at varying times and call with results. States agreement.
Her updated medication list for this problem includes:
Clonidine Hcl 0.2 Mg Tabs (Clonidine hcl) ..... Take 1 tab po tid

NIKOLAY GUL Home: (864)494-3294 Work: (864)278-5295
Female DOB: [REDACTED]1975 828228 Ins: UNITED H (72) Grp: 711809

Amlodipine Besylate 5 Mg Tabs (Amlodipine besylate) ..... Take 1 tab po daily

Orders:
Office visit est exp prob (99213) (CPT-99213)

Problem # 2: INSOMNIA (ICD-780.52)
Talked in detail about sleep hygiene. Talked about going to sleep at same time each night. Talked about not eating or exercising right before going to bed. Do not perform work or other activities other than sleep and sexual activity with spouse in bedroom. Write down times of going to sleep and when you woke up. Patient has taken Melatonis and no benefit. States he has had Ambien and did well with it. Give at this time. He is aware not to operate machinery or care for children for 8 hours after taking it. States agreement.

Her updated medication list for this problem includes:
Ambien 10 Mg Tabs (Zolpidem tartrate) ..... Take 1 tab po qhs prn

Orders:
Office visit est exp prob (99213) (CPT-99213)

Medications Added to Medication List This Visit:
1) Ambien 10 Mg Tabs (Zolpidem tartrate) .... Take 1 tab po qhs prn

Hypertension Assessment/Plan:
The patient's hypertensive risk group is category A: No risk factors and no target organ damage Today's blood pressure is 126/76.

Patient Instructions:
1) If any concerns arise, please call the office and return.
2) Make an appointment for 1 month, sooner if needed.
3) Take medicine as discussed.

Prescriptions:
AMBIEN 10 MG TABS (ZOLPIDEM TARTRATE) Take 1 tab po qhs prn #30 X 1
Entered and Authorized by: Matthew Cannon,DO
Signed by: Matthew Cannon,DO on 07/16/2010
Method used: Print then Give to Patient
RxID: 1594916422475580

Patient identified using 2 approved identifiers per red rules..... Audra M Helm, LPN July 16, 2010 4:01 PM

Electronically Signed by Matthew Cannon,DO on 07/19/2010 at 7:50 PM

NIKOLAY GUL Home: (864)494-3294 Work: (864)278-5295
Female DOB: [redacted]1975 828228 Ins: UNITED H (72) Grp: 711809

06/15/2010 - Office Visit: MED REFILL
Provider: Matthew Cannon, DO
Location of Care: Medical Group of the Carolinas - Family Medicine - Boiling Springs

Visit Type: Follow-up Visit

Chief Complaint: refills.

History of Present Illness:
Patient is a 35 year old male presenting for a recheck on hypertension and asthma. States that he feeling well at this time. States that blood pressure has been around 140/90.

States that he is taking albuterol inhaler less than once daily. States no difficulty with breathing.

Patient is having excess sweating from armpits. Patient asking for something for axilla to help with sweating.

Patient states that he has been having midepigastric pain. States feeling gastroesophageal reflux sensation at times. States he tookfamily member's Protonix some time ago and it really helped.

Asthma History:
She denies fever, cough, nocturnal symptoms, wheezing, dyspnea/SOB, itchy/watery eyes, and nasal congestion/drainage.

Goals of Therapy:
The patient notes minimal or no chronic symptoms day or night, minimal or no exacerbations, no limitations on activity, no school/parent's missing work, minimal use of short-acting inhaled B2 agonists, and minimal or no adverse effects from medications.

Immunizations:
Last Flu shot: done (10/01/2008)

Past Medical History:
Reviewed history from 10/05/2009 and no changes required:
asthma

Past Surgical History:
Reviewed history from 10/05/2009 and no changes required:
none

Family History:
Reviewed history and no changes required:

Social History:
2 adults , 8 children at home
Married
Operator machinist-currently unemployed

NIKOLAY GUL Home: (864)494-3294 Work: (864)278-5295
Female DOB: [REDACTED]1975 628228 Ins: UNITED H (72) Grp: 711809

Risk Factors:

Tobacco use: never
Passive smoke exposure: no
Drug use: no
Caffeine use: 0 drinks per day
Alcohol use: no
Exercise: yes
Times per week: 7
Type: walking ,running
Seatbelt use: 100 %
Sun Exposure: rarely

Family History Risk Factors:
Family History of MI in females < 65 years old: no
Family History of MI in males < 55 years old: no

Review of Systems

General
Denies fever, chills, sweats, anorexia, and malaise.

ENT
Denies earache and nasal congestion.

CV
Denies chest pain or discomfort, racing/skipping heart beats, lightheadedness, shortness of breath with exertion, and swelling of hands or feet.

Resp
Denies cough and shortness of breath.

GI
Denies nausea and vomiting.

Neuro
Denies numbness and tingling.

Vital Signs:

Patient Profile:	35 Years Old Female
Height:	67 inches
Weight:	192.19 pounds
BMI:	30.21
Temp:	98.8 degrees F tympanic
Pulse rate:	76 / minute
Pulse rhythm:	regular
Resp:	16 per minute
BP sitting:	132 / 82 (right arm)
Cuff size:	regular

NIKOLAY GUL Home: (864)494-3294 Work: (864)278-5295
Female DOB: [REDACTED]1975 828228 Ins: UNITED H (72) Grp: 711809

Vitals Entered By: Tammy Steading, RTR (June 15, 2010 3:05 PM)

Physical Exam

General:
no acute distress
Head:
normocephalic and atraumatic.
Eyes:
PERRL/EOM intact, conjunctiva and sclera clear with out nystagmus.
Ears:
TM's intact and clear with normal canals with grossly normal hearing.
Nose:
no deformity, discharge, inflammation, or lesions.
Mouth:
no deformity or lesions
Neck:
no masses, thyromegaly, or abnormal cervical nodes.
Lungs:
clear bilaterally to auscultation,no distress.
Heart:
normal S1, S2 without murmurs, rubs, gallops, or clicks.
Abdomen:
soft, nontender, positive bowel sounds. Negative Murphy's sign.
Msk:
no deformity or scoliosis noted of thoracic or lumbar spine.
Pulses:
pulses normal in all 4 extremities.
Extremities:
no clubbing, cyanosis, edema, or deformity noted with normal full range of motion of all joints.
Neurologic:
no focal deficits, cranial nerves II-XII grossly intact with normal sensation, reflexes, coordination, muscle strength and tone.
Skin:
intact without lesions or rashes.
Psych:
alert and cooperative; normal mood and affect; normal attention span and concentration.

Impression & Recommendations:

Problem # 1: HYPERTENSION, BENIGN ESSENTIAL (ICD-401.1)
patient states she is stopping lisinopril. States he did not feel well when taking it. Asking for a different medicine at this time. Blood pressure has been slightly elevated. given amlodipine at this time. Patient is asked to monitor blood pressure daily basis and call with results.
The following medications were removed from the medication list:

051

NIKOLAY GUL Home: (864)494-3294 Work: (864)278-5295
Female DOB: [REDACTED]1975 828228 Ins: UNITED H (72) Grp: 711809

Lisinopril-hctz 10-12.5 Mg Tabs (Lisinopril-hctz) ..... Take 1 tab po daily

Her updated medication list for this problem includes:
Clonidine Hcl 0.2 Mg Tabs (Clonidine hcl) ..... Take 1 tab po tid
Amlodipine Besylate 5 Mg Tabs (Amlodipine besylate) ..... Take 1 tab po daily

Orders:
Office visit est detailed (99214) (CPT-99214)

Problem # 2: ASTHMA, PERSISTENT, MILD (ICD-493.90)
patient taking Advair on a consistent basis. patient not needing to take albuterol on a daily basis.
Her updated medication list for this problem includes:
Proair Hfa 108 Mcg/act Aers (Albuterol sulfate) ..... Give 2 puffs every 6 hours as needed for asthma
Advair Diskus 500-50 Mcg/dose Misc (Fluticasone-salmeterol) ..... Take 1 puff po bid

Orders:
Office visit est detailed (99214) (CPT-99214)

Problem # 3: GASTROESOPHAGEAL REFLUX DISEASE (ICD-530.81)
patient states having mid epigastric pain at times. Patient has taken Protonix in the past and it helped. given at this time.
Her updated medication list for this problem includes:
Protonix 40 Mg Tbec (Pantoprazole sodium) ..... Take 1 tab po daily

Orders:
Office visit est detailed (99214) (CPT-99214)

Problem # 4: FATIGUE (ICD-780.79)
patient states feeling better. States having more energy. Attempting to balance diet. Attempting to get exercise.
Orders:
Office visit est detailed (99214) (CPT-99214)

Problem # 5: HYPERGLYCEMIA (ICD-790.6)
the patient mentions that he was given prednisone by pulmonology and glucose was running high. States he went and obtained a glucometer and has been monitoring glucose. Patient has not been on prednisone and states he will monitor glucose at times it is high. Talked about getting labs to assess glucose. Patient states he just ate before coming in for office visit. Patient asked to return for fasting labs. Get fasting glucose. plan to get hemoglobin A1c at that time. States agreement.
Orders:
Glucose quantitative blood (CPT-82947)
Hemoglobin A1C (CPT-83036)
Collect venous blood venipuncture (CPT-36415)
Office visit est detailed (99214) (CPT-99214)

Problem # 6: OBESITY (ICD-278.00)
talked in detail about losing weight. Patient aware of risks of not losing weight. Attempt to eat a balanced diet. Attempt to exercise.
Orders:
Office visit est detailed (99214) (CPT-99214)

NIKOLAY GUL Home: (864)494-3294 Work: (864)278-5295
Female DOB: [redacted]1975 828228 Ins: UNITED H (72) Grp: 711809

Medications Added to Medication List This Visit:
1) Amlodipine Besylate 5 Mg Tabs (Amlodipine besylate) .... Take 1 tab po daily
2) Protonix 40 Mg Tbec (Pantoprazole sodium) .... Take 1 tab po daily
3) Drysol 20 % Soln (Aluminum chloride) .... Place qhs to affected areas & wash off in the morning. for maintenance apply twice weekly.

Patient Instructions:
1) If any concerns arise, please call the office and return.
2) Make an appointment for 1 month, sooner if needed.
3) Take medicine as discussed.

Prescriptions:
DRYSOL 20 % SOLN (ALUMINUM CHLORIDE) Place qhs to affected areas & wash off in the morning. For maintenance apply twice weekly. #35ml x 1
Entered and Authorized by: Matthew Cannon,DO
Signed by: Matthew Cannon,DO on 06/15/2010
Method used: Print then Give to Patient
RxID: 1592235513173080
PROTONIX 40 MG TBEC (PANTOPRAZOLE SODIUM) Take 1 tab po daily #30 x 2
Entered and Authorized by: Matthew Cannon,DO
Signed by: Matthew Cannon,DO on 06/15/2010
Method used: Print then Give to Patient
RxID: 1592235303173080
AMLODIPINE BESYLATE 5 MG TABS (AMLODIPINE BESYLATE) Take 1 tab po daily #30 x 2
Entered and Authorized by: Matthew Cannon,DO
Signed by: Matthew Cannon,DO on 06/15/2010
Method used: Print then Give to Patient
RxID: 1592235123173080

Pt. identified using 2 identifiers
Tammy Steading, RTR June 15, 2010 3:05 PM

Electronically Signed by Matthew Cannon,DO on 06/15/2010 at 10:47 PM

3941 Highway 9 Boiling Springs, SC 29316
864-560-3650 Fax: 864-560-3675

NIKOLAY GUL
Female, DOB: [REDACTED]1975, 828228
Home: (864)494-3294 Work: (864)278-5295
Ins: UNITED,H (72) Grp: 711809

04/20/2010 - Office Visit: follow-up
Provider: Matthew Cannon, DO
Location of Care: Medical Group of the Carolinas - Family Medicine - Boiling Springs

Visit Type: Follow-up Visit

Chief Complaint: F/U shortness of breath and elevated blood pressure.

History of Present Illness:
Patient is a 35 year old male presenting for a recheck on asthma. States that he is doing okay at this time. States that he is taking Albuterol inhaler about three times a day on some days. Patient is seeing pulmonology. Patient states blood pressure has been little high when monitoring.

Acute Pediatric Visit History:

Asthma History:
He denies fever, cough, nocturnal symptoms, wheezing, dyspnea/SOB, sputum production, nasal congestion/drainage, and sinus pressure.

Goals of Therapy:
The patient notes minimal or no chronic symptoms day or night, minimal or no exacerbations, no limitations on activity, no school/parent's missing work, minimal use of short-acting inhaled B2 agonists, and minimal or no adverse effects from medications.

Immunizations:
Last Flu shot: done (10/01/2008)

Hypertension History:
He denies headache, chest pain, palpitations, orthopnea, PND, peripheral edema, visual symptoms, neurologic problems, syncope, and side effects from treatment. He notes no problems with any antihypertensive medication side effects.
Positive major cardiovascular risk factors include hypertension. Negative major cardiovascular risk factors include male age less than 45 years old, negative family history for ischemic heart disease, and non-tobacco-user status.

Past Medical History:
Reviewed history from 10/05/2009 and no changes required:
asthma

Past Surgical History:
Reviewed history from 10/05/2009 and no changes required:
none

Family History:
Reviewed history and no changes required:

NIKOLAY GUL Home: (864)494-3294 Work: (864)278-5295
Female DOB: [REDACTED]1975 828228 Ins.: UNITED H (72) Grp: 711809

Social History:

Reviewed history from 09/21/2009 and no changes required:
2 adults , 8 children at home
Married
Operator machinist

Risk Factors:

Tobacco use: never
Passive smoke exposure: no
Drug use: no
Caffeine use: 0 drinks per day
Alcohol use: no
Exercise: yes
Times per week: 7
Type: walking, running
Seatbelt use: 100 %
Sun Exposure: rarely

Family History Risk Factors:
Family History of MI in females < 65 years old: no
Family History of MI in males < 55 years old: no

Preventive Care Screening

Prior Values:
Last Tetanus Booster: done (05/01/2008)
Last Flu Shot: done (10/01/2008)

Review of Systems

General
Denies fever, chills, sweats, anorexia, and malaise.

ENT
Denies earache and nasal congestion.

CV
Denies chest pain or discomfort, racing/skipping heart beats, lightheadedness, shortness of breath with exertion, and difficulty breathing while lying down.

Resp
Denies cough and shortness of breath.

GI
Denies nausea, vomiting, abdominal pain, diarrhea, and constipation.

MS
Denies joint pain and back pain.

NIKOLAY GUL Home: (864)494-3294 Work: (864)278-5295
Female DOB: [redacted]1975 628228 Ins: UNITED H (72) Grp: 711809

Derm
Denies dryness and itching.

Neuro
Denies numbness and tingling.

Vital Signs:

Patient Profile:	35 Years Old Male
Height:	67 inches
Weight:	195.56 pounds
BMI:	30.74
BSA:	2.00
Temp:	99.5 degrees F tympanic
Pulse rate:	92 / minute
Pulse rhythm:	regular
Resp:	20 per minute
BP sitting:	160 / 86 (left arm)
Cuff size:	regular

Vitals Entered By: Audra M Helm, LPN (April 20, 2010 2:26 PM)

Physical Exam

General:
no acute distress
Head:
normocephalic and atraumatic
Eyes:
PERRLA/EOM intact; symetric corneal light reflex and red reflex; normal cover-uncover test
Ears:
TMs intact and clear with normal canals and hearing
Nose:
no deformity, discharge, inflammation, or lesions
Mouth:
no deformity or lesions and dentition appropriate for age
Neck:
no masses, thyromegaly, or abnormal cervical nodes
Lungs:
good breath sounds with slight scattered wheezes on auscultation
Heart:
RRR without murmur
Abdomen:
soft, nontender, positive bowel sounds.
Pulses:
pulses normal in all 4 extremities
Extremities:
no cyanosis or deformity noted with normal full range of motion of all joints

NIKOLAY GUL Home: (864)494-3294 Work: (864)278-5295
Female DOB: [REDACTED]/1975 828228 Ins: UNITED H (72) Grp: 711809

Neurologic:
no focal deficits, CN II-XII grossly intact with normal reflexes, coordination, muscle strength and tone
Skin:
Intact without lesions or rashes.
Psych:
alert and cooperative

Impression & Recommendations:

Problem # 1: ASTHMA, PERSISTENT, MILD (ICD-493.90)
patient is taking albuterol on a daily basis. Talked in detail about taking Advair as instructed. Patient is seen pulmonary. Scheduled to return in about one week. If any problems please return. States agreement.
His updated medication list for this problem includes:
Proair Hfa 108 Mcg/act Aers (Albuterol sulfate) ..... Give 2 puffs every 6 hours as needed for asthma
Advair Diskus 500-50 Mcg/dose Misc (Fluticasone-salmeterol) .... Take 1 puff po bid

Problem # 2: HYPERTENSION, BENIGN ESSENTIAL (ICD-401.1)
blood pressure is high at this time. Give lisinopril hydrochlorothiazide. Monitor on a daily basis. Recheck one month, sooner as needed. States agreement.

Problem # 3: ABDOMINAL PAIN (ICD-789.00)
patient states feeling better at this time. Patient eating a balanced diet.

Medications Added to Medication List This Visit:
1) Advair Diskus 500-50 Mcg/dose Misc (Fluticasone-salmeterol) .... Take 1 puff po bid
2) Clonidine Hcl 0.2 Mg Tabs (Clonidine hcl) .... Take 1 tab po tid
3) Lisinopril-hctz 10-12.5 Mg Tabs (Lisinopril-hctz) .... Take 1 tab po daily

Asthma Management Plan:

Updated Asthma Medications:
Proair Hfa 108 Mcg/act Aers (Albuterol sulfate) ..... Give 2 puffs every 6 hours as needed for asthma
Advair Diskus 500-50 Mcg/dose Misc (Fluticasone-salmeterol) ..... Take 1 puff po bid

Hypertension Assessment/Plan:
The patient's hypertensive risk group is category A: No risk factors and no target organ damage. Today's blood pressure is 160/86.

Patient Instructions:
1) If any concerns arise, please call the office and return.
2) Make an appointment for 1 month, sooner if needed.
3) Take medicine as discussed.

3941 Highway 9 Boiling Springs, SC 29316
864-560-3650 Fax: 864-560-3675

NIKOLAY GUL
Female DOB: [REDACTED]1975

828228

Home: (864)494-3294 Work: (864)278-5295
Ins: UNITED H (72) Grp: 711809

Prescriptions:
LISINOPRIL-HCTZ 10-12.5 MG TABS (LISINOPRIL-HCTZ) Take 1 tab po daily #30 x 3
Entered and Authorized by: Matthew Cannon,DO
Signed by: Matthew Cannon,DO on 04/20/2010
Method used: Print then Give to Patient
RxID: 1587394012424640

Patient identified using 2 approved identifiers per red rules.....Audra M Helm, LPN April 20, 2010 2:26 PM

Electronically Signed by Matthew Cannon,DO on 04/25/2010 at 1:45 AM

Carolina Cardiology Consultants, P.A.
P.O Box 8795 Greenville, SC 29604
(864) 455-6900 Fax:

Mr Nikolay I Gul
Male :DOB: REDACTED 1975
Home: (864)592-1819
REDACTED
Office: (864)590-8347
Ins: United H (23) Grp: 711809

11/23/2009 - Office Visit: CCC -
Provider: A.H. Chandler MD
Location of Care: Carolina Cardiology Consultants, P.A.

Current Problems:

History of Present Illness
Referral Source: Dr. Chris Nowatka
Reason for Visit: cardiovascular disease management
Chief Complaint: dyspnea
Medication Review: visual
Refill policy reviewed
History from: patient
History of Present Illness:
Mr. Gul is a 34 year old Ukrainian gentleman with a history of hypertension and diabetes who presents for further follow up. Since his last office visit he had a heart catheterization which showed normal coronary arteries with normal LV function. He also wore an event monitor. The event monitor returned to show PVCs and PACs, but no malignant dysrhythmias. He still has some atypical chest discomfort at times. It feels like a sharp sticking sensation and he has palpitations. His history is aided by the help of a Russian translator.

Current Medications:
CARDIZEM CD 120 MG XR24H-CAP (DILTIAZEM HCL COATED BEADS) 1 per mouth daily

Current Allergies:
NKDA

Review of Systems

Cardiovascular Procedures
Cath 09/28/2009
Stress test 09/16/2009
Echo 09/16/2009
Event Recorder 09/04/2009

Past Medical History
1. Hypertension.
2. Diabetes.
3. Anxiety.

Past Surgical History
None

Vital Signs
Height: 66.5
Weight: 172

Mr Nikolay I Gul
Male DOB: [redacted] 1975
Home: (864)592-1819 [redacted]
Office: (864)590-8347
Ins: United H (23) Grp: 711809

BP: 136/84
Pulse: 71
BMI: 27.44

Physical Exam

General: well developed, well nourished, no distress

Eyes,Ears,Nose, and Throat

External eye: conjunctiva and lids normal
Teeth/gums/palate: dentition and gums normal, no lesions
Oropharynx: no pallor or cyanosis
Neck veins: no visible JVD

Respiratory

Respiratory effort: no respiratory distress
Auscultation: lungs clear to auscultation

Cardiovascular

Palpation: PMI non-displaced
Auscultation: S1,S2, no murmurs, rubs, or gallops
Carotids: normal upstrokes without bruits
Pedal Pulses: normal pedal pulses bilaterally
Peripheral Circulation: no lower extremity edema or varicosities

Gastrointestinal

Palpation: non-tender, no masses, bowel sounds normal
Liver/Spleen: no palpable enlargement

Musculoskeletal

Gait: normal gait

Extremities

Digits/Nails: no clubbing or cyanosis

Skin

Skin and subcutaneous tissue: warm and dry

Mental Status/Neuro

Orientation: oriented to time,place,person
Mood/Affect: normal mood and affect

Ancillary Data

Impression

Mr. Gul is a 34 year old gentleman with a history of hypertension and diabetes who thankfully has a good result from recent heart catheterization.

Plan

1. He feels that he felt better on the Coreg as far as palpitations than he has with Diltiazem. I will allow him to change back to Coreg at 6.25 mg p.o. b.i.d.
2. If he has any problems or questions he is to let me know.
3. I will have him follow up with me in a year.

cc: Dr. Chris Nowatka

Carolina Cardiology Consultants, P.A.
P.O Box 8795 Greenville, SC 29604
(864) 455-6900 Fax:

Mr Nikolay I Gul
Male, DOB: REDACTED 1975
Home: (864)592-1819
REDACTED
Office: (864)590-8847
Ins: United H (23) Grp: 711809

AHC/kl

Signed by A.H. Chandler MD on 11/24/2009 at 8:10 AM

NIKOLAY GUL Home: (864)494-3294 Work: (864)278-5295
Female DOB: [redacted]/1975 828228 Ins: UNITED H (72) Grp: 711809

11/11/2009 - Phone Note: N/S for appt. with Dr. Reinhardt
Provider: Matthew Cannon, DO
Location of Care: Medical Group of the Carolinas - Family Medicine - Boiling Springs

Phone Note

Initial Intake:
Type of Call: N/S for appt. with surgeon

Response # 1:
Received a fax from Dr. Reinhardt's office, patient N/S for appt. on 10-20-09.....Audra M Helm, LPN November 11, 2009 1:24 PM

I asked patient about appt. and he apologized and stated he forgot about appt. , asked for appt. to be rescheduled. Appt. rescheduled for 11-23-09 @ 11:20am , requested Russian Interpreter.Patient given appt. information and stated he will keep appt.
.....Audra M Helm, LPN November 12, 2009 11:49 AM

Clinical Lists Changes

Electronically Signed by Matthew Cannon,DO on 11/12/2009 at 12:07 PM

C 82211 6

Palmetto Surgical Specialists
1330 Boiling Springs Rd ·North Grove Medical Park· Suite 2300
Spartanburg SC 29303
Telephone: 864-585-6491
2755 S. HWY 14·Village at Pelham ·Suite 2500·
Greer SC 29650
Telephone: 864-849-9555

Auburn Woods III, M.D.
Claude D. Woollen, M.D.
Hugh James, M.D.
Robert Cochran Jr, M.D
Ajai Srinivasan, M.D.
Rich Reinhardt, M.D.

DATE: 11-5-09 TIME:

TO: Audra LOCATION: Dr Cannon

FAX NUMBER: 560-3675

FROM: Deborah

OF PAGES INCLUDING COVER PAGE: 1

PATIENT: Nikolay Gul

MESSAGE:

Pt. was no show 10-20-09

Please call if you experience any transmission problems.

Comments: The information obtained in this facsimile message is privileged and confidential information and is intended only for the use of the individual or entity named above. If the reader of this message is not the intended recipient, or the employee, or agent responsible to deliver it to the intended recipient you are hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited. This information is CONFIDENTIAL. If you have received this communication in error, please immediately notify us by telephone to the number listed above. Thank you.

NIKOLAY GUL Home: (864)494-3294 Work: (864)278-5295
Female DOB [REDACTED]1975 828228 Ins: UNITED H (72) Grp: 711809

10/05/2009 - Office Visit: RECHECK
Provider: Matthew Cannon, DO
Location of Care: Medical Group of the Carolinas - Family Medicine - Boiling Springs

Visit Type: Follow-up Visit

Chief Complaint: F/U abdominal pain.

History of Present Illness:
Patient is a 34 yer old male who presents to the office for a recheck visit. States doing okay at this time. States has seen Dr Feldman three different times and told he has asthma. Placed on inhaler for asthma. Patient states that he was told by Dr Feldman to not return to work due to being around chemicals that may be causing increase in asthma problems.

Russian interpreter in room:
.....Audra M Helm, LPN October 5, 2009 3:17 PM

Asthma History:
He denies fever, cough, nocturnal symptoms, wheezing, dyspnea/SOB, sputum production, nasal congestion/drainage, and sinus pressure.

Asthma Severity Index Determination:
Asthma severity index questions reveal daytime symptoms 3-6 times per week and 3-4 nighttime symptoms per month.

Goals of Therapy:
The patient notes minimal or no chronic symptoms day or night, minimal or no exacerbations, no limitations on activity, no school/parent's missing work, minimal use of short-acting inhaled B2 agonists, and minimal or no adverse effects from medications.

Immunizations:
Last Flu shot: done (10/01/2008)

Past Medical History:
asthma

Past Surgical History:
Reviewed history and no changes required:
none

Family History:
Reviewed history and no changes required:

Social History:
Reviewed history from 09/21/2009 and no changes required:
2 adults , 3 children at home
Married
Operator machinist

NIKOLAY GUI
Female DOB: [REDACTED]1975 828228 Home: (864)494-3294 Work: (864)278-5295
Ins: UNITED H (72) Grp: 711809

Risk Factors:

Tobacco use: never
Passive smoke exposure: no
Drug use: no
Caffeine use: 0 drinks per day
Alcohol use: no
Exercise: yes
Times per week: 7
Type: walking ,running
Seatbelt use: 100 %
Sun Exposure: rarely

Family History Risk Factors:
Family History of MI in females < 65 years old: no
Family History of MI in males < 55 years old: no

Review of Systems

General
Denies fever, chills, sweats, anorexia, and malaise.

Eyes
Denies eye irritation and blurring.

ENT
Denies earache and nasal congestion.

CV
Denies chest pain or discomfort, racing/skipping heart beats, lightheadedness, shortness of breath with exertion, and swelling of hands or feet.

Resp
Complains of shortness of breath.
Denies cough.

GI
Complains of abdominal pain.
Denies nausea, vomiting, diarrhea, and constipation.

GU
Denies urinary frequency and urinary hesitancy.

MS
Complains of back pain.
Denies joint pain.

Neuro
Denies numbness and tingling.

Psych

NIKOLAY GUL Home: (864)494-3294 Work: (864)278-5295
Female DOB: [redacted] 1975 828228 Ins: UNITED H (72) Grp: 711809

Denies anxiety and depression.

Endo
Denies cold intolerance and heat intolerance.

Vital Signs:

Patient Profile:	34 Years Old Male
Height:	67 inches
Weight:	174.25 pounds
BMI:	27.39
BSA:	1.91
Temp:	98.9 degrees F tympanic
Pulse rate:	80 / minute
Pulse rhythm:	regular
Resp:	20 per minute
BP sitting:	126 / 78 (left arm)
Cuff size:	regular

Vitals Entered By: Audra M Helm, LPN (October 5, 2009 3:16 PM)

Physical Exam

General:
no acute distress
Head:
normocephalic and atraumatic.
Eyes:
PERRL/EOM intact, conjunctiva and sclera clear with out nystagmus.
Mouth:
no deformity or lesions
Neck:
no masses, thyromegaly, or abnormal cervical nodes.
Lungs:
clear bilaterally to auscultation,no distress.
Heart:
normal S1, S2 without murmurs, rubs, gallops, or clicks.
Abdomen:
soft, tender to palpation in RUQ. + bowel sounds. + Murphy's sign. No rebound tenderness, no guarding.
Pulses:
pulses normal in all 4 extremities.
Extremities:
no clubbing, cyanosis, edema, or deformity noted with normal full range of motion of all joints.
Neurologic:
no focal deficits, cranial nerves II-XII grossly intact with normal sensation, reflexes, coordination, muscle strength and tone.
Skin:
intact without lesions or rashes.

NIKOLAY GUL
Female DOB [redacted]1975 828228 Home: (864)494-3294 Work: (864)278-5295
Ins: UNITED H (72) Grp: 711809

Psych:
alert and cooperative

Impression & Recommendations:

Problem # 1: ABDOMINAL PAIN (ICD-789.00)
Patient with right upper quadrant abdominal pain. States it is often worsened after meals. States does have pain at times at intermittent times without eating food. states pain is a dull aching pain that often radiates in back. Patient with negative ultrasound. Talked in detail about different etiologies of abdominal pain in RUQ and midepigastric area. Obtain CMP at this time. Patient given Protonix at this time. Talked to Dr James and will obtain HIDA scan at this time. Make appointment with Dr James. Consider EGD if no findings on HIDA scan.
Orders:
CMP (CPT-80053)
Referral (DC-99999)
NM of biliary tract (HIDA) (CPT-78223)
Office visit est detailed (99214) (CPT-99214)

Problem # 2: ASTHMA, PERSISTENT, MILD (ICD-493.90)
Patient being seen by Dr Feldman. States was given Advair but has not been given Albuterol. Give Albuterol to take only as needed. Patient describes that he has had some episodes in which he felt SOB at times. Take Albuterol when needed. States agreement.
His updated medication list for this problem includes:
Proair Hfa 108 Mcg/act Aers (Albuterol sulfate) ..... Give 2 puffs every 6 hours as needed for asthma

Orders:
Office visit est detailed (99214) (CPT-99214)

Problem # 3: HYPERTENSION, BENIGN ESSENTIAL (ICD-401.1)
Patient states doing well. Taking Cardizem CD and doing well with it at this time.
His updated medication list for this problem includes:
Cardizem Cd 120 Mg Xr24h-cap (Diltiazem hcl coated beads) ..... Take 1 tab po daily per cardiology

Orders:
Office visit est detailed (99214) (CPT-99214)

Problem # 4: FATIGUE (ICD-780.79)
Patient states fatigue is little better. States doing okay at this time.
Orders:
Office visit est detailed (99214) (CPT-99214)

Medications Added to Medication List This Visit:
1) Cardizem Cd 120 Mg Xr24h-cap (Diltiazem hcl coated beads) ..... Take 1 tab po daily per cardiology
2) Proair Hfa 108 Mcg/act Aers (Albuterol sulfate) ..... Give 2 puffs every 6 hours as needed for asthma

Asthma Management Plan:

NIKOLAY GUL
Female DOB: [REDACTED]1975 828228 Home: (864)494-3294 Work: (864)278-5295
Ins: UNITED H (72) Grp: 711809

Updated Asthma Medications:
Proair Hfa 108 Mcg/act Aers (Albuterol sulfate) ..... Give 2 puffs every 6 hours as needed for asthma

Patient Instructions:
1) If any concerns arise, please call the office and return.
2) Make an appointment for 2 weeks, sooner if needed.
3) Take medicine as discussed.

Prescriptions:
PROAIR HFA 108 MCG/ACT AERS (ALBUTEROL SULFATE) Give 2 puffs every 6 hours as needed for asthma #1 x 2
Entered and Authorized by: Matthew Cannon,DO
Signed by: Matthew Cannon,DO on 10/05/2009
Method used: Print then Give to Patient
RxID: 1570378899175700

.....Matthew Cannon,DO October 5, 2009 11:12 PM

Patient identified using 2 approved identifiers per red rules.
.....Audra M Helm, LPN October 5, 2009 3:17 PM

Electronically Signed by Matthew Cannon,DO on 10/05/2009 at 11:12 PM

NIKOLAY GUL Home: (864)494-3294 Work: (864)278-5295
Female DOB: [REDACTED]1975 828228 Ins: UNITED H (72) Grp: 711809

09/21/2009 - Office Visit: GET EST/SOB X 2 MONTHS
Provider: Matthew Cannon, DO
Location of Care: Medical Group of the Carolinas - Family Medicine - Boiling Springs

Visit Type: NP

Chief Complaint: Get Estab.

History of Present Illness:
Patient is a 34 year old male who presents to the office for breathing problems and abdominal pain. States that SOB has been ongoing for several months. Patient states that he has been seen by another provider for breathing problems but is still having difficulty with it. States that he has an appointment with pulmonology Dr Feldman on September 23, 2009. States that he has been seeing cardiology and has had several studies performed. Unsure of the results of the studies that have been performed. Patient describes having midepigastric pain and RUQ pain. States it has been ongoing for several months. States it is a dull aching pain. States it is sharp at times. Describes increased pain after eating meals.

Russian Interpreter in room.
.....Audra M.Helm, LPN September 21, 2009 2:20 PM

Past Medical History:
Reviewed history and no changes required:

Past Surgical History:
Reviewed history and no changes required:

Family History:
Reviewed history and no changes required:

Social History:
Reviewed history and no changes required:
2 adults , 8 children at home
Married
Operator machinist

Risk Factors:

Tobacco use: never
Passive smoke exposure: no
Drug use: no
Caffeine use: 0 drinks per day
Alcohol use: no
Exercise: yes
Times per week: 7
Type: walking , running
Seatbelt use: 100 %
Sun Exposure: rarely

NIKOLAY GUL
Female DOB: [REDACTED]1975 828228 Home: (864)494-3294 Work: (864)278-5295
Ins: UNITED H (72) Grp: 711809

Family History Risk Factors:
Family History of MI in females < 65 years old: no
Family History of MI in males < 55 years old: no

Preventive Care Screening

Last Flu Shot:
Date: 10/01/2008
Results: done

Last Tetanus Booster:
Date: 05/01/2008
Results: done

Review of Systems

General
Complains of malaise.
Denies fever, chills, sweats, and anorexia.

ENT
Denies earache and nasal congestion.

CV
Complains of shortness of breath with exertion.
Denies chest pain or discomfort, racing/skipping heart beats, palpitations, and swelling of hands or feet.

Resp
Complains of shortness of breath.
Denies cough.

GI
Denies nausea, vomiting, abdominal pain, diarrhea, and constipation.

GU
Denies urinary frequency and urinary hesitancy.

MS
Denies joint pain and back pain.

Neuro
Denies numbness and tingling.

Psych
Denies anxiety and depression.

Serial Vital Signs/Assessments:

Time	Position	BP	Pulse	Resp	Temp	By

NIKOLAY GUL Home: (864)494-3294 Work: (864)278-5295
Female DOB: [REDACTED]1975 828228 Ins: UNITED H (72) Grp: 711809

2:28 PM Standing 152/94 96 Audra M Helm, LPN

Comments:
2:28 PM
.....Audra M Helm, LPN September 21, 2009 2:28 PM

By: Audra M Helm, LPN

Vital Signs:

Patient Profile:	34 Years Old Male
Height:	67 inches
Weight:	172 pounds
BMI:	27.04
BSA:	1.90
Temp:	99.1 degrees F tympanic
Pulse rate:	80 / minute
Pulse (ortho):	96 / minute
Pulse rhythm:	regular
Resp:	20 per minute
BP sitting:	128 / 80 (left arm)
Cuff size:	regular

Vitals Entered By: Audra M Helm, LPN (September 21, 2009 2:27 PM)

Physical Exam

General:
no acute distress
Head:
normocephalic and atraumatic.
Eyes:
PERRL/EOM intact, conjunctiva and sclera clear with out nystagmus.
Ears:
TM's intact and clear with normal canals with grossly normal hearing.
Nose:
no deformity, discharge, inflammation, or lesions.
Mouth:
no deformity or lesions
Neck:
no masses, thyromegaly, or abnormal cervical nodes.
Lungs:
clear bilaterally to auscultation,no distress.
Heart:
normal S1, S2 without murmurs, rubs, gallops, or clicks.
Abdomen:
soft, tender to palpation in RUQ. + bowel sounds. + Murphy's sign. No rebound tenderness, no guarding.
Msk:

NIKOLAY GUL Home: (864)494-3294 Work: (864)278-5295
Female DOB: REDACTED1975 828228 Ins: UNITED H (72) Grp: 711809

no deformity or scoliosis noted of thoracic or lumbar spine.
Pulses:
pulses normal in all 4 extremities.
Extremities:
no clubbing, cyanosis, edema, or deformity noted with normal full range of motion of all joints.
Neurologic:
no focal deficits, cranial nerves II-XII grossly intact with normal sensation, reflexes, coordination, muscle strength and tone.
Skin:
intact without lesions or rashes.
Psych:
alert and cooperative

Impression & Recommendations:

Problem # 1: ABDOMINAL PAIN (ICD-789.00)
Patient with abdominal pain. States pain is increased after eating meals especially fatty foods. Tenderness in RUQ on palpation. Obtain ultrasound of abdomen. Take Omeprazole. Recheck 2 weeks. States agreement.
Orders:
Ultrasound, abdl b-scan&/r-t img imtd (CPT-76705)
Office visit new detailed (99203) (CPT-99203)

Problem # 2: HYPERTENSION, BENIGN ESSENTIAL (ICD-401.1)
Patient states that he has been given medicine. Patient unsure of names of them. Does not have them with him at this time. Bring medicines to appointments. States agreement.
Orders:
Office visit new detailed (99203) (CPT-99203)

Problem # 3: SOB (ICD-786.05)
Patient with SOB. States has been seen by cardiology. Planning to see pulmonology. Desire to obtain a chest x-ray and pulmonary function test but patient to see pulmonology in 2 days and will have them there. States agreement.
Orders:
Office visit new detailed (99203) (CPT-99203)

Problem # 4: FATIGUE (ICD-780.79)
Patient states having fatigue. States being tired during day. Talked about sleep apnea. States will talk to pulmonary about possible sleep study. States does not want labs performed at this time. States has had several labs performed by cardiology and wants to wait to see what was performed and see what pulmonology wants to get. Talked about TSH and CBC. States will get them at recheck if they hasve not bee performed.
Orders:
Office visit new detailed (99203) (CPT-99203)

Patient Instructions:
1) If any concerns arise, please call the office and return.

NIKOLAY GUL Home: (864)494-3294 Work: (864)278-5295
Female DOB: [REDACTED]1975 828228 Ins: UNITED H (72) Grp: 711809

2) Make an appointment for 2 weeks, sooner if needed.
3) Take medicines as discussed.

States will bring medicines to visit. Does not know names of them.

.....Matthew Cannon,DO September 23, 2009 9:47 PM

Patient identified using 2 approved identifiers per red rules.
.....Audra M Helm, LPN September 21, 2009 2:28 PM

Electronically Signed by Matthew Cannon,DO on 09/23/2009 at 9:48 PM

Lung and Chest Medical Associates

Charles M. Fogarty, M.D.
Wilson P. Smith, Jr., M.D.
J. Douglas Clark, M.D.
Rico V. L. Mendoza, M.D.
Raul B. Cruz, M.D.

J.P. Elm, F.N.P.
Cindy A. Edwards, F.N.P.
Nicole H. Jackson, F.N.P.
Charlene McCraw, ACNP-C

Independent Medical Exam

RE: Nikolay Gul

12-22-09

DOB: [redacted]/1975

Present Illness

Nikolay Gul, a 43-year-old male is referred by Kohler, (Nexsen/Pruet-Attorneys), for further evaluation of possible occupational asthma. Mr. Gul worked at Kohler from 2006 through 8/25/09 and per Mr. Russell Infinger's letter of 12/22/09 has identified acetic acid as the agent causing his respiratory problems.

Mr. Gul, whose primary language is Russian, is accompanied by a translator. On interview at Lung and Chest today the patient stated that his "asthma" problems started about two years ago and occurred after exposure to chemicals, (acetic acid) at Kohler. His shortness of breath is aggravated by intensive activities involving exercise, working, and other factors such as elevated room temperature or exposure to acetics.

He states his current medications are Advair 250/50, Ventolin HFA as rescue, prednisone 20 mg twice a day, Coreg 6.25 mg b.i.d. alternating for one week with Cardizem 120 mg daily. Expense for medications, particularly the Advair, has been a problem. He has been dependent on samples and he has not been taking the Advair regularly.

The patient has never smoked. He is married with eight children. He has had hypertension for several years. He recently was diagnosed with borderline diabetes. (Prednisone 20 b.i.d. could aggravate diabetes.)

Review of Kohler records:

Spirometry tests performed at Kohler on 5/9/06 showed a vital capacity of 4.7 liters, 101 percent of predicted value of 4.67 and the FEV1 was 3.69 or 94 percent of predicted values of 3.92. The flow volume loop showed a normal appearing peak and tapering flows with increasing exhalation as expected. Spirometry performed at Kohler on 6/11/09 showed a vital capacity of 4.62 or 103.8 percent of the predicted value of 4.35.

PAGE 5/18 * RCVD AT 10/16/2013 10:46:08 AM [Eastern Daylight Time] * SVR:RIGHTFAX/0 * DNIS:7875 * CSID: * DURATION (mm-ss):10-56

The FEV1 is 3.59 or 98 percent of the predicted value of 3.64. A chest film performed at Kohler on 6/11/09 did not show any acute process. A small 5 mm nodule was noted at the right lung base. It is not clear whether this was in the lung or in the rib cage. The heart and pulmonary vascular markings were felt normal.

Review of the Material Safety Data Sheet For Acetic Acid:

The Material Safety Data Sheet for acetic acid is reviewed since the patient was exposed to in the course of his employment at Kohler. The MSDS notes the hazards of severe skin and eye burns, irritating mist or vapor to eyes and respiratory tract. The threshold limit values given ranged from 10 parts per million for a time weighted average up to the NIOSH approved 15 parts per million for short-term exposure.

Review of Mary Black Memorial Hospital records:

The patient presented to Mary Black Emergency Room 5/14/08 with a chief complaint of chest pain for about one month on and off. He also complained of feeling dizzy at times. He felt worse after taking lisinopril, which had just been started the day before for his blood pressure. The Mary Black record notes the pain radiated to the left arm and the patient felt like he had near syncope and dyspnea. He denied dyspnea on exertion. He did also report nausea or vomiting when his blood pressure got high and history of hypertension. The Mary Black history was obtained from the patient and translator. The patient reported his chest pain symptoms had started about a month previously, coming on gradually and becoming progressively worse. The patient did not recall any specific activity precipitating the pain. Symptoms were present at the time of the Mary Black Emergency Room visit, which were mild severity. The patient noted elevated blood pressure when he felt the pain and felt dizzy and had over-the-counter Inderal from Russia that he was taking p.r.n. for these symptoms prior to the new blood pressure medicine. On evaluation in the Emergency Room his blood pressure was elevated at 159/98. His oxygen saturation was normal range. His physical exam showed the lungs clear with equal breath sounds bilaterally and normal cardiac and abdominal exam. His white count was 11.07, hemoglobin 17.6, glucose 117. Other lab results were normal range. The cardiogram showed normal rate and rhythm and was normal range. The chest films, PA and lateral views, were also normal with no acute disease. The patient's initial pulse was 130 but was down to the 60 to 70 range at the time of discharge. The impression of Dr. Bourdon was chest pain – atypical and hypertension. He was felt not to have any acute cardiac etiology and was discharged to follow up with his family physician with a prescription for Toprol XL 25 mg daily to replace the lisinopril 20 mg daily which the patient felt was not helping his chest pain. The patient was to follow up with Dr. Imtiaz Khan, family physician.

The patient returned to Mary Black 5/24/08 at 3:18 a.m. The history was again obtained from the patient as well as a translator in the family. The chief complaint was the patient wanted something different for his increased blood pressure and his symptoms had began 5/23 with headache, burning pain in the left chest. The symptoms were not exacerbated by anything particular. The patient reported headache

PAGE 6/18 * RCVD AT 10/16/2013 10:46:08 AM [Eastern Daylight Time] * SVR:RICHTFAX/0 * DNIS:7875 * CSID: * DURATION (mm-ss):10-56

and dyspnea/shortness of breath, also nausea. The chest pain was reported in the left chest wall, described as intermittent, aching and burning and exacerbated by movement. The patient denied any cough. The patient listed his occupation as unemployed at that time, although the guarantor was K. H. Kohler-Blue Choice Health Care. On exam no respiratory distress was noted. At the time of presentation his blood pressure was 133/84, pulse 66, respirations 20. The lungs were clear with equal breath sounds. The heart tones were regular with no murmur or gallop noted. The abdomen was soft. The clinical impression was essential hypertension and the patient was advised to increase his Toprol to 1 pill twice daily and check his blood pressure four times a day. On discharge his blood pressure was 130/70, pulse 80. The patient's pain was 4 on a scale of 2 on arrival; it was 2 on 1 to 10 scale on discharge. Dr. Tracy Lance was the examining physician and instructions were to follow up with Dr. Khan in two days and increase the Toprol to one pill twice daily. While in the emergency room the patient was given a dose of 1 mg Ativan p.o. at 5:25 a.m.

A cardiovascular stress test was done 10/20/2008 at Mary Black Hospital. The complaint was irregular heartbeat, chest pain, hypertension, family history of heart disease. The myocardial perfusion scan showed a maximum heart rate of 170 with no reversible ischemia and a normal ejection fraction of 70 percent with good left ventricular wall motion. The test was interpreted by John Thornburg, M.D. and the report sent to Dr. Nowatka.

Review of Dr. Nowatka's notes provided from 6/25/09 7/22/09:

On 6/25/09 visit the patient noted a chief complaint of feeling bad and having gone to the emergency room the day before where he was treated with ibuprofen for fever of 102. The patient was worried that he might have a high sugar since he had found when he was feeling bad his sugars were up to 160. The patient was accompanied by his sons who translated some, but the patient was also noted to understand English fairly well. On physical exam the cardiac exam was normal. The lungs were clear. The abdomen showed suprapubic tenderness, a little to the right lumbar area. The patient was felt to have a febrile illness and since he was already on ibuprofen, Amoxicillin 500 mg t.i.d. for a seven-day course was added with the caveat that the patient probably had a viral illness.

On 7/22/09 the patient returned with a chief complaint of an irregular pulse sometimes as low as 48, sometimes as high as 145, left chest pain when his blood pressure went up and a burning sensation in his chest was also noted. The Coreg made his pulse go down and also he took lisinopril, he did well for a day or two but then his blood pressures became low on these medicines. Finger stick blood sugars at work ranged from 80 to 167. The patient was also noted by Dr. Nowatka on chart review to have elevated liver enzymes. The heart rate was regular and the lungs were clear on exam. The assessment was a history of bradycardia, tachycardia unclear etiology. Additional findings were abnormal liver enzymes, elevated blood sugars. The patient was scheduled to see cardiology/Dr. Hiremath and a glucose tolerance test was scheduled.

PAGE 7/18 * RCVD AT 10/16/2013 10:46:08 AM [Eastern Daylight Time] * SVR:RIGHTFAX/0 * DNIS:7875 * CSID: * DURATION (mm-ss):16-56

Review of Dr. Hiremath 7/27/09 report:

The patient saw Dr. Hiremath five days later, 7/27/09 and his office note indicated a complaint of chest pain on and off for the last year with anterior chest discomfort when he was walking. No diaphoresis was noted. Some intermittent right upper back pain above the flank area also was noted to get worse when he worked. The patient also stated when he worked his blood pressure got high and his heart rate got low and that he worked at a heavy labor job. He denied other symptoms such as headache, fevers, chills, vomiting, paroxysmal nocturnal dyspnea, orthopnea, edema or palpitations. No mention was made of shortness of breath or wheezing. The patient's medications on 7/27/09 were carvedilol (Coreg) 3.125 mg p.r.n. The patient's nonsmoking, no alcohol intake status was again confirmed. On exam by Dr. Hiremath the blood pressure was 134/90 in the right arm, 120/84 in the left arm. Height 5'7". The neck exam was normal range. The chest was clear to auscultation. The cardiac exam showed normal heart tones with no murmur or gallop. The abdominal exam was normal range and peripheral pulses were symmetric and normal range. The patient was placed on the treadmill and walked seven minutes of a Standard Bruce Protocol with no ischemia. The impression was history of chest pain that was atypical and increased blood pressure when he worked. Since the treadmill test was normal and there was no evidence of cardiac ischemia, and the patient's focus was something different for his blood pressure Dr. Hiremath instituted Atenolol 50 mg a day. He noted that Mr. Gul's son was interpreting for the visit.

Review of Dr. Nowatka 7/29/09-8/31/09 notes:

He saw Dr. Nowatka on 7/29/09, two days later for follow up of new onset diabetes, problems with his heart and right flank pain at night and when he worked. Dr. Nowatka went over diet at length with reference to the diabetes with recommendation of multiple small meals a day, high protein and avoidance of quick release carbohydrates such as honey and fruit juices. The flank pain was not associated with any foods and the patient wondered if he needed an ultrasound. On Dr. Nowatka's exam the lungs were clear. Heart tones were regular. A little discomfort in the right upper quadrant was noted. The assessment was flank pain unclear etiology, new onset diabetes, hypertension and heart problems. The urinalysis was normal range. The patient was placed on Metformin 500 mg daily for the diabetes. The patient reported that he did not like the Atenolol prescribed by Dr. Hiremath and thus went back to the Coreg 3.125 mg and if his blood pressure remained elevated then lisinopril 2.5 mg.

The patient returned on 8/11/09 complaining of right upper quadrant and right flank pain and lumbar back pain that had been going on for a month. Mr. Gul stated it was debilitating. Urinalysis on the previous visit was clear. He stated his pain had awakened him from sleep, was excruciating pain a few days prior. The patient also complained of tachycardia. On physical exam no acute distress was noted. The cardiovascular exam showed a regular rate and rhythm. The lungs were clear. There was a little tenderness in the right upper quadrant into the right flank was noted. The assessment was right upper quadrant pain. Dr. Nowatka ordered a CT scan of the

PAGE 8/18 * RCVD AT 10/16/2013 10:46:08 AM [Eastern Daylight Time]* SVR:RIGHTFAX/0 * DNIS:7875 * CSID: * DURATION (mm-ss):10-56

abdomen and continued monitoring of the sugars which were felt controlled by the Metformin but the dosage was reduced to 250 mg a day since some of the sugars had been low. Atenolol 25 mg daily was continued for the tachycardia.

The CT of the abdomen ordered by Dr. Nowatka for 8/12/09 was normal range. A small-calcified granuloma in the right lung base was noted. (This was in the same vicinity as the chest film obtained at Kohler 8/11/09 that showed a small calcified granuloma). The final impression of the abdominal exam was within normal limits. This was read by Dr. John Thornburg.

The patient returned to Dr. Nowatka's office on 8/25/09 complaining of continued pain. He stated he tried to go back to work but "could not work for more than four hours before he started having severe pain in his right upper quadrant and shortness of breath". "He still does have some episodes of tachycardia. He has had some cough with mucus that happens three or four times a day and several minutes, but at night it can last up to 30 minutes. He is unable to tolerate the Atenolol as it makes his pulse go too low and he feels poorly." He was accompanied by a friend who was translating for him. On Dr. Nowatka's exam, the patient was noted to be well-nourished, no acute distress. The neck exam is normal. The cardiac exam showed a regular rate and rhythm. The lungs were clear. A little bit of pain in the right upper quadrant was noted but it was intermittent with no relationship to deep breath. Dr. Nowatka's assessment was continued right upper quadrant pain, shortness of breath and tachycardia. Additional problems included abnormal liver enzymes, abnormal chest film, borderline diabetes. Dr. Nowatka noted the patient was asking for a referral to the pulmonologist. Dr. Nowatka wrote "I don't think there is anything wrong with his lungs, so we certainly consider that but I think unlikely if anything wrong. With abnormal liver enzymes we could consider referral to the GI doctor but he is eating okay and his last set of liver enzymes were normal". His CT scan of the abdomen was essentially normal. I asked if there seems to be some stress and anxiety that could be causing these problems and his friend says that that this is not the case. He is actually in a least stressful job that he has had at Kohler." Dr. Nowatka put him out of work for another couple of weeks because it seemed like most of his problems were tachycardia and heart related. He referred him to Dr. Feldman for pulmonary evaluation, although he considered that anxiety was more of a problem and he felt that an Ativan trial should be considered before he went to work. The chest film taken on 8/25/09 by Dr. Nowatka showed unremarkable lungs, pleurae and cardiac silhouette. Small anterior vertebral body osteophytes were noted. The film was read by Dr. Lawdahl.

Dr. Nowatka's note of 8/31/09 reports the patient is complaining of continued pain that is sometimes "fine and then sometimes he has the pain that can be debilitating". He was placed on a low dose of Lexapro with the thought that this might help his stress anxiety.

Review of Dr. Feldman 9/23/09 & 9/25/09 notes:

The patient saw pulmonology Dr. Feldman 9/23/09. The record indicates "? occupational asthma". The weight on that exam was 173, height 67", blood pressure

PAGE 9/18 * RCVD AT 10/16/2013 10:46:08 AM [Eastern Daylight Time] * SVR:RIGHTFAX/0 * DNIS:7875 * CSID: * DURATION (mm-ss):16-56

128/87, pulse 84, respiratory rate and temperature were not noted. The oxygen saturation remained 99% on room air. Dr. Feldman sent an interim report to Dr. Cannon stating an assessment of asthma, possibly occupational and treatment of prednisone 60 mg daily and Advair 500 b.i.d.

The patient returned back to Dr. Feldman's office on 9/25/09 with a complaint of chest pain across the chest and shortness of breath walking. The weight was 173, blood pressure 150/90, pulse rate 117. Respiratory rate and temperature not noted. The patient's symptoms indicated positive for dyspnea, wheezing, palpitations and chest pain. The physical exam indicated wheezes under lung exam with the abdomen unremarkable. The patient's lung function test showed a vital capacity of 2.95 liters or 80 percent of the predicted value at 4.9. The FEV1 was 2.71 liters or 68 percent of predicted. Obstructive moderate obstruction was noted. However, the report indicates "Caution: Only one acceptable maneuver was present and that the report should be interpreted with care." (Dr. Charles M. Fogarty comment: The patient's other maneuvers showed wide variation. The initial vital capacity of 3.95 should have had two other values within 150 ml. However, the trial 1 vital capacity was only 2.79 liters, which is 1,140 ml lower than the first value. The third vital capacity of 1.54 was 2,510 ml lower. Thus, any interpretation based on this study is limited by the possibility of spuriously low values/suboptimal/inconsistent effort. It appears that only prebronchodilator values were performed.

The exam at the Lung and Chest office performed by myself 12/22/09 is remarkable for a pleasant male appearing his stated age in no acute distress. The pupils are symmetric. The oropharynx is clear. Nasal turbinates are patent. The tongue does not obscure the oropharynx. The trachea is midline. There is no supraclavicular or axillary adenopathy. The chest expands symmetrically. Fremitus is symmetric as is percussion. No rales or rhonchi are noted. Expiratory phase is not prolonged. The heart tones are regular with no murmur or gallop. The extremities do not show any edema or clubbing. Coordination is normal range.

Mr. Gul was observed by myself directly in his performance of the lung function tests. He appeared to have difficulty taking a deep breath despite repeated coaxing. He appeared to stop short with limited use of his accessory and intercostal muscles to achieve a full inflation of the chest (which would be evidenced by increased AP diameter and elevation of the ribs on palpation.) After repeated instruction and demonstration he did give one effort where he appeared to be taking in a deep breath. Even after taking in a deep breath he appeared to have difficulty with the initial forceful expiratory effort. Given the difficulties of translation of the word blast or blow out hard, I demonstrated how to take a forceful initial exhalation or "blast". On his fourth maneuver he did appear to give a good deep breath but still had difficulty with the forceful blast. Even so, the vital capacity on this maneuver was dramatically higher than other values at 4.18 or 89 percent of predicted. The FEV1 of 3.37 was 86 percent of predicted. The patient appeared to be fatiguing and after seven efforts we proceeded to give him four inhalations of albuterol. Repeat testing after the albuterol inhalation looking for a bronchospastic or asthmatic component was again limited by inconsistent effort. The

8

patient's best effort was still significantly below his prebronchodilator effort. Early onset for the peak flow was not noted and there appeared to be some truncation as on the prebronchodilator flow volume loops, raising the possibility of premature glottic closure. In any case, there was no evidence for a response to bronchodilator.

PA and lateral views of the chest 12/22/09 shows normal appearing thoracic rib cage and thoracic spine except for mild degenerative changes of the spine on the lateral view. The cardiac contour is unremarkable. The lung fields show no abnormalities and appeared to show a normal range total thoracic lung volume. A small calcified granuloma is noted in the right lower lung field. Impression: no acute disease and normal range PA and lateral chest film.

Discussion of Above History, Physical Exam Findings and Pulmonary Function Findings

The patient's complaints over the last three years have been predominantly chest wall pain and palpitations which the patient has related to his blood pressure and problems with control of the blood pressure with the medicines such as lisinopril, Coreg and Atenolol. In the records available there is no complaint of eye, nose, or mouth irritation in relationship to inhalation of environmental air at work. The patient's complaints relate more to chest wall pain and strenuous exertion at work as noted in the Mary Black admission visits and Dr. Nowatka's office visits.

On all of the physical exams obtained while the patient was in the course of his work, there is no finding of wheezes, rales or rhonchi. Expiratory wheezes were noted by Dr. Feldman on his 9/25/09 visit, but the patient's work history indicates that he had not worked since 7/20/09 with the exception of four hours of work on 8/25/09.

Thus the time course of environmental exposure to the acetic acid does not match the time course or character of the patient's complaints. If the acetic acid exposure, (even though within TLV value limits) was somehow related to the patient's symptoms, we would have expected complaints of skin, eye, nasal, throat irritation or cough at the time of exposure.

The time course of physical findings also appears discordant with the only time that the patient was found to have expiratory wheezes more than one month after potential occupational exposure.

With reference to the diagnosis of asthma per ATS guidelines the diagnosis is based on demonstration of reduced expiratory airflow which improves after bronchodilator inhalation. The finding of decreased expiratory airflow is contingent on the patient's taking a maximal inhalation, (one cannot blow out what one does not inhale). It is also dependent on a forceful expiration so that the limitation of the airflow can be attributed to intrinsic lung dysfunction rather than to a suboptimal muscular effort. Despite repeated coaching none of the patient's efforts on the PTF reviewed, with the exception of the initial effort performed at the time of his employment in 2006, show a typical peak flow at the start of the breath consistent with an initial blast. The patient's vital capacity and FEV1 performed on 6/11/09 are essentially unchanged from the values obtained in 5/9/06. Granted these were done three years apart with different equipment and some difference is expected simply due to the elapsed time and different equipment, the FEV1 of 3.69 liters obtained 5/8/09 is essentially identical to the FEV1 of 3.58 obtained 6/11/09. The vital capacity of 4.7 obtained in 2006 is also very close to the vital capacity of 4.52 liters obtained 6/11/09. If any occupational exposure had impaired the patient's lung function evidence for this would be a fall in the patient's vital capacity and FEV1 over the three years of exposure from 2006 to 2009. In addition, the vital capacity obtained in our office of 4.18 and the FEV1 of 3.37 are still in the normal range, although as mentioned suboptimal effort was noted and the possibility of even higher values with a more vigorous effort remains.

PAGE 12/18 * RCVD AT 10/16/2013 10:46:08 AM [Eastern Daylight Time] * SVR:RIGHTFAX/0 * DNIS:7875 * CSID: * DURATION (mm-ss):16-56

The truncation on both the inspiratory and expiratory sides of the flow volume loops raises the possibility of a mechanical upper tracheal/extra thoracic obstruction. However, if there was indeed a fixed obstruction due to some anatomic abnormality the patient would be giving a more consistent effort and the loops would be super imposable. The truncation is quite variable and thus appears more likely due to effort rather than to a fixed obstruction. In any case, a fixed obstruction would be totally different etiology than asthma and would not markedly improve simply with improved effort. The patient's continued symptoms despite the trial of Advair and prednisone would be against a diagnosis of asthma. Any continued high dose of prednisone may aggravate the patient's diabetes.

In summary, it is my opinion within a reasonable degree of medical certainty that:

1. Mr. Gul does not meet the ATS/ERS criteria for a diagnosis of asthma.

2. Mr. Gul's lung function remained essentially unchanged from the 5/09/06 through 6/11/09. In addition, the patient's lung function interpretation on 12/22/09 with limited poor effort remains in the normal range. Thus, there does not appear to be any objective evidence of deterioration of lung function over the three years corresponding to employment at Kohler.

3. While a diagnosis of possible occupational asthma was made on September 25, 2009, it appears to have been based on flawed pulmonary function tests, which do not meet ATS criteria for interpretability or current federal standards for disability evaluation.

4. The patient's hypertension predated his period of employment at Kohler.

5. The patient's chest wall pain, tachycardia, palpitations, shortness of breath were related by the patient to problems with his blood pressure and blood pressure medications rather than to any occupational exposure per health care visit records contemporaneous with his employment.

6. The findings of normal cardiograms and cardiac stress test and the patient's young age, nonsmoking history are consistent with a chest wall rather than cardiac etiology for the patient's chest pain.

7. The prescription of Ativan by the Mary Black Emergency Room physician on his 2008 visit and Dr. Nowatka's prescription of Lexapro appear appropriate and consistent with an anxiety component to the patient's symptoms.

Charles M. Fogarty, MD
CMF/ns

PAGE 13/18 * RCVD AT 10/10/2013 10:46:08 AM [Eastern Daylight Time] * SVR:RIGHTFAX/0 * DNIS:7875 * CSID: * DURATION (mm-ss):16-56

Lung and Chest Medical Associates



Charles M. Fogarty, M.D.
Wilson P. Smith, Jr., M.D.
E. Bert Knight, III, M.D.
J. Douglas Clark, M.D.
Rico V.T. Mendoza, M.D.

J.P. Elin, R.N.P.
Cindy A. Edwards, R.N.P.
Nicole H. Jackson, R.N.P.

New Patient Form

Date: 12-22-09

Last Name: Gul First Name: Nikolay
Middle Initial: I Nick Name: Date of Birth [redacted] 75
Street Address: 155 Suttles Rd
City: Inman State: SC Zip: 29349

Who referred you to our office? _____
Who is your primary care doctor? Dr. G Feldman
How did you hear about our office? _____

I. **Why are you here today** (Chief Complaint)? referred

1. How long have you had this health problem? about 2 years
2. How did it start? the initial use (repeatedly for long time)
3. Has anything made it better or worse?

Worst - intensive activities, working other activities
elevated position, presence of acidics
(smoke spray) Better - less activities, less work warmth
room temperature absence of chemicals (acids)

II. **Current Medications** (list all prescribed and over the counter medications including inhalers and vitamins):

Advair 250/50
Ventolin HFA
Prednisone 2x 20
doxycycline 100 caps 2x 6 days (alternative) 1-2 week

III. **Medical History** (Please circle all that apply):

- Asthma
- Allergies
- Abnormal Chest X-Ray
- COPD
- Sinusitis
- Lung Cancer
- TB (Tuberculosis)
- Pneumonia
- Sleep Apnea
- Narcolepsy
- Chronic Bronchitis
- Cystic Fibrosis
- Cough
- Asbestosis
- Lung Injury
- Sarcoid
- Other: _____
- Heart Attack
- CHF (Heart Failure)
- High Blood Pressure
- Pulmonary Hypertension
- Pulmonary Embolus
- DVT (Blood Clot in leg)
- Atrial Fibrillation
- Mitral Valve disease
- Hole in Heart
- Heart murmur
- Aortic Valve disease
- AAA (Aortic aneurysm)
- Circulation Problems
- Stroke or TIA
- Clotting Problems
- Vascular Disease
- Cancer of:
  - Brain
  - Breast
  - Head and Neck
  - Stomach
  - Colon
  - Kidney
  - Prostate
  - Uterus (Womb)
  - Skin
  - Lymphoma/Leukemia
  - Ovary
  - Other
- Diabetes
- Thyroid Problems
- Adrenal problems
- Peptic Ulcer Disease
- Crohn's Disease
- Ulcerative Colitis
- Osteoporosis
- Pancreatitis
- Seizures
- Parkinson's Disease
- Osteoarthritis (DJD)
- Rheumatoid Arthritis
- Lupus (SLE)
- Scleroderma
- Vasculitis
- Scoliosis
- Muscular Dystrophy
- Kidney Failure
- MRSA

PAGE 14/18 * RCVD AT 10/16/2013 10:46:08 AM [Eastern Daylight Time] * SVR:RIGHTFAX/0 * DNIS:7875 * CSID: * DURATION (mm-ss):16-58

IV. Allergies to medications or foods (Please explain reaction):

_____

_____

V. Surgical History (Please circle all that apply and add month/year):

Lung Surgery _____
Cardiac Stent _____
Pacemaker _____
AICD _____
CABG _____
AAA repair _____
Vascular graft _____
Gastric By-Pass _____
Heart Valve replacement _____
Hysterectomy _____
Mastectomy _____
Breast Biopsy _____
TURP _____
Gallbladder _____
Knee Replacement _____
Hip Replacement _____
Hiatal Hernia Repair _____
Other _____
Spine surgery _____
Tonsillectomy (T&A) _____
Sinus surgery _____
UVP _____
Transplant _____
Thyroid _____
Appendectomy _____
Hernia _____

VI. Other Hospitalizations (Give reason and month/year):

_____

_____

_____

VII. Family History:

Mother Alive/Deceased Age/Age at death _____ Health Conditions/Cause of death _____
Father Alive/Deceased Age/Age at death _____ Health Conditions/Cause of death _____
Sisters Ages _____ Health Conditions _____
Brothers Ages _____ Health Conditions _____

Family Medical Conditions (Circle those that apply):

Asthma
Hay fever/Allergies
Emphysema
Lung Cancer
High Blood Pressure
Heart Disease
Stroke
Diabetes
TB (Tuberculosis)
Clotting problems
Vascular Disease
Sleep Apnea
Kidney disease
Mental Illness
Pulmonary Fibrosis (IPF)
Other Cancer _____
_____
Other _____

VIII. Social History:

1. **Smoking History:** (Never) Past: Year quit: _____ Current
   Age started _____ Maximum packs/day _____ Current packs/day _____
   How many years did you smoke? _____
   Do you want help stopping? _____
   Does anyone else in your home smoke? Yes No
2. **Marital Status** (circle): (Married) Single Divorced Separated Widowed
3. **Education Level** (circle): Grade School 8th grade High School (Some College)
   College Degree Graduate Degree
4. **Occupation** (circle): Full-time Part-time Retired Disabled Unemployed Student
   Types of work done: _____
   Exposures: Dust Fumes Solvents Silica Paint Asbestos Dyes Chemicals
   Military Service: No Yes: _____
5. **Alcohol use** (circle): (Never) Past Current Amount: _____
6. **Recreational Drug use** (circle): Never Past Current
   Type (circle): cocaine crack marijuana heroin meth narcotics
7. **Regular Exercise:** _____
8. **Hobbies:** _____
9. **Travel outside Upstate:** _____

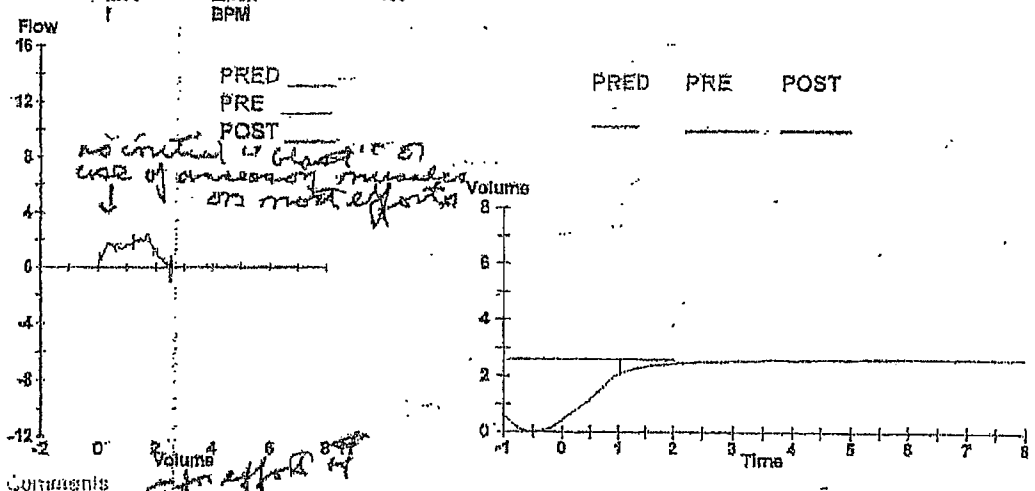
PAGE 15/18 * RCVD AT 10/16/2013 10:46:08 AM [Eastern Daylight Time] * SVR:RIGHTFAX/9 * DNIS:7875 * CSID: * DURATION (mm-ss):16-56

Lung and Chest Medical Associates
2030 North Church Place
Spartanburg, SC 29303
864-582-6858

Name: Gul, Nikolay
Gender: Male
Age: 34 Race: Caucasian
Height(in): 66 Weight(lb): 179
Any Info:

Id: 113170
Date: 12/22/09
Temp: 20 PBar: 748
Physician: Dr. Charles Fogarty
Technician: Jamie Gaffney, CRT

Spirometry	(BTPS)	PRED	PRE-RX BEST	%PRED	POST-RX BEST	%PRED	% CHG
FVC	Liters	4.60	4.18	88	2.62	56	-37
FEV1	Liters	3.92	3.37	86	2.09	53	-38
FEV1/FVC	%	84	81		80		
FEF25-75%	L/sec	3.98	3.44	87	1.71	43	-50
IsoFEF25-75	L/sec	3.98	3.44	87			
FEF75-85%	L/sec	1.29	1.00	78	0.82	64	-18
PEF	L/sec	8.57	4.45	52	2.37	28	-47
FET100%	Sec		7.31		9.01		23
FIVC	Liters	4.38	3.68	84	0.14	3	-96
FEV1	Liters	3.92	3.37	86	2.09	53	-38
FIV1	Liters		2.22				
FEF/FIF50		<1.00	1.82		2.04		12
Vol Extrap	Liters		0.34		0.50		44
FVL ECode			111100		110100		
MVV	L/min	160					
f	BPM						



Comments
Patient gave a good effort and demonstrated a good understanding of test.

Jamie Gaffney, CRT
Interpretation
~~There is a minimal obstructive lung defect. The airway obstruction is confirmed by the decrease in flow rate at peak flow and flow at 25%, 50% and 75% of the flow volume curve.~~ On the basis of this study, more detailed pulmonary function testing may be useful if clinically indicated. Poor test performance is indicated by volume extrapolation/FVC. This is interpreted as an insignificant response to bronchodilator.

CALIBRATION: Pred Volume: 3.00 Expire Avg: 2.99 Inspire Avg: 3.00 Flow Cal Date: 12/22/09
( ) = OUTSIDE 95% CONFIDENCE INTERVAL PF Reference: Knudson/IMTS Version: IVS-0101-07-2B

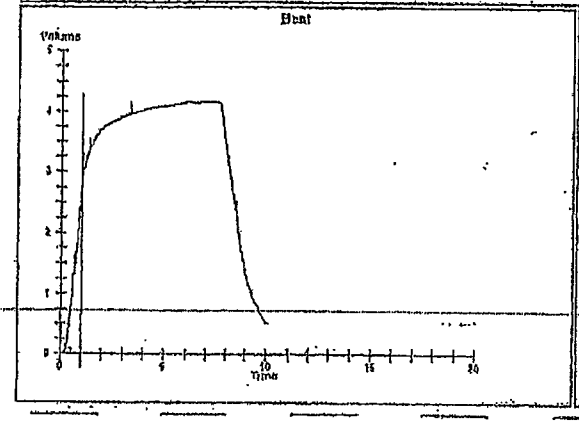
PAGE 18/18 * RCVD AT 10/16/2013 10:46:08 AM [Eastern Daylight Time] * SVR:RIGHTFAX/0 * DNIS:7875 * CSID: * DURATION (mm-ss):16-56

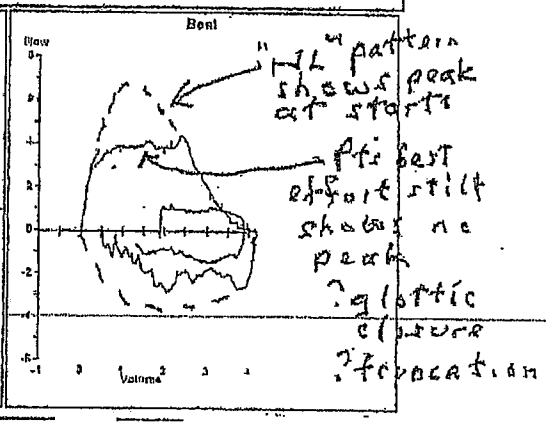
Lung and Chest Medical Associates
2030 North Church Place
Spartanburg, SC 29303
864-582-6858

Date: 12/22/09 Pre

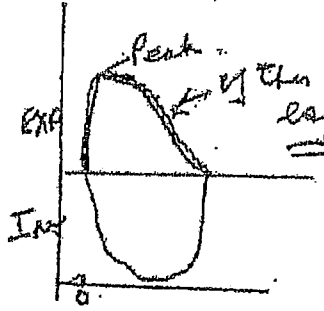
Flow Volume Loop — Gul, Nikolay - 113170

	Ref	Best	% Ref	1	2	3	4	5	6	7
FVC	4.68	4.16	89	1.21	2.38	3.04	4.16	1.82	2.36	1.98
FEV1	3.92	3.37	86	1.07	1.91	2.82	3.37	1.29	1.86	1.49
FEV1/FVC	84	81		88	80	73	81	87	79	75
PEF25-75%	3.90	3.44	87	1.10	1.55	1.67	3.44	1.10	1.78	1.37
PEF	8.67	4.45	52	1.51	2.44	4.00	4.45	1.35	5.21	1.89





While effort #4 is within TLC range,
efforts 1-7 do not meet ATS/ERS
criteria -
2 largest FVC within .15L
2 largest FEV_1 within .15L



Peak of this has sharp peak at onset + has essentially superimposable tracings
⇒ consistent maximal effort

tmr
12/22/09

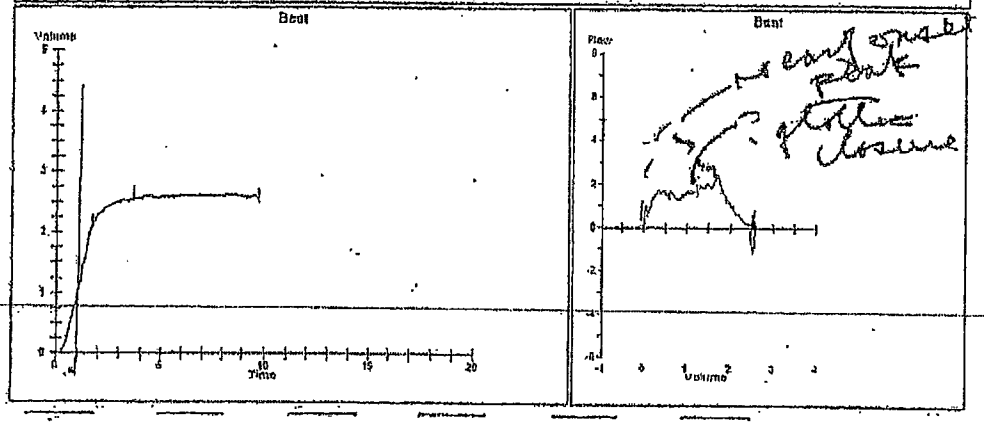
Lung and Chest Medical Associates
2030 North Church Place
Spartanburg, SC 29303
864-582-6858

Date: 12/22/09

(Post) — removed after bronchodilator

Flow Volume Loop — Gul, Nikolay - 113170

	Ref	Best	% Ref	1	2	3	4	5	%Chg
FVC	4.68	2.62	56	2.62	2.60	1.20	2.10	1.78	-37
FEV1	3.92	2.09	53	2.09	1.56	0.48	0.64	1.09	-36
FEV1/FVC	84	80		80	75	40	30	61	
FEF25-75%	3.98	1.71	43	1.71	1.27	0.33	0.73	0.65	-58
PEF	8.57	2.37	28	2.37	3.06	2.02	1.44	2.21	-47



poor quality efforts — best efforts should be consistent + within 1.5 L on FVC, FEV1

In any case, no evidence for response to bronchodilator

MY
12 1x21 09

PROGRESS NOTES

NAME Nikolay Gul PHONE NUMBER

SHEET NUMBER

DATE 8/31/09

Wt 171.	needs work note
BP 122/82	
PS 5/10	need Referral
	Trial Lexapro

08/31/09 NIKOLAY GUL DOB: [REDACTED]/76 Dr. Chris Nowatka

S: The patient comes into the office today complaining of continued pain that is sometimes fine and then sometimes he has the pain that can be debilitating. His workup is typically negative. We referred him to the cardiologist for a second opinion since he tends to have these episodes of tachycardia and lightheaded and dizziness. He is going to be seen in four days. He is having some abdominal pain that is anxiety provoking.

O: On physical examination, the patient is

A: 1.

P: 1. We will try him on a low dose of LEXAPRO, 10 mg one half p.o. daily. Once he is tolerating this he may go up to 10 mg daily. Wrote a note that it would probably two weeks until he is evaluated by the cardiologist.

Chris Nowatka, M.D./jep

PROGRESS NOTES

08/25/09 NIKOLAY GUL DOB: [redacted]75 Dr. Chris Nowatka

S: The patient comes into the office today complaining of continued pain. He did try to go back to work and he could not work for more than four hours before he started having severe pain in his right upper quadrant pain and shortness of breath. He does still have some episodes of some tachycardia. He has had some cough with mucous that happens three to four times per day and several minutes but at night it can last up to 30 minutes. He is unable to tolerate the ATENOLOL as it makes his pulse go to low and he feels poorly. He is accompanied by a friend who is translating for him.

O: On physical examination, the patient is well nourished and is in no acute distress. The pupils are equal, round and reactive to light. The neck is without lymphadenopathy. Cardiovascular has a regular rate and rhythm. The lungs are clear. Abdomen with positive bowel sounds, soft and a little bit of pain in the right upper quadrant but it seems to be there at times and not there at times when he takes a deep breath. He does not have any pain palpating in the area where the liver should be.

Chest x-ray showed a little calcification in the right lower lung where he had old x-rays from about four months ago, I guess in 04/09 from Kohler and it showed a little calcification that was actually larger or lesion I should say.

A:
1. Continued right upper quadrant pain, shortness of breath and tachycardia.
2. Abnormal liver enzymes.
3. Abnormal chest x-ray.
4. Borderline diabetes.

P:
1. He is unable to tolerate beta-blockers thus far. Consider another cardiology opinion but he had a stress test and workup by cardiologist and that was all normal without any problems.
2. I think he had abnormal ones in June but in July they were back to normal. The CT scan shows some fatty liver disease so I think that is all that is. I certainly can check a hepatitis panel although we have not done that yet.
3. I think it is benign abnormalities but we will have the old one and the new one reviewed by the radiologist for their opinion. They are asking for referral to the pulmonologist and I don't think that there is anything wrong with his lungs so we certainly could consider that but I think unlikely to find anything wrong. With the abnormal liver enzymes then could consider referral to the GI doctor but he is eating okay and his last set of liver enzymes are normal. His CT scan of the abdomen is essentially normal. He is eating and has no bowel problems. I asked if there seems to be some stress and anxiety that could be causing these problems and his friend says that that is not the case. He is actually in a least stressful job he has had at Kohler and he wants to keep that position and he is worried that he will lose it.
4. He is off of sugar so his sugars have been fine. I was hoping that once we found that out that controlling that would resolve his symptoms but it has not unfortunately. The patient is frustrated and I am frustrated that we have done this workup and he continues to have problems. We will put him out of work for another couple of weeks because it seems like most of his problems are tachycardia and heart related. He would like a second opinion so we will refer him. I still think anxiety is more of a problem and we could consider some ATIVAN trial before he goes to work to see if that resolves his symptoms.
5. Spent at least 20 to 25 minutes with this patient.

Chris Nowatka, M.D./jep

PHYSICIAN'S SECTION

Dear Physician:
The purpose of this report is to assist the employee in filing a disability claim. After completing all spaces that are applicable, please attach all pertinent medical documentation. Please sign this form and fax to (920) 803-4859.

The patient's signed consent to release this information is also enclosed with this form. If further information is needed, please contact the Disability Claims Department at 1-800-455-1675.

Patient's Name: Nitholay Gul

FAILURE TO COMPLETE THIS SECTION COULD RESULT IN A DELAY OF BENEFITS

Diagnosis and concurrent conditions (fracture or dislocation, describe status and treatment)

a) ICD-9 Code(s) 250.00 / 794.31 / 780.05 / 7948
b) Diagnosis Description Diabetes / Abnormal EKG / Medicine / RMN / ↑ Liver ENZ

Is condition due to pregnancy? If "yes" give approximate date of delivery. ☒ NO ☐ YES (Give Date) / /

When did symptoms first appear? (Give Date) 7 / 22 / 09

When did the patient first consult you for this condition? (Give Date) 7 / 22 / 09

Has the patient ever had the same or similar condition? If "yes" state when and describe.
☒ NO ☐ YES (Describe)

Nature of surgical or obstetrical procedure, if any. (Give dates, description and hospital information)

Date	Description		Hospital Name / Address	Hospital Phone
8 / 12 / 09	EGD	☐ Inpatient ☒ Outpatient	Mary Black	(864) 573-3660
/ /		☐ Inpatient ☐ Outpatient		( ) -
/ /		☐ Inpatient ☐ Outpatient		( ) -

List below the date(s) of appointment(s):

Office Visits	Hospital Visits	Next Appointment(s)
7/22, 7/29, 8/11	7/27/09 EGD: Diagnostic Hiramath 591-4188	

List all current medication(s) and dosage(s)
Metformin Daily / Prednisone 50 Mg Daily

List any other information affecting patient's ability to fill disability:

Is patient still under your care for this condition? If "no" give termination date
☒ YES ☐ NO (Give date of termination) / /

How long was or will the patient be totally disabled?
From: 7 / 22 / 09 Thru: / /

Estimate return to full duty work: Date: 8 / 18 / 09

Estimate return to transitional duty. Include known limitations and/or restrictions.
Date: / /

PHYSICIAN'S SIGNATURE

Name of Physician (Please Print)	Federal Identification Number	Date
T.C. NOWATKA		8 / 14 / 09
Signature of Attending Physician	Degree	Phone Number
T.C. Nowatka	MD	(864) 216-4820
Street Address	City, State Zip	Fax Number
130 Bella Rose	Spartanburg SC 29307	(864) 585-2488

(864) 216-4629

PROGRESS NOTES

08/11/09 NIKOLAY GUL DOB: [redacted]75 Dr. Chris Nowatka

S: The patient comes into the office today complaining of right upper quadrant and right flank and lumbar back pain that has been going on for a month. It has been debilitating at times. He complained of it last time and we did a urinalysis and it was clear but it woke him up from sleep with excruciating pain a few days ago. He has new onset diabetes. He has tachycardia.

O: On physical examination, the patient is well nourished and in no acute distress. Neck is without lymphadenopathy. Cardiovascular has a regular rate and rhythm. Lungs are clear. Abdomen is benign. He has a little tenderness in the right upper quadrant and into the right flank. I reviewed the chart which showed a urinalysis from last week which was normal.

A: 1. Right upper quadrant pain. He said one time he had a bowel movement and that made it worse but in general it is not effected with food but it has been severe at times and he is very worried.

P: 1. We will get a CT scan of the abdomen with and without contrast to evaluate it.
2. New onset diabetes. He is doing well watching his sugars. The first few days he had some elevated sugars but since he started on the METFORMIN he has been doing well except for the 500 mg was a little too strong and he had some low sugars so now he is breaking that in half and taking 250 mg a day and he is doing well.
3. For the tachycardia he felt that the ATENOLOL has worked best for him. We wrote for ATENOLOL 25 mg one p.o. daily # 30 with 11 refills. We will see him back in a couple of weeks and if the CT scan of the abdomen is negative tenderness it would be reasonable to let him go back to work. We wrote him off of work until 08/17/2009.
Chris Nowatka, M.D./lst

8.26.09. C/o SOB (R)

wt 171	
BP 120/78	Still pain Rt - mild occ
PS 4/10	Sugar good
	Breathing
	Back pain ⇒ Foot = Numb R Ant
	Cough Mucus ✗ fever
	3 wks Tx/Dyspn Leak fever ⇒ 30 min @ night
	AR - Tired Nocturi / ✗ Risk
	Stop Atenolol - Pulse 40 Feel better off Med

PROGRESS NOTES

07/29/09 NIKOLAY GUL DOB: [REDACTED]/75 Dr. Chris Nowatka

S: The patient comes into the office today for a followup of multiple problems. He has had new onset diabetes, problems with his heart and some right flank pain especially at night or when he works but not a problem now. For the new onset diabetes we spent a long time going over diet and his son was present and he translated at times but the patient understands English pretty well so we talked about diet. Since he also has a history of low blood sugars multiple small meals a day and high protein, avoid honey and avoid fruit juices. He is to read labels and read all of the material that we have and followup in a couple of weeks. Other review of systems he has the flank pain but not associated with eating any foods and he wonders if he should get an ultrasound.

O: On physical examination, the patient is well nourished and is in no acute distress. He is pleasant. Neck is without lymphadenopathy. Cardiovascular has a regular rate and rhythm. The lungs are clear. The abdomen with positive bowel sounds, soft and a little discomfort in the right upper quadrant and a little in the epigastrium but he says that those are once again not associated with any eating.

A:
1. Flank pain, unclear etiology.
2. New onset diabetes.
3. Hypertension.
4. Heart problems.

P:
1. We will continue to follow. We checked a urinalysis for the flank pain and it is clear with no blood or infection. It could be due to the diabetes but since he does have some right upper quadrant pain certainly could consider an ultrasound but if this continues to be a problem or worsens or if it gets more associated with food.
2. We will put him on METFORMIN, 500 mg one p.o. daily #30 with eleven refills. Recheck with a sugar log in a couple of weeks. Once again extensive counseling about diabetes.
3. He has been on multiple medicines and he does not like the ATENOLOL and he tolerates COREG so continue the COREG, 3.125 mg and if if this goes up to high then LISINOPRIL, 2.5 mg #30 with one refill. We may switch him to the LISINOPRIL but I am not sure what I am going to do since he is so difficulty to find a medicine that does not have any side-effects.
4. He saw Dr. Hiremath and I don't see a return on consult but per patient and son his heart is fine and he just started him on the ATENOLOL for tachycardia which we will switch back to the COREG.

Chris Nowatka, M.D./jep

8.11.09. needs note for work.

wt 177.

PS 15/10

BP 118/78

PROGRESS NOTES

06/25/09 NIKOLAY GUL DOB: [REDACTED]75 Dr. Chris Nowatka

S: The patient comes into the office today complaining of feeling bad and went to the Emergency Room yesterday and they just gave him IBUPROFEN. He had a fever up to 102 or 103. They did not do any blood work or x-ray or anything. He denies any cough. He has had some fever and maybe a little problems urinating. He was also found when he was feeling bad that his sugars were way up to 160. He does not have any family history of diabetes but he is worried that he may be developing diabetes. He is accompanied by his sons who does translate some things into English form although he does understand English fairly well.

O: On physical examination, the patient is well nourished and no acute distress. The pupils are equal, round and reactive to light. Oropharynx is erythematous. There is a lot of strep around. Neck is without lymphadenopathy and nontender. Cardiovascular has a regular rate and rhythm. The lungs are clear. Abdomen does have some suprapubic tenderness, a little bit to the right lumbar area. The extremities reveal no clubbing, cyanosis or edema. Urinalysis is clear, complete blood count and white count is slightly low. Random glucose is 102.

A: 1. Febrile Illness

P: 1. I will go out on a limb and put him on some antibiotics of AMOXICILLIN, 500 mg one p.o. t.i.d. times seven day. I think this is more likely to be viral but the elevated sugar has me concerned that he could have a more of a significant illness or he could be in deed developing sine insulin abnormalities. We will check a hemoglobin A1c. W e talked about avoiding sugar to keep from having diabetes. If this is not elevated but he continues to have symptoms then consider in-glucose tolerance test and prescribed that to his mas well. Gave her a note for tonight out of work.

Chris Nowatka, M.D./jep

7-22-09	Can't work Arrregular Pulse 48-145 wants to go to Specialist
Wt 176	nothing helping (L) chest pain ↑ BP burning
BP 116/78	sensations Not satisfied ↓ last Nuclear Study
Ps ø now	Can't take Lisinopril. Coreg 3.125 ↓ pulse
PGo	then BP ↑ 155/100
	7-27-09 11:00

07/22/09 NIKOLAY GUL DOB: [REDACTED]75 Dr. Chris Nowatka

S: The patient comes into the office today complaining of an irregular pulse that is sometimes as low as 48 and sometimes it will go as high as 145. He has left chest pain when his blood pressure goes up and he has a burning sensation in the chest when it goes up. He had a nuclear study which was normal. When he takes his COREG it makes his pulse go down and when he takes the LISINOPRIL he does well for a day or two but then he will have problems with low blood pressures. He is taking his fingerstick blood sugars at work and he has had one as high as 167 and the lowest has been 80 but he felt jittery and nervous and ate something and felt better. Review of chart shows elevated liver enzymes.

O: On physical examination, the patient is well nourished and is in no acute distress. Cardiovascular has a regular rate and rhythm. The lungs are clear. Abdomen is benign. The extremities reveal no cyanosis, clubbing or edema.

A: 1. Bradycardia tachycardia, unclear etiology.
2. Abnormal liver enzymes.
3. Elevated blood sugars.

P: 1. He is to go see the cardiologist today and he has an appointment with Dr. Hiremath.
2. We will check a hepatitis panel and a lipid panel at followup.
3. He had a normal hemoglobin A1c last month so we will check a four glucose tolerance test tomorrow. Spent gosh with the nurse, etc. at least 40 minutes with this patient.

Chris Nowatka, M.D./jep

093

001 - Radiology Report

Patient:	Gul, Nikolay I	Ordering Physician:	Nowatka, Thomas
ID:	970019157	Phone, Pager:	Phone: 864-216-4620 Pager:
DOB:	[redacted]1975		
Age/Gender:	34Y, M	Primary Location:	FM
Procedure:	CHEST PA AND LATERAL	Study Date:	8/25/2009 11:47:30 AM
Accession #:	4697926	Order #:	4697926
Reason:	COUGH, DYSPNEA	Report Status:	Finalized

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

NAME: GUL, NIKOLAY I SSN: [redacted]
AGE: 34 DOB: [redacted]1975 SEX: M ACCOUNT: 2056062
ADDRESS: 155 SUTTLES RD MRN: 970019157
INMAN SC 29349
PHONE: 8645921819 ROOM: FM

ORDER: 4697926 CHEST PA AND LATERAL-74160

ADDITIONAL ORDERS:

EXAM DATE: 08/25/2009 11:47
ORDERING PHYSICIAN: NOWATKA, THOMAS C., MD

Fax:
Thomas C Nowatka, MD

CHEST: 08/25/2009

HISTORY: Cough and dyspnea.

TECHNIQUE: Frontal and lateral views are submitted.

FINDINGS: The lungs, pleurae, cardiomediastinal silhouette, and skeletal structures appear unremarkable except for small anterior vertebral body osteophytes in the thoracic spine, scattered.

This document is electronically signed by: Richard B Lawdahl MD on 08/26/2009 at 7:33:38 AM (CST) Verification: 29118040200908260733 38

Richard B. Lawdahl, MD

D: 08/26/09 07:36 EST
T: 08/26/09 08:26 EST
QT1
QT2
SJN: MaryB29118040
DJN: 5020707
26724

001 - Radiology Report

Patient:	Gul, Nikolay I	Ordering Physician:	Nowatka, Thomas
ID:	970019157	Phone, Pager:	Phone: 864-216-4620 Pager:
DOB:	[redacted]1975		
Age/Gender:	34Y, M	Primary Location:	CA
Procedure:	CT ABDOMEN W CON	Study Date:	8/12/2009 4:17:29 PM
Accession #:	4685854	Order #:	4685854
Reason:	RUQ PAIN *READY AT 340*	Report Status:	Finalized

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

NAME: GUL, NIKOLAY I SSN: [redacted]
AGE: 34 DOB: [redacted]1975 SEX: M ACCOUNT: 2051128
ADDRESS: 155 SUTTLES RD MRN: 970019157
INMAN SC 29349
PHONE: 8645921819 ROOM: CA

ORDER: 4685854 CT ABDOMEN W CON-74160

ADDITIONAL ORDERS:

EXAM DATE: 08/12/2009 16:46
ORDERING PHYSICIAN: NOWATKA, THOMAS C., MD

Fax:
Thomas C Nowatka, MD

CT ABDOMEN:

HISTORY: Right upper quadrant pain, back pain 3 to 4 weeks.

IMPRESSION: EXAMINATION IS FELT TO BE WITHIN NORMAL LIMITS AS DESCRIBED BELOW. SMALL CALCIFIED GRANULOMA RIGHT LUNG BASE.

TECHNIQUE: 100 cc Isovue-370 iv with routine exam.

FINDINGS: There is a small calcified granuloma right lung base.

The liver, spleen, pancreas, adrenal glands, and aorta appears unremarkable. No renal obstruction or mass is seen. There is a small cleft in the right kidney probably congenital. There is no mass or acute abnormality suspected. The small wedge-density in the right kidney could conceivably represent a tiny renal artifact but it overall appearance I

suspect it is not. If clinically indicated followup might be helpful.

There is no bowel mass obstruction seen and the visualized bowel appears unremarkable. Small filling defects in the small bowel are probably free particles.

This document is electronically signed by: John G Thornburg MD on 08/13/2009 at 5:56:11 PM (CST) Verification: 288492972009081317561l

John G. Thornburg, MD

D: 08/12/09 17:10 EST
T: 08/12/09 19:01 EST
QT1
QT2
SJN: MaryB28849297
DJN: 10014122
27181

001 - Radiology Report

Patient:	Gul, Nikolay I	Ordering Physician:	Nowatka, Thomas
ID:	970019157	Phone, Pager:	Phone: 864-216-4620 Pager:
DOB:	[redacted]/1975		
Age/Gender:	33Y, M	Primary Location:	NM
Procedure:	CARDIOVASCULAR STRESS TES	Study Date:	10/20/2008 10:02:13 AM
Accession #:	4387799	Order #:	4387799
Reason:	CHEST PAIN	Report Status:	Finalized

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

NAME: GUL, NIKOLAY I SSN: REDACTED
AGE: 33 DOB: [redacted]1975 SEX: M ACCOUNT: 1961880
ADDRESS: 155 SUTTLES RD MRN: 970019157
INMAN SC 29349
PHONE: 8645921819 ROOM: NM

ORDER: 4387796 MYOCARD PERFUS MS SPECT-78465

ADDITIONAL ORDERS: 4387798 MYOCARD PERF WALL MOTION-78478, 4387797 MYOCARDIAL PERF W/EF-78480, 4387799 CARDIOVASCULAR STRESS TES-93017

EXAM DATE: 10/20/2008 12:42
ORDERING PHYSICIAN: NOWATKA, THOMAS C., MD

Fax:
Thomas C Nowatka, MD

MYOCARDIAL PERFUSION SCAN:

HISTORY: Irregular heart beat, chest pain, hypertension, family history of
heart disease.

FINDINGS: Maximal heart rate 170.

Post stress and resting images were reviewed. There is no reversible ischemia seen. Ejection fraction is normal at 70% with good left ventricular wall motion.

This document is electronically signed by: John G Thornburg MD on 10/22/2008 at 4:27:54 PM (CST) Verification: 235630762008102216 2754

John G. Thornburg, MD

D: 10/20/08 14:07 EST
T: 10/20/08 15:23 EST
QT1
QT2
SJN: MaryB23563076
DJN: 10006746
24907

001 - Radiology Report

Patient:	Gul, Nikolay, I	Ordering Physician:	Bourdon, Bruce A.
ID:	970019157	Phone, Pager:	Phone: 864-573-3885 Pager: N/A
DOB:	[redacted]1975		
Age/Gender:	33Y, M	Primary Location:	ER
Procedure:	CH-CHEST 2V	Study Date:	5/14/2008 6:39:46 PM
Accession #:	4231583	Order #:	4231583
Report Status:	Finalized		
Reason:	BLOOD PRESSURE AND CHEST PAINS		

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

NAME: GUL, NIKOLAY I SSN: [redacted]
AGE: 33 DOB: [redacted]1975 SEX: M ACCOUNT: 1908339
ADDRESS: 155 SUTTLES RD MRN: 655161926
INMAN SC 29349
PHONE: 8645921819 ROOM: ER

ORDER: 4231583 CHEST PA and LATERAL-71020

ADDITIONAL ORDERS:

EXAM DATE: 05/14/2008 18:57
ORDERING PHYSICIAN: BOURDON, BRUCE A., MD

Fax:
Bruce A Bourdon, MD

PA AND LATERAL CHEST, 05/14/2008, 06:51 PM

HISTORY: Chest pain.

IMPRESSION: NO RADIOGRAPHIC EVIDENCE OF ACUTE CARDIOPULMONARY DISEASE.

FINDINGS: No prior studies are currently available for comparison.

The heart and mediastinum are unremarkable. Multiple EKG leads project over the chest. No focal areas of consolidation, pneumothorax or pleural effusions are identified.

:This document is electronically signed by Aron M Devane MD on 05/15/2008 at 8:56:45 AM (CST) Verification: 212810212008051508564S

Aron M. Devane, MD

D: 05/15/08 08:14 EST
T: 05/15/08 09:44 EST
QT1
QT2
SJN: MaryB21281024
DJN: 5003928
25262

Yogi J. Hiremath, MD, FACC, FSCAI
Robert G. MacDonald, MD, FRCP, FACC, FSCAI
Stephen R. Cherry, MD, FACC, FSCAI

SPARTANBURG CARDIOLOGY
CAROLINA MEDICAL AFFILIATES

1330 Boiling Springs Road, Suite 2500
Spartanburg, SC 29303
(864) 591-4068 * FAX: (864) 529-3101

PATIENT: GUL, NIKOLAY
CHART#: 0

DATE: 07/27/2009

HPI:
This is a gentleman I am seeing for evaluation for chest pain. He is a pleasant gentleman who is now 34 years old of Ukrainian descent. Basically, he has been complaining of chest pain on and off for the last year's time. He works for Kohler. He complains of anterior chest discomfort when he is working. It makes them worse. There is no radiation of the pain. No diaphoresis. He also has some intermittent right upper back pain just above the flank area. This also gets worse when he works. He also says when he works his blood pressure gets high and his heart rate gets low. He works a heavy labor job.

He denies any headaches, tinnitus, fevers, chills, nausea, vomiting, black or bloody stools, dysuria, hematuria, weight loss, weight gain, diarrhea or constipation, PND, orthopnea, edema, palpitations, claudications or syncope.

MEDICAL HISTORY:
None.

CURRENT MEDICATIONS:
Carvedilol 3.125 mg p.r.n.

ALLERGIES:
NKDA.

SOCIAL HISTORY:
He does not smoke. He does not drink.

FAMILY HISTORY:
Negative for any type of early coronary artery disease.

REVIEW OF SYSTEMS:
As noted above.

PHYSICAL EXAM:
Vital signs: BP: 134/90 right, 128/84 left. Pulse: 90. WT: 175.9 lbs. HT: 5'7".

General: He is currently in no acute distress.
HEENT: Pupils are equal and round. Oropharynx is clear.
Neck: JVP is less than 5-cm of water. His hepatojugular reflex is negative. His carotids are 2+

PATIENT: GUL, NIKOLAY
CHART#: 0
DATE: 07/27/2009

with normal upstrokes and no bruits.
Chest: Clear to auscultation.
Cardiac: Normal S_1 and S_2. No S_3, S_4, or murmurs.
Abdomen: Soft. No apparent hepatosplenomegaly, masses, or tenderness.
Extremities: Show no clubbing, cyanosis or edema. He has 2+ posterior tibial pulses and 2+ radial pulses bilaterally.
Neurological: Oriented x 3.

STUDIES / TESTS:

1. His EKG is normal.
2. I put him on a treadmill test. He went 7 minutes of a Standard Bruce Protocol. He had no ischemia.
3. I had a chance to look at his labs. They all looked pretty good with the exception of some mildly elevated liver function tests.

IMPRESSION:

Mr. Nikolay Gul is a 34-year-old Ukrainian gentleman with a history of chest pains that are atypical, increased blood pressure when he works.

PLAN:

His treadmill is normal. There is no evidence of cardiac ischemia. Of note, he had a normal nuclear stress test in 10/2008 also. He really wants something for his blood pressure. He has tried some pills in the past including Lisinopril. He is on a low dose of Coreg p.r.n. I am going to institute Atenolol 50 mg a day. We will see if this helps him. He is going to follow-up with Dr. Nowatka for further evaluation of his abnormal liver function test. Of note, his son was interpreting the whole time.

YOGI J. HIREMATH, M.D., FACC, FSCAI

YJH/mp
Dict: 07/27/2009
Trans: 07/28/2009
Job #: 524492

fcc: Thomas Nowatka, M.D.

SPARTANBURG CARDIOLOGY
CAROLINA MEDICAL AFFILIATES
1330 Boiling Springs Road, Suite 2500, Spartanburg, SC 29303 * PHONE: (864) 591-4068 * FAX: (864) 592-3101

PAGE 2/2 * RCVD AT 10/18/2013 8:38:20 AM [Eastern Daylight Time] * SVR:RIGHTFAX/0 * DNIS:7875 * CSID: * DURATION (mm-ss):01-40

INITIAL ASSESSMENT FORM

Mary Black Healthcare

PRIORITY: 4

SEMI-URGENT

DATE: 05/24/2008

Patient: GUL, NIKOLAY
DOB: [redacted]1975 AGE: 33YRS Sex: M
EDP: *LANCE, TRACY L
PCP: NONE, STATED

Pt#: 1911752
MR#: 970019157
Worker's Comp:
Emp. Referred:

Presentation Time: 03:18 Triage Time: 03:20 Arrival Mode: AMB - POV

Height: " Weight: lbs. kgs. LMP: Last Tetanus: Acc By: family

Chief Complaint: HYPERTENSION--DOCUMENTED

Brief Assessment: seen here wed for same sx started about 0100

Vital Signs

T: ~~98.8~~ PO
P: 66 regular
R: 20 unlabored
BP: 133/084
O2: 98 % RA
Pain Intensity Scale: 4 / 10
Pain Location: FLACC

NIGHT SWEATS	NO	HEMOPTYSIS	NO
WEIGHT LOSS	NO	FEVER	NO
ANOREXIA	NO		

DOMESTIC ABUSE SUSPECTED	NO
PNEUMONIA VACCINE W/I 5 YRS	NO
FLU VACCINE THIS SEASON	NO
DIZZINESS	NO
DIFFICULTY SEEING	NO
HX HYPERTENSION	YES
TAKE PRESCRIBED MEDS	YES
HEADACHE	NO

Sudden Onset:

Pre-Hospital Treatment: bp med

Pediatric Assessment: N/A

Past Medical History: HTN

Allergies: *NO KNOWN ALLERGIES

Medicines: lisinopril 20 mg po daily

Nurse Signature: Cathy C Leicht LEI

Additional Notes:

Rev 05/18/04

104

(Includes herbals, OTC meds, vitamins, neutraceuticals)

ADMISSION

Source ☐Patient ☐Nursing Home ☐Previous Admission ☐H&P
☐Copied from Patient's Labeled Meds ☐ Patient's Pharmacy
☐Other. _____(name) ☐Patient Provided & Verified Medication List
Personal Meds ☐Sent to Pharmacy ☐Sent home with _____(name)

DISCHARGE

If Personal Meds Stored in Pharmacy, Obtained and Sent Home With ☐ Patient or ☐Other _____(name)

Medication Name Dosage / Frequency / Route Patient is Knowledgeable About Home Meds ☐Yes ☐No	Date/Time Last Taken U=Unknown T=Today Or Record Date	Continue In Hospital	Continue At Discharge	Next Dose Due At:	Reason for Medication *Verified and Teaching Sheets Provided*
lisinopril 20 mg daily po		☐ Yes ☐ No _____(time) First Dose @	☐ Yes ☐ No		
		☐ Yes ☐ No _____(time) First Dose @	☐ Yes ☐ No		
		☐ Yes ☐ No _____(time) First Dose @	☐ Yes ☐ No		
		☐ Yes ☐ No _____(time) First Dose @	☐ Yes ☐ No		
		☐ Yes ☐ No _____(time) First Dose @	☐ Yes ☐ No		
		☐ Yes ☐ No _____(time) First Dose @	☐ Yes ☐ No		
		☐ Yes ☐ No _____(time) First Dose @	☐ Yes ☐ No		
		☐ Yes ☐ No _____(time) First Dose @	☐ Yes ☐ No		
		☐ Yes ☐ No _____(time) First Dose @	☐ Yes ☐ No		
		☐ Yes ☐ No _____(time) First Dose @	☐ Yes ☐ No		

List New Medications to be taken

Hospital Pharmacy Order: Compare Pre-Admission Medications with Formulary Medications. Formulary medications that are identical in form and content may be dispensed for the pre-admission medications continued in the hospital, EXCEPT, do NOT dispense substitutions for the following medications: _____

Vaccination Decision (Risk Assessment completed on admission)
☐Pneumococcal vaccine ☐Indicated ☐Not Indicated ☐Administer vaccine per protocol
☐Influenza vaccine ☐Indicated ☐Not Indicated ☐Administer vaccine per protocol

ADMISSION RECONCILIATION	DISCHARGE RECONCILIATION
Date/Time ☐ READ BACK of a ○ Telephone ○ Verbal Order	Date/Time ☐ READ BACK of a ○ Telephone ○ Verbal Order
Physician Name/Nurse Signature & Title	Physician Name/Nurse Signature & Title
Date/Time/Ordering Physician Signature	Date/Time/Ordering Physician Signature
Transcribed Date/Time/Signature/Title	Transcribed Date/Time/Signature/Title
Noted Date/Time/Admission Nurse/Title/Initials	Noted Date/Time/Admission Nurse/Title/Initials

Height:	Weight: kg ☐ Stated ☐ Actual	Allergies: *NO KNOWN ALLERGIES

Medication Reconciliation
Mary Black Healthcare

NAME: GUL, NIKOLAY AGE 33
MR# 970019157 PT#: 1911752 DATE IN: 5/24/2008
EDP *LANCE, TRACY L.
PCP NONE, STATED
Referral Physician KHAN, IMTIAZ A
NO

DIAGNOSTICS

User	Src	Host Time	Qty	Description	Phys

TREATMENTS

User	Src	Phys	Order Time	Description	Start Time, Nurse	Stop Time, Nurse	Host Time
TL1	W	*LANCE, TRACY L.	05:13	PO Ativan 1 mg	05:25 JAC	05:25 JAC	
		Comment:					

CHIEF COMPLAINT/HISTORY OF PRESENT ILLNESS: TL1 05/24/2008 04:25
GUL, NIKOLAY is a 33 year old M that presented to the Emergency Department at 03:18 by AMB - POV. The patient was triaged at 03:20 with the following vital signs: T: 98.8 PO, P: 66 regular, R: 20 unlabored, BP: 133/084, SPO2: 98 Amt:RA, Pain: 4 FLACC. The patient's primary care physician is NONE, STATED.

Chief Complaint -- HYPERTENSION--DOCUMENTED

Exam Time: 04:25.
History obtained from: patient, family, translator.
PATIENT WANTS SOMETHING DIFFERENT FOR HIS INCREASED BP. HE HAS A MEDICINE FROM RUSSIA AND WANTS MORE OF IT B/C IT MAKES HIM FEEL BETTER.
Symptoms began yesterday. Symptoms came on gradually and became progressively worse.
Symptoms are present but decreased.
Patient states symptoms are of mild severity.
Patient complains of headache, burning pain in left chest. Admits to associated chest pain. Relates location of pain as most prominent at left chest. Describes pain as burning. Rates pain as mild.
Symptoms exacerbated by nothing.
Associated signs and symptoms: positive chest pain, positive dyspnea, positive headache.

REVIEW OF SYSTEMS: TL1 05/24/2008 04:30
Cardiovascular: positive chest pain.
Respiratory: positive shortness of breath.
Neurological: positive headache.
Gastrointestinal: positive nausea.
All (other) systems have been reviewed and are negative.

PAST MEDICAL AND SURGICAL HISTORY: TL1 05/24/2008 04:31
Past Medical History: positive HTN.
Past Medical and Surgical histories reviewed.

FAMILY AND SOCIAL HISTORIES, ALLERGIES AND MEDS: TL1 05/24/2008 04:32
Allergies: *NO KNOWN ALLERGIES
Medications: lisinopril 20 mg po daily
Family History: positive HTN.
Social History: Patient denies tobacco use. Living Situation: married. Patient's occupation is: unemployed.

PHYSICAL EXAMINATION: TL1 05/24/2008 04:32
General: WD, well nourished and in NAD.
HEENT: Head/Face: Normocephalic / atraumatic. **Eyes:** Pupils equal, round and reactive to light. Extraocular motion intact. **Ears:** External ears, canals and TM's normal bilaterally. **Nose:** Normal external appearance. Septum midline and intact. **Pharynx:** Posterior pharynx is unremarkable.
Neck: Appears normal with no JVD present. Neck is supple with no bony tenderness or palpable adenopathy.
Respiratory: No respiratory distress. Lungs clear with equal breath sounds bilaterally.
Cardiovascular: PMI normal. RRR. S1, S2 normal with no murmurs, clicks, gallops or rubs. All distal pulses 2+ and symmetric.
Abdomen: Bowel sounds are normoactive. Abdomen is soft, flat, non-tender, without organomegaly or palpable mass.
Back: Negative CVAT. Spine is non-tender.
Musculoskeletal/Extremity: Normal joint range of motion; no swelling or deformities. Negative cyanosis, clubbing or edema.
Skin: Skin is warm and dry with normal turgor, without lesions or rashes.
Neurologic: Alert and oriented to person, place and time. Cranial nerves 2-12 grossly intact. No motor or sensory deficits.
Lymphatic: No palpable lymphadenopathy.
Genitourinary: Deferred.

CONSULTATION & CRITICAL THINKING: TL1 05/24/2008 04:37
The following diagnoses were considered based on the patient's clinical presentation: Essential Hypertension.

CLINICAL IMPRESSION: TL1 05/24/2008 05:09
1. Essential Hypertension

DISPOSITION: TL1 05/24/2008 05:10
Disposition: Patient discharged to home.
Condition: Stable.
Disposition date/time: 05/24/2008 05:10.
Discussed care with patient and family. Explained findings, diagnosis, and need for follow-up care.

INSTRUCTIONS: TL1 05/24/2008 05:10
Patient has received printed discharge instructions. Discharge plans discussed with patient who verbalizes understanding and willingness to comply.
Patient agrees to follow up with KHAN, IMTIAZ A
NONE, STATED. Instructed to obtain follow up care in two days.
Patient agrees to return to Emergency Department immediately if symptoms worsen or fail to improve.
INCREASE TOPROL TO 1 PILL TWICE A DAY. TAKE BP 4 TIMES A DAY.

PHYSICIAN ORDERS
(1) PO Ativan 1 mg [TL1] 5/24/2008 5:13

TRACY L. LANCE MD All text in this document clearly marked by TL1 has been authored and legally signed by use of electronic device. 05/24/2008 05:13

Adult Assessment 05/24/2008 03:39 JAC
Room Assignment: Patient assigned to room 4. Time to room 03:39.
Psychosocial: Patient demonstrates normal behavior appropriate for age and situation. The patient has adequate support systems available, is able to ambulate independently, and can perform all activities of daily living without assistance. Patient's nutritional status appears normal. There are no known religious or cultural beliefs that could impact the care received. The patient demonstrates the ability and willingness to learn.
Safety: Bedrails are in the upright position. Call light is within reach and patient or family was instructed on use. Bed height is at the lowest position.
Pain: Pain is located in the left chest wall. Onset of pain was within the past 3 hours. Patient describes the pain as intermittent, aching, burning. Pain is exacerbated by movement.
Neurological: Alert, oriented to person, place and time. Glascow Coma Score 15. Moves all four extremities equally with equal strength. Patient denies numbness or tingling. Pupils are brisk, equal, and reactive to light bilaterally. Patient is able to speak clearly.
Cardiovascular: Skin warm, dry, pink, capillary refill less than 2 seconds. No edema noted. Peripheral pulses equal and strong bilaterally. Heart rate within normal limits.
Respiratory: Airway clear and respiratory effort unlabored. Patient denies cough. Breath sounds are clear bilaterally to auscultation.

Treatments 05/24/2008 05:26 JAC
PO Ativan 1 mg done at 05:25 by JAC. [TL1]:

Disposition 05/24/2008 05:26 JAC
Discharge: Patient left the department at 05/24/2008 05:26. Patient's disposition is: DC - HOME. Discharge instructions were given to the patient. Extending teaching was moderate. The patient verbalizes understanding of the discharge instructions. Return demonstration given by patient. The condition at discharge is improved. Vital signs taken at 05:22 were: T: 98 PO, P: 80 and is regular, R: 20 and unlabored, BP: 130/70, O2 Sat: 99 on RA, pain level is 2 on a 1-10 scale in the VAS.

MICHELLE JACKSON RN All text in this document clearly marked by JAC has been authored and legally signed by use of electronic device. 05/24/2008 05:27

Illness/Injury & Medicine Topics
HIGH BLOOD PRESSURE (HYPERTENSION) (English)

Special Instructions

INCREASE TOPROL TO 1 PILL TWICE A DAY. TAKE BP 4 TIMES A DAY.

Referred to:

KHAN, IMTIAZ A
Phone:(864)560-3650
3941 Hwy #9, Boiling Springs, SC 29316

NONE, STATED

Follow up in 2 days

Your Physician today was: *LANCE, TRACY L.

Acknowledgement

I have received and I understand the instructions as described above.

Patient or Guardian _____ Staff _____

Date _____ Time _____

(Includes herbals, OTC meds, vitamins, neutraceuticals)

ADMISSION | **DISCHARGE**

Source ☐Patient ☐Nursing Home ☐Previous Admission ☐H&P ☐Copied from Patient's Labeled Meds ☐ Patient's Pharmacy _____ ☐Other. _____ (name) ☐Patient Provided & Verified Medication List

Personal Meds. ☐Sent to Pharmacy ☐Sent home with _____ (name)

If Personal Meds Stored in Pharmacy, Obtained and Sent Home With ☐Patient or ☐Other. _____ (name)

Medication Name Dosage / Frequency / Route	Date/Time Last Taken U=Unknown T=Today Or Record Date	Continue In Hospital	Continue At Discharge	Next Dose Due At:	Reason for Medication *Verified and Teaching Sheets Provided*
Patient is Knowledgeable About Home Meds ☐Yes ☐No					
Ilsinopril 20 mg daily po		☐ Yes ☐ No (time) First Dose @	☐ Yes ☐ No		
		☐ Yes ☐ No (time) First Dose @	☐ Yes ☐ No		
		☐ Yes ☐ No (time) First Dose @	☐ Yes ☐ No		
		☐ Yes ☐ No (time) First Dose @	☐ Yes ☐ No		
		☐ Yes ☐ No (time) First Dose @	☐ Yes ☐ No		
		☐ Yes ☐ No (time) First Dose @	☐ Yes ☐ No		
		☐ Yes ☐ No (time) First Dose @	☐ Yes ☐ No		
		☐ Yes ☐ No (time) First Dose @	☐ Yes ☐ No		
		☐ Yes ☐ No (time) First Dose @	☐ Yes ☐ No		

List New Medications to be taken

Toprol-XL	30 (thirty)	25 mg	once daily	by mouth

Hospital Pharmacy Order: Compare Pre-Admission Medications with Formulary Medications. Formulary medications that are identical in form and content may be dispensed for the pre-admission medications continued in the hospital, EXCEPT, do NOT dispense substitutions for the following medications: _____

Vaccination Decision (Risk Assessment completed on admission)

☐Pneumococcal vaccine ☐Indicated ☐Not Indicated ☐Administer vaccine per protocol

☐Influenza vaccine ☐Indicated ☐Not Indicated ☐Administer vaccine per protocol

ADMISSION RECONCILIATION	DISCHARGE RECONCILIATION
Date/Time ☐ READ BACK of a. ○ Telephone ○ Verbal Order	Date/Time ☐ READ BACK of a. ○ Telephone ○ Verbal Order
Physician Name/Nurse Signature & Title	Physician Name/Nurse Signature & Title
Date/Time/Ordering Physician Signature	Date/Time/Ordering Physician Signature
Transcribed Date/Time/Signature/Title	Transcribed: Date/Time/Signature/Title
Noted. Date/Time/Admission Nurse/Title/Initials:	Noted Date/Time/Admission Nurse/Title/Initials

Height: **Weight:** kg ☐ Stated ☐ Actual **Allergies:** *NO KNOWN ALLERGIES

Medication Reconciliation
Mary Black Healthcare

NAME. GUL, NIKOLAY AGE 33
MR# REDACTED PT#. 1906339 DATE IN: 5/14/2008
EDP *BOURDON, BRUCE A
PCP KHAN, IMTIAZ A
Referral Physician KHAN, IMTIAZ A

Pro MED Forms *Setting the standard in ED Automation* Page 1 of 1

ROA 590

112

716

DIAGNOSTICS

User	Src	Host Time	Qty	Description	Phys
BBO	W		1	Chest 2 View	*BOURDON, BRUCE A
		Comment:	05/14/2008 17:55 in ob		
			room and pop:		
			transportation		
			lw/o2		
			pregnancy:		
			reason for exam:		
BBO	W		1	CBC	*BOURDON, BRUCE A
		Comment:	05/14/2008 17:55 in ob		
BBO	W		1	CPK MB	*BOURDON, BRUCE A.
		Comment:	05/14/2008 17:55 in ob		
BBO	W		1	CPK Total	*BOURDON, BRUCE A
		Comment:	05/14/2008 17:55 in ob		
BBO	W		1	Troponin	*BOURDON, BRUCE A
		Comment	05/14/2008 17:55 in ob		
BBO	W		1	BMP	*BOURDON, BRUCE A
		Comment	05/14/2008 17:55 in ob		

TREATMENTS

User	Src	Phys	Order Time	Description	Start Time, Nurse	Stop Time, Nurse	Host Time
TRA	V	*BOURDON, BRUCE A.	17:24	EKG	17 24 TRA	16:48 TRA	
		Comment	05/14/2008 17:56 in ob				
TRA	V	*BOURDON, BRUCE A	17.23	****IV Insertion	17 24 TRA	17 00 TRA	
		Comment.	20 g INT placed LAC x 1 stick, 1 NS flush used				
			Location				
			IV Catheter size				
			Number of attempts:				
			Number of saline flushes:				
TRA	V	*BOURDON, BRUCE A	16:45	Oxygen 4 LNC	17:24 TRA	16.48 TRA	
		Comment					

Illness/Injury & Medicine Topics
CHEST PAIN - ATYPICAL (English)
HIGH BLOOD PRESSURE (HYPERTENSION) (English)
TOPROL XL (metoprolol succinate) (English)

Referred to:

KHAN, IMTIAZ A
Phone.(864)560-3650
3941 Hwy #9, Boiling Springs, SC 29316

Follow up in 2 days

Your Physician today was: *BOURDON, BRUCE A.

Acknowledgement

I have received and I understand the instructions as described above.

Patient or Guardian _____ Staff _____

Date 5-14-08 Time 1952

VITAL SIGNS

Patient Name:
Patient ID: 999999999
Bed Number: ED|BED-2

Date Printed: 14 May 2008
Time Printed: 20:00
Page: 1 of 1

		14-May 14 00	14-May 14 30	14-May 15 00	14-May 15 30	14-May 16 00	14-May 16 30	14-May 17:00	14-May 17:30	14-May 18 00	14-May 18:30	14-May 19.00	14-May 19 30
HR	bpm	130	132	134	134			66	68	72	70	72	72
PVC	#/min	0	0	0	0			0	0	0	0	0	0
ST-I	mm	-0 2	-0 2	-0 3	-0 1			0.0	0.0	0 2	0 0	0 1	0 0
ST-II	mm	0 0	0 0	0 0	0.1			-0 1	-0 1	0 1	-0.2	-0.1	-0.1
ST-III	mm	0 3	0 3	0 3	0 3			-0 1	-0.1	-0 1	-0 2	-0.2	-0 2
ST-V1	mm	0.0	0 0	0.0	0.0			0 4	0 5	0 3	0.4	0 3	0.3
ST-V2	mm	0 1	0 0	0.1	0 1			0 9	0 9	0.9	1 2	0 8	1 0
ST-V3	mm	0 1	0.1	0.1	0.2			0 3	0 3	0 3	0.2	0 1	0 2
ST-V4	mm	0 0	0 1	0 0	0 1			0.0	0 0	0 1	0 0	0 0	0 1
ST-V5	mm	0 0	0 0	0 0	0 1			0 0	0 0	0 0	0 0	0 0	-0 1
ST-V6	mm	0.0	0.0	0 0	0.0			-0.2	-0 1	-0.1	-0 2	-0 2	-0.2
ST-AVR	mm	0 1	0 1	0 1	0 0			0 0	0 0	-0 2	0 1	0.0	0.0
ST-AVL	mm	-0 2	-0 3	-0 3	-0 2			0.0	0.0	0 2	0 1	0 1	0 1
ST-AVF	mm	0 1	0 1	0 1	0 2			-0 1	-0 1	-0 1	-0.2	-0 2	-0 2
NBP-S	mmHg	145	153	143	147			154	154	143	136		134
NBP-D	mmHg	70	72	73	71			86	90	80	86		83
NBP-M	mmHg	92	94	94	97			107	113	107	101		101
NBP-R	bpm	131	133	136	136			59	63	65	69		71
SPO2	%	97	93	93	89			100	100	100	100	96	96
SPO2-R	bpm	152	134	134	218			68	68	72	72	72	72
RR	breaths/mm	31	31	32	31			28	22	27	26	26	27

5/14/08 REDACTED-M 004M
GUL, NIKOLAY I
DOB: REDACTED 08

1908339 E

INITIAL ASSESSMENT FORM

Mary Black Healthcare

PRIORITY: 3
URGENT

DATE: 05/14/2008

Patient: GUL, NIKOLAY
DOB: [redacted] 1975 AGE: 33YRS Sex: M
EDP: *BOURDON, BRUCE A.
PCP: KHAN, IMTIAZ A.

Pt#: 1908339
MR#: [redacted]

Worker's Comp:
Emp. Referred:

Presentation Time: 16:15 Triage Time: 16:27 Arrival Mode: AMB - POV

Height: Weight: lbs. kgs. LMP: Last Tetanus: Acc By:

Chief Complaint: CHEST PAIN-ATRAUMATIC > 35 YRS

Brief Assessment: pt went to dr. yesterday, b/c high bp , and chest pain. chest pain for about 1 month, off and on. c/o dizzy. pt felt worse after taking lisinopril, started yesterday. saw dr yesterday.

Vital Signs

T:	97.2 PO
P:	66 regular
R:	16 unlabored
BP:	159/096
O2:	100 % RA
Pain Intensity Scale:	10 / 10
Pain Location:	VAS

NIGHT SWEATS	NO	HEMOPTYSIS	NO
WEIGHT LOSS	NO	FEVER	NO
ANOREXIA	NO		

DOMESTIC ABUSE SUSPECTED	NO	HX OF MYOCARDIAL INFARC	NO
PNEUMONIA VACCINE W/I 5 YRS	NO	USE TOBACCO PRODUCTS	NO
FLU VACCINE THIS SEASON	NO	COCAINE USE WITHIN 24 HRS	NO
SUBSTERNAL AND CRUSHING	NO	RADIATE TO BACK OR SHOULD	NO
RADIATE JAW, NECK, ARM	YES lt arm	ASA WITHIN 24 HOURS	NO
SYNCOPE OR NEAR SYNCOPE	YES		
DYSPNEA	YES		
DYSPNEA ON EXERTION	NO		
ORTHOPNEA	NO		
NAUSEA OR VOMITING	YES when b/p gets high		
HX OF HYPERTENSION	YES		
HX OF DIABETES	NO		

Sudden Onset:

Pre-Hospital Treatment:

Pediatric Assessment: N/A

Past Medical History: HTN

Allergies: *NO KNOWN ALLERGIES

Medicines: lisinopril 20 mg po daily

- 1645

Nurse Signature: Cindy Langston RN LAN

Additional Notes:

Rev 05/18/04

DIAGNOSTICS

User	Src	Host Time	Qty	Description	Phys
BB0	W		1	Chest 2 View	*BOURDON, BRUCE A.
Comment:			05/14/2008 17:55 in cb		
			room and pep:		
			transportation:		
			iv/o2:		
			pregnancy:		
			reason for exam:		
BB0	W		1	CBC	*BOURDON, BRUCE A.
Comment:			05/14/2008 17:55 in cb		
BB0	W		1	CPK MB	*BOURDON, BRUCE A.
Comment:			05/14/2008 17:55 in cb		
BB0	W		1	CPK Total	*BOURDON, BRUCE A.
Comment:			05/14/2008 17:55 in cb		
BB0	W		1	Troponin	*BOURDON, BRUCE A.
Comment:			05/14/2008 17:55 in cb		
BB0	W		1	BMP	*BOURDON, BRUCE A.
Comment:			05/14/2008 17:55 in cb		

TREATMENTS

User	Src	Phys	Order Time	Description	Start Time, Nurse	Stop Time, Nurse	Host Time
TRA	V	*BOURDON, BRUCE A.	17:24	EKG	17:24 TRA	16:48 TRA	
Comment:			05/14/2008 17:56 in cb				
TRA	V	*BOURDON, BRUCE A.	17:23	****IV Insertion	17:24 TRA	17:00 TRA	
Comment:			20 g INT placed LAC x 1 stick, 1 NS flush used.				
			Location:				
			IV Catheter size:				
			Number of attempts:				
			Number of saline flushes:				
TRA	V	*BOURDON, BRUCE A.	16:45	Oxygen 4 LNC	17:24 TRA	16:48 TRA	
Comment:							

MARY BLACK MEMORIAL HOSPITAL
DEPARTMENT OF PATHOLOGY
DRS. WREN, LAPHAM, MIMS, CALDWELL, CAMPBELL, & BARUCH

NAME: GUI, NIKOLAY I
MR# :1[REDACTED]
ACCT#:1908339

AGE: 33Y SEX: M LOC: ER

DR: ER PHY

COLL: 05/14/2008 17:59

BASIC METABOLIC PANEL				STAT
SODIUM	142	[137-145]	MMOL/L	STAT
POTASSIUM	4.3	[3.6-5.0]	MMOL/L	STAT
CHLORIDE	103	[98-107]	MMOL/L	STAT
CO2	26	[22-30]	MMOL/L	STAT
GLUCOSE, RANDOM	H 127	[70-110]	mg/dL	STAT
BUN	14	[5-20]	mg/dl	STAT
CREATININE	1.0	[0.8-1.5]	mg/dl	STAT
CALCIUM	10.1	[8.4-10.2]	mg/dl	STAT
MI PROFILE				STAT
CPK TOTAL	76	[60-224]	U/L	STAT
CKMB	1.2	[0-5.0]	ng/ml	STAT
CK INDEX	1.6			STAT
TROPONIN-I	0.001	[0.000-0.789]	ng/mL	STAT
BLOOD CELL PROFILE				STAT
WBC	H 11.07	[4.5-11.0]	K/uL	STAT
QA FLAGS MODIFIED BY DEMOGRAPHIC UPDATE ON 05/14 AT 1852				
RBC	H 5.76	[4.30-5.70]	M/uL	STAT
HGB	H 17.6	[13.5-17.5]	g/dL	STAT
HCT	49.9	[40-52]	%	STAT
QA FLAGS MODIFIED BY DEMOGRAPHIC UPDATE ON 05/14 AT 1852				
MCV	86.6	[82-98]	fL	STAT
MCH	30.6	[28-33]	pg	STAT
MCHC	35.3	[32.5-36.0]	g/dL	STAT
PLT	336	[125-400]	K/uL	STAT
RDW-CV	12.0	[11.5-14.5]	%	STAT
MPV	10.8	[8.8-12.0]	fL	STAT

END OF REPORT

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

NAME: GUL, NIKOLAY I.
AGE: 33 DOB: REDACTED/75 SEX: M
ADDRESS: 155 SUTTLES RD
INMAN, SC 29349
PHONE: 8645921819

SSN: REDACTED
ACCOUNT: 1908339
MRN: REDACTED
ROOM: ER-

ORDER: 4231583 CHEST PA and LATERAL

ADDITIONAL ORDERS:

EXAM DATE: 05/14/08
ORDERING PHYSICIAN: BOURDON, BRUCE A., MD,

Fax: Bruce A Bourdon, MD

PA AND LATERAL CHEST, 05/14/2008, 06:51 PM

HISTORY: Chest pain

IMPRESSION: NO RADIOGRAPHIC EVIDENCE OF ACUTE CARDIOPULMONARY DISEASE.

FINDINGS: No prior studies are currently available for comparison.

The heart and mediastinum are unremarkable. Multiple EKG leads project over the chest. No focal areas of consolidation, pneumothorax or pleural effusions are identified.

This document is electronically signed by Aron M Devane MD on 05/15/2008 at 8:56:45 AM (CST) Verification: 212810242008051508564 5

Aron M. Devane, MD

D: 05/15/08 08:14 EST
T: 05/15/08 09:44 EST
QT1:
QT2:
SJN: MaryB21281024
DJN: 5003928

DIAGNOSTIC SERVICES

CHIEF COMPLAINT/HISTORY OF PRESENT ILLNESS: BB0 05/14/2008 17:32
GUL, NIKOLAY is a 33 year old M that presented to the Emergency Department at 16:15 by AMB - POV. The patient was triaged at 16:27 with the following vital signs: T: 97.2 PO, P: 66 regular, R: 16 unlabored, BP: 159/096, SPO2: 100 Amt:RA, Pain: 10 VAS. The patient's primary care physician is KHAN, IMTIAZ A.

Chief Complaint – CHEST PAIN--ATRAUMATIC > 35 YRS

Exam Time: 17:27.
History obtained from: patient, translator.
Onset of symptoms was 1 month(s) ago. Symptoms came on gradually and became progressively worse. Patient cannot recall any specific activity which seemed to precipitate pain.
Symptoms are present now. Symptoms are present but decreased.
Symptoms located in the entire precordium, without radiation.
Patient describes quality of symptoms as --unable to describe.
Patient states symptoms are of mild severity.
Patient has the following Cardiac Risk Factors: none.
Symptoms exacerbated by nothing.
Symptoms relieved by nothing.
Associated signs and symptoms: negative abdominal pain, negative cough, negative diaphoresis, negative dyspnea, negative fever, negative hemoptysis, negative syncope, negative vomiting, positive nausea.
Patient notes elevated BP when he feels the pain and feels poorly/dizzy. Has OTC inderal from Russia that he takes prn for same.

REVIEW OF SYSTEMS: BB0 05/14/2008 17:35
Gastrointestinal: negative abdominal Pain, negative vomiting, positive nausea.
Respiratory: negative cough, negative shortness of breath, negative hemoptysis.
Constitutional: negative diaphoresis, negative fever.
Cardiovascular: negative syncope.

PAST MEDICAL AND SURGICAL HISTORY: BB0 05/14/2008 17:36
Past Medical History: positive HTN.
Past Medical and Surgical histories reviewed.

FAMILY AND SOCIAL HISTORIES, ALLERGIES AND MEDS: BB0 05/14/2008 17:36
Allergies: *NO KNOWN ALLERGIES
Medications: lisinopril 20 mg po daily
Social History: Patient denies tobacco use. Denies alcohol use. Denies illicit drug use.

PHYSICAL EXAMINATION: BB0 05/14/2008 17:36
General: Nursing documentation reviewed. Vital signs noted. Patient appears well nourished. Patient in no acute distress.
HEENT: Head/Face: Normocephalic / atraumatic. **Eyes:** Pupils equal, round and reactive to light. Extraocular motion intact. **Ears:** External ears, canals and TM's normal bilaterally. **Nose:** Normal external appearance. Septum midline and intact. **Pharynx:** Posterior pharynx is unremarkable.
Neck: Appears normal with no JVD present. Neck is supple with no boney tenderness or palpable adenopathy.
Respiratory: No respiratory distress. Lungs clear with equal breath sounds bilaterally.
Cardiovascular: PMI normal. RRR. S1, S2 normal with no murmurs, clicks, gallops or rubs. All distal pulses 2+ and symmetric.
Abdomen: Bowel sounds are normoactive. Abdomen is soft, flat, non-tender, without organomegaly or palpable mass.
Back: Negative CVAT. Spine is non-tender.
Musculoskeletal/Extremity: Normal joint range of motion; no swelling or deformities. Negative cyanosis, clubbing or edema.
Skin: Skin is warm and dry with normal turgor, without lesions or rashes.
Neurologic: Alert and oriented to person, place and time. Cranial nerves 2-12 grossly intact. No motor or sensory deficits.
Lymphatic: No palpable lymphadenopathy.
Genitourinary: Deferred.

DIAGNOSTIC TEST RESULTS: BB0 05/14/2008 19:29
LABORATORY:

Abnormal laboratory results:	
WBC	11.07
Hgb	17.6
Glucose	117

EKG: EKG interpretation by Emergency Department Physician. Time EKG Performed: 16:48. Normal rate and rhythm. Axis normal. Intervals and durations within normal limits. No evidence of acute ischemia or injury.
Radiology:
X-Ray: Chest X-Ray PA & Lateral View – No acute disease.

CLINICAL IMPRESSION: BB0 05/14/2008 19:32
1. Acute Chest Pain
2. Essential Hypertension

DISPOSITION: BB0 05/14/2008 19:32
Disposition: Patient discharged to home.
Condition: Stable, satisfactory, Improved.
Disposition date/time: 05/14/2008 19:32.
Discussed care with patient and family. Explained findings, diagnosis, and need for follow-up care.

INSTRUCTIONS: BB0 05/14/2008 19:32
Patient has received printed discharge instructions. Discharge plans discussed with patient who verbalizes understanding and willingness to comply. Prescription(s) written for: Toprol-XL 25 mg: by mouth once daily; quantity: 30 (thirty).
Patient agrees to follow up with KHAN, IMTIAZ A. Instructed to obtain follow up care in two days.
Patient agrees to return to Emergency Department immediately if symptoms worsen or fail to improve.

PHYSICIAN ORDERS
(1) Oxygen 4 LNC [BB0] 5/14/2008 16:45 [Verbal TRA]
(1) ****IV Insertion [BB0] 5/14/2008 17:23 [Verbal TRA]
(1) EKG [BB0] 5/14/2008 17:24 [Verbal TRA]

BRUCE A. BOURDON MD All text in this document clearly marked by BB0 has been authored and legally signed by use of electronic device. 05/14/2008 19:41

Adult Assessment 05/14/2008 17:12 TRA
Room Assignment: Patient assigned to room 2. Time to room 16:44.
Psychosocial: Patient demonstrates normal behavior appropriate for age and situation. The patient has adequate support systems available, is able to ambulate independently, and can perform all activities of daily living without assistance. Patient's nutritional status appears normal. There are no known religious or cultural beliefs that could impact the care received. The patient demonstrates the ability and willingness to learn.
Safety: Bedrails are in the upright position. Call light is within reach and patient or family was instructed on use. Bed height is at the lowest position.
Pain: Patient rates pain as 0 on a one-to-ten scale with ten as the worst pain ever. Pain is located in the states pain left lower chest near mid axillary line, 1 mth, intermittant. pain began yesterday after taking bp med lasted few hrs and had "night sweats and chills", today took bp pill again and pain resumed and bp wsa 155/102 and pain intermittant all day today.. Patient describes the pain as throbbing. Pain is exacerbated by "pain happens when bp is real high". Pain is relieved by "only thing that makes it better is when he takes a med from his country"--med name unknown--bottle is written in russian.
Neurological: The patient is alert and oriented times 3 (person, place & time). Speech patterns are normal.
Cardiovascular: Heart rate is 75. Monitor shows normal sinus rhythm. Cardiac monitor is attached to patient. Electronic non-invasive blood pressure monitor attached to patient. The skin appears normal, warm, and dry. Pedal edema is not present. Capillary refill is less than 2 seconds.
Respiratory: Airway is patent. Respiratory effort is unlabored. Lung sounds by auscultation reveal clear breath sounds. The patient denies cough.

Reassessment: 05/14/2008 21:39 TRA
Adult Reassessment -
Time: The patient was reassessed at 18:30.
Pain: Patient rates pain as 0 on a one to ten scale with ten as the worst pain ever.
Cardiovascular: v/s stable. family and Russian Interpretor at bedside. States no pain

Treatments 05/14/2008 21:39 TRA
******IV Insertion done at 17:00 by TRA. [BB0]:**

Oxygen 4 LNC done at 16:48 by TRA. [BB0]:

EKG done at 16:48 by TRA. [BB0]:

Disposition 05/14/2008 21:40 TRA
Discharge: Patient left the department at 05/14/2008 19:50. Patient's disposition is: DC - HOME. Discharge instructions were given to the patient and interpretor present. The patient verbalizes understanding of the discharge instructions. The condition at discharge is stable. Vital signs taken at 19:45 were: T: 99 PO, P: 72 and is regular, R: 22 and unlabored, BP: 131/71, O2 Sat: 96 on RA, pain level is 0 on a 1-10 scale in the VAS.

CATHY TRAMMELL RN All text in this document clearly marked by TRA has been authored and legally signed by use of electronic device, 05/14/2008 21:41

Carolina Cardiology Consultants
877 West Faris Rd Greenville, SC 29605
(864) 455-6900 Fax: (864) 255-5619

October 17, 2013
Page 1
Chart Document

Mr Nikolay I Gul
Male DOB: [REDACTED]1975

Home: (864)592-1819 Work: (864)590-8347
93928-2168001 Ins: United H (23) Grp: 711809

09/25/2009 - Office Visit: CCC
Provider: A.H. Chandler MD
Location of Care: Carolina Cardiology Consultants

History of Present Illness

Referral Source: Dr. Chris Nowatka
Reason for Visit: cardiovascular disease management
Chief Complaint: chest pain
Medication Review: visual
Refill policy reviewed
Refills declined
History from: patient, friend
History of Present Illness: Not taking any meds regularly -only Coreg PRN

Mr. Gul is a 34 year old Ukranian gentleman with past medical history significant for hypertension, diabetes who presents for evaluation of chest pain. Since his last visit, he reports he continues to have chest pain. It happens several times per week. He had a nuclear perfusion scan recently which returned to show reversible ischemia at the apex.

Current Medications:

METFORMIN HCL 500 MG TABS (METFORMIN HCL) 1/2 tab per mouth daily
COREG 3.125 MG TABS (CARVEDILOL)
LEXAPRO 10 MG TABS (ESCITALOPRAM OXALATE)
PROTONIX 40 MG SOLR (PANTOPRAZOLE SODIUM)
LISINOPRIL 2.5 MG TABS (LISINOPRIL)
LORAZEPAM 0.5 MG TABS (LORAZEPAM)
METOPROLOL TARTRATE 25 MG TABS (METOPROLOL TARTRATE)
ZOLPIDEM TARTRATE 5 MG TABS (ZOLPIDEM TARTRATE)
VOLTAREN 75 MG TBEC (DICLOFENAC SODIUM)

Current Allergies:

NKA

Review of Systems

Constitutional:
Denies: see HPI, fevers, chills, night sweats, fatigue, weakness, loss of appetite, weight loss
Cardiovascular:
Complains of: chest pain, palpitations, dyspnea on exertion, dizziness Denies: see HPI, dyspnea, syncope, orthopnea, PND, peripheral edema
Pulmonary:
Denies: see HPI, cough, dyspnea, hemoptysis, wheezing, snoring, sleep apnea

Cardiovascular Procedures

Echo 09/16/2009
Stress 09/16/2009

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Past Medical History
1. Hypertension.
2. Diabetes.
3. Anxiety.

Past Surgical History
None

Cardiovascular Procedures
Echo 09/16/2009
Stress 09/16/2009

Vital Signs
Height: 66.5 **Weight:** 172
BP: 154/99
Pulse: 122

Physical Exam
General: well developed, well nourished, no distress

Eyes,Ears,Nose, and Throat
External eye: conjunctiva and lids normal
Teeth/gums/palate: dentition and gums normal, no lesions
Oropharynx: no pallor or cyanosis
Neck veins: no visible JVD

Respiratory
Respiratory effort: no respiratory distress
Auscultation: lungs clear to auscultation

Cardiovascular
Palpation: PMI non-displaced
Auscultation: S1,S2, no murmurs, rubs, or gallops
Carotids: normal upstrokes without bruits
Pedal Pulses: normal pedal pulses bilaterally
Peripheral Circulation: no lower extremity edema or varicosities

Gastrointestinal
Palpation: non-tender, no masses, bowel sounds normal
Liver/Spleen: no palpable enlargement

Musculoskeletal
Gait: normal gait

Extremities
Digits/Nails: no clubbing or cyanosis

Skin
Skin and subcutaneous tissue: warm and dry

Mental Status/Neuro
Orientation: oriented to time,place,person
Mood/Affect: normal mood and affect

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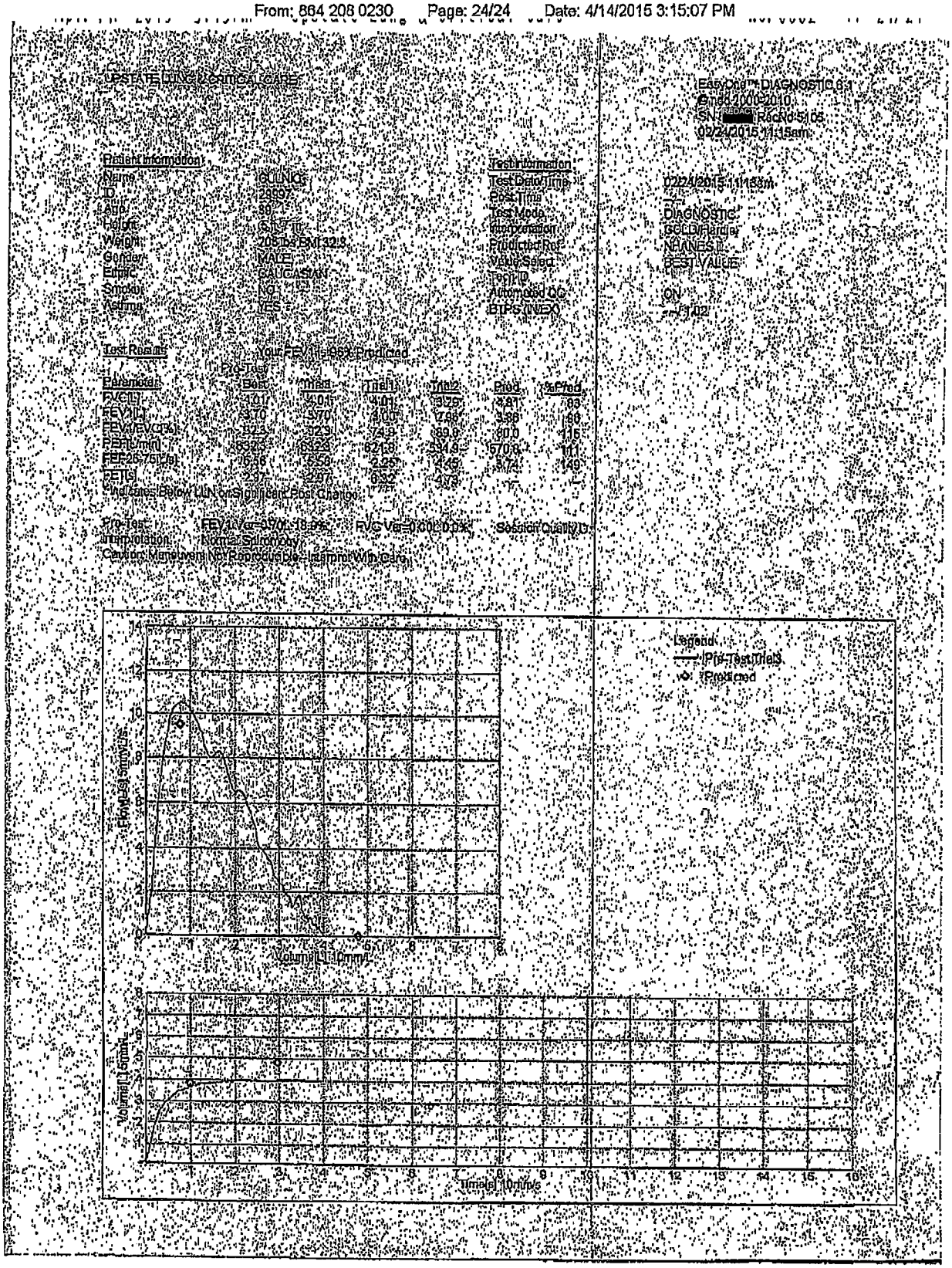
Ancillary Data

Impression
Mr. Cul is a 34 year old Ukranian gentleman with a history of hypertension, diabetes and abnormal stress test who has had ongoing chest pain.

Plan
1) Will have him undergo left heart catheterization and possible percutaneous revascularization.
2) Check BMP and CBC.
3) Further plans to follow results of the stress test.
AHC/as

cc: Dr. Chris Nowatka
cc: Dr. Gregory Feldman, Spartanburg, SC

Electronically Signed by A.H. Chandler MD on 09/27/2009 at 2:42 PM



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OCT 2 9 2013

ET: 6457/8002
GLB

SOUTH CAROLINA DEPARTMENT
OF EMPLOYMENT AND WORKFORCE
Post Office Box 995
Columbia, South Carolina 29202

I certify that the attached is a true copy of the records pertaining to Nikolay Gul, xxx-xx-REDACTED.

Margaret A. Knox
SC Department of Employment & Workforce

Columbia, South Carolina
October 21, 2013

SSN Wage Record Inquiry

SSN [redacted]-[redacted]

Name	Acct #	Employer Name	Report Type	Year	Qtr - 1	Qtr - 2	Qtr - 3	Qtr - 4
NIKOLAY IVANOVICH GUL	36744	KOHLER CO	Original	2009	$7,760.64	$10,044.19	$3,404.85	$395.46
NIKOLAY IVANOVICH GUL	36744	KOHLER CO	Original	2008	$11,268.29	$6,519.83	$8,229.03	$9,736.80
NIKOLAY IVANOVICH GUL	36744	KOHLER CO	Original	2007	$9,773.47	$10,418.85	$10,127.97	$10,786.98
NIKOLAY IVANOVICH GUL	36744	KOHLER CO	Original	2006	$7,939.66	$8,129.95	$9,931.40	$7,669.31
NIKOLAY IVANOVICH GUL	36744	KOHLER CO	Original	2005	$8,399.20	$10,490.49	$13,357.24	$9,736.43
NIKOLAY IVANOVICH GUL	36744	KOHLER CO	Original	2004				$11,722.63

10/21/13 C L A I M A N T P R O F I L E D A T A

SSN: [redacted] REDACTED 0 CURRENT PROGRAM: 11 BYB: 10/18/09 BYE: 10/17/10
NAME: NIKOLAY I GUL CLAIM TAKER : 018
ADDR: 155 SUTTLES ROAD LOCAL OFFICE: 420
CITY: INMAN ST: SC ZIP: 29349 I.C. PROG CDE: 01
TELE: 864 592 1819 CO: 083 ENTRY DATE : 10/19/09
LIABLE STATE: 45 ADDR CHG DATE: FILE DATE : 10/19/09

SOC CODE : 51000000 UNCONVERTED: ACTIVE ISSUES: 0
LAST OCCUPATION: MACHINE OPERATOR CHILD SUP PCT: MONETARY COMP: Y
EDUCATION CODE: 12 CHILD SUP EFF: OVERPAY BAL : .00
SEVERANCE IND : N EB EFFECTIVE: 05/01/11 PRIOR BYE DTE: 03/16/09
SEVERANCE AMT : .00 DUA #: -DRSC REQUAL IND : Y
PENSION IND : N CLAIM TYPE: T EUC EFFECTIVE: 04/25/10
SOC SEC AMT : .00 F/S WITHHOLDING: N EUC FILE DATE: 05/03/10
OTHER PENSION AMT: .00 PAYMENT OPTION: DD EUC ELIG IND : E
WBA : 326.00 METHOD OF FILING: T EUC2 EFF DATE: 09/12/10
TOTAL POSSIBLE: 32,274.00 PAID TO DATE: 32,274.00 BALANCE: .00

CLAIM STATUS : BENEFITS EXHAUSTED TRANSACTION OPTION: 01

10/21/13 B E N E F I T P A Y M E N T H I S T O R Y

SSN: [redacted] REDACTED 0 NAME: NIKOLAY I GUL BYE: 10/17/10
BENEFITS WBA: 326.00 UI MBA : 8476.00 BALANCE: .00

PGM CDE	PO DOI	CWE	ENTRY DATE	BY	CHECK DOI	PAYMENT OPTION	CHK/SEQ NUMBER	PAY TYPE	AMOUNT PAID	UNR FLG	DISQ REAS	TOTAL AMOUNT
11	091111	091711	091811	T	091811	DD	7644193	16	326.00	0	00	326.00
11	090411	091011	091111	T	091111	DD	7558732	01	326.00	0	00	326.00
11	082811	090311	090411	T	090411	DD	7473452	01	326.00	0	00	326.00
11	082111	082711	092811	T	082811	DD	7386996	01	326.00	0	00	326.00
11	081411	082011	082111	T	082111	DD	7301023	01	326.00	0	00	326.00
11	080711	081311	081411	T	081411	DD	7214888	01	326.00	0	00	326.00
11	073111	080611	080711	T	080711	DD	7128790	01	326.00	0	00	326.00
11	072411	073011	073111	T	073111	DD	7039128	01	326.00	0	00	326.00
11	071711	072311	072411	T	072411	DD	6948784	01	326.00	0	00	326.00
11	071011	071611	071711	T	071711	DD	6858576	01	326.00	0	00	326.00
11	070311	070911	071011	T	071011	DD	6768038	01	326.00	0	00	326.00
11	062611	070211	070311	T	070311	DD	6677971	01	326.00	0	00	326.00

FOR MORE THAN 12 PAYMENTS DEPRESS PF2 TRANSACTION OPTION:

10/21/13 B E N E F I T P A Y M E N T H I S T O R Y

SSN: [redacted] REDACTED 0 NAME: NIKOLAY I GUL BYE: 10/17/10
BENEFITS WBA: 326.00 UI MBA : 8476.00 BALANCE: .00

PGM CDE	PO DOI	CWE	ENTRY DATE	BY	CHECK DOI	PAYMENT OPTION	CHK/SEQ NUMBER	PAY TYPE	AMOUNT PAID	UNR FLG	DISQ REAS	TOTAL AMOUNT
11	061911	062511	062611	T	062611	DD	6588845	01	326.00	0	00	326.00
11	061211	061811	061911	T	061911	DD	6497359	01	326.00	0	00	326.00
11	060511	061111	061211	T	061211	DD	6406920	01	326.00	0	00	326.00
11	052911	060411	060511	T	060511	DD	6315506	01	326.00	0	00	326.00
11	052211	052811	052911	T	052911	DD	6223526	01	326.00	0	00	326.00
11	051511	052111	052211	T	052211	DD	6133582	01	326.00	0	00	326.00
11	050911	051411	051511	T	051511	DD	6042455	01	326.00	0	00	326.00
11	050611	050711	050911	T	050911	DD	5986606	01	326.00	0	00	326.00
81	042411	043011	050111	T	050211	DD	5893416	16	326.00	0	00	326.00
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FOR MORE THAN 12 PAYMENTS DEPRESS PF2 TRANSACTION OPTION:

10/21/13 B E N E F I T P A Y M E N T H I S T O R Y

SSN: [redacted] REDACTED 0 NAME: NIKOLAY I GUL BYE: 10/17/10
BENEFITS WBA: 326.00 UI MBA : 8476.00 BALANCE: .00

PGM CDE	PO DOI	CWE	ENTRY DATE	BY	CHECK DOI	PAYMENT OPTION	CHK/SEQ NUMBER	PAY TYPE	AMOUNT PAID	UNR FLG	DISQ REAS	TOTAL AMOUNT
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51	030611	031211	031311	T	031311	DD	5155111	16	326.00	0	00	326.00
51	022711	030511	030611	T	030611	DD	5052942	01	326.00	0	00	326.00
51	022011	022611	022711	T	022711	DD	4948481	01	326.00	0	00	326.00
51	021311	021911	022011	T	022011	DD	4844183	01	326.00	0	00	326.00
51	020611	021211	021311	T	021311	DD	4737479	01	326.00	0	00	326.00
51	013011	020511	020611	T	020611	DD	4629968	01	326.00	0	00	326.00
51	012311	012911	013011	T	013011	DD	4523300	01	326.00	0	00	326.00
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FOR MORE THAN 12 PAYMENTS DEPRESS PF2 TRANSACTION OPTION:

10/21/13 B E N E F I T P A Y M E N T H I S T O R Y

SSN: [redacted] 0 NAME: NIKOLAY I GUL BYE: 10/17/10
BENEFITS WBA: 326.00 UI MBA : 8476.00 BALANCE: .00

PGM CDE	PO DOI	CWE	ENTRY DATE	BY	CHECK DOI	PAYMENT OPTION	CHK/SEQ NUMBER	PAY TYPE	AMOUNT PAID	UNR FLG	DISQ REAS	TOTAL AMOUNT
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51	121910	122510	122610	T	122610	DD	3984265	01	326.00	0	00	326.00
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31	120910	121110	121210	T	121210	DD	3771581	16	326.00	0	00	326.00
31	112810	120410	120510	T	120610	DD	3710849	01	326.00	0	00	326.00
31	112110	112710	112810	T	112810	DD	3558348	01	326.00	0	00	326.00
31	111410	112010	112110	T	112110	DD	3449244	01	326.00	0	00	326.00
31	110710	111310	111410	T	111410	DD	3337988	01	326.00	0	00	326.00
31	103110	110610	110710	T	110710	DD	3227721	01	326.00	0	00	326.00
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FOR MORE THAN 12 PAYMENTS DEPRESS PF2 TRANSACTION OPTION:

10/21/13 B E N E F I T P A Y M E N T H I S T O R Y

SSN: [redacted] 0 NAME: NIKOLAY I GUL BYE: 10/17/10
BENEFITS WBA: 326.00 UI MBA : 8476.00 BALANCE: .00

PGM CDE	PO DOI	CWE	ENTRY DATE	BY	CHECK DOI	PAYMENT OPTION	CHK/SEQ NUMBER	PAY TYPE	AMOUNT PAID	UNR FLG	DISQ REAS	TOTAL AMOUNT
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31	092610	100210	100310	T	100310	DD	2679530	01	326.00	0	00	326.00
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21	082210	082810	082910	T	082910	DD	2309296	01	326.00	0	00	326.00
21	081510	082110	082210	T	082210	DD	2255520	01	326.00	0	00	326.00
21	080810	081410	081510	T	081510	DD	2203690	01	326.00	0	00	326.00
21	080110	080710	080810	T	080810	DD	2154682	01	326.00	0	00	326.00
21	072510	073110	080110	T	080110	DD	2110496	01	326.00	0	00	326.00

FOR MORE THAN 12 PAYMENTS DEPRESS PF2 TRANSACTION OPTION:

10/21/13 B E N E F I T P A Y M E N T H I S T O R Y

SSN: [redacted] REDACTED 0 NAME: NIKOLAY I GUL BYE: 10/17/10
BENEFITS WBA: 326.00 UI MBA : 8476.00 BALANCE: .00

PGM CDE	PO DOI	CWE	ENTRY DATE	BY	CHECK DOI	PAYMENT OPTION	CHK/SEQ NUMBER	PAY TYPE	AMOUNT PAID	UNR FLG	DISQ REAS	TOTAL AMOUNT
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21	070410	071010	071110	T	071110	DD	2009735	01	326.00	0	00	326.00
21	062710	070310	070410	T	070410	DD	1983566	01	326.00	0	00	326.00
21	062010	062610	062710	T	062710	DD	1957255	01	326.00	0	00	326.00
21	061310	061910	062010	T	062010	DD	1928479	01	326.00	0	00	326.00
21	060610	061210	061310	T	061310	DD	1898497	01	326.00	0	00	326.00
21	053010	060510	060610	T	060610	DD	1863161	01	326.00	0	00	326.00
21	052310	052910	053010	T	053010	DD	1830729	01	326.00	0	00	326.00
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21	050710	050810	050910	T	050910	DD	1733331	01	326.00	0	00	326.00

FOR MORE THAN 12 PAYMENTS DEPRESS PF2 TRANSACTION OPTION:

10/21/13 B E N E F I T P A Y M E N T H I S T O R Y

SSN: [redacted] 0 NAME: NIKOLAY I GUL BYE: 10/17/10
BENEFITS WBA: 326.00 UI MBA : 8476.00 BALANCE: .00

PGM CDE	PO DOI	CWE	ENTRY DATE	BY	CHECK DOI	PAYMENT OPTION	CHK/SEQ NUMBER	PAY TYPE	AMOUNT PAID	UNR FLG	DISQ REAS	TOTAL AMOUNT
21	042510	050110	050710	T	050710	DD	1719056	01	326.00	0	00	326.00
01	041810	042410	042510	T	042810	DD	1684195	16	326.00	0	00	326.00
01	041110	041710	041810	T	041810	DD	1634025	01	326.00	0	00	326.00
01	040410	041010	041110	T	041110	DD	1602486	01	326.00	0	00	326.00
01	032810	040310	040410	T	040410	DD	1568706	01	326.00	0	00	326.00
01	032110	032710	032810	T	032810	DD	1535358	01	326.00	0	00	326.00
01	031410	032010	032110	T	032110	DD	1501760	01	326.00	0	00	326.00
01	030710	031310	031410	T	031410	DD	1467523	01	326.00	0	00	326.00
01	022810	030610	030710	T	030710	DD	1433987	01	326.00	0	00	326.00
01	022110	022710	022810	T	022810	DD	1400028	01	326.00	0	00	326.00
01	021410	022010	022110	T	022110	DD	1365691	01	326.00	0	00	326.00
01	020710	021310	021410	T	021410	DD	1332886	01	326.00	0	00	326.00

FOR MORE THAN 12 PAYMENTS DEPRESS PF2 TRANSACTION OPTION:

10/21/13 B E N E F I T P A Y M E N T H I S T O R Y

SSN: [redacted] REDACTED 0 NAME: NIKOLAY I GUL BYE: 10/17/10
BENEFITS WBA: 326.00 UI MBA : 8476.00 BALANCE: .00

PGM CDE	PO DOI	CWE	ENTRY DATE	BY	CHECK DOI	PAYMENT OPTION	CHK/SEQ NUMBER	PAY TYPE	AMOUNT PAID	CNR FLG	DISQ REAS	TOTAL AMOUNT
01	013110	020610	020710	T	020710		8581287	01	326.00	0	00	326.00
01	012410	013010	013110	T	013110		8466185	01	326.00	0	00	326.00
01	011710	012310	012410	T	012410		8345641	01	326.00	0	00	326.00
01	011010	011610	011710	T	011710		8228503	01	326.00	0	00	326.00
01	010310	010910	011010	T	011010		8110513	01	326.00	0	00	326.00
01	122709	010210	010310	T	010410		8034643	01	326.00	0	00	326.00
01	122009	122609	122709	T	122709		7867643	01	326.00	0	00	326.00
01	121309	121909	122009	T	122209		7815364	01	326.00	0	00	326.00
01	120609	121209	121309	T	122209		7815364	01	326.00	0	00	326.00
01	112909	120509	120609	T	122209		7815364	01	326.00	0	00	326.00
01	112209	112809	112909	T	122209		7815364	01	326.00	0	00	326.00
01	111609	112109	112209	T	122209		7815364	01	326.00	0	00	326.00

FOR MORE THAN 12 PAYMENTS DEPRESS PF2 TRANSACTION OPTION:

10/21/13 B E N E F I T P A Y M E N T H I S T O R Y

SSN: [redacted] 0 NAME: NIKOLAY I GUL BYE: 10/17/10
BENEFITS WBA: 326.00 UI MBA : 8476.00 BALANCE: .00

PGM CDE	PO DOI	CWE	ENTRY DATE	BY	CHECK DOI	PAYMENT OPTION	CHK/SEQ NUMBER	PAY TYPE	AMOUNT PAID	UNR FLG	DISQ REAS	TOTAL AMOUNT
01	110909	111409	111609	T	122209		7815364	01	326.00	0	00	326.00
01	110209	110709	110909	T	122209		7815364	01	326.00	0	00	326.00
01	102609	103109	110109	T	122209		7815364	01	326.00	0	00	326.00
01	101909	102409	102509	T			0000000	10	.00	0	00	.00

FOR MORE THAN 12 PAYMENTS DEPRESS PF2 TRANSACTION OPTION:

10/21/13 T E L E P H O N E R E S P O N S E H I S T O R Y

SSN: [redacted] NAME: NIKOLAY I GUL BYE: 10/17/10

CWE	RESPONSE DATE	TIME	REFUSE	ABLE	EARNINGS	AMOUNT
09/17/11	09/18/11	084206	NO	YES	NO	.00
09/10/11	09/11/11	083655	NO	YES	NO	.00
09/03/11	09/04/11	135126	NO	YES	NO	.00
08/27/11	08/28/11	075351	NO	YES	NO	.00
08/20/11	08/21/11	080234	NO	YES	NO	.00
08/13/11	08/14/11	091611	NO	YES	NO	.00
08/06/11	08/07/11	090612	NO	YES	NO	.00
07/30/11	07/31/11	080953	NO	YES	NO	.00
07/23/11	07/24/11	080015	NO	YES	NO	.00
07/16/11	07/17/11	093121	NO	YES	NO	.00
07/09/11	07/10/11	082410	NO	YES	NO	.00
07/02/11	07/03/11	080332	NO	YES	NO	.00

FOR MORE THAN 12 RESPONSES DEPRESS PF2 TRANSACTION OPTION:

10/21/13 T E L E P H O N E R E S P O N S E H I S T O R Y

SSN: [redacted] 0 NAME: NIKOLAY I GUL BYE: 10/17/10

CWE	RESPONSE DATE	TIME	REFUSE	ABLE	EARNINGS	AMOUNT
06/25/11	06/26/11	084634	NO	YES	NO	.00
06/18/11	06/19/11	075623	NO	YES	NO	.00
06/11/11	06/12/11	082918	NO	YES	NO	.00
06/04/11	06/05/11	083923	NO	YES	NO	.00
05/28/11	05/29/11	125724	NO	YES	NO	.00
05/21/11	05/22/11	084552	NO	YES	NO	.00
05/14/11	05/15/11	082242	NO	YES	NO	.00
05/07/11	05/09/11	062051	NO	YES	NO	.00
04/30/11	05/01/11	082531	NO	YES	NO	.00
04/23/11	04/24/11	062300	NO	YES	NO	.00
04/16/11	04/17/11	081530	NO	YES	NO	.00
04/09/11	04/10/11	081913	NO	YES	NO	.00

FOR MORE THAN 12 RESPONSES DEPRESS PF2 TRANSACTION OPTION:

10/21/13 T E L E P H O N E R E S P O N S E H I S T O R Y

SSN: [redacted] 0 NAME: NIKOLAY I GUL BYE: 10/17/10

CWE	RESPONSE DATE	TIME	REFUSE	ABLE	EARNINGS	AMOUNT
04/02/11	04/03/11	081900	NO	YES	NO	.00
03/26/11	03/27/11	084134	NO	YES	NO	.00
03/19/11	03/20/11	080517	NO	YES	NO	.00
03/12/11	03/13/11	210121	NO	YES	NO	.00
03/05/11	03/06/11	084929	NO	YES	NO	.00
02/26/11	02/27/11	081609	NO	YES	NO	.00
02/19/11	02/20/11	111330	NO	YES	NO	.00
02/12/11	02/13/11	074646	NO	YES	NO	.00
02/05/11	02/06/11	084825	NO	YES	NO	.00
01/29/11	01/30/11	083743	NO	YES	NO	.00
01/22/11	01/23/11	083829	NO	YES	NO	.00
01/15/11	01/16/11	084457	NO	YES	NO	.00

FOR MORE THAN 12 RESPONSES DEPRESS PF2 TRANSACTION OPTION:

10/21/13 T E L E P H O N E R E S P O N S E H I S T O R Y

SSN: [redacted] 0 NAME: NIKOLAY I GUL BYE: 10/17/10

CWE	RESPONSE DATE	TIME	REFUSE	ABLE	EARNINGS	AMOUNT
01/08/11	01/09/11	111036	NO	YES	NO	.00
01/01/11	01/02/11	082015	NO	YES	NO	.00
12/25/10	12/26/10	161527	NO	YES	NO	.00
12/18/10	12/19/10	084209	NO	YES	NO	.00
12/11/10	12/12/10	081115	NO	YES	NO	.00
12/04/10	12/05/10	081728	NO	YES	NO	.00
11/27/10	11/28/10	100027	NO	YES	NO	.00
11/20/10	11/21/10	183050	NO	YES	NO	.00
11/13/10	11/14/10	123724	NO	YES	NO	.00
11/06/10	11/07/10	071432	NO	YES	NO	.00
10/30/10	10/31/10	085510	NO	YES	NO	.00
10/23/10	10/24/10	090511	NO	YES	NO	.00

FOR MORE THAN 12 RESPONSES DEPRESS PF2 TRANSACTION OPTION:

10/21/13 T E L E P H O N E R E S P O N S E H I S T O R Y

SSN: [redacted] 0 NAME: NIKOLAY I GUL BYE: 10/17/10

CWE	RESPONSE DATE	TIME	REFUSE	ABLE	EARNINGS	AMOUNT
10/16/10	10/17/10	082917	NO	YES	NO	.00
10/09/10	10/10/10	101424	NO	YES	NO	.00
10/02/10	10/03/10	092345	NO	YES	NO	.00
09/25/10	09/26/10	082036	NO	YES	NO	.00
09/18/10	09/19/10	081429	NO	YES	NO	.00
09/11/10	09/12/10	165129	NO	YES	NO	.00
09/04/10	09/05/10	081446	NO	YES	NO	.00
08/28/10	08/29/10	083548	NO	YES	NO	.00
08/21/10	08/22/10	082130	NO	YES	NO	.00
08/14/10	08/15/10	090101	NO	YES	NO	.00
08/07/10	08/08/10	084221	NO	YES	NO	.00
07/31/10	08/01/10	082011	NO	YES	NO	.00

FOR MORE THAN 12 RESPONSES DEPRESS PF2 TRANSACTION OPTION:

10/21/13 T E L E P H O N E R E S P O N S E H I S T O R Y

SSN: [redacted] 0 NAME: NIKOLAY I GUL BYE: 10/17/10

CWE	RESPONSE DATE	TIME	REFUSE	ABLE	EARNINGS	AMOUNT
07/24/10	07/25/10	082941	NO	YES	NO	.00
07/17/10	07/18/10	092622	NO	YES	NO	.00
07/10/10	07/11/10	082028	NO	YES	NO	.00
07/03/10	07/04/10	084708	NO	YES	NO	.00
06/26/10	06/27/10	081827	NO	YES	NO	.00
06/19/10	06/20/10	084109	NO	YES	NO	.00
06/12/10	06/13/10	083404	NO	YES	NO	.00
06/05/10	06/06/10	084459	NO	YES	NO	.00
05/29/10	05/30/10	085135	NO	YES	NO	.00
05/22/10	05/23/10	082435	NO	YES	NO	.00
05/15/10	05/16/10	073327	NO	YES	NO	.00
05/08/10	05/09/10	070358	NO	YES	NO	.00

FOR MORE THAN 12 RESPONSES DEPRESS PF2 TRANSACTION OPTION:

10/21/13 T E L E P H O N E R E S P O N S E H I S T O R Y

SSN: [redacted] 0 NAME: NIKOLAY I GUL BYE: 10/17/10

CWE	RESPONSE DATE	TIME	REFUSE	ABLE	EARNINGS	AMOUNT
05/01/10	05/07/10	111219	NO	YES	NO	.00
04/24/10	04/25/10	080723	NO	NO	NO	.00
04/17/10	04/18/10	082231	NO	YES	NO	.00
04/10/10	04/11/10	123436	NO	YES	NO	.00
04/03/10	04/04/10	110014	NO	YES	NO	.00
03/27/10	03/28/10	083533	NO	YES	NO	.00
03/20/10	03/21/10	085122	NO	YES	NO	.00
03/13/10	03/14/10	083744	NO	YES	NO	.00
03/06/10	03/07/10	083749	NO	YES	NO	.00
02/27/10	02/28/10	074956	NO	YES	NO	.00
02/20/10	02/21/10	083137	NO	YES	NO	.00
02/13/10	02/14/10	152136	NO	YES	NO	.00

FOR MORE THAN 12 RESPONSES DEPRESS PF2 TRANSACTION OPTION:

10/21/13 T E L E P H O N E R E S P O N S E H I S T O R Y

SSN: [redacted] 0 NAME: NIKOLAY I GUL BYE: 10/17/10

CWE	RESPONSE DATE	TIME	REFUSE	ABLE	EARNINGS	AMOUNT
02/06/10	02/07/10	124519	NO	YES	NO	.00
01/30/10	01/31/10	155832	NO	YES	NO	.00
01/23/10	01/24/10	061533	NO	YES	NO	.00
01/16/10	01/17/10	081220	NO	YES	NO	.00
01/09/10	01/10/10	075204	NO	YES	NO	.00
01/02/10	01/03/10	070024	NO	YES	NO	.00
12/26/09	12/27/09	060728	NO	YES	NO	.00
12/19/09	12/20/09	060638	NO	YES	NO	.00
12/12/09	12/13/09	073950	NO	YES	NO	.00
12/05/09	12/06/09	071022	NO	YES	NO	.00
11/28/09	11/29/09	074042	NO	YES	NO	.00
11/21/09	11/22/09	143601	NO	YES	NO	.00

FOR MORE THAN 12 RESPONSES DEPRESS PF2 TRANSACTION OPTION:

10/21/13 T E L E P H O N E R E S P O N S E H I S T O R Y

SSN: [redacted] 0 NAME: NIKOLAY I GUL BYE: 10/17/10

CWE	RESPONSE DATE	TIME	REFUSE	ABLE	EARNINGS	AMOUNT
11/14/09	11/16/09	060922	NO	YES	NO	.00
11/07/09	11/09/09	121449	NO	YES	NO	.00
10/31/09	11/01/09	194933	NO	YES	NO	.00
10/24/09	10/25/09	215331	NO	YES	NO	.00

TRANSACTION OPTION:

C-521

SOUTH CAROLINA EMPLOYMENT SECURITY COMMISSION
Post Office Box 995
Columbia, South Carolina 29202

I certify that the attached is a true copy of the records pertaining to Nikolay Gul, REDACTED.

Melinda H. Hoffman, Administrative Assistant
For H. W. Funderburk, Jr.
Deputy Executive Director, UI

Columbia, South Carolina
June 9, 2010

SSN Wage Record Inquiry

SSN REDACTED

Name	Acct #	Report Type	Year	Qtr - 1	Qtr - 2	Qtr - 3	Qtr - 4
NIKOLAY IVANOVICH GUL	36744	Original	2009	$7,760.64	$10,044.19	$3,404.85	$395.46
NIKOLAY IVANOVICH GUL	36744	Original	2008	$11,268.29	$6,519.83	$9,229.03	$9,736.80
NIKOLAY IVANOVICH GUL	36744	Original	2007	$9,773.47	$10,418.85	$10,127.97	$10,786.98
NIKOLAY IVANOVICH GUL	36744	Original	2006	$7,939.66	$8,129.95	$9,931.40	$7,689.31
NIKOLAY IVANOVICH GUL	36744	Original	2005	$8,399.20	$10,490.49	$13,357.24	$9,736.43
NIKOLAY IVANOVICH GUL	36744	Original	2004				$11,722.63

06/09/10 C L A I M A N T P R O F I L E D A T A

SSN: REDACTED 0 CURRENT PROGRAM: 21 BYB: 10/18/09 BYE: 10/17/10
NAME: NIKOLAY I GUL CLAIM TAKER : 018
ADDR: 155 SUTTLES ROAD LOCAL OFFICE: 420
CITY: INMAN ST: SC ZIP: 29349 I.C. PROG CDE: 01
TELE: 864 592 1819 CO: 083 ENTRY DATE : 10/19/09
LIABLE STATE: 45 ADDR CHG DATE: FILE DATE : 10/19/09

SOC CODE : 51000000 UNCONVERTED: ACTIVE ISSUES: 0
LAST OCCUPATION: MACHINE OPERATOR CHILD SUP PCT: MONETARY COMP: Y
EDUCATION CODE: 12 CHILD SUP EFF: OVERPAY BAL : .00
SEVERANCE IND : N EB EFFECTIVE: PRIOR BYE DTE: 03/16/09
SEVERANCE AMT : .00 DUA #: -DRSC REQUAL IND : Y
PENSION IND : N CLAIM TYPE: T EUC EFFECTIVE: 04/25/10
SOC SEC AMT : .00 F/S WITHHOLDING: N EUC FILE DATE: 05/03/10
OTHER PENSION AMT: .00 PAYMENT OPTION: DD EUC ELIG IND : E
WBA : 326.00 METHOD OF FILING: T EUC2 EFF DATE:
TOTAL POSSIBLE: 14,996.00 PAID TO DATE: 10,432.00 BALANCE: 4,564.00

CLAIM STATUS : REGULAR ACTIVE CLAIM TRANSACTION OPTION: 01

06/09/10 B E N E F I T P A Y M E N T H I S T O R Y

SSN: REDACTED 0 NAME: NIKOLAY I GUL BYE: 10/17/10
BENEFITS WBA: 326.00 UI MBA : 8476.00 BALANCE: 4564.00

PGM CDE	PO DOI	CWE	ENTRY DATE	BY	CHECK DOI	PAYMENT OPTION	CHK/SEQ NUMBER	PAY TYPE	AMOUNT PAID	UNR FLG	DISQ REAS	TOTAL AMOUNT
00	060610	061210					0000000	00	.00	0	00	.00
21	053010	060510	060610	T	060610	DD	1863161	01	326.00	0	00	326.00
21	052310	052910	053010	T	053010	DD	1830729	01	326.00	0	00	326.00
21	051610	052210	052310	T	052310	DD	1798800	01	326.00	0	00	326.00
21	050910	051510	051610	T	051610	DD	1765917	01	326.00	0	00	326.00
21	050710	050810	050910	T	050910	DD	1733331	01	326.00	0	00	326.00
21	042510	050110	050710	T	050710	DD	1719056	01	326.00	0	00	326.00
01	041810	042410	042510	T	042810	DD	1684195	16	326.00	0	00	326.00
01	041110	041710	041810	T	041810	DD	1634025	01	326.00	0	00	326.00
01	040410	041010	041110	T	041110	DD	1602486	01	326.00	0	00	326.00
01	032810	040310	040410	T	040410	DD	1568706	01	326.00	0	00	326.00
01	032110	032710	032810	T	032810	DD	1535358	01	326.00	0	00	326.00

FOR MORE THAN 12 PAYMENTS DEPRESS PF2 TRANSACTION OPTION:

06/09/10 B E N E F I T P A Y M E N T H I S T O R Y

SSN: REDACTED 0 NAME: NIKOLAY I GUL BYE: 10/17/10
BENEFITS WBA: 326.00 UI MBA : 8476.00 BALANCE: 4564.00

PGM CDE	PO DOI	CWE	ENTRY DATE	BY	CHECK DOI	PAYMENT OPTION	CHK/SEQ NUMBER	PAY TYPE	AMOUNT PAID	UNR FLG	DISQ REAS	TOTAL AMOUNT
01	031410	032010	032110	T	032110	DD	1501760	01	326.00	0	00	326.00
01	030710	031310	031410	T	031410	DD	1467523	01	326.00	0	00	326.00
01	022810	030610	030710	T	030710	DD	1433987	01	326.00	0	00	326.00
01	022110	022710	022810	T	022810	DD	1400028	01	326.00	0	00	326.00
01	021410	022010	022110	T	022110	DD	1365691	01	326.00	0	00	326.00
01	020710	021310	021410	T	021410	DD	1332886	01	326.00	0	00	326.00
01	013110	020610	020710	T	020710		8581287	01	326.00	0	00	326.00
01	012410	013010	013110	T	013110		8466185	01	326.00	0	00	326.00
01	011710	012310	012410	T	012410		8345641	01	326.00	0	00	326.00
01	011010	011610	011710	T	011710		8228503	01	326.00	0	00	326.00
01	010310	010910	011010	T	011010		8110513	01	326.00	0	00	326.00
01	122709	010210	010310	T	010410		8034643	01	326.00	0	00	326.00

FOR MORE THAN 12 PAYMENTS DEPRESS PF2 TRANSACTION OPTION:

06/09/10 B E N E F I T P A Y M E N T H I S T O R Y

SSN: REDACTED 0 NAME: NIKOLAY I GUL BYE: 10/17/10.
BENEFITS WBA: 326.00 UI MBA : 8476.00 BALANCE: 4564.00

PGM CDE	PO DOI	CWE	ENTRY DATE BY	CHECK DOI	PAYMENT OPTION	CHK/SEQ NUMBER	PAY TYPE	AMOUNT PAID	UNR FLG	DISQ REAS	TOTAL AMOUNT
01	122009	122609	122709 T	122709		7867643	01	326.00	0	00	326.00
01	121309	121909	122009 T	122209		7815364	01	326.00	0	00	326.00
01	120609	121209	121309 T	122209		7815364	01	326.00	0	00	326.00
01	112909	120509	120609 T	122209		7815364	01	326.00	0	00	326.00
01	112209	112809	112909 T	122209		7815364	01	326.00	0	00	326.00
01	111609	112109	112209 T	122209		7815364	01	326.00	0	00	326.00
01	110909	111409	111609 T	122209		7815364	01	326.00	0	00	326.00
01	110209	110709	110909 T	122209		7815364	01	326.00	0	00	326.00
01	102609	103109	110109 T	122209		7815364	01	326.00	0	00	326.00
01	101909	102409	102509 T			0000000	10	.00	0	00	.00

FOR MORE THAN 12 PAYMENTS DEPRESS PF2 TRANSACTION OPTION:

Eligibility Review Data

Office Number:		Updated Payment Option only.	
CLMTKR ID: CTG51			
Name: NIKOLAY I GUL		SSN: REDACTED Search	
Sequence Number:1			
		Date of review:	02-06-2010
Last day worked:		Expect recall:	
Type of work performed:			
Type of work seeking 1:		Years experience:	
Type of work seeking 2:		Years experience:	
Previous wage:		Wage willing to accept:	
Hours last worked:	VARIED	Hours willing to work:	VARIED
Miles traveled last:		Miles willing to travel:	
Job Location City & State:		Job Location Phone:	
Transportation:		Attending or plans to attend school: School: Hours:	
Days not willing to work:			
Dependent/Childcare:	N/A	Available Immediately:	
Self-employed:			
Pensions/Retirement: Pension Effective: % Employer contributed:	N	Name of employer:	
Medical condition:		Explanation of condition/disability:	

View CID Data | Search | Exit

10/22/2009 01 06 FAX 002/004

UCB-101
REV 11/01
CAT 00056

SOUTH C[illegible]LINA EMPLOYMENT SECURITY COMMISS
REQUEST FOR SEPARATION INFORMATION

☐ A5 ENTRY
☑ B1 ENTRY
☐ F5 ENTRY

1 NAME: Nikolay I. Gul
NAME WORKED UNDER IF DIFFERENT

2 SOCIAL SECURITY NUMBER: [redacted]

21 LOCAL OFFICE NO: 23

3 MAILING ADDRESS (ALL CORRESPONDENCE)

CITY _____ COUNTY _____ STATE _____ ZIP _____

PHYSICAL LOCATION (OF CLAIMANT)

CITY _____ COUNTY _____ STATE _____ ZIP _____

4 TELEPHONE: (864) 592-1819

5 MALE ☑ FEMALE ☐

6 DATE OF BIRTH: 1/ / (month / year)

7 EDUCATION (CIRCLE HIGHEST GRADE COMPLETED)
0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 +

Please complete the reverse side and return. It must be returned no later than the seventh (7th) day from the date shown below (Date Employer Reply Sent)

8 BONA FIDE EMPLOYER (COMPANY NAME / ADDRESS) ACCT NO: 036744

NAME: Kohler Co

STREET: 3561 Smithgate Rd

CITY: Spartanburg STATE: SC ZIP: 29302

TELEPHONE

29 Date Employer Reply Sent: 10 / 19 / 09 (month / day / year)

10/27/09

9 LAST DAY WORKED: 08 / 15 / 09 (month / day / year)

10. MAIN OCCUPATION: Machine Operator

11 WHY DID YOU LEAVE YOUR BONA FIDE EMPLOYER?

LACK OF WORK 09 ☐ QUIT 10 ☐ DISCHARGED 01 ☑ STILL WORKING 12 ☐

REASON: missed too many days at work

[illegible] 2009

10/23/09 Nuteo Jerry

ATTENTION EMPLOYER

This claimant has named you as the last bona fide employer for whom he worked b[illegible]ation requested must be given in detail and received within seven (7) days from the date i[illegible] and reply by letter, please include all information requested and the name and social securi[illegible] not wish to reply in writing, you may appear in person to present the information requeste[illegible] you have the right to representation, and any person designated to appear at the proceedin[illegible] behalf should either have direct knowledge of the circumstances surrounding the issue or be i[illegible]nt of a person who has such knowledge and/or your pertinent written records

If you are found to be the liable employer and the claimant is determined to be eligible and files a compensable week for benefits, then your account will be charged with benefits paid pursuant to the claim. You will receive a copy of any determination of eligibility made on a claim affecting benefit charges to your account. This determination will include an explanation of your appeal rights, however, if allowed, benefits will be paid immediately even though an appeal is filed. If you are the liable employer, you will receive a quarterly statement of benefits charged to your account.

PLEASE COMPLETE THE REVERSE SIDE AND RETURN TO:

SC EMPLOYMENT SECURITY COMM.
UNEMPLOYMENT INSURANCE DIV.
440 SOUTH CHURCH STREET
P O BOX 1684
SPARTANBURG, SC 29304
FAX # (864) 582-1450

#8 Employment Comm

EMPLOYER COPY

OCT 30 2009

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☐ Contact the Employment Security Office shown on the reverse side within the seven (7) day time limit if you wish to appear or be represented at an interview

☐ An interview has already been scheduled and will be held at the Employment Security Office indicated on 10-27-09 at 9:15AM

Claimant's Name Nikolay T. Gul Social Security Number [redacted] REDACTED

1 Please indicate the reason for separation and give information requested so that a determination can be made on the claimant's eligibility for unemployment insurance benefits. Attach additional pages if necessary. Failure to respond by the above date could result in a determination being made without information from you

☐ LACK OF WORK (NO REASON NECESSARY)

☑ DISCHARGED *(give specific reason)* ABSENTEEISM

(If discharged for absenteeism, list number and dates of absences) ABSENT SINCE 8/20/09 TO CURRENT

(List any warnings and give dates) TERMINATION LETTER ATTACHED

(State company policy that was violated if applicable and give final incident that caused separation)

☐ VOLUNTARILY QUIT *(reason)*

(If work related what attempts were made to try to alleviate the condition? What was the agreement at the time of hire regarding this condition, if applicable?)

☐ OTHER *(Give specific reason ex voluntary retirement, failure to return from a leave of absence (was a definite leave of absence granted list start and end dates), partially unemployed etc Explain in detail)*

2 Dates of employment From 3/17/04 to 10/15/09

3 During all terms of employment, have you paid this claimant as much as $ 2608 ? ☑ YES ☐ NO

If "No" how much have you paid this claimant in all terms of employment? $

4 Are you paying or will you pay this claimant a pension or retirement pay within the next twelve months? ☑ NO ☐ YES

If "YES" monthly amount $ *Type*

What is the effective date of the pension or retirement payment?

Did claimant contribute to pension plan? ☐ NO ☐ YES *If "YES" what percent?* %

EMPLOYER NAME KOHLER CO. ACCOUNT NUMBER 036744

* EMPLOYER SIGNATURE Sid DeVaul TITLE MGR HR DATE 10/22/09

ENTER NAME AND PHONE NUMBER OF PERSON TO BE CONTACTED FOR ADDITIONAL INFORMATION

NAME SID DEVAUL PHONE DAY 278-5737

* FORM MUST BE SIGNED IN ORDER FOR INFORMATION TO BE CONSIDERED

ID Employment Comm.

OCT 23 2009

Received Benefits Div.

Kohler Co , 2861 Southport Road, Spartanburg, South Carolina 29302 864-582 3401 Fax 864 278 8201 www.kohler.com

KOHLER.

October 15, 2009

To: Nikolay Gul

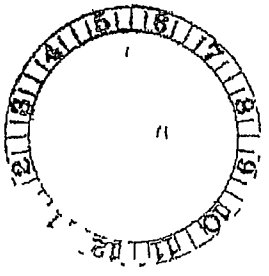
From: Sid DeVaul

This is to inform you that your employment with Kohler Co. has been terminated. You have been absent from work since August 20, 2009. While you have submitted doctor's statements during that time there has been no evidence provided indicating that you have a medical disability that would prevent you from working. You have seen multiple doctors and have complained of various ailments, but the results of all of the medical testing performed were within normal limits. This information was gathered and reviewed by Kohler's Medical and Benefits Departments. It also resulted in your being denied short-term disability payments.

In addition to there being no medical disability there is also a gap when you did not go to the doctor during your absence from work. We had a doctor's note excusing you until 9/28/09, but you did not return to work after that date. The next note you submitted said you did not go to the doctor again until 10/12/09

Since there is no evidence of a medical disability during your absence from work since August 20, 2009 your employment is being terminated effective October 15, 2009. If the information above regarding your medical status is not correct, please contact me immediately to discuss the situation

Sid DeVaul
Manager Human Resources



SC Employment Comm.

Oct 30 2009

Received Benefits Div

UCB-102DC
8/99
08122

1349
eff 10/18/09
11-13-09 (bc)

LINA EMPLOYMENT SECURITY COMMISSION
MPLOYMENT INSURANCE DIVISION
DISCHARGED FOR CAUSE
FACT FINDING

Effective Date of Issue
10/18/2009

Type of Claim
New X Add
Trans Rein
Cont
EYE 10/17/2010

L O No 420

036744

CLAIMANT'S NAME Nikolay I Gul

SOCIAL SECURITY NUMBER REDACTED

1 Most recent BONA FIDE employer(Name of Company) KOHLER CO

Address of Company 2851 SOUTHPORT ROAD Spartanburg, SC 29302 Telephone No of Company 864-278-5237

Name of individual at Company to contact for more information Sid Duvall

2 Dates of employment with this company beginning 05/17/04 ending 10/15/09

Hours worked from 6pm to 6am or which shift 2nd for 5 to 6 days per week

Ending salary $ 16 84 per hr Occupation Machine Operator

ENTERED
Date: 11/10/2009 Time: 11:19 AM
AS

SC Employment Comm.
OCT 30 2009
Received Benefits Div

3 CLAIMANT'S STATEMENT

a I was discharged by (Name of Person) Sid Duvall Title HR

because (Include reason for discharge on that particular day) of absenteism I was out of work sick I went out of work toward the end of July I was sick and I was going to the doctors and they were doing all types of tests I did return back to work in August I think it was around the 20th I worked for about 4 hours and got sick again I had to leave work For a period of time, they did not have a diagnosis I ended up going to a lung specialist and I was diagnosed with Occupational Asthma All during the time that I was out, I was faxing in my doctor's notes I was told that it was not enough proof for me not to be able to come to work Because it took a while for them to diagnose me I did not have the medicine needed in order to come to work Once I was diagnosed, I faxed in a copy of the doctor's note that I was given My doctor told me that it was his opinion that it was the conditions and the chemicals that I was working with The doctor said that I needed to change departments I communicated with my job constantly and I faxed in all the notes that I received from the doctors The doctor did not write a letter to say that I should not go back to that department he just verbally told me I did not know that I should have gotten a letter to state such Within a couple of days of when I submitted the last doctor's note, I was received a letter from Kohler telling me that I had been terminated I never got a chance to ask to be moved to another department I called Sid and I asked what could I do now and Sid said to just go and file for unemployment benefits and they will explain anything Sid did not answer any questions the conversation was short My intention was to ask for a meeting but he refused

b If you were discharged for violation of a company rule please explain rule and violation
I was discharged for absenteism

c Has your employer ever warned you about the condition causing your discharge? Yes, ☐ No ☒
If "Yes" when were you warned (Dates) and by whom?

d Did you discuss your discharge with your employer? Yes ☐ No ☒ If "Yes," with whom
What were the results of this discussion? I received a letter letting me know that I had been terminated

4 CLAIMANT'S CERTIFICATION I certify that the information stated herein is true I understand that the Law prescribes penalties for false statements for the purpose of securing benefits to which I am not entitled

CLAIMANT'S SIGNATURE [signature] DATE 10/27/2009

5 INTERVIEWR'S STATEMENT Employer Reply received? Yes, ☒ No ☐ (If "Yes," all the employer's allegations not covered in claimant's initial statement must be presented to the claimant for rebuttal in item 7 If "No," or information was not adequate was employer contacted to obtain adequate information?

Yes ☐ No ☐ If "No," give a date of attempt(s) to contact and explain

INTERVIEWER'S SIGNATURE Angela M. Littlejohn DATE OF REPORT 10/27/2009
BENEFIT DEPARTMENT

RECEIVED Employment Comm.
OCT 30 2009
Received Benefits Div

NAME Nikolay Gul SOCIAL SECURITY # REDACTED

6 EMPLOYER'S STATEMENT (ALSO USE FOR REBUTTAL OF CLAIMANT'S STATEMENT)

TELEPHONE _____ IN PERSON _____

EMPLOYER'S SIGNATURE OR NAME OF INDIVIDUAL CONTACTED

TITLE OF INDIVIDUAL CONTACTED

DATE

7 REBUTTAL OF EMPLOYER REPLY I was never given a chance to ask to be moved to a different department I did not know that I should have had the lung specialist to put everything in writing so that I could communicate it back to HR

X _____
CLAIMANT'S SIGNATURE

10/27/09
DATE

3a CLAIMANT'S STATEMENT CONTINUED (USE ONLY IF ADDITIONAL SPACE IS NEEDED FOR FACT-FINDING STATEMENTS)

_____
CLAIMANT'S SIGNATURE

5

5a INTERVIEWERS STATEMENT CONTINUED

ES Employment Comm.
OCT 30 2009
Received Benefits Div

042

Received from Claimant Dan 10/27/09

Upstate Lung and Critical Care Specialists, P.C.

1091 Boiling Springs Rd
Spartanburg, SC 29303
(864) 573-6320

1419 N Limestone Street
Gaffney, SC 29340
(864) 487 9931

319 W South Street, Suite C
Union, SC 29379
(864) 427-0278

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

Ann Steciw, M D
Luis De la Cruz, M D
Anita Cooper, APN

Return To Work/School

Date 10/12/09

Patient Nikolay Gul

Was seen in our office on 10/12/09

Out of work/school from 9/23/09 to 10/12/09

Upon return to work/school, level of activity should be

_____ Light Duty

_____ Normal Duty

_____ Will not be able to return to work because Pt has Asthma persisent respiratory problems

_____ Is to be excused from P E class until _____

_____ Can return to regular P E class if _____

_____ May participate in P E class limited to _____

Physician Name _____

Physician Signature _____

UL 107

SC Employment Comm

OCT 30 2009

Received Benefits Div

FAMILY MEDICAL CENTER

130 DILLON DRIVE SPARTANBURG SC 29307

MD MEDLOCK MD AM 043507 ◇ MC POOLE MD AP 1473648 ◇ R A TESSENEER MD AT 2R,,/01
ERIC COLE MD BC 6402947 ◇ T CHRISTIAN NOWATKA MD BN 6705554

NAME Nikoly Gul DATE 9/17/07

ADDRESS CITY STATE

TELEPHONE ALL HOURS (864) 216-1620	Mg or % Pot	Hour	R	Refill
1 Excuse from work	9/17/07		1 9/20/07	
2 He has further testing			2 medical test	
3 before he can be			3 cleared	
4			4	

☐ LABEL ALL DRUGS UNLESS CHECKED

DISPENSE AS WRITTEN MD

SUBSTITUTION PERMITTED MD

SC Employment Comm
OCT 30 2009
Received Benefits Div.

ES Employment Comm.
OCT 30 2009
Received Benefits Div

FAMILY MEDICAL CENTER

130 DILLON DRIVE SPARTANBURG, SC 29307

M D MEDLOCK MD AM6435067 ✪ M C POOLE M D AP 1473546 ✪ R A TESSENEER M D AT 7677701
ERIC COLE M D BC 8402947 ✪ T CHRISTIAN NOWATKA M D BN 6385555

NAME _____ DATE 6/17

ADDRESS _____ CITY _____ STATE _____

TELEPHONE ALL HOURS (864) 585-2827

		Mg. or % Sol	No. or CC	Sig	REFILL
1	Oxy 7	1	1	TT hungry 9-15 09	
2	Xanax 2	1	2	Chronic pain	2
3	Ins Assessment	1	3	Test	
4			4		

☐ LABEL ALL DRUGS UNLESS CHECKED

DISPENSE AS WRITTEN _____ M D _____ M D
SUBSTITUTION PERMITTED

ROA 643

The UPS Store
3720 Boiling Springs Hwy
Suite F
Boiling Springs, SC 29316
864 814 1999 Tel
864 814 1998 Fax

Fax Cover

The UPS Store

To. Kubler Fax #: (x (11)-) 18-5251

Date. 09-17 ,,,, # of Pages *(including cover sheet)*

From: Mikelay Gill Phone #: (864) 542-8347

Subject: Doc. exhibit

SC Employment Comm.

Oct 30 2009

Received Benefits Div

If you are not the intended recipient do not disclose copy distribute or use this information If you received this transmission in error please call immediately to arrange return of the documents at no cost to you

UCB-10S
REV. MAY 2007

SOUTH CAROLINA EMPLOYMENT SECURITY COMMISSION
P.O. BOX 995, COLUMBIA, S.C. 29202

MERCIAS
183 SUTTLES ROAD

DATE OF THE NOTICE 11/24/08

S.C. Employment Security Comm

NOV 26 2008

CLAIMANT'S NAME	SOCIAL SECURITY NUMBER	EFFECTIVE DATE	LOCAL OFFICE CLASSIFICATION CODE
MERCIAS, C [redacted]	REDACTED	09/28/08	0400

CLAIM NO.	DIV.	CATEGORY	WEEKLY BENEFIT AMOUNT	BENEFIT YEAR ENDING	LESS REDUCTION OF	NET AMOUNT	TOTAL WAGE CREDITS
820	5	01	$ 234.00	$ 5476.00	$ 0.00	$ 5476.00	30/17/10

DETERMINATION BY CLAIMS ADJUDICATOR ON CLAIM FOR BENEFITS

You are eligible for benefits from the above effective date.

You have been disqualified from receiving benefits or have been found to be ineligible for benefits for the following reason(s):

YOU LEFT YOUR MOST RECENT BONA FIDE EMPLOYER WHEN YOU FAILED TO RETURN TO WORK FOLLOWING A LEAVE OF ABSENCE. THEREFORE, YOU LEFT VOLUNTARILY WITHOUT GOOD CAUSE UNDER THE SOUTH CAROLINA EMPLOYMENT SECURITY LAW, SECTION 41-35-120(1). YOU ARE DISQUALIFIED FROM 10/19/08 AND UNTIL YOU RETURN TO WORK AND EARN AT LEAST EIGHT TIMES YOUR WEEKLY BENEFIT AMOUNT.

SC Employment Security Comm

NOV 26 2008

Received Benefits Div

LAST SEPARATION FROM NON-LIABLE EMPLOYER

UI CLAIMS ADJUDICATOR

MAILING DATE 11/15/2008

UNLESS FURTHER APPEALED, THIS DETERMINATION BECOMES THE FINAL DECISION OF THE COMMISSION UNLESS YOU FILE AN APPEAL SETTING FORTH YOUR REASONS FOR APPEAL WITHIN TEN (10) CALENDAR DAYS, INCLUDING WEEKENDS AND HOLIDAYS, FROM THE MAILING DATE ABOVE. IF THE TENTH DAY FALLS ON A SATURDAY, SUNDAY OR HOLIDAY, THE APPEAL PERIOD IS EXTENDED TO THE NEXT BUSINESS DAY. YOUR APPEAL MUST BE FILED IN PERSON AT ANY EMPLOYMENT SECURITY OFFICE OR BY MAIL ADDRESSED TO THE APPEAL TRIBUNAL, P.O. BOX 995, COLUMBIA, SOUTH CAROLINA 29202. FOR ADDITIONAL INFORMATION OR ASSISTANCE IN FILING AN APPEAL, CONTACT YOUR LOCAL EMPLOYMENT SECURITY OFFICE.

UCB-102DC
8/99
08122

SOUTH CAROLINA EMPLOYMENT SECURITY COMMISSION

UNEMPLOYMENT INSURANCE DIVISION
DISCHARGED FOR CAUSE
FACT FINDING

Effective Date of Issue
10/18/2009

Type of Claim
New X Add ____
Trans ____ Rein ____
Cont ____

BYE 10/17/2010

L.O. No. 420

CLAIMANT'S NAME Nikolay I. Gul

SOCIAL SECURITY NUMBER REDACTED

1. Most recent BONA FIDE employer (Name of Company) KOHLER CO

Address of Company 2051 SOUTHPORT ROAD Spartanburg, SC 29302 Telephone No. of Company 864-278-5237

Name of individual at Company to contact for more information Sid Duvall

2. Dates of employment with this company: beginning 05/17/04 ending 10/15/09

Hours worked from 6pm to 6am or which shift 2nd for 5 to 6 days per week.

Ending salary $ 16.84 per hr Occupation Machine Operator

S.C. Employment Security Comm

Lower Authority Appeals

SC Employment Comm.
NOV 23 2009
Received Benefits Div.

3. CLAIMANT'S STATEMENT:

a. I was discharged by (Name of Person) Sid Duvall Title HR

because(Include reason for discharge on that particular day.): of absenteism. I was out of work sick. I went out of work toward the end of July. I was sick and I was going to the doctors and they were doing all types of tests. I did return back to work in August. I think it was around the 20th. I worked for about 4 hours and got sick again. I had to leave work. For a period of time, they did not have a diagnosis. I ended up going to a lung specialist and I was diagnosed with Occupational Asthma. All during the time that I was out, I was faxing in my doctor's notes. I was told that it was not enough proof for me not to be able to come to work. Because it took a while for them to diagnose me, I did not have the medicine needed in order to come to work. Once I was diagnosed, I faxed in a copy of the doctor's note that I was given. My doctor told me that it was his opinion that it was the conditions and the chemicals that I was working with. The doctor said that I needed to change departments. I communicated with my job constantly and I faxed in all the notes that I received from the doctors. The doctor did not write a letter to say that I should not go back to that department, he just verbally told me. I did not know that I should have gotten a letter to state such. Within a couple of days of when I submitted the last doctor's note, I was received a letter from Kohler telling me that I had been terminated. I never got a chance to ask to be moved to another department. I called Sid and I asked what could I do now and Sid said to just go and file for unemployment benefits and they will explain anything. Sid did not answer any questions, the conversation was short. My intention was to ask for a meeting but he refused.

WI Employment Security Comm.

b. If you were discharged for violation of a company rule, please explain rule and violation I was discharged for absenteism.

c. Has your employer ever warned you about the condition causing your discharge? Yes, ☐ No ☒
If "Yes," when were you warned (Dates) and by whom?

d. Did you discuss your discharge with your employer? Yes ☐ No ☒. If "Yes," with whom
What were the results of this discussion? I received a letter letting me know that I had been terminated.

4. CLAIMANT'S CERTIFICATION: I certify that the information stated herein is true. I understand that the Law prescribes penalties for false statements for the purpose of securing benefits to which I am not entitled.

CLAIMANT'S SIGNATURE [signature] DATE 10/27/2009

5. INTERVIEWR'S STATEMENT: Employer Reply received? Yes, ☒ No ☐ (If "Yes," all the employer's allegations not covered in claimant's initial statement must be presented to the claimant for rebuttal in item 7. If "No," or information was not adequate, was employer contacted to obtain adequate information?

Yes ☐ No ☐ If "No," give a date of attempt(s) to contact and explain.

INTERVIEWER'S SIGNATURE Angela M. Littlejohn DATE OF REPORT 10/27/2009
BENEFIT DEPARTMENT

WI Employment Comm.

NOV 2 3 2009

Received Benefits Div.

NAME: Nikolay Gul SOCIAL SECURITY # REDACTED

6. EMPLOYER'S STATEMENT: (ALSO USE FOR REBUTTAL OF CLAIMANT'S STATEMENT)

TELEPHONE _____ IN PERSON _____

EMPLOYER'S SIGNATURE OR NAME OF INDIVIDUAL CONTACTED

TITLE OF INDIVIDUAL CONTACTED

DATE

7. REBUTTAL OF EMPLOYER REPLY: I was never given a chance to ask to be moved to a different department. I did not know that I should have had the lung specialist to put everything in writing so that I could communicate it back to HR.

X _____
CLAIMANT'S SIGNATURE

10/27/09
DATE

3a CLAIMANT'S STATEMENT CONTINUED: (USE ONLY IF ADDITIONAL SPACE IS NEEDED FOR FACT-FINDING STATEMENTS.)

CLAIMANT'S SIGNATURE

5

5a INTERVIEWERS STATEMENT CONTINUED:

SC Employment Comm.
NOV 23 2009
Received Benefits Div.

PROGRESS NOTES

08/25/09 NIKOLAY GUL DOB: [redacted]75 Dr. Chris Nowatka

S: The patient comes into the office today complaining of continued pain. He did try to go back to work and he could not work for more than four hours before he started having severe pain in his right upper quadrant pain and shortness of breath. He does still have some episodes of some tachycardia. He has had some cough with mucous that happens three to four times per day and several minutes but at night it can last up to 30 minutes. He is unable to tolerate the ATENOLOL as it makes his pulse go to low and he feels poorly. He is accompanied by a friend who is translating for him.

O: On physical examination, the patient is well nourished and is in no acute distress. The pupils are equal, round and reactive to light. The neck is without lymphadenopathy. Cardiovascular has a regular rate and rhythm. The lungs are clear. Abdomen with positive bowel sounds, soft and a little bit of pain in the right upper quadrant but it seems to be there at times and not there at times when he takes a deep breath. He does not have any pain palpating in the area where the liver should be.

Chest x-ray showed a little calcification in the right lower lung where he had old x-rays from about four months ago, I guess in 04/09 from Kohler and it showed a little calcification in the [illegible] was actually larger or lesion I should say.

SC Employment Comm.

A:
1. Continued right upper quadrant pain, shortness of breath and tachycardia.
2. Abnormal liver enzymes.
3. Abnormal chest x-ray.
4. Borderline diabetes.

P:
1. He is unable to tolerate beta-blockers thus far. Consider another cardiology opinion but he had a stress test and workup by cardiologist and that was all normal without any problems.
2. I think he had abnormal ones in June but in July they were back to normal. The CT scan shows some fatty liver disease so I think that is all that is. I certainly can check a hepatitis panel although we have not done that yet.
3. I think it is benign abnormalities but we will have the old one and the new one reviewed by the radiologist for their opinion. They are asking for referral to the pulmonologist and I don't think that there is anything wrong with his lungs so we certainly could consider that but I think unlikely to find anything wrong. With the abnormal liver enzymes then could consider referral to the GI doctor but he is eating okay and his last set of liver enzymes are normal. His CT scan of the abdomen is essentially normal. He is eating and has no bowel problems. I asked if there seems to be some stress and anxiety that could be causing these problems and his friend says that that is not the case. He is actually in a least stressful job he has had at Kohler and he wants to keep that position and he is worried that he will lose it.
4. He is off of sugar so his sugars have been fine. I was hoping that once we found that out that controlling that would resolve his symptoms but it has not unfortunately. The patient is frustrated and I am frustrated that we have done this workup and he continues to have problems. We will put him out of work for another couple of weeks because it seems like most of his problems are tachycardia and heart related. He would like a second opinion so we will refer him. I still think anxiety is more of a problem and we could consider some ATIVAN trial before he goes to work to see if that resolves his symptoms.
6. Spent at least 20 to 25 minutes with this patient.

Chris Nowatka, M.D./jep

SC Employment Comm.

NOV 23 2009

Received Benefits Div.

PROGRESS NOTES

NAME Nikolay Gul PHONE NUMBER

SHEET NUMBER

DATE 8/31/09

wt 171.	needs work note
BP 122/82	
PS 5/10	need statement
	Total Lexapro

S.C. Employment Security Commission

08/31/09 NIKOLAY GUL DOB: [REDACTED]75 Dr. Chris Nowatka

S: The patient comes into the office today complaining of continued pain that is sometimes fine and then sometimes he has the pain that can be debilitating. His workup is typically negative. We referred him to the cardiologist for a second opinion since he tends to have these episodes of tachycardia and lightheaded and dizziness. He is going to be seen in four days. He is having some abdominal pain that is anxiety provoking..

O: On physical examination, the patient is

A. 1.

P: 1. We will try him on a low dose of LEXAPRO, 10 mg one half p.o. daily. Once he is tolerating this he may go up to 10 mg daily. Wrote a note that it would probably two weeks until he is evaluated by the cardiologist.

Chris Nowatka, M.D./jep

WHILE YOU WERE OUT

FOR Nov DATE 9-3 TIME 12:04 A.M. P.M.

M

OF alexander Bulgare

PHONE ☐ FAX ☐ MOBILE 550-7175 (AREA CODE / NUMBER / EXTENSION)

MESSAGE re: Nikolay Gul

STD needs records ?

has no income coming in

SIGNED MC

☐ PHONED ☐ RETURNED YOUR CALL ☐ PLEASE CALL ☐ WILL CALL AGAIN ☐ CAME TO SEE YOU ☐ WANTS TO SEE YOU

FORM 4008

Faxed 4:55 9-3-09

SC Employment Comm.

SEP 03 2009

Received Benefits Div.

PROGRESS NOTES

NAME Nikolay Gul PHONE NUMBER

SHEET NUMBER

DATE 9-17-09 c/o Work excuse

wt 172

BP 128/70

Pain 0

Needs 9/17 – 9/27

has appt Dr Feldman 9/23

+ Cardiology 9/28

f/u c Dr Nowatka for hx and

→ ? neuralgia

consider ? Neurontin or Lyrica

or Ref

? Need H.D.A.

09/17/09 NIKOLAY GUL DOB: [redacted]75 Dr. Eric L. Cole

S: This is a patient of Dr. Nowatka's who comes in today primarily because he needs a work excuse. I have not, up to this point, been involved in this gentleman's care but my understanding is that he has been seen by both Dr. Medlock and Dr. Nowatka and has had problems with hypertension, shortness of breath, chest pain, flank pain, and he is currently being worked up by both a cardiologist and a pulmonologist and evidently he has a test with Dr. Feldman on 09/23/09 and another test on 09/28/09 with the cardiologist and no one is quite sure what is going on and to save his job, he needs a work note to go from 09/17/09 to 09/28/09. He does appear to be diabetic on METFORMIN and has a history of tachycardia and is on ATENOLOL. No drug allergies possibly LISINOPRIL or PROPRANOLOL according to the chart.

O: On physical examination, weight is 172. Blood pressure is 120/70. Pain is 0. This is a well-developed male. He does not appear to be in acute distress. Neck is supple. Lungs are clear. Heart is regular. Abdomen is soft.

A: 1. Dyspnea.
2. Flank pain.

P: 1. It appears that at this point, further evaluation has been arranged by Dr. Nowatka and he is currently being seen by a cardiologist. I am on call today and Dr. Nowatka is off so that is the reason he is seeing me. At this point, it seems reasonable to go ahead and give him a work note for 09/17/09 through 09/28/09 until he is able to be seen by his cardiologist and his pulmonologist but based on his symptoms, I would have consider this to be a neuralgia type pain and consider adding NEURONTIN or LYRICA or send him to a neurologist for further evaluation. Also, he might want to consider a HIDA scan as well. Either way, I gave him a work note today but anything further would need to come from Dr. Nowatka.

Dr. Eric L. Cole/csm

SG Employment Comm.

NOV 23 2009

Received Benefits Div.

SPARTANBURG
Regional Healthcare System

☐SRMC ☐SRRC ☐BJW

AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION

Patient Name: Nikolay Gul

Patient Address: 151 Settles Rd
Inman, SC, 29349

Date of Birth: REDACTED 1975

SS#: REDACTED

Phone: 592-1819

The undersigned hereby authorizes Dr Guy Dallman to release information contained in my medical records to:

FAMILY PHYSICIANS OF BOILING SPRINGS
(address) 3941 HIGHWAY 9
BOILING SPRINGS, S.C. 29316

Phone 864-578-3682
Fax - 864-560-3675

Covering records for the period from All past (Date) to Present (Date)

Specific information to be disclosed:

Purpose of Release:

This authorization places no restrictions on any information to be released, including any treatment for alcohol, drug abuse, HIV testing, or psychiatric. If any restrictions are to be placed on information released, please state:

a. The patient is voluntarily signing this authorization.
b. The patient reserves the right to refuse to sign this authorization.
c. The patient is entitled to review or receive a copy of the information for which the authorization is being sought.
d. The patient will receive a copy of the signed authorization.
e. The patient reserves the right to revoke this authorization at any time. This revocation must be in writing.
f. Information may be subject to redisclosure by the recipient and no longer protected.

Signature of Patient — Date: 9-21-09

Signature of Parent/Guardian — Date

Signature of Personal Representative — Date

Witness — Date: 9-21-09

Description of Right to Act for the Individual

Identification

Expiration of this authorization is one (1) year from date of signature, unless otherwise specified.

ANY DISCLOSURE OF MEDICAL RECORD INFORMATION BY THE RECIPIENT(S) IS PROHIBITED EXCEPT WHEN IMPLICIT IN THE PURPOSES DISCLOSURE.

Patient Label

1061 (Rev. 04/03)

SC Employment Comm.
NOV 23 2009
Received Benefits Div.

Upstate Lung and Critical Care Specialists

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

1091 Boiling Springs Road
Spartanburg, SC 29303
(864) 573-6320
Office Fax (864) 573-6323
Nurse Fax (864) 591-0503

SC Employment Security Commission # 560-3650

INTERIM REPORT

Date: 9/23/09 Pages: Letter Authority Attached

To: DR Matthew CANNON Fax:

RE: Patient: Nikolay Gul Chart #:

[REDACTED] DOB 75

Impression: A) ASTHMA

Test Results: POSSIBLY OCCUPATIONAL

C-Pap Initiated ☐ (Check Box)

Plan: D) PREDNISONE 60mg QD
ADVAIR 500 BID

Formal correspondence to follow:

SC Employment Comm.
NOV 23 2009
Received Benefits Div.

UL-125

Upstate Lung And Critical Care Specialists, P.C.

F

Name: Paul Nikolay Chart# 29997 Date 9-23-09

Wt 173 Ht 6'2" B/P 128/87 H/R 84 RR ____ Temp ____ FIO2 R/A

Cough ____ Smoking ____
Sputum ____ Nausea ____
Dyspnea ____ Vomiting ____
Wheeze ____ Diarrhea ____
Edema ____ Chest Pain ____
Palpitations ____ Pain ____
Oriented ____ ETOL ____
New Allergies ____
Last Chest X-Ray ____

Present Illness + reason for visit ____

SG Employment Comm.

Physical Exam: ✓ WNL/NEG * ABN/POS

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

LAB ORDER: Spirometry ___ EKG ___ Sinus ___ CBC ___ Glu ___ PT ___ INR ___ O_2Sat Rest
Lung Vol ___ DLCO ___ U/A ___ CXR ___ ABG'S ___ Bun ___ Cre ___ K+ ___ Theo 99%
O_2Sat Rest ___

Office Treatment ____

Education ____

Diagnosis ____ Plan ____

SG Employment Comm.

Prescriptions ____

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

Received Benefits Div.

Upstate Lung & Critical Care Specialists, P.C.

Upstate Lung & Critical Care Specialists, P.C.
1091 Boiling Springs Road
Spartanburg, SC 29303
(864)573-6320
FAX (864)573-8323

SC Employment Security Comm.

Patient: GUL, NIKOLAY I, DOB: [REDACTED]1975, Age: 34 years, Male
Acct #: 29997

Encounter
09/28/2009

Medical History
No serious medical conditions noted.

Social History
Tobacco Use no smoking - Non-Smoker.
Occupation - Labor / Construction was exposed to acid at work on daily basis.

Review of Systems:
Constitutional Symptoms:
Complains of fatigue, loss of sleep, malaise, nervousness.
Eyes:
normal, no problems indicated
Ears, nose, throat:
normal, no problems indicated
Cardiovascular:
normal, no problems indicated
Pulmonary:
Complains of cough, loud snoring, wheezing.
Gastrointestinal:
normal, no problems indicated
Musculoskeletal:
Neurological:
normal, no problems indicated
Psychiatric:
normal, no problems indicated

Exam:
General appearance: well developed. no acute distress. interactive during exam.
Head: holds erect and midline, facial features symmetric. skull normocephalic, symmetric, and without deformities.
Eyes: normal.
ENMT:
Neck:
Respiratory: *auscultation*: end expiratory wheeze, rhonchi. *palpation*: normal fremitus. *respiratory effort*: no intercostal retractions or use of accessory muscles. *percussion*: no dullness.
Cardiovascular: normal.
Chest: normal.

SC Employment Comm.

NOV 23 2009

Received Benefits Div.

Upstate Lung & Critical Care Specialists, P.C.
1091 Boiling Springs Road
Spartanburg, SC 29303
(864)573-6320
FAX (864)573-6323

Patient: GUL, NIKOLAY I, DOB: [REDACTED]1975, Age: 34 years, Male
Acct #: 29997

Abdomen: soft, nontender, bowel sounds normal, no masses.
Skin: normal.
Neurologic: normal.
Psychiatric: normal.

Studies:
Pulmonary Function Test: Date 9-25-09; Interpretation moderate obstructive airway disease; FEV1 1.53 93.99 predicted 68%.

Problems
ASTHMA, EXTRINSIC W/O S.A. (493.00), onset: 09/25/2009, Chronic, Exacerbated, occupational asthma (added)

Note Contributing Authors:
Gregory J Feldman, MD; Angela Morin

Note electronically signed by: Gregory J Feldman, MD on 10/23/2009 at 09:40 AM

E&M Code: Uncoded

SC Employment Comm.
NOV 23 2009
Received Benefits Div.

UPSTATE LUNG
AND CRITICAL
CARE
SPARTANBURG

EasyOne™ DIAGNOSTIC 5.2
© ndd 2000-2008
SN 70334 RecNo 192
09/25/09 03:21pm

Patient Information	
Name	GULN
ID	28997
Age	34 (04/01/1975)
Height	5 ft 7 in
Weight	173 lbs,BMI 27.2
Gender	MALE
Ethnic	CAUCASIAN
Smoker	NO
Asthma	NO

Test Information	
Test Date/Time	09/25/09 03:20pm
Post Time	-:-
Test Mode	DIAGNOSTIC
Interpretation	GOLD/Hardie
Predicted Ref	NHANES III
Value Select	BEST TRIAL: 2
Tech ID	
Automated QC	ON
BTPS (IN/EX)	1.02

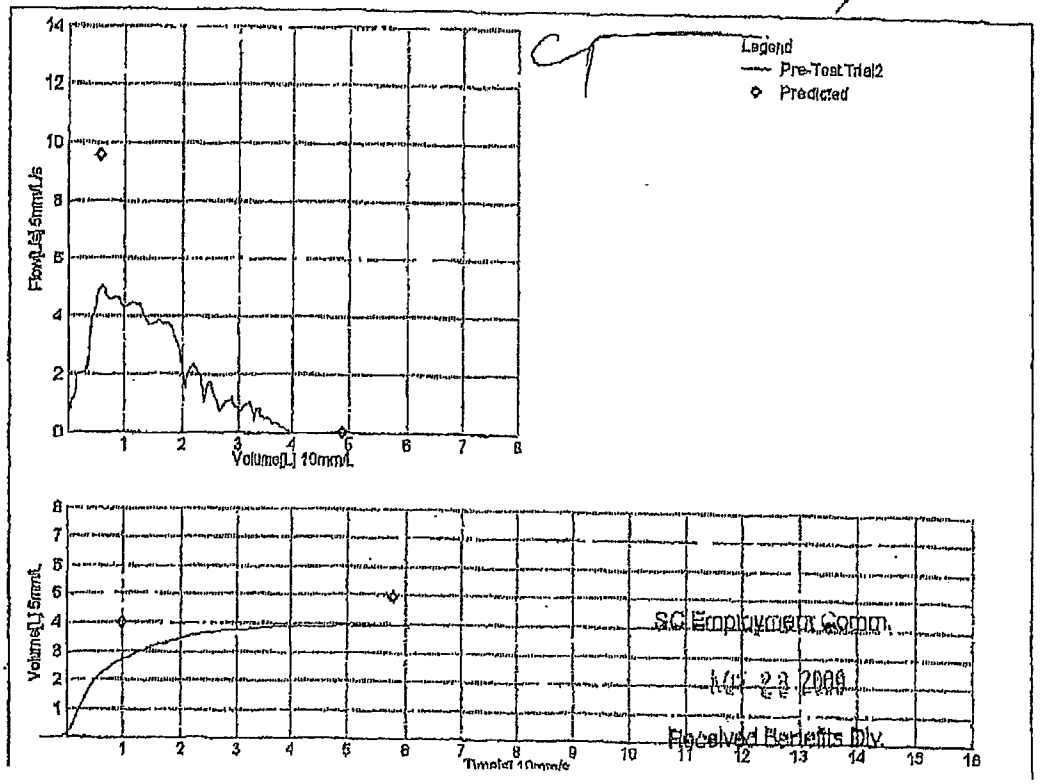
Test Results — Your FEV1 is 88% Predicted

Paremeter	Pre-Test Trial2	Trial1#	Trial3#	Pred	%Pred	
FVC[L]	3.96*	2.79*	1.54*	4.90	80	
FEV1[L]	2.71*	2.72*	1.53*	3.98	68	
FEV1/FVC[%]	68.6*	97.3	99.8	81.0	85	
PEF[L/s]	5.03*	3.95*	2.93*	9.57	53	
MEF25-75[L/s]	1.86*	3.40	0.27*	3.99	47	
MEF75[L/s]	4.34	3.08	1.24	-:-	-	
MEF50[L/s]	2.61	3.37	1.69	-:-	-	
MEF25[L/s]	0.85	3.35	0.05	-:-	-	
FET[s]	5.80	3.25	2.01	-:-	-	

* Indicates Below LLN or Significant Post Change

Pre-Test Interpretation: FEV1 Var=0.01L 0.2%; FVC Var=1.16L 29.3%; Session Quality D
Moderate Obstruction
Caution: Only One Acceptable Maneuver - Interpret With Care.

OBSTRUCTIVE Airway



SC Employment Comm.
NOV 23 2009
Received Benefits Div.

Oct. 26. 2009 11:37AM No. 9809 P. 10/12

Wt 113 Ht 62" BP 150/90 HR: 117 Chart# 29997 Date 9.25.09

Cough Smoking RR Temp

Sputum Nausea Present Illness + reason for visit

Dyspnea Vomiting

Wheeze Diarrhea

Edema Chest Pain

Palpitations Pain

Oriented x3 ETOL

New Allergies

Last Chest X-Ray

Physical Exam: ✓ WNL/NEG * ABN/POS

* General Appearance

* Skin/Turgor

* ENT

* Sinus

* Mouth

Upstate Lung and Critical Care Specialists, P.C.

7091 Boiling Springs Rd.
Spartanburg, SC 29303
(864) 573-6320

7419 N. Limestone Street
Gaffney, SC 29340
(864) 487-9931

319 W. South Street, Suite C
Union, SC 29379
(864) 427-0278

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

Ann Steciw, M.D.
Luis De la Cruz, M.D.
Anita Cooper, APN

Return To Work/School

Date 10/12/09

Patient Nikolay Gut.

Was seen in our office on: 10/12/09.

Out of work/school from 9/23/09 to 10/12/09

Upon return to work/school, level of activity should be:

_____ Light Duty

_____ Normal Duty

_____ Will not be able to return to work because:

PT has asthma

persistent coughing symptoms

_____ Is to be excused from P.E. class until

_____ Can return to regular P.E. class if:

_____ May participate in P.E. class limited to:

Physician Name

Physician Signature

Received Benefits Div.

NOV 23 2009

Prescriptions Albuterol

Next Appt. ___ Wks ___ Months W/GTF JAB' DRE Signature

Staff

Other

Upstate Lung And Critical Care Specialists, P.C.

F

Name: Gul, Nikolay I Chart# 29997 Date 10/2/09

Wt 173 Ht 67" B/P 143/84 H/R 87 RR ____ Temp ____ FIO2 R/A

Cough — Smoking —
Sputum — Nausea —
Dyspnea + Vomiting —
Wheeze — Diarrhea —
Edema — Chest Pain —
Palpitations — Pain —
Oriented x3 ETOL —
New Allergies —
Last Chest X-Ray ____

Present Illness + reason for visit ____

Physical Exam: ✓ WNL/NEG * ABN/POS

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

LAB ORDER: Spirometry ___ EKG ___ Sinus ___ CBC ___ Glu ___ PT ___ INR ___ O_2Sat Rest
Lung Vol ___ DLCO ___ U/A ___ CXR ___ ABG'S ___ Bun ___ Cre ___ K+ ___ Theo 100%
O_2Sat Rest ___

Office Treatment Inhalers. 120mg Cardizem SR.

Education Smoking cessation

Diagnosis Asthma Plan Continue current meds

Prescriptions

NOV 23 2009
Received Benefits Div.

Next Appt. ___ Wks ___ Months W/GJF JAB DRE Signature ____ Staff MT
Next Visit Spiro L/V DLCO PA PAL Sinus Doxa BLDWK ____ Other ____

Upstate Lung And Critical Care Spe lists, P.C.

Name: Nikolay I Gug Chart# 29997. Date 10/12/09

Wt 177 Ht 69" B/P 146/100 H/R 108 RR ____ Temp ____ FIO2 RA

Cough 0 Smoking 0
Sputum 0 Nausea 0
Dyspnea + Vomiting 0
Wheeze + Diarrhea 0
Edema + Chest Pain +some
Palpitations 0 Pain 0
Oriented x3 ETOL ____
New Allergies ____
Last Chest X-Ray ____

Present Illness + reason for visit FV SOB & wheezing.

Physical Exam: ✓ WNL/NEG × ABN/POS

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

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

Office Treatment Oxygen 98%

Education ✓

Diagnosis ✓ Plan ✓

Prescriptions

SC Employment Comm.
NOV 23 2009
Received Benefits Div.

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

Specialists, P.C.

1091 Boiling Springs Rd.
Spartanburg, SC 29303
(864) 573-6320

1419 N. Limestone Street
Gaffney, SC 29340
(864) 487-9931

319 W. South Street, Suite C
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Joseph A. Boscia, III, M.D.
Ann Steciw, M.D.
Luis De la Cruz, M.D.
Anita Cooper, APN

Return To Work/School

Date 10/13/09

Patient Nikolay Gul

Was seen in our office on: 10/12/09

Out of work/school from 9/23/09 to 10/31/09

Upon return to work/school, level of activity should be:

_____ Light Duty

_____ Normal Duty

_____ Will not be able to return to work because: _____

_____ Is to be excused from P.E. class until _____

_____ Can return to regular P.E. class if: _____

_____ May participate in P.E. class limited to: _____

Physician Name _____

Physician Signature _____

UL-107

SC Employment Comm.
NOV 23 2009
Received Benefits Div.

787

063

Upstate Lung And Critical Care Specialists, P.C.

F

Name: Gul Nikolay I Chart# 29997 Date 10/16/09

Wt 173. Ht 67 B/P 140/87 H/R 76 RR ____ Temp ____ FiO2 RA

Cough ____ Smoking NO Present Illness + reason for visit Reg FU

Sputum ____ Nausea ____ Better

Dyspnea + Vomiting ____

Wheeze ____ Diarrhea ____

Edema ____ Chest Pain ____ Belly

Palpitations ____ Pain ____

Oriented ____ ETOL ____

New Allergies ____

Last Chest X-Ray ____ Looks

Physical Exam: ✓ WNL/NEG × ABN/POS

* General Appearance ✓ Thin but feels good
* Skin/Turgor ✓
* ENT ✓
Sinus ✓
Mouth ✓
* Neck ✓
* Heart: Rhythm ✓
Murmurs ✓
Gallop ✓
Tones ✓
* Abdomen Soft non-tender
* Chest/Lungs:
Breath Sounds ____
Wheezes ✓
Rales ✓
Effort ✓
Symmetry Good
* Extremities: ✓
* Mobility: Gait ✓
Reflexes ✓
Aides ✓
* Mental Status ____

LAB ORDER: Spirometry ____ EKG ____ Sinus ____ CBC ____ Glu ____ PT ____ INR ____ O_2Sat Rest Theo

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

O_2Sat Rest ____

Office Treatment 100 RA

Education ____

Diagnosis ____ Plan ____

NO Employment Comm.

NOV 23 2009

Received Benefits Div.

Prescriptions ____

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

Next Visit: Spiro L/V DLCO PA PAL Sinus Dexa BLDWK ____ Other ____

Upstate Lung And Critical Care Specialists, P.C.

Name: Gul · Nikolay Chart# 29997 Date 10/20/09

Wt 172 Ht 60 B/P 159/94 H/R ~~193~~ 93 RR ____ Temp ____ FIO2 RA

Cough O
Sputum ____
Dyspnea +
Wheeze ____
Edema ____
Palpitations ____
Oriented X3
New Allergies ____
Last Chest X-Ray ____

Smoking ____
Nausea ____
Vomiting ____
Diarrhea ____
Chest Pain Chest discomfort
Pain ____
ETOL ____

Present Illness + reason for visit ____

Physical Exam: ✓ WNL/NEG ✗ ABN/POS

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

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

Office Treatment ____ Very 100%

Education Occupational

Diagnosis ____ Plan ____

SC Employment Office

NOV 25 2009

Received Benefits Div.

Prescriptions

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

Kohler Co., 2351 Southport Road, Spartanburg, South Carolina 29302 864 582-3401 Fax 864 278-3207 www.kohler.com

KOHLER.

October 15, 2009

SC Employment Security Comm.

To: Nikolay Gul

From: Sid DeVaul

This is to inform you that your employment with Kohler Co. has been terminated. You have been absent from work since August 20, 2009. While you have submitted doctor's statements during that time there has been no evidence provided indicating that you have a medical disability that would prevent you from working. You have seen multiple doctors and have complained of various ailments, but the results of all of the medical testing performed were within normal limits. This information was gathered and reviewed by Kohler's Medical and Benefits Departments. It also resulted in your being denied short-term disability payments.

In addition to there being no medical disability there is also a gap when you did not go to the doctor during your absence from work. We had a doctor's note excusing you until 9/28/09, but you did not return to work after that date. The next note you submitted said you did not go to the doctor again until 10/12/09.

Since there is no evidence of a medical disability during your absence from work since August 20, 2009 your employment is being terminated effective October 15, 2009. If the information above regarding your medical status is not correct, please contact me immediately to discuss the situation.

Sid DeVaul
Manager Human Resources

SC Employment Comm.
NOV 23 2009
Received Benefits Div.

SOUTH CAROLINA EMPLOYMENT SECURITY COMMISSION
P. O. Box 995, Columbia, South Carolina 29202

Notice of Appeal to Appeal Tribunal

Claimant's Name: Nikolay Gul Social Security Number: REDACTED

Claimant's Address: 155 Suttles Rd., Inman, SC 29349

Date of Birth: REDACTED75 (Month/Day/Year) Date of Initial Claim: 10/18/09 (Month/Day/Year) Telephone: 864-592-1819

Employer's Name: Kohler Company Telephone: 864-278-5237

Employer's Address: 2851 Southport Rd., Spartanburg, SC 29302

On 11/18/09 (Date) I received a claims examiner's determination mailed 11/13/09 (Date) from which I appeal and hereby apply for a hearing because I believe it was issued in error for the following reasons: I disagree with being disqualified indefinitely because I did not quit or abandon my job. I provided the required doctor notes, and when I tried to resolve the issue by requesting different work hours or a position in a different department, management would not even give me a meeting. I am able to work and I want to work. I made every effort to keep my job.

If appeal is untimely, state the reason: _____

I know that I must continue to file my claim for each week of unemployment until I receive the Appeal Tribunal's or Commission's decision, until I return to work, or until my claim is exhausted. If I win the appeal, I know I can only be paid for those weeks that I have claimed timely.

_____ (Claimant's Initials)

Does claimant need an interpreter? ☒ YES ☐ NO What language/dialect? will bring translator to appeal Claimant is ☐ Deaf ☐ Mute

(If it appears necessary to subpoena witnesses or documents, the Workforce Center representative should use Form 107 and attach them to this form at the time of transmittal to the Central Office.)

SUBPOENA ☐ YES ☐ NO

Appellant: Nikolay Gul

Signed By: [signature]

Title: claimant Date: 11/24/09

Date Determination Delivered by Workforce Center: _____ (Date)

Signed: _____ (Workforce Center Representative)

Filed at: Spartanburg UI 420 (Workforce Center Name and Number) Date: November 24 (Month) (Day) 20 09 (Year)

SC Employment Comm.

APP-100..,Revised 2/05
Catalog#: 05080

DEC 01 2009

Received By: Nicole Jamison (Workforce Center Representative)

Received Benefits Div.

UI-5
B104B
OCT 1999

SOUTH CAROLINA
EMPLOYMENT SECURITY COMMISSION
P.O. BOX 1477
COLUMBIA, S. C. 29202
OFFICIAL BUSINESS
UCB-104B

FORWARDING SERVICE REQUESTED

NIKOLAY I GUL
155 SUTTLES ROAD

INMAN SC 29349

INFORMATION FOR CLAIMANT

This is a monetary determination of your claim for benefits based on wages paid during your Base Period. This determination shows your Base Period Employment Record. It lists your covered employer(s) that paid you wages, their account number, and the wages paid to you by quarter and year during the base period of your claim. The total amount of wages paid to you by quarter in the base period is shown beside Base Quarter Total. This determination covers only the monetary portion of your claim. Another determination will be issued that states if you are eligible to receive benefits. It will be based on the reason for separation from your most recent bona fide employer.

Under Potential Benefits Established, your Weekly Benefit Amount, Maximum Benefit Amount, and the date you Benefit Year Ends are shown.

BASE PERIOD: The first four of the last five completed calendar quarters prior to the effective date of your initial claim. If you earned wages in covered employment not shown on the face of this form, give the information to your claimstaker at the unemployment office.

HIGH QUARTER: The quarter in our Base Period during which wages paid to you for insured work were highest.

WEEKLY BENEFIT AMOUNT: The amount of benefits you may receive weekly, if unemployed and otherwise eligible, shall be one-half of the average weekly wage in the high quarter of your base period, but shall not be less than $20.00 nor greater than the maximum weekly benefit amount as determined by the Commission on or before June 30 of each year for benefit years on or after July 1 of such current calendar year, and prior to July 1 of the succeeding calendar year as provided in Section 41-35-40 of the Law.

MAXIMUM POTENTIAL BENEFITS: The greatest amount of compensation that you may receive during your benefit year.

BENEFIT YEAR: The one (1) year period following the effective date of your initial claim. To establish a Benefit Year in accordance with the provisions of the Law, you must meet the following wage requirements:

1. You were paid at least $540.00 for insured work during the high quarter of your base period;
2. You were paid at least $900.00 for insured work during your base period;
3. The total of your base period wages for insured work equaled or exceeded one and one-half times the total of your high quarter wages.

AVERAGE WEEKLY WAGE: Shall be determined by dividing the high quarter wages by 13 weeks.

REDETERMINATION RIGHTS: You have the right to request a correction if you do not agree that this determination is correct. Your request for redetermination may be made by letter or by personal visit to the office where your claim was filed, and it should be made without delay. No change can be made on this determination after one year from the date of this notice.

BE SURE TO NOTIFY YOUR LOCAL OFFICE ANYTIME YOUR MAILING ADDRESS CHANGES WHILE FILING A CLAIM FOR BENEFITS.

EXAMPLE OF COMPUTATION OF BENEFITS:

High Quarter Wages		$1040.00
Base Period Wages		$3462.00
Average Weekly Wage	$1040.00 divided by 13 =	$ 80.00
Weekly Benefit Amount	80.00 divided by 2 =	$ 40.00

Maximum Potential Benefits:
Your maximum total benefit amount for this benefit year is the lesser of:
1. Twenty-six (26) times your Weekly Benefit Amount, or
2. One-third (1/3) of your total Base Period Wages as shown on this determination.
(1) 26 X $40.00 = $1040.00 (2) 1/3 of $3462.00 = $1154.00.
Maximum Benefits would be $1040.00 since that amount is less than $1154.00.

UC8 104-B
2-93

SOUTH CAROLINA EMPLOYMENT SECURITY COMMISSION

INITIAL DETERMINATION OF STATUS AS AN INSURED WORKER

LOCAL OFFICE 420

EFFECTIVE DATE 10/18/09

DATE FILED 10/19/09

DATE PREPARED 10/19/09

O

REDACTED

NIKOLAY I GUL
155 SUTTLES ROAD

INMAN SC 29349

POTENTIAL BENEFITS ESTABLISHED

MILITARY ASSIGNMENTS

WEEKLY BENEFIT AMOUNT 326.00

MAXIMUM TOTAL BENEFITS 8476.00

BENEFIT YEAR ENDS 10/17/10

SEE BACK FOR CLAIMANT INFORMATION

EMPLOYMENT RECORD		BASE PERIOD QUARTERLY EARNINGS							
EMPLOYER	ACCOUNT NO.	YEAR	*QTR.	YEAR	*QTR.	YEAR	*QTR.	YEAR	*QTR.
KOHLER CO	036744	2008	03	2008	04	2009	01	2009	02
		9229.03		9736.80		7760.64		10044.19	
BASE QUARTER TOTAL		9229.03		9736.80		7760.64		10044.19	

*QTR.
1.-JAN.,FEB.,MAR. 3.-JULY,AUG.,SEPT.
2.-APR.,MAY,JUNE 4.-OCT.,NOV.,DEC.

SOUTH CAROLINA
EMPLOYMENT SECURITY COMMISSION
P.O. BOX 995
COLUMBIA, S.C. 29202

OFFICIAL BUSINESS
APP-105

FORWARDING SERVICE REQUESTED

P105B
Rev. 12/01
UI-7

NOTICE OF HEARING
OPEN IMMEDIATELY

NIKOLAY I GUL
155 SUTTLES ROAD
INMAN SC 29349 6934

GENERAL INFORMATION ON THE SOUTH CAROLINA EMPLOYMENT SECURITY LAW

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DISCHARGE - Section 41-35-120(2) provides that claimants found to have been discharged for cause are subject to a disqualification from benefits of five (5) to twenty-six (26) weeks, with a corresponding monetary reduction. Cause is a wanton and willful disregard of the employer's interest; deliberate violation of rules; disregard of the standard of behavior which an employer can rightfully expect; or intentional and substantial negligent disregard for the employer's interests, duties or obligations. The burden of proof is on the employer to show cause for discharge.

AVAILABILITY - Section 41-35-110 provides that a claimant is eligible for benefits for any week only if the week is claimed according to the regulations, and the claimant has registered and continued to report to an employment office for work as required. In addition, a claimant must be physically "able to work" at his usual occupation which prior training and experience shows him to be qualified. Also, a claimant must be "available for work", which means being ready, able and willing to accept suitable work, and that personal circumstances would not prevent him from accepting such work.

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JOB OFFER AND REFERRAL - Section 41-35-120(3) provides that any claimant who has failed (1) without good cause to either apply for available suitable work, when so directed by the Commission, or (2) to accept available suitable work when offered by the Commission or an employer, shall be disqualified until the claimant furnishes satisfactory evidence of having been reemployed and having earned at least eight (8) times the weekly benefit amount. The burden of proof is on the claimant to show availability for work and reasonable effort to obtain work.

VOLUNTARY RETIREMENT - Section 41-35-120(6) provides that a claimant shall be disqualified if the Commission finds that the claimant retired voluntarily from his most recent work. The disqualification shall begin on the effective date of the claim and continue until the claimant submits evidence of having been reemployed and earned wages of not less than eight (8) times the weekly benefit amount of the claim. The burden of proof is on the claimant to show the retirement was not voluntary.

TIMELINESS OF APPEAL - Section 41-35-660 and 41-35-680 provides that an appeal must be filed not later than ten (10) calendar days, including weekends and holidays, from the mailing date shown. If the tenth (10th) day falls on a Saturday, Sunday, or holiday, the appeal period is extended to the next business day. Your appeal may be filed in person at any Employment Security Office, or by mail, addressed to the "APPEAL TRIBUNAL," P.O. Box 995, Columbia, South Carolina 29202. For additional information or assistance in filing an appeal, you may contact your local Employment Security Office. The burden of proof is on the appellant to show the appeal is timely.

APP-105
Revised 7/02

SOUTH CAROLINA EMPLOYMENT SECURITY COMMISSION
P.O. Box 995, Columbia, South Carolina 29202

NOTICE OF HEARING BEFORE APPEAL TRIBUNAL

Claimant's Name: NIKOLAY I GUL Social Security Number: REDACTED
Address: 155 SUTTLES ROAD
INMAN SC 29349-6934

Employer's Name: KOHLER COMPANY

Appeal Number: 0921249 Hearing Date: 12/15/09 (Month/Day/Year) Hearing Time: 11:30 AM (Hour/Minute)

Hearing Location: SC EMPLOYMENT SECURITY COMMISSION
440 SOUTH CHURCH ST SPARTANBURG SC 29301

Before: IVAN R. SCHOFIELD

IMPORTANT: IF YOU HAVE APPEALED AND FAIL TO APPEAR WITHIN TEN (10) MINUTES AFTER THE SCHEDULED TIME FOR THE HEARING TO BEGIN, YOUR APPEAL MAY BE DISMISSED. FAILURE OF EITHER PARTY TO PARTICIPATE MAY RESULT IN YOUR INTERESTS BEING ABANDONED.

THE HEARING WILL NOT BE POSTPONED EXCEPT FOR AN EMERGENCY. Contact a representative of the Commission at (803) 737-2520, AT ONCE, if you cannot be present at the time scheduled and wish to request a postponement of the hearing. Also, if you require any special needs, such as an interpreter, please contact us prior to the hearing.

ISSUES

X Voluntary Quit (for good cause)	Voluntary Retirement	Timeliness of Appeal
X Discharge (for disqualifying cause)	Absence from Hearing	Fraud & Overpayment
Availability	Overpayment	Job Offer & Referral
Eligibility	Other	

EVIDENCE: This hearing is your only chance to testify and present evidence. Sworn testimony is required from witnesses with first-hand knowledge. Only documents, such as business records (for example: timesheets, employer's policies or handbook, warnings) can be considered and must be submitted with an original and two copies. The original will be returned. No testimony or evidence will be considered from witnesses who are not present.

SUBPOENAS: If a witness is reluctant to appear, you may apply for a subpoena through the Commission's local office or the Appeal Tribunal at (803) 737-2520.

LEGAL REPRESENTATION: An attorney licensed to practice in South Carolina may represent you. It is your responsibility to obtain representation prior to the hearing. Fees charged to represent claimants are limited by the Commission.

BENEFITS: A claimant should continue to file for benefits during the appeal process. Weeks not claimed cannot be paid, even if the claimant is held eligible.

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MAILING DATE: 12/04/2009

SMALL CHILDREN AND PETS ARE NOT ALLOWED IN HEARINGS

GENERAL INFORMATION ON THE S.C. EMPLOYMENT SECURITY LAW IS ON THE BACK OF THIS NOTICE.

SOUTH CAROLINA
EMPLOYMENT SECURITY COMMISSION
P.O. BOX 995
COLUMBIA, S.C. 29202

OFFICIAL BUSINESS
APP-105

FORWARDING SERVICE REQUESTED

P105B
Rev. 12/01
UI-7

NOTICE OF HEARING
OPEN IMMEDIATELY

JEREMY A DANTIN
P.O. BOX 3547
SPARTANBURG SC 29304

GENERAL INFORMATION ON THE SOUTH CAROLINA EMPLOYMENT SECURITY LAW

VOLUNTARY QUIT - Section 41-35-120(1) provides that claimants found to have quit their work without good cause are disqualified from receiving benefits until they return to work and earn at least eight (8) times their weekly benefit amount. Good cause is a reason that is connected to employment and would justify a reasonable person in quitting. The burden of proof is on the claimant to show that he had good cause to quit.

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APP-105
Revised 7/02

SOUTH CAROLINA EMPLOYMENT SECURITY COMMISSION
P.O. Box 995, Columbia, South Carolina 29202

NOTICE OF HEARING BEFORE APPEAL TRIBUNAL

Claimant's Name: NIKOLAY I GUL
Social Security Number: REDACTED
Address: 155 SUTTLES ROAD
INMAN SC 29349-6934

Employer's Name: KOHLER COMPANY

Appeal Number: 0921249
Hearing Date: 12/15/09 (Month/Day/Year)
Hearing Time: 11:30 AM (Hour/Minute)

Hearing Location: SC EMPLOYMENT SECURITY COMMISSION
440 SOUTH CHURCH ST SPARTANBURG SC 29301

Before: IVAN R. SCHOFIELD

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ISSUES

- X Voluntary Quit (for good cause)
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- _____ Availability
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- _____ Fraud & Overpayment
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MAILING DATE: 12/04/2009

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P1050
Rev. 12/01
UI-7

SOUTH CAROLINA
EMPLOYMENT SECURITY COMMISSION
P.O. BOX 995
COLUMBIA, S.C. 29202

OFFICIAL BUSINESS
APP-105

FORWARDING SERVICE REQUESTED

NOTICE OF HEARING
OPEN IMMEDIATELY

KOHLER CO
2851 SOUTHPORT ROAD
SPARTANBURG SC 29302

GENERAL INFORMATION ON THE SOUTH CAROLINA EMPLOYMENT SECURITY LAW

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APP-105
Revised 7/02

SOUTH CAROLINA EMPLOYMENT SECURITY COMMISSION
P.O. Box 995, Columbia, South Carolina 29202

NOTICE OF HEARING BEFORE APPEAL TRIBUNAL

Claimant's Name: NIKOLAY I GUL
Social Security Number: REDACTED
Address: 155 SUTTLES ROAD
INMAN SC 29349-6934

Employer's Name: KOHLER COMPANY

Appeal Number: 0921249
Hearing Date: 12/15/09 (Month/Day/Year)
Hearing Time: 11:30 AM (Hour/Minute)

Hearing Location: SC EMPLOYMENT SECURITY COMMISSION
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MAILING DATE: 12/04/2009

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UCB-101 EUC
REV 10/08
CATALOG# 08093

TIER 1

South Carolina Employment Security Commission

EMERGENCY UNEMPLOYMENT COMPENSATION

❶ NAME Nikolay Gul

SOCIAL SECURITY NUMBER REDACTED

ADDRESS 155 Suttles rd

Inman, SC 29349-6934

TELEPHONE (864) 590-8347

FOR LOCAL OFFICE USE ONLY

Local Office 420 ☐ ~~New Claim~~

Date Filed 5-3-10 ☐ Additional Claim

Effective Date 4-25-10 ☐ Mail Claim

Mailing Date _____ ☑ ~~TelClaim~~

Applicable UI BYE 10-17-10

❷ Has your address changed since you last filed for unemployment benefits? ☐ YES ☑ NO

❸ Have you worked since you last filed for unemployment benefits? (including In-State, Out-of-State, Federal or Military) ☐ YES ☑ NO

❹ I request a determination of my entitlement to Emergency Unemployment Compensation (EUC) To the best of my knowledge I am not entitled to unemployment compensation under South Carolina Law or any other state's law or any other type of unemployment benefits and allowances . I understand that if I am eligible for Trade Readjustment Allowances (TRA) the EUC benefits I receive may be deducted from any basic TRA benefits I might otherwise be entitled to

NOTICE Under 18 U S C §1001, knowingly and willfully concealing a material fact by any trick, scheme or device or knowingly making a false statement in connection with this claim is a Federal Offense, punishable by a fine of not more than $10,000 or imprisonment for not more than five years, or both

Claimant's Signature X _____ Date X 5-03-10

☑ Eligible for Emergency Unemployment Compensation

☐ Your request for Emergency Unemployment Compensation (EUC) does not meet the requirements of the Emergency Unemployment Compensation Act of 2008, therefore you do not qualify for EUC

Reason _____

☐ This determination applies to your EUC eligibility only You will receive a separate determination on your availability and/or job separation

Claimstaker's Signature L. Nesbitt Date 5-3-10

APPEAL RIGHTS

This determination will be the final decision of the commission unless you file an appeal setting forth in detail the grounds for appeal within ten (10) calendar days, including weekends and holidays, from the mailing date shown above or the date this determination was given to you in person If the tenth (10th) day falls on a Saturday, Sunday, or Holiday, the appeal period is extended to the next business day Your appeal may be filed in person at any S C Employment Security Office, or by mail addressed to the APPEAL TRIBUNAL , PO Box 995, Columbia, South Carolina 29202 For additional information or assistance in filing an appeal, contact your local Employment Security Office

BENEFIT DEPARTMENT
ROA 674

076

800

Appeal No: 0921249 DECISION NO: 2009-A-23012

SOUTH CAROLINA
EMPLOYMENT SECURITY COMMISSION

DECISION OF APPEAL TRIBUNAL

Hearing Date: December 15, 2009

NIKOLAY I. GUL
155 SUTTLES ROAD
INMAN, SC 29349 6934

CLAIMANT

ENTERED 12/22/09 Dpco Initials

KOHLER CO
2851 SOUTHPORT ROAD
SPARTANBURG, SC 29302

EMPLOYER

APPELLANT: Claimant

SS NO: REDACTED

APPEARANCES

FOR THE CLAIMANT:	Present with counsel and interpreter	FOR THE EMPLOYER:	One witness

FINDINGS OF FACT

The issue in this case is whether the claimant was discharged for "cause."

The claimant appealed the determination mailed November 16, 2009, which held the claimant indefinitely disqualified from receiving benefits effective October 18, 2009, upon a finding the claimant voluntarily quit without good cause.

The claimant worked from May 17, 2004, to October 15, 2009, with the subject employer, most recently as a machine operator. The employer terminated the claimant's employment on October 15, 2009, for failure to provide evidence of a medical disability. The claimant had submitted medical records approved by the employer for the period in question. The employer's witness testified that the decision to terminate employment was made by the corporate office and that he did not have first-hand knowledge of the decision.

Appeal No: 0921249

DECISION NO: 2009-A-23012

REASONS

The South Carolina Employment Security law provides in §41-35-120(2) for a disqualification of from five (5) to twenty-six (26) weeks, with a corresponding monetary reduction, if the Commission finds the claimant was discharged for "cause" connected with the most recent bona fide employment.

"Cause" includes, but is not limited to, a violation of the employer's reasonable rules or regulations, or a disregard for the standards of behavior that an employer has a right to expect of an employee.

In this matter, the testimony of the employer and the claimant are in agreement that the claimant was discharged rather than voluntarily quit. The employer must meet an evidentiary burden to prove that discharge was for cause. The evidence shows that the claimant complied with the regulations or expectations of the employer. Therefore, the law requires a finding that the claimant was discharged without cause.

DECISION

The Tribunal hereby holds the claimant eligible for benefits, effective October 18, 2009, upon a finding that the claimant was discharged without cause. This decision reverses the determination mailed November 16, 2009.

This will be the final decision of the Agency, unless you file an appeal to the Full Commission setting forth in detail the grounds for appeal within ten (10) calendar days, including weekends and holidays, from the mailing date of this decision. If the tenth day falls on a Saturday, Sunday or holiday, the appeal period is extended to the next business day. Your appeal may be filed in person at any Employment Security Office, or by mail, addressed to "Commission Appeals," Post Office Box 995, Columbia, South Carolina 29202. For additional information or assistance in filing an appeal, contact your local Employment Security Office.

Ivan R. Schofield
Administrative Hearing Officer

IRS: sas
Decision Mailed: 12-17-09
Mailed on the above Date By: SAS

UI-5
T104B
09/03

SOUTH CAROLINA
EMPLOYMENT SECURITY COMMISSION
P.O. BOX 1477
COLUMBIA, S. C. 29202
OFFICIAL BUSINESS

TEUC-104B

FORWARDING SERVICE REQUESTED

NIKOLAY I GUL
155 SUTTLES ROAD

INMAN SC 29349

INFORMATION FOR THE CLAIMANT

The Temporary Extended Unemployment Compensation (TEUC) Program is scheduled to end December 31, 2003. If your TEUC effective date is prior to this date, benefits may be paid through claim week March 27, 2004.

REDETERMINATION RIGHTS: You have the right to request a correction if you do not agree this determination is correct. Your request for redetermination may be made by letter or personal visit to the office where your claim was filed, and it should be made without delay. No change can be made on this determination after one year from the date of this notice.

BE SURE TO NOTIFY YOUR LOCAL OFFICE ANYTIME YOUR MAILING ADDRESS CHANGES WHILE FILING A CLAIM FOR BENEFITS.

TEUC-104-B
November 2002

SOUTH CAROLINA EMPLOYMENT SECURITY COMMISSION
TEUC INITIAL DETERMINATION OF STATUS AS AN INSURED WORKER

LOCAL OFFICE 420

EFFECTIVE DATE 04/25/10

DATE FILED 10/19/09

DATE PREPARED 05/03/10

0

REDACTED

NIKOLAY I GUL
155 SUTTLES ROAD

INMAN SC 29349

POTENTIAL BENEFITS ESTABLISHED

WEEKLY BENEFIT AMOUNT 326.00

MAXIMUM TOTAL BENEFITS 6520.00

SEE BACK FOR CLAIMANT INFORMATION

EMPLOYMENT RECORD		BASE PERIOD QUARTERLY EARNINGS							
EMPLOYER	ACCOUNT NO.	YEAR	*QTR.	YEAR	*QTR.	YEAR	*QTR.	YEAR	*QTR.

06/09/10 C L A I M A N T P R O F I L E D A T A

SSN: REDACTED 1 CURRENT PROGRAM:. 01
NAME: NIKOLAY I GUL
ADDR: 155 SUTTLES ROAD
CITY: INMAN ST: SC ZIP: 29349
TELE: 000 000 0000 CO: 083
LIABLE STATE: 45 ADDR CHG DATE:

BYB: 03/17/08 BYE: 03/16/09
CLAIM TAKER : 000
LOCAL OFFICE: 420
I.C. PROG CDE: 00
ENTRY DATE : 03/28/08
FILE DATE : 03/28/08

SOC CODE : 51000000
LAST OCCUPATION:
EDUCATION CODE: 12
SEVERANCE IND : U
SEVERANCE AMT : .00
PENSION IND : N
SOC SEC AMT : .00
OTHER PENSION AMT: .00
WBA : 326.00
TOTAL POSSIBLE: 8,476.00

UNCONVERTED:
CHILD SUP PCT:
CHILD SUP EFF:
EB EFFECTIVE:
DUA #: -DRSC
CLAIM TYPE: T
F/S WITHHOLDING: N
PAYMENT OPTION: DD
METHOD OF FILING: T
PAID TO DATE: 603.00

ACTIVE ISSUES: 0
MONETARY COMP: Y
OVERPAY BAL : .00
PRIOR BYE DTE: 12/10/07
REQUAL IND : Y
EUC EFFECTIVE:
EUC FILE DATE:
EUC ELIG IND :
EUC2 EFF DATE:
BALANCE: 7,873.00

CLAIM STATUS : REGULAR ACTIVE CLAIM

TRANSACTION OPTION:

06/09/10 B E N E F I T P A Y M E N T H I S T O R Y

SSN: REDACTED 1 NAME: NIKOLAY I GUL BYE: 03/16/09
BENEFITS WBA: 326.00 UI MBA : 8476.00 BALANCE: 7873.00

PGM CDE	PO DOI	CWE	ENTRY DATE	BY	CHECK DOI	PAYMENT OPTION	CHK/SEQ NUMBER	PAY TYPE	AMOUNT PAID	UNR FLG	DISQ REAS	TOTAL AMOUNT
01	011209	010409	011209	P	011209		2378791	06	277.00	0	00	277.00
01	061208	060808	061208	P	061208		9307975	04	326.00	0	00	326.00
01	032808	032308	032808	P			0000000	10	.00	0	00	.00

FOR MORE THAN 12 PAYMENTS DEPRESS PF2 TRANSACTION OPTION:

UI-5
B104B
OCT 1993

SOUTH CAROLINA
EMPLOYMENT SECURITY COMMISSION
P.O. BOX 1477
COLUMBIA, S. C. 29202
OFFICIAL BUSINESS
UCB-104B

FORWARDING SERVICE REQUESTED

NIKOLAY I GUL
155 SUTTLES ROAD

INMAN SC 29349

INFORMATION FOR CLAIMANT -

This is a monetary determination of your claim for benefits based on wages paid during your Base Period. This determination shows your Base Period Employment Record, it lists your covered employer(s) that paid you wages, their account number, and the wages paid to you by quarter and year during the base period of your claim. The total amount of wages paid to you by quarter in the base period is shown beside Base Quarter Total. This determination covers only the monetary portion of your claim. Another determination will be issued that states if you are eligible to receive benefits. It will be based on the reason for separation from your most recent bona fide employer.

Under Potential Benefits Established, your Weekly Benefit Amount, Maximum Benefit Amount, and the date your Benefit Year Ends are shown.

BASE PERIOD: The first four of the last five completed calendar quarters prior to the effective date of your initial claim. If you earned wages in covered employment not shown on the face of this form, give the information to your claimstaker at the unemployment office.

HIGH QUARTER: The quarter in our Base Period during which wages paid to you for insured work were highest.

WEEKLY BENEFIT AMOUNT: The amount of benefits you may receive weekly, if unemployed and otherwise eligible, shall be one-half of the average weekly wage in the high quarter of your base period, but shall not be less than $20.00 nor greater than the maximum weekly benefit amount as determined by the Commission on or before June 30 of each year for benefit years on or after July 1 of such current calendar year, and prior to July 1 of the succeeding calendar year as provided in Section 41-35-40 of the Law.

MAXIMUM POTENTIAL BENEFITS: The greatest amount of compensation that you may receive during your benefit year.

BENEFIT YEAR: The one (1) year period following the effective date of your Initial Claim. To establish a Benefit Year in accordance with the provisions of the Law, you must meet the following wage requirements:

1. You were paid at least $540.00 for insured work during the high quarter of your base period;
2. You were paid at least $900.00 for insured work during your base period;
3. The total of your base period wages for insured work equaled or exceeded one and one-half times the total of your high quarter wages.

AVERAGE WEEKLY WAGE: Shall be determined by dividing the high quarter wages by 13 weeks.

REDETERMINATION RIGHTS: You have the right to request a correction if you do not agree that this determination is correct. Your request for redetermination may be made by letter or by personal visit to the office where your claim was filed, and it should be made without delay. No change can be made on this determination after one year from the date of this notice.

BE SURE TO NOTIFY YOUR LOCAL OFFICE ANYTIME YOUR MAILING ADDRESS CHANGES WHILE FILING A CLAIM FOR BENEFITS.

EXAMPLE OF COMPUTATION OF BENEFITS:

High Quarter Wages		$1040.00
Base Period Wages		$3462.00
Average Weekly Wage	$1040.00 divided by 13 =	$ 80.00
Weekly Benefit Amount	80.00 divided by 2 =	$ 40.00

Maximum Potential Benefits:
Your maximum total benefit amount for this benefit year is the lesser of:
1. Twenty-six (26) times your Weekly Benefit Amount; or
2. One-third (1/3) of your total Base Period Wages as shown on this determination.
(1) 26 X $40.00 = $1040.00 (2) 1/3 of $3462.00 = $1154.00.
Maximum Benefits would be $1040.00 since that amount is less than $1154.00.

UCB 104-B
2-93

SOUTH CAROLINA EMPLOYMENT SECURITY COMMISSION

INITIAL DETERMINATION OF STATUS AS AN INSURED WORKER

LOCAL OFFICE 420

EFFECTIVE DATE 03/17/08

DATE FILED 03/28/08

DATE PREPARED 04/05/08

RECONSIDERED

REDACTED

NIKOLAY I GUL
155 SUTTLES ROAD

INMAN SC 29349

POTENTIAL BENEFITS ESTABLISHED

MILITARY ASSIGNMENTS

WEEKLY BENEFIT AMOUNT 326.00

MAXIMUM TOTAL BENEFITS 8476.00

BENEFIT YEAR ENDS 03/16/09

SEE BACK FOR CLAIMANT INFORMATION

EMPLOYMENT RECORD		BASE PERIOD QUARTERLY EARNINGS			
EMPLOYER	ACCOUNT NO.	YEAR *QTR.	YEAR *QTR.	YEAR *QTR.	YEAR *QTR.
		2006 04	2007 01	2007 02	2007 03
KOHLER COMPANY	036744	7689.31	9773.47	10418.85	10127.97
BASE QUARTER TOTAL		7689.31	9773.47	10418.85	10127.97

*QTR.
1-JAN.,FEB.,MAR. 3-JULY,AUG.,SEPT.
2-APR.,MAY,JUNE 4-OCT.,NOV.,DEC.

UCB-103B
REV. 5/02

SOUTH CAROLINA EMPLOYMENT SECURITY COMMISSION
P. O. BOX 995, COLUMBIA, S. C. 29202

813

DETERMINATION OF ELIGIBILITY FOR BENEFITS

CLAIMANT'S NAME	SOCIAL SECURITY NUMBER	L. O. NO.	TYPE	CATEGORY
NIKOLAY I GUL	REDACTED	420	I	01

WEEKLY BENEFIT AMOUNT	MAXIMUM BENEFIT AMOUNT	EFFECTIVE DATE	BENEFIT YEAR ENDS	DATE OF NOTICE
$ 326.00	$ 8,476.00	03/17/08	03/16/09	03/31/08

It has been determined that you are eligible without disqualification for unemployment compensation. This determination is made based on the South Carolina Employment Security Law and on evidence available at the time of this notice.

☐ The last separation was from a non-liable employer.

KOHLER COMPANY
C/O SID DEVAUL
PO BOX 1987
SPARTANBURG SC 29304

MAILING DATE 04/01/2008

IMPORTANT:

THIS DETERMINATION WILL BE THE FINAL DECISION OF THE COMMISSION UNLESS YOU FILE AN APPEAL SETTING FORTH IN DETAIL THE GROUNDS FOR APPEAL WITHIN TEN (10) CALENDAR DAYS, INCLUDING WEEKENDS AND HOLIDAYS, FROM THE MAILING DATE SHOWN ABOVE. IF THE TENTH (10TH) DAY FALLS ON A SATURDAY, SUNDAY OR HOLIDAY, THE APPEAL PERIOD IS EXTENDED TO THE NEXT BUSINESS DAY. YOUR APPEAL MAY BE FILED IN PERSON AT ANY EMPLOYMENT SECURITY OFFICE OR BY MAIL TO THE APPEAL TRIBUNAL AT THE ADDRESS BELOW. FOR ADDITIONAL INFORMATION OR ASSISTANCE IN FILING AN APPEAL, YOU MAY CONTACT YOUR LOCAL EMPLOYMENT SECURITY OFFICE.

UCB-103B
5-98

APPEAL TRIBUNAL
P. O. BOX 995
COLUMBIA, S.C. 29202

UI-6

SOUTH CAROLINA
EMPLOYMENT SECURITY COMMISSION
P. O. BOX 995
COLUMBIA, S. C. 29202
OFFICIAL BUSINESS
UCB-103B
FORWARDING SERVICE REQUESTED

KOHLER COMPANY
C/O SID DEVAUL
PO BOX 1987
SPARTANBURG SC 29304

UCB-103B
(REV. 6/95)

SOUTH CAROLINA EMPLOYMENT SECURITY COMMISSION
P. O. BOX 995, COLUMBIA, S. C. 29202

814

DETERMINATION OF ELIGIBILITY FOR BENEFITS

CLAIMANT'S NAME	SOCIAL SECURITY NUMBER	L. O. NO.	TYPE	CATEGORY
NIKOLAY I GUL	REDACTED	420	I	01

WEEKLY BENEFIT AMOUNT	MAXIMUM BENEFIT AMOUNT	EFFECTIVE DATE	BENEFIT YEAR ENDS	DATE OF NOTICE
$ 326.00	$ 8,476.00	03/17/08	03/16/09	03/31/08

It has been determined that you are eligible without disqualification for unemployment compensation. This determination is made based on the South Carolina Employment Security Law and on evidence available at the time of this notice.

☐ The last separation was from a non-liable employer.

NIKOLAY I GUL
155 SUTTLES ROAD
INMAN , SC 29349

MAILING DATE 04/01/2008

IMPORTANT:

THIS DETERMINATION WILL BE THE FINAL DECISION OF THE COMMISSION, UNLESS YOU FILE AN APPEAL SETTING FORTH IN DETAIL THE GROUNDS FOR APPEAL WITHIN TEN (10) CALENDAR DAYS, INCLUDING WEEKENDS AND HOLIDAYS, FROM THE MAILING DATE SHOWN ABOVE. IF THE TENTH (10TH) DAY FALLS ON A SATURDAY, SUNDAY, OR HOLIDAY, THE APPEAL PERIOD IS EXTENDED TO THE NEXT BUSINESS DAY. YOUR APPEAL MAY BE FILED IN PERSON AT ANY EMPLOYMENT SECURITY OFFICE OR BY MAIL TO THE APPEAL TRIBUNAL AT THE ADDRESS BELOW. FOR ADDITIONAL INFORMATION OR ASSISTANCE IN FILING AN APPEAL YOU MAY CONTACT YOUR LOCAL EMPLOYMENT SECURITY OFFICE.

UCB-103B
5-95

APPEAL TRIBUNAL
P. O. BOX 995
COLUMBIA, S.C. 29202

UI-5

SOUTH CAROLINA
EMPLOYMENT SECURITY COMMISSION
P. O. BOX 995
COLUMBIA, S. C. 29202
OFFICIAL BUSINESS
UCB-103B
FORWARDING SERVICE REQUESTED

NIKOLAY I GUL
155 SUTTLES ROAD
INMAN , SC 29349

06/09/10 C L A I M A N T P R O F I L E D A T A

SSN: [REDACTED] 2 CURRENT PROGRAM: 01
NAME: NIKOLAY I GUL
ADDR: 155 SUTTLES RD
CITY: INMAN ST: SC ZIP: 29349
TELE: 000 000 0000 CO: 083
LIABLE STATE: 45 ADDR CHG DATE:

BYB: 12/11/06 BYE: 12/10/07
CLAIM TAKER : 000
LOCAL OFFICE: 420
I.C. PROG CDE: 00
ENTRY DATE : 12/28/06
FILE DATE : 12/28/06

SOC CODE : 00000000
LAST OCCUPATION:
EDUCATION CODE:
SEVERANCE IND : U
SEVERANCE AMT : .00
PENSION IND : N
SOC SEC AMT : .00
OTHER PENSION AMT: .00
WBA : 303.00
TOTAL POSSIBLE: 7,878.00

UNCONVERTED:
CHILD SUP PCT:
CHILD SUP EFF:
EB EFFECTIVE:
DUA #: -DRSC
CLAIM TYPE: P
F/S WITHHOLDING: N
PAYMENT OPTION: DD
METHOD OF FILING: P
PAID TO DATE: 303.00

ACTIVE ISSUES: 0
MONETARY COMP: Y
OVERPAY BAL : .00
PRIOR BYE DTE:
REQUAL IND : Y
EUC EFFECTIVE:
EUC FILE DATE:
EUC ELIG IND :
EUC2 EFF DATE:
BALANCE: 7,575.00

CLAIM STATUS : REGULAR ACTIVE CLAIM

TRANSACTION OPTION:

06/09/10 B E N E F T P A Y M E N T H I S T O R Y

SSN: REDACTED 2 NAME: NIKOLAY I GUL BYE: 12/10/07
BENEFITS WBA: 303.00 UI MBA : 7878.00 BALANCE: 7575.00

PGM CDE	PO DOI	CWE	ENTRY DATE	BY	CHECK DOI	PAYMENT OPTION	CHK/SEQ NUMBER	PAY TYPE	AMOUNT PAID	UNR FLG	DISQ REAS	TOTAL AMOUNT
01	122906	122406	122906	P	122906		6937619	04	303.00	0	00	303.00
01	122806	121706	122806	P			0000000	10	.00	0	00	.00

FOR MORE THAN 12 PAYMENTS DEPRESS PF2 TRANSACTION OPTION:

UI-5
B104Bp
OCT 1998

SOUTH CAROLINA
EMPLOYMENT SECURITY COMMISSION
P.O. BOX 1477
COLUMBIA, S. C. 29202
OFFICIAL BUSINESS

01897 UCB-1048

FORWARDING SERVICE REQUESTED

NIKOLAY I GUL
155 SUTTLES RD
INMAN SC 29349

INFORMATION FOR CLAIMANT

This is a monetary determination of your claim for benefits based on wages paid during your Base Period. This determination shows your Base Period Employment Record. It lists your covered employer(s) that paid you wages, their account number, and the wages paid to you by quarter and year during the base period of your claim. The total amount of wages paid to you by quarter in the base period is shown beside Base Quarter Total. This determination covers only the monetary portion of your claim. Another determination will be issued that states if you are eligible to receive benefits. It will be based on the reason for separation from your most recent bona fide employer.

Under Potential Benefits Established, your Weekly Benefit Amount, Maximum Benefit Amount, and the date your Benefit Year Ends are shown.

BASE PERIOD: The first four of the last five completed calendar quarters prior to the effective date of your initial claim. If you earned wages in covered employment not shown on the face of this form, give the information to your claimstaker at the unemployment office.

HIGH QUARTER: The quarter in our Base Period during which wages paid to you for insured work were highest.

WEEKLY BENEFIT AMOUNT: The amount of benefits you may receive weekly. If unemployed and otherwise eligible, shall be one-half of the average weekly wage in the high quarter of your base period, but shall not be less than $20.00 nor greater than the maximum weekly benefit amount as determined by the Commission on or before June 30 of each year for benefit years on or after July 1 of such current calendar year, and prior to July 1 of the succeeding calendar year as provided in Section 41-35-40 of the Law.

MAXIMUM POTENTIAL BENEFITS: The greatest amount of compensation that you may receive during your benefit year.

BENEFIT YEAR: The one (1) year period following the effective date of your initial claim. To establish a Benefit Year in accordance with the provisions of the Law, you must meet the following wage requirements:

1. You were paid at least $540.00 for insured work during the high quarter of your base period;
2. You were paid at least $900.00 for insured work during your base period;
3. The total of your base period wages for insured work equaled or exceeded one and one-half times the total of your high quarter wages.

AVERAGE WEEKLY WAGE: Shall be determined by dividing the high quarter wages by 13 weeks.

REDETERMINATION RIGHTS: You have the right to request a correction if you do not agree that this determination is correct. Your request for redetermination may be made by letter or by personal visit to the office where your claim was filed, and it should be made without delay. No change can be made on this determination after one year from the date of this notice.

BE SURE TO NOTIFY YOUR LOCAL OFFICE ANYTIME YOUR MAILING ADDRESS CHANGES WHILE FILING A CLAIM FOR BENEFITS.

EXAMPLE OF COMPUTATION OF BENEFITS:

High Quarter Wages	$1040.00	
Base Period Wages	$3462.00	
Average Weekly Wage	$1040.00 divided by 13 = $ 80.00	
Weekly Benefit Amount	80.00 divided by 2 = $ 40.00	

Maximum Potential Benefits:
Your maximum total benefit amount for this benefit year is the lesser of:
1. Twenty-six (26) times your Weekly Benefit Amount, or
2. One-third (1/3) of your total Base Period Wages as shown on this determination.
(1) 26 X $40.00 = $1040.00 (2) 1/3 of $3462.00 = $1154.00.
Maximum Benefits would be $1040.00 since that amount is less than $1154.00.

UCO 804-Bp
2-93

SOUTH CAROLINA EMPLOYMENT SECURITY COMMISSION

INITIAL DETERMINATION OF STATUS AS AN INSURED WORKER

LOCAL OFFICE 425

EFFECTIVE DATE 12/11/06

DATE FILED 12/28/06

DATE PREPARED 12/29/06

105

REDACTED

NIKOLAY I GUL
155 SUTTLES RD
INMAN SC 29349

POTENTIAL BENEFITS ESTABLISHED

MILITARY ASSIGNMENTS

WEEKLY BENEFIT AMOUNT 303.00

MAXIMUM TOTAL BENEFITS 7878.00

BENEFIT YEAR ENDS 12/10/07

SEE BACK FOR CLAIMANT INFORMATION

EMPLOYMENT RECORD			BASE PERIOD QUARTERLY EARNINGS							
EMPLOYER	ACCOUNT NO.		YEAR	*QTR.	YEAR	*QTR.	YEAR	*QTR.	YEAR	*QTR.
KOHLER COMPANY	036744	0	2005	03	2005	04	2006	01	2006	02
			13357.24		9736.43		7939.66		8129.95	
BASE QUARTER TOTAL			13357.24		9736.43		7939.66		8129.95	

*QTR.
1-JAN.,FEB.,MAR. 3-JULY,AUG.,SEPT.
2-APR.,MAY,JUNE 4-OCT.,NOV.,DEC.

UCB-103B
REV. 6/98

SOUTH CAROLINA EMPLOYMENT SECURITY COMMISSION
P. O. BOX 995, COLUMBIA, S. C. 29202

1,716

DETERMINATION OF ELIGIBILITY FOR BENEFITS

CLAIMANT'S NAME	SOCIAL SECURITY NUMBER	L. O. NO.	TYPE	CATEGORY
NIKOLAY I GUL	REDACTED	420	I	01

WEEKLY BENEFIT AMOUNT	MAXIMUM BENEFIT AMOUNT	EFFECTIVE DATE	BENEFIT YEAR ENDS	DATE OF NOTICE
$ 303.00	$ 7,878.00	12/11/06	12/10/07	12/29/06

It has been determined that you are eligible without disqualification for unemployment compensation. This determination is made based on the South Carolina Employment Security Law and on evidence available at the time of this notice.

☐ The last separation was from a non-liable employer.

KOHLER COMPANY
ATTN HUMAN RESOURCES
PO BOX 1987
SPARTANBURG SC 29304

MAILING DATE 01/02/2007

IMPORTANT:

THIS DETERMINATION WILL BE THE FINAL DECISION OF THE COMMISSION UNLESS YOU FILE AN APPEAL SETTING FORTH IN DETAIL THE GROUNDS FOR APPEAL WITHIN TEN (10) CALENDAR DAYS, INCLUDING WEEKENDS AND HOLIDAYS, FROM THE MAILING DATE SHOWN ABOVE. IF THE TENTH (10TH) DAY FALLS ON A SATURDAY, SUNDAY OR HOLIDAY, THE APPEAL PERIOD IS EXTENDED TO THE NEXT BUSINESS DAY. YOUR APPEAL MAY BE FILED IN PERSON AT ANY EMPLOYMENT SECURITY OFFICE OR BY MAIL TO THE "APPEAL TRIBUNAL" AT THE ADDRESS BELOW. FOR ADDITIONAL INFORMATION OR ASSISTANCE IN FILING AN APPEAL, YOU MAY CONTACT YOUR LOCAL EMPLOYMENT SECURITY OFFICE.

UCB-103B
5-98

APPEAL TRIBUNAL
P. O. BOX 995
COLUMBIA, S.C. 29202

UI-5

SOUTH CAROLINA
EMPLOYMENT SECURITY COMMISSION
P. O. BOX 995
COLUMBIA, S. C. 29202
OFFICIAL BUSINESS
UCB-103B
FORWARDING SERVICE REQUESTED

KOHLER COMPANY
ATTN HUMAN RESOURCES
PO BOX 1987
SPARTANBURG SC 29304

UCB-103B
REV. 5/98

SOUTH CAROLINA EMPLOYMENT SECURITY COMMISSION
P. O. BOX 995, COLUMBIA, S. C. 29202

1,717

DETERMINATION OF ELIGIBILITY FOR BENEFITS

CLAIMANT'S NAME	SOCIAL SECURITY NUMBER	L. O. NO.	TYPE	CATEGORY
NIKOLAY I GUL	REDACTED	420	I	01

WEEKLY BENEFIT AMOUNT	MAXIMUM BENEFIT AMOUNT	EFFECTIVE DATE	BENEFIT YEAR ENDS	DATE OF NOTICE
$ 303.00	$ 7,878.00	12/11/06	12/10/07	12/29/06

It has been determined that you are eligible without disqualification for unemployment compensation. This determination is made based on the South Carolina Employment Security Law and on evidence available at the time of this notice.

☐ The last separation was from a non-liable employer.

NIKOLAY I GUL
155 SUTTLES RD
INMAN , SC 29349

MAILING DATE 01/02/2007

IMPORTANT:

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UCB-103B
5-98

APPEAL TRIBUNAL
P. O. BOX 995
COLUMBIA, S.C. 29202

UI-5

SOUTH CAROLINA
EMPLOYMENT SECURITY COMMISSION
P. O. BOX 995
COLUMBIA, S. C. 29202
OFFICIAL BUSINESS
UCB-103B
FORWARDING SERVICE REQUESTED

NIKOLAY I GUL
155 SUTTLES RD
INMAN , SC 29349

Individual Information Panel

Client: Nikolay Gul
Case Manager(s): Unknown
User Name: NIKOLAYGUL
Veteran: No
SSN (Last 4): REDACTED

Age: 38
Sex: Male
User ID: NIKOLAYGUL
State ID: 2334542
Disability: Yes

[More Individual Information]

Case Summary Panel

Activity Summary [Hide/Show]

Item	Key Dates
0 Case Note(s)	
40 Service Record(s)	First Created: 01/04/2010 Last Created: 10/07/2013
2 Internal Job Referral(s)	Earliest Referral: 08/20/2012 Latest Referral: 10/07/2013
0 Staff Referral(s) to Provider(s)	
4 Resume(s) (0 view(s))	First Created: 01/04/2010 Last Modified: 12/14/2012
0 Letter(s)	
6 Job Application(s)	First Created: 08/20/2012 Last Created: 10/07/2013
1 Saved Job Alert(s)	First Created: 12/14/2012 Last Created: 12/14/2012
51 New Message(s)	First Created: 12/15/2012 Last Created: 03/14/2013
0 New Appointment(s)	

Case Management Summary [Hide/Show]

Item	Key Dates
1 Registration	Registration created on 01/04/2010 and last edited 08/29/2010
9 Wagner Peyser Application(s)	Most recent application date: 09/26/2013
9 Wagner Peyser Participation(s)	Most recent participation date: 09/26/2013
8 Wagner Peyser Outcome(s)	Most recent exit date: 12/14/2012
0 WIA Application(s)	
0 WIA Intensive Services Registration(s)	
0 WIA Participation(s)	
0 WIA Follow Up(s)	
0 Individual Employment Plan(s)	
0 TAA Application(s)	

0 TAA Participation(s)

0 TAA Enrollment(s)

0 TAA Closure(s)

0 TAA Outcome(s)

Employment History Summary [Hide/Show]

Employer	Start/End Dates	City
kohler	05/2004 - 10/2009	spartanburg
kohler	05/2004 - 10/2009	spartanburg

Education History Summary [Hide/Show]

Qualification	Issuing Institution	Completion Date
General Educational Development (GED) Certificate		

User Name: NIKOLAYGUL
User ID: NIKOLAYGUL
Last 4 SSN: REDACTED

State ID: 2334542
Phone: 864-590-8347
Address: 155 Suttles Rd
Inman, SC 29349

Individual's Name: GUL, NIKOLAY I

Email Address:

To sort on any column, click a column title.

Job ID	Job Title	Company Name	Referral Date	Referral Result	Action
536825	DRIVER-BAY TRUCK DELIVERY	[redacted]	8/20/2012	Not Specified	Results Print
563654	Machine Operator		10/7/2013	Not Specified	Results Print

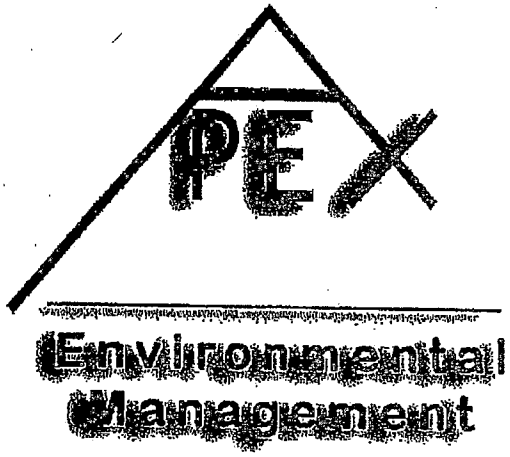
User Name: NIKOLAYGUL
User ID: NIKOLAYGUL
Individual's Name: GUL, NIKOLAY I
Phone: 864-590-8347
Address: 155 Suttles Rd.
Inman, SC 29349
Email Address:

To Sort, click Column Title

Service Code	Program	Scheduled Date/Time	Actual End Date	Completion Code
179 - External Web Site Job Referral	WP #6856344		10/7/2013 12:10:00 PM	Successful Completion
500 - JO 563654 - Referred To Job Over 150 Days	WP #6856344		10/7/2013 12:04:00 PM	Internet Referral
179 - External Web Site Job Referral	WP #6856344		10/7/2013 11:59:00 AM	Successful Completion
179 - External Web Site Job Referral	WP #6856344		10/7/2013 11:55:00 AM	Successful Completion
006 - Self Service Job Search through VOS	WP #6856344		10/7/2013 11:32:00 AM	Successful Completion
179 - External Web Site Job Referral	WP #6856344		9/26/2013 10:13:00 AM	Successful Completion
006 - Self Service Job Search through VOS	WP #6856344		9/26/2013 10:06:00 AM	Successful Completion
003 - Self Service Registration	WP #6856344	9/26/2013 10:06:00 AM	9/26/2013 10:06:00 AM	Successful Completion
006 - Self Service Job Search through VOS	WP #6600232		12/14/2012 9:57:00 AM	Successful Completion
003 - Self Service Registration	WP #6600232	12/14/2012 9:48:00 AM	12/14/2012 9:48:00 AM	Successful Completion
106 - Provided Internet Job Search Support / Training	WP #6600232	12/14/2012	12/14/2012	Successful Completion
500 - JO 536825 - Referred To Job Over 150 Days	WP #6471039		8/20/2012 1:57:00 PM	Internet Referral
006 - Self Service Job Search through VOS	WP #6471039		8/20/2012 1:55:00 PM	Successful Completion
007 - Self Service Resume	WP #6471039		8/20/2012 1:53:00 PM	Successful Completion
106 - Provided Internet Job Search Support / Training	WP #6471039		8/15/2012	Successful Completion
006 - Self Service Job Search through VOS	WP #6139403	12/12/2011 6:55:00 PM	12/12/2011 6:55:00 PM	Successful Completion
202 - Career Guidance/Planning/Counseling	WP #6139403	12/7/2011	12/7/2011	Successful Completion
106 - Provided Internet Job Search Support / Training	WP #6139403	12/7/2011	12/7/2011	Successful Completion
101 - Orientation	WP #6139403		12/7/2011	Successful Completion

106 - Provided Internet Job Search Support / Training	WP #5104641	6/29/2011	6/29/2011	Successful Completion
105 - Job Finding Club	WP #5104641	6/29/2011	6/29/2011	Successful Completion
106 - Provided Internet Job Search Support / Training	WP #5104641	6/6/2011	6/6/2011	Successful Completion
105 - Job Finding Club	WP #5104641		6/6/2011	Successful Completion
106 - Provided Internet Job Search Support / Training	WP #5104640	2/24/2011	2/24/2011	Successful Completion
105 - Job Finding Club	WP #5104640		2/24/2011	Successful Completion
202 - Career Guidance/Planning/Counseling	WP #5104639		11/24/2010	Successful Completion
105 - Job Finding Club	WP #5104639	11/24/2010	11/24/2010	Successful Completion
107 - Provision Of Labor Market Research	WP #5104638		7/22/2010	Successful Completion
119 - Non-VOS Resource Center Usage	WP #5104638		7/22/2010	Successful Completion
102 - Initial Assessment	WP #5104638		7/22/2010	Successful Completion
107 - Provision Of Labor Market Research	WP #5104637		2/26/2010	Successful Completion
119 - Non-VOS Resource Center Usage	WP #5104637		2/26/2010	Successful Completion
202 - Career Guidance/Planning/Counseling	WP #5104637		2/26/2010	Successful Completion
107 - Provision Of Labor Market Research	WP #5104637		1/4/2010 11:50:00 AM	Successful Completion
115 - Resume Preparation Assistance	WP #5104637		1/4/2010 11:50:00 AM	Successful Completion
178 - Referral to Supportive Service	WP #5104637		1/4/2010	Successful Completion
107 - Provision Of Labor Market Research	WP #5104637		1/4/2010	Successful Completion
205 - Development of Individual Employment Plan	WP #5104637		1/4/2010	Successful Completion
119 - Non-VOS Resource Center Usage	WP #5104637		1/4/2010	Successful Completion
102 - Initial Assessment	WP #5104637		1/4/2010	Successful Completion

[Print | Close Window]



INDUSTRIAL HYGIENE ASSESSMENT

KOHLER CO.
4000 South Pine Street
Spartanburg, South Carolina

Conducted By:

Apex Environmental Management, Inc.
7 Winchester Court
Mauldin, South Carolina

Apex Project Number 0811-37

October 3, 2011

Environmental Management

7 Winchester Court
Mauldin, SC 29662
864.404.3210
www.apex-ehs.com

SERVICES

Indoor Air Quality

Mold Remediation

Asbestos & Lead

Industrial Hygiene

Worker Health & Safety

Mold Consulting

Moisture Management Plans

Safety Assessment

Environmental Site Assessments

Hazard Communication

APEX Project Number 0811-37

October 3, 2011

Mr. Mike Tolleson
Kohler Co.
4000 South Pine Street
Spartanburg, South Carolina 29303

Reference: Industrial Hygiene Assessment
Kohler Manufacturing Facility
Spartanburg, South Carolina

Dear Mike:

Apex Environmental Management, Inc. (Apex) is pleased to provide Kohler Co. with the chemical sampling results for the above-referenced project. Included in this report is a summary of our field activities and the results obtained.

BACKGROUND

Apex was contacted by Kohler Co. to perform employee exposure monitoring in two areas of the Kohler facility for acetic acid. The sampling was requested by Kohler's corporate Industrial Hygienist, Erik Osby. Apex was asked to provide full shift monitoring of employees working on pressure cast operations within the manufacturing area of the plant. Two separate areas corresponding with two types of pressure cast machines were monitored.

The first area contained the number five "Big Beam" machine. This machine was set with twelve molds for toilet tank lids with three cavities per mold. (see Photo 1) Two employees are stationed in this area to operate the machine. The operators are tasked with monitoring the machines during pressure molding and then removing the clay castings at the completion of each cycle. The pressure mold cycle lasts for approximately 23 minutes. Once the castings are removed, the molds are purged by forcing air and water through the epoxy resin molds. After the purge the molds are sprayed with a 20% acetic acid solution before the cycle begins again. The acid is sprayed using a hand held pump sprayer (Photo 3) for approximately 5 seconds per mold. The acetic acid is used as a releasing agent. During the machine's cycle, the employees perform finishing work on the previously de-molded castings.

In addition to the "Big Beam" machine, a machine called a "two mold" machine was also used to form the toilet tank lids. This machine has two - 3 cavity molds on each side of the central unit. (see Photo 2) The process for the "two mold" machine is essentially the same process as the "Big Beam", except that the machine cycle is 26 minutes for the smaller machine and only one employee is stationed in the area. The two-mold machine number 18 was used during the sampling event.

METHODS

Ms. Rebecca W. Shultz of Apex conducted the monitoring and fieldwork for the project. Apex arrived at the facility at 7:10 pm on September 6, 2011. A brief overview of the areas and operations to be monitored was provided. Three employees were monitored during the work shift, two in the big beam area and one in the two mold area. Personal air samples for acetic acid were collected from the employees at the breathing zone height. The samples were collected using charcoal tubes as media and personal air pumps calibrated to 0.2 liters per minute (lpm). The samples were collected for the duration of the work shift which was approximately 432 to 439 minutes. Sampling results were compared with the Occupational Safety and Health Administration's (OSHA) Permissible Exposure Limit (PEL).

Quality control measures during sampling included calibration of sampling equipment before and after use, the analysis of field blanks at the laboratory and close observation of employee work practices and process activities. Samples were analyzed by Galson Laboratories of East Syracuse, New York, an American Industrial Hygiene Association (AIHA) accredited laboratory.

FINDINGS

The employee work practices observed during the site visit were as indicated in preliminary conversations with Kohler Co. Employees in the pressure cast operations monitor mold machines of varying size and capacity. During the site visit on September 6, 2011, toilet tank lids were produced by the mold machines monitored. Work practices consisted of monitoring computer controls of each machine, removing castings produced, purging the molds for the next cycle and applying an acetic acid solution to the molds to aid the release of the completed product.

During the assessment, 10 cycles were completed on the "Big Beam" machine and fourteen cycles were completed on the "two mold" machine. Acetic acid usage was four spray bottles for the beam machine and one bottle for the two mold machine. The work exertion was moderate and the employees took regular breaks during the shift. Typically employees in these areas work an alternating 3 day – 4 day work week.

The acetic acid levels reported by the laboratory ranged from 0.081 to 0.81 parts per million (ppm), which are less than one tenth the OSHA PEL. The PEL for acetic acid is 10 ppm. Laboratory analytical results are included in Appendix A. Based on observations during the sampling and analytical results obtained, no further assessment is warranted at this time.

SURVEY LIMITATIONS

This report has been prepared for the exclusive use of Kohler Co. in Spartanburg, South Carolina. Results are based on the conditions encountered at the time of assessment and do not reflect changes that may have been made since the date of sampling. It should not be construed that actions taken as a result of this work will achieve complete compliance with every regulatory standard nor prevent every possible accident or loss.

Apex appreciates the opportunity to be of service to your company. If you have any questions regarding this report or if we may be of further assistance, please do not hesitate to contact us.

Sincerely,

Apex Environmental Management, Inc.;



Rebecca W. Shultz, CIH
President

Appendix A: Field Data Sheet
Appendix B: Laboratory Analytical Results
Appendix C: Photographs

APPENDIX A

Field Data Sheet

FIELD SAMPLE DATA SHEET

Project Name: Kohler IH Assessment
Site/Building: Spartanburg, SC
Project Number: 0811-42

Date: 9/6/11
Calibration Device R238
Calibration Date 8/12/2011

Sample #	Sample Type	Location/Employee/Task	Pump #	Time On	Time Off	Minutes	Flow			Volume	Conc.
							Start	End	Avg.	(Liters)	
Ac-1	Charcoal	Chris Thomas	P1207	7:19	2:35	435	0.20	0.20	0.20	87.00	0.46
Ac-2	Charcoal	Charlie Clayton	P1003	7:21	2:41	439	0.20	0.19	0.20	87.80	0.081
Ac-3	Charcoal	Dickie Goodman	P1101	7:23	2:35	432	0.20	0.20	0.20	87.40	0.81
Ac-B	Charcoal	Blank	NA	NA	NA	NA	NA	NA	NA	NA	BDL*

*BDL - below detection level

Collected By: R. Shultz

Description of Operation

PPE: Ear plug, safety glasses

Engineering Controls: safety gates, light curtains

827

103

BEFORE THE SOUTH CAROLINA
WORKERS' COMPENSATION COMMISSION
W.C.C. #0912295

NIKOLAY GUL,	)
	)
EMPLOYEE/CLAIMANT,	)
	)
VERSUS	)
	)
KOHLER COMPANY AND BROADSPIRE,	)
	)
EMPLOYER/INSURER/DEFENDANT.	)

ORIGINAL

****

DEPOSITION OF
GREGORY FELDMAN, M.D.

****

PURSUANT TO NOTICE OF DEPOSITION AND/OR AGREEMENT IN THE ABOVE-ENTITLED CASE, THE DEPOSITION OF GREGORY FELDMAN, M.D. WAS TAKEN ON THE 24TH DAY OF OCTOBER, 2013, COMMENCING AT THE HOUR OF 3:14 P.M., IN THE OFFICES OF UPSTATE LUNG AND CRITICAL CARE SPECIALISTS, SPARTANBURG, SOUTH CAROLINA.

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ATTORNEYS FOR THE DEFENDANT.

REPORTED BY: MARLA J. O'BRIEN, CVR-M, ACR

INDEX

STIPULATIONS, WAIVER AND OATH..... 4

EXAMINATION BY MR. HORNER..... 4

EXAMINATION BY MR. DANTIN.....105

CERTIFICATE OF REPORTER.....106

EXHIBITS:

DEFENDANT'S EXHIBIT 1 MARKED, ATTACHED.....105

(26 PAGES; CV)

DEFENDANT'S EXHIBIT 2 MARKED, RETAINED.....105

(LITERATURE)

(THIS TRANSCRIPT MAY CONTAIN QUOTED MATERIAL. SUCH MATERIAL IS REPRODUCED AS READ OR QUOTED BY THE SPEAKER.)

STIPULATIONS:

IT IS AGREED BY AND BETWEEN THE COUNSEL FOR THE PARTIES AS FOLLOWS:

1. THAT THIS DEPOSITION IS BEING TAKEN PURSUANT TO ALL APPLICABLE RULES OF THE SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION;

2. THAT THE DEPONENT WAIVES HIS RIGHT TO READ AND SIGN THE DEPOSITION TRANSCRIPT.

***** ***** ***** *****

GREGORY FELDMAN, M.D., BEING DULY SWORN TO TELL THE TRUTH, THE WHOLE TRUTH, AND NOTHING BUT THE TRUTH OF HIS OWN KNOWLEDGE CONCERNING THE MATTER HEREIN, TESTIFIED AS FOLLOWS:

***** ***** ***** *****

EXAMINATION BY MR. HORNER:

Q. Dr. Feldman, my name is Bob Horner. I assume you've been deposed before; is that correct?

A. Yes, I was.

Q. And just briefly, I have to go over the rules that are required. If I ask you a question that doesn't make sense, ask me to repeat it. I'll be happy to repeat it as many times. If you need to take a break, just let me know. Hopefully, we won't be here very long. If I ask you a yes or no question, just try to articulate your answers for the record. And then, you know,

obviously, you don't have an attorney/client privilege with anybody here in the room, but even if you did, it would be suspended during the deposition.

A. I don't.

Q. Okay. Can I just find out a little bit about your background, your educational background, and where you currently work?

A. Well, do you have my CV?

Q. No.

A. Would you like to have a copy?

Q. Sure. That would probably help.

A. Okay. If you give me a second, I will get you a copy; okay?

Q. All right.

(Off the record)

Witness answers:

A. And in the meantime, I'm going to tell you the answer to your question.

Q. All right.

A. I have received my MD Degree from the Second Moscow Medical School in 1979. I have done research between 1981 when I came to the United States until 1984. Then I finished residency in Internal Medicine, which was initially in New Jersey at Seton Hall University, St. Elizabeth Hospital, and then I finished at Dartmouth-

Hitchcock Medicine Center, which is, at the time at Hanover, and now Lebanon, New Hampshire. That occur from '84 to '88. And from '88 to 1992, I finished -- well, actually from '89 'til 1992 I finished three-year fellowship in Pulmonary and Critical Care Medicine. That was also at Dartmouth. And I have been in private practice in Spartanburg since year 1992, so immediately after I finished my fellowship. Initially, I was with Lung and Chest Medical Associates. And that was between year 1992 to year 2000. In year 2000, I started my own practice where you're here, it's Upstate Lung and Critical Care Specialist, PC. Right now we have seven doctors.

Q. Are you the only shareholder or owner of this practice?

A. No, everybody -- well, there's myself, Dr. Boscia, and Dr. Erb. And others will be owners, as well, but I am not.

Q. And in your practice here, you obviously specialize in pulmonology. Is there some subset of pulmonology that you specialize in, or is it just across the board?

A. Well, I am qualified to treat any disease that's related to the pulmonary/critical care medicine. I do have a special interest, if you're asking me.

Q. Yeah.

A. And my special interest would be interventional

bronchoscopy, bronchology. It's a specialized field. There is not many people do that. That would be outside of main training of (unintelligible) pulmonologist. Inside of the main training, my major interest is COPD and asthma, including occupational asthma.

Q. Being from Spartanburg, are you familiar professionally or personally with Dr. Fogarty, whose opinions I believe you've reviewed in this case?

A. Yes, I'm very well familial with Dr. Fogarty.

Q. Okay. Have you ever had an occasion to review his opinions in any other case?

A. We have been in litigation with Dr. Fogarty. Still are.

Q. Okay.

A. So I must disclose to you a highly adversarial relationship between myself and Dr. Fogarty.

Q. Okay. And what kind of litigation is that? Is it a medical malpractice? Is it a breach of contract?

A. Well, if you're interested in the case, I'm going to have -- bring to your attention all of that. It's so voluminous that it is impossible to answer that question in a short period of time.

Q. Okay.

A. But I can give you copies of the lawsuit, everything

that you like.
Q. Is there a lawsuit pending?
A. Yes, there is.
Q. Okay. And is it pending in Spartanburg County?
A. Well, it's right now on appeal.
Q. On appeal?
A. Right. But it was in Spartanburg County.
Q. It originated --
A. Right. But as I said, if you'd like to have any copies, I'd be more than happy to provide it.
Q. Okay.
A. All you'd have to do is just subpoena them.
Q. And it's on appeal to where, the Court of Appeals?
A. To Court of Appeals.
Q. All right. Are you the one suing or the one being sued?
A. No, we are suing Dr. Fogarty --
Q. You are --
A. -- among other people.
Q. Okay. Who is appealing, you or Dr. Fogarty?
A. Well, right now, the judge dismissed the case on the basis of time limitation.
Q. Okay.
A. And we are appealing the time limitation doesn't apply to this case. So is one issue, there was not

discovered.

Q. Who is your attorney or attorneys?

A. Milton Mann.

Q. Who is he with?

A. Milton Mann is by himself. He is working for us. He is in-house counsel.

Q. In-house? Okay.

A. Yeah.

Q. Has Harrison, White, Smith, or Coggins had any role in that litigation at all?

A. No, they do not.

Q. Have you ever been represented by anybody at Harrison, White, Smith and Coggins?

A. I was not. I dealt with this firm on the basis of Work Comp, disability, and so forth, like with Ben Harrison and so forth. But I never had a professional relationship or been represented by any of them.

Q. Okay. Have you ever served as a retained or paid expert by that firm?

A. No.

Q. So when you've had dealings with them in other cases, has it been solely as a treating physician?

A. Yes. Solely as a treating physician, correct.

Q. And in most of those cases, are they representing the person that you treated for an illness?

A. Well, I mean, in the cases, it would be all 100 percent of my patients.
Q. Okay. It's your patient, and are they representing your patient in litigation?
A. Yeah.
Q. Okay. Have you ever served as a --
A. Obviously, litigation. They would be representing them in the Worker Comp.
Q. Right.
A. It was not a litigation.
Q. Okay. In some sort of proceeding in some way.
A. Right. Disability --
Q. Yeah, Workers' Comp, things like that.
A. Yeah.
Q. Have you ever served as an expert witness where you've been paid to render opinions upon reviewing other people's files?
A. Not -- yes. I have reviewed other people's files on approximately seven to eight occurrences, but never for that firm.
Q. Okay. And in those seven or eight occurrences, did whoever asked you to look at the materials, did they end up hiring you to serve as an expert?
A. I never served as an expert. I've never been in court, I never testified in court.

Q. Okay.
A. But I did testify reviewing the record, as you asked me.
Q. Okay.
A. Okay, and my understanding was that if he ever go to court, that I will testify.
Q. Okay.
A. But I never did.
Q. Did you ever have to give a deposition like this in any of those seven or eight cases?
A. Yes.
Q. Okay. And were any of those cases involving whether or not someone had developed or had asthma or had asthma exacerbated by certain conditions?
A. Absolutely. That's one of the most common. Out of seven to eight cases, I would say five or six were that.
Q. Okay. And in those five or six cases, were those Workers' Comp cases or litigation cases?
A. One litigation, as Workers' Comp.
Q. Okay.
A. And one litigation case is about my patient.
Q. Okay.
A. And it's still ongoing.
Q. Okay.

A. And in fact, I gave deposition just, like, last week.
Q. Okay.
A. Or two weeks.
Q. Now, in those five or six cases, did you determine in all of those cases that the patient did have asthma?
A. I have determined in most of those cases the patient has asthma. But I also determined that nearly any of them -- maybe only a few of them had RADS.
Q. Had RADS?
A. Right. So see the difference?
Q. Yeah.
A. So in fact, all the cases I testified to would be for the Defendant, not for Plaintiff.
Q. Okay.
A. The Plaintiff that I testified was my patient, as an expert. That was only one case, I testified for the Plaintiff.
Q. Okay.
A. All the rest were for Defendant.
Q. Okay. Out of the seven or eight, not the five or six asthma cases, but out of the seven or eight, so two or three other cases --
A. Right.
Q. Did you testify for the Defendant or the Plaintiff, do you remember?

A. I never testified for Plaintiff except for my patient.
Q. Okay. And what kind of case is it that your patient is the Plaintiff? What's the lawsuit about?
A. Well, he had been exposed to acrylonitrile, which is a substance, a vapor. And he had developed reactive airway dysfunction syndrome. And this is what it's all about.
Q. All right. How did you end up seeing Mr. Gul as a patient? Do you remember?
A. Let me find out.
Q. Okay. Well, let me ask you this: Did you know Mr. Gul outside of the doctor/patient relationship?
A. No.
Q. You are aware he's from Russia?
A. Of course.
Q. Do you see a lot of Russians in your practice?
A. Not many.
Q. Do you still speak Russian, I assume?
A. Yes, I do. But please understand, our practice is 30,000 people.
Q. Right.
A. So proportionately, the Russian population is very, very small. When the Russians do come here, they try preferential to see me for simple reason.
Q. You speak the language?

A. I speak the language.
Q. Right.
A. Okay? So I have disproportional number of Russian people in my practice, but it's still tiny.
Q. And so when you saw Mr. Gul, speaking Russian, you wouldn't need an interpreter, then?
A. I would not.
Q. Can you look and see if you can recall how you came to see him?
A. Sure. And I apologize, it's been so long ago that I'm am searching more the records than my memory; okay?
Q. Okay.
A. I'm not sure.
Q. Okay.
A. I'm just not sure, either he came here by referral from the lawyers or on his own, I'm not sure.
Q. I'm looking at a document that says it's a Interim Report. And it says to Dr. Matthew Cannon. Would you have put him on there to basically copy him in on that note? So maybe he referred you?
A. That's (unintelligible) my writing.
Q. Okay.
A. But I suspect that I talked to him.
Q. Okay.
A. And I would be maybe that's who referred this patient

here, yes.
Q. And that document is dated 9/23/09; correct?
A. Correct.
Q. As far as I can tell in reviewing your records, that's the first day you saw him. Do you have anything to the contrary? Do you believe you saw him any other time before that?
A. I don't have anything to the contrary, and I think that's exactly right.
Q. Okay. The page before that, if you go the other direction one page.
A. This one?
Q. Yeah, one after that?
A. This one?
Q. Yes.
A. Okay.
Q. Can you tell me what that document is? Is it an office note?
A. Yes, it's an progress note.
Q. Okay. And the date on that is 9/23/09; correct?
A. Yes, sir.
Q. And don't need to go through your entire chart, but this first visit -- and I kind of have trouble reading your handwriting in some places -- can you tell me what you did on the first visit on 9/23/09 as recorded on

this page?

A. Yeah. I did a physical examination, I did breathing test, and I put him on medications. Those were Prednisone 60 milligram a day, an inhaler called Advair, A-d-v-a-i-r-e -- or rather, A-d-v-a-r-e, I'm sorry -- 500 b.i.d., which is twice a day.

Q. Okay.

A. Those two medications I put him on.

Q. And what kind of physical exam would you have given to somebody who was there to see you for possible occupational asthma?

A. Lung exam.

Q. What would that consist of?

A. Listening to his lungs.

Q. Okay.

A. Primarily. And breathing exam as well.

Q. In looking at it --

A. Now, understand, this is a progress note, 9/23/09. This one I made.

Q. Would there be a more comprehensive note from 9/23, if that was the first time you saw him?

A. Possibly. Could be a dictation note.

Q. I've never seen a more comprehensive or dictated note.

A. If it's not in the chart, it could have been misplaced or something. But most of the time, it's dictated.

Again, was so long ago, I can't really tell you.
Q. Okay. What kind of breathing test would you have given on 9/23?
A. Spirometry.
Q. All right. And on 9/23/09, looking at the chart, what did you diagnose him with?
A. With asthma.
Q. All right. Do you recall what kind of history you would have taken from him regarding his occupational exposure to an irritant or inhalant?
A. Yeah, I distinctly recall writing a big note about it. So I don't know if you have it or not. Is it the lawyers or something.
Mr. Horner:
Let's go off the record.
(Off the record)
Witness continues:
A. Not just 9/23, there was some notes that I wrote, that he'd been exposed to all this stuff. And there's a note somewhere. My opinion note or something. But on 9/23, it would have been dictated, if it was, which I always do. And if it was, I don't see it in the record. It may never have got into the record or something. But at any rate, it doesn't change my opinion. He has severe asthma, occupational asthma,

reactive airway dysfunction syndrome, and -- so at any rate, that, on 9/23/09 and today as well.

Q. Okay. Now, when I look at the spirometry results --

A. Yes, sir.

Q. -- they actually have a date of 9/25/09. Is it possible you would have called him back two days later to complete the spirometry, or to conduct the spirometry?

A. Yeah, it's possible.

Q. Okay.

A. It's also possible he could not do the spirometry that day because he was too short of breath.

Q. Okay. On this progress note, did you record that he was too short of breath, or would that possibly be on the dictated note?

A. Yeah, I record the shortness of breath. It probably will be on that, but I did write it down, shortness of breath. If somebody's short of breath, spirometry is not always a good idea. So if somebody is coughing, struggling, you don't do spirometry.

Q. Is that the shortness of breath at the very top?

A. At the very top.

Q. Okay. And what's that underneath it?

A. Underneath it is wheezing.

Q. Wheezing. Okay. What's that to the left of it? It

looks like a P something.

A. Plus shortness of breath, plus wheezing, question, occupational asthma --

Q. Okay.

A. -- question, RADS, lungs wheezing, asthma, Prednisone 60.

Q. Okay.

A. -- Advair 500, b.i.d. Spirometry was done two days later, on treatment.

Q. And as of 9/23, based on this interim report, you had concluded that he was, in fact, suffering from asthma.

A. Yes.

Q. Okay. Now, when I look at this interim report, it says, possibly occupational.

A. Right. I can tell definitively because occupational asthma, reactive airway dysfunction syndrome.

Q. Well, and my question to you is on 9/23/09, when you wrote possibly occupational, what more information would you have wanted to determine it was, in fact, occupational asthma on that day?

A. Yes, you have more records than I do. What day he was exposed to?

Q. Well, according to him, he was exposed from 2004 until 2009.

A. Right, but what 2009? What day in 2009?

Q. Well, there's not one particular incident. It was just --
A. I understand. But what was the last day of 2009 that he was exposed?
Q. That he was exposed?
A. Yes.
Mr. Dantin:
August 25th, 2009.
Witness continues:
A. August. Well, it requires three months in a row, okay, to be certain of occupational asthma such as RADS. So the patient has to be -- so it's September now. So we take about August, September, October. So you have to have -- for RADS, you have to have three months of symptoms.
Q. Okay.
A. So if, after three months, symptoms go away, that's not RADS. Symptoms must be persistent for three months, at least. It could be longer. It could be permanent. But it should be three, three months. That's a criteria, and the major criteria for diagnosis.
Q. For RADS.
A. For RADS.
Q. Now, what about for asthma?
A. Well, I think -- RADS is asthma. It's just semantics,

the way we define it. Reactive airway dysfunction syndrome is asthma.

Q. Okay.

A. Okay?

Q. Okay. So there's no distinction --

A. But there's -- well, there is a distinction, because reactive airway dysfunction syndrome is caused by occupational exposure, and it must continue symptoms for at least three months. But it's still asthma.

Q. Now, when you say continue for three months, do you mean continue for three months after the last exposure?

A. Yes.

Q. All right. So do you know when he first had symptoms?

A. Well, can you give me my note that I wrote to the lawyers, because I summarized all of that in my thoughts.

Q. I can. Would it be from a couple of years ago?

A. I don't know. But I remember that I wrote a note.

Q. Would it be the note where you talk about --

A. Did Mr. Dantin give them -- okay. Well, my note doesn't say when his asthma started. But I can tell you that it is three months after the exposure, last exposure.

Q. Okay. To actually give him a diagnosis of occupational asthma or RADS, three months?

A. I didn't say that. RADS.
Q. RADS.
A. Is required three months --
Q. Okay.
A. -- after last exposure.
Q. So you had to wait until October to determine whether or not it was occupational asthma or not.
A. Yeah, I have to have in my records three months.
Q. All right. And so did you ultimately diagnose him with occupational --
A. Yes.
Q. -- exposure --
A. Yes.
Q. -- or RADS?
A. Yes.
Q. All right. In looking at the spirometry --
A. Can I have a copy of that?
Q. Yeah, you can.
A. Because I will refer to that.
Q. I just want to make sure I could point you to the other. In looking at your spirometry that was done on the 25th --
A. Right.
Q. -- how is that interpreted to determine whether or not he was suffering from asthma or RADS? What are you

looking for on the spirometry to make that determination?

A. I don't. The spirometry has very little role in diagnosis of asthma, unless it's entirely normal. Then we may proceed with a test called methacholine bronchoprovocation test. But most common is normal. The second most common is obstructive. The third most common is restrictive. But the part, the pulmonary function test and spirometry play very little role. Because in people with asthma, it can be normal, which is most common, obstructive, which is second most common, and restrictive, which is just as common. So pulmonary function test play very little role.

Q. Which one, between obstructive and restrictive, would show up in a person who has asthma?

A. It could be anything.

Q. It could be either one? Any of the three?

A. And most common is normal.

Q. Okay. So just so I understand -- I mean, I'm just trying to understand, because I'm not a doctor.

A. All right.

Q. So most people who suffer from asthma, if you give them a spirometry test, in most cases, it'll show up being normal?

A. Yes. Majority of cases with people with asthma -- it

depends. Asthma is a cyclical disease. It's up and down; okay? So it's impossible to catch somebody on -- on one day they're one way, the other day they're the other way; okay? It is not -- it's not like COPD, which is pretty much diagnosis by spirometry. Asthma is not a spirometric diagnosis.

Q. Okay. What criteria do you use, or did you use in his case, to diagnose him with asthma?

A. Of course. It's number one, physical examination. Number two, differential diagnosis; okay? Number three is symptoms, cough, wheezing, shortness of breath; okay? Exclusion of other causes, for example, not everybody who's wheezing has asthma. It could be heart failure, it could be aspiration. It could be many other things, vocal cord dysfunction. Once you exclude those, then you make a diagnosis of asthma. Spirometry could be helpful in a clinical context. For example, he has obstructive spirometry, which is considered as asthma. But say he has a normal spirometry. That is not excluding the diagnosis; okay? We also frequently give methacholine bronchoprovocation test in people who have normal spirometry. But never somebody who has abnormal spirometry.

Q. So you would not give the second test to someone who had abnormal spirometry?

A. Methacholine, which is challenge test.
Q. Methacholine.
A. No, I would not.
Q. Okay. You would only do that if it was a normal test?
A. I would only do that if there's a question whether somebody has asthma or not. In this case, there is no question.
Q. So in his case, has he ever undergone a methacholine challenge test?
A. No. It would be very dangerous for him. He is a very, very compromised man. Methacholine bronchoprovocation challenge test can put him in the emergency room. By the way, you know what the methacholine challenge test? You want an explanation?
Q. Sure.
A. Methacholine is a derivative of acetylcholine. Acetylcholine is a natural transmitter, which is, everybody has; okay? It's all over the human airway; okay? It direct constrictor the airway. So giving methacholine is giving somebody a direct constrictor; all right? An increase in dose can produce significant bronchospasm. Usually in people with normal spirometry, we can tolerate that because reduction is apparent, but mild. In people with obvious asthma, they can end up in emergency room.

Q. So in the spirometry test, how would you have relied on this at all in diagnosing Mr. Gul? Or would you have?
A. I would not. But in his case, it's obstructive. If it would be normal, I would give him a test, possibly; okay? But this is a man with obstructive spirometry who is wheezing who is coughing, and so that's enough; okay? If you're asking me whether his pulmonary function test would be restricted; okay? It will be the same result; okay? I would not give somebody with abnormal pulmonary function test methacholine. But it would make very little difference whether it was restrictive or obstructive. So essentially, we're looking normal or not,
Q. And I guess, if it's normal in most patients with asthma, then why give the test at all, if it's not really helpful in diagnosing asthma?
A. Well, because if there is any question, okay, and it's normal, then there is benefit ratio is sufficient to give it if you have some concern. And as a clinician, you may have none, but somebody like expert witness or some lawyer may have a question mark; okay? So to resolve those issues, sometimes it's useful to give it to people with RADS. But normally, somebody has abnormal spirometry because of danger.
Q. So in looking at his test where it indicates that there

was only one acceptable maneuver and it should be interpreted with care, that didn't really affect your outcome or your diagnosis, because you didn't really heavily rely upon the spirometry in the first place?

A. Well, I did not rely heavily on the spirometry, but remember, interpret with care, meaning somebody who never seen the patient.

Q. Right.

A. Somebody like me, that's more than enough, because I'm his doctor. I know he is wheezing, he is coughing, he had just been on Prednisone two days ago.

Q. Right.

A. So that what means interpret with care. Remember, you talk about guidelines. Guidelines are for somebody who -- the most important guideline, taken in the clinical context; okay? It's one guideline for physicians who know the patient, another guidelines for physicians that doesn't. It's two different things.

Q. Okay. When you say know the patient and doesn't know the patient, you mean somebody that's just reviewing a chart as opposed to somebody who's examining the patient?

A. Yes.

Q. All right.

A. Yes, that's very accurate.

Q. So were you aware, at the time that you saw him, that he had actually undergone spirometry three months before you saw him?
A. I'm not sure I was.
Q. But it sounds like to me you wouldn't have factored into your opinion that he had asthma anyway, because you have indicated that a normal spirometry test can be had by someone with asthma?
A. In fact, they're the most common.
Q. Most common. Is there a percentage of that? Fifty percent, 60 percent?
A. Yeah, there is percentage. I'll pull the literature for you. How about that? I don't want to misquote. But let's cut a deal. I will get you all the literature that you want on every point that I make.
Q. Okay.
A. Good?
Q. You don't have to go that far.
A. But I will. I mean, seriously.
Q. I understand.
A. Because there is a percentage. Because remember, percentage from somebody who gives a study. Somebody who did another study, percentage could be different. But generally, we do rely on some literature to answer the questions that you have from people who devoted

their time and effort to this particular problem. So yes, the breakdown between the normal spirometry is the highest, then obstructive, then restrictive. But all three are very common.

Q. Okay. What would you have done when you saw him the first time when he has wheezing and shortness of breath to rule out some other lung issue, for example, pneumonia, or maybe he just had bronchitis? What do you do to determine whether it's sort of an acute process versus it's the development of asthma?

A. Well, I think that -- this is a young man with normal heart exam, with no history of any heart disease; okay? Who has a differential diagnosis, basically is asthma, asthma, and asthma. The other things that you say, pneumonia, of course has to be ruled out. He don't have a fever, he don't have chills, he don't have any phlegm or cough production to justify that diagnosis. Now, you say bronchitis. Asthma is a bronchitis, except it's not infectious; okay? What's asthma? Asthma is inflammation of the airway. What's bronchitis or any -itis? It's inflammation. Arthritis, inflammation of the knee; pharyngitis, inflammation of the pharynx; laryngitis, inflammation of the larynx. Okay? Bronchitis, inflammation of the bronchial tree. Definition of bronchitis is something

that lasts for between five to seven days. Something that is persistent that is already more than your acute bronchitis. Asthma is a bronchitis.

Q. Okay. Would there have been any other deferential diagnosis you would have considered on 9/23, the first time you saw him? Or were you convinced at that point he was suffering from asthma?

A. Yeah, he has, by clinical exam and deferential diagnosis, asthma.

Q. Okay.

A. That's what he had.

Q. We don't have, like, a typed dictated note, but do you recall reviewing any other medical records from his past that talked about any symptoms he may have had? Or would you have just taken a history from the patient?

A. Well, I'm not sure whether Dr. Cannon sent any records; okay? Do you have -- Cannon. Do you have anything on the chart?

Q. I didn't see anything.

A. All right.

Q. I just see your record.

A. Well, if you don't have it on the chart, then I don't, either.

Q. Okay.

A. Okay? So therefore, I don't know. You can ask Dr. Cannon if you see him in your records.
Q. Okay.
A. And no, I did not.
Q. Okay. So --
A. Remember, this man comes in for me to see him and to help him. I had no idea that he is litigation or whatever, okay? I don't think; all right? Because I don't think he was referred to me by a lawyer.
Q. Right.
A. So he comes in, he has significant asthma, he is wheezing, he needs to be treated. And that's what I concentrate on; okay? Spirometry at the time was not really particularly possible to do because he was coughing and wheezing. So I had to get him better. When he come back, his throat is clearly obstructed. The reason he was able to do only one maneuver is because he start coughing; okay? That's enough for a clinician like myself to say, you know what, I got enough.
Q. Now, how would you know he started coughing? Is that reflected in some part of that spirometry test?
A. Yes. You can see on the spirometry that he start coughing, yes.
Q. Which part of the -- the graph?

A. Yes.
Q. Okay. And is it because it's jagged?
A. Yes.
Q. Okay. Is there anything about this spirometry that indicates he gave submaximal effort?
A. No.
Q. Are you aware that Dr. Fogarty, in his opinions, believes that he was giving submaximal effort?
Mr. Dantin:
Just, let me be clear. Not on this exam.
Mr. Horner:
Right.
Examination resumed by Mr. Horner:
Q. On Dr. Fogarty's own exam.
A. Well, let me answer my question. Let's have the question. I am aware of Dr. Fogarty's opinions, yes. I read his opinion, and I responded to his opinion. So yes, I'm very aware of Dr. Fogarty's opinion, yes.
Q. Right. Are you of the opinion that someone can give submaximal effort and as a result, affect the spirometry results?
A. You cannot fake obstruction. If you're going to give submaximal effort, everything will be reduced. Not FEV1 will be reduced disproportionately. Okay, you cannot do that. It is impossible. Okay? So you

cannot, for example, increase your heart rate from 60 to 100, or from 100 to 200. Same with spirometry. It will affect all the volumes, not just one.

Q. And when you look at Dr. Fogarty's, were some of his volumes normal and some of them abnormal?

A. Well, you asked me a question whether I'm familiar with Dr. Fogarty's writings. I am. I disagree with every single one of them.

Q. Right.

A. Moreover, I'll go to say that every single one of that opinion are unsupported medically; okay? So having said that, I will concentrate on my opinion.

Q. Okay.

A. And my opinion, that you can see the volumes here. Okay, this one or this one; right?

Q. Right.

A. First one, and second one. You can have both decreased or both normal, but you cannot fake one being normal and the other one being abnormal. It is impossible to do; okay?

Q. Okay.

A. So you can't have 90 percent and 68 percent. This is impossible.

Q. It would either be -- they would be closer together?

A. They will be all reduced; right, if it's a poor effort.

So the poor effort is not an issue with this man. And I have done several spirometries with him, and never was.

Q. All right.

A. So he give an excellent effort. Sometimes he cannot do it because he is impaired.

Q. Now, how often would you repeat spirometry in a patient who's suffering from asthma throughout the course of your treatment? You've been seeing him for --

A. It's a judgment call; okay? Sometimes the only time I would repeat it is to look for improvement.

Q. All right. Now, what if it shows improvement? Let's say he comes in and his spirometry is, the predicted rate is in the 90s.

A. Great. That means that he responds to treatment and it's time to taper off steroids or discontinue steroids. It's just done for treatment purpose.

Q. All right.

A. Because normal spirometry in asthmatics is very common. It's peak and valley, peak and valley, peak and valley. When they achieve valley and spirometry is normal, great, it affects your treatment. But not diagnosis.

Q. Okay. When it affects your treatment, it affects the drugs that you are prescribed?

A. Correct.

Q. Does it affect the frequency with which you should take those drugs? Like, you might cut back to twice a day instead of three times a day? Things of that nature?
A. Yes. It could be a decrease in the medicine, stopping the medicine, changing the medicine. Sometimes it can help; okay? So one more time, it's two times two is not always four in medicine. It's always a judgment call. So spirometry is a part of the relation. It is not exclusive for -- no physician would ever, to my knowledge, would ever make a diagnosis of asthma on the basis of just spirometry alone. But it's helpful in the management. At times, it's helpful.
Q. Now, when the spirometry is normal --
A. Yes.
Q. -- after treatment, after a year, two years, three years, does that lessen the impairment that the patient is suffering as a result of the asthma?
A. No. It's just a reflection -- for example, somebody been on Prednisone for ten days. He can normalize. It's just a very high dose. But it is impossible to maintain the high dose forever, so you try to decrease it. And then you observe clinically the patient may not doing so well and things like that. So the way you asked me the question, I don't want to put words in your mouth, because you asked me the question was the

prognosis less what it is. Well, prognosis of occupational asthma is not good. After several years of protracted asthma is usually not good. There's articles on that, too. I'll send them to you.

Q. So you're saying that the asthma will get worse?

A. It would not get better. It can get worse.

Q. Okay. When you say it won't get better, do you mean it won't get better as revealed on spirometry, or you can still have normal spirometry, but your asthma's not getting better?

A. Yes. I mean, keep in mind that somebody's on a lot of medicine and it's not like -- if you stop those medicines, they'll be in the hospital.

Q. Okay. Do you ever attempt to wean a patient off the medicines if they're doing well, their spirometry's normal, they have no wheezing, they have on shortness of breath? How far would you taper a patient's medicine if they appear to be doing well?

A. Well, you ask an impossible question. Ask me about the patient, not in general.

Q. Well --

A. Because some of them, yes; some of them, no.

Q. Is there a --

A. It's such a broad question. I have a thousand patients with asthma that you can taper the medicine, you can

stop the medicine. Some patients, no way.

Q. Okay.

A. Mr. Gul is no way.

Q. Is there a situation with any patient with occupational asthma where they would taper off medicine altogether if they were doing well?

A. Some people with occupational medicine [sic], if they move from exposure, do so well they don't require any more medicine.

Q. Okay.

A. That's not Mr. Gul.

Q. Okay.

A. Mr. Gul requires escalation of medicine. Okay? He, unfortunately, falls into the group of people with a terrible prognosis. So no. To answer your question, would I ever taper medicine of Mr. Gul, no.

Q. And it's your opinion, or it's your testimony that Mr. Gul has experience in escalation of medication?

A. Yes.

Q. And that would be reflected throughout your chart; correct?

A. It should be reflected in many admissions that he has, and it should be reflected throughout my chart that he requires numerous episodes of escalation of treatment, yes.

Q. Do you know when the last time, do you recall --
A. Today, yes.
Q. No, no.
A. Today. He called today, and he had to put him on Prednisone.
Q. Okay. Do you recall the last time he was admitted?
A. No, I don't, but it's in the record.
Q. Okay. He called today. What was he complaining of?
A. Cannot breathe.
Q. Cannot breathe.
A. I couldn't see him. I said, you know, he take Prednisone and come back.
Q. Now, when a patient calls in like that, is that recorded in your chart somewhere?
A. In a phone call, it would be.
Q. Is there a phone call log?
A. Yes. Yes. Should be phone log today.
Q. Okay.
A. And in fact, we send prescription for him today. So you should have that prescription, too.
Q. The phone log, is it just based on everybody who calls in on that day?
A. Can I ask my nurses to bring a phone log for Mr. Gul? Or you don't need it?
Q. I don't need it.

A. Oh, okay.
Q. Would the phone log ever end up in his chart?
A. I don't know. I think that nowadays, it's electronic medical records, and they likely would be.
Q. Okay. So you said his prognosis was poor.
A. Yes.
Q. What does that mean to me as a layman, poor?
A. Poor, meaning a continuation of significant asthma, escalation of treatment, psychological problems, frequent visits to the office, likely admissions in the future. What's in store for him is lifelong asthma, which is protracted, severe, with no hope to get better, with significant risk of getting worse.
Q. Is there anything that will exacerbate his prognosis into making it worse?
A. Well, I mean, again, it's a very broad question. If he catch pneumonia, he may end up on the respirator. He catch a bad virus, it can considerably affect his breathing. So yes. I mean, he has many, many triggers, which is common as this patient that he probably will have to hide from a lot of different triggers, cannot do much.
Q. Would he have to hide from triggers that sort of, like, if he were to try to return to work, he would not be able to work in an environment where there was an

irritant or an inhalant; is that --

A. Well, I mean, what you talking about, irritant. Everything right now for him is an irritant.

Q. Okay.

A. Any odor, any smell. That's very common plight of these people. Because once they develop significant airway compromise, it takes almost nothing to put them in a bronchospasm. So no, he wouldn't be able to hold a job today. Absolutely not.

Q. So you're of the opinion that he cannot hold any job today?

A. No, he cannot hold any job today. I am absolutely of that opinion, yes.

Q. And tell me what the basis of that opinion is. Just the fact that he suffers from severe asthma?

A. That's the basis for that, and having frequent exacerbations, yes. In addition that he's basically reactive to so many things in the environment, that he wouldn't be able to hold any job.

Q. What's your basis for the opinion that he's reactive to so many different things in the environment?

A. Being his doctor. I see him so many times.

Q. So that would based upon the number of visits you've seen where he's complaining of an episode that has exacerbated his asthma?

A. Yeah, these, and so forth. In addition, he comes here very often. I have to give him samples because he can't afford those medicines. So I listen to him on the record, sometimes, off the record. Because here he comes, Dr. Feldman, I don't have any medicine. Let me listen to you. Yes, you cannot do that. In fact, he has standing instruction to come and get samples. I can't give him samples for a year, as you can understand. But he has instruction to come and get samples before he runs out.

Q. And what, principally, are those samples of? Advair?

A. Yes. Most of the time I give him Advair 500, but today, I didn't have a 500, so I gave him 250 and told him to take two puffs. Which I did not myself give it to him; I wasn't here. My nurse gave it to him.

Q. So you said he called today. Did he come by here today as well?

A. Yes. He was up front. Which, I haven't seen him, I didn't have time. But I know he was. And he got a sample. And he has that often, because he has instruction. The Advair has a number, and if it starts getting low, his instruction through me to come here because he can't afford. It costs, like, 150 dollars. But samples is not -- don't last 30 days. And that's why they're called samples. They last about seven

days.
Q. So are there people with severe asthma who can hold jobs, or does everyone who has severe asthma, are they all unemployed or disabled?
A. Everybody is different. There are some people who can hold a job, there's some people who cannot. Some people are on disability, some people are not. It varies. Mr. Gul cannot have a job, no.
Q. Now, in determining -- is it your opinion that it was his job at Kohler that caused his occupational asthma?
A. Yes.
Q. And what substance is it that you understand he was exposed to at Kohler that caused it?
A. Acetic acid.
Q. And did you undertake any investigation to determine how frequently he was exposed to acetic acid?
A. I have not done any independent investigation, sir.
Q. So that means you wouldn't know how frequently he would have been exposed or how many parts per million would have been in the air in the area in which he was working? Is that fair?
A. That is not important. Because it used to be attempt to quantify. This is no longer possible, because you cannot quantify something that's in the air; okay? And therefore, the clinician would diagnose, it was a

temporal relationship with a known substance. And by saying known, it could be a substance that has a -- a new substance. But what's known is it has irritant properties; okay? Exclusion of previous risk through complaints, and previous history of asthma. Because sometimes, people can have asthma that is aggravated by their workplace. It's still occupational aggravation. But in this particular case, this man clearly had a significant exposure, and it was not quantified, nor is possible to do. Nor is wise to do, it's impossible to do. And it's not possible to do it in 99 percent of the cases. And it's no longer even required to do.

Q. Well, the opinion that he had of significant exposure, would that be based upon his history related to you, that it was significant?

A. Yeah, he has a history of significant exposure, yes.

Q. But again, that history of significant exposure would have come from the patient?

A. That's -- most of the time, it comes from the patient.

Q. Okay.

A. Where else it comes from?

Q. Well, I didn't know if you'd looked at any air control qualities. But you're telling me that wouldn't matter because you can't quantify it.

A. No, you cannot quantify it. Yes, it would not matter.

You're correct.
Q. Now, does it matter whether he was exposed five times a day or 50 times a day?
A. It would matter. Because remember, what's reactive airway dysfunction syndrome? Reactive airway dysfunction syndrome is one time, single exposure, or multiple exposures over time. One of the two; okay? When you say five times a day or 50 times a day, no, that wouldn't matter. One time a day every day is sufficient; okay? So that's what diagnosis of reactive airway dysfunction syndrome requires, is a continuous exposure to small doses, or exposure to the large dose one time. One time exposure. It could be over one hour or five hour, but that one day.
Q. Does it matter how long time-wise that exposure is? You know, one hour versus five hours? Is there a --
A. No, it would not matter.
Q. Is there a minimum that would be required to --
A. No, it would not.
Q. Okay. So if he was exposed for five seconds at a time, that wouldn't matter?
A. It would not matter if it was a significant large dose the patient been exposed to. It would not matter, correct. It's not by time. There's certain criteria to that. Irritant properties, temporal relationship,

meaning was in certain time after that; okay? And the irritant in the high concentration; okay? And it is not measured in the air, high concentration. High concentration is determined by totality of the circumstances and development of symptoms; okay? And presentation. Instant. Within the first 24 hours, and nowadays, up to seven days, or in the case of reactive airway dysfunction syndrome, second to lose dose exposure over many days. It still requires three months of symptoms, continuous. It could be more, but at least three months after the last exposure.

Q. Now, how long could he be exposed to the acetic acid and not develop symptoms of asthma?

A. It is impossible question to answer. Because it depends on the individual susceptibility, different circumstances and so forth. Some people can expose to acetic acid for years, and never develop asthma. Some people can be exposed to acetic acid just one day and develop RADS.

Q. So the fact that he went four and a half years or five years without developing any symptoms is not relevant to your opinions?

A. Well, he has occupational asthma, yes. The longer your been exposed, the greater the chance that your lungs have damage. This man maybe not recognize that he is

sick; okay? Many people don't, until he really became sick. So the question is it relevant to me that he's exposed four or five years or one day? No. But I know occupational asthma, four or five years is very common. In fact, that probably would be average.

Q. So you're saying that in your opinion, four or five years before developing any symptoms, it's not uncommon, and it's maybe average? And it may be average in lots of cases?

A. Yeah. A lot of cases were several years, yes. Several years is about right.

Q. Okay. Then what's the trigger point that would result in the symptoms manifesting themselves when they did?

A. He may -- could have been exposed to higher concentration.

Q. Okay.

A. Okay, than normal. That would be trigger point. Asthma is not a disease. It's a syndrome; okay? So you can get continuous sensitization, you develop problems. When and how it manifests in different individuals entirely different. You can put ten people in the room, one three years, one three days, and one five years; okay? So you're asking a question that nobody can answer. Ask about Mr. Gul, not about in general. Because in general, I can pull you the

article about all of those ranges.
Q. Well, I can ask --
A. We wanted to pull articles about occupational asthma after three, four years?
Q. If you want me to talk about Mr. Gul, I'm happy to talk about Mr. Gul. Can you tell me why he worked for five years and didn't develop any symptoms of asthma?
A. The answer --
Mr. Dantin:
Object to the form of the question.
Witness continues:
The answer --
Mr. Dantin:
Hold on, let me just finish. I hasn't been established, there is no foundation for what his symptoms were over five years.
Examination resumed by Mr. Horner:
Q. You can answer.
A. Yeah. The answer is yes, he can work for three, four, five years and have no symptoms, and one day have a significant symptoms, and that is occupational asthma.
Q. Were you aware that Mr. Gul had actually stopped working around acetic acid almost entirely or had severely cut back on his acetic acid when he developed his symptoms?

Mr. Dantin:
I would object again, because that is a complete misrepresentation of the evidence in this case. The evidence actually shows that for the last four -- up until the last four months Mr. Gul worked at Kohler, he worked with acetic acid in his job process on a daily basis. And that for the last four months he worked at Kohler, even though he didn't work with acetic acid directly in the job he was assigned to, he assisted on a job --
Mr. Horner:
All right, you've got to stop with the speaking objections.
Mr. Dantin:
No.
Mr. Horner:
That's ridiculous.
Mr. Dantin:
No.
Mr. Horner:
You can ask --
Mr. Dantin:
Stop. Hold on.
Mr. Horner:
-- on cross.

Mr. Dantin:
No.
Mr. Horner:
You can ask him on cross --
Mr. Dantin:
No, sir.
Mr. Horner:
-- whatever questions you want.
Mr. Dantin:
This is a de bene esse deposition.
Mr. Horner:
No, it's not.
Mr. Dantin:
Yes, it is.
Mr. Horner:
It is not. It wasn't noticed as one.
Mr. Dantin:
No, no, no, no.
The witness:
You want me to come back?
Mr. Horner:
It was not noticed as one.
Mr. Dantin:
All depositions in --
Mr. Horner:

No.
Mr. Dantin:
-- doctors are de bene esse.
Mr. Horner:
I can still subpoena him to the hearing.
Mr. Dantin:
No, you can not.
Mr. Horner:
Really?
Mr. Dantin:
Yes.
Mr. Horner:
We'll find out, then. Because --
Mr. Dantin:
Call somebody now --
Mr. Horner:
Then I'll do it.
Mr. Dantin:
-- because I'm going to finish my objection.
Mr. Horner:
Go ahead, finish.
Mr. Dantin:
So --
Mr. Horner:
But for the record, I'm objecting to your just

basically giving him --

Mr. Dantin:

That's fine.

Mr. Horner:

-- testimony.

Mr. Dantin:

It's de bene esse. Look it up.

Mr. Horner:

That's fine.

Mr. Dantin:

You must not do this very much.

Mr. Horner:

No, I do. I understand de bene esse depositions.

Mr. Dantin:

Look it up.

Mr. Horner:

I've been doing de bene esse depositions for 15 years, so don't tell me --

Mr. Dantin:

Well, so have I.

Mr. Horner:

-- how to practice law.

Mr. Dantin:

You're telling me how to do it.

Mr. Horner:

Go ahead.

Mr. Dantin:

Thank you.

Okay, to finish my objection, what the evidence actually shows is that for the last four months that he worked, he also used acetic acid daily as well.

Witness answers:

A. All right, so repeat the question, because I do not -- I couldn't understand the question.

Q. It is my opinion that the testimony is going to show that the amount of acetic acid and the frequency with which he used it decreased in the last four months prior to his coming to you --

A. All right, so let me --

Q. -- for the diagnosis.

A. I don't want to put words in your mouth. But let me ask you the question. Are you asking me if amount will be decreasing, would it change my opinion? That's what you're asking me?

Q. Yes.

A. No, it would not.

Q. And why would that -- how would a period of time of around four months where his exposure has decreased over what it was for four and a half years, what about that would cause the asthmatic symptoms to appear when

he is now no longer being exposed?
A. That is not unusual.
Q. Or being exposed less?
A. Right. That's not unusual. How about we resolve this? I'll give you all the literature, you'll come back and ask me the question about the literature. Because all that what I am just telling you will be supported by that. So my opinion is based on education, experience -- I see many people like Mr. Gul; okay? -- and literature. That's what it's based on. All right? One key point that is missing here is the literature, which I have and you don't. Why don't I provide you with literature and you question me on the literature?
Q. So --
A. Because what you're asking me, it may sound incredible to you, but it's actually quite common for somebody to develop occupational asthma after years of exposure. And we don't know that, why somebody goes on and goes on and goes on, and then develops occupational asthma. And that why somebody may develop occupational asthma after one month, and when somebody can develop occupational asthma after four months or after four years. We don't know that; okay? That is not a subject that we understand. All right? But if you're asking me, I'm a lawyer, I'm not a doctor, how that

could happen, it does.
Q. Okay. So the fact that his exposure decreased in the four months leading up to your diagnosis doesn't affect your opinion in any way?
A. No, it doesn't.
Q. Okay. Is it, then, your opinion that even if Mr. Gul had quit working around acetic acid -- let's say he quit working at Kohler at this four month period when his exposure was, what I will contend is less than it was before, that he was going to develop this condition anyway?
A. Let me ask you a question, not to put words in your mouth, but to understand your question better. Are you asking me if somebody quit working and then developed asthma after four months, then that is less likely? If somebody continues to be exposed to even small amounts, okay, of acetic acid, then that is occupational asthma.
Q. Okay.
A. Because we would not be able to quantify less, or more, and so forth. What you're saying, less or more will be conjecture. Okay?
Q. But less or more may be determined by what his job duty was within the plant --
A. But it doesn't --
Q. -- and how frequently he came into contact. But you're

saying that doesn't matter.
A. It would not matter. Was he exposed or not, that's the question. If he was continuously exposed, yes. If he stopped working, was not exposed, developed asthma after four months, that's likely something else.
Q. Okay. So this is a hypothetical. If Mr. Gul were exposed 20 times a day and it was reduced to five times a day, and then he presents to you and you diagnose him with occupational asthma, the fact that he went from 20 times a day to five times a day doesn't affect your opinion?
A. It does not.
Q. But if he had gone from 20 to zero because he quit, then he may or may not have developed occupational asthma?
A. Well, it's not Mr. Gul. But if you're asking if somebody who quit, developed asthma after four months after quitting, then no. That would affect my opinion.
Q. No, that would not affect your --
A. It would. It would.
Q. It would?
A. He quit the job, yes.
Q. Okay. But the fact that the exposure was lessened does not.
A. Does not.

Q. Is there a particular time in Mr. Gul's case where he was going to develop the occupational asthma no matter what?
A. Well, you're asking a question that is impossible to answer. The question would be germane question. Did he develop or he did not? Yes, he did.
Q. Well, what day did he develop asthma, then?
A. Well, 2009; okay? He did develop occupational asthma while working with acetic acid. That is what the question. Yes, he did; okay? So his asthma is acetic acid induced asthma. All right? He didn't quit and develop asthma. He continued to work. He didn't move to Las Vegas, okay? He developed asthma while at work. That's a temporal relation and that's occupational asthma.
Q. But there is no one particular point in time where his occupational asthma would have developed?
A. Well, if he quit the job and went somewhere else, then it would be different. But he developed his asthma on the job. That's occupational asthma. That's the definition of occupational asthma.
Q. Right.
A. Development of asthma at the workplace.
Q. If occupational asthma -- you said it wasn't even a disease. What did you call it? It's not a disease --

A. Syndrome.
Q. It's a syndrome. Is it a syndrome that --
A. I didn't say occupational asthma is not a disease. I said asthma is not a disease, is a syndrome. It could be occupational, it could be something else.
Q. Is occupational asthma a disease?
A. Occupational asthma is asthma developed during the workplace, it's workplace induced asthma.
Q. All right. So there is no particular exposure or point in time in which Mr. Gul actually developed asthma, it was a continuous exposure over a period of four years?
A. I don't know. You're asking me about events that happened in 2009. I'm talking about purely from memory; okay?
Q. Right.
A. And purely from memory and from record, he has developed asthma while at work. Was he exposed to the very high concentration on certain particular day? From my memory, I believe he was.
Q. Okay.
A. Okay? But I need to review records more carefully. Some records probably in my chart, and some are not. But yes, from my memory, he had a significant exposure on one day, too.
Q. And as we sit here today, though, you're not sure when

that day was?
A. No.
Q. Okay. I've been through your chart and I haven't seen it. Is it possible it was in the note that you may have dictated after the first visit that we don't seem to have?
A. I don't have that note.
Q. I don't either.
A. It's 2009.
Q. Do you think that note really exists?
A. I don't know. I mean, obviously, it's not on my chart.
Q. Right.
A. But you don't have any printed medical record about that.
Q. Right. But you would have dictated -- typically, you would have dictated.
A. Most of the time -- at the time, we dictated.
Q. Most of the time, are your initial visits dictation more comprehensive?
A. Yes. I mean, this man came off the street, came to me and said, Dr. Feldman, I heard a lot about you in the community, I speak only Russian, can you please examine me. And I did. Okay? I looked at him, I listened to him, I said, you know what, you have significant problem. Come back two days later. Here what the

medicines are, and come back two days later.
Q. And you didn't need to wait for those two days to diagnose him with asthma?
A. No. He was wheezing, he was coughing, he had a considerable problem; okay? He had obvious asthma.
Q. Do you remember, do you have any recollection of how long he had suffered the wheezing and the coughing prior to seeing you on the 23rd?
A. I don't have a recollection.
Q. And again, is it your practice or not your practice, or just depending on what the patient brings with them, to review other medical records from other providers?
A. If the medical records available, it's my practice to review them, yes.
Q. Okay. But if the patient doesn't bring them and the doctor doesn't send them, then you don't feel it necessary to review them in order to diagnose the patient?
A. Well, it depends. I see a lot of people off the cuff. I see nurses from the floor all the time; okay? Young women saying, you know what, Dr. Feldman, I'm wheezing, I'm coughing for seven days. So let me listen to you. Yes. Yeah, it's not unusual to treat somebody as a favor.
Q. Are you aware, when he came to you, what medications he

had been on or been tried on?
A. I believe he was on nothing.
Q. Did he ever tell you -- the record reveals he was on some medication and sought a refill for it that was written in Russian. Nobody really knew what that drug was.
A. I don't remember.
Q. Do you recall him ever showing you that bottle or that medication?
A. I certainly did not give him anything that written in Russian or has anything to do with Russian medicine. I gave him all the medicines that are approved and available in the United States. I give him samples because he can't afford it.
Q. And again, it's your opinion that the levels of acetic acid in the air cannot be accurately measured; is that right?
A. Yeah, that's my opinion, it cannot be.
Q. And is that in the literature --
A. Yes.
Q. -- as well?
A. Yes, it's in the literature.
Q. All right. And is there a particular number of efforts in spirometry you attempt to do to get a baseline or a norm?

A. We try to do three, but again, with one caveat. Sometimes is not possible. Let me introduce two different but related pulmonary function test subjects. One is reproducibility. We want to do three tries, reproducible. And another one, acceptability. One is acceptable in the right clinical scenario.

Q. Okay.

A. Okay? So it's all based on the clinical judgment. Spirometry must be interpreted in the clinical circumstances by a clinician; okay? In research, it's different; okay? Because in research, if you don't have reproducible effort, they can't put you in the trial, in the study. But in clinical practice, absolutely. It's not the purpose to have the perfect pulmonary function test. The purpose is to get a correct diagnosis.

Q. Right. And you acknowledge that the three tests he did were not perfect. They weren't actually, at least two of them, the machine itself says were not acceptable. But that doesn't affect what you do as a clinician.

A. I agree with that.

Q. Now, in a patient like Mr. Gul, did you see two years later, when you do spirometry, like, here's one from June 2010, having him already been a patient of yours, would you do a series of three, or would you just do

one?
A. I would do none. Okay, I already have a diagnosis.
Q. Right.
A. However, because he got involved in litigation, I did try to obtain more recently pulmonary function test, and we did; okay? And he was, you know, the technician spent a lot of time with him; all right? So we did. And it's clearly obstructed.
Q. Right. And my question is, like, if I had a printout that looks like it was done one time, that might be normal because he's your patient and you feel like one time would be --
A. I want him to be normal. It depends on how aggressively he's treated, whether he had been exposed, whether he sat home, many things. Please understand, the spirometry, spirometry on asthmatic can be on the medicine and without medicine. If somebody is very, very aggressively treated, it can be normal, but it's not really a fair reading, because if you stop the medicine, which is -- nobody in their right mind would, it would become very abnormal.
Q. Right. But in looking but if I look at your -- I'm just trying to understand your chart.
A. And I'm trying to explain it to you.
Q. Right. And if I look at a printout and it looks like

it was only done once, then it may have only been done once?

A. Spirometry will be on the chart.

Q. Right. Okay. But you, as the clinician, don't always do it three times, is what you're saying.

A. No.

Q. Okay. That's what I'm trying to get. And as far as whether the patient is on the medication or the medicine that you've prescribed, you rely on the patient giving you that history to make that --

A. Physical examination, differential diagnosis, and yes, what the patient tells me is very important. It may be important for the lawyer to collaborate. It's not important for the clinician who clearly has somebody with asthma.

Q. Right. But you --

A. Why for clinician is important, occupational history? We don't have a different treatment. What's important, don't go again and be exposed to the same thing. It's a number one job of a clinician to advise the patient not to deal with certain things in environment that affect his health; okay? Now, as a lawyer, it's your job, and I witnessing very heavy argument between two of you, because you're doing your job. But my job is different. My job is to get the man better.

Q. Right.
A. You see the difference?
Q. That's your concern.
A. That's the only concern I've got.
Q. Right.
A. Okay? Now, I got involved in litigation because the patient got involved in litigation. Not because I asked for that, not because I wished for that.
Q. Right.
A. Not even knew that when he came in in 2009. He came to me as a Russian speaking man, who could not speak any English. He said, Dr. Feldman, I cannot breathe. That's how I got involved.
Q. But when you wrote that letter refuting Dr. Fogarty's opinion --
A. Right.
Q. -- you chose to get involved; correct?
A. Of course I chose to get involved. I was incorporated into something that what Dr. Fogarty say, I disputed with everything that he said.
Q. Right.
A. Okay, now, it's my responsibility, not as a physician, but somebody who's reading an expert opinion that is on my desk, to opine on it. It's just my responsibility. All right? I cannot -- I think I would probably, what

you want to do, just say, you know what, I don't want to deal with that; right? Forget it.

Q. Well, I mean, you felt it was your obligation to respond?

A. Yes.

Q. Okay

A. It was absolutely my obligation to respond. I never got paid or anything like that. It was my obligation.

Q. Right. I'm looking at this note from 6/15/2010, and it says, needs spirometry. He had only had, as far as I can tell in the record, he had only had spirometry on 9/ --

A. Show me what --

Q. -- 25.

A. Show me what I wrote. What day is that? 6/15.

Q. Yeah.

A. Yeah, because he was much better and improved. I didn't write need spirometry. My nurse, need spirometry, because I told her, try to get a spirometry.

Q. Okay.

A. That's not my writing.

Q. What would have been your goal --

A. He's improved. I want to establish what's his new baseline.

Q. Okay. And that would be a new baseline upon medication?
A. Yes, on medication.
Q. And the medications would have been based upon what he's told you he'd been taking.
A. Medication that I gave him at that point.
Q. Right. But you don't know if he's taking them or not.
A. Mr. Gul taking them, trust me. He cannot breathe without them. And he has strict instruction never to run out, because it's very, very painful when he runs out. He gets sick.
Q. But you are aware that he has told, I guess, your office, that he doesn't have the money to pay for the Advair.
A. I'm very well aware of that.
Q. Okay. And so it's your testimony that when he doesn't have the money to pay for the Advair, you're giving him samples to get him through --
A. It is not my testimony. My testimony that I exclusive provider of Advair to him.
Q. Okay.
A. He doesn't have any other source.
Q. Do you even still write him a prescription for it?
A. No, I don't. He can't afford it.
Q. All right.

A. I give him samples. I usually give him three, four samples at a time, that generally last one month. I ask him to count how much left, and come before.
Q. Before he runs out?
A. Runs out. He depends on basically on me 100 percent, on my office.
Q. Now, the wheezing that's documented in his chart, is that something -- I don't know anything about asthma. Is wheezing a condition that Mr. Gul has that gets better and gets worse?
A. He always wheezes.
Q. Always wheezes.
A. But sometimes it gets better, and sometimes, it gets worse.
Q. Okay.
A. But his wheezing, his bronchospasm is always there.
Q. So if --
A. On rare occasion, it doesn't. Those rare occasions being when he's in the hospital, he's given mega dose of medicine. Bronchoscopy, removing secretions, so forth. Sometimes he gets better; okay? And sometimes, his wheezing is a lot better. But for the most part, it is not.
Q. Okay. So even if he feels better, you can still hear the wheezing unless he's underwent bronchoscopy or he's

been giving a large dose of medications?
A. Correct.
Q. All right. And the large dose of medication that he would normally be given if he were having an episode or a bad period would be Prednisone?
A. Correct.
Q. And Prednisone is a steroid?
A. Correct.
Q. What effect does Prednisone -- how does Prednisone help asthma?
A. Prednisone is anti-inflammatory drug, which suppresses inflammation. Inflammation is induced in asthma by certain cell mediators. Cell -- there are many different ones. And Prednisone suppresses production of those cells.
Q. Are there occasions where Mr. Gul doesn't get better on Prednisone?
A. Well, there's no such a thing as get better on Prednisone. It depends on the dose; okay? But dose can be prohibitive. You cannot give so much for so long, because it has a serious side effect. So at some point, have to compromise; okay?
Q. And you would take him off the drug?
A. Take off the drug, even though he is symptomatic.
Q. All right.

A. Okay, because it is impossible to continue Prednisone forever.
Q. And then, would you put him back on the drug if he got worse, or if he --
A. Correct. Pulses. You give it, taper off, you give it, taper off. But not continuously. Because the course of feeling better will be counterbalanced by serious side effects.
Q. In Mr. Gul's case, though, should the Prednisone, if he's treated with Prednisone, should that improve his symptoms?
A. Well, it does improve his symptoms.
Q. Okay.
A. But sometimes it doesn't in a small amount that we give. Okay, and he gets admitted.
Q. So in the times, like, when I reviewed the chart and it said that he didn't get better even though he's on Prednisone, that's due to the low amount of Prednisone he's --
A. It's not low amount, it's just how much we can give.
Q. Okay.
A. Because -- it also has a serious effect on the stomach and so forth. There is limitations to how much you can give.
Q. So the limitation on what you can give him may affect

how efficient it is in Mr. Gul?

A. It's a clinical judgment.

Q. Okay.

A. Side effect, patient condition, patient ability to function. It's not subject to a question. It's day to day.

Q. Okay.

A. Week to week, month to month, year to year.

Q. Is there anything that brings about Mr. Gul's asthma or shortness of breath that makes it worse, other than inhaling an irritant?

A. You talking about triggers?

Q. Yes.

A. Patients like Mr. Gul, and Mr. Gul for sure, has many triggers.

Q. What --

A. Odors, burning leaves, somebody smoked around him, anything. Cooking on the grill, anything. He knows that. He should be very, very, very protective of himself.

Q. In Mr. Gul's case, can he exercise? Or is that a trigger in his case?

A. He's encouraged to exercise. But yes, he cannot do much.

Q. Cannot do much. In Mr. Gul's case, what kind of

exercise could he do without exacerbating his asthma?
A. Walking.
Q. Walking? Is there a distance that's safe or unsafe for him?
A. More like a speed.
Q. A speed.
A. Shouldn't be running, shouldn't be bending, lifting anything heavy. He should be very protective. If you ask me a question, can he walk a mile, I doubt it.
Q. Okay. And does that affect his ability to return to a job, the fact that standing or walking and the other triggers like smells and odors and smoking may exacerbate his condition?
A. Yes.
Q. Were you aware that Mr. Gul had seen a number of cardiologists in the past?
A. Yes.
Q. And did you review those records?
A. Yes, I've seen those records.
Q. And what do you remember those cardiologists concluding about Mr. Gul's cardiac situation?
A. Has hypertension, not cardiac related.
Q. Now, he's been admitted several times; correct?
A. Yes.
Q. And in I think at least two of those, he underwent

bronchoscopy, maybe three.
A. Yes.
Q. Did you perform the bronchoscopy?
A. Yes.
Q. What was the purpose in your performing that bronchoscopy in Mr. Gul's case?
A. We often do bronchoscopy in somebody who fails to improve, because elimination of secretions are very helpful in controlling symptoms. Because these patients frequently get plugged up and basically cannot cough them up.
Q. Okay.
A. And in case of Mr. Gul, that's the reason it was done.
Q. And so basically, you wash out the lungs, so to speak?
A. Plumb, yeah, correct.
Q. Is there any sort of testing that's done on the contents of what comes out of his lungs?
A. Sometimes. Mr. Gul, I don't remember. But sometimes is little particular purulent when they sample causal for bacteria. Otherwise, no.
Q. Okay. Now, in the beginning, I believe, you initially called his asthma moderate, but later he got upgraded to severe.
A. Yes.
Q. Does that sound right?

A. Sounds right.
Q. Is that something you would do, upgrade it if it warranted?
A. Yeah, right. If it have more symptoms and more symptoms and poorly controlled, then yes.
Q. Okay. And that was my question. What goes into that? And it's more symptoms and whether or not it's controlled and what it takes to control it?
A. When it doesn't go away, becomes persistent.
Q. Right.
A. If it's more than certain number of medications, usually, it becomes severe. So he has a persistence to the asthma.
Q. Now, I saw at one point, you rated him as being 100 percent impaired to his lungs as a result of his occupational asthma, but at another point in time, you rated it at 65 percent. Do you remember doing that?
A. He's 100 percent impaired.
Q. How much?
A. A hundred.
Q. Do you know why you would have said 65 percent?
A. He has different control of asthma. Control of asthma is how many times he use inhaler, how many times he use inhaler over time. And he's symptomatic all the time; okay? So impairment of asthma is different than COPD.

Impairment of asthma is somebody cannot hold his job and become really, really symptomatic. It's 100 percent. Because he wouldn't be able to hold a job.

Q. Okay.

A. No kind of job he can do.

Q. Do you know why you initially rated him 100, but then lowered it to 65?

A. Don't know. I don't remember.

Q. As you sit here today, your opinion is 100?

A. Yeah. He cannot do any job, no. He's getting worse. He's not getting better.

Q. Did you tell Mr. Gul at some point in your treatment of him that he can't hold a job, that he can't do a job?

A. I don't recall, but if he asked me the question, absolutely. I would advise Mr. Gul that he cannot hold a job. Most certainly. Would I told him? If I did, then that's exactly correct.

Q. Okay. And at what point did you develop the opinion that he would be unable to hold a job?

A. After maybe a year or so treating him.

Q. Does the fact that his repeat spirometry improve affect your -- in your own office -- affect your opinions regarding the severity of his asthma or the percentage of his impairment?

A. No, it does not. Spirometry has nothing to do with it.

It's not COPD.
Q. What do you know about the acetic acid that he was exposed to?
A. Acetic acid is a toxic substance. It's very well described to be one. What does it mean, it has irritant properties.
Q. Do you know what percent acetic acid it was that he worked with?
A. It won't matter. It's impossible to measure.
Q. All right. Do you know why, like, a government entity like OSHA give permissible numbers of an irritant if it doesn't impact whether or not someone can develop occupational asthma?
A. Let's be clear about that. Occupational asthma is asthma that develops in the workplace; okay? Normally, acetic acid, nobody should be exposed to that. Minimal concentration is the same, like, in the water. It's minuscule. It's almost nothing. Okay?
Q. Right. Are you aware of what the OSHA guidelines are as far as being exposed to it as an irritant?
A. Well, you just had a heated discussion. At some point you are exposed to high, and then to low. That's enough to sensitize somebody. So it was high, by your own definition it was high. Meaning higher than OSHA.
Q. Okay. I didn't say it was high, because I don't know

anything about it.
A. Well, you said that at some point he was exposed to high, and then to lower.
Q. If I said that, I certainly meant more frequent versus less frequent.
A. Well, frequency has nothing to do with it. Concentration, that you mentioned, was high.
Q. I didn't say that, because I wouldn't have said it, because I don't know that. But if you --
A. Well, that seems to me that's what you said. But if you want to give me a measurement, I'll look at them. But I can tell right now that the measurement in the air should be negligible.
Q. Right. Do you understand -- I mean, if I told you the OSHA limit was ten parts per million, does that mean something to you?
A. Yes, it does. It means that OSHA has determined that negligible, minuscule level of acetic will be what you just said. But it clearly would be negligible.
Q. Are you aware of Mr. Gul making any complaints while he was working of eye, nose, or skin irritation?
A. I don't remember that he made those complaints.
Q. Would you expect to see those complaints in him if he were exposed to a high level of acetic acid?
A. Not necessarily. But if somebody has been exposed to a

very high level, they could develop all those symptoms.
Q. Okay.
A. But we talk about once time of that; right? Not day to day.
Q. What about the day to day situation?
A. Well, the day to day occupational asthma can be developed without anything other than occupational asthma. That's the most common scenario.
Q. All right.
A. When people do occupational asthma. They don't develop eye problem. They could, but most common complaint is asthma, isolated asthma without rhinitis, without eye, and so forth. That may be different from one time huge exposure. That commonly is associated with rhinitis, eye irritation, so forth. But day to day basis, no.
Q. So just so I understand, occupational asthma, it's not uncommon or it's frequently that the only complaint the patient complains of is, in fact, the asthma symptoms?
A. Yes.
Q. And it's not uncommon to have a patient not complain of the other thing.
A. Yes, they could complain of other things, but it doesn't mean that occupational asthma can be not freestanding. Yes, it could be, yes.
Q. So when Dr. Fogarty notes that he has no complaints of

eye, ear, and nose irritation, you disagree that that would be necessary in Mr. Gul's case to develop occupational asthma?

A. Yeah, I totally disagree with that. Absolutely.

Q. What impact does it have in Mr. Gul's situation that he is overweight, and now qualifies as being obese?

A. It has significant impact on his quality of life.

Q. All right, does it impact his asthma at all?

A. It's a complication of his asthma. Asthma and treatment and inactivity, that's what leads to obesity. So it's a side effect of his asthma and treatment and inactivity. It's a opposite. It's not obesity of his asthma, it's asthma leads to obesity.

Q. Is there any way that Mr. Gul could have -- it's your opinion he has asthma. Is there any way that he could have developed asthma from some other way than being in the workplace? Now, and let me try to explain it a little further. I'm an attorney, I don't work around any chemicals at all. But could I, as someone who's not exposed to any chemical still develop asthma at my age of 45?

A. Let me answer the question the best I could.

Q. All right.

A. If you be in the World Trade Center disaster and you develop asthma, and somebody ask you the question,

could be something else, you just throw your hands up and say yes, it could. But how about World Trade Center? Same here. This is a man who worked with acetic acid at workplace and developed asthma. You're asking me to say, could it be and so forth. Would be speculation, complete speculation.

Q. And I understand that. But my question -- I'll try to say it a little better. Can you develop asthma as an adult?

A. Yes, of course.

Q. Without being exposed to anything?

A. Of course, that's --

Q. That's what I --

A. Most certainly.

Q. Okay. I didn't know if it was a disease that manifested itself by a certain age or not.

A. It does not. It spares no age.

Q. Okay. And in people who don't have asthma that is caused by occupational situations, is there an underlying cause?

A. Sometimes it is. Which is a genetic predisposition, family had it. Sometimes is allergic, they have a cat; okay? And sometimes it isn't. Sometimes they just have asthma with no clear explanation.

Q. All right.

A. On the other hand, occupational asthma by definition, work related. We wouldn't be sitting here today if he would develop asthma without working with acetic acid. We wouldn't be sitting here today.
Q. Say that again?
A. We wouldn't be sitting here today if he developed, just developed asthma without working with acetic acid.
Q. I understand. And again, there's no set period of time in an occupational asthma type situation where the asthma will or will not develop?
A. Absolutely not. That's exactly right. Absolutely not. Somebody can work for years with no problem, then develop asthma, yes.
Q. Do you recall reviewing the record or report of Dr. Sahn down at MUSC?
A. I do recall that.
Q. All right. And do you know Dr. Sahn at all?
A. Yes, I do, I know him very well.
Q. All right, and how do you know him?
A. Interaction over the years. He is in Charleston, South Carolina. We met several times at several conferences. We talked on several occasions. You know, I know him very well. You know, on a first-hand basis.
Q. Have you ever referred patients to him for treatment?
A. Yes, I referred patients to him. Not with asthma, but

with some other problems over the years.
Q. Do you recall what his opinion in this case was?
A. I recall he couldn't really tell.
Q. Okay. Do you recall him saying he did not believe he had asthma?
A. Well, he said he not believe it, but I totally disagree with that opinion. He clearly has asthma, he clearly has the asthma, there's no question about it.
Q. All right.
A. I don't believe that he was treating physician; was he?
Q. No.
A. Oh, okay. So he just has an opinion.
Q. Yes.
A. Oh, okay.
Q. He examined him one time.
A. He didn't do any bronchoscopy, he didn't see very inflamed airways.
Q. He just did spirometry.
A. But he didn't see none of it.
Q. Right.
A. Did he see my reports?
Q. I don't know.
A. He never see my reports, never comment on my report?
Mr. Dantin:
He did not.

Witness continues:
A. Oh, okay. I believe Dr. Sahn did not have enough sufficient information --
Q. Okay.
A. -- to opine.
Q. Is asthma and -- it looked like Mr. Gul had been diagnosed in the past with tachycardia. Is asthma and tachycardia related in any way?
A. Yes.
Q. In what way?
A. It's directly related.
Q. And how is it directly related? What do you mean?
A. Well, first of all, the medicines; okay? Which is beta agonist, okay? Like Advair has Serevent, which is beta-agonist. So that increase the dose, 12-hour duration, and twice a day is 24 hour duration. That increase the rate. And second, yes, asthma has found direct relation with tachycardia.
Q. Aside from wheezing and shortness of breath, what other physical symptoms are typically associated with complaints that lead you to diagnose asthma?
A. You just mentioned most important, shortness of breath and cough is a complaint. Physical examination, wheezing, those are most important.
Q. Okay.

A. That's a cardinal official of asthma. In addition, he had obstructive spirometry. Okay, clearly obstructive. And he has inflamed airway on bronchoscopy. He had -- if you grade asthma five out of five, he has five out of five. There is nothing about this man that points in the direction that he has something else. And differential diagnosis is most important. What stimulates asthma? Psychological asthma, in your head, doesn't lead to the inflamed airway or obstructive PFT; okay? Vocal cord dysfunction, easy to see on bronchoscopy. Okay, it's a characteristic appearance of the vocal cords. He doesn't have that. So differential diagnosis is a key; okay? He undergone all of that.

Q. Right.

A. Cardia -- echocardiogram doesn't show anything consistent with his disease. So diagnosis of asthma based on symptoms, physical examination, spirometry, differential diagnosis, integrated by the clinician in all of that; okay? In the case of Mr. Gul, date of asthma is not in doubt; okay? So I'm perplexed that the question even come up. Dr. Fogarty, Dr. -- others saw him one time. Okay? That's insufficient. Okay? They did not review my records. Those people who reviewed my records and made diagnosis of something else, based

on what? On seeing the patient one time? On some spirometry? I don't know. Okay. All I'm trying to tell you, as a clinician, I'm going to testify today that diagnosis of asthma is not in doubt, that it's based on physical examination, differential diagnosis, tests, like spirometry and bronchoscopy, and exclusion of other findings. That will be my testimony.

Q. Right. Are there any pains in the body that are associated with the development of asthma?

A. I'm sorry?

Q. Pains?

A. What do you mean by pains?

Q. Like, chest pain.

A. Yeah, chest pain is common.

Q. Shoulder pain.

A. Yes, chest --

Q. Leg pain.

A. Yes, chest pain is common with asthma; okay? The pains and aches generally is a consequence of other problems such as treatment with steroids, such as obesity, such as those factors; okay? Yes. But asthma is very common pain, chest pain complaint. Very common in asthma.

Q. All right. What role does -- Mr. Gul had a couple of chest x-rays that were normal. Is there any relevance

to that, to your diagnosis?
A. Yes.
Q. What is that?
A. Well, if x-rays are normal, then you have to make a diagnosis of why. They cannot make diagnosis of asthma that chest x-rays are normal.
Q. All right.
A. I apologize. This is your copy.
Q. No, no. I want you to look at something. I'm going to show you, it's a physician questionnaire that you signed on -- I can't tell that -- is that May? Maybe May 30th.
A. What year?
Q. 2012.
A. All right. Is that a five or an eight? I can't tell.
Mr. Dantin:
May 3rd, 2012.
Mr. Horner:
May 3rd?
Witness continues:
A. I'm on it.
Q. Is that your signature?
A. Yes.
Q. All right. Do you recognize that?
A. Yes.

Q. And who would have typed up this questionnaire?
Mr. Dantin:
I did.
Examination resumed by Mr. Horner:
Q. So it was submitted to you?
A. I don't have any -- here, it says that he is, and he was here.
Q. Okay. Would you have reviewed it before you signed it?
A. Yes.
Q. All right. And you agree with everything in there?
A. Yes.
Q. All right. On some of his subsequent spirometry, it indicates that it was done pre b-d. What's pre b-d mean?
A. Show me. B-d would be bronchodilator.
Q. Okay. So are there times when you run the test, give him a test, give him a bronchodilator and run the test again to see if there's a difference?
A. No. Generally, bronchodilator will affect spirometry result.
Q. Would it make it better or worse?
A. Make it better.
Q. Because it's treating the inflammation?
A. Yes.
Q. So if it says, it's, like, pre b-d, then is the only

medications he would be on would be his normal medications that he might take on a daily basis?
A. Yes.
Q. What's the diagnostic value in doing before and after bronchodilator?
A. Mr. Gul, and in some patients can help.
Q. In what way?
A. Well, if they have a very, very good response to the bronchodilator, there will be supporting diagnosis. Unfortunately, patients with occupational lung disease do not have a good response to bronchodilator. That is a well established fact.
Q. And why they don't have good results to bronchodilators?
A. Because they get a fibrosis of the airway after longstanding exposure, and they just don't relax the muscle very well. But that's a proposed mechanism. But it's a fact, well documented in literature, that people with occupational asthma don't have response to bronchodilators.
Q. Does Mr. Gul have fibrosis of the lungs?
A. We're talking about bronchial tree.
Q. Of the tree?
A. Yes. Of the airways. And they don't relax to the bronchodilator anymore.

Q. And that's Mr. Gul?
A. Yes. And many patients like him, too, with occupational asthma. I'm going to give you all that literature.
Q. Given the severity of his asthma, can he still have a normal spirometry despite the fact that he is severe and 100 percent impaired or disabled?
A. Of course. Do you understand what gradation of severity that is found by spirometry?
Q. Right.
A. By impairment and by using the medication.
Q. Right.
A. You understand it; right?
Q. Are you aware, though that there are charts that diagnose the severity of asthma based upon the percentage of predicted values in spirometry?
A. Not in occupational asthma.
Q. Not in occupational asthma?
A. No.
Q. Only in other kinds of asthma?
A. Well, even in other kinds of asthma, is gradation of severity is primarily done. But by number of hospitalization, number for possible Albuterol use, requirement for continuous treatment with corticosteroids and so forth. That's a gradation of

severity of asthma. But not spirometry. Spirometry is not part of it. It could be normal -- I mean, it's up and down. It's not something that -- I mean, you have to catch somebody on a bad day. It is impossible to do.

Q. When you say in your questionnaire that there's no question that Mr. Gul has asthma --

A. There is none.

Q. Right. That means you discount Dr. Sahn and Dr. Fogarty; correct?

A. Well, Dr. Fogarty's opinion, I disagree completely.

Q. Right.

A. Okay. It appears that Dr. Sahn have never gotten my records.

Q. All right.

A. And correct me if I'm wrong. He see him only once?

Q. Correct.

A. And never seen my records.

Q. That's my understanding.

A. That's absurd.

Q. But you think Dr. Sahn was unethical in rendering an opinion based upon those facts?

A. Well, if you're going to try you for me to throw the stones, I throw it at you. Did you provide him with the records?

Q. I wasn't involved in the case.
A. Well, if you were, it would be unethical on the lawyer part, yes.
Q. Okay. So do you think he should have just not rendered an opinion or asked for the records? And I'm not trying to get you to throw stones at him. I'm just trying to understand --
A. I'm going to throw the stones at the lawyer, freely. Somebody who did not provide the records --
Q. That's right.
A. -- was unethical.
Q. Right. So --
A. Yes.
Q. -- given that no records were provided --
A. That --
Q. -- given that no records were provided --
A. That would be unethical, yes.
Q. Then he should have just said, I can't reach a conclusion either way?
A. He didn't know. I mean, if he wasn't provided the records.
Q. Okay.
A. And he was very clear, I don't think -- he was vacillating. And anybody would; okay? He wasn't provided records. That lawyer who did not provide

records outright, unethical, yes.
Q. If Mr. Gul claimed that his asthma symptoms started in 2007, as Dr. Fogarty references, would it be possible for him to go two years without seeking medical care for asthma?
A. Yes, it would be very possible.
Q. Okay, and why is that?
A. Because patients often don't seek medical records [sic]. They can't afford it. They're ignorant. I mean, you never blame the patient for not going to the doctor. You'd be amazed what kind of people we see that should have been seen four, five years ago and never saw the doctor.
Q. But if he's continued to be exposed to acetic acid and Mr. Gul tells Dr. Fogarty that he believes he had the symptoms starting in 2007, would you not expect an exacerbation of those symptoms prior to seeing you in September of 2009?
A. Well, let me answer this question the best I can. I would never blame a patient. Ever.
Q. I'm just talking about the physiology aspect of asthma and the way it affects a person. I'm not trying to fault Mr. Gul.
A. It's not what you asked. What you asked is it possible. Of course it is. Now, you're asking me

whether the patient fault that he didn't see a doctor. That would be --

Q. No.

A. -- not my opinion.

Q. Would his asthma, over a two-year period, while still being exposed to the same condition not result in some sort of flare-up or exacerbation of the condition for two years?

A. I wish all the patient would be less ignorant about their condition. But it's not a reality. If you're asking is it possible not to seek medical attention, of course it is. In fact, it's a set reality. That what majority of patients are. They come to see doctor late. If they come early, they wouldn't develop COPD, they wouldn't develop asthma, they wouldn't develop none of that. But they don't.

Q. So being exposed to the same irritant for two years after the asthmatic condition developed, or Mr. Gul felt like it might have begun to develop, it is not uncommon?

A. Are you asking me the question would I like to see him two years after he had developed symptoms and advised him to stop working? Of course, I would.

Q. Right.

A. But I didn't see him at that time. I saw him with a

very severe asthma, okay, in 2009, I believe.
Q. Yeah.
A. Not in 2007.
Q. Correct.
A. If he came to me in 2007, that be my first, stop, immediately quit. But he didn't came to me in 2007. Did he come to see Dr. Fogarty in 2007?
Q. No.
A. Well, then, what he's talking about?
Q. Fogarty references the Kohler spirometry, but you've already expressed your opinions to why that's not relevant to your opinion.
A. Let me clarify.
Q. And why Dr. Fogarty is --
A. Let me clarify.
Q. -- wrong.
A. Let me clarify. It is not Dr. Feldman's opinion. It is the opinion of entire pulmonary field. If Dr. Fogarty wishes to testify contrary to their opinion, that's his privilege. I already offered you medical literature in support of -- not my opinion.
Q. Right.
A. But the opinion of entire field. So yes, Dr. Fogarty is testifying outside of standards of pulmonary opinion --

Q. Okay.
A. -- on this subject.
Q. And at one of the --
A. As documented in the literature.
Q. Right. And that's one of the things you disagree with him about. And the reason --
A. I didn't say I disagree with him about that. I disagree with everything that he says.
Q. Right. And when you say that --
A. Yes.
Q. -- I understand. But what I'm trying to understand better is the specifics of your disagreement, which is why I asked that question.
A. I have offered you to provide you with literature on every opinion that I have.
Q. Right.
A. I have offered you come back, and ask me question about that literature.
Q. And I understand that. But we're not going to have time to do that.
A. Why wouldn't we? You come back.
Q. Because we have a hearing. So what I'm --
A. Well, how about this?
Q. When you just make it --
A. How about -- wait a second. I am still answering the

question. How about this? I send you the literature, and I highlight everything we talked about today, for your review. I will send it to you today.

Q. I don't need it.

A. Why not?

Q. Because I'm just trying to understand the basis of your opinion --

A. Well, but the literature is the basis of that opinion.

Q. Okay.

A. So how you can refuse to look at the literature when it's the basis of -- one of the basis of my opinion?

Q. Right.

A. I mean, what I'm hearing is shocking to me.

Q. I will accept it.

A. Thank you. So I'm going to send you the literature with everything I just said today, and I'm going to tell you why this opinion, not of Dr. Feldman, but of experts in the field.

Q. Okay. And again, when you said you disagreed with everything Dr. Fogarty said, you said it as the very blanket statement. And I have parsed Dr. Fogarty's opinion, and I'm not trying to argue with you, I'm just trying to understand why you disagree and where the disagreement is.

A. And I offered you the literature.

Q. Right, and I understand.
A. I also offered you throughout the deposition, marked explanation, the spirometry should not be a basis for opinion.
Q. Right. And that's where you disagree with Dr. Fogarty. That was my question. You don't care that he had two normal spirometries at Kohler?
A. Of course not.
Q. All right.
A. And that is what's common in a patient with asthma, is a normal spirometry.
The witness:
How about if we take a break?
Mr. Horner:
Sure.
The witness:
I'm going to bring you the literature.
(Off the record)
Examination resumed by Mr. Horner:
Q. Do you know a Dr. Hiremath?
A. Hiremath.
Q. Oh, really?
A. I know him, I do.
Q. Okay.
A. I work with him. Many, in the same community.

Q. Right.
A. He is cardiologist right here at North Grove Medical Center.
Q. Are you aware that he examined Mr. Gul in July of 2009?
A. I believe I am, yes.
Q. What is the relevance of the fact that in July of 2009, Mr. Gul completed seven minutes of a standard Bruce protocol on a treadmill without difficulty?
A. There's no relevance.
Q. Would you expect Mr. Gul, with his severe asthma diagnosis in September of 2009 to be able to walk seven minutes on a treadmill in July?
A. In 2009, yes. In 2013, no way.
Q. And would that be due to progression?
A. Yes, progression.
Q. Or continued severity of his disease?
A. Progression of his disease.
Q. Progression of his disease. At what point would you expect him not to -- I mean, how has he progressed as far as if you were to graph it out, was it a serious progression of his disease, like a quick...
A. (Demonstrating)
Q. And you sort of indicated that there would have been an initial, just so she understands, there's sort of an initial sharp jump, and then an up and down?

A. No. It's a plateau. It's almost like the stock market, but down, down, down.
Q. Okay.
A. It's not down, straight line. Up and down, up and down.
Q. Okay.
A. But plateau. Plateau.
Q. And the down would be the progression --
A. Progression.
Q. -- of it getting worse as it goes down.
A. Yes.
Q. Okay.
A. In other words, he was a lot better in 2009 than he is today.
Q. Right, I understand. Dr. Fogarty indicated when he gave spirometry that Mr. Gul did not take deep, inhalation breaths. Can that affect the validity of spirometry?
A. Validity of spirometry can be affected by many factors. Patient cooperation, technician expertise, and the severity of his asthma at the time. So yes.
Q. And the same for exertion, if he doesn't forcefully blow? Can that affect the results of the test?
A. Let me qualify that. Mr. Gul, in my experience, give 100 percent --

Q. Right.
A. -- effort; okay? It's not like he is not trying.
Q. I understand.
A. So as far as what Dr. Fogarty did, I'm won't even comment on that.
Q. Right, I understand.
A. Because I wasn't there, to comment on effort.
Q. But his exhalation can affect the results of spirometry?
A. Yes.
Q. Okay. When you were listing things that could affect it, it's inhalation and exhalation, and the technician, and the severity of --
A. Let me explain to you one more time.
Q. You don't have to.
A. Right, but since I'm answering the question, all those five tests --
Q. Yes.
A. -- are important.
Q. Right.
A. What cannot happen, you cannot fake an obstructive lung disease --
Q. Right.
A. -- on spirometry. It is impossible; okay? Is everything bad --

Q. Or everything good.
A. -- or everything good; okay? Not just everything good. You can't have one number being obstructive on purpose. This is impossible to do.
Q. Right.
A. Okay? So his VFTs are obstructed; okay?
Q. Okay.
A. And sometimes they're normal, depending on the treatment. And sometimes he cannot do that. But not because of lack of effort. He's an honest man. This, Mr. Gul, is an honest man. That's, if you want my personal opinion. He is not somebody who tries to get something for nothing.
Q. Right.
A. He is a honest man, hard-working man; okay? There is no doubt that he has asthma. We spent so much time discussing Dr. Fogarty opinion. This man has asthma. There is no doubt about that. Neither by spirometry, know by his symptoms, know by bronchoscopy, know by his physical examination. None.
Q. Right.
A. It's preposterous to provide an opinion otherwise.
Q. Except two physicians have done that.
A. That have never seen the record, and seen the patient only once.

Q. Well, Dr. Fogarty did review some records.
A. I don't think that I will comment on Dr. Fogarty anymore than I have.
Q. That's fine. Wheezing, when Mr. Gul was removed from the environment where he was exposed to acetic acid, would you expect the wheezing to get better?
A. In some patient it does, in some patient it doesn't.
Q. What about Mr. Gul?
A. Mr. Gul, it didn't. His condition, remember, is progressing even today.
Q. Okay. When you say his condition is progressing, does that mean the wheezing is getting worse?
A. His asthma is getting worse.
Q. Okay.
A. He requires more medicine, he is more impaired, he has psychological problems, and he is impossible to bring under control, which is very common in occupational asthma. I promise to send article today, and I will. To put it to rest, with Dr. Fogarty, the nature of the litigation between myself and Dr. Fogarty is making up non-existent diagnosis. Dragging several physicians, not just me, into the unnecessary lawsuit. That's the nature of the litigation.
Q. Okay. And again, I just want to clarify because I think I'm pretty much done, in April of 2012, you gave

him 100 percent impairment, but in August of 2012, you gave him 65 percent impairment. And you can't tell me why you instituted that change, but your opinion here today is that it's 100 percent?

A. Yes.

Q. Okay. You have produced for me a document during -- before we even really started, that's your CV; is that correct?

A. That's my CV.

Q. All right. It has several business addresses on here, in addition to Upstate Lung and Critical Care Specialists. Are you still involved in South Carolina Pharmaceutical Research?

A. Yes.

Q. And Gaffney Pharmaceutical Research?

A. Yes.

Q. And CU Pharmaceutical Research?

A. Yes.

Q. All right. So those are ongoing businesses?

A. Yes.

Q. Do you own those businesses?

A. I am part own.

Q. Part owner.

A. Part.

Q. What is the nature of those three businesses?

A. They engage in pharmaceutical research.
Q. Are these businesses in the process of trying to create pharmaceuticals?
A. No.
Q. Okay. They're carrying out research by using pharmaceuticals?
A. Yes.
Q. Okay. Is Mr. Gul in any program?
A. No.
Q. Are the pharmaceutical research that's being done by these three companies generally in the pulmonology field?
A. Most of the time.
Q. Okay. Is there a particular drug manufacturer that you are partnering with or cooperating with in doing these research?
A. We're not partnering with anybody. We are testing different medications for lung disease, such as COPD and asthma, depending on -- it's not for the patient; for volunteers.
Q. Okay.
A. Because this is new drugs, and development for the most part.
Q. Are these companies being paid to run these trials?
A. Well, they get paid for service to run the trials.

Q. Right. And are they being paid by the pharmaceutical companies?
A. Yes.
Q. Okay. Is there any one particular pharmaceutical company that you exclusively deal with in these --
A. No, we deal with all.
Q. Okay. And it's primarily in the field of pulmonology?
A. Yes.
Q. And prior to seeing Mr. Gul, you never knew him; is that correct?
A. No, I never knew him, no. He walked in.
Q. Okay.
A. My recollection is he walked in seeking me specifically because he heard I speak Russian.
Q. All right.
A. And I'm a good doctor, that's what my understanding is.
Q. There's no Russian community that your paths might have crossed?
A. I'm not part of any community, Russian community. But my understanding is he (unintelligible).
Q. Okay.
A. It's numbers like thousands, that's my understanding.
Q. And you have --
Mr. Horner:
We'll make that an exhibit.

Examination resumed by Mr. Horner:
Q. -- given me an article. And I'm just going to read the title into the record. And --
A. And for the record, I will send today several more germane articles.
Q. Okay. It's called Restrictive Impairment in Patients with Asthma. I'll make that an exhibit. And I'm going to say I am done.
EXAMINATION BY MR. DANTIN:
Q. Doctor, I think I'll have one quick question for you. I just want to make sure of this for the sake of the record. Do you agree that the relevance symptoms of asthma include shortness of breath, wheezing, chest tightness, coughing, and sputum production?
A. Yes.
Q. No further questions.
(Court reporter marks document as Defendant's Exhibits Numbers 1-2)
(THERE BEING NO FURTHER QUESTIONS, THIS DEPOSITION CONCLUDED AT 5:23 P.M.)

CERTIFICATE OF REPORTER

I, MARLA J. O'BRIEN, A NOTARY PUBLIC IN AND FOR THE STATE OF SOUTH CAROLINA, DO HEREBY CERTIFY THAT THE FOREGOING 105 PAGES REPRESENTS A TRUE AND ACCURATE TRANSCRIPT OF THE DEPOSITION OF GREGORY FELDMAN, M.D., WHICH WAS TAKEN BY ME ON THE 24TH DAY OF OCTOBER, 2013.

THAT THE WITNESS WAS FIRST DULY SWORN TO TELL THE TRUTH, THE WHOLE TRUTH AND NOTHING BUT THE TRUTH OF HIS OWN KNOWLEDGE CONCERNING THIS MATTER.

THAT I AM NOT RELATED TO NOR THE EMPLOYEE OF ANY OF THE PARTIES HERETO, NOR RELATED TO OR EMPLOYED BY ANY ATTORNEY OR COUNSEL EMPLOYED BY THE PARTIES HERETO, NOR INTERESTED IN THE OUTCOME OF THIS ACTION.



MARLA J. O'BRIEN, CVR-M, ACR
NOTARY PUBLIC FOR S.C.
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