THE STATE OF SOUTH CAROLINA
In The Court of Appeals

APPEAL FROM GREENVILLE COUNTY
In the Court of Common Pleas

ORIGINAL

D. Garrison Hill, Circuit Court Judge
Robert E. Hood, Circuit Court Judge

Case No. 2011-CP-23-04585
Appellate Case No. 2013-000666

James L. Dawkins and Delphine Dawkins ..... Appellants,

v.

Troy Lee Watts, Jr.. ..... Respondent.

RECORD ON APPEAL - VOL. I

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880 S. Pleasantburg Drive, 3-A
Greenville, SC 29607
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Cynthia Patterson
PO Box 6786
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Attorneys for Appellants

Marcus K. McGarr
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108 Whitsett Street
Greenville, SC 29601
(864) 298-0089

Attorney for Respondent

RECEIVED
JUN 02 2014
SC Court of Appeals

TABLE OF CONTENTS

Order - Form 4 - Judgment in a Civil Case (Denying Post Trial Motions) 3
Verdict Form 6
Complaint 7
Acceptance of Service by SC Dept. of Ins. dated July 19, 2011 and August 3, 2011 . . . 10
Affidavit of Service dated July 25, 2011 12
Affidavit of Service dated August 17, 2011 13
Answer 14
Requests to Produce & Defendant's Responses (Defendant's 1-6) 18
Requests to Admit 38
Supplemental Request to Produce 358
Transcript - January 22-23, 2013 (p.1-280), including Transcript of Dr. McHenry's deposition 361
- Pre-trial Motions (5) 468
- Opening by Mr. Moorhead (36) 499
- Opening by Mr. McGarr (42) 505
- Video Deposition of Timothy McHenry (51) 514
- Penny Cates (Direct) (57) 520
- Penny Cates (Cross) (80) 543
- James Lewis Dawkins (Direct) (89) 552
- James Lewis Dawkins (Cross) (101) 564
- Motions (102) 565
- James Lewis Dawkins (Proffered testimony - Cross)(106) 569
- James Lewis Dawkins (Proffered testimony - Redirect) (114) 577
- Motions (116) 579
- James Lewis Dawkins (Cross) (121) 584
- Motions (162) 625
- James Lewis Dawkins (Proffered testimony - Cross) (165) 628
- James Lewis Dawkins (Proffered testimony - Redirect) (166) 629
- Motions (167) 630
- James Lewis Dawkins (Cross) (170) 633
- James Lewis Dawkins (Redirect) (196) 659
- Delphine Dawkins (Direct) (209) 672
- Delphine Dawkins (Cross) (212) 675
- Delphine Dawkins (Redirect) (214) 677
- Delphine Dawkins (Re-cross) (214) 677
- Motions (218) 681
- Troy Watts, Jr. (Direct) (221) 684
- Troy Watts, Jr. (Cross) (225) 688
- Closing (230) 693
- Motions (248) 711
- Jury Charges (252) 715
- Verdict (278) 741
- Motions (279) 742

Projected Cost for Surgery Summary (Plaintiff's 1) 744
Medical Expense Summary (Plaintiff's 2) 749
Steadman Hawkins bill (Plaintiff's 3) 750
Affidavit of Amanda Garland 755
Affidavit of Jill Wrenn 800
Motion for New Trial Nisi Additur or in the Alternative Motion for a New Trial as to Damages Only 882
Plaintiffs' Brief as to Motion for New Trial Nisi Additur or in the Alternative Motion for New Trial as to Damages Only 884
Defendant's Memorandum in Opposition to the Plaintiffs' Brief as to Motion for New Trial Nisi Additur, or in the Alternative, Motion for New Trial as to Damages Only 890
Plaintiffs' Reply to Defendant's Memorandum in Opposition to Plaintiffs' Brief as to Motion for New Trial Nisi Additur, or in the Alternative, Motion for New Trial as to Damages Only 895
Certificate of Counsel 898

(2)

FORM 4

STATE OF SOUTH CAROLINA
COUNTY OF GREENVILLE
IN THE COURT OF COMMON PLEAS

JUDGMENT IN A CIVIL CASE
CASE NUMBER 2011CP234585

James L. Dawkins	Delphine Dawkins	Troy Lee Watts, Jr.
PLAINTIFF(S)		DEFENDANT(S)

Submitted by:	Attorney for: ☐ Plaintiff ☐ Defendant ☐ Self-Represented Litigant

DISPOSITION TYPE (CHECK ONE)

☐ **JURY VERDICT.** This action came before the court for a trial by jury. The issues have been tried and a verdict rendered.

☒ **DECISION BY THE COURT.** This action came to trial or hearing before the court. The issues have been tried or heard and a decision rendered.

☐ **ACTION DISMISSED (*CHECK REASON*):** ☐ Rule 12(b), SCRCP; ☐ Rule 41(a), SCRCP (Vol. Nonsuit); ☐ Rule 43(k), SCRCP (Settled); ☐ Other: _____

☐ **ACTION STRICKEN (*CHECK REASON*):** ☐ Rule 40(j) SCRCP; ☐ Bankruptcy; ☐ Binding arbitration, subject to right to restore to confirm, vacate or modify arbitration award; ☐ Other: _____

☐ **DISPOSITION OF APPEAL TO THE CIRCUIT COURT (CHECK APPLICABLE BOX):**
☐ Affirmed; ☐ Reversed; ☐ Remanded; ☐ Other:

NOTE: ATTORNEYS ARE RESPONSIBLE FOR NOTIFYING LOWER COURT, TRIBUNAL, OR ADMINISTRATIVE AGENCY OF THE CIRCUIT COURT RULING IN THIS APPEAL.

IT IS ORDERED AND ADJUDGED: ☐ See attached order; (formal order to follow) ☒ Statement of Judgment by the Court:

A trial judge has the discretionary power to grant a new trial *nisi*, but compelling reasons must exist to justify invading the jury's province in this manner. The Court has the duty to review the record and determine whether there has been an abuse of discretion amounting to an error of law. Waring v. Johnson, 341 S.C. 248, 533 S.E.2d 906 (S.C.App.2000). When a party moves for a new trial based on a challenge that the verdict is either excessive or inadequate, the trial judge must distinguish between awards that are merely unduly liberal or conservative and awards that are actuated by passion, caprice or prejudice. Allstate Ins. Co. v. Durham, 314 S.C. 529, 431 S.E.2d 557 (1993). If the amount of the verdict is so grossly inadequate or excessive that it shocks the conscience of the Court and clearly indicates the amount was the result of passion, caprice, prejudice, partiality, corruption or some other improper motives, the Court is required to grant a new trial absolute. Cock-N-Bull Steak House, Inc. v. Generali Ins. Co., 321 S.C. 1, 466 S.E.2d 727 (1996).

Pursuant to these standards, the Court finds the verdict was not the result of passion, caprice, prejudice, partiality, corruption or some other improper motive. The record contains sufficient evidence to support the verdict. The Court cannot weigh the evidence at this stage or make credibility determinations. Plaintiff's Motion for New Trial *Nisi Additur* or in the Alternative Motion for New Trial as to Damages Only is therefore respectfully denied.

RECEIVED 12-22-13

ORDER INFORMATION

This order ☒ ends ☐ does not end the case.

Additional Information for the Clerk:

_____

_____

INFORMATION FOR THE JUDGMENT INDEX **Complete this section below when the judgment affects title to real or personal property or if any amount should be enrolled. If there is no judgment information, indicate "N/A" in one of the boxes below.**		
Judgment in Favor of (List name(s) below)	**Judgment Against (List name(s) below)**	**Judgment Amount To be Enrolled (List amount(s) below)**

If applicable, describe the property, including tax map information and address, referenced in the order:

The judgment information above has been provided by the submitting party. Disputes concerning the amounts contained in this form may be addressed by way of motion pursuant to the SC Rules of Civil Procedure. Amounts to be computed such as interest or additional taxable costs not available at the time the form and final order are submitted to the judge may be provided to the clerk. **Note: Title abstractors and researchers should refer to the official court order for judgment details.**

Circuit Court Judge	**2138** **Judge Code**	2/19/2013 **Date**

For Clerk of Court Office Use Only

This judgment was entered on 2/20/13, and a copy mailed first class or placed in the appropriate attorney's box on 2/20/13, to attorneys of record or to parties (when appearing pro se) as follows:

Donald R. Moorhead, 880 S. Pleasantburg Drive, 3-A
Greenville, SC 29607

ATTORNEY(S) FOR THE PLAINTIFF(S)

Marcus McGarr, 108 Whitsett Street, Greeville, SC 29601

ATTORNEY(S) FOR THE DEFENDANT(S)

Paul B. Wickensimer Greenville County Clerk Of Court - Clerk of Court

Court Reporter

FILED CLERK OF COURT
GREENVILLE SO. S.C.
PAUL S. WICKENSIMER
2013 JAN 24 P 4:45

STATE OF SOUTH CAROLINA) IN THE COURT OF COMMON PLEAS
COUNTY OF GREENVILLE) C.A. No.: 2011-CP-23-4585

James L. Dawkins and Delphine Dawkins,

Plaintiffs,

v.

Troy Lee Watts, Jr,.
Defendant.

VERDICT FORM

1. We the jury, by unanimous consent, find:

_____for Plaintiff, James L. Dawkins, in the amount of:

$ 0 actual damages.

✓ for Defendant, Troy Lee Watts, Jr.

2. We the jury, by unanimous consent, find:

_____for Plaintiff, Delphine Dawkins, in the amount of:

$ 0 actual damages.

✓ for Defendant, Troy Lee Watts, Jr.

January 23, 2013
Greenville, South Carolina

Deborah D. Quinn
Foreperson

ENTERED COMPUTER

IN THE STATE OF SOUTH CAROLINA	)	IN THE COURT OF COMMON PLEAS
	)	
COUNTY OF GREENVILLE	)	C.A. NO.: 2011-CP-23-4585
James L. Dawkins and Delphine Dawkins,	)	
	)	
Plaintiffs,	)	
	)	COMPLAINT
vs.	)	
	)	
Troy Lee Watts, Jr.,	)	
	)	
Defendant.	)	

COMES NOW your Plaintiffs complaining of the Defendant who would respectfully show unto this Court as follows:

GENERAL ALLEGATIONS

1. The Plaintiffs are citizens and residents of the State of South Carolina, County of Greenville.

2. The Defendant is a citizen and resident of a county in the State of North Carolina.

3. The motor vehicle collision which is the subject of this action occurred in the state of South Carolina, County of Greenville.

4. This court has jurisdiction over the subject matter and the parties.

FIRST CAUSE OF ACTION
(Negligence)

5. On September 24, 2008 Plaintiff was lawfully operating his vehicle on Wade Hampton Boulevard in or near the City of Greenville, South Carolina when the Defendant suddenly, unexpectedly, and totally without warning drove his vehicle into the path of the Plaintiff's vehicle from a side street known as Poinsett Street. A collision ensued, and the Plaintiff was seriously injured.

6. As a direct and proximate result of the collision the Plaintiff has suffered excruciating pain and suffering, permanent and lasting disability, past and future medical expenses, economic loss, mental anguish, loss of enjoyment of life and other special and general damages.

7. All of the above was the direct and proximate result of the Defendant's wilful, wanton, reckless, negligent and grossly negligent acts and/or omissions more specifically to wit:

a. in failing to yield the right-of-way;

b. in failing to maintain and proper lookout;

c. in disregarding a traffic signal device positioned and located at the intersection where this collision occurred; The road and lane of traffic for the Defendant was governed by a red traffic signal device which prohibited further travel by the Defendant's vehicle into the intersection.

d. in failing to have his vehicle properly inspected and repaired.

e. in failing to properly equip his vehicle with brakes or in the alternative, if his vehicle was so equipped, in failing to properly use them;

f. in failing to take any sort of evasive action so as to avoid the collision between the two vehicles;

g. in operating his vehicle at a rate of speed which was excessive under the circumstances then and there existing;

h. in operating his vehicle in a wilful, wanton, reckless, negligent and grossly negligent manner under all the circumstances then and there existing

8. Plaintiff prays for a judgment against the Defendant for actual damages and for an additional amount of punitive damages.

CONSORTIUM CLAIM

9. Each and every allegation set forth above in Plaintiffs' complaint are hereby incorporated by reference as though the same were set forth verbatim.

10. At all relevant times Delphine Dawkins was the lawful wedded spouse of James L. Dawkins.

11. That as a result of one or more of the willful, wanton, reckless, or negligent acts or omissions of the Defendant, the Plaintiff, Delphine Dawkins, has suffered the loss of consortium, society, comfort, and counsel of her husband, James L. Dawkins. She has further suffered the loss of in kind services and income.

12. The Plaintiff, Delphine Dawkins, alleges she is entitled to a judgment against the Defendant for actual damages and for an additional amount of punitive damages to be determined by the triers of fact.

WHEREFORE, the Plaintiffs pray for an judgment against the Defendant individually and/or collectively for actual damages and for an additional amount of punitive damages and for the costs of this action.

Respectfully submitted,

Donald R Moorhead

Donald R. Moorhead, Esq.
S.C. Bar No.: 4071
DONALD R. MOORHEAD, P.A.
880 S. Pleasantburg Drive, 3-A
Greenville, South Carolina 29607
(864) 242-9999 - Telephone
(864) 232-9169 - Facsimile

July 8, 2011.

IN THE STATE OF SOUTH CAROLINA	)	IN THE COURT OF COMMON PLEAS
	)	
COUNTY OF GREENVILLE	)	C.A. NO.: 2011-CP-23-4585
James L. Dawkins and Delphine Dawkins,	)	
	)	
Plaintiffs,	)	
	)	**ACCEPTANCE OF SERVICE**
vs.	)	
	)	
Troy Lee Watts, Jr.,	)	
	)	
Defendant	)	

Plaintiff hereby submits the attached Acceptance of Service by the South Carolina Department of Insurance on behalf of Defendant.

Respectfully submitted,

DONALD R. MOORHEAD, P.A.

Donald R. Moorhead

Donald R. Moorhead, Esq.
SC Bar No. 4071
880 S. Pleasantburg Drive 3-A
Greenville, SC 29607
(864) 242-9999 - telephone
(864) 232-9169 - facsimile

Attorney for Plaintiff

Greenville, South Carolina
August 3, 2011

10

South Carolina
Department of Insurance

Capital Center
1201 Main Street, Suite 1000
Columbia, South Carolina 29201

Mailing Address:
P.O. Box 100105, Columbia, S.C. 29202-3105
Telephone: (803) 737-6160

NIKKI R. HALEY
Governor

DAVID BLACK
Director of Insurance

July 19, 2011

CERTIFIED MAIL
RETURN RECEIPT REQUESTED
STATE FARM MUTUAL AUTOMOBILE INS CO
VICE PRESIDENT - AGENCY
7 TECHNOLOGY CIRCLE, SUITE 400
COLUMBIA, SC 29203-0000

Dear Sir:

On July 19, 2011, I accepted service of the attached Summons, Complaint, Interrogatories and Request for Production on your behalf. I am, hereby, forwarding that accepted process on to you pursuant to the provisions of S.C. Code Ann. § 38-5-70 (Supp. 2003). By forwarding accepted process on to you, I am meeting a ministerial duty imposed upon me by S.C Code Ann. § 38-77-160 (Supp. 2003). I am not a party to this case. The State of South Carolina Department of Insurance is not a party to this case. The claimant, within this service letter, provided the following additional information regarding this first party claim: James Dawkins, POLICY/CLAIM NUMBER 0785-026-40, 1421-499-40, 1402-550-40 and 1723-955-40. It is important for you to realize that service was effected upon your insurer on my date of acceptance for service.

You must promptly acknowledge in writing your receipt of this accepted process. When replying, please refer to File Number 145614, James L. Dawkins v. Troy Lee Watts , *et al.*, 2011-CP-23-4585.

By:

Jeff Jacobs
Chief Legal Counsel
(803)737-6200

Sincerely Yours,

David Black
Director
State of South Carolina
Department of Insurance

Attachment

CC: Donald R. Moorhead
Donald R. Moorehead, PA
880 S. Pleasantburg Drive, 3-A
Greenville, SC 29607

STATE OF SOUTH CAROLINA
COUNTY OF GREENVILLE

IN THE COURT OF COMMON PLEAS

CASE NO: **2011-CP-23-4585**

JAMES L DAWKINS and DELPHINE DAWKINS,
Plaintiff

vs.

TROY LEE WATTS, JR.,
Defendants

AMENDED
AFFIDAVIT OF SERVICE

THIS IS TO CERTIFY THAT JASON GARREN, A DEPUTY SHERIFF OF THE HENDERSON COUNTY SHERIFF'S DEPARTMENT, BEING DULY SWORN, DEPOSES AND SAYS, THAT HE IS NOT A PARTY OF THIS ACTION, AND IS OVER 18 YEARS OF AGE, AND MADE THE FOLLOWING RETURN OF SERVICE:

THIS IS TO CERTIFY THAT TROY LEE WATTS JR., WAS SERVED BY LEAVING A COPY OF THE SUMMONS AND COMPLAINT,AND PLAINTIFF'S FIRST SET OF INTERROGATORIES WITH TROY LEE WATTS JR., ON JULY 19,2011 AT 7:55AM AT THE FOLLOWING LOCATION: CIVIL PROCESS 201 NORTH MAIN ST., HENDERSONVILLE, NC 28792.

THIS THE 25 DAY OF JULY, 2011.

Jason Garren
DEPUTY SHERIFF

RICK DAVIS, SHERIFF OF
HENDERSON COUNTY, NORTH CAROLINA

SWORN AND SUBSCRIBED BEFORE ME, JoAnne B Waldrop A NOTARY PUBLIC FOR HENDERSON COUNTY, NORTH CAROLINA, THIS THE 25 DAY OF JULY 2011.

JoAnne B Waldrop
NOTARY PUBLIC

July 02, 2011
MY COMMISSION EXPIRES

12

STATE OF SOUTH CAROLINA
COUNTY OF GREENVILLE

IN THE COURT OF COMMON PLEAS

CASE NO: **2011-CP-23-4585**

JAMES L DAWKINS and DELPHINE DAWKINS,
Plaintiff

vs.

2011 AUG 22 P 12:44

TROY LEE WATTS, JR.,
Defendants

AMENDED
AFFIDAVIT OF SERVICE

CLERK OF COURT

THIS IS TO CERTIFY THAT JASON GARREN, A DEPUTY SHERIFF OF THE HENDERSON COUNTY SHERIFF'S DEPARTMENT, BEING DULY SWORN, DEPOSES AND SAYS, THAT HE IS NOT A PARTY OF THIS ACTION, AND IS OVER 18 YEARS OF AGE, AND MADE THE FOLLOWING RETURN OF SERVICE:

THIS IS TO CERTIFY THAT TROY LEE WATTS JR., WAS SERVED BY LEAVING A COPY OF THE SUMMONS AND COMPLAINT,AND PLAINTIFF'S FIRST SET OF INTERROGATORIES WITH TROY LEE WATTS JR., ON JULY 19,2011 AT 7:55AM AT THE FOLLOWING LOCATION: CIVIL PROCESS 201 NORTH MAIN ST., HENDERSONVILLE, NC 28792.

THIS THE 17 DAY OF AUGUST, 2011.

DEPUTY SHERIFF

RICK DAVIS, SHERIFF OF
HENDERSON COUNTY, NORTH CAROLINA

SWORN AND SUBSCRIBED BEFORE ME, JoAnne B Waldrop A NOTARY PUBLIC FOR HENDERSON COUNTY, NORTH CAROLINA, THIS THE 17 DAY OF AUGUST 2011.

NOTARY PUBLIC

July 02, 2013
MY COMMISSION EXPIRES

13

STATE OF SOUTH CAROLINA)	IN THE COURT OF COMMON PLEAS
)	
COUNTY OF GREENVILLE)	C.A. NO.: 2011-CP-23-4585
)	
James Dawkins)	
and Delphine Dawkins,)	
)	
Plaintiffs,)	
)	
vs.)	**ANSWER**
)	**(Jury Trial Requested)**
)	
Troy Lee Watts, Jr.,)	
)	
Defendant.)	
)	

2011 AUG 23 A 8:45

The Defendants, answering the Complaint of the Plaintiffs, would respectfully show unto the Court the following:

FOR A FIRST DEFENSE

1. The Defendants deny each and every allegation contained in the Plaintiffs' Complaint, which is not hereinafter specifically admitted, qualified, or otherwise modified below.

FOR A SECOND DEFENSE

2. The Defendants reincorporate such of the preceding allegations as are consistent herewith.

3. Answering Paragraph One of the Plaintiffs' Complaint, the allegations contained therein are admitted.

4. Answering Paragraph Two of the Plaintiffs' Complaint, the allegations contained therein are admitted.

5. Answering Paragraph Three of the Plaintiffs' Complaint, the allegations contained

SCANNED

14

therein are admitted.

6. Answering Paragraph Four of the Plaintiffs' Complaint, the allegations contained therein are admitted.

7. Answering Paragraph Five of the Plaintiffs' Complaint, it is admitted that on or about September 24, 2008, Troy Lee Watts, Jr., was operating his vehicle on Wade Hampton Boulevard, in Greenville, South Carolina, when the Defendant pulled into the path of the Plaintiff's vehicle. It is also admitted that an accident took place as a result. However, the remaining allegations contained in paragraph number five are denied.

8. Answering Paragraph Number Six of the Plaintiffs' Complaint, the allegations contained therein are denied.

9. Answering Paragraph Number Seven of the Plaintiffs' Complaint, it is admitted that the Defendant was negligent. However, the remaining allegations contained in paragraph number seven are denied.

10. Answering Paragraph Number Eight of the Plaintiffs' Complaint, the allegations contained therein are denied.

11. Answering Paragraph Number Nine of the Plaintiffs' Complaint, the Defendants reincorporate such of the preceding allegations as are consistent herewith.

12. Answering Paragraph Number Ten of the Plaintiffs' Complaint, the allegation contained therein is admitted upon information and belief.

13. Answering Paragraph Number Eleven of the Plaintiffs' Complaint, the allegations contained therein are denied.

14. Answering Paragraph Number Twelve of the Plaintiffs' Complaint, the allegations

contained therein are denied.

FOR A THIRD DEFENSE

8. The Defendants reincorporate such of the preceding allegations as are consistent herewith.

9. The Plaintiffs' injuries, if longstanding, were in no way caused by contact made between the two parties' vehicles.

10. As such, there is no proximate cause between a large portion of the damages complained of and the actions of this Defendant.

11. Therefore, the Plaintiffs' Complaint should be dismissed.

FOR A FOURTH DEFENSE

12. The Defendants reincorporate such of the preceding allegations as are consistent herewith.

13. If there were any longstanding injuries suffered by the Plaintiffs, they were pre-existing or post- existing in nature and, therefore, are not proximately caused by this accident.

14. Therefore, the Plaintiffs' Complaint should be dismissed.

FOR A FIFTH DEFENSE

15. The Defendants reincorporate such of the preceding allegations as are consistent herewith.

16. The Defendants are informed and believe that the Plaintiff has sought medical treatment which is inapplicable to the injuries for which he complains.

17. As such, the Plaintiffs' have failed to mitigate their damages and any award against

the Defendants should be reduced accordingly.

WHEREFORE, the Defendants, having answered the Complaint of the Plaintiffs, would respectfully pray as follows:

(a) That a jury determine what damages, if any, the Plaintiffs have suffered;

(b) For the costs and expenses associated with the defense of this action; and,

(c) For such other and further relief as the Court deems just and proper.

Marcus K. McGarr, Esq.
MARCUS K. MCGARR, P.A.
S.C. Bar No.: 011885
108 Whitsett Street
Greenville, S.C. 29601
Telephone (864) 298-0089
Facsimile (864) 235-0503
ATTORNEY FOR THE DEFENDANT

Greenville, South Carolina
August 19, 2011

IN THE STATE OF SOUTH CAROLINA	)	IN THE COURT OF COMMON PLEAS
	)	
COUNTY OF GREENVILLE	)	C.A. NO.: 2011-CP-23-4585
James L. Dawkins and Delphine Dawkins,	)	
	)	
Plaintiffs,	)	
	)	PLAINTIFF'S FIRST REQUEST
vs.	)	FOR PRODUCTION OF DOCUMENTS
	)	
Troy Lee Watts, Jr.,	)	
	)	
Defendant.	)	

TO: TROY LEE WATTS, JR:

YOU ARE HEREBY NOTIFIED that the above-named Plaintiff pursuant to Rule 34, South Carolina Rules of Civil Procedure, are requested to produce and permit the inspection of the following photographs and documents at the office of the Plaintiff's attorney located at 880 South Pleasantburg Drive, Suite 3-A, Greenville, South Carolina, 29607, on the thirtieth (30th) day after the service hereof at 10:00 a.m. or at some other mutually-agreeable time and date the following records and documents:

1. Any and all photographs, video tapes and/or video film, plats, sketches, statements, estimates of repair.

2. Any and all insurance policies together with the declaration page which is applicable to this case.

3. Any and all written or recorded statements of Plaintiff.

4. Any and all written or recorded statements of Defendants (except those taken by Defendant's lawyer).

5. Any written or recorded statements of any witnesses or potential witnesses in this case (except those taken by Defendant's lawyer).

6. Any and all photographs, videos, computer animations, accident reconstruction documents, films, things.

7. Reports of any experts.

8. Any information relied upon by any expert of the Defendants in forming any of the opinions reached by said expert.

9. Records of measurement of the vehicles, scene, skid marks and anything relevant to this accident.

10. A *curriculum vitae* on every expert retained or consulted with in regard to this case.

11. The entire investigative file of any and all experts engaged by the defendants with regard to this case.

DONALD R. MOORHEAD, P.A.

Donald R. Moorhead, Esq.
SC Bar No. 4071
880 S. Pleasantburg Drive 3-A
Greenville, SC 29607
(864) 242-9999 - Telephone
(864) 232-9169 - Facsimile

Attorney for Plaintiffs

Greenville, South Carolina
July_____, 2011

STATE OF SOUTH CAROLINA)	IN THE COURT OF COMMON PLEAS
)	
COUNTY OF GREENVILLE)	C.A. NO.: 2011-CP-23-4585
)	
James Dawkins)	
and Delphine Dawkins,)	
)	
Plaintiffs,)	
)	
vs.)	**DEFENDANT'S RESPONSES TO**
)	**PLAINTIFF'S REQUEST TO PRODUCE**
)	
Troy Lee Watts, Jr.,)	
)	
Defendant.)	
)	

The Defendant, Troy Lee Watts, Jr., by and through his undersigned attorney, hereby submits the following responses to the Plaintiffs' Request to Produce:

1. Any and all photographs, video tapes and/or video film, plats, sketches, statements, estimates of repair.

RESPONSE: Please see attached the following: nine (9) black and white copies of photographs of the vehicle plaintiff was driving at the time of the accident; a South Carolina Traffic Collision Report prepared by Officer Higgins; and, a damage estimate with regard to Mr. Dawkins's vehicle. Please be advised that an additional scene diagram may be prepared and scene photographs may be taken for use at the trial of this case. Depositions of parties, officer, employment or medical personnel, and/or witnesses may also be used at the trial of this case.

2. Any and all insurance policies together with the declaration page which is applicable to this case.

RESPONSE: Not attached.

3. Any and all written or recorded statements of Plaintiff.

RESPONSE: Counsel for defendant is not in possession of any written or recorded statements from the plaintiffs at this time.

4. Any and all written or recorded statements of Defendants (except those taken by Defendant's

lawyer).

RESPONSE: Counsel for defendant is not in possession of any written or recorded statements from the plaintiff at this time.

5. Any written or recorded statements of any witnesses or potential witnesses in this case (except those taken by Defendant's lawyer).

RESPONSE: Please see the attached copy of the South Carolina Traffic Collision Report form prepared by Officer Higgins. Furthermore, counsel for defendant may call all of plaintiff's or plaintiffs' physicians, including, but not limited to, paramedics, emergency room physicians/nurses, radiologists, family doctors, or their medical records custodians as expert witnesses at the trial of this case.

6. Any and all photographs, videos, computer animations, accident reconstruction documents, films, things.

RESPONSE: Please see answer to Request to Produce number one (1). If additional documentation is obtained for use at the trial of this case, it will be shown to plaintiff's counsel prior to the same.

7. Reports of any experts.

RESPONSE: Not applicable. Counsel for defendant may call all of plaintiff's or plaintiffs' physicians, including, but not limited to, paramedics, emergency room physicians/nurses, radiologists, family doctors, or their medical records custodians as expert witnesses at the trial of this case.

8. Any information relied upon by any expert of the Defendants in forming any of the opinions reached by said expert.

RESPONSE: None at this time. If additional documentation is obtained for use at the trial of this case, it will be shown to plaintiff's counsel prior to trial. Counsel for defendant may call all of plaintiff's or plaintiffs' physicians, including, but not limited to, paramedics, emergency room physicians/nurses, radiologists, family doctors, or their medical records custodians as expert witnesses at the trial of

this case.

9. Records of measurement of the vehicles, scene, skid marks and anything relevant to this accident.

RESPONSE: None at this time. If additional documentation is obtained for use at the trial of this case, it will be shown to plaintiff's counsel prior to the same.

10. A *curriculum vitae* on every expert retained or consulted with in regard to this case.

RESPONSE: Not applicable. Counsel for defendant may call all of plaintiff's or plaintiffs' physicians, including, but not limited to, paramedics, emergency room physicians/nurses, radiologists, family doctors, or their medical records custodians as expert witnesses at the trial of this case.

11. The entire investigative file of any and all experts engaged by the Defendants with regard to this case.

RESPONSE: Not applicable. Counsel for defendant may call all of plaintiff's or plaintiffs' physicians, including, but not limited to, paramedics, emergency room physicians/nurses, radiologists, family doctors, or their medical records custodians as expert witnesses at the trial of this case.

Marcus K. McGarr, Esq.
MARCUS K. MCGARR, P.A.
S.C. Bar No.: 011885
108 Whitsett Street
Greenville, S.C. 29601
Telephone: (864) 298-0089
Facsimile: (864) 235-0503
ATTORNEY FOR THE DEFENDANT

Greenville, South Carolina
October 26, 2011

ORIGINAL

D.P.S. USE ONLY: 08109698

SOUTH CAROLINA TRAFFIC COLLISION REPORT FORM

Page 1 Of 1 | # Of Units 2 | Notified 851 | Arrived 853

Date 9/24/08 | Time 851 | County 23 | Collision Location (Rt. # / Name): Hwy 29 & Wade Hampton Blvd | Miles: 0 | Dir N E S W | In / Near City or Town of: Greer

Lane # / Dir. 1 | Distance Offset 5 Miles | Direction N E S W | Base Intersection (Rt. # / Name) From: S-23-290 Poinsett St | ASRU code | MP/Grid

R.R. Id. | From N E S W | Ramp Only 1 - Entrance 2 - Exit | To N E S W | Second Intersection (Rt. # / Name) Toward: SC-23-136 Buncombe Rd | Latitude | Longitude

1- Interstate 2- US Primary 3- SC Primary 4- Secondary 5- County 6- Other

0- Main 1- Alternate 2- Alternate 5- Spur 6- Connection 7- Business 8- Other

Z-325282

Driver/Pedestrian's Full Name: Watts, Troy Lee JR

Unit # 1 | Sex m | Race B | Street [redacted]

Birth Date 6-9-1989 | City, State, & Zip Easley SC 29640

State SC | Driver's License # [redacted] | Insurance Company Victoria Ins

Year 94 | Body 4S | Vehicle Make Buick | VIN # 1G4GR52KXRR417695

State SC | Year 2008 | License Plate # ADC 312 [redacted]

Home Telephone [redacted] | Owner's Full Name Watts, Troy Lee JR

Bus. Telephone ( ) | Street [redacted]

Contributed To Collision: Yes | City, State, & Zip Easley SC 29640

Estimated Speed 50 | Speed Limit 45 | C.D.L. Req: Yes No | T/B S Req: Yes No | Alc/Drg Info (see back): Yes No

Summons # | Code | Summons # | Code | Towed By

Z-325283

Driver/Pedestrian's Full Name: Dawkins, James

Unit # 2 | Sex m | Race B | Street [redacted]

Birth Date 7-11-50 | City, State, & Zip Taylors SC 29687

State SC | Driver's License # [redacted] | Insurance Company State Farm

Year 2003 | Body VN | Vehicle Make Dodge | VIN # 1D4GP25R83B285606

State SC | Year 2008 | License Plate # ADE 318 | Owner's D.L. # [redacted]

Home Telephone [redacted] | Owner's Full Name Dawkins, James

Bus. Telephone ( ) | Street [redacted]

Contributed To Collision: Yes | City, State, & Zip Taylors SC 29687

Estimated Speed 5 | Speed Limit 35 | C.D.L. Req: Yes No | T/B S Req: Yes No | Alc/Drg Info (see back): Yes No

Summons # | Code | Summons # | Code | Towed By Jordans

Z-325284

Driver/Pedestrian's Full Name

Unit # N/A | Sex | Race | Street

Birth Date | City, State, & Zip

State | Driver's License # | Insurance Company

Year | Body | Vehicle Make | VIN #

Estimated Speed | Speed Limit | C.D.L. Req: Yes No | T/B S Req: Yes No | Alc/Drg Info (see back): Yes No

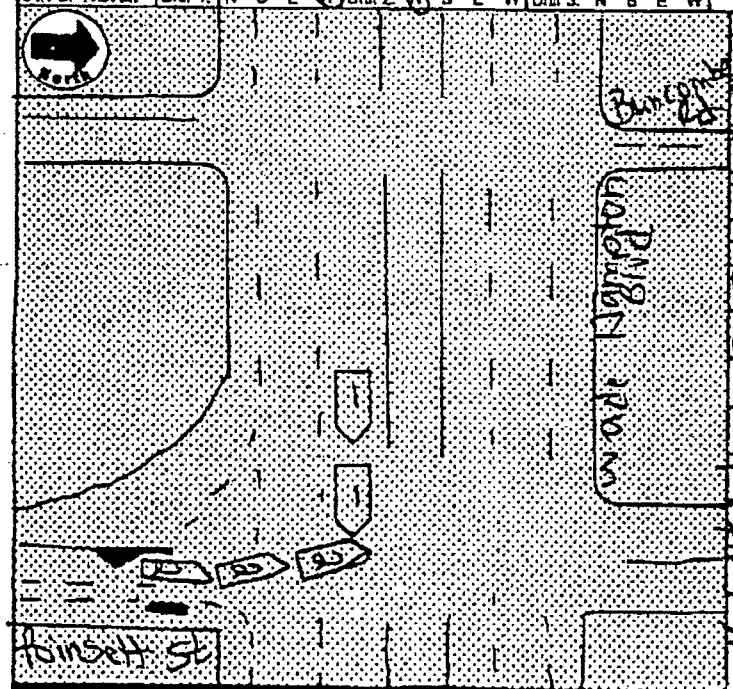
Summons # | Code | Summons # | Code | Towed By

Home Telephone ( ) | Owner's Full Name

Bus. Telephone ( ) | Street OCT 06 2008

Contributed To Collision: Yes No | City, State, & Zip

Dir. of Travel: Unit 1: N S E W | Unit 2: N S E W | Unit 3: N S E W



Unit 1 Dam.	Unit 2 Dam.	Unit 3 Dam.	Prop. Dam. 1	Prop. Dam. 2
$500	$1500	$	$	$

Property Owner/Witness: Gale Wilkens | Address | State | Zip | Phone 479-0584

Property Owner/Witness | Address | State | Zip | Phone

Photos: Y N | Describe What Happened (Refer to Units by Number)

Unit 1 on Wade Hampton Blvd approaching the intersection of Wade Hampton & Poinsett St Unit 2 was entering the Intersection at Poinsett & Wade Hampton from a green traffic Device. Unit 1 failed to Yield the right away to Unit 2

NOTICE: THE INFORMATION FOR STATISTICAL REPORTING PURPOSES ONLY AND IS A REFLECTION OF THE OFFICER'S BEST KNOWLEDGE, OPINION, AND BELIEF COVERING THE COLLISION BUT NO WARRANTY IS MADE AS TO THE TRUTH OF ANY FACTS THEREIN.

Investigating Officer's Name: D. Higgins | Rank PFC | Badge # 912 | Code 2300 23 350 | Date 9-24-08

Reviewer's Name | Rank | Internal Agency Code GR08-21738

Unit	Date of Birth	Sex	Race	INJ	Seat	R/SD	A.B.D.	Eject	EXT	Trap	Name	Street Address	Zip Code
1	6-9-1989	M	B	0	01	13	1	4	1	1	2		
1	8-22-1984	F	B	0	03	13	1	4	1	1	2		
2	7-11-1950	M	B	1	01	13	1	4	1	1	1	James Dawkins	[redacted] 29107

Race: A - Asian/Pacific Islander; B - African American; H - Hispanic; I - Alaskan Native or American Indian; O - Other; U - Unk; W - Caucasian

a) Injury Status: 0- Not Injured; 1- Possible; 2- Non-incapacitating; 3- Incapacitating; 4- Fatal

Seating Loc: 01 02 03 / 04 05 06 / 07 08 09; 20- Pedestrian; 30- Trailing Unit; 40- Bus or Van (4th row or Higher); 50- Other Enclosed Area (nontrailing); 51- Other Unenclosed Area (nontrailing); 60- Sleeper of Cab; 70- Riding on Unit Exterior; 80- Lap; 99- Unk

Restraint/Safety Device: 00- None Used; 01- Shoulder Belt Only; 02- Lap Belt Only; 03- Shoulder & Lap Belt; 21- Child Safety Seat; 88- Other; 99- Unk

Air Bag Deployment / Switch: a) 1-Deployed Front; 2-Deployed Side; 3-Deployed Both; 4-Not Deployed; 7-Not Applicable; 9-Deployment Unk. b) 1- Switch in On Position; 2- Switch in Off Position; 3- No Switch; 9- Unknown

Ejection: 1- Not Ejected; 2- Part Ejected; 3- Tot. Ejected; 7- Not App.; 9- Unk

b) Motorcycle Only — Head Injury: 1-Yes 2-No

Location After Impact: 1- Not Trapped; 2- Extricated (Mechanical Means); 3- Freed (non-mech.); 4- Not Applicable; 9- Unknown

a) Transported to Medical Facility: 1- Yes; 2- No; 3- Unknown

b) By: 1- EMS; 2- Police; 8- Other; 9- Unk

Pedestrian, Motor/Pedalcycle Only: 31- Helmet; 51- Reflective Clothing; 41- Protective Pads; 61- Lighting

Sequence of Events

Non-Collision: 01- Cargo/Equip Loss or Shift; 02- Cross Median/Center Line; 03- Downhill Runaway; 04- Equipment Failure; 05- Fire/Explosion; 06- Immersion; 07- Jackknife; 08- Overturn/Rollover; 09- Ran off Road Left; 10- Ran off Road Right; 11- Separation of Units; 12- Spill; 14- Other Non-collision; 15- Unk. Non-collision

Collision Not Fixed: 20- Animal (Deer Only); 21- Animal (All Other); 22- Motor Veh (in Transport); 23- Motor Veh (Stopped); 24- Motor Veh (Other Roadway); 25- Motor Veh (Parked); 26- Pedalcycle; 27- Pedestrian; 28- Railway Veh; 29- Work Zone Maint. Equip.; 30- Other Movable Object; 99- Unk. Movable Object

Collision Fixed Object: 40- Bridge Overhead Structure; 41- Bridge Pier or Support; 42- Bridge Rail; 43- Bridge Rail End; 44- Culvert; 45- Curb; 46- Ditch; 47- Embankment; 48- Equipment; 49- Fence; 50- Guardrail End; 51- Guardrail Face; 52- Highway Traffic Sign Post; 53- Impact Attenuator/Crash Cushion; 54- Light/Luminary Support; 55- Mail Box; 56- Median Barrier; 57- Overhead Sign Support; 58- Other Post, Pole, Support; 59- Other Wall, Building, Tunnel; 60- Tree; 61- Utility Pole; 62- Work Zone Maint. Equipment; 63- Other

1st Harmful: 11

Manner of Collision (Struck Veh.): 00- Not Coll. W/ Motor Veh.; 10- Rear End; 20- Head On; 30- Rear-to-Rear; 40- Angle; 41- Angle; 42- Angle; 43- Angle; 50- Sideswipe Same Dir.; 60- Sideswipe Opposite Dir.; 70- Backed Into; 99- Unknown

1st Harmful Collision: 93

1st / Most Deformed Area: 1st Deformed: 1; Most Deformed: 1

21- Pedestrian; 81- None; 82- Rollover; 83- Total; 84- Under Carriage; 98- Other; 99- Unk

Vehicle Type: 01- Automobile; 02- Pickup Truck; 03- Truck Tractor; 04- Other Truck; 15- Full Size Van; 16- Mini Van; 17- Sport Utility; 25- Motorcycle; 26- Other Motorbike; 27- Pedalcycle; 28- Motor Home; 29- Animal Drawn Veh; 39- Animal (Ridden); 41- Pedestrian; 51- Train; 81- School Bus; 82- Passenger Bus; 98- Other; 99- Unk. (Hit and Run Only)

Vehicle Use Code: 01- Personal; 02- Driver Training; 03- Construction/Maint.; 04- Ambulance; 05- Military; 06- Transport Passengers; 07- Transport Property; 08- Farm Use; 09- Wrecker or Tow; 10- Police; 11- Government; 12- Fire Fighting; 13- Logging; 41- Pedestrian

Vehicle Attachment: 1- None; 2- Mobile Home; 3- Semi-Trailer; 4- Utility Trailer; 5- Farm Trailer; 6- Trailer w/Boat; 7- Camper Trailer; 8- Towed Motor Vehicle; 9- Petroleum Tanker; A- Lowboy Trailer; B- Autocarrier Trailer; C- Other Tanker; D- Flat Bed; E- Twin Trailers; F- Other

Alcohol / Drug Test Given: 1- Given - Known Results; 2- Given - Unusable; 3- Given - Pending; 4- None; 5- Refused

Test Type: 1- Breath (Alc Only); 2- Blood; 3- Urine; 4- Serum; 6- Other

Drug Results: 1- Amphetamines; 2- Cocaine; 3- Marijuana; 4- Opiates; 5- PCP; 8- Other

Special Use Only

Underride/Override: 0- None; 1- Under- Compartment Intrusion; 2- Under- No Intrusion; 3- Under- Unknown; 4- Over- MV in Transport; 5- Over- Other Vehicle; 8- None; 9- Unk

Extent of Deformation: 0- None/Minor; 1- Functional Damage; 2- Functional Damage; 3- Disabling Damage; 4- Severe/Totaled; 5- Not Applicable; 9- Unk

Alc Test Results: A1- ; A2- ; A3-

Trafficway: 1- Two-way, Not Divided; 2- Two-way, Divided, Unprotected Median; 3- Two-way, Divided, Barrier; 4- One-Way; 8- Other

A- 1- Curb; 2- Island; 3- Median; 4- Roadside; 5- Roadway; 6- Shoulder; 7- Sidewalk; 8- Outside Trafficway; 9- Unk; B- X-walk; 1- Y- N- U; 1st Harmful Event Loc

Road Character: 1- Straight - Level; 2- Straight - On Grade; 3- Straight - Hillcrest; 4- Curve - Level; 5- Curve - On Grade; 6- Curve - Hillcrest

Road Surface Condition: 1- Dry; 2- Wet; 3- Snow; 4- Slush; 5- Ice; 6- Contaminate; 7- Water (Standing, etc.); 9- Unk

Traffic Control Type: 01- Stop and Go Light; 02- Flashing Traffic Signal; 11- RR (X-bucks, Lights & Gates); 12- RR (X-bucks & Lights); 13- RR (X-bucks Only); 21- Officer or Flagman; 22- Oncoming Emergency Vehicle; 31- Pavement Markings (only); 41- Stop Sign; 42- School Zone Sign; 43- Yield Sign; 44- Work Zone; 45- Other Warning Sign; 51- Flashing Beacon; 88- None; 99- Unk

Weather Condition: 1- Clear (no adverse conditions); 2- Rain; 3- Cloudy; 4- Sleet, Hail; 5- Snow; 6- Fog, Smog, Smoke; 7- Blowing Sand, Oil, Dirt or Snow; 8- Severe Crosswinds; 9- Unk

Light Condition: 1- Daylight; 2- Dawn; 3- Dusk; 4- Dark (Lighting Unspecified); 5- Dark (Street Lamp Not Lit); 6- Dark (Street Lamp Lit); 7- Dark (No lights)

School Bus Involved: 1- Yes Directly; 2- Yes, Indirectly; 3- No; 9- Unk

Work Zone: 1- Yes 2- No

Work Zone Location: 1- Before 1st Sign; 2- Advanced Warning Area; 3- Transition Area; 4- Activity Area; 5- Termination Area

Work Zone Type: 1- Shoulder/Median Work; 2- Lane Shift/Crossover; 3- Intermittent/Moving Work; 4- Lane Closure; 8- Other; 9- Unk

Workers Present: 1- Yes 2- No

Junction Type: 01- Crossover; 02- Driveway; 03- Five/More Points; 04- Four-way Intersection; 05- Railway Grade Crossing; 06- T-Intersection; 07- Shared Use Paths or Trail; 08- Traffic Circle; 12- Y-Intersection; 13- Nonjunction; 99- Unk

Action Prior to Impact (Vehicle): 01- Backing; 02- Changing Lanes; 03- Entering Traffic Lane; 04- Leaving Traffic Lane; 05- Making U-turn; 06- Movements Exemplify Straight Ahead; 07- Overtaking/Passing; 08- Parked; 09- Slowing or Stopped in Traffic; 10- Turning Left; 11- Turning Right; 88- Other; 99- Unk.

Action Prior to Impact (Non-motorist): 21- Approaching/Leaving Vehicle; 22- Entering/Crossing Location; 23- Playing/Working on Vehicle; 24- Pushing Vehicle; 25- Standing; 26- Walking, Playing, Cycling; 27- Working

Primary Contributing Factors

Driver: 01- Disregarded Signs, Signals, Etc; 02- Distracted/Inattention; 03- Driving Too Fast for Conditions; 04- Exceeded Authorized Speed Limit; 05- Failed to Yield Right of Way; 06- Ran off Road; 07- Fatigued/Asleep; 08- Followed Too Closely; 09- Made an Improper Turn; 10- Medical Related; 11- Aggressive Operation of Vehicle; 12- Over-correcting/Over-steering; 13- Swerving to Avoiding Object; 14- Wrong Side or Wrong Way; 15- Under the Influence; 16- Cell Phone; 17- Vision Obscured (Within Unit); 18- Improper Lane Usage/Change; 28- Other Improper Action; 29- Unk

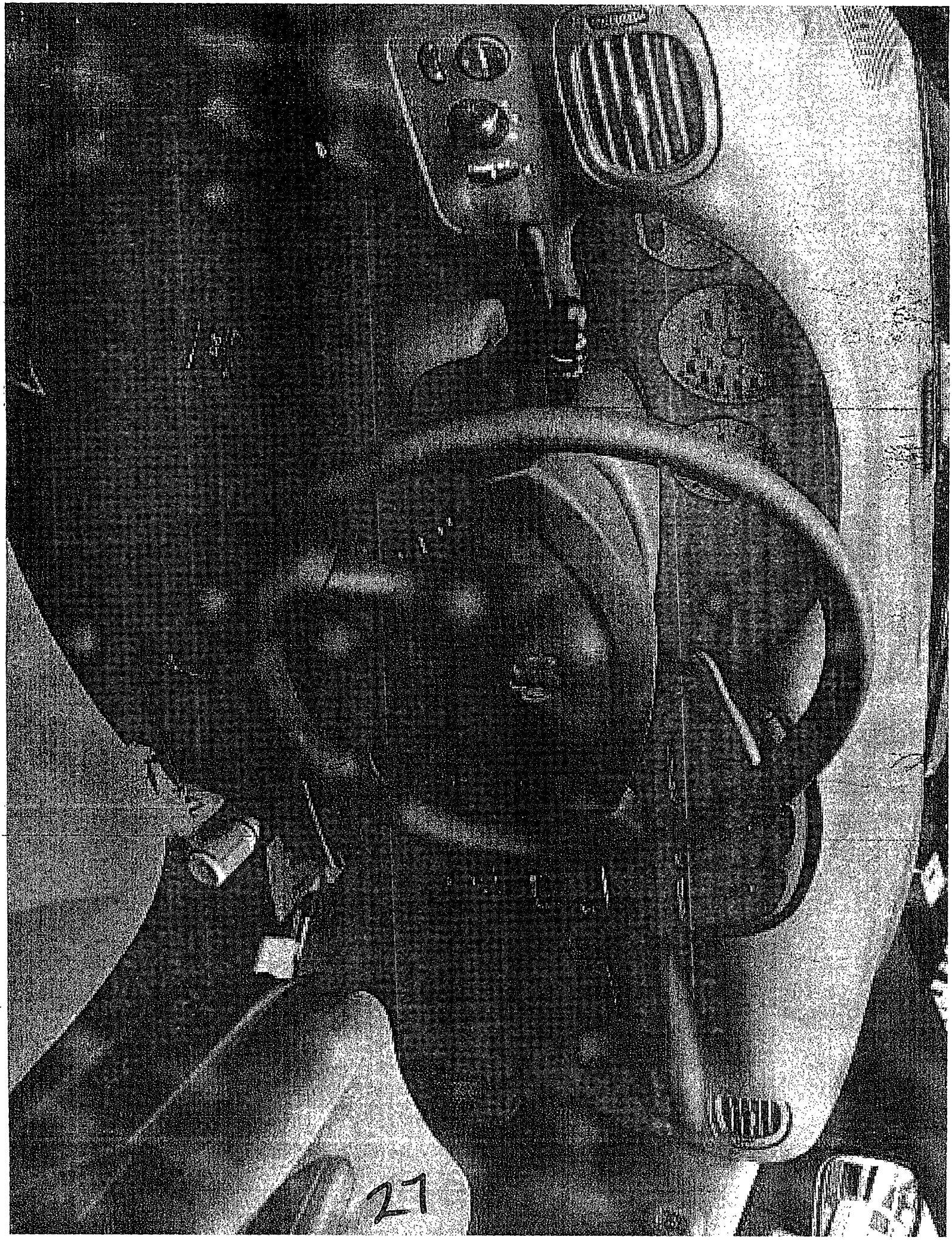
Roadway: 30- Debris; 31- Non-highway Work; 32- Obstruction in Roadway; 33- Road Surface Condition (i.e., Wet); 34- Rut, Holes, Bumps; 35- Shoulders (None, Low, Soft, High); 36- Traffic Control Device (i.e., Missing); 37- Work Zone (Constr./Maint./Utility); 38- Worn, Travel-Polished Surface; 48- Other; 49- Unk

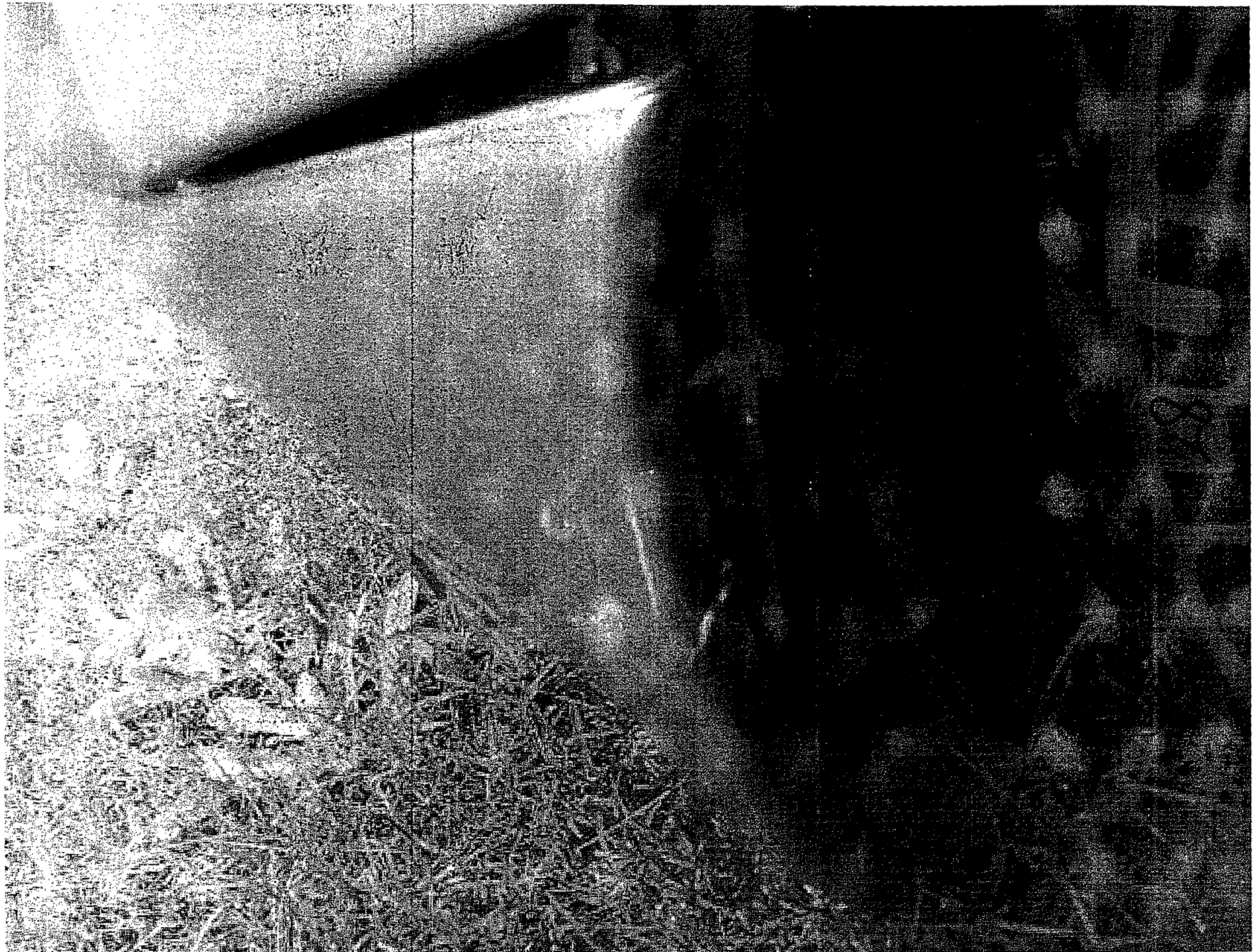
Non-Motorist: 50- Inattentive; 51- Lying &/or Illegally in Roadway; 52- Failure to Yield R of W; 53- Not Visible (Dark Clothing); 54- Disregard Signs, Signals, Etc; 55- Improper Crossing; 56- Darting; 58- Other; 59- Unk; 57- Wrong Side of Road; 66- Under the Influence; 67- Other Person Under Influence

Environmental: 62- Obstruction; 80- Animal in Road; 83- Weather Cond.; 81- Glare; 88- Other; 89- Unk

Vehicle Defect: 70- Brakes; 71- Steering; 72- Power Plant; 73- Tires/Wheel; 74- Lights; 75- Signals; 76- Windows/Shield; 77- Restraint System; 78- Truck Coupling; 79- Cargo; 80- Fuel System; 88- Other; 89- Unk.

Others:





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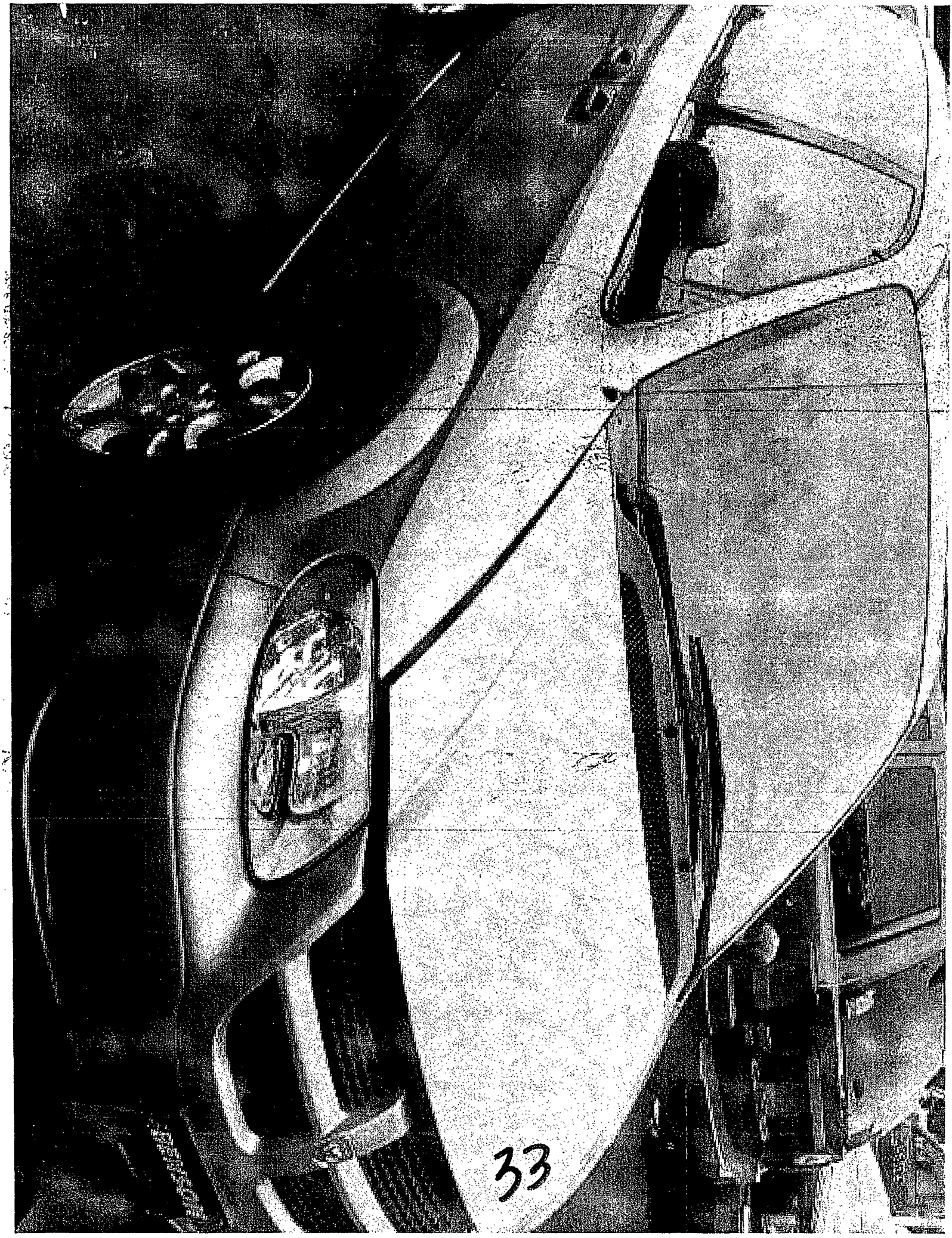

Date: 10/ 9/2008 12:43 PM
Estimate ID: 40-8412-459*1
Estimate Version: 0
Committed
Profile ID: SPARTANBURG

State Farm Insurance Companies

PLEASE FAX SUPPLEMENT REQUEST TO 800-457-0395

Damage Assessed By: Mike Burke Lic # 212901 Claim Rep: Ed Addington (864) 968-3653

Type of Loss: Collision
Date of Loss: 9/24/2008
Deductible: 500.00
Claim Number: 40-8412-459*1

Insured: JAMES DAWKINS
Owner: JAMES DAWKINS

Mitchell Service: 910530

Description: 2003 Dodge Caravan SE
Body Style: Van 113" WB
VIN: 1D4GP25R83B289606
Mileage: 74,743
OEM/ALT: A
Color: MINT GREEN
Drive Train: 3.3L Inj 6 Cyl 2WD
License: ADE318 SC
Search Code: GREER
Options: ALUM/ALLOY WHEELS, AIR CONDITIONING, POWER STEERING, POWER BRAKES, POWER WINDOWS POWER DOOR LOCKS, TILT STEERING WHEEL, CRUISE CONTROL, ELECTRIC DEFOGGER AM-FM STEREO CASSETTE, HARD TOP, 7 AND 8 PASSENGER PKG., AUTOMATIC TRANSMISSION STEP BUMPER, DEEP TINTED GLASS, LUGGAGE RACK, REAR GATE WIPER PASSENGER-FRONT AIR BAG, POWER REMOTE MIRROR, DISC BRAKES, FRONT WHEEL DRIVE SINGLE EXHAUST, V6 ENGINE, 4-DOOR, VAN, DRIVER-FRONT AIR BAG

Line Item	Entry Number	Labor Type	Operation	Line Item Description		Part Type/ Part Number	Dollar Amount		Labor Units		CEG Unit
1	100012	BDY	REMOVE/REPLACE	L REPLACE FRONT COMBINATION LAMP		Recycled	150.00	*	INC		0.3T
2				LINE MARKUP %25.00			37.50				
3	005992	BDY	REMOVE/REPLACE	FRT BUMPER COVER		5018608AA	493.00		2.5	#	2.5T
4	AUTO	REF	REFINISH	FRT BUMPER COVER				C	2.6		2.6
5	000057	BDY	CHECK/ADJUST	HEADLAMPS					0.4		0.4
6	100045	BDY	REMOVE/REPLACE	L REPLACE FENDER		Recycled	150.00	*	2.1	#	2.6T
7	AUTO	REF	REFINISH	L FENDER ASSY				C	2.0		2.0
8	AUTO	REF	REFINISH	L ADD TO EDGE FENDER				C	0.5		0.5
9				LINE MARKUP %25.00			37.50				
10	100049	BDY	REMOVE/REPLACE	L REPLACE FENDER LINER		Recycled	INC	*	INC		0.5T
11	000386	BDY	REMOVE/REPLACE	WHEEL		Sublet	150.00	*	0.0	*	0.3
12				INCLUDES $25.00 HANDLING							
13				INCLUDES MTG & BALANCE							
14	100051	MCH	REMOVE/REPLACE	L REPLACE FRT SUSP ONE SIDE	-M	Recycled	150.00	*	1.7		1.7T
15				LINE MARKUP %25.00			37.50				
16	100112	BDY	REMOVE/REPLACE	L FRT REPLACE DOOR ASSY		Recycled	400.00	*	1.7	#	1.7T
17	AUTO	REF	REFINISH	L FRT DOOR				C	1.9		2.3
18	AUTO	REF	REFINISH	L FRT ADD FOR JAMBS & INTERIOR				C	1.0		1.0
19				LINE MARKUP %25.00			100.00				
20	100120	BDY	REMOVE/REPLACE	L FRT BELT MOULDING		Recycled	INC		0.2		0.2T
21	100118	BDY	REMOVE/REPLACE	L FRT DOOR LATCH		Recycled	INC		0.3		0.3T
22	100126	BDY	REMOVE/REPLACE	L FRT DOOR WEATHERSTRIP		Recycled	INC		0.5		0.6T
23	001494	REF	BLEND	L SIDE DOOR OUTSIDE				C	1.0		2.6
24	003893	BDY	REMOVE/INSTALL	L SIDE DOOR ADHESIVE MOULDING		Existing			0.2		0.2

ESTIMATE RECALL NUMBER: 10/09/2008 12:43:29 40-8412-459*1
Mitchell Data Version: OEM: SEP_08_V1008
UltraMate Version: 8.7.015

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34

25				R&R Time Used in R&I Operation				
26				ADDITIONAL .2 TO CLEAN & RETAPE				
27		BDY	ADD'L LABOR OP	L SIDE DOOR ADHESIVE MOULDING			0.2*	
28	001668	BDY	REMOVE/INSTALL	L DOOR TRIM PANEL			INC #	0.4
29	001708	BDY	REMOVE/INSTALL	L SIDE DOOR HANDLE			0.8 #	0.8
30	900500	MCH	REMOVE/REPLACE	BRIDGESTONE INSIGNIA SE200 215/65R16 T	** QUAL REPL PART	110.67		T
31	936001		ADD'L COST	TOWING		225.00 *		
32	936002		ADD'L COST	STORAGE		20.00 *		
33	AUTO	REF	ADD'L OPR	CLEAR COAT			2.4	
34	AUTO		ADD'L COST	PAINT/MATERIALS		296.40 *		
35	900500	BDY *	ADD'L LABOR OP	ALIGN FRONT SUSPENSION	Sublet	59.95 *	0.0*	
36	900500	BDY *	ADD'L LABOR OP	HAZARDOUS WASTE REMOVAL	Sublet	1.00 *	0.0*	

* - Judgment Item
\# - Labor Note Applies
C - Included in Clear Coat Calc

Remarks
LKQ HEADLAMP, FENDER, FRONT SUSPENSION, ACE AUTO JEFF. 674-8789,
LKQ DOOR ACE AUTO, BRYAN.
WHEEL LOCATED AT WHEEL WIZARD 255-5100

Estimate Totals

I. Labor Subtotals	Units	Rate	Add'l Labor Amount	Sublet Amount	Totals
Body	8.9	40.00	0.00	60.95	416.95
Refinish	11.4	40.00	0.00	0.00	456.00
Mechanical	1.7	40.00	0.00	0.00	68.00
Non-Taxable Labor					940.95
Labor Summary	22.0				940.95

II. Part Replacement Summary			Amount
Taxable Parts			1,453.87
Parts Adjustments			212.50
Sales Tax	@	6.000%	89.97
Non-Taxable Parts			160.00
Total Replacement Parts Amount			1,916.14

III. Additional Costs	Amount
Non-Taxable Costs	541.40
Total Additional Costs	541.40

IV. Adjustments	Amount
Insurance Deductible	500.00-
Customer Responsibility	500.00-

I.	Total Labor:	940.95
II.	Total Replacement Parts:	1,916.14
III.	Total Additional Costs:	541.40
	Gross Total:	3,398.49
IV.	Total Adjustments:	500.00-
	Net Total:	2,898.49

Point(s) of Impact
11 Left Front Corner (P), 10 Left Front Side (S)

ESTIMATE RECALL NUMBER: 10/09/2008 12:43:29 40-8412-469*1
Mitchell Data Version: OEM: SEP_08_V1008
UltraMate Version: 6.7.015

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35

Date: 10/ 9/2008 12:43 PM
Estimate ID: 40-8412-459*1
Estimate Version: 0
Committed
Profile ID: SPARTANBURG

Inspection Site: JORDANS WRKR
Address: 200 E BEARDEN ST
GREER, SC
Inspection Date: 10/ 9/2008

This is an estimate. Repair facilities must inspect the vehicle to determine if any repairs not listed are required, and to contact State Farm before making such repairs. Repairer also is responsible for conducting any necessary inspection and safety checks prior to and after completing repairs.

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40-8412-459

40-8412-459

EA

Cell: (864) 304-6949

DATE: 9-24-08	TIME: 915a A.M. / P.M.		
LOCATION OF VEHICLE: Hwy 29 @ Burnt Store Rd			
NAME: Jane Dillons		PHONE: 301-3366	
ADDRESS:			

MILEAGE	SERVICE TIME	EXTRA PERSON
FINISH	FINISH	FINISH
START	START	START
TOTAL	TOTAL	TOTAL

YEAR: 03	MAKE / MODEL / COLOR: Dodge Caravan	DRIVER
STATE: SC	TAG NO: AVC 312	VEHICLE I.D. NO: 1D4GP25R83B278464

- ☐ SLING/HOIST TOW
- ☐ WHEEL LIFT
- ☒ FLAT BED/RAMP
- ☐ START
- ☐ LOCK OUT
- ☐ FLAT TIRE
- ☐ OUT OF GAS
- ☒ WRECK
- ☐ RECOVERY
- ☒ NO KEYS

SPECIAL EQUIPMENT
- ☒ SINGLE LINE WINCHING
- ☐ DUAL LINE WINCHING
- ☐ SNATCH BLOCKS
- ☐ SCOTCH BLOCKS
- ☐ DOLLY
- ☐

VEHICLE TOWED TO: Tom's Autoworld Center Ct Conway SC

REMARKS:

MILEAGE CHARGE	$ 225 00
TOWING CHARGE	$ 440 00
LABOR CHARGE	
STORAGE CHARGE	
Rollback	$ 75 00
TOTAL	$ 740 00

OPERATOR'S SIGNATURE

AUTHORIZED SIGNATURE

Road Service

PRINTED BY

3216

37

STATE OF SOUTH CAROLINA)	IN THE COURT OF COMMON PLEAS
)	
COUNTY OF GREENVILLE)	C.A. NO.: 2011-CP-23-4585
)	
James Dawkins)	
and Delphine Dawkins,)	
)	
Plaintiffs,)	
)	
vs.)	**REQUEST TO ADMIT**
)	
)	
Troy Lee Watts, Jr.,)	
)	
Defendant.)	
)	

TO: Donald R. Moorhead, Esq., as attorney for Plaintiffs:

The Defendant, by and through his undersigned counsel, and pursuant to Rule 36 of the *SCRCP*, requests that you admit or deny that the documents submitted in Defendant's Request to Admit Authenticity of Documents and Other Papers, dated September 26, 2012 were kept in the ordinary course and scope of the respective business, entities, or persons who created such documents.

Marcus K. McGarr, Esq.
MARCUS K. MCGARR, P.A.
S.C. Bar No.: 011885
108 Whitsett Street
Greenville, South Carolina 29601
Telephone (864) 298-0089
Facsimile (864) 235-0503
Attorney for Defendant

Greenville, South Carolina
September 26, 2012

STATE OF SOUTH CAROLINA)	IN THE COURT OF COMMON PLEAS
)	
COUNTY OF GREENVILLE)	C.A. NO.: 2011-CP-23-4585
)	
James Dawkins)	
and Delphine Dawkins,)	
)	
Plaintiffs,)	**REQUEST TO ADMIT AUTHENTICITY**
)	**OF DOCUMENTS AND OTHER PAPERS**
)	
vs.)	
)	
)	
Troy Lee Watts, Jr.,)	
)	
Defendant.)	
)	

TO: Donald R. Moorhead, Esq., as attorney for Plaintiffs:

The Defendant, by and through his undersigned counsel, and pursuant to Rule 36 of the *SCRCP*, requests that you admit or deny the genuineness of the following attached documents:

1. Three page operation consent form from Spartanburg Regional Hospital, regarding James Lewis Dawkins, dated May 5, 1997;
2. Two page gastroenterology consultation form from Specialty Group, Spartanburg Regional Hospital, regarding James Lewis Dawkins, dated January 17, 2000;
3. Two page physician's note from EastSide Cardiology, regarding James Lewis Dawkins, dated February 1, 2000;
4. Twenty-one page pharmaceutical record from CVS Pharmacy, regarding James Lewis Dawkins, dated from April 1, 2000 through March 20, 2012;
5. One physician's note from Blue Ridge Urology, regarding James Lewis Dawkins, dated from June 16, 2003 through July 14, 2003;
6. One page physician's note from Blue Ridge Urology, regarding James Lewis

Dawkins, dated November 14, 2003;

7. One page visit note from the Smith Center for Cardiovascular Wellness, regarding James Lewis Dawkins, dated November 17, 2003;

8. Two page physician's note from the Smith Center for Cardiovascular Wellness, regarding James Lewis Dawkins, dated January 8, 2004;

9. Three page physician's note from the Smith Center for Cardiovascular Wellness, regarding James Lewis Dawkins, dated February 10, 2004;

10. Two page physician's note from the Smith Center for Cardiovascular Wellness, regarding James Lewis Dawkins, dated March 31, 2004;

11. Two page physician's note from the Smith Center for Cardiovascular Wellness, regarding James Lewis Dawkins, dated May 6, 2004;

12. Two page physician's note from the Smith Center for Cardiovascular Wellness, regarding James Lewis Dawkins, dated June 17, 2004;

13. Two page physician's note from the Smith Center for Cardiovascular Wellness, regarding James Lewis Dawkins, dated July 20, 2004;

14. Two page physician's note from the Smith Center for Cardiovascular Wellness, regarding James Lewis Dawkins, dated September 15, 2004;

15. One page x-ray examination request from the Smith Center for Cardiovascular Wellness, regarding James Lewis Dawkins, dated September 15, 2004;

16. Two page physician's note from the Smith Center for Cardiovascular Wellness, regarding James Lewis Dawkins, dated October 4, 2004;

17. Two page physician's note from the Smith Center for Cardiovascular Wellness,

regarding James Lewis Dawkins, dated November 15, 2004;

18. Two page physician's note from the Smith Center for Cardiovascular Wellness, regarding James Lewis Dawkins, dated December 14, 2004;

19. Two page physician's note from the Smith Center for Cardiovascular Wellness, regarding James Lewis Dawkins, dated January 14, 2005;

20. One page testosterone shot log from Blue Ridge Urology, regarding James Lewis Dawkins, dated from August 13, 2004 through May 19, 2005;

21. Two page physician's note from the Smith Center for Cardiovascular Wellness, regarding James Lewis Dawkins, dated February 28, 2005;

22. Three page physician's note from the Smith Center for Cardiovascular Wellness, regarding James Lewis Dawkins, dated March 8, 2005;

23. Two page physician's note from the Smith Center for Cardiovascular Wellness, regarding James Lewis Dawkins, dated April 25, 2005;

24. Two page physician's note from the Smith Center for Cardiovascular Wellness, regarding James Lewis Dawkins, dated June 2, 2005;

25. Two page physician's note from the Smith Center for Cardiovascular Wellness, regarding James Lewis Dawkins, dated November 2, 2005;

26. Two page physician's note from the Smith Center for Cardiovascular Wellness, regarding James Lewis Dawkins, dated January 31, 2006;

27. Two page physician's note from the Smith Center for Cardiovascular Wellness, regarding James Lewis Dawkins, dated February 14, 2006;

28. Three page physician's note from the Smith Center for Cardiovascular Wellness, regarding James Lewis Dawkins, dated March 31, 2006;

29. Three page physician's note from the Smith Center for Cardiovascular Wellness, regarding James Lewis Dawkins, dated April 21, 2006;

30. Three page physician's note from the Smith Center for Cardiovascular Wellness, regarding James Lewis Dawkins, dated May 8, 2006;

31. One page HIPAA compliance form from the Smith Center for Cardiovascular Wellness, regarding James Lewis Dawkins, dated June 20, 2006;

32. Three page physician's note from the Smith Center for Cardiovascular Wellness, regarding James Lewis Dawkins, dated June 20, 2006;

33. Two page physician's note from the Smith Center for Cardiovascular Wellness, regarding James Lewis Dawkins, dated June 22, 2006;

34. One page x-ray examination request from the Smith Center for Cardiovascular Wellness, regarding James Lewis Dawkins, dated June 22, 2006;

35. Three page physician's note from the Smith Center for Cardiovascular Wellness, regarding James Lewis Dawkins, dated July 13, 2006;

36. Two page physician's note from the Smith Center for Cardiovascular Wellness, regarding James Lewis Dawkins, dated September 21, 2006;

37. One page physician's note from North Hills Medical Center, regarding James Lewis Dawkins, dated March 7, 2007;

38. One page x-ray report from North Hills Medical Center, regarding James Lewis Dawkins, dated March 7, 2007;

39. Two page physician's note from North Hills Medical Center, regarding James Lewis Dawkins, dated June 28, 2007;

40. One page result text form from Greenville Radiology, regarding James Lewis

Dawkins, dated July 12, 2007;

41. One page physician's note from North Hills Medical Center, regarding James Lewis Dawkins, dated August 20, 2007;

42. Two page physician's note from North Hills Medical Center, regarding James Lewis Dawkins, dated September 13, 2007;

43. One page physician's note from North Hills Medical Center, regarding James Lewis Dawkins, dated September 13, 2007;

44. Two page patient history form from Upstate Urology, regarding James Lewis Dawkins, dated September 26, 2007;

45. Two page physician's note from North Hills Medical Center, regarding James Lewis Dawkins, dated January 14, 2008;

46. One page physician's note from North Hills Medical Center, regarding James Lewis Dawkins, dated January 28, 2008;

47. One page physician's note from North Hills Medical Center, regarding James Lewis Dawkins, dated March 10, 2008;

48. Two page letter to Lawrence Hill, MD from Richard Mamrick, MD, regarding James Lewis Dawkins, dated April 25, 2008;

49. One page admission information form from Upstate Urology Associates, regarding James Lewis Dawkins, dated August 26, 2008;

50. Two page run note from the Greenville EMS, regarding James Lewis Dawkins, dated September 24, 2008;

51. One page patient data sheet from the Greenville Hospital System, regarding James Lewis Dawkins, dated September 24, 2008;

52. Four page emergency record from the Greenville Hospital System, regarding James Lewis Dawkins, dated September 24, 2008;

53. Two page radiology report form from the Greenville Hospital System, regarding James Lewis Dawkins, dated September 24, 2008;

54. Five page physician's note from Bon Secours Health System, St. Francis Hospital Eastside, regarding James Lewis Dawkins, dated September 27, 2008;

55. Two page physician's note from North Hills Medical Center, regarding James Lewis Dawkins, dated September 30, 2008;

56. Two page physician's note from North Hills Medical Center, regarding James Lewis Dawkins, dated October 22, 2008;

57. Two page patient information form from the Greenville Hospital System, regarding James Lewis Dawkins, dated November 12, 2008;

58. Three page physician's note from the University Medical Group, Steadman Hawkins-Hillcrest, regarding James Lewis Dawkins, dated November 12, 2008;

59. Seven page initial evaluation form from Proaxis Therapy, regarding James Lewis Dawkins, dated November 19, 2008;

60. One page physician's note from North Hills Medical Center, regarding James Lewis Dawkins, dated November 20, 2008;

61. One page cancel/no show form from Proaxis Therapy, regarding James Lewis Dawkins, dated November 21, 2008;

62. One page cancel/no show form from Proaxis Therapy, regarding James Lewis Dawkins, dated December 3, 2008;

63. Four page daily note from Proaxis Therapy, regarding James Lewis Dawkins, dated December 5, 2008;

64. Four page daily note from Proaxis Therapy, regarding James Lewis Dawkins, dated December 10, 2008;

65. One page cancel/no show form from Proaxis Therapy, regarding James Lewis Dawkins, dated December 16, 2008;

66. Two page physician's note from the University Medical Group, Steadman Hawkins-Hillcrest, regarding James Lewis Dawkins, dated December 18, 2008;

67. One page patient information form from the University Medical Group, Steadman Hawkins-Hillcrest, regarding James Lewis Dawkins, dated December 19, 2008;

68. Two page physician's note from the University Medical Group, Steadman Hawkins-Hillcrest, regarding James Lewis Dawkins, dated December 22, 2008;

69. Four page discharge summary from Proaxis Therapy, regarding James Lewis Dawkins, dated January 20, 2009;

70. Two page physician's note from the University Medical Group, Steadman Hawkins-Hillcrest, regarding James Lewis Dawkins, dated February 18, 2009;

71. One page public index document from the South Carolina Judicial Department website, regarding James Lewis Dawkins, dated March 12, 2009;

72. Two page physician's note from the University Medical Group, Steadman Hawkins-Hillcrest, regarding James Lewis Dawkins, dated March 13, 2009;

73. Four page physician's note from the University Medical Group, Steadman Hawkins-Hillcrest, regarding James Lewis Dawkins, dated March 23, 2009;

74. Two page physician's note from the University Medical Group, Steadman

Hawkins-Hillcrest, regarding James Lewis Dawkins, dated June 8, 2009;

75. Three page physician's note from the University Medical Group, Steadman Hawkins-Hillcrest, regarding James Lewis Dawkins, dated July 6, 2009;

76. Three page physician's note from the University Medical Group, Steadman Hawkins-Hillcrest, regarding James Lewis Dawkins, dated September 9, 2009;

77. One page physician's note from the North Hills Medical Center, regarding James Lewis Dawkins, dated September 30, 2009;

78. One page physician's note from the North Hills Medical Center, regarding James Lewis Dawkins, dated October 23, 2009;

79. One page physician's note from the North Hills Medical Center, regarding James Lewis Dawkins, dated December 14, 2009;

80. Two page physician's note from the North Hills Medical Center, regarding James Lewis Dawkins, dated ~~March~~ 1, 2010;

81. Two page triage record from the Greenville Hospital System, regarding James Lewis Dawkins, dated July 26, 2010;

82. Five page ER patient record from the Greenville Hospital System, regarding James Lewis Dawkins, dated July 26, 2010;

83. One page physician's note from the North Hills Medical Center, regarding James Lewis Dawkins, dated September 8, 2010;

84. Six page ER patient record from the Greenville Hospital System, regarding James Lewis Dawkins, dated September 24, 2010;

85. Five page ER patient record from the Greenville Hospital System, regarding James Lewis Dawkins, dated October 16, 2010;

86. Two page physician's note from the North Hills Medical Center, regarding James Lewis Dawkins, dated October 21, 2010;

87. One page medical report from the North Hills Medical Center, regarding James Lewis Dawkins, dated March 23, 2011;

88. One page physician's note from the North Hills Medical Center, regarding James Lewis Dawkins, dated April 2, 2011;

89. Three page physician's note from the University Medical Group, Steadman Hawkins-Hillcrest, regarding James Lewis Dawkins, dated June 21, 2011;

90. Five page ER patient record from the Greenville Hospital System, regarding James Lewis Dawkins, dated June 22, 2011; and,

91. Three page physician's note from the University Medical Group, Steadman Hawkins-Hillcrest, regarding James Lewis Dawkins, dated July 5, 2011.

Marcus K. McGarr, Esq.
MARCUS K. MCGARR, P.A.
S.C. Bar No.: 011885
108 Whitsett Street
Greenville, South Carolina 29601
Telephone (864) 298-0089
Facsimile (864) 235-0503
Attorney for Defendant

Greenville, South Carolina
September 26, 2012

STATE OF SOUTH CAROLINA)	IN THE COURT OF COMMON PLEAS
)	
COUNTY OF GREENVILLE)	C.A. NO.: 2011-CP-23-4585
)	
James Dawkins)	
and Delphine Dawkins,)	
)	
Plaintiffs,)	
)	
vs.)	
)	**CERTIFICATE OF SERVICE**
Troy Lee Watts, Jr.,)	
)	
Defendant.)	
)	

The undersigned hereby certifies that on the 26th day of September, 2012, she served the Defendant's Request to Admit, Request to Admit Authenticity of Documents and Other Papers, and a corresponding Certificate of Service upon the individual/entity named below, by depositing the same in the United States Mail, postage prepaid, and properly addressed as follows:

Donald R. Moorhead, Esq.
Donald R. Moorhead, P.A.
880 S. Pleasantburg Drive, 3-A
Greenville, SC 29607

Melissa Mason

Melissa Mason, Legal Assistant
Marcus K. McGarr, Esq.
MARCUS K. MCGARR, P.A.
108 Whitsett Street
Greenville, South Carolina 29601
T: (864) 298-0089
F: (864) 235-0503
Attorney for the Defendant

Greenville, South Carolina
September 26, 2012

#1

SPARTANBURG CONSENT
OPERATIONS AND ANESTHETICS
DIAGNOSTIC AND TREATMENT PROCEDURES

Date: 5-5-97 Time: ..... M

JAMES DAWKINS
(Name of Patient)

1. I authorize and direct Doctor(s) PEEK and / or such assistants as may be selected by him to perform the following operation(s) upon me: INJECT STEROID INTO LOW BACK
(Description of Operation in Language of Laymen)

2. Dr. PEEK has explained to me my condition and the procedures which will be used in the operation(s). No guarantee or assurance has been made as to the results that may be obtained; and he has advised me of the risks and consequences, including possible complications of doing this procedure as well as not doing this procedure. He has advised me of the other methods and procedures of treating my condition and has answered all my questions concerning those methods.

3. I recognize that during the course of the operation(s) unforeseen conditions may necessitate additional or different operations and procedures than described above. I authorize and request that the above named physician and/or his assistants perform such operations and procedures as are, in his professional judgement, necessary and desirable.

4. I consent to the administration of such anesthetics as may be considered advisable by the physician responsible for this service with the exception of: NONE
(State Exception if Desired)

5. I consent to the disposition by hospital authorities of any tissues which may be removed during the c[illegible] of the operations and procedures.

6. I DO; DO NOT consent to the administration of such blood or blood products as may be considere[illegible] isable by the physician responsible for this service.

7. I DO; DO NOT consent to the taking of photographs of myself by hospital authorities for the purpose of medical study or research only, before, during, or after the operations and procedures. (Please circle one.)

8. I DO; DO NOT consent to the presence of medical observers before, during, or after the operations and procedures. (Please circle one.)

9. I, THE UNDERSIGNED, HAVE READ AND FULLY UNDERSTAND THIS CONSENT FORM AND IT HAS BEEN EXPLAINED TO ME TO MY SATISFACTION.

Witness	James D. Dawkins Patient
Witness	Person Authorized to Sign for Patient
Physician Obtaining Consent	Relationship

FOR OPERATIONS INVOLVING STERILIZATION COMPLETE BELOW

I UNDERSTAND THAT AS A RESULT OF THE PROCEDURES DESCRIBED ABOVE I MAY BECOME PERMANENTLY STERILE. I KNOW THAT THE WORD "STERILE" MEANS THAT I MAY NEVER BE ABLE TO CONCEIVE OR BEAR CHILDREN, BUT NO GUARANTEE HAS BEEN MADE AS TO THE RESULT.

Physician Obtaining Consent	Patient
Witness	Spouse

SPARTANBURG CONSENT

444-430A (EP REV 11/94)

SPARTANBURG REGIONAL HEALTHCARE SYSTEM
Progress Notes

DATE	NOTES
5-5-97	PT. referred by Dr mccorkle for PAIN CONSULTATION + CONSIDERATION for LUMBAR EPIDURAL STEROID INJ. L5-S1. PT WAS HIT IN BACK IN MVA 3 WKS AGO HAD TT IN CHRONIC L. HIP PAIN PAIN → both LEGS TO FEET TOES DRAG L. LEG I' NUMB X 10 YRS. NO MEDS HAVE HELPED PERMANENTLY. PAIN ↓ LYING STILL AMBULATORY c/o UNK FREQUENCY. HAS KIDNEY PROB (PROTEINURIA) W/U W PROG. MAY HAVE BX IF PROTEINURIA ↑ PMH: HTN (-) RESP (-) CKD (-) LIVDIS2 NKA MEDS - BP PILL (DEPRESSOR +?) PARALET VALIUM NO H/O BLEEDING DISORDERS 2 MOTOR blood THINNERS. 154/92 69 ? MRI ! BACK FILM. PT REPLIES, INFORMED CONS. OBT. Q for EPIDURAL STER. TECH. A/C + BETA PREP 1% LIDOLOC. 10cc 25+21G 1½ TOUHY L4-5 I.S. for 120mg DEPOMEDROL W +3cc PF 1/16% MARCAINE LEGS FELT FULL. INJ D/C. NEEDLE W/D BANDAID PL. to ER WALKED OFF BACK. 162/93 71. D/C W/ INSTR. GIVEN TO PT.

JAMES DAWKINS 3:30P

SPARTANBURG REGIONAL HEALTHCARE SYSTEM
Progress Notes
Clinical Record
444-452

SPTBG. REG. HEALTHCARE SYS.
Radiology Report

NAME: DAWKINS,JAMES L
ORDERING PHYSICIAN: MCCORKLE,C K
LOC: DIS
Pt. Type:OPT
DOB: 07/11/50

UNIT #: 000472075
CI#: 77715
AN#:S9715000036

JUL 02 1997

Exam
04057 MRI LUMBAR SPINE

Date: 05/30/97 0849
Ord Diag: 724.2-LUMBAGO

MRI LUMBAR SPINE 05-30-97

TECHNIQUE: Sagittal T1 and T2 sequences. Axial T1 weighted sequences. Post contrast axial T1 sequence L5/S1 because of history of previous surgery at this level.

There is surgical changes in the left at L4/5. There is a small amount of enhancing scar but there are no area particularly suspicious for recurrent or residual disc herniation.

The thecal sac is quite small at the L4/5 and L5/S1 levels. There are no findings to indicate or suggest spinal stenosis.

The neural foramina appear unremarkable.

IMPRESSION: SURGICAL CHANGES L5/S1 ON THE LEFT. EXAMINATION IS NEGATIVE FOR EVIDENCE OF RESIDUAL RECURRENT DISC HERNIATION.

1055

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

AMR

FINAL DUPLICATE

#2

SPECIALTY GROUP
314 MEMORIAL DRIVE
GREER, SC 29650
864-752-2000

DAWKINS, JAMES SS#[redacted]
PHONE NUMBER:[redacted]
DATE OF VISIT: 01-17-00

GASTROENTEROLOGY CONSULTATION

This is a 49-year old gentleman who has seen intermittently small amount of blood in the stool. Occasionally by wipe of tissue there is blood in it. He has constipation and intermittently has diarrhea. Denies any abdominal pain. No pain on defecation. There is some weight loss present as well. No epigastric pain, dyspepsia, or reflux present. There is intermittent dysphagia present.

PAST MEDICAL HISTORY:

Remarkable for back pain. He is on disability. History of back operation, and lower quadrant pain.

SOCIAL HISTORY:

Doesn't smoke or drink alcohol. No drug use.

FAMILY HISTORY:

Negative for colon cancer or colon polyp.

REVIEW OF SYSTEMS:

Denies any problems with eyes, ears, nose, mouth, shortness of breath, chest pain, jaundice, urinary problems, skin rash, diabetes, thyroid disease, headache.

DAWKINS, JAMES SS#[redacted]
PHONE NUMBER:[redacted]
DATE OF VISIT: 01-17-00
PAGE TWO

PHYSICAL EXAM:

Alert and oriented in moderate distress. Weight 227, blood pressure 140/70, temperature 97.2. Head normocephalic, eyes anicteric, mouth normal mucosa, neck supple, no thyromegaly, no lymphadenopathy present. Lungs clear. Heart regular rate and rhythm S1, S2 normal. Abdomen soft, there is epigastric tenderness. No rebound, no rigidity present. Extremities without edema. Central nervous system is grossly intact.

IMPRESSION:

1. Lower GI bleeding also associated with change in bowel habits. Colonoscopy will be done to rule out neoplasm.

2. Intermittent dysphagia and associated weight loss. The EGD will be done and further workup will be done after that. Given antibiotic prior to procedure in light of heart murmur present. Unasyn and Cipro.

S. ALI YAZDY, M.D./kas
Dictated but not read

A Yazdy

#3

EastSide Cardiology
Gurpreet (Gary) Maur, M.D., FACC, FRCPC
General & Interventional Cardiology
404 A Memorial Drive Ext. • Greer, SC 29651 • (864) 801-2700 • Fax (864) 801-2779

DAWKINS, JAMES SS# [redacted] 2/1/00

Dear Dr. Rughani,

Thanks for asking me to see Mr. Dawkins who is a 49 year old pastor who lately had a stress Cardiolite study done at North Hills Medical Center which has been reported to be abnormal. As you know, he is known to have a long-standing history of hypertension along with a family history of coronary artery disease who has been complaining of chest discomfort off and on for the last few weeks. This chest discomfort is localized in the anterior part of the chest without any specific radiation and is a pressure type feeling. He also has a history of stomach problems for which he has undergone an EGD by Dr. Yazdy in the past also. He also feels that his heart occasionally skips beats but there is no evidence of any dizziness or light-headedness. He denies any documented history of any mitral valve prolapse, etc. He can walk fairly long distances without much problem. He is not aware of his lipid status.

PAST MEDICAL HISTORY:
He had back surgery in 1985 and he is also awaiting for another GI procedure the details of which are not very clear.

FAMILY HISTORY:
Positive for coronary artery disease and myocardial infarction. His father had a myocardial infarction around the age of 67.

PERSONAL HISTORY:
He has never smoked. He denies any history of any ethanol use.

REVIEW OF SYSTEMS:
Lately, he has also been found to have blood tinged stools for which probably he is waiting for a colonoscopic examination. There is no change in his weight, appetite, etc. He denies any allergies.

REVIEW OF SYSTEMS:
The review of systems is essentially unremarkable.

PHYSICAL EXAMINATION:
On examination, Mr. Dawkins is a 49 year old black gentleman not in any distress. Vital signs are stable. In the HEENT examination, carotid upstroke is normal. There is no evidence of any bruits. JVP is not distended. Neck is supple. No thyromegaly. No cervical lymphadenopathy. Lungs are clear to auscultation. Cardiovascular examination reveals normal first and second heart sounds without any murmur or gallop. Abdominal examination does not reveal any organomegaly. Bowel sounds are active. No tenderness. In the extremities, peripheral pulses are good. No swelling of the ankles. The rest of the physical examination is within normal limits. Patient's electrocardiogram done in the office reveals a normal sinus rhythm and essentially a normal EKG.

In summary, 49 year old black gentleman who is a pastor in a local church known to have a history of hypertension and family history of coronary artery disease who has been complaining of chest discomfort and lately had a stress Cardiolite study done at the North Hills Medical Center under the direction of Dr. Rashid which has been reported to be abnormal. For further evaluation, he should have a cardiac catheterization done. The patient has been explained the procedure and details along with risks and benefits which he understands fairly well. He has been shown a video and given literature regarding this also. I will keep you posted about the findings of this cardiac catheterization.

Gurpreet Maur, M.D., F.A.C.C.
Cardiologist/sdr

Dictated but not read

56

40

#4

CVS PHARMACY
PATIENT PRESCRIPTION RECORD
BETWEEN 04/01/2000 AND 03/20/2012
PHARMACY # 3802

RUN DATE: 03/20/2012 TIME: 11:57:42
REQUEST NBR: 2328705

PHARMACY NAME: CVS/REVCO #3802
ADDRESS: 715 E. WADE HAMPTON BLVD #7
CITY, ST, ZIP: GREER SC 29651

PATIENT KEY: 3802258671
PATIENT NAME: DAWKINS JAMES
ADDRESS [redacted]
CITY, ST, ZIP: GREER SC 29651

TELEPHONE: [redacted]
BIRTHDATE: [redacted]

ALLERGIES:

00	NONE	Notified: 01/20/2003	Deactivated: 03/20/2003
04	CODEINE	Notified: 02/17/1999	Deactivated:
00	NONE	Notified: 01/20/2003	Deactivated:
04		Notified: 02/17/1999	Deactivated: 08/18/2010

CONDITIONS:

401.9		Notified: 02/17/1999	Deactivated:
401.9	Essential Hypertension - Hypertension Not Otherwise Specified	Notified: 02/17/1999	Deactivated: 08/18/2010

RX NUMBER	REL	NDC NUMBER	DRUG DESCRIPTION	PRESCRIBER NAME	DATE FILLED	RPH INT	QUANT DISP.	TOTAL PRICE	PATIENT PD AMT	PAYER #	PAYER PD AMT	TP AUTHORIZATION #
602805	0	00045065960	ULTRAM 50MG TABLET MCN	RUGHANI, GOVIND N	05/29/2000	BN	10	8.08	8.08	4000	0.00	

58

CVS PHARMACY
PATIENT PRESCRIPTION RECORD
BETWEEN 04/01/2000 AND 03/20/2012
PHARMACY # 3802

RUN DATE: 03/20/2012 TIME: 11:57:42
REQUEST NBR: 2328705

PHARMACY NAME: CVS/REVCO #3802
ADDRESS: 715 E. WADE HAMPTON BLVD #7
CITY, ST, ZIP: GREER SC 29651

PATIENT KEY: 3802258671
PATIENT NAME: DAWKINS JAMES
ADDRESS [redacted]
CITY, ST, ZIP: GREER SC 29651

TELEPHONE: [redacted]
BIRTHDATE: [redacted]

SCRIPT COUNT: 1 TOTAL AMOUNT: 8.08 TOTAL PATIENT PAID: 8.08 TOTAL AGENCY PAID: 0.00

59

CVS PHARMACY
PATIENT PRESCRIPTION RECORD
BETWEEN 04/01/2000 AND 03/20/2012
PHARMACY # 4122

RUN DATE: 03/20/2012 TIME: 11:57:42
REQUEST NBR: 2328705

PHARMACY NAME: CVS/REVCO #4122
ADDRESS: 3300 WADE HAMPTON BOULEVARD
CITY, ST, ZIP: TAYLORS SC 29687

PATIENT KEY: 4122715001
PATIENT NAME: DAWKINS,JAMES
ADDRESS [redacted]
CITY, ST, ZIP: TAYLORS SC 29687

TELEPHONE: [redacted]
BIRTHDATE: [redacted]

ALLERGIES:

04		Notified:	12/02/2007	Deactivated:	09/09/2010
04	CODEINE	Notified:	12/02/2007	Deactivated:	
00	NONE	Notified:	12/02/2007	Deactivated:	12/11/2007
000268	OPIOIDS: MORPHINE & RELATED	Notified:	09/09/2010	Deactivated:	
00	NONE	Notified:	12/02/2007	Deactivated:	

CONDITIONS:

00		Notified:	12/02/2007	Deactivated:	12/11/2007
401.9	Pheochromocytoma	Notified:	12/02/2007	Deactivated:	12/11/2007
00		Notified:	12/02/2007	Deactivated:	
401.9	Pheochromocytoma	Notified:	12/02/2007	Deactivated:	

RX NUMBER	REL	NDC NUMBER	DRUG DESCRIPTION	PRESCRIBER NAME	DATE FILLED	RPH INT	QUANT DISP.	TOTAL PRICE	PATIENT PD AMT	PAYER #	PAYER PD AMT	TP AUTHORIZATION #
899572	0	58177036804	METOPROLOL SUCC ER 100 MG TETH	FARLEY, LISA	12/02/2007	GW	30	29.93	29.93	2619	0.00	073364507982081999
904751	0	58177036804	METOPROLOL SUCC ER 100 MG TETH	FARLEY, LISA	01/02/2008	AM	30	29.93	29.93	2619	0.00	080025612417063999
904752	0	00069422030	VIAGRA 100 MG TABLET PFI	FARLEY, LISA	01/02/2008	AM	10	118.47	118.47	2619	0.00	080025614232020998

69

CVS PHARMACY
PATIENT PRESCRIPTION RECORD
BETWEEN 04/01/2000 AND 03/20/2012
PHARMACY # 4122

RUN DATE: 03/20/2012 TIME: 11:57:42
REQUEST NBR: 2328705

PHARMACY NAME: CVS/REVCO #4122
ADDRESS: 3300 WADE HAMPTON BOULEVARD
CITY, ST, ZIP: TAYLORS SC 29687

PATIENT KEY: 4122715001
PATIENT NAME: DAWKINS JAMES
ADDRESS [redacted]
CITY, ST, ZIP: TAYLORS SC 29687

TELEPHONE: [redacted]
BIRTHDATE: [redacted]

SCRIPT COUNT: 3 TOTAL AMOUNT: 178.33 TOTAL PATIENT PAID: 178.33 TOTAL AGENCY PAID: 0.00

9

2

CVS PHARMACY
PATIENT PRESCRIPTION RECORD
BETWEEN 04/01/2000 AND 03/20/2012
PHARMACY # 5552

RUN DATE: 03/20/2012 TIME: 11:57:42
REQUEST NBR: 2328705

PHARMACY NAME:
ADDRESS: 6160 WADE HAMPTON BLVD.
CITY, ST, ZIP: TAYLORS SC 29687

PATIENT KEY: 555216261
PATIENT NAME: DAWKINS JAMES
ADDRESS [redacted]
CITY, ST, ZIP: TAYLORS SC 29687

TELEPHONE: [redacted]
BIRTHDATE:

ALLERGIES:

000268	OPIOIDS: MORPHINE & RELATED	Notified:	07/28/2010	Deactivated:	
00	NONE	Notified:	12/02/2007	Deactivated:	12/11/2007
04		Notified:	02/17/1999	Deactivated:	07/28/2010
00	NONE	Notified:	01/20/2003	Deactivated:	
00	NONE	Notified:	12/02/2007	Deactivated:	
00	NONE	Notified:	01/20/2003	Deactivated:	03/20/2003
04	CODEINE	Notified:	02/17/1999	Deactivated:	

CONDITIONS:

00		Notified:	12/02/2007	Deactivated:	12/11/2007
401.9		Notified:	02/17/1999	Deactivated:	
401.9	Pheochromocytoma	Notified:	02/17/1999	Deactivated:	12/11/2007
00		Notified:	12/02/2007	Deactivated:	

RX NUMBER	REL	NDC NUMBER	DRUG DESCRIPTION	PRESCRIBER NAME	DATE FILLED	RPH INT	QUANT DISP.	TOTAL PRICE	PATIENT PD AMT	PAYER #	PAYER PD AMT	TP AUTHORIZATION #
481668	1	00378015505	PROPOXY-N/APAP 100-650 TAB MYL	RUGHANI, GOVIND N	08/09/2000	JV	30	6.29	6.29	4000	0.00	
481670	1	00378004701	METOPROLOL 100MG TABLET MYL	RUGHANI, GOVIND N	04/14/2000	JV	90	11.55	11.55	4000	0.00	
481670	2	00378004701	METOPROLOL 100MG TABLET MYL	RUGHANI, GOVIND N	07/14/2000	JW	90	11.39	11.39	4000	0.00	
481670	3	00378004701	METOPROLOL 100MG TABLET MYL	RUGHANI, GOVIND N	10/09/2000	JW	90	12.35	12.35	4000	0.00	
481670	4	00378004701	METOPROLOL 100MG TABLET MYL	RUGHANI, GOVIND N	01/09/2001	JW	60	8.90	8.90	4000	0.00	
484114	0	00186045231	PLENDIL 10MG TABLET SA AST	RAMAN, MANJULA	04/06/2000	WD	30	48.76	24.00	4000	24.76	
484114	1	00186045231	PLENDIL 10MG TABLET SA AST	RAMAN, MANJULA	05/07/2000	JW	30	48.76	24.00	4000	24.76	
484114	2	00186045231	PLENDIL 10MG TABLET SA AST	RAMAN, MANJULA	06/06/2000	JV	30	48.76	24.00	4000	24.76	
484114	3	00186045231	PLENDIL 10MG TABLET SA AST	RAMAN, MANJULA	07/03/2000	JW	21	34.58	12.00	4000	22.58	
491241	0	00378262501	AMITRIPTYLINE HCL 25MG TAB MYL	RUGHANI, GOVIND N	06/08/2000	AF	100	7.65	7.65	4000	0.00	
491242	0	00173038700	CEFTIN 250MG TABLET GLX	RUGHANI, GOVIND N	06/08/2000	AF	20	70.82	12.00	4000	58.82	
491243	0	00781183001	PROMETHAZINE 25MG TABLET GEN	RUGHANI, GOVIND N	06/08/2000	AF	15	2.50	2.50	4000	0.00	
491244	0	00677164301	GUAIFENESIN LA 1200MG TB SAUTR	RUGHANI, GOVIND N	06/08/2000	AF	60	21.49	21.49	4000	0.00	
496093	0	00186045231	PLENDIL 10MG TABLET SA AST	RAMAN, MANJULA	07/26/2000	JV	21	34.58	12.00	4000	22.58	
498491	0	00186045231	PLENDIL 10MG TABLET SA AST	RUGHANI, GOVIND N	08/17/2000	JW	21	34.58	12.00	4000	22.58	
498491	1	00186045231	PLENDIL 10MG TABLET SA AST	RUGHANI, GOVIND N	09/08/2000	JW	30	48.76	24.00	4000	24.76	
498491	2	00186045231	PLENDIL 10MG TABLET SA AST	RUGHANI, GOVIND N	10/09/2000	JW	21	34.58	12.00	4000	22.58	
498491	3	00186045231	PLENDIL 10MG TABLET SA AST	RUGHANI, GOVIND N	10/28/2000	JV	18	29.86	12.00	4000	17.86	
499426	0	00879052650	DOXYCYCLINE 100MG CAPSULE HSY	MITTAL, SUSHIL C	08/25/2000	JW	20	9.36	9.36	4000	0.00	
499427	0	00093089005	PROPOXY-N/APAP 100-650 TAB TEV	MITTAL, SUSHIL C	08/25/2000	JW	40	7.72	7.72	4000	0.00	
500948	0	00781183001	PROMETHAZINE 25MG TABLET GEN	RUGHANI, GOVIND N	09/08/2000	JW	15	2.50	2.50	4000	0.00	
500949	0	00879056701	BUTALBITAL/APAP/CAFFEINE TBHSY	RUGHANI, GOVIND N	09/08/2000	JW	30	4.06	4.06	4000	0.00	
509690	0	00186045231	PLENDIL 10MG TABLET SA AST	RUGHANI, GOVIND N	11/17/2000	JW	21	34.58	12.00	4000	22.58	
509690	1	00186045231	PLENDIL 10MG TABLET SA AST	RUGHANI, GOVIND N	12/09/2000	JV	21	34.58	12.00	4000	22.58	
509690	2	00186045231	PLENDIL 10MG TABLET SA AST	RUGHANI, GOVIND N	12/29/2000	JW	21	34.58	12.00	4000	22.58	
509690	3	00186045231	PLENDIL 10MG TABLET SA AST	RUGHANI, GOVIND N	01/20/2001	JV	21	34.58	12.00	4000	22.58	

97

CVS PHARMACY
PATIENT PRESCRIPTION RECORD
BETWEEN 04/01/2000 AND 03/20/2012
PHARMACY # 5552

RUN DATE: 03/20/2012 TIME: 11:57:42
REQUEST NBR: 2328705

PHARMACY NAME:
ADDRESS: 6160 WADE HAMPTON BLVD.
CITY, ST, ZIP: TAYLORS SC 29687

PATIENT KEY: 555216261
PATIENT NAME: DAWKINS JAMES
ADDRESS [redacted]
CITY, ST, ZIP: TAYLORS SC 29687

TELEPHONE: [redacted]
BIRTHDATE:

RX NUMBER	REL	NDC NUMBER	DRUG DESCRIPTION	PRESCRIBER NAME	DATE FILLED	RPH INT	QUANT DISP.	TOTAL PRICE	PATIENT PD AMT	PAYER #	PAYER PD AMT	TP AUTHORIZATION #
509690	4	00186045231	PLENDIL 10MG TABLET SA AST	RUGHANI, GOVIND N	02/10/2001	JW	21	34.58	12.00	4000	22.58	
509690	5	00186045231	PLENDIL 10MG TABLET SA AST	RUGHANI, GOVIND N	03/05/2001	JV	21	35.91	12.00	4000	23.91	
510652	0	00781183001	PROMETHAZINE 25MG TABLET GEN	RUGHANI, GOVIND N	11/27/2000	JV	15	2.50	2.50	4000	0.00	
510653	0	52544048501	BUTALBITAL/APAP/CAFFEINE TBWAT	RUGHANI, GOVIND N	11/27/2000	JV	30	4.90	4.90	4000	0.00	
510654	0	00378041510	DIPHENOXYLATE/ATROPINE TAB MYL	RUGHANI, GOVIND N	11/27/2000	JV	16	6.96	6.96	4000	0.00	
513136	0	00093310905	AMOXICILLIN 500MG CAPSULE TEV	RUGHANI, GOVIND N	12/13/2000	JV	30	5.80	5.80	4000	0.00	
513137	0	00088110947	ALLEGRA 180MG TABLET HMR	RUGHANI, GOVIND N	12/13/2000	JV	30	54.22	24.00	4000	30.22	
513138	0	58177088307	HISTINEX PV SYRUP ETH	RUGHANI, GOVIND N	12/13/2000	JV	120	5.20	5.20	4000	0.00	
516822	0	00093310905	AMOXICILLIN 500MG CAPSULE TEV	RUGHANI, GOVIND N	01/09/2001	JW	30	5.80	5.80	4000	0.00	
516823	0	00093089005	PROPOXY-N/APAP 100-650 TAB TEV	RUGHANI, GOVIND N	01/09/2001	JW	30	5.83	5.83	4000	0.00	
516824	0	00781183001	PROMETHAZINE 25MG TABLET GEN	RUGHANI, GOVIND N	01/09/2001	JW	10	2.34	2.34	4000	0.00	
516825	0	00085045803	CLARITIN 10MG TABLET SCH	RUGHANI, GOVIND N	01/09/2001	JW	21	45.06	12.00	4000	33.06	
523502	0	63481062270	PERCOCET 10/650MG TABLET END	GREGG, DONALD G	02/25/2001	RF	20	25.71	12.00	4000	13.71	
523560	0	00025540131	AMBIEN 5MG TABLET SEA	RUGHANI, GOVIND N	02/26/2001	JW	21	34.05	12.00	4000	22.05	
523560	1	00025540131	AMBIEN 5MG TABLET SEA	RUGHANI, GOVIND N	05/14/2001	JV	9	16.13	12.00	4000	4.13	
523561	0	00093089005	PROPOXY-N/APAP 100-650 TAB TEV	RUGHANI, GOVIND N	02/26/2001	JW	30	5.43	5.43	4000	0.00	
523561	1	00093089005	PROPOXY-N/APAP 100-650 TAB TEV	RUGHANI, GOVIND N	03/28/2001	JW	30	5.43	5.43	4000	0.00	
525522	0	00186045231	PLENDIL 10MG TABLET SA AST	RUGHANI, GOVIND N	03/12/2001	JW	21	35.91	12.00	4000	23.91	
525522	1	00186045231	PLENDIL 10MG TABLET SA AST	RUGHANI, GOVIND N	04/14/2001	JV	30	50.65	24.00	4000	26.65	
525522	2	00186045231	PLENDIL 10MG TABLET SA AST	RUGHANI, GOVIND N	05/14/2001	JV	21	35.91	12.00	4000	23.91	
525522	3	00186045231	PLENDIL 10MG TABLET SA AST	RUGHANI, GOVIND N	06/04/2001	JV	30	50.65	24.00	4000	26.65	
525522	4	00186045231	PLENDIL 10MG TABLET SA AST	RUGHANI, GOVIND N	07/02/2001	JW	21	35.91	12.00	4000	23.91	
525522	5	00186045231	PLENDIL 10MG TABLET SA AST	RUGHANI, GOVIND N	07/23/2001	JV	21	35.91	12.00	4000	23.91	
525522	6	00186045231	PLENDIL 10MG TABLET SA AST	RUGHANI, GOVIND N	08/15/2001	JW	21	35.91	12.00	4000	23.91	
525522	7	00186045231	PLENDIL 10MG TABLET SA AST	RUGHANI, GOVIND N	09/05/2001	ME	21	35.91	12.00	4000	23.91	
525522	8	00186045231	PLENDIL 10MG TABLET SA AST	RUGHANI, GOVIND N	09/22/2001	MD	21	35.91	12.00	4000	23.91	
525522	9	00186045231	PLENDIL 10MG TABLET SA AST	RUGHANI, GOVIND N	10/17/2001	JV	21	35.91	12.00	4000	23.91	
*525588	0	00378004701	METOPROLOL 100MG TABLET MYL	RUGHANI, GOVIND N	03/12/2001	JW	90	11.54	11.54	4000	0.00	
525588	1	00378004701	METOPROLOL 100MG TABLET MYL	RUGHANI, GOVIND N	06/11/2001	JW	90	11.54	11.54	4000	0.00	
525588	2	00378004701	METOPROLOL 100MG TABLET MYL	RUGHANI, GOVIND N	09/10/2001	JV	90	11.19	11.19	4000	0.00	
546394	0	00093089005	PROPOXY-N/APAP 100-650 TAB TEV	RUGHANI, GOVIND N	08/29/2001	JV	30	5.26	5.26	4000	0.00	
548953	0	00025540131	AMBIEN 5MG TABLET SEA	RUGHANI, GOVIND N	09/19/2001	JV	30	50.28	24.00	4000	26.28	
548954	0	00086006210	SKELAXIN 400MG TABLET CAR	RUGHANI, GOVIND N	09/19/2001	JV	30	22.35	12.00	4000	10.35	
556804	0	00186109205	TOPROL XL 100MG TABLET SA AST	SMITH, DESMOND E	11/19/2001	JV	21	18.98	12.00	4000	6.98	
556804	1	00186109205	TOPROL XL 100MG TABLET SA AST	SMITH, DESMOND E	12/29/2001	KS	21	18.98	12.00	4000	6.98	
556804	2	00186109205	TOPROL XL 100MG TABLET SA AST	SMITH, DESMOND E	12/29/2001	KS	9	11.09	11.09	1	0.00	
556804	3	00186109205	TOPROL XL 100MG TABLET SA AST	SMITH, DESMOND E	01/31/2002	JV	21	18.98	12.00	4000	6.98	
556805	0	00186016254	ATACAND HCT 16/12.5MG TAB AST	SMITH, DESMOND E	11/19/2001	JV	21	33.90	12.00	4000	21.90	
556805	1	00186016254	ATACAND HCT 16/12.5MG TAB AST	SMITH, DESMOND E	01/10/2002	JV	21	33.90	12.00	4000	21.90	
556805	2	00186016254	ATACAND HCT 16/12.5MG TAB AST	SMITH, DESMOND E	01/31/2002	JV	21	33.90	12.00	4000	21.90	

63

CVS PHARMACY
PATIENT PRESCRIPTION RECORD
BETWEEN 04/01/2000 AND 03/20/2012
PHARMACY # 5552

RUN DATE: 03/20/2012 TIME: 11:57:42
REQUEST NBR: 2328705

PHARMACY NAME:
ADDRESS: 6160 WADE HAMPTON BLVD.
CITY, ST, ZIP: TAYLORS SC 29687

PATIENT KEY: 555216261
PATIENT NAME: DAWKINS, JAMES
ADDRESS [redacted]
CITY, ST, ZIP: TAYLORS SC 29687

TELEPHONE: [redacted]
BIRTHDATE:

RX NUMBER	REL	NDC NUMBER	DRUG DESCRIPTION	PRESCRIBER NAME	DATE FILLED	RPH INT	QUANT DISP.	TOTAL PRICE	PATIENT PD AMT	PAYER #	PAYER PD AMT	TP AUTHORIZATION #
561500	0	00069422030	VIAGRA 100MG TABLET PFI	WALTON, JOHN E	12/26/2001	WD	15	143.99	143.99	1	0.00	
561500	1	00069422030	VIAGRA 100MG TABLET PFI	WALTON, JOHN E	01/25/2002	JV	15	143.99	143.99	1	0.00	
561500	2	00069422030	VIAGRA 100MG TABLET PFI	WALTON, JOHN E	03/12/2002	JV	15	147.99	147.99	1	0.00	
561500	3	00069422030	VIAGRA 100MG TABLET PFI	WALTON, JOHN E	04/09/2002	KC	5	42.25	12.00	4000	30.25	
561500	4	00069422030	VIAGRA 100MG TABLET PFI	WALTON, JOHN E	04/23/2002	JV	5	42.25	12.00	4000	30.25	
561500	5	00069422030	VIAGRA 100MG TABLET PFI	WALTON, JOHN E	05/03/2002	KC	5	42.25	12.00	4000	30.25	
561500	6	00069422030	VIAGRA 100MG TABLET PFI	WALTON, JOHN E	05/14/2002	LU	5	42.25	12.00	4000	30.25	
561500	7	00069422030	VIAGRA 100MG TABLET PFI	WALTON, JOHN E	05/25/2002	JV	5	42.25	12.00	4000	30.25	
561500	8	00069422030	VIAGRA 100MG TABLET PFI	WALTON, JOHN E	06/10/2002	JG	5	42.25	12.00	4000	30.25	
561500	9	00069422030	VIAGRA 100MG TABLET PFI	WALTON, JOHN E	06/22/2002	JV	5	42.25	12.00	4000	30.25	
561500	10	00069422030	VIAGRA 100MG TABLET PFI	WALTON, JOHN E	07/01/2002	KC	5	42.25	12.00	4000	30.25	
561500	11	00069422030	VIAGRA 100MG TABLET PFI	WALTON, JOHN E	07/09/2002	ME	5	42.25	12.00	4000	30.25	
567915	0	00186003231	ATACAND 32MG TABLET AST	SMITH, DESMOND E	02/12/2002	TM	30	47.79	24.00	4000	23.79	
567915	1	00186003231	ATACAND 32MG TABLET AST	SMITH, DESMOND E	04/22/2002	KC	30	47.79	24.00	4000	23.79	
567916	0	00186109205	TOPROL XL 100MG TABLET SA AST	SMITH, DESMOND E	02/12/2002	TM	30	26.48	24.00	4000	2.48	
573485	0	00186109205	TOPROL XL 100MG TABLET SA AST	SMITH, DESMOND E	03/21/2002	JV	21	18.98	12.00	4000	6.98	
573485	1	00186109205	TOPROL XL 100MG TABLET SA AST	SMITH, DESMOND E	05/06/2002	KC	21	18.98	12.00	4000	6.98	
573485	2	00186109205	TOPROL XL 100MG TABLET SA AST	SMITH, DESMOND E	05/25/2002	JV	21	20.97	12.00	4000	8.97	
573485	3	00186109205	TOPROL XL 100MG TABLET SA AST	SMITH, DESMOND E	06/15/2002	KC	21	20.97	12.00	4000	8.97	
573485	4	00186109205	TOPROL XL 100MG TABLET SA AST	SMITH, DESMOND E	07/05/2002	JV	21	20.97	12.00	4000	8.97	
573486	0	00186016254	ATACAND HCT 16/12.5MG TAB AST	SMITH, DESMOND E	03/21/2002	JV	21	33.90	12.00	4000	21.90	
573486	1	00186016254	ATACAND HCT 16/12.5MG TAB AST	SMITH, DESMOND E	04/22/2002	KC	21	33.90	12.00	4000	21.90	
573486	2	00186016254	ATACAND HCT 16/12.5MG TAB AST	SMITH, DESMOND E	05/13/2002	JV	21	33.90	12.00	4000	21.90	
573486	3	00186016254	ATACAND HCT 16/12.5MG TAB AST	SMITH, DESMOND E	06/18/2002	JV	21	36.44	12.00	4000	24.44	
573486	4	00186016254	ATACAND HCT 16/12.5MG TAB AST	SMITH, DESMOND E	07/09/2002	ME	21	36.44	12.00	4000	24.44	
587571	0	00093089005	PROPOXY-N/APAP 100-650 TAB TEV	SOUSA, JO R	07/10/2002	KC	20	4.83	4.83	4000	0.00	
587572	0	00185072060	INDOMETHACIN 75MG CAP SA EON	SOUSA, JO R	07/10/2002	KC	14	11.33	11.33	4000	0.00	
588927	0	00186109205	TOPROL XL 100MG TABLET SA AST	SMITH, DESMOND E	07/22/2002	JV	30	29.32	24.00	4000	5.32	
588927	1	00186109205	TOPROL XL 100MG TABLET SA AST	SMITH, DESMOND E	08/26/2002	AM	30	29.32	24.00	4000	5.32	
588927	2	00186109205	TOPROL XL 100MG TABLET SA AST	SMITH, DESMOND E	09/20/2002	AM	30	29.32	24.00	4000	5.32	
588927	3	00186109205	TOPROL XL 100MG TABLET SA AST	SMITH, DESMOND E	10/25/2002	JV	30	29.32	24.00	4000	5.32	
588927	4	00186109205	TOPROL XL 100MG TABLET SA AST	SMITH, DESMOND E	11/22/2002	JV	30	30.57	24.00	4000	6.57	
588927	5	00186109205	TOPROL XL 100MG TABLET SA AST	SMITH, DESMOND E	12/21/2002	AM	30	30.57	24.00	4000	6.57	
588928	0	00186032228	ATACAND HCT 32/12.5MG TAB AST	SMITH, DESMOND E	07/22/2002	JV	30	52.41	24.00	4000	28.41	
589195	0	00069422030	VIAGRA 100MG TABLET PFI	WALTON, JOHN E	07/24/2002	JV	5	42.25	12.00	4000	30.25	
589195	1	00069422030	VIAGRA 100MG TABLET PFI	WALTON, JOHN E	08/06/2002	KC	5	42.25	12.00	4000	30.25	
589195	2	00069422030	VIAGRA 100MG TABLET PFI	WALTON, JOHN E	08/15/2002	KC	5	42.25	12.00	4000	30.25	
590673	0	00781183001	PROMETHAZINE 25MG TABLET GEN	MATHIS, ANTHONY L	08/06/2002	KC	50	18.26	12.00	4000	6.26	
590674	0	00406035805	HYDROCODONE/APAP 7.5/500 TBMCK	MATHIS, ANTHONY L	08/06/2002	KC	30	7.66	7.66	4000	0.00	
590675	0	00378014701	INDOMETHACIN 50MG CAPSULE MYL	MATHIS, ANTHONY L	08/06/2002	KC	30	4.82	4.82	4000	0.00	

64

CVS PHARMACY
PATIENT PRESCRIPTION RECORD
BETWEEN 04/01/2000 AND 03/20/2012
PHARMACY # 5552

RUN DATE: 03/20/2012 TIME: 11:57:42
REQUEST NBR: 2328705

PHARMACY NAME:
ADDRESS: 6160 WADE HAMPTON BLVD.
CITY, ST, ZIP: TAYLORS SC 29687

PATIENT KEY: 555216261
PATIENT NAME: DAWKINS,JAMES
ADDRESS [redacted]
CITY, ST, ZIP: TAYLORS SC 29687

TELEPHONE: [redacted]
BIRTHDATE: [redacted]

RX NUMBER	REL	NDC NUMBER	DRUG DESCRIPTION	PRESCRIBER NAME	DATE FILLED	RPH INT	QUANT DISP.	TOTAL PRICE	PATIENT PD AMT	PAYER #	PAYER PD AMT	TP AUTHORIZATION #
590675	1	00378014701	INDOMETHACIN 50MG CAPSULE MYL	MATHIS, ANTHONY L	08/31/2002	JV	30	4.82	4.82	4000	0.00	
590675	2	00378014701	INDOMETHACIN 50MG CAPSULE MYL	MATHIS, ANTHONY L	09/28/2002	JV	30	4.82	4.82	4000	0.00	
592859	0	00069422030	VIAGRA 100MG TABLET PFI	WALTON, JOHN E	08/26/2002	AM	5	42.25	12.00	4000	30.25	
592859	1	00069422030	VIAGRA 100MG TABLET PFI	WALTON, JOHN E	09/06/2002	AM	5	42.25	12.00	4000	30.25	
592859	2	00069422030	VIAGRA 100MG TABLET PFI	WALTON, JOHN E	09/17/2002	AM	5	42.25	12.00	4000	30.25	
592859	3	00069422030	VIAGRA 100MG TABLET PFI	WALTON, JOHN E	09/20/2002	AM	5	51.59	51.59	1	0.00	
592859	4	00069422030	VIAGRA 100MG TABLET PFI	WALTON, JOHN E	10/07/2002	AM	5	42.25	12.00	4000	30.25	
592859	5	00069422030	VIAGRA 100MG TABLET PFI	WALTON, JOHN E	10/16/2002	JV	5	42.25	12.00	4000	30.25	
592859	6	00069422030	VIAGRA 100MG TABLET PFI	WALTON, JOHN E	10/25/2002	JV	5	42.25	12.00	4000	30.25	
592859	7	00069422030	VIAGRA 100MG TABLET PFI	WALTON, JOHN E	11/01/2002	CO	5	42.25	12.00	4000	30.25	
592859	8	00069422030	VIAGRA 100MG TABLET PFI	WALTON, JOHN E	11/15/2002	AM	5	42.25	12.00	4000	30.25	
594688	0	00406035805	HYDROCODONE/APAP 7.5/500 TBMCK	MATHIS, ANTHONY L	09/09/2002	JV	30	7.66	7.66	4000	0.00	
597966	0	00025198031	BEXTRA 20MG TABLET SEA	MATHIS, ANTHONY L	10/03/2002	AM	30	75.83	40.00	2619	35.83	
597967	0	00555038102	MEPERIDINE 50MG TABLET BRR	MATHIS, ANTHONY L	10/03/2002	AM	50	20.69	12.00	4000	8.69	
604275	0	00378014701	INDOMETHACIN 50MG CAPSULE MYL	MATHIS, ANTHONY L	11/19/2002	AM	30	4.82	4.82	4000	0.00	
604658	0	00025198031	BEXTRA 20MG TABLET SEA	MATHIS, ANTHONY L	11/21/2002	JV	30	79.25	40.00	2619	39.25	
604659	0	00024542131	AMBIEN 10MG TABLET SAN	MATHIS, ANTHONY L	11/21/2002	JV	30	66.60	24.00	4000	42.60	
604659	1	00024542131	AMBIEN 10MG TABLET SAN	MATHIS, ANTHONY L	12/26/2002	AM	30	73.04	24.00	4000	49.04	
604660	0	00054459525	MEPERIDINE 50MG TABLET ROX	MATHIS, ANTHONY L	11/21/2002	JV	50	20.69	12.00	4000	8.69	
605489	0	00069422030	VIAGRA 100MG TABLET PFI	WALTON, JOHN E	11/26/2002	JV	5	42.25	12.00	4000	30.25	
605666	0	00069153068	NORVASC 5MG TABLET PFI	SMITH, DESMOND E	11/27/2002	AM	30	38.50	24.00	4000	14.50	
605666	1	00069153068	NORVASC 5MG TABLET PFI	SMITH, DESMOND E	12/30/2002	JV	30	38.50	24.00	4000	14.50	
605666	2	00069153068	NORVASC 5MG TABLET PFI	SMITH, DESMOND E	01/29/2003	JV	21	28.33	12.00	4000	16.33	
605666	3	00069153068	NORVASC 5MG TABLET PFI	SMITH, DESMOND E	02/19/2003	AM	21	28.33	12.00	4000	16.33	0NFNN31
607099	0	00069422030	VIAGRA 100MG TABLET PFI	SMITH, DESMOND E	12/09/2002	AM	5	42.25	12.00	4000	30.25	
607099	1	00069422030	VIAGRA 100MG TABLET PFI	SMITH, DESMOND E	12/20/2002	AM	5	42.25	12.00	4000	30.25	
607099	2	00069422030	VIAGRA 100MG TABLET PFI	SMITH, DESMOND E	12/31/2002	AM	5	42.25	12.00	4000	30.25	
607099	3	00069422030	VIAGRA 100MG TABLET PFI	SMITH, DESMOND E	01/10/2003	JV	5	44.54	12.00	4000	32.54	
607099	4	00069422030	VIAGRA 100MG TABLET PFI	SMITH, DESMOND E	01/22/2003	AM	5	44.54	12.00	4000	32.54	
607099	5	00069422030	VIAGRA 100MG TABLET PFI	SMITH, DESMOND E	01/29/2003	JV	5	44.54	12.00	4000	32.54	
613148	0	00186109205	TOPROL XL 100MG TABLET SA AST	SMITH, DESMOND E	01/22/2003	AM	21	21.85	12.00	4000	9.85	
613148	1	00186109205	TOPROL XL 100MG TABLET SA AST	SMITH, DESMOND E	02/14/2003	AM	21	21.85	12.00	4000	9.85	S3EWRL7
613149	0	00186032228	ATACAND HCT 32/12.5MG TAB AST	SMITH, DESMOND E	01/22/2003	AM	21	37.13	12.00	4000	25.13	
615760	0	00069422030	VIAGRA 100MG TABLET PFI	SMITH, DESMOND E	02/10/2003	JV	4	35.93	35.93	2619	0.00	30413334246998
615760	1	00069422030	VIAGRA 100MG TABLET PFI	SMITH, DESMOND E	02/20/2003	AM	6	53.14	12.00	4000	41.14	S3N99WT
615760	2	00069422030	VIAGRA 100MG TABLET PFI	SMITH, DESMOND E	03/01/2003	AM	6	53.14	12.00	4000	41.14	S7ARMXR
615760	3	00069422030	VIAGRA 100MG TABLET PFI	SMITH, DESMOND E	03/20/2003	AM	4	35.93	35.93	2619	0.00	30794041722998
615760	4	00069422030	VIAGRA 100MG TABLET PFI	SMITH, DESMOND E	04/04/2003	JV	4	35.93	35.93	2619	0.00	30943002860999
615760	5	00069422030	VIAGRA 100MG TABLET PFI	SMITH, DESMOND E	04/15/2003	SM	4	43.59	43.59	1	0.00	** NO AUTH NO
615760	6	00069422030	VIAGRA 100MG TABLET PFI	SMITH, DESMOND E	04/28/2003	AM	4	43.59	43.59	1	0.00	** NO AUTH NO

95

CVS PHARMACY
PATIENT PRESCRIPTION RECORD
BETWEEN 04/01/2000 AND 03/20/2012
PHARMACY # 5552

RUN DATE: 03/20/2012 TIME: 11:57:42
REQUEST NBR: 2328705

PHARMACY NAME:
ADDRESS: 6160 WADE HAMPTON BLVD.
CITY, ST, ZIP: TAYLORS SC 29687

PATIENT KEY: 555216261
PATIENT NAME: DAWKINS JAMES
ADDRESS [redacted]
CITY, ST, ZIP: TAYLORS SC 29687

TELEPHONE: [redacted]
BIRTHDATE:

RX NUMBER	REL	NDC NUMBER	DRUG DESCRIPTION	PRESCRIBER NAME	DATE FILLED	RPH INT	QUANT DISP.	TOTAL PRICE	PATIENT PD AMT	PAYER #	PAYER PD AMT	TP AUTHORIZATION #
615760	7	00069422030	VIAGRA 100MG TABLET PFI	SMITH, DESMOND E	05/09/2003	AM	4	35.93	35.93	2619	0.00	31293532522999
615760	8	00069422030	VIAGRA 100MG TABLET PFI	SMITH, DESMOND E	05/16/2003	JV	4	43.59	43.59	1	0.00	** NO AUTH NO
615760	9	00069422030	VIAGRA 100MG TABLET PFI	SMITH, DESMOND E	05/31/2003	JV	4	43.59	43.59	1	0.00	** NO AUTH NO
615760	10	00069422030	VIAGRA 100MG TABLET PFI	SMITH, DESMOND E	06/11/2003	SM	4	35.93	35.93	2619	0.00	31623102451999
615760	11	00069422030	VIAGRA 100MG TABLET PFI	SMITH, DESMOND E	06/23/2003	AM	4	43.59	43.59	1	0.00	** NO AUTH NO
615760	12	00069422030	VIAGRA 100MG TABLET PFI	SMITH, DESMOND E	07/05/2003	AM	4	35.93	35.93	2619	0.00	31863769856999
615760	13	00069422030	VIAGRA 100MG TABLET PFI	SMITH, DESMOND E	07/14/2003	JV	4	43.59	43.59	1	0.00	** NO AUTH NO
615761	0	00781280901	OXAZEPAM 10MG CAPSULE GEN	SMITH, DESMOND E	02/10/2003	JV	30	19.72	19.72	4000	0.00	0MWFLK7
619574	0	00093005805	TRAMADOL HCL 50MG TABLET TEV	FERRELL, FRANK K	03/04/2003	JV	15	7.52	7.52	4000	0.00	7HDKKTM
619575	0	00406035805	HYDROCODONE/APAP 7.5/500 TBMCK	FERRELL, FRANK K	03/04/2003	JV	12	3.99	3.99	4000	0.00	OCNTWTC
620290	0	00069153068	NORVASC 5MG TABLET PFI	SMITH, DESMOND E	03/10/2003	SM	30	39.83	24.00	4000	15.83	OCXQXM7
620290	1	00069153068	NORVASC 5MG TABLET PFI	SMITH, DESMOND E	04/18/2003	SM	30	39.84	25.00	2619	14.84	31084380229999
620290	2	00069153068	NORVASC 5MG TABLET PFI	SMITH, DESMOND E	06/16/2003	AM	30	39.84	25.00	2619	14.84	31672911780999
620290	3	00069153068	NORVASC 5MG TABLET PFI	SMITH, DESMOND E	07/17/2003	JV	30	41.90	25.00	2619	16.90	31983398123999
620291	0	00186109205	TOPROL XL 100MG TABLET SA AST	SMITH, DESMOND E	03/10/2003	JV	30	30.57	24.00	4000	6.57	0PKMWQP
620291	1	00186109205	TOPROL XL 100MG TABLET SA AST	SMITH, DESMOND E	04/18/2003	SM	30	30.57	25.00	2619	5.57	31084371987999
620291	2	00186109205	TOPROL XL 100MG TABLET SA AST	SMITH, DESMOND E	05/19/2003	JV	30	30.57	25.00	2619	5.57	31392996516999
620291	3	00186109205	TOPROL XL 100MG TABLET SA AST	SMITH, DESMOND E	06/18/2003	SF	30	30.57	25.00	2619	5.57	31695640630999
620292	0	00087277531	AVALIDE 150-12.5MG TABLET BMS	SMITH, DESMOND E	03/10/2003	SM	30	50.06	24.00	4000	26.06	7HMFNPW
620292	1	00087277531	AVALIDE 150-12.5MG TABLET BMS	SMITH, DESMOND E	04/18/2003	SM	30	52.49	25.00	2619	27.49	31084376904999
620292	2	00087277531	AVALIDE 150-12.5MG TABLET BMS	SMITH, DESMOND E	05/17/2003	JV	30	52.49	25.00	2619	27.49	31373546762999
620292	3	00087277531	AVALIDE 150-12.5MG TABLET BMS	SMITH, DESMOND E	06/16/2003	AM	30	52.49	25.00	2619	27.49	31672909990999
633615	0	00406035805	HYDROCODONE/APAP 7.5/500 TBMCK	MATHIS, ANTHONY L	06/25/2003	AM	30	7.70	7.70	2619	0.00	31763265484999
633616	0	00378014701	INDOMETHACIN 50MG CAPSULE MYL	MATHIS, ANTHONY L	06/25/2003	AM	90	13.43	8.00	2619	5.43	31763259674999
633616	1	00378014701	INDOMETHACIN 50MG CAPSULE MYL	MATHIS, ANTHONY L	10/15/2003	AM	90	13.43	8.00	2619	5.43	032883740318015999
633616	2	00378014701	INDOMETHACIN 50MG CAPSULE MYL	MATHIS, ANTHONY L	12/16/2003	AM	90	13.43	8.00	2619	5.43	033503413018022999
633616	3	00378014701	INDOMETHACIN 50MG CAPSULE MYL	MATHIS, ANTHONY L	02/21/2004	JV	90	11.04	8.00	2619	3.04	040523125426101999
636032	0	00087277531	AVALIDE 150-12.5MG TABLET BMS	SMITH, DESMOND E	07/17/2003	JV	30	52.49	25.00	2619	27.49	31985321669999
636460	0	00069422030	VIAGRA 100MG TABLET PFI	SMITH, DESMOND E	07/22/2003	JV	4	43.59	43.59	1	0.00	** NO AUTH NO
636460	1	00069422030	VIAGRA 100MG TABLET PFI	SMITH, DESMOND E	08/04/2003	AM	4	35.93	35.93	2619	0.00	32163412964999
636460	2	00069422030	VIAGRA 100MG TABLET PFI	SMITH, DESMOND E	08/18/2003	AM	4	43.59	43.59	1	0.00	** NO AUTH NO
636460	3	00069422030	VIAGRA 100MG TABLET PFI	SMITH, DESMOND E	08/25/2003	JV	4	43.59	43.59	1	0.00	** NO AUTH NO
636460	4	00069422030	VIAGRA 100MG TABLET PFI	SMITH, DESMOND E	09/02/2003	JV	4	35.93	35.93	2619	0.00	032453009419008999
636460	5	00069422030	VIAGRA 100MG TABLET PFI	SMITH, DESMOND E	09/12/2003	AM	4	43.59	43.59	1	0.00	** NO AUTH NO
636460	6	00069422030	VIAGRA 100MG TABLET PFI	SMITH, DESMOND E	09/22/2003	JV	4	43.59	43.59	1	0.00	** NO AUTH NO
636460	7	00069422030	VIAGRA 100MG TABLET PFI	SMITH, DESMOND E	10/08/2003	JV	4	35.93	35.93	2619	0.00	032813428138040999
636460	8	00069422030	VIAGRA 100MG TABLET PFI	SMITH, DESMOND E	10/20/2003	JV	4	42.59	42.59	1	0.00	** NO AUTH NO
636460	9	00069422030	VIAGRA 100MG TABLET PFI	SMITH, DESMOND E	10/30/2003	AM	10	100.99	100.99	1	0.00	** NO AUTH NO
636460	10	00069422030	VIAGRA 100MG TABLET PFI	SMITH, DESMOND E	11/14/2003	JV	4	35.93	35.93	2619	0.00	033183008695019998
636460	11	00069422030	VIAGRA 100MG TABLET PFI	SMITH, DESMOND E	12/05/2003	AM	4	42.59	42.59	1	0.00	** NO AUTH NO

69

CVS PHARMACY
PATIENT PRESCRIPTION RECORD
BETWEEN 04/01/2000 AND 03/20/2012
PHARMACY # 5552

RUN DATE: 03/20/2012 TIME: 11:57:42
REQUEST NBR: 2328705

PHARMACY NAME:
ADDRESS: 6160 WADE HAMPTON BLVD.
CITY, ST, ZIP: TAYLORS SC 29687

PATIENT KEY: 555216261
PATIENT NAME: DAWKINS JAMES
ADDRESS [redacted]
CITY, ST, ZIP: TAYLORS SC 29687

TELEPHONE: [redacted]
BIRTHDATE:

RX NUMBER	REL	NDC NUMBER	DRUG DESCRIPTION	PRESCRIBER NAME	DATE FILLED	RPH INT	QUANT DISP.	TOTAL PRICE	PATIENT PD AMT	PAYER #	PAYER PD AMT	TP AUTHORIZATION #
636460	12	00069422030	VIAGRA 100MG TABLET PFI	SMITH, DESMOND E	12/06/2003	AM	6	62.59	62.59	1	0.00	** NO AUTH NO
636460	13	00069422030	VIAGRA 100MG TABLET PFI	SMITH, DESMOND E	12/18/2003	JV	10	98.59	98.59	1	0.00	** NO AUTH NO
636460	14	00069422030	VIAGRA 100MG TABLET PFI	SMITH, DESMOND E	01/05/2004	AM	10	103.99	103.99	1	0.00	** NO AUTH NO
636460	15	00069422030	VIAGRA 100MG TABLET PFI	SMITH, DESMOND E	01/28/2004	JV	4	37.65	37.65	2619	0.00	040283108708022998
636461	0	00186109205	TOPROL XL 100MG TABLET SA AST	SMITH, DESMOND E	07/22/2003	JV	30	30.57	25.00	2619	5.57	32033297696999
636461	1	00186109205	TOPROL XL 100MG TABLET SA AST	SMITH, DESMOND E	08/23/2003	JV	30	31.48	25.00	2619	6.48	032353072578067999
636461	2	00186109205	TOPROL XL 100MG TABLET SA AST	SMITH, DESMOND E	09/22/2003	JV	30	31.48	25.00	2619	6.48	032652973030049999
636461	3	00186109205	TOPROL XL 100MG TABLET SA AST	SMITH, DESMOND E	10/20/2003	JV	30	31.48	25.00	2619	6.48	032933092689055999
636534	0	00555065802	OXYCODONE W/APAP 5/500 CAP BRR	BILLINGS, MICHAEL R	07/22/2003	JV	30	9.13	8.00	2619	1.13	32035448269999
639563	0	00069153068	NORVASC 5MG TABLET PFI	SMITH, DESMOND E	08/15/2003	AM	30	41.90	25.00	2619	16.90	32275452612999
639563	1	00069153068	NORVASC 5MG TABLET PFI	SMITH, DESMOND E	01/28/2004	JV	30	43.62	25.00	2619	18.62	040283127716101999
639563	2	00069153068	NORVASC 5MG TABLET PFI	SMITH, DESMOND E	04/24/2004	AM	30	43.62	25.00	2619	18.62	041154705184001999
639563	3	00069153068	NORVASC 5MG TABLET PFI	SMITH, DESMOND E	07/01/2004	JV	30	43.62	25.00	2619	18.62	041834400803069999
639563	4	00069153068	NORVASC 5MG TABLET PFI	SMITH, DESMOND E	08/02/2004	AM	30	43.62	25.00	2619	18.62	042152937588020999
639754	0	00087277531	AVALIDE 150-12.5MG TABLET BMS	SMITH, DESMOND E	08/18/2003	AM	30	52.49	25.00	2619	27.49	32304291575999
642384	0	00378400105	ALPRAZOLAM 0.25MG TABLET MYL	SMITH, DESMOND E	09/09/2003	AM	60	8.30	8.00	2619	0.30	032522965371046999
642524	0	00069153068	NORVASC 5MG TABLET PFI	SMITH, DESMOND E	09/10/2003	JV	30	41.90	25.00	2619	16.90	032533346780056999
642524	1	00069153068	NORVASC 5MG TABLET PFI	SMITH, DESMOND E	10/27/2003	AM	30	41.90	25.00	2619	16.90	033002965731017999
642524	2	00069153068	NORVASC 5MG TABLET PFI	SMITH, DESMOND E	11/25/2003	JV	30	41.90	25.00	2619	16.90	033293260801057999
642524	3	00069153068	NORVASC 5MG TABLET PFI	SMITH, DESMOND E	12/27/2003	JV	30	41.90	25.00	2619	16.90	033613557787034999
642525	0	00087277531	AVALIDE 150-12.5MG TABLET BMS	SMITH, DESMOND E	09/10/2003	JV	30	52.49	25.00	2619	27.49	032533349990043999
642525	1	00087277531	AVALIDE 150-12.5MG TABLET BMS	SMITH, DESMOND E	10/16/2003	AM	30	52.49	25.00	2619	27.49	032893883037063999
642525	2	00087277531	AVALIDE 150-12.5MG TABLET BMS	SMITH, DESMOND E	11/18/2003	AM	30	52.49	25.00	2619	27.49	033223332485014999
642525	3	00087277531	AVALIDE 150-12.5MG TABLET M-J	SMITH, DESMOND E	12/16/2003	AM	30	52.49	25.00	2619	27.49	033503412163041999
651127	0	00378075110	CYCLOBENZAPRINE 10MG TABLETMYL	SMITH, DESMOND E	11/18/2003	AM	30	10.90	8.00	2619	2.90	033223336803029999
651127	1	00378075110	CYCLOBENZAPRINE 10MG TABLETMYL	SMITH, DESMOND E	01/09/2004	JV	30	10.24	8.00	2619	2.24	040094182787074999
651128	0	00406035705	HYDROCODONE/APAP 5/500 TAB MCK	SMITH, DESMOND E	11/18/2003	AM	60	11.29	8.00	2619	3.29	033223341216057999
651128	1	00406035705	HYDROCODONE/APAP 5/500 TAB MCK	SMITH, DESMOND E	01/09/2004	JV	60	10.57	8.00	2619	2.57	040094183672112999
651447	0	00186109205	TOPROL XL 100MG TABLET SA AST	SMITH, DESMOND E	11/20/2003	JV	30	31.48	25.00	2619	6.48	033245035197027999
651447	1	00186109205	TOPROL XL 100MG TABLET SA AST	SMITH, DESMOND E	12/18/2003	JV	30	31.48	25.00	2619	6.48	033523371541002999
651447	2	00186109205	TOPROL XL 100MG TABLET SA AST	SMITH, DESMOND E	01/19/2004	AM	30	31.48	25.00	2619	6.48	040192978052088999
659215	0	00087277531	AVALIDE 150-12.5MG TABLET M-J	SMITH, DESMOND E	01/16/2004	AM	30	55.35	25.00	2619	30.35	040165101209042999
659215	1	00087277531	AVALIDE 150-12.5MG TABLET M-J	SMITH, DESMOND E	02/14/2004	AM	30	55.35	25.00	2619	30.35	040452943664093999
659215	2	00087277531	AVALIDE 150-12.5MG TABLET M-J	SMITH, DESMOND E	03/15/2004	AM	30	55.35	25.00	2619	30.35	040753048020082999
662040	0	00002446430	CIALIS 20MG TABLET LIL	SMITH, DESMOND E	02/10/2004	AM	3	28.93	0.00	5000	28.93	911038
662040	1	00002446430	CIALIS 20MG TABLET LIL	SMITH, DESMOND E	02/10/2004	AM	4	35.93	35.93	2619	0.00	040413543748073999
662040	2	00002446430	CIALIS 20MG TABLET LIL	SMITH, DESMOND E	03/29/2004	AM	5	51.59	51.59	1	0.00	** NO AUTH NO
662041	0	00186109205	TOPROL XL 100MG TABLET SA AST	SMITH, DESMOND E	02/10/2004	AM	30	31.48	25.00	2619	6.48	040413548843075999
662041	1	00186109205	TOPROL XL 100MG TABLET SA AST	SMITH, DESMOND E	03/18/2004	AM	30	31.48	25.00	2619	6.48	040783403523029999
662041	2	00186109205	TOPROL XL 100MG TABLET SA AST	SMITH, DESMOND E	04/18/2004	JV	30	33.25	25.00	2619	8.25	041095583586049999

67

CVS PHARMACY
PATIENT PRESCRIPTION RECORD
BETWEEN 04/01/2000 AND 03/20/2012
PHARMACY # 5552

RUN DATE: 03/20/2012 TIME: 11:57:42
REQUEST NBR: 2328705

PHARMACY NAME:
ADDRESS: 6160 WADE HAMPTON BLVD.
CITY, ST, ZIP: TAYLORS SC 29687

PATIENT KEY: 555216261
PATIENT NAME: DAWKINS JAMES
ADDRESS [redacted]
CITY, ST, ZIP: TAYLORS SC 29687

TELEPHONE: [redacted]
BIRTHDATE:

RX NUMBER	REL	NDC NUMBER	DRUG DESCRIPTION	PRESCRIBER NAME	DATE FILLED	RPH INT	QUANT DISP.	TOTAL PRICE	PATIENT PD AMT	PAYER #	PAYER PD AMT	TP AUTHORIZATION #
662041	3	00186109205	TOPROL XL 100MG TABLET SA AST	SMITH, DESMOND E	05/17/2004	JV	30	33.25	25.00	2619	8.25	041383052033089999
662041	4	00186109205	TOPROL XL 100MG TABLET SA AST	SMITH, DESMOND E	06/16/2004	JW	30	33.25	25.00	2619	8.25	041683366691095999
662041	5	00186109205	TOPROL XL 100MG TABLET SA AST	SMITH, DESMOND E	07/16/2004	AM	30	33.25	25.00	2619	8.25	041983065367025999
662042	0	00406035705	HYDROCODONE/APAP 5/500 TAB MCK	SMITH, DESMOND E	02/10/2004	AM	60	10.57	8.00	2619	2.57	040413552224082999
662043	0	00378075110	CYCLOBENZAPRINE 10MG TABLETMYL	SMITH, DESMOND E	02/10/2004	AM	30	10.24	8.00	2619	2.24	040413562773107999
662043	1	00378075110	CYCLOBENZAPRINE 10MG TABLETMYL	SMITH, DESMOND E	03/31/2004	AM	30	10.24	8.00	2619	2.24	040913370729101999
662044	0	00069422030	VIAGRA 100MG TABLET PFI	SMITH, DESMOND E	02/10/2004	AM	4	37.65	37.65	2619	0.00	040413566009071998
662044	1	00069422030	VIAGRA 100MG TABLET PFI	SMITH, DESMOND E	02/28/2004	AM	10	103.99	103.99	1	0.00	** NO AUTH NO
662044	2	00069422030	VIAGRA 100MG TABLET PFI	SMITH, DESMOND E	03/15/2004	AM	4	37.65	37.65	2619	0.00	040753051809081998
662044	3	00069422030	VIAGRA 100MG TABLET PFI	SMITH, DESMOND E	05/03/2004	JV	4	37.65	37.65	2619	0.00	041242918021005999
662979	0	00781183001	PROMETHAZINE 25MG TABLET SAN	FELDER, JESSE	02/18/2004	AM	8	4.94	4.94	2619	0.00	040492913370082999
662980	0	00378041510	DIPHENOXYLATE/ATROPINE TAB MYL	FELDER, JESSE	02/18/2004	AM	20	4.99	4.99	2619	0.00	040492917626050999
668120	0	00378014701	INDOMETHACIN 50MG CAPSULE MYL	SMITH, DESMOND E	03/31/2004	AM	90	11.04	8.00	2619	3.04	040913381080064999
672645	0	00002446430	CIALIS 20MG TABLET LIL	SMITH, DESMOND E	05/07/2004	AM	5	51.59	51.59	1	0.00	** NO AUTH NO
672645	1	00002446430	CIALIS 20MG TABLET LIL	SMITH, DESMOND E	06/28/2004	JV	4	37.65	37.65	2619	0.00	041803299094023998
672645	2	00002446430	CIALIS 20MG TABLET LIL	SMITH, DESMOND E	08/02/2004	AM	4	37.65	37.65	2619	0.00	042152938553045999
672645	3	00002446430	CIALIS 20MG TABLET LIL	SMITH, DESMOND E	08/25/2004	AM	4	44.39	44.39	1	0.00	** NO AUTH NO
672645	4	00002446430	CIALIS 20MG TABLET LIL	SMITH, DESMOND E	09/14/2004	JV	4	37.65	37.65	2619	0.00	042583083594043999
672645	5	00002446430	CIALIS 20MG TABLET LIL	SMITH, DESMOND E	09/20/2004	JV	4	43.29	43.29	1	0.00	** NO AUTH NO
672645	6	00002446430	CIALIS 20 MG TABLET LIL	SMITH, DESMOND E	11/27/2004	JV	4	39.82	39.82	2619	0.00	043323237171047999
672645	7	00002446430	CIALIS 20 MG TABLET LIL	SMITH, DESMOND E	12/22/2004	AM	1	11.08	11.08	2619	0.00	043576288244039999
672646	0	00781281001	OXAZEPAM 15MG CAPSULE SAN	SMITH, DESMOND E	05/07/2004	AM	30	20.41	8.00	2619	12.41	041283337389044999
677173	0	00378014701	INDOMETHACIN 50MG CAPSULE MYL	SMITH, DESMOND E	06/17/2004	RB	90	11.04	8.00	2619	3.04	041693117837017999
677173	1	00378014701	INDOMETHACIN 50MG CAPSULE MYL	SMITH, DESMOND E	08/04/2004	AM	90	13.47	8.00	2619	5.47	042174442348016999
677173	2	00378014701	INDOMETHACIN 50 MG CAPSULE MYL	SMITH, DESMOND E	11/15/2004	JV	90	13.47	8.00	2619	5.47	043203711769109999
677174	0	00143120101	COLCHICINE 0.6MG TABLET WSW	SMITH, DESMOND E	06/17/2004	AM	60	11.62	8.00	2619	3.62	041693141040103997
683650	0	00186109205	TOPROL XL 100MG TABLET SA AST	SMITH, DESMOND E	08/16/2004	JV	30	34.21	25.00	2619	9.21	042295429033023999
683650	1	00186109205	TOPROL XL 100MG TABLET SA AST	SMITH, DESMOND E	09/17/2004	AM	30	34.21	25.00	2619	9.21	042613700289018998
683650	2	00186109205	TOPROL XL 100 MG TABLET SA AST	SMITH, DESMOND E	10/16/2004	JV	30	34.21	25.00	2619	9.21	042903338572080999
685445	0	00069153068	NORVASC 5MG TABLET PFI	SMITH, DESMOND E	09/01/2004	AM	30	43.62	25.00	2619	18.62	042454698942025999
685445	1	00069153068	NORVASC 5MG TABLET PFI	SMITH, DESMOND E	09/26/2004	AM	30	43.62	25.00	2619	18.62	042704509137008999
685445	2	00069153068	NORVASC 5 MG TABLET PFI	SMITH, DESMOND E	10/25/2004	AM	30	43.62	25.00	2619	18.62	042993052230090999
689402	0	00406036301	HYDROCODONE/APAP 10/500 TABMCK	SMITH, DESMOND E	10/04/2004	AM	60	28.16	8.00	2619	20.16	042785717417026999
689402	1	00406036301	HYDROCODONE/APAP 10/500 TABMCK	SMITH, DESMOND E	12/21/2004	JV	60	28.16	8.00	2619	20.16	043564258842010999
689403	0	00143120101	COLCHICINE 0.6MG TABLET WSW	SMITH, DESMOND E	10/04/2004	AM	60	13.41	8.00	2619	5.41	042785720691009999
694222	0	00781281001	OXAZEPAM 15 MG CAPSULE SAN	SMITH, DESMOND E	11/15/2004	JV	30	17.19	8.00	2619	9.19	043203714621089998
694222	1	00781281001	OXAZEPAM 15 MG CAPSULE SAN	SMITH, DESMOND E	01/07/2005	JV	30	17.19	8.00	2619	9.19	050074948316068999
694223	0	00186109205	TOPROL XL 100 MG TABLET SA AST	SMITH, DESMOND E	11/15/2004	JV	30	34.21	25.00	2619	9.21	043203718428053999
694223	1	00186109205	TOPROL XL 100 MG TABLET SA AST	SMITH, DESMOND E	12/16/2004	JV	30	35.48	25.00	2619	10.48	043513987255109999
694223	2	00186109205	TOPROL XL 100 MG TABLET SA AST	SMITH, DESMOND E	01/14/2005	JV	30	35.48	25.00	2619	10.48	050143784744072999

89

15

CVS PHARMACY
PATIENT PRESCRIPTION RECORD
BETWEEN 04/01/2000 AND 03/20/2012
PHARMACY # 5552

RUN DATE: 03/20/2012 TIME: 11:57:42
REQUEST NBR: 2328705

PHARMACY NAME:
ADDRESS: 6160 WADE HAMPTON BLVD.
CITY, ST, ZIP: TAYLORS SC 29687

PATIENT KEY: 555216261
PATIENT NAME: DAWKINS JAMES
ADDRESS [redacted]
CITY, ST, ZIP: TAYLORS SC 29687

TELEPHONE: [redacted]
BIRTHDATE:

RX NUMBER	REL	NDC NUMBER	DRUG DESCRIPTION	PRESCRIBER NAME	DATE FILLED	RPH INT	QUANT DISP.	TOTAL PRICE	PATIENT PD AMT	PAYER #	PAYER PD AMT	TP AUTHORIZATION #
694224	0	00087277531	AVALIDE 150-12.5 MG TABLET M-J	SMITH, DESMOND E	11/15/2004	JV	30	55.35	25.00	2619	30.35	043203720784013999
694225	0	61570009010	CORTISPORIN-TC EAR SUSP MON	SMITH, DESMOND E	11/15/2004	JV	10	57.51	40.00	2619	17.51	043203724966108999
695875	0	00069153068	NORVASC 5 MG TABLET PFI	SMITH, DESMOND E	11/29/2004	JV	30	43.62	25.00	2619	18.62	043344016399099999
695875	1	00069153068	NORVASC 5 MG TABLET PFI	SMITH, DESMOND E	12/27/2004	JV	30	43.62	25.00	2619	18.62	043623101838051999
695875	2	00069153068	NORVASC 5 MG TABLET PFI	SMITH, DESMOND E	01/28/2005	DR	30	45.73	25.00	2619	20.73	050283030122099999
700878	0	00002446430	CIALIS 20 MG TABLET LIL	SMITH, DESMOND E	01/07/2005	JV	4	39.82	39.82	2619	0.00	050075029829030998
700878	1	00002446430	CIALIS 20 MG TABLET LIL	SMITH, DESMOND E	01/26/2005	JV	4	45.09	45.09	1	0.00	** NO AUTH NO
700878	2	00002446430	CIALIS 20 MG TABLET LIL	SMITH, DESMOND E	02/08/2005	GW	4	39.82	39.82	2619	0.00	050393128635058999
700878	3	00002446430	CIALIS 20 MG TABLET LIL	SMITH, DESMOND E	03/01/2005	BV	4	39.82	39.82	2619	0.00	050603301047063999
700878	4	00002446430	CIALIS 20 MG TABLET LIL	SMITH, DESMOND E	03/12/2005	HA	6	66.99	66.99	1	0.00	** NO AUTH NO
700878	5	00002446430	CIALIS 20 MG TABLET LIL	SMITH, DESMOND E	04/04/2005	BV	4	39.82	39.82	2619	0.00	050943011673051998
701666	0	00087277631	AVALIDE 300-12.5 MG TABLET M-J	SMITH, DESMOND E	01/14/2005	JV	30	60.73	25.00	2619	35.73	050143789290077999
701666	1	00087277631	AVALIDE 300-12.5 MG TABLET M-J	SMITH, DESMOND E	02/28/2005	JV	30	60.73	25.00	2619	35.73	050593549094042999
701666	2	00087277631	AVALIDE 300-12.5 MG TABLET M-J	SMITH, DESMOND E	04/09/2005	RB	30	60.73	25.00	2619	35.73	050993508912021999
705578	0	00186109205	TOPROL XL 100 MG TABLET SA AST	SMITH, DESMOND E	02/14/2005	JV	30	35.48	25.00	2619	10.48	050455704940037999
705578	1	00186109205	TOPROL XL 100 MG TABLET SA AST	SMITH, DESMOND E	03/15/2005	JV	30	35.48	25.00	2619	10.48	050743383682035999
705578	2	00186109205	TOPROL XL 100 MG TABLET SA AST	SMITH, DESMOND E	04/14/2005	AM	30	37.52	25.00	2619	12.52	051043179536040999
707441	0	00069153068	NORVASC 5 MG TABLET PFI	SMITH, DESMOND E	02/28/2005	JV	30	45.73	25.00	2619	20.73	050593553913052999
707441	1	00069153068	NORVASC 5 MG TABLET PFI	SMITH, DESMOND E	03/30/2005	JS	30	45.73	25.00	2619	20.73	050893190884068999
707442	0	00406036301	HYDROCODONE/APAP 10/500 TABMCK	SMITH, DESMOND E	02/28/2005	JV	60	28.16	8.00	2619	20.16	050593558719070999
707443	0	00781281001	OXAZEPAM 15 MG CAPSULE SAN	SMITH, DESMOND E	02/28/2005	JV	30	17.19	8.00	2619	9.19	050593561681047999
707443	1	00781281001	OXAZEPAM 15 MG CAPSULE SAN	SMITH, DESMOND E	06/18/2005	AM	30	17.19	8.00	2619	9.19	051692872634024999
707443	2	00781281001	OXAZEPAM 15 MG CAPSULE SAN	SMITH, DESMOND E	08/15/2005	AM	30	17.19	8.00	2619	9.19	052273080550043999
707444	0	00143120101	COLCHICINE 0.6 MG TABLET WSW	SMITH, DESMOND E	02/28/2005	JV	60	13.41	8.00	2619	5.41	050593565593081999
709260	0	00378014701	INDOMETHACIN 50 MG CAPSULE MYL	SMITH, DESMOND E	03/12/2005	HA	90	13.47	8.00	2619	5.47	050715521578051999
709260	1	00378014701	INDOMETHACIN 50 MG CAPSULE MYL	SMITH, DESMOND E	05/27/2005	JV	90	13.47	8.00	2619	5.47	051473790407077999
709260	2	00378014701	INDOMETHACIN 50 MG CAPSULE MYL	SMITH, DESMOND E	08/08/2005	AM	90	13.47	8.00	2619	5.47	052202986604019999
711850	0	00406036301	HYDROCODONE/APAP 10/500 TABMCK	WEINER, PAUL M	04/02/2005	JV	28	13.94	8.00	2619	5.94	050925258442076999
711851	0	00781502207	METHYLPREDNISOLONE 4MG DSPKS	WEINER, PAUL M	04/02/2005	JV	21	8.43	8.00	2619	0.43	050925263161027999
711932	0	62175044215	GLYCOLAX POWDER KRE	HARTLEY, LAWRENCE J	04/04/2005	BV	255	18.11	8.00	2619	10.11	050943015344067999
714690	0	00002446430	CIALIS 20 MG TABLET LIL	SMITH, DESMOND E	04/25/2005	AM	10	114.99	114.99	1	0.00	** NO AUTH NO
714690	1	00002446430	CIALIS 20 MG TABLET LIL	SMITH, DESMOND E	05/07/2005	AM	10	114.99	114.99	1	0.00	** NO AUTH NO
714690	2	00002446430	CIALIS 20 MG TABLET LIL	SMITH, DESMOND E	06/03/2005	MS	10	114.99	114.99	1	0.00	** NO AUTH NO
714690	3	00002446430	CIALIS 20 MG TABLET LIL	SMITH, DESMOND E	07/12/2005	JV	10	114.99	114.99	1	0.00	** NO AUTH NO
714690	4	00002446430	CIALIS 20 MG TABLET LIL	SMITH, DESMOND E	08/15/2005	AM	10	114.99	114.99	1	0.00	** NO AUTH NO
714691	0	00378013701	ALLOPURINOL 100 MG TABLET MYL	SMITH, DESMOND E	04/25/2005	AM	60	7.67	7.67	2619	0.00	051153537972003999
714691	1	00378013701	ALLOPURINOL 100 MG TABLET MYL	SMITH, DESMOND E	05/26/2005	JV	60	7.67	7.67	2619	0.00	051464172355011998
714691	2	00378013701	ALLOPURINOL 100 MG TABLET MYL	SMITH, DESMOND E	06/25/2005	JV	60	7.67	7.67	2619	0.00	051764259883069999
714693	0	64455010230	CARDIZEM LA 240 MG TABLET BIO	SMITH, DESMOND E	04/25/2005	AM	30	46.01	40.00	2619	6.01	051153551286065999
714693	1	64455010230	CARDIZEM LA 240 MG TABLET BIO	SMITH, DESMOND E	05/27/2005	JV	30	48.33	40.00	2619	8.33	051473789760011999

9

CVS PHARMACY
PATIENT PRESCRIPTION RECORD
BETWEEN 04/01/2000 AND 03/20/2012
PHARMACY # 5552

PHARMACY NAME:
ADDRESS: 6160 WADE HAMPTON BLVD.
CITY, ST, ZIP: TAYLORS SC 29687

PATIENT KEY: 555216261
PATIENT NAME: DAWKINS JAMES
ADDRESS [redacted]
CITY, ST, ZIP: TAYLORS SC 29687

TELEPHONE: [redacted]
BIRTHDATE:

RX NUMBER	REL	NDC NUMBER	DRUG DESCRIPTION	PRESCRIBER NAME	DATE FILLED	RPH INT	QUANT DISP.	TOTAL PRICE	PATIENT PD AMT	PAYER #	PAYER PD AMT	TP AUTHORIZATION #
714694	0	00781502207	METHYLPREDNISOLONE 4 MG DSPSAN	SMITH, DESMOND E	04/25/2005	AM	21	8.43	8.00	2619	0.43	051153570492066999
714694	1	00781502207	METHYLPREDNISOLONE 4 MG DSPSAN	SMITH, DESMOND E	07/22/2005	JV	21	8.43	8.00	2619	0.43	052033020201031999
714695	0	00378021610	FUROSEMIDE 40 MG TABLET MYL	SMITH, DESMOND E	04/25/2005	AM	30	4.07	4.07	2619	0.00	051153575942077998
714695	1	00378021610	FUROSEMIDE 40 MG TABLET MYL	SMITH, DESMOND E	05/29/2005	JV	30	4.07	4.07	2619	0.00	051493227198039998
714695	2	00378021610	FUROSEMIDE 40 MG TABLET MYL	SMITH, DESMOND E	06/27/2005	JV	30	4.07	4.07	2619	0.00	051783105706058999
714695	3	00378021610	FUROSEMIDE 40 MG TABLET MYL	SMITH, DESMOND E	08/01/2005	AM	10	2.36	2.36	2619	0.00	052133873218067999
714696	0	00087277331	AVAPRO 300 MG TABLET M-J	SMITH, DESMOND E	04/25/2005	AM	30	55.54	25.00	2619	30.54	051153579009071999
714696	1	00087277331	AVAPRO 300 MG TABLET M-J	SMITH, DESMOND E	07/19/2005	JV	30	55.54	25.00	2619	30.54	052004356604081999
714696	2	00087277331	AVAPRO 300 MG TABLET M-J	SMITH, DESMOND E	08/19/2005	JV	30	55.54	25.00	2619	30.54	052312952203003999
717022	0	00186109205	TOPROL XL 100 MG TABLET SA AST	SMITH, DESMOND E	05/13/2005	JV	30	37.52	25.00	2619	12.52	051333058951068999
720089	0	00186109205	TOPROL XL 100 MG TABLET SA AST	SMITH, DESMOND E	06/09/2005	AM	30	37.52	25.00	2619	12.52	051605728875003999
720089	1	00186109205	TOPROL XL 100 MG TABLET SA AST	SMITH, DESMOND E	07/12/2005	AM	30	37.52	25.00	2619	12.52	051932983993050999
720089	2	00186109205	TOPROL XL 100 MG TABLET SA AST	SMITH, DESMOND E	08/15/2005	AM	30	37.52	25.00	2619	12.52	052273079352018999
721352	0	64455010230	CARDIZEM LA 240 MG TABLET BIO	SMITH, DESMOND E	06/21/2005	JV	30	48.33	40.00	2619	8.33	051724066011012999
721352	1	64455010230	CARDIZEM LA 240 MG TABLET BIO	SMITH, DESMOND E	07/22/2005	JV	30	48.33	40.00	2619	8.33	052033019561012999
721352	2	64455010230	CARDIZEM LA 240 MG TABLET BIO	SMITH, DESMOND E	08/22/2005	JV	30	48.33	40.00	2619	8.33	052343024646075999
723698	0	00781183001	PROMETHAZINE 25 MG TABLET SAN	MASKELL, THOMAS H	07/16/2005	AM	12	6.67	6.67	2619	0.00	051973304472004999
725277	0	00378013701	ALLOPURINOL 100 MG TABLET MYL	SMITH, DESMOND E	08/01/2005	JV	60	7.42	7.42	2619	0.00	052135603754065999
725277	1	00378013701	ALLOPURINOL 100 MG TABLET MYL	SMITH, DESMOND E	09/01/2005	AM	60	7.42	7.42	2619	0.00	052443525906011999
725277	2	00378013701	ALLOPURINOL 100 MG TABLET MYL	SMITH, DESMOND E	10/04/2005	AM	60	7.42	7.42	2619	0.00	052772917348038999
725945	0	00378021610	FUROSEMIDE 40 MG TABLET MYL	SMITH, DESMOND E	08/08/2005	AM	30	4.07	4.07	2619	0.00	052203884565082998
725945	1	00378021610	FUROSEMIDE 40 MG TABLET MYL	SMITH, DESMOND E	09/06/2005	AM	30	4.07	4.07	2619	0.00	052493178088048999
725945	2	00378021610	FUROSEMIDE 40 MG TABLET MYL	SMITH, DESMOND E	10/07/2005	AM	30	4.07	4.07	2619	0.00	052803665075062999
725945	3	00378021610	FUROSEMIDE 40 MG TABLET MYL	SMITH, DESMOND E	11/07/2005	JV	10	2.36	2.36	2619	0.00	053113508779066999
730087	0	00186109205	TOPROL XL 100 MG TABLET SA AST	SMITH, DESMOND E	09/14/2005	AM	30	37.52	25.00	2619	12.52	052574230953045999
730087	1	00186109205	TOPROL XL 100 MG TABLET SA AST	SMITH, DESMOND E	10/14/2005	JV	30	37.52	25.00	2619	12.52	052873630717039999
730087	2	00186109205	TOPROL XL 100 MG TABLET SA AST	SMITH, DESMOND E	11/14/2005	DL	30	37.52	25.00	2619	12.52	053183365108013999
730791	0	00087277331	AVAPRO 300 MG TABLET M-J	SMITH, DESMOND E	09/20/2005	AM	30	55.54	25.00	2619	30.54	052635390321074999
730791	1	00087277331	AVAPRO 300 MG TABLET M-J	SMITH, DESMOND E	10/21/2005	CM	30	55.54	25.00	2619	30.54	052943276815035999
730791	2	00087277331	AVAPRO 300 MG TABLET M-J	SMITH, DESMOND E	11/21/2005	JV	30	55.54	25.00	2619	30.54	053252969497023999
730793	0	00781502207	METHYLPREDNISOLONE 4 MG DSPSAN	SMITH, DESMOND E	09/20/2005	AM	21	8.43	8.00	2619	0.43	052635395768044999
730868	0	64455010230	CARDIZEM LA 240 MG TABLET BIO	SMITH, DESMOND E	09/21/2005	JV	30	53.01	40.00	2619	13.01	052643644809006999
730868	1	64455010230	CARDIZEM LA 240 MG TABLET BIO	SMITH, DESMOND E	10/21/2005	CM	30	53.01	40.00	2619	13.01	052943276185025999
730868	2	64455010230	CARDIZEM LA 240 MG TABLET BIO	SMITH, DESMOND E	11/21/2005	JV	30	53.01	40.00	2619	13.01	053252968827069999
735534	0	00781502207	METHYLPREDNISOLONE 4 MG TABSAN	SMITH, DESMOND E	11/02/2005	JV	21	8.43	8.00	2619	0.43	053063553236027999
735677	0	00781281001	OXAZEPAM 15 MG CAPSULE SAN	SMITH, DESMOND E	11/03/2005	JV	30	17.19	8.00	2619	9.19	053073153717073999
735677	1	00781281001	OXAZEPAM 15 MG CAPSULE SAN	SMITH, DESMOND E	04/17/2006	JV	30	17.19	8.00	2619	9.19	061073552490051999
737129	0	00378021610	FUROSEMIDE 40 MG TABLET MYL	SMITH, DESMOND E	11/14/2005	DL	30	4.07	4.07	2619	0.00	053185859468065999
737129	1	00378021610	FUROSEMIDE 40 MG TABLET MYL	SMITH, DESMOND E	12/10/2005	JV	30	4.07	4.07	2619	0.00	053443112636023999
737129	2	00378021610	FUROSEMIDE 40 MG TABLET MYL	SMITH, DESMOND E	01/17/2006	JV	30	4.07	4.07	2619	0.00	060173284222019999

70

CVS PHARMACY
PATIENT PRESCRIPTION RECORD
BETWEEN 04/01/2000 AND 03/20/2012
PHARMACY # 5552

RUN DATE: 03/20/2012 TIME: 11:57:42
REQUEST NBR: 2328705

PHARMACY NAME:
ADDRESS: 6160 WADE HAMPTON BLVD.
CITY, ST, ZIP: TAYLORS SC 29687

PATIENT KEY: 555216261
PATIENT NAME: DAWKINS,JAMES
ADDRESS [redacted]
CITY, ST, ZIP: TAYLORS SC 29687

TELEPHONE: [redacted]
BIRTHDATE:

RX NUMBER	REL	NDC NUMBER	DRUG DESCRIPTION	PRESCRIBER NAME	DATE FILLED	RPH INT	QUANT DISP.	TOTAL PRICE	PATIENT PD AMT	PAYER #	PAYER PD AMT	TP AUTHORIZATION #
740244	0	00378013701	ALLOPURINOL 100 MG TABLET MYL	SMITH, DESMOND E	12/10/2005	JV	60	7.42	7.42	2619	0.00	053443350369066999
740244	1	00378013701	ALLOPURINOL 100 MG TABLET MYL	SMITH, DESMOND E	01/31/2006	JV	60	7.42	7.42	2619	0.00	060313508695044999
740449	0	00186109205	TOPROL XL 100 MG TABLET SA AST	SMITH, DESMOND E	12/12/2005	CM	30	37.52	25.00	2619	12.52	053465772744063999
740449	1	00186109205	TOPROL XL 100 MG TABLET SA AST	SMITH, DESMOND E	01/13/2006	CM	30	38.60	25.00	2619	13.60	060133461584083999
740449	2	00186109205	TOPROL XL 100 MG TABLET SA AST	SMITH, DESMOND E	02/27/2006	CM	30	38.60	25.00	2619	13.60	060584066509059999
741748	0	00087277331	AVAPRO 300 MG TABLET M-J	SMITH, DESMOND E	12/22/2005	CM	30	55.54	25.00	2619	30.54	053564449258018999
741748	1	00087277331	AVAPRO 300 MG TABLET M-J	SMITH, DESMOND E	01/31/2006	JV	30	57.69	25.00	2619	32.69	060313506538048999
741748	2	00087277331	AVAPRO 300 MG TABLET M-J	SMITH, DESMOND E	03/06/2006	JV	30	57.69	25.00	2619	32.69	060653214983083999
742282	0	64455010230	CARDIZEM LA 240 MG TABLET BIO	SMITH, DESMOND E	12/27/2005	CM	30	53.01	40.00	2619	13.01	053615626994060997
742282	1	64455010230	CARDIZEM LA 240 MG TABLET BIO	SMITH, DESMOND E	01/31/2006	JV	30	60.74	40.00	2619	20.74	060313445888032999
742282	2	64455010230	CARDIZEM LA 240 MG TABLET BIO	SMITH, DESMOND E	02/27/2006	CM	30	60.74	40.00	2619	20.74	060584065867070999
746394	0	00378014701	INDOMETHACIN 50 MG CAPSULE MYL	SMITH, DESMOND E	01/31/2006	JV	90	13.47	8.00	2619	5.47	060313454238082999
748104	0	00591559901	TRAZODONE 100 MG TABLET WAT	SMITH, DESMOND E	02/14/2006	JV	30	5.99	5.99	2619	0.00	060454183671085999
748104	1	00591559901	TRAZODONE 100 MG TABLET WAT	SMITH, DESMOND E	03/08/2006	JV	30	12.29	12.29	1	0.00	** NO AUTH NO
748104	2	00591559901	TRAZODONE 100 MG TABLET WAT	SMITH, DESMOND E	06/02/2006	CM	30	5.99	5.99	2619	0.00	061533038201055999
753498	0	00378013701	ALLOPURINOL 100 MG TABLET MYL	SMITH, DESMOND E	03/28/2006	JV	60	7.42	7.42	2619	0.00	060873841322026999
753498	1	00378013701	ALLOPURINOL 100 MG TABLET MYL	SMITH, DESMOND E	04/24/2006	CM	60	7.42	7.42	2619	0.00	061142282767040999
753498	2	00378013701	ALLOPURINOL 100 MG TABLET MYL	SMITH, DESMOND E	05/13/2006	JV	60	11.99	11.99	1	0.00	** NO AUTH NO
753516	0	00186109205	TOPROL XL 100 MG TABLET SA AST	SMITH, DESMOND E	03/28/2006	JV	30	38.60	25.00	2619	13.60	060874215631012999
753516	1	00186109205	TOPROL XL 100 MG TABLET SA AST	SMITH, DESMOND E	04/27/2006	CM	30	38.60	25.00	2619	13.60	061175522922072999
753516	2	00186109205	TOPROL XL 100 MG TABLET SA AST	SMITH, DESMOND E	05/20/2006	JV	30	38.60	25.00	2619	13.60	061403594224019999
753885	0	64455010430	CARDIZEM LA 360 MG TABLET BIO	SMITH, DESMOND E	03/31/2006	JV	30	84.34	40.00	2619	44.34	060903359333055999
753886	0	00472051112	HEMORRHOIDAL HC 25 MG SUPPOALP	SMITH, DESMOND E	03/31/2006	JV	15	6.25	6.25	2619	0.00	060903388702005999
754520	0	00087277331	AVAPRO 300 MG TABLET M-J	SMITH, DESMOND E	04/05/2006	DB	30	57.69	25.00	2619	32.69	060955117859040999
754520	1	00087277332	AVAPRO 300 MG TABLET M-J	SMITH, DESMOND E	05/13/2006	JV	30	57.69	25.00	2619	32.69	061333576512073999
754520	2	00087277332	AVAPRO 300 MG TABLET M-J	SMITH, DESMOND E	06/06/2006	JV	30	57.69	25.00	2619	32.69	061575841337085999
756276	0	49884094601	TRAMADOL HCL-ACETAMINOPHEN PAB	AILEY, MAUREEN	04/21/2006	CM	60	44.54	8.00	2619	36.54	061112632827025999
756279	0	00603533815	PREDNISONE 10 MG TAB DSPK QUA	BAILEY, MAUREEN	04/21/2006	CM	21	9.02	8.00	2619	1.02	061112645639079999
756280	0	00591559901	TRAZODONE 100 MG TABLET WAT	BAILEY, MAUREEN	04/21/2006	CM	90	14.96	8.00	2619	6.96	061112656149081999
757098	1	00002446430	CIALIS 20 MG TABLET LIL	SMITH, DESMOND E	05/08/2006	CM	4	47.57	40.00	2619	7.57	061283626796033999
757098	2	00002446430	CIALIS 20 MG TABLET LIL	SMITH, DESMOND E	05/30/2006	CM	4	54.59	54.59	1	0.00	** NO AUTH NO
758081	0	64455010530	CARDIZEM LA 420 MG TABLET BIO	BAILEY, MAUREEN	05/08/2006	CM	30	104.76	40.00	2619	64.76	061283631663070999
758081	1	64455010530	CARDIZEM LA 420 MG TABLET BIO	BAILEY, MAUREEN	06/08/2006	CM	30	104.76	40.00	2619	64.76	061593542778076999
758081	2	64455010530	CARDIZEM LA 420 MG TABLET BIO	BAILEY, MAUREEN	07/13/2006	JV	30	104.76	40.00	2619	64.76	061945034715071999
761579	0	00378013701	ALLOPURINOL 100 MG TABLET MYL	SMITH, DESMOND E	06/07/2006	JV	90	10.37	8.00	2619	2.37	061583340918003998
761579	1	00378013701	ALLOPURINOL 100 MG TABLET MYL	SMITH, DESMOND E	07/11/2006	MS	90	10.37	8.00	2619	2.37	061923685881083999
761579	2	00378013701	ALLOPURINOL 100 MG TABLET MYL	SMITH, DESMOND E	08/11/2006	MN	90	10.37	8.00	2619	2.37	062232936447023999
762863	0	00591559901	TRAZODONE 100 MG TABLET WAT	BAILEY, MAUREEN	06/20/2006	JV	90	14.96	8.00	2619	6.96	061713338683041999
762863	1	00591559901	TRAZODONE 100 MG TABLET WAT	BAILEY, MAUREEN	08/11/2006	MN	90	14.96	8.00	2619	6.96	062232936141011999
762863	2	00591559901	TRAZODONE 100 MG TABLET WAT	BAILEY, MAUREEN	09/12/2006	JV	90	7.49	7.49	2619	0.00	062556067769071999

CVS PHARMACY
PATIENT PRESCRIPTION RECORD
BETWEEN 04/01/2000 AND 03/20/2012
PHARMACY # 5552

PHARMACY NAME:
ADDRESS: 6160 WADE HAMPTON BLVD.
CITY, ST, ZIP: TAYLORS SC 29687

PATIENT KEY: 555216261
PATIENT NAME: DAWKINS JAMES
ADDRESS [redacted]
CITY, ST, ZIP: TAYLORS SC 29687

TELEPHONE: [redacted]
BIRTHDATE:

RX NUMBER	REL	NDC NUMBER	DRUG DESCRIPTION	PRESCRIBER NAME	DATE FILLED	RPH INT	QUANT DISP.	TOTAL PRICE	PATIENT PD AMT	PAYER #	PAYER PD AMT	TP AUTHORIZATION #
762864	0	00087278831	AVALIDE 300-25 MG TABLET M-J	BAILEY, MAUREEN	06/20/2006	JV	30	69.13	25.00	2619	44.13	061713344732076999
762864	1	00087278831	AVALIDE 300-25 MG TABLET M-J	BAILEY, MAUREEN	09/15/2006	JV	30	68.88	25.00	2619	43.88	062586263987028999
762865	0	00186109205	TOPROL XL 100 MG TABLET SA AST	BAILEY, MAUREEN	06/20/2006	JV	30	38.60	25.00	2619	13.60	061713347702048999
762865	1	00186109205	TOPROL XL 100 MG TABLET SA AST	BAILEY, MAUREEN	07/24/2006	JV	30	38.60	25.00	2619	13.60	062053320523067999
762865	2	00186109205	TOPROL XL 100 MG TABLET SA AST	BAILEY, MAUREEN	08/23/2006	JV	30	38.60	25.00	2619	13.60	062353107245016999
762866	0	00002446430	CIALIS 20 MG TABLET LIL	RUGHANI, GOVIND N	06/20/2006	JV	3	36.30	0.00	15335	36.30	30000319955476
768477	0	60598012590	CARDIZEM LA 420 MG TABLET KOS	SMITH, DESMOND E	08/14/2006	JV	30	104.95	40.00	2619	64.95	062266523756074998
768477	1	60598012530	CARDIZEM LA 420 MG TABLET KOS	SMITH, DESMOND E	09/18/2006	JV	30	104.51	40.00	2619	64.51	062614497681049999
771226	0	00781183201	PROMETHAZINE 50 MG TABLET SAN	FERLISI, FRANK J	09/08/2006	ED	6	5.06	5.06	2619	0.00	062513394879083999
771516	0	00378013701	ALLOPURINOL 100 MG TABLET MYL	SMITH, DESMOND E	09/11/2006	SM	90	5.82	5.82	2619	0.00	062544351448035999
771694	0	00406035805	HYDROCODONE/APAP 7.5/500 TBMCK	FERLISI, FRANK J	09/12/2006	JV	15	2.89	2.89	2619	0.00	062554543455081999
772477	0	00186109205	TOPROL XL 100 MG TABLET SA AST	SMITH, DESMOND E	09/19/2006	DA	30	38.35	25.00	2619	13.35	062625192369054999
775356	0	00087278831	AVALIDE 300-25 MG TABLET M-J	FARLEY, LISA	10/16/2006	EP	30	68.88	25.00	2619	43.88	062895609286055998
775356	1	00087278831	AVALIDE 300-25 MG TABLET M-J	FARLEY, LISA	11/15/2006	JV	30	68.88	25.00	2619	43.88	063193241298010999
775356	2	00087278831	AVALIDE 300-25 MG TABLET M-J	FARLEY, LISA	12/16/2006	ED	30	68.88	25.00	2619	43.88	063502944865085999
775356	3	00087278831	AVALIDE 300-25 MG TABLET M-J	FARLEY, LISA	01/15/2007	ED	30	88.59	88.59	1	0.00	** NO AUTH NO
775356	4	00087278831	AVALIDE 300-25 MG TABLET M-J	FARLEY, LISA	02/15/2007	MB	30	73.79	73.79	2619	0.00	070464393888003999
775356	5	00087278831	AVALIDE 300-25 MG TABLET M-J	FARLEY, LISA	03/19/2007	MN	30	73.79	73.79	2619	0.00	070783203415045999
775356	6	00087278831	AVALIDE 300-25 MG TABLET M-J	FARLEY, LISA	04/17/2007	MN	30	73.79	73.79	2619	0.00	071073706120051999
775356	7	00087278831	AVALIDE 300-25 MG TABLET M-J	FARLEY, LISA	05/16/2007	JV	30	73.79	73.79	2619	0.00	071363250143025999
775356	8	00087278831	AVALIDE 300-25 MG TABLET M-J	FARLEY, LISA	06/15/2007	SM	30	73.79	73.79	2619	0.00	071662955430006999
775356	9	00087278831	AVALIDE 300-25 MG TABLET M-J	FARLEY, LISA	07/16/2007	JV	30	72.94	72.94	2619	0.00	071973308359059999
775356	10	00087278831	AVALIDE 300-25 MG TABLET M-J	FARLEY, LISA	08/16/2007	NF	30	77.23	77.23	2619	0.00	072283046983015999
775356	11	00087278831	AVALIDE 300-25 MG TABLET M-J	FARLEY, LISA	09/14/2007	JV	30	77.23	77.23	2619	0.00	072573296743040999
775356	12	00087278831	AVALIDE 300-25 MG TABLET M-J	FARLEY, LISA	10/15/2007	JV	30	77.23	77.23	2619	0.00	072883403396023999
775357	0	60598012530	CARDIZEM LA 420 MG TABLET KOS	FARLEY, LISA	10/16/2006	EP	30	104.51	40.00	2619	64.51	062895612904041998
775357	1	60598012530	CARDIZEM LA 420 MG TABLET KOS	FARLEY, LISA	11/15/2006	JV	30	104.51	40.00	2619	64.51	063193240677062999
775357	2	60598012530	CARDIZEM LA 420 MG TABLET KOS	FARLEY, LISA	12/16/2006	ED	30	104.51	40.00	2619	64.51	063502945542034999
775357	3	60598012530	CARDIZEM LA 420 MG TABLET KOS	FARLEY, LISA	01/15/2007	ED	30	129.99	129.99	1	0.00	** NO AUTH NO
775357	4	60598012530	CARDIZEM LA 420 MG TABLET KOS	FARLEY, LISA	02/15/2007	MB	30	109.92	50.00	2619	59.92	070464393166045999
775357	5	60598012530	CARDIZEM LA 420 MG TABLET KOS	FARLEY, LISA	03/19/2007	MN	30	109.92	50.00	2619	59 92	070783203982047999
775357	6	60598012530	CARDIZEM LA 420 MG TABLET KOS	FARLEY, LISA	04/17/2007	MN	30	109.92	50.00	2619	59.92	071073706802056999
775357	7	60598012530	CARDIZEM LA 420 MG TABLET KOS	FARLEY, LISA	05/16/2007	JV	30	109.92	50.00	2619	59.92	071363249379067999
775357	8	60598012530	CARDIZEM LA 420 MG TABLET KOS	FARLEY, LISA	06/15/2007	SM	30	109.92	50.00	2619	59.92	071662955488048999
775357	9	60598012530	CARDIZEM LA 420 MG TABLET KOS	FARLEY, LISA	07/16/2007	JV	30	116.69	50.00	2619	66.69	071973308845012999
775357	10	60598012530	CARDIZEM LA 420 MG TABLET KOS	FARLEY, LISA	08/16/2007	NF	30	116.69	50.00	2619	66.69	072283047506008999
775357	11	60598012530	CARDIZEM LA 420 MG TABLET KOS	FARLEY, LISA	09/14/2007	JV	30	116.69	50.00	2619	66.69	072573295539017999
775357	12	60598012530	CARDIZEM LA 420 MG TABLET KOS	FARLEY, LISA	10/15/2007	JV	30	116.69	50.00	2619	66.69	072883403646023999
775358	0	00186109205	TOPROL XL 100 MG TABLET SA AST	FARLEY, LISA	10/16/2006	EP	30	38.35	25.00	2619	13.35	062895614635062998
775358	1	00186109205	TOPROL XL 100 MG TABLET SA AST	FARLEY, LISA	11/10/2006	JW	30	38.35	25.00	2619	13.35	063142924959055999

11

CVS PHARMACY
PATIENT PRESCRIPTION RECORD
BETWEEN 04/01/2000 AND 03/20/2012
PHARMACY # 5552

PHARMACY NAME:
ADDRESS: 6160 WADE HAMPTON BLVD.
CITY, ST, ZIP: TAYLORS SC 29687

PATIENT KEY: 555216261
PATIENT NAME: DAWKINS JAMES
ADDRESS [redacted]
CITY, ST, ZIP: TAYLORS SC 29687

TELEPHONE: [redacted]
BIRTHDATE: [redacted]

RX NUMBER	REL	NDC NUMBER	DRUG DESCRIPTION	PRESCRIBER NAME	DATE FILLED	RPH INT	QUANT DISP.	TOTAL PRICE	PATIENT PD AMT	PAYER #	PAYER PD AMT	TP AUTHORIZATION #
775358	2	00186109205	TOPROL XL 100 MG TABLET SA AST	FARLEY, LISA	12/11/2006	JV	30	38.35	25.00	2619	13.35	063453008952025999
775358	3	00186109205	TOPROL XL 100 MG TABLET SA AST	FARLEY, LISA	01/12/2007	JW	30	49.99	49.99	1	0.00	** NO AUTH NO
775358	4	00186109205	TOPROL XL 100 MG TABLET SA AST	FARLEY, LISA	02/08/2007	JV	30	49.99	49.99	1	0.00	** NO AUTH NO
775358	5	00186109205	TOPROL XL 100 MG TABLET SA AST	FARLEY, LISA	03/10/2007	MN	30	39.89	39.89	2619	0.00	070693409506074999
775358	6	00186109205	TOPROL XL 100 MG TABLET SA AST	FARLEY, LISA	04/04/2007	SW	30	39.89	39.89	2619	0.00	070943184767058999
775358	7	00186109205	TOPROL XL 100 MG TABLET SA AST	FARLEY, LISA	05/04/2007	SM	30	39.89	39.89	2619	0.00	071243383544073998
775358	8	00186109205	TOPROL XL 100 MG TABLET SA AST	FARLEY, LISA	06/04/2007	JV	30	39.89	39.89	2619	0.00	071552961227062999
775358	9	00186109205	TOPROL XL 100 MG TABLET SA AST	FARLEY, LISA	06/28/2007	JV	30	39.89	39.89	2619	0.00	071793282986019999
775358	10	00186109205	TOPROL XL 100 MG TABLET SA AST	FARLEY, LISA	07/24/2007	NF	30	39.44	39.44	2619	0.00	072054955299048999
* 775358	11	58177036804	METOPROLOL SUCC ER 100 MG TETH	FARLEY, LISA	08/29/2007	JV	30	35.61	35.61	2619	0.00	072413007029077999
775358	12	58177036804	METOPROLOL SUCC ER 100 MG TETH	FARLEY, LISA	09/29/2007	JV	30	35.61	35.61	2619	0.00	072723151218012999
775359	0	00378013701	ALLOPURINOL 100 MG TABLET MYL	FARLEY, LISA	10/16/2006	EP	90	5.82	5.82	2619	0.00	062895618209067998
775359	1	00378013701	ALLOPURINOL 100 MG TABLET MYL	FARLEY, LISA	11/18/2006	ED	90	5.82	5.82	2619	0.00	063224839022041999
775359	2	00378013701	ALLOPURINOL 100 MG TABLET MYL	FARLEY, LISA	12/21/2006	ED	90	5.82	5.82	2619	0.00	063553391444061999
775359	3	00378013701	ALLOPURINOL 100 MG TABLET MYL	FARLEY, LISA	01/19/2007	JV	90	17.49	17.49	1	0.00	** NO AUTH NO
775359	4	00378013701	ALLOPURINOL 100 MG TABLET MYL	FARLEY, LISA	02/15/2007	MB	90	5.82	5.82	2619	0.00	070464393164023999
775359	5	00378013701	ALLOPURINOL 100 MG TABLET MYL	FARLEY, LISA	03/19/2007	MN	90	5.82	5.82	2619	0.00	070783203194005999
775359	6	00378013701	ALLOPURINOL 100 MG TABLET MYL	FARLEY, LISA	04/19/2007	JV	90	5.82	5.82	2619	0.00	071093665374018999
775359	7	00378013701	ALLOPURINOL 100 MG TABLET MYL	FARLEY, LISA	05/16/2007	JV	90	5.82	5.82	2619	0.00	071363248854033999
775359	8	00378013701	ALLOPURINOL 100 MG TABLET MYL	FARLEY, LISA	06/21/2007	XX	90	5.82	5.82	2619	0.00	071723060691026999
775359	9	00378013701	ALLOPURINOL 100 MG TABLET MYL	FARLEY, LISA	07/21/2007	JV	90	5.82	5.82	2619	0.00	072023056473009999
775359	10	00378013701	ALLOPURINOL 100 MG TABLET MYL	FARLEY, LISA	08/20/2007	NF	90	5.82	5.82	2619	0.00	072325132411052999
775359	11	00378013701	ALLOPURINOL 100 MG TABLET MYL	FARLEY, LISA	09/20/2007	JV	90	5.82	5.82	2619	0.00	072633466764027999
779713	0	63402019310	LUNESTA 3 MG TABLET SEP	FARLEY, LISA	11/27/2006	ED	7	29.61	0.00	16555	29.61	114625919
779714	0	00069422030	VIAGRA 100 MG TABLET PFI	FARLEY, LISA	11/27/2006	JV	4	41.83	40.00	2619	1.83	063315084103025998
779714	1	00069422030	VIAGRA 100 MG TABLET PFI	FARLEY, LISA	01/02/2007	JV	10	114.99	114.99	1	0.00	** NO AUTH NO
779714	2	00069422030	VIAGRA 100 MG TABLET PFI	FARLEY, LISA	02/01/2007	MB	10	113.02	113.02	2619	0.00	070324746056047992
779714	3	00069422030	VIAGRA 100 MG TABLET PFI	FARLEY, LISA	03/02/2007	JV	10	113.02	113.02	2619	0.00	070613574657060998
779714	4	00069422030	VIAGRA 100 MG TABLET PFI	FARLEY, LISA	04/02/2007	MN	10	113.02	113.02	2619	0.00	070924693001069998
779714	5	00069422030	VIAGRA 100 MG TABLET PFI	FARLEY, LISA	05/04/2007	SM	10	113.02	113.02	2619	0.00	071243384128034998
779714	6	00069422030	VIAGRA 100 MG TABLET PFI	FARLEY, LISA	06/04/2007	JV	6	69.42	69.42	2619	0.00	071552961805064998
788468	0	63402019310	LUNESTA 3 MG TABLET SEP	FARLEY, LISA	02/09/2007	JV	7	29.61	0.00	16555	29.61	116325451
789375	0	63402019310	LUNESTA 3 MG TABLET SEP	FARLEY, LISA	02/17/2007	JV	30	113.74	25.00	2619	88.74	070483006340035999
789375	1	63402019310	LUNESTA 3 MG TABLET SEP	FARLEY, LISA	03/20/2007	MN	30	113.74	25.00	2619	88.74	070793803439079999
789375	2	63402019310	LUNESTA 3 MG TABLET SEP	FARLEY, LISA	04/20/2007	MN	30	113.74	25.00	2619	88.74	071103168068041999
789375	3	63402019310	LUNESTA 3 MG TABLET SEP	FARLEY, LISA	05/14/2007	CM	30	113.74	25.00	2619	88.74	071344836629043999
789375	4	63402019310	LUNESTA 3 MG TABLET SEP	FARLEY, LISA	06/15/2007	SM	30	123.90	25.00	2619	98.90	071662953839018999
789375	5	63402019310	LUNESTA 3 MG TABLET SEP	FARLEY, LISA	07/16/2007	JV	30	122.46	25.00	2619	97.46	071973304054062999
802807	0	00071101468	LYRICA 75 MG CAPSULE P-D	FARLEY, LISA	06/29/2007	JV	14	31.94	0.00	19270	31.94	HF29V003001490
802814	0	00069422030	VIAGRA 100 MG TABLET PFI	FARLEY, LISA	06/29/2007	JV	4	47.61	0.00	18805	47.61	A5075801920291

CVS PHARMACY
PATIENT PRESCRIPTION RECORD
BETWEEN 04/01/2000 AND 03/20/2012
PHARMACY # 5552

RUN DATE: 03/20/2012 TIME: 11:57:42
REQUEST NBR: 2328705

PHARMACY NAME:
ADDRESS: 6160 WADE HAMPTON BLVD.
CITY, ST, ZIP: TAYLORS SC 29687

PATIENT KEY: 555216261
PATIENT NAME: DAWKINS JAMES
ADDRESS [redacted]
CITY, ST, ZIP: TAYLORS SC 29687

TELEPHONE: [redacted]
BIRTHDATE:

RX NUMBER	REL	NDC NUMBER	DRUG DESCRIPTION	PRESCRIBER NAME	DATE FILLED	RPH INT	QUANT DISP.	TOTAL PRICE	PATIENT PD AMT	PAYER #	PAYER PD AMT	TP AUTHORIZATION #
802814	1	00069422030	VIAGRA 100 MG TABLET PFI	FARLEY, LISA	07/16/2007	JV	4	49.99	49.99	1	0.00	** NO AUTH NO
802814	2	00069422030	VIAGRA 100 MG TABLET PFI	FARLEY, LISA	08/06/2007	NF	6	72.69	72.69	2619	0.00	072184751441044998
802814	3	00069422030	VIAGRA 100 MG TABLET PFI	FARLEY, LISA	09/04/2007	NF	6	72.69	72.69	2619	0.00	072473403742056998
802814	4	00069422030	VIAGRA 100 MG TABLET PFI	FARLEY, LISA	09/29/2007	JV	6	72.69	72.69	2619	0.00	072723151859005998
802814	5	00069422030	VIAGRA 100 MG TABLET PFI	FARLEY, LISA	10/31/2007	JV	6	72.69	72.69	2619	0.00	073043274871004998
802814	6	00069422030	VIAGRA 100 MG TABLET PFI	FARLEY, LISA	11/26/2007	NF	4	49.79	49.79	2619	0.00	073302962548023998
802840	0	99999000456	HYDROCORTISONE /CVS MOISTURIZI	FARLEY, LISA	06/29/2007	JV	60	12.85	4.00	2619	8.85	071804136698028999
			00168008031 HYDROCORTISONE 2									
			50428399766 CVS MOISTURIZING									
802840	1	99999000456	HYDROCORTISONE /CVS MOISTURIZI	FARLEY, LISA	11/02/2007	NF	60	12.85	4.00	2619	8.85	073063546041085999
			00168008031 HYDROCORTISONE 2									
			50428399766 CVS MOISTURIZING									
803670	0	00378077101	CYCLOBENZAPRINE 5 MG TABLETMYL	SMITH, ARTHUR L	07/09/2007	SM	30	18.73	18.73	2619	0.00	071905549763048999
807372	0	00071101468	LYRICA 75 MG CAPSULE P-D	FARLEY, HARLICIA	08/20/2007	NF	60	111.68	25.00	2619	86.68	072325136364052999
807373	0	00002323730	CYMBALTA 60 MG CAPSULE LIL	FARLEY, HARLICIA	08/20/2007	NF	30	107.47	25.00	2619	82.47	072325140313041999
812449	0	00045152050	LEVAQUIN 250 MG TABLET MCN	HILL, LAWRENCE K	10/12/2007	NF	5	48.26	25.00	2619	23.26	072855038637063999
813279	0	00378013701	ALLOPURINOL 100 MG TABLET MYL	FARLEY, LISA	10/22/2007	NF	30	2.94	2.94	2619	0.00	072953164863079998
813279	1	00378013701	ALLOPURINOL 100 MG TABLET MYL	FARLEY, LISA	11/10/2007	JV	30	2.94	2.94	2619	0.00	073143118744008999
813279	2	00378013701	ALLOPURINOL 100 MG TABLET MYL	FARLEY, LISA	12/11/2007	NF	30	2.94	2.94	2619	0.00	073453409380032999
813279	3	00378013701	ALLOPURINOL 100 MG TABLET MYL	FARLEY, LISA	01/12/2008	NF	30	2.94	2.94	2619	0.00	080123226185071999
813279	4	00378013701	ALLOPURINOL 100 MG TABLET MYL	FARLEY, LISA	02/11/2008	JV	30	2.94	2.94	2619	0.00	080422936403040999
813279	5	00378013701	ALLOPURINOL 100 MG TABLET MYL	FARLEY, LISA	03/13/2008	SM	30	2.94	2.94	2619	0.00	080732790275052999
813279	6	00378013701	ALLOPURINOL 100 MG TABLET MYL	FARLEY, LISA	04/08/2008	JV	30	2.94	2.94	2619	0.00	080992722827043999
813279	7	00378013701	ALLOPURINOL 100 MG TABLET MYL	FARLEY, LISA	05/09/2008	JV	30	2.94	2.94	2619	0.00	081303352966067999
813279	8	00378013701	ALLOPURINOL 100 MG TABLET MYL	FARLEY, LISA	06/11/2008	JV	30	2.94	2.94	2619	0.00	081632737605075999
814319	0	58177036804	METOPROLOL SUCC ER 100 MG TETH	FARLEY, LISA	11/01/2007	JV	30	29.93	29.93	2619	0.00	073054546991047999
815433	0	60598012530	CARDIZEM LA 420 MG TABLET KOS	FARLEY, LISA	11/13/2007	NF	30	116.69	60.00	2619	56.69	073173402581005998
815433	1	60598012530	CARDIZEM LA 420 MG TABLET KOS	FARLEY, LISA	12/11/2007	NF	30	116.69	60.00	2619	56.69	073453409426030999
815433	2	60598012530	CARDIZEM LA 420 MG TABLET KOS	FARLEY, LISA	01/14/2008	JV	30	125.32	60.00	2619	65.32	080143842736017999
815433	3	60598012530	CARDIZEM LA 420 MG TABLET KOS	FARLEY, LISA	02/11/2008	JV	30	125.32	60.00	2619	65.32	080422936988074999
815433	4	60598012530	CARDIZEM LA 420 MG TABLET KOS	FARLEY, LISA	03/14/2008	JV	30	125.32	60.00	2619	65.32	080742593428017999
815433	5	60598012530	CARDIZEM LA 420 MG TABLET KOS	FARLEY, LISA	04/08/2008	JV	30	125.32	60.00	2619	65.32	080992723261064999
815433	6	60598012530	CARDIZEM LA 420 MG TABLET KOS	FARLEY, LISA	05/09/2008	JV	30	125.32	60.00	2619	65.32	081303353229074999
815433	7	60598012530	CARDIZEM LA 420 MG TABLET KOS	FARLEY, LISA	06/11/2008	JV	30	125.32	60.00	2619	65.32	081632737916039999
815434	0	00087278831	AVALIDE 300-25 MG TABLET M-J	FARLEY, LISA	11/13/2007	NF	30	77.23	76.32	2619	0.91	073173405054022998
815434	1	00087278831	AVALIDE 300-25 MG TABLET M-J	FARLEY, LISA	12/11/2007	NF	30	77.23	76.32	2619	0.91	073453409189046999
815434	2	00087278831	AVALIDE 300-25 MG TABLET M-J	FARLEY, LISA	01/12/2008	NF	30	82.15	81.19	2619	0.96	080123225285058999
815434	3	00087278831	AVALIDE 300-25 MG TABLET M-J	FARLEY, LISA	02/11/2008	JV	30	82.15	81.19	2619	0.96	080422936385033999
815434	4	00087278831	AVALIDE 300-25 MG TABLET M-J	FARLEY, LISA	03/24/2008	JV	30	82.15	81.19	2619	0.96	080843070074011999
822867	0	00378014701	INDOMETHACIN 50 MG CAPSULE MYL	FARLEY, LISA	01/28/2008	JV	30	8.62	8.62	2619	0.00	080284573164062998

74

CVS PHARMACY
PATIENT PRESCRIPTION RECORD
BETWEEN 04/01/2000 AND 03/20/2012
PHARMACY # 5552

RUN DATE: 03/20/2012 TIME: 11:57:42
REQUEST NBR: 2328705

PHARMACY NAME:
ADDRESS: 6160 WADE HAMPTON BLVD.
CITY, ST, ZIP: TAYLORS SC 29687

PATIENT KEY: 555216261
PATIENT NAME: DAWKINS JAMES
ADDRESS [redacted]
CITY, ST, ZIP: TAYLORS SC 29687

TELEPHONE: [redacted]
BIRTHDATE: [redacted]

RX NUMBER	REL	NDC NUMBER	DRUG DESCRIPTION	PRESCRIBER NAME	DATE FILLED	RPH INT	QUANT DISP.	TOTAL PRICE	PATIENT PD AMT	PAYER #	PAYER PD AMT	TP AUTHORIZATION #
822867	1	00378014701	INDOMETHACIN 50 MG CAPSULE MYL	FARLEY, LISA	07/12/2008	NF	30	8.48	8.48	2619	0.00	081945333882063999
822867	2	00378014701	INDOMETHACIN 50 MG CAPSULE MYL	FARLEY, LISA	08/11/2008	NF	30	8.48	8.48	2619	0.00	08224544227708299
822867	3	00378014701	INDOMETHACIN 50 MG CAPSULE MYL	FARLEY, LISA	08/22/2008	NF	30	8.48	8.48	2619	0.00	082352509136023999
822867	4	00378014701	INDOMETHACIN 50 MG CAPSULE MYL	FARLEY, LISA	09/06/2008	NF	30	8.48	8.48	2619	0.00	082502527058069999
823025	0	00069422030	VIAGRA 100 MG TABLET PFI	FARLEY, LISA	01/29/2008	JV	4	54.13	0.00	22150	54.13	U08029O740G200
823025	1	00069422030	VIAGRA 100 MG TABLET PFI	FARLEY, LISA	03/03/2008	NF	4	53.91	53.91	2619	0.00	080633090892002998
823025	2	00069422030	VIAGRA 100 MG TABLET PFI	FARLEY, LISA	03/24/2008	JV	6	78.86	78.86	2619	0.00	080843070772007998
823025	3	00069422030	VIAGRA 100 MG TABLET PFI	FARLEY, LISA	04/08/2008	JV	6	78.86	78.86	2619	0.00	080992724117046998
823025	4	00069422030	VIAGRA 100 MG TABLET PFI	FARLEY, LISA	04/29/2008	NF	6	78.86	78.86	2619	0.00	081202645424033998
823025	5	00069422030	VIAGRA 100 MG TABLET PFI	FARLEY, LISA	05/13/2008	NF	6	85.61	85.61	2619	0.00	081346588384084998
823025	6	00069422030	VIAGRA 100 MG TABLET PFI	FARLEY, LISA	06/11/2008	JV	4	58.40	58.40	2619	0.00	081632738005018998
823026	0	99999000470	HYDROCORTISONE /CVS ANTI-ITCH	FARLEY, LISA	01/29/2008	JV	60	15.45	4.00	2619	11.45	080294845565080998
			00168008031 HYDROCORTISONE 2									
			50428550749 CVS ANTI-ITCH 2%									
823026	1	99999000470	HYDROCORTISONE /CVS ANTI-ITCH	FARLEY, LISA	11/03/2008	JV	60	15.45	4.00	2619	11.45	083082820770067999
			00168008031 HYDROCORTISONE 2									
			50428550749 CVS ANTI-ITCH 2%									
823630	0	58177036804	METOPROLOL SUCC ER 100 MG TETH	FARLEY, LISA	02/04/2008	NF	30	29.93	29.93	2619	0.00	080353890768048999
828250	0	58177035804	METOPROLOL SUCC ER 200 MG TETH	FARLEY, LISA	03/10/2008	JV	30	46.73	46.73	2619	0.00	080704900478085999
828250	1	58177035804	METOPROLOL SUCC ER 200 MG TETH	FARLEY, LISA	04/21/2008	JV	30	46.73	46.73	2619	0.00	081122692301060999
828250	2	58177035804	METOPROLOL SUCC ER 200 MG TETH	FARLEY, LISA	05/17/2008	NF	30	30.31	30.31	2619	0.00	081382773569058999
828250	3	58177035804	METOPROLOL SUCC ER 200 MG TETH	FARLEY, LISA	06/19/2008	NF	30	30.31	30.31	2619	0.00	081712788227085998
828250	4	58177035804	METOPROLOL SUCC ER 200 MG TETH	FARLEY, LISA	07/23/2008	JV	30	30.03	30.03	2619	0.00	082054618059043999
828250	5	58177035804	METOPROLOL SUCC ER 200 MG TETH	FARLEY, LISA	08/18/2008	NF	30	30.03	30.03	2619	0.00	082312569831029999
828250	6	58177035804	METOPROLOL SUCC ER 200 MG TETH	FARLEY, LISA	09/23/2008	JV	30	30.03	30.03	2619	0.00	082673963598050999
828250	7	58177035804	METOPROLOL SUCC ER 200 MG TETH	FARLEY, LISA	10/23/2008	NF	30	30.03	30.03	2619	0.00	082973905225071999
840272	0	00069422030	VIAGRA 100 MG TABLET PFI	FARLEY, LISA	06/18/2008	NF	10	140.01	140.01	2619	0.00	081703413350033998
843229	0	00378013701	ALLOPURINOL 100 MG TABLET MYL	FARLEY, LISA	07/15/2008	JV	30	2.94	2.94	2619	0.00	081972839248071999
843229	1	00378013701	ALLOPURINOL 100 MG TABLET MYL	FARLEY, LISA	08/11/2008	NF	30	2.94	2.94	2619	0.00	082245441470076999
843229	2	00378013701	ALLOPURINOL 100 MG TABLET MYL	FARLEY, LISA	09/11/2008	NF	30	2.94	2.94	2619	0.00	082552509234046999
843229	3	00378013701	ALLOPURINOL 100 MG TABLET MYL	FARLEY, LISA	10/17/2008	NF	30	2.94	2.94	2619	0.00	082912519027073999
843730	0	60598012530	CARDIZEM LA 420 MG TABLET KOS	FARLEY, LISA	07/18/2008	JV	30	125.32	60.00	2619	65.32	082004692540044999
843730	1	60598012530	CARDIZEM LA 420 MG TABLET KOS	FARLEY, LISA	08/11/2008	NF	30	125.32	60.00	2619	65.32	082245441674055999
843730	2	00074306930	CARDIZEM LA 420 MG TABLET ABB	FARLEY, LISA	09/11/2008	NF	30	127.79	60.00	2619	67.79	082552522076026998
843730	3	00074306930	CARDIZEM LA 420 MG TABLET ABB	FARLEY, LISA	10/17/2008	NF	30	127.79	60.00	2619	67.79	082912519357079999
843730	4	00074306930	CARDIZEM LA 420 MG TABLET ABB	FARLEY, LISA	11/16/2008	NF	30	127.79	60.00	2619	67.79	083213216227040999
844306	1	00069422030	VIAGRA 100 MG TABLET PFI	FARLEY, LISA	08/01/2008	JV	6	85.61	85.61	2619	0.00	082144805725073998
844306	2	00069422030	VIAGRA 100 MG TABLET PFI	FARLEY, LISA	08/15/2008	CO	6	85.61	85.61	2619	0.00	082282641331023998
844306	3	00069422030	VIAGRA 100 MG TABLET PFI	FARLEY, LISA	09/08/2008	JV	6	85.61	85.61	2619	0.00	082523091585064998
848425	0	00406035705	HYDROCODONE-APAP 5-500 TABLM	CKHILL, LAWRENCE K	08/30/2008	JV	40	4.35	4.35	2619	0.00	082435615411026999

15

22

CVS PHARMACY
PATIENT PRESCRIPTION RECORD
BETWEEN 04/01/2000 AND 03/20/2012
PHARMACY # 5552

RUN DATE: 03/20/2012 TIME: 11:57:42
REQUEST NBR: 2328705

PHARMACY NAME:
ADDRESS: 6160 WADE HAMPTON BLVD.
CITY, ST, ZIP: TAYLORS SC 29687

PATIENT KEY: 555216261
PATIENT NAME: DAWKINS JAMES
ADDRESS [redacted]
CITY, ST, ZIP: TAYLORS SC 29687

TELEPHONE: [redacted]
BIRTHDATE:

RX NUMBER	REL	NDC NUMBER	DRUG DESCRIPTION	PRESCRIBER NAME	DATE FILLED	RPH INT	QUANT DISP.	TOTAL PRICE	PATIENT PD AMT	PAYER #	PAYER PD AMT	TP AUTHORIZATION #
848892	0	00406035705	HYDROCODONE-APAP 5-500 TABLMCK	COBB, WILLIAM S	09/04/2008	JV	30	3.64	3.64	2619	0.00	082483440666050999
851318	0	00093089005	PROPOXYPHEN-APAP 100-650 MGTEV	SOUSA, JO A	09/24/2008	NF	20	3.65	3.65	2619	0.00	082684536177045999
851319	0	00378077101	CYCLOBENZAPRINE 5 MG TABLETMYL	SOUSA, JO A	09/24/2008	NF	15	10.11	10.11	2619	0.00	082684538777066999
851731	0	00406035805	HYDROCODONE-APAP 7.5-500 TAMCK	CORLETTE, ADRIAN P	09/27/2008	JV	20	3.35	3.35	2619	0.00	082713865955047999
852055	0	00071101468	LYRICA 75 MG CAPSULE P-D	FARLEY, HARLICIA F	09/30/2008	NF	14	35.26	0.00	19270	35.26	II30V005003901
852056	0	00378075110	CYCLOBENZAPRINE 10 MG TABLEMYL	FARLEY, HARLICIA F	09/30/2008	NF	30	6.00	6.00	2619	0.00	082744087788055999
852057	0	60793013601	SKELAXIN 800 MG TABLET KIN	FARLEY, HARLICIA F	09/30/2008	NF	30	87.26	86.24	2619	1.02	082744090199074999
852449	0	00406035805	HYDROCODONE-APAP 7.5-500 TAMCK	FARLEY, HARLICIA F	10/02/2008	JV	30	4.28	4.28	2619	0.00	082764720035064999
853512	0	00069422030	VIAGRA 100 MG TABLET PFI	FARLEY, LISA	10/11/2008	NF	6	85.61	85.61	2619	0.00	082852768807057998
853512	1	00069422030	VIAGRA 100 MG TABLET PFI	FARLEY, LISA	11/03/2008	JV	6	85.61	85.61	2619	0.00	083082817481071998
853512	2	00069422030	VIAGRA 100 MG TABLET PFI	FARLEY, LISA	11/19/2008	NF	6	85.61	85.61	2619	0.00	083242877060043998
869810	0	00378014701	INDOMETHACIN 50 MG CAPSULE MYL	FARLEY, LISA	02/06/2009	NF	30	8.48	8.48	2619	0.00	090375771746055999
869810	1	00378014701	INDOMETHACIN 50 MG CAPSULE MYL	FARLEY, LISA	07/13/2009	JV	30	8.48	8.48	2619	0.00	091943125285004999
878075	0	00069422030	VIAGRA 100 MG TABLET PFI	MITTAL, SUSHIL C	04/03/2009	NF	10	154.97	154.97	2619	0.00	090933250383031998
878075	1	00069422030	VIAGRA 100 MG TABLET PFI	MITTAL, SUSHIL C	05/04/2009	JV	10	154.97	154.97	2619	0.00	091242696555050998
878075	2	00069422030	VIAGRA 100 MG TABLET PFI	MITTAL, SUSHIL C	06/03/2009	NF	10	154.97	154.97	2619	0.00	091543055433058998
878075	3	00069422030	VIAGRA 100 MG TABLET PFI	MITTAL, SUSHIL C	06/19/2009	JV	10	154.97	154.97	2619	0.00	091702617277049998
878075	4	00069422030	VIAGRA 100 MG TABLET PFI	MITTAL, SUSHIL C	07/08/2009	JV	10	154.97	154.97	2619	0.00	091892684247049998
878075	5	00069422030	VIAGRA 100 MG TABLET PFI	MITTAL, SUSHIL C	07/30/2009	NF	10	154.97	154.97	2619	0.00	092114232849061998
878075	6	00069422030	VIAGRA 100 MG TABLET PFI	MITTAL, SUSHIL C	08/22/2009	NF	10	162.51	162.51	2619	0.00	092343525756001998
878075	7	00069422030	VIAGRA 100 MG TABLET PFI	MITTAL, SUSHIL C	09/07/2009	NF	10	162.51	162.51	2619	0.00	092504071130023998
902452	0	00069422030	VIAGRA 100 MG TABLET PFI	MITTAL, SUSHIL C	09/30/2009	JV	18	288.43	288.43	2619	0.00	092734297881045998
902452	1	00069422030	VIAGRA 100 MG TABLET PFI	MITTAL, SUSHIL C	11/09/2009	WH	10	162.01	162.01	2619	0.00	093132972788052998
902452	2	00069422030	VIAGRA 100 MG TABLET PFI	MITTAL, SUSHIL C	12/03/2009	NF	15	241.03	241.03	2619	0.00	093373014576002994
902452	3	00069422030	VIAGRA 100 MG TABLET PFI	MITTAL, SUSHIL C	01/03/2010	JV	15	262.36	262.36	2619	0.00	100035972031138998
902452	4	00069422030	VIAGRA 100 MG TABLET PFI	MITTAL, SUSHIL C	02/01/2010	NF	4	72.89	72.89	2619	0.00	100323230110070996
902452	5	00069422030	VIAGRA 100 MG TABLET PFI	MITTAL, SUSHIL C	02/04/2010	JV	14	245.14	245.14	2619	0.00	100353486146008998
902452	6	00069422030	VIAGRA 100 MG TABLET PFI	MITTAL, SUSHIL C	03/22/2010	JV	10	176.24	176.24	2619	0.00	100813705748131998
902452	7	00069422030	VIAGRA 100 MG TABLET PFI	MITTAL, SUSHIL C	04/05/2010	NF	10	176.24	176.24	2619	0.00	100955845597060998
902452	8	00069422030	VIAGRA 100 MG TABLET PFI	MITTAL, SUSHIL C	04/24/2010	JV	10	176.24	176.24	2619	0.00	101142661029061998
926381	0	00069422030	VIAGRA 100 MG TABLET PFI	FARLEY, HARLICIA F	03/01/2010	NF	6	107.34	107.34	2619	0.00	100603658893019998
926381	1	00069422030	VIAGRA 100 MG TABLET PFI	FARLEY, HARLICIA F	05/14/2010	NF	6	107.34	107.34	2619	0.00	101343888312128998
926381	2	00069422030	VIAGRA 100 MG TABLET PFI	FARLEY, HARLICIA F	05/29/2010	NF	6	107.34	107.34	2619	0.00	101492676545035998
926381	3	00069422030	VIAGRA 100 MG TABLET PFI	FARLEY, HARLICIA F	06/03/2010	NF	6	107.34	107.34	2619	0.00	101544552403124998
926381	4	00069422030	VIAGRA 100 MG TABLET PFI	FARLEY, HARLICIA F	06/23/2010	JV	6	107.34	107.34	2619	0.00	101742610319126998
926381	5	00069422030	VIAGRA 100 MG TABLET PFI	FARLEY, HARLICIA F	07/02/2010	JV	6	116.42	116.42	25915	0.00	30000244927358
926383	0	00378013701	ALLOPURINOL 100 MG TABLET MYL	FARLEY, HARLICIA F	03/01/2010	NF	30	2.94	2.94	2619	0.00	100603671006125999
926384	0	00378014701	INDOMETHACIN 50 MG CAPSULE MYL	FARLEY, HARLICIA F	03/01/2010	NF	30	8.48	8.48	2619	0.00	100603678787080999
926384	1	00378014701	INDOMETHACIN 50 MG CAPSULE MYL	FARLEY, HARLICIA F	05/29/2010	NF	30	8.48	8.48	2619	0.00	101492676748077999
926384	2	00378014701	INDOMETHACIN 50 MG CAPSULE	FARLEY, HARLICIA F	08/05/2010	JV	30	12.00	12.00	6100	0.00	00000185375690100010

74

CVS PHARMACY
PATIENT PRESCRIPTION RECORD
BETWEEN 04/01/2000 AND 03/20/2012
PHARMACY # 5552

PHARMACY NAME:
ADDRESS: 6160 WADE HAMPTON BLVD.
CITY, ST, ZIP: TAYLORS SC 29687

PATIENT KEY: 555216261
PATIENT NAME: DAWKINS JAMES
ADDRESS [redacted]
CITY, ST, ZIP: TAYLORS SC 29687

TELEPHONE: [redacted]
BIRTHDATE: [redacted]

RX NUMBER	REL	NDC NUMBER	DRUG DESCRIPTION	PRESCRIBER NAME	DATE FILLED	RPH INT	QUANT DISP.	TOTAL PRICE	PATIENT PD AMT	PAYER #	PAYER PD AMT	TP AUTHORIZATION #
926384	3	00378014701	INDOMETHACIN 50 MG CAPSULE	FARLEY, HARLICIA F	09/08/2010	LC	30	12.00	12.00	6100	0.00	00000190857604400010
926385	0	00143120101	COLCHICINE 0.6 MG TABLET WSW	FARLEY, HARLICIA F	03/01/2010	NF	30	16.09	14.46	2619	1.63	100603683128057999
948245	0	00069422030	VIAGRA 100 MG TABLET PFI	MITTAL, SUSHIL C	07/19/2010	HK	5	97.94	97.94	25915	0.00	30000248290810
948245	1	00069422030	VIAGRA 100 MG TABLET	MITTAL, SUSHIL C	08/11/2010	AT	5	97.94	97.94	25915	0.00	30000252342854
948245	2	00069422030	VIAGRA 100 MG TABLET	MITTAL, SUSHIL C	08/16/2010	CB	5	97.94	97.94	25915	0.00	30000253130499
948245	3	00069422030	VIAGRA 100 MG TABLET	MITTAL, SUSHIL C	09/02/2010	NH	5	97.94	97.94	25915	0.00	30000256755536
948245	4	00069422030	VIAGRA 100 MG TABLET	MITTAL, SUSHIL C	09/23/2010	CB	5	97.94	97.94	25915	0.00	30000260827331
948245	5	00069422030	VIAGRA 100 MG TABLET	MITTAL, SUSHIL C	09/27/2010	LC	5	97.94	97.94	25915	0.00	30000261501149
948246	0	00085193401	LEVITRA 20 MG TABLET SCH	MITTAL, SUSHIL C	07/19/2010	HK	5	90.07	90.07	25915	0.00	30000248290718
959638	0	00143120101	COLCHICINE 0.6 MG TABLET	TU, SONNY	09/24/2010	LC	3	3.04	2.89	6100	0.15	00000119858626800010
963564	0	00406035705	HYDROCODON-ACETAMINOPHEN 5-500	BELDER, JESSE T	10/18/2010	JV	18	3.52	3.52	6100	0.00	00000145610759800010

CVS PHARMACY
PATIENT PRESCRIPTION RECORD
BETWEEN 04/01/2000 AND 03/20/2012
PHARMACY # 5552

PHARMACY NAME:
ADDRESS: 6160 WADE HAMPTON BLVD.
CITY, ST, ZIP: TAYLORS SC 29687

PATIENT KEY: 555216261
PATIENT NAME: DAWKINS,JAMES
ADDRESS [redacted]
CITY, ST, ZIP: TAYLORS SC 29687

TELEPHONE: [redacted]
BIRTHDATE: [redacted]

SCRIPT COUNT: 589 TOTAL AMOUNT: 27405.36 TOTAL PATIENT PAID: 19592.07 TOTAL AGENCY PAID: 7813.29

78

75

#5

DAWKINS, JAMES - Greer Office
6/16/03: Chief complaint: Hypogonadism.

History of present illness: This patient returns for his testosterone injection and he states that he is doing well. He is not having any significant problems and he feels that the testosterone is giving beneficial results. I went through his records and I do not see a recent PSA level, the last being about 18 months ago.

Procedure: The patient was given Depo-Testosterone 400 mg IM into the left hip.

Impression: As above.

Plan: I will see the patient back in two weeks with a PSA level and plan to do a DRE at that time. CG:gti

DAWKINS, JAMES - Greer Office
6/30/03: Chief complaint: Hypogonadism.

History of present illness: This patient returns and is overall doing well. He has some chronic low back pain that does not seem urologically related. He has no prostatism symptoms. He did have a recent PSA that is normal at 1.0.

Physical examination: Today his DRE shows the prostate to be very high and somewhat difficult to feel, but it feels 20-25 grams or so in size and benign without induration.

Plan: The patient was given Depo-Testosterone 400 mg IM today in his right hip. He is to return in two weeks. CG:gti

DAWKINS, JAMES - Greer Office
7/14/03: Chief complaint: Hypogonadism.

History of present illness: This patient returns today and has no significant urologic problems. As noted on his last visit, he has a negative PSA. The patient has noted though some blood in his stool and he has had previously, maybe two years or so ago, a work-up with colonoscopy that was apparently negative. This was not bright red blood, but he did notice some blood in his stool.

Physical examination: DRE today shows no stool that I can check for a hemoccult type test.

Procedure: He was given 400 mg IM Depo-Testosterone today.

Plan: We did give him a pack of hemoccult to send back in and I will discuss this with him next time and make further plans for referral for work-up of this problem. He is to return in two weeks. CG:gti

#6

DAWKINS, James – Greer Office
11/14/03: Chief complaint and present illness: Hypogonadism. This patient returns today for Depo-Testosterone and he tells me that he is doing fine. He does have some sinus problems and long-time back problems. His back problems are worse during cold weather, but he is doing well overall. His blood pressure is essentially stable, although today his reading shows 152/80. We will continue to watch this.

Plan: He was given 400 mg of Depo-Testosterone in his left hip. He is to return in two weeks.
CMG/ss/mds

#7

Clinical Visit

PATIENT NAME: DAWKINS, JAMES L. DOB: [redacted] Sex: M SSN: [redacted]
VISIT DATE: 11/17/2003
PROVIDER:

LV 10-8-03
Wt 221
BP 140/80
Echo Cardiogram
Stress test/Echo 9-4-03
CPE 2-9-03

ACTIVE DIAGNOSIS:
- HEMORRHOIDS
- GOUTY ARTHRITIS/FEET
- Hypertension Essential Malignant
- Low Back Pain

MEDICATIONS:
- Norvasc 5.000 mgs:1.00 Tablet(s) Q Day
- Toprol-XL 100.000 mgs:1.00 Tablet(s) Q Day
- Avalide 150/12.5 MG :1.00 Tablet(s) Q Day
- Reverse-age :
- Reliv Now :
- Viagra 50.000 mgs:1.00 Tablet(s) as needed
- Levitra 10 Mg(s):1.00 Pill(s) PRN

ALLERGIES:
- No Known Drug Allergies :

SOCIAL HISTORY:
- No social history noted

FAMILY HISTORY:
- Family history not evaluated

11.17.03
Wt 223.5
BP 150/96
FBS 99

Pt here today for a f/u visit
Pt C/O pain in his lower back and his groin area, states this happens every once he hurt his back. about 20 years ago. Pt also stated after hunting his back the pain started in his lower back, down into his legs and his groin area. He also stated that when the weather changes he has problems with his back Pt would like a flu shot. Flu shot given in the left deltoid area

PE: Alert ox3
NAD
Lungs - clear
Heart - S1S2 S/M
Ext - SCCE
Neuro - grossly INTACT

A/P - HTN
Syndrome X
Chronic lower Back pain

Plan: Mobic 7.5 mg
Flexeril 10 mg B.I.D.
Nortab 5mg BID
F/u - 1 month

#8

SMITH CENTER FOR CARDIOVASCULAR WELLNESS

PATIENT NAME: DAWKINS, JAMES L. DOB: [redacted] Sex:M SSN [redacted]

ENCOUNTER TYPE: Visit on 01/08/2004
PROVIDER: DESMOND E.SMITH, M.D. FACP
45 CREEKVIEW COURT
GREENVILLE, SC 29615
(864)234-7474

CHIEF COMPLAINT(S):
The patient is here today for a follow-up, but has no new complaints.
HISTORY OF PRESENT ILLNESS:
Past medical history is listed in the patient's list of active diagnoses.

ALLERGIES:
No Known Drug Allergies :

PHYSICAL EXAMINATION:
VITAL SIGNS:
BP:140/88 Height:73 Inches Weight:231 Lbs; by ESSIE JENKINS, MA
FINDINGS NOT PRESENT ON EXAM:
General
(-) Obesity
Psychiatric
(-) Anxious
HEENT
(-) Abnl Pinna(s); (-) Abnl External Canal(s); (-) Abnl Tympanic Memb; (-) Abnl Nasal Septum; (-) Abnl Turbinates; (-) Nasal Polyp(s); (-) Nasal Cong Discharge; (-) Dental Carie(s); (-) Broken Teeth; (-) Gingivitis; (-) Mucosal Lesion(s); (-) Abnormal Tonsil(s); (-) Abnormal Thyroid; (-) Cervical Adenopathy; (-) Pharyngitis; (-) Abnl Ocular ROM; (-) Abnl PERLA; (-) Abnormal Sclera; (-) Abnormal Iris; (-) Abnormal Conjunctiva; (-) Abnormal Eyelid(s); (-) Abnormal Cornea(s)
Respiratory
(-) Abnl Chest Percussion; (-) Rales, Wet; (-) Rales, Dry; (-) Rhonchi; (-) Pleural Rub; (-) Wheezing; (-) Pectus Excavatum; (-) Pectus Carinatum
Cardiovascular
(-) Jugular Ven Distension; (-) Hepato Jugular Reflux; (-) Abnl Jugular Pulsation; (-) Abnl Carotid Pulse; (-) Carotid Bruit; (-) Distant Heart Sounds; (-) Displaced PMI; (-) SEM,LSB,NR; (-) Sig Systolic Murmur; (-) Diastolic Murmur; (-) S3; (-) S4; (-) Pedal Edema; (-) Abnl Upper Ext Pulse; (-) Abnl Lower Ext Pulse
Gastrointestinal
(-) Hyperact Bowel Sounds; (-) Hypoact Bowel Sounds; (-) Abdominal Fluid Wave; (-) Abnl Abdominal Veins; (-) Abdominal Hernia; (-) Inguinal Hernia; (-) Abdominal Scar; (-) Abdominal Mass; (-) Abdominal Rebound; (-) Abdominal Guarding; (-) Abdominal Tenderness; (-) Hepatomegaly; (-) Splenomegaly
Neurological
(-) Abnormal Mental Status

ACTIVE DIAGNOSIS:
HEMORRHOIDS
GOUTY ARTHRITIS/FEET
Hypertension Essential Malignant
Low Back Pain
RECOMMENDATIONS MADE TO PATIENT:
He is stable and doing well. His BP is better but still not at goal.
Followup Visit Recommended: 1 Month(s)
MEDICATIONS RECOMMENDED TO PATIENT:
Norvasc 5.000 mgs:1.00 Tablet(s) Q Day
Toprol-XL 100.000 mgs:1.00 Tablet(s) Q Day
Avalide 150/12.5 MG :1.00 Tablet(s) Q Day

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61

PATIENT NAME: DAWKINS, JAMES L. DOB: [redacted] Sex:M SSN: [redacted]

ENCOUNTER TYPE: Visit on 01/08/2004

Reverse-age :
Reliv Now :
Viagra 50.000 mgs:1.00 Tablet(s) as needed
Levitra 10 Mg(s):1.00 Pill(s) PRN
Mobic 7.500 mgs:1.00 Tablet(s) Q Day
Flexeril 10.000 mgs:1.00 Tablet(s) BID
Lortab 5.000 mgs:1.00 Tablet(s) BID

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CM

12

#9

SMITH CENTER FOR CARDIOVASCULAR WELLNESS

PATIENT NAME: DAWKINS, JAMES L. DOB: [redacted] Sex:M SSN: [redacted]

ENCOUNTER TYPE: Visit on 02/10/2004
PROVIDER: DESMOND E.SMITH, M.D. FACP
45 CREEKVIEW COURT
GREENVILLE, SC 29615
(864)234-7474

CHIEF COMPLAINT(S):

Patient is an established patient with the complaint of right knee pain.

HISTORY OF PRESENT ILLNESS:

Past medical history is remarkable for the following problems:

1) Stage 2 hypertension
2) Gouty arthritis
3) Erectile dysfunction
4) Anxiety disorder

The main concern today is his right knee pain.

MEDICATIONS:

Norvasc 5.000 mgs:1.00 Tablet(s) Q Day
Toprol-XL 100.000 mgs:1.00 Tablet(s) Q Day
Avalide 150/12.5 MG :1.00 Tablet(s) Q Day
Reverse-age :
Reliv Now :
Viagra 100.000 mgs:1.00 Tablet(s) as needed
Mobic 15.000 mgs:1.00 Tablet(s) Q Day
Flexeril 10.000 mgs:1.00 Tablet(s) BID
Lortab 5.000 mgs:1.00 Tablet(s) BID

ALLERGIES:

No Known Drug Allergies :

SOCIAL HISTORY:

Non-Smoker; Alcohol: None; Marital Status: Married; Safe Sex: Yes; Seat Belts: Yes; Smoke Detector: Yes; Carbon Monoxide Detector: Yes; Formal Education: High School; Adopted: No

FAMILY HISTORY:

Mother - Hypertension
Father - Hypertension
Sister(Alive) - Hypertension

REVIEW OF SYSTEMS:

General

Denies Alcohol, Heavy Use; Denies Chills or Fever; Denies Cold Intolerance; Denies Depression; Denies Heat Intolerance; Denies HIV Risks; Denies Loss of Appetite; Denies Memory Loss; Denies Transfusions

Psychiatric

Denies Compulsions; Denies Drug Use, Nonmedical; Denies Fatigue, Unexplained; Denies Hallucinations

Respiratory

Denies Cough; Denies Hemoptysis; Denies Sputum Production; Denies Wheezing

Cardiovascular

Denies Claudication; Denies Deep Venous Thromb; Denies Dizziness; Denies Dyspnea on Exertion; Denies Edema; Denies Frequent Palpitations; Denies Heart Murmur; Denies Nocturnal Dyspnea; Denies Orthopnea; Denies Presyncope; Denies Raynauds; Denies Severe Varicose Veins; Denies Significant Chest Pain; Denies Syncope; Denies Thrombophlebitis

Gastrointestinal

Denies Abdominal Pain; Denies Changing Bowel Habits; Denies Chronic Laxative Use; Denies Excessive Belching;

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PATIENT NAME: DAWKINS, JAMES L. DOB: [redacted] Sex:M SSN: [redacted]

ENCOUNTER TYPE: Visit on 02/10/2004

Denies Excessive Flatulence; Denies Frequent Diarrhea; Denies Frequent Dyspepsia; Denies Frequent Nausea; Denies Hematemesis; Denies Hemorrhoids; Denies Hepatitis; Denies Jaundice; Denies Lactose Intolerance; Denies Melena; Denies Rectal Bleeding; Denies Rectal Pain; Denies Significant Constipation; Denies Stool Caliber Change; Denies Umbilical Hernia; Denies Vomiting

Genitourinary

Denies Dysuria; Denies Erectile Dysfunction; Denies Fertility Problems; Denies Flank Pain; Denies Hematuria; Denies Incontinence; Denies Inguinal Hernia; Denies Kidney Stones; Denies Nocturia; Denies Penile Lesions; Denies Polyuria; Denies Pyuria; Denies Recurrent UTI; Denies Scrotal Mass; Denies Testicular Pain; Denies Urethral Discharge; Denies Urinary Urgency; Denies Venereal Diseases; Denies Weak Urinary Stream

Musculoskeletal

Denies Arthritis; Denies Bursitis; Denies Gout; Denies Joint Injury; C/O Joint Pain; Denies Joint Swelling; Denies Low Back Pain; Denies Mid Back Pain; Denies Myalgias; Denies Neck Pain; Denies Sciatica; Denies Scoliosis

Skin

Denies Acne; Denies Changing Moles; Denies Chronic Eczema; Denies Nail Abnormalities; Denies Other Rashes; Denies Pruritus; Denies Psoriasis; Denies Recurrent Boils; Denies Recurrent Hives

Hematological

Denies Anemia; Denies Bleeding Tendencies

Neurological

Denies Amaurosis Fugax; Denies Confusion; Denies Frequent Headaches; Denies Gait Abnormality; Denies Parathesias; Denies Seizures; Denies Significant Tremor; Denies Stroke; Denies Trans Ischemic Attack; Denies Vertigo

Endocrinological

Denies Weight Gain; Denies Weight Loss

PHYSICAL EXAMINATION:

FINDINGS NOT PRESENT ON EXAM:

General

(-) Disheveled; (-) Obesity

Psychiatric

(-) Anxious; (-) Flat Affect; (-) Tearful; (-) Hostile

HEENT

(-) Hair Loss; (-) Sinus Tend, Frontal; (-) Sinus Tend, Mastoid; (-) Sinus Tend, Maxillary; (-) Abnl Pinna(s); (-) Abnl External Canal(s); (-) Abnl Tympanic Memb; (-) Abnl Nasal Septum; (-) Abnl Turbinates; (-) Nasal Polyp(s); (-) Nasal Cong Discharge; (-) Dental Carie(s); (-) Broken Teeth; (-) Gingivitis; (-) Mucosal Lesion(s); (-) Abnormal Tonsil(s); (-) Abnormal Thyroid; (-) Cervical Adenopathy; (-) Pharyngitis; (-) Abnl Ocular ROM; (-) Abnl PERLA; (-) Abnormal Sclera; (-) Abnormal Iris; (-) Abnormal Conjunctiva; (-) Abnormal Eyelid(s); (-) Abnormal Cornea(s); (-) Abnormal Retina(s); (-) Abnormal Lens; (-) Abnormal Fundus

Respiratory

(-) Abnl Chest Percussion; (-) Rales, Wet; (-) Rales, Dry; (-) Rhonchi; (-) Pleural Rub; (-) Wheezing; (-) Pectus Excavatum; (-) Pectus Carinatum

Cardiovascular

(-) Jugular Ven Distension; (-) Hepato Jugular Reflux; (-) Abnl Jugular Pulsation; (-) Abnl Carotid Pulse; (-) Carotid Bruit; (-) Distant Heart Sounds; (-) Displaced PMI; (-) SEM,LSB,NR; (-) Sig Systolic Murmur; (-) Diastolic Murmur; (-) S3; (-) S4; (-) Pedal Edema; (-) Abnl Upper Ext Pulse; (-) Abnl Lower Ext Pulse

Gastrointestinal

(-) Hyperact Bowel Sounds; (-) Hypoact Bowel Sounds; (-) Abdominal Fluid Wave; (-) Abnl Abdominal Veins; (-) Abdominal Hernia; (-) Inguinal Hernia; (-) Abdominal Scar; (-) Abdominal Mass; (-) Abdominal Rebound; (-) Abdominal Guarding; (-) Abdominal Tenderness; (-) Hepatomegaly; (-) Splenomegaly; (-) Hemorrhoids; (-) Abnl Rectal Exam; (-) Abnormal Prostate; (-) Heme + Stool

Genitourinary

(-) Abnormal Breast(s); (-) Abnormal Testicle(s); (-) Abnormal Scrotum; (-) Abnormal Penis; (-) Urethral Discharge

PATIENT NAME: DAWKINS, JAMES L. DOB: [redacted] Sex:M SSN: [redacted]

ENCOUNTER TYPE: Visit on 02/10/2004

Musculoskeletal

(-) Abnl Spinal Curvature; (-) Spinal Tenderness; (-) Paraspinal Muscle Spasm; (+) Rt. knee Tenderness; (+) Rt. knee Swelling and Warmth; (-) Joint Erythema; (+) Rt. knee Decreased Joint ROM; (-) Dec Joint Stability; (-) Abnormal Bursa; (-) Abnormal Muscle; (-) Abnormal Tendon

Skin

(-) Acne; (-) Nevus(i), Suspicious; (-) Nevus(i), Nonsuspicious; (-) Solar Keratosis; (-) Seborrheic Dermatosis; (-) Eczema; (-) Macular Rash; (-) Papular Rash; (-) Skin Plaque(s); (-) Skin Nodules; (-) Pustular Rash; (-) Vesicular Rash; (-) Urticarial Rash; (-) Scaling Rash; (-) Crusting Rash; (-) Skin Erosion/Ulcer; (-) Skin Cyst(s); (-) Other Skin Rash

Neurological

(-) Abnormal Mental Status; (-) Abnl CN Nerve II to XII; (-) Abnl Motor Strength; (-) Unequal Reflexes; (-) Hyperreflexia; (-) Hyporeflexia; (-) Abnl Temperature Sense; (-) Abnl Vibration Sense; (-) Romberg's Sign; (-) Abnl Pinprick Sense; (-) Abnl 2 Point Descrim; (-) Romberg's Sign; (-) Abnl FTN or HTS; (-) Abnormal Gait; (-) Babinski's Sign

CHRONIC ACTIVE DIAGNOSIS:

HEMORRHOIDS
GOUTY ARTHRITIS/FEET
Hypertension Essential Malignant
Low Back Pain

ACUTE DIAGNOSIS:

Acute Gout of the right knee
Hypertension

RECOMMENDATIONS MADE TO PATIENT:

Check Your Blood Pressure And Call With The Results
CONTINUE CURRENT MEDICATIONS AND FOLLOW-UP WITH ME IN ONE MONTH
Dx and Tx options discussed. Risks, benefits, complications understood and accepted by patient. Patient was able to ask all questions and was asked to call for any problems.
Healthy gentleman with an acute episode of gout. I gave him a Decadron/Xylocaine injection.
Followup Visit Recommended: 2 Month(s)

MEDICATIONS RECOMMENDED TO PATIENT:

Norvasc 5.000 mgs:1.00 Tablet(s) Q Day
Toprol-XL 100.000 mgs:1.00 Tablet(s) Q Day
Avalide 150/12.5 MG :1.00 Tablet(s) Q Day
Reverse-age :
Reliv Now :
Viagra 100.000 mgs:1.00 Tablet(s) as needed
Levitra 10 Mg(s):1.00 Pill(s) PRN for 125 day(s)
Mobic 15.000 mgs:1.00 Tablet(s) Q Day
Flexeril 10.000 mgs:1.00 Tablet(s) BID
Lortab 5.000 mgs:1.00 Tablet(s) BID
Viagra 50.000 mgs:1.00 Tablet(s) as needed for 125 day(s)
Mobic 7.500 mgs:1.00 Tablet(s) Q Day for 84 day(s)

DESMOND E.SMITH, M.D. FACP

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#10

SMITH CENTER FOR CARDIOVASCULAR WELLNESS

PATIENT NAME: DAWKINS, JAMES L. DOB: [redacted] Sex:M SSN: [redacted]

ENCOUNTER TYPE: Visit on 03/31/2004
PROVIDER: DESMOND E. SMITH, M.D. FACP
45 CREEKVIEW COURT
GREENVILLE, SC 29615
(864)234-7474

CHIEF COMPLAINT(S):

Patient is here today to review recent test results with Dr. Smith. Patient states he has had no more problems from he knee but has had trouble with his blood pressure being too high since his last visit. Patient feels his blood pressure is up because his back has been hurting a lot with the changes in weather.

Patient requests a prescription for his gout medication.

HISTORY OF PRESENT ILLNESS:

No additional documentation available.

MEDICATIONS:

Norvasc 5.000 mgs:1.00 Tablet(s) Q Day
Toprol-XL 100.000 mgs:1.00 Tablet(s) Q Day
Avalide 150/12.5 MG :1.00 Tablet(s) Q Day
Reverse-age :
Reliv Now :
Viagra 100.000 mgs:1.00 Tablet(s) as needed
Mobic 15.000 mgs:1.00 Tablet(s) Q Day
Flexeril 10.000 mgs:1.00 Tablet(s) BID
Lortab 5.000 mgs:1.00 Tablet(s) BID
Indocin 50.000 mgs:1.00 Capsule(s) TID

ALLERGIES:

No Known Drug Allergies :

SOCIAL HISTORY:

Non-Smoker; Alcohol: None; Marital Status: Married; Safe Sex: Yes; Seat Belts: Yes; Smoke Detector: Yes; Carbon Monoxide Detector: Yes; Formal Education: High School; Adopted: No

FAMILY HISTORY:

Mother - Hypertension
Father - Hypertension
Sister(Alive) - Hypertension

REVIEW OF SYSTEMS:

No additional ros obtained

PHYSICAL EXAMINATION:

VITAL SIGNS:

BP:188/110 Weight:223 Lbs; by CAROL ANN BIRTCIL,MA

ACTIVE DIAGNOSIS:

HEMORRHOIDS
GOUTY ARTHRITIS/FEET
Hypertension Essential Malignant
Low Back Pain

RECOMMENDATIONS MADE TO PATIENT:

Aerobic Exercise 3-5 Times A Week
Check Your Blood Pressure And Call With The Results
Continue current medications and follow-up with me in one month.
Dx and Tx options discussed. Risks, benefits, complications understood and accepted by patient. Patient was able to ask all questions and was asked to call for any problems.
Failure To Follow Our Advice Could Seriously Harm You
Patient was given a low fat, carbohydrate diet - THE SMITH DIET.
I spent 1/2 hour with him and suggested that he stop eating fried foods and return here for a blood pressure check as soon as possible.

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PATIENT NAME: DAWKINS, JAMES L. DOB: [redacted] Sex: M SSN: [redacted]

ENCOUNTER TYPE: Visit on 03/31/2004

MEDICATIONS RECOMMENDED TO PATIENT:

Norvasc 5.000 mgs:1.00 Tablet(s) Q Day
Toprol-XL 100.000 mgs:1.00 Tablet(s) Q Day
Avalide 150/12.5 MG :1.00 Tablet(s) Q Day
Reverse-age :
Reliv Now :
Viagra 100.000 mgs:1.00 Tablet(s) as needed
Mobic 15.000 mgs:1.00 Tablet(s) Q Day
Flexeril 10.000 mgs:1.00 Tablet(s) BID
Lortab 5.000 mgs:1.00 Tablet(s) BID
Indocin 50.000 mgs:1.00 Capsule(s) TID

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QLL

5C

#11

SMITH CENTER FOR CARDIOVASCULAR WELLNESS

PATIENT NAME: DAWKINS, JAMES L. DOB: [redacted] Sex:M SSN: [redacted]

ENCOUNTER TYPE: Visit on 05/06/2004
PROVIDER: DESMOND E.SMITH, M.D. FACP
45 CREEKVIEW COURT
GREENVILLE, SC 29615
(864)234-7474

CHIEF COMPLAINT(S):

The patient is here today for a follow-up, but has no new complaints. Patient states that he has been doing a lot of walking, and drinking a lot of water. Patient stated that he is not under a lot of stress now and he made a lot of changes.

HISTORY OF PRESENT ILLNESS:

Past medical history is listed in the patient's list of active diagnoses.

MEDICATIONS:

NONE NOTED

ALLERGIES:

No Known Drug Allergies :

SOCIAL HISTORY:

Non-Smoker; Alcohol: None; Marital Status: Married; Safe Sex: Yes; Seat Belts: Yes; Smoke Detector: Yes; Carbon Monoxide Detector: Yes; Formal Education: High School; Adopted: No

FAMILY HISTORY:

Mother - Hypertension
Father - Hypertension
Sister(Alive) - Hypertension

REVIEW OF SYSTEMS:

No additional ros obtained

PHYSICAL EXAMINATION:

VITAL SIGNS:

BP:130/78 Weight:225 Lbs; by ESSIE JENKINS, MA

FINDINGS:

GA: Well developed, well nourished, not in any acute distress.

HEENT: Normocephalic without evidence for acute head trauma. PERRLA, EOM-full: Conjunctiva is pink without erythema. TMs-are clear of erythema, the light reflexes are preserved; the external auditory canal is without any debris, exudates or erythema; Neck is supple without restriction to passive range of motion; No neck vein distention; no thyroidmegaly; no carotid bruits; carotid pulsations are 2+ bilaterally.

LUNGS: Clear to auscultation and percussion, without any wheezing, rhonchi, or rales.

HEART: S1,S2 are normal, without S3,S4, murmurs, rubs, gallops or thrills.

ABDOMEN: Soft, non-tender, without any palpable masses or organomegaly.

NEURO: Alert, fully oriented, no motor or sensory deficits; Cerbellar function is intact bilaterally; Cranial nerves 2-12 are intact.

EXTREMITIES: No cyanosis, clubbing, or edema noted; all pulses are present and are 2+ bilaterally.

SKIN: No rashes, ulceration, enlarging moles or change in pigmentation.

ACTIVE DIAGNOSIS:

HEMORRHOIDS
GOUTY ARTHRITIS/FEET
Hypertension Essential Malignant
Low Back Pain

RECOMMENDATIONS MADE TO PATIENT:

Aerobic Exercise 3-5 Times A Week
Continue current medications and follow-up with me in one month.
Dx and Tx options discussed. Risks, benefits, complications understood and accepted by patient. Patient was able to ask all questions and was asked to call for any problems.
Patient is Stable and doing well.
Patient was given a low fat, carbohydrate diet - THE SMITH DIET.

MEDICATIONS RECOMMENDED TO PATIENT:

Norvasc 5.000 mgs:1.00 Tablet(s) Q Day

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PATIENT NAME: DAWKINS, JAMES L. DOB: [redacted] Sex:M SSN [redacted]

ENCOUNTER TYPE: Visit on 05/06/2004

Toprol-XL 100.000 mgs:1.00 Tablet(s) Q Day
Avalide 150/12.5 MG :1.00 Tablet(s) Q Day
Reverse-age :
Reliv Now :
Mobic 15.000 mgs:1.00 Tablet(s) Q Day
Flexeril 10.000 mgs:1.00 Tablet(s) BID
Lortab 5.000 mgs:1.00 Tablet(s) BID
Indocin 50.000 mgs:1.00 Capsule(s) TID
Serax 15.000 mgs:1.00 Capsule(s) Q HS
Cialis 20 Mg(s):1.00 Pill(s) as needed

PRESCRIPTIONS GIVEN PATIENT:

Prescription for :Serax 15.000 mgs: 1.00 Capsule(s) Q HS Disp:30 Ref:2
Prescription for :Cialis 20 Mg(s): 1.00 Pill(s) as needed Disp:10 Ref:2

DESMOND E.SMITH, M.D. FACP

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#12

SMITH CENTER FOR CARDIOVASCULAR WELLNESS

PATIENT NAME: DAWKINS, JAMES L. DOB [redacted] Sex:M SSN [redacted]

ENCOUNTER TYPE: Visit on 06/17/2004
PROVIDER: DESMOND E.SMITH, M.D. FACP
45 CREEKVIEW COURT
GREENVILLE, SC 29615
(864)234-7474

CHIEF COMPLAINT(S):

Patient is here today as a call-in / walk -in. The patient has the following complaints/concerns:Gout in his left knee. pain started two days ago and has gotten worse since. Patient went to Allan Bennett ER last night due to the pain, they administered Morphine and Phenergan.

HISTORY OF PRESENT ILLNESS:

No additional documentation available.

MEDICATIONS:

Norvasc 5.000 mgs:1.00 Tablet(s) Q Day
Toprol-XL 100.000 mgs:1.00 Tablet(s) Q Day
Avalide 150/12.5 MG :1.00 Tablet(s) Q Day
Reverse-age :
Reliv Now :
Mobic 15.000 mgs:1.00 Tablet(s) Q Day
Flexeril 10.000 mgs:1.00 Tablet(s) BID
Lortab 5.000 mgs:1.00 Tablet(s) BID
Indocin 50.000 mgs:1.00 Capsule(s) TID
Serax 15.000 mgs:1.00 Capsule(s) Q HS
Cialis 20 Mg(s):1.00 Pill(s) as needed

ALLERGIES:

No Known Drug Allergies :

SOCIAL HISTORY:

Non-Smoker; Alcohol: None; Marital Status: Married; Safe Sex: Yes; Seat Belts: Yes; Smoke Detector: Yes; Carbon Monoxide Detector: Yes; Formal Education: High School; Adopted: No

FAMILY HISTORY:

Mother - Hypertension
Father - Hypertension
Sister(Alive) - Hypertension

REVIEW OF SYSTEMS:

No additional ros obtained

PHYSICAL EXAMINATION:

VITAL SIGNS:

BP:192/104 Weight:225 Lbs; by CAROL ANN BIRTCIL,MA

ACTIVE DIAGNOSIS:

HEMORRHOIDS
GOUTY ARTHRITIS/FEET
Hypertension Essential Malignant
Low Back Pain

MEDICATIONS RECOMMENDED TO PATIENT:

Norvasc 5.000 mgs:1.00 Tablet(s) Q Day
Toprol-XL 100.000 mgs:1.00 Tablet(s) Q Day
Avalide 150/12.5 MG :1.00 Tablet(s) Q Day.
Reverse-age :
Reliv Now :
Mobic 15.000 mgs:1.00 Tablet(s) Q Day
Flexeril 10.000 mgs:1.00 Tablet(s) BID
Lortab 5.000 mgs:1.00 Tablet(s) BID
Indocin 50.000 mgs:1.00 Capsule(s) TID
Serax 15.000 mgs:1.00 Capsule(s) Q HS

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aa

51

PATIENT NAME: DAWKINS, JAMES L. DOB: [redacted] Sex:M SSN: [redacted]

ENCOUNTER TYPE: Visit on 06/17/2004

Cialis 20 Mg(s):1.00 Pill(s) as needed

Colchicine 0.500 mgs:1.00 Tablet(s) BID X 1 week

PRESCRIPTIONS GIVEN PATIENT:

Prescription for :Colchicine 0.500 mgs: 1.00 Tablet(s) BID X 1 week Disp:60 Re

DESMOND E.SMITH, M.D. FACP

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#13

SMITH CENTER FOR CARDIOVASCULAR WELLNESS

PATIENT NAME: DAWKINS, JAMES L. DOB: [redacted] Sex:M SSN [redacted]

ENCOUNTER TYPE: Visit on 07/20/2004
PROVIDER: DESMOND E.SMITH, M.D. FACP
45 CREEKVIEW COURT
GREENVILLE, SC 29615
(864)234-7474

CHIEF COMPLAINT(S):

The patient is here today for a follow-up, but has no new complaints. Patient states that he is walking four miles every morning.

HISTORY OF PRESENT ILLNESS:

Past medical history is listed in the patient's list of active diagnoses.

MEDICATIONS:

NONE NOTED

ALLERGIES:

No Known Drug Allergies :

SOCIAL HISTORY:

Non-Smoker; Alcohol: None; Marital Status: Married; Safe Sex: Yes; Seat Belts: Yes; Smoke Detector: Yes; Carbon Monoxide Detector: Yes; Formal Education: High School; Adopted: No

FAMILY HISTORY:

Mother - Hypertension
Father - Hypertension
Sister(Alive) - Hypertension

REVIEW OF SYSTEMS:

No additional ros obtained

PHYSICAL EXAMINATION:

VITAL SIGNS:

BP:144/90 Weight:215 Lbs; by ESSIE JENKINS, MA

FINDINGS:

GA: Well developed, well nourished, not in any acute distress.

HEENT: Normocephalic without evidence for acute head trauma. PERRLA, EOM-full: Conjunctiva is pink without erythema. TMs-are clear of erythema, the light reflexes are preserved; the external auditory canal is without any debris, exudates or erythema; Neck is supple without restriction to passive range of motion; No neck vein distention; no thyroidmegaly; no carotid bruits; carotid pulsations are 2+ bilaterally.

LUNGS: Clear to auscultation and percussion, without any wheezing, rhonchi, or rales.

HEART: S1,S2 are normal, without S3,S4, murmurs, rubs, gallops or thrills.

ABDOMEN: Soft, non-tender, without any palpable masses or organomegaly.

NEURO: Alert, fully oriented, no motor or sensory deficits; Cerbellar function is intact bilaterally; Cranial nerves 2-12 are intact.

EXTREMITIES: No cyanosis, clubbing, or edema noted; all pulses are present and are 2+ bilaterally.

SKIN: No rashes, ulceration, enlarging moles or change in pigmentation.

ACTIVE DIAGNOSIS:

HEMORRHOIDS
GOUTY ARTHRITIS/FEET
Hypertension Essential Malignant
Low Back Pain

RECOMMENDATIONS MADE TO PATIENT:

Aerobic Exercise 3-5 Times A Week
Continue current medications and follow-up with me in one month.
Dx and Tx options discussed. Risks, benefits, complications understood and accepted by patient. Patient was able to ask all questions and was asked to call for any problems.
Patient is Stable and doing well.
Patient was given a low fat, carbohydrate diet - THE SMITH DIET.
Followup Visit Recommended: 2 Month(s)

MEDICATIONS RECOMMENDED TO PATIENT:

Norvasc 5.000 mgs:1.00 Tablet(s) Q Day

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PATIENT NAME: DAWKINS, JAMES L. DOB: [redacted] Sex: M SSN [redacted]

ENCOUNTER TYPE: Visit on 07/20/2004

Toprol-XL 100.000 mgs:1.00 Tablet(s) Q Day
Avalide 150/12.5 MG :1.00 Tablet(s) Q Day
Reverse-age :
Reliv Now :
Mobic 15.000 mgs:1.00 Tablet(s) Q Day
Flexeril 10.000 mgs:1.00 Tablet(s) BID
Lortab 5.000 mgs:1.00 Tablet(s) BID
Indocin 50.000 mgs:1.00 Capsule(s) TID
Serax 15.000 mgs:1.00 Capsule(s) Q HS
Cialis 20 Mg(s):1.00 Pill(s) as needed
Colchicine 0.500 mgs:1.00 Tablet(s) BID X 1 week

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#14

SMITH CENTER FOR CARDIOVASCULAR WELLNESS

PATIENT NAME: DAWKINS, JAMES L. DOB: [redacted] Sex:M SSN: [redacted]

ENCOUNTER TYPE: Visit on 09/15/2004
PROVIDER: DESMOND E.SMITH, M.D. FACP
45 CREEKVIEW COURT
GREENVILLE, SC 29615
(864)234-7474

CHIEF COMPLAINT(S):

The patient is here today for a follow-up, but has no new complaints. Patient is here today complaining of lower back pains. Patient is requesting pain medication for his lower back pain. He states that Lortab does nothing for him.

HISTORY OF PRESENT ILLNESS:

Past medical history is listed in the patient's list of active diagnoses.

MEDICATIONS:

Norvasc 5.000 mgs:1.00 Tablet(s) Q Day
Toprol-XL 100.000 mgs:1.00 Tablet(s) Q Day
Avalide 150/12.5 MG :1.00 Tablet(s) Q Day
Reverse-age :
Reliv Now :
Mobic 15.000 mgs:1.00 Tablet(s) Q Day
Flexeril 10.000 mgs:1.00 Tablet(s) BID
Lortab 5.000 mgs:1.00 Tablet(s) BID
Indocin 50.000 mgs:1.00 Capsule(s) TID
Serax 15.000 mgs:1.00 Capsule(s) Q HS
Cialis 20 Mg(s):1.00 Pill(s) as needed
Colchicine 0.500 mgs:1.00 Tablet(s) BID X 1 week

ALLERGIES:

No Known Drug Allergies :

SOCIAL HISTORY:

Non-Smoker; Alcohol: None; Marital Status: Married; Safe Sex: Yes; Seat Belts: Yes; Smoke Detector: Yes; Carbon Monoxide Detector: Yes; Formal Education: High School; Adopted: No

FAMILY HISTORY:

Mother - Hypertension
Father - Hypertension
Sister(Alive) - Hypertension

REVIEW OF SYSTEMS:

No additional ros obtained

PHYSICAL EXAMINATION:

VITAL SIGNS:

BP:130/76 Weight:209 Lbs; by BELINDA NALLS, MA

FINDINGS:

GA: Well developed, well nourished, not in any acute distress.
HEENT: Normocephalic without evidence for acute head trauma. PERRLA, EOM-full: Conjunctiva is pink without erythema. TMs-are clear of erythema, the light reflexes are preserved; the external auditory canal is without any debris, exudates or erythema; Neck is supple without restriction to passive range of motion; No neck vein distention; no thyroidmegaly; no carotid bruits; carotid pulsations are 2+ bilaterally.
LUNGS: Clear to auscultation and percussion, without any wheezing, rhonchi, or rales.
HEART: S1,S2 are normal, without S3,S4, murmurs, rubs, gallops or thrills.
ABDOMEN: Soft, non-tender, without any palpable masses or organomegaly.
NEURO: Alert, fully oriented, no motor or sensory deficits; Cerbellar function is intact bilaterally; Cranial nerves 2-12 are intact.
EXTREMITIES: No cyanosis, clubbing, or edema noted; all pulses are present and are 2+ bilaterally.
SKIN: No rashes, ulceration, enlarging moles or change in pigmentation.

ACTIVE DIAGNOSIS:

HEMORRHOIDS
GOUTY ARTHRITIS/FEET

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47

PATIENT NAME: DAWKINS, JAMES L. DOB [redacted] Sex:M SSN [redacted]

ENCOUNTER TYPE: Visit on 09/15/2004

Hypertension Essential Malignant
Low Back Pain

PROCEDURES RECOMMENDED TO PATIENT:
X-RAY, Lumbar Spine 2V by SMITH CENTER-ICAVL CERIFIED on 09/15/2004

RECOMMENDATIONS MADE TO PATIENT:
Patient has a long history of back pain. In fact, he received a total disability status and payment from the Social Security administration for 15 years. He is better, but continues to have flare ups. Lortab does not seem to help.
Aerobic Exercise 3-5 Times A Week
Check Your Blood Pressure And Call With The Results
Continue current medications and follow-up with me in one month.
Patient is Stable and doing well.
Patient was given a low fat, carbohydrate diet - THE SMITH DIET.
Followup Visit Recommended: 2 Month(s)

MEDICATIONS RECOMMENDED TO PATIENT:
Norvasc 5.000 mgs:1.00 Tablet(s) Q Day
Toprol-XL 100.000 mgs:1.00 Tablet(s) Q Day
Avalide 150/12.5 MG :1.00 Tablet(s) Q Day
Reverse-age :
Reliv Now :
Mobic 15.000 mgs:1.00 Tablet(s) Q Day
Flexeril 10.000 mgs:1.00 Tablet(s) BID
Lortab 10.000 mgs:1.00 Tablet(s) BID
Indocin 50.000 mgs:1.00 Capsule(s) TID
Serax 15.000 mgs:1.00 Capsule(s) Q HS
Cialis 20 Mg(s):1.00 Pill(s) as needed
Colchicine 0.500 mgs:1.00 Tablet(s) BID X 1 week

PRESCRIPTIONS GIVEN PATIENT:
Prescription for :Lortab 10.000 mgs: 1.00 Tablet(s) BID Disp:60 Ref:2
Prescription for :Lortab 10.000 mgs: 1.00 Tablet(s) BID Disp:60 Ref:2

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#15

SMITH CENTER FOR CARDIOVASCULAR WELLNESS, P.A.
Creekview Professional Park
45 Creekview Court Greenville, S.C. 29615
Phone (864) 234-7474 Fax (864) 234-8836

X-RAY EXAMINATION REQUEST

Patient Name Dawkins, James L **Date** 9-15-04

Social Security Number [redacted] **X-Ray ID#** 6252

X-Ray Exam(s) Ordered LS Spine 2v **Tech ID** CAB

Clinical History _____

Interpretation Normal except for sclerosis of the facet joints at L5-S1 & L4

Desmond E. Smith, M.D.

9/15/04
Date

DES/jpb 03/03/04

#16

SMITH CENTER FOR CARDIOVASCULAR WELLNESS

PATIENT NAME: DAWKINS, JAMES L. DOB: [redacted] Sex:M SSN [redacted]

ENCOUNTER TYPE: Visit on 10/04/2004
PROVIDER: DESMOND E.SMITH, M.D. FACP
45 CREEKVIEW COURT
GREENVILLE, SC 29615
(864)234-7474

CHIEF COMPLAINT(S):

Patient is here today as a call-in / walk -in. The patient has the following complaints/concerns: Patient started an attack of gout on Friday. His discomfort is primarily in his left knee at this time. Patient states he did not sleep at all last night because of the pain. Patient also only takes his Colchicine if he feels like an attack is coming on.

HISTORY OF PRESENT ILLNESS:

No additional documentation available.

MEDICATIONS:

Norvasc 5.000 mgs:1.00 Tablet(s) Q Day
Toprol-XL 100.000 mgs:1.00 Tablet(s) Q Day
Avalide 150/12.5 MG :1.00 Tablet(s) Q Day
Reverse-age :
Reliv Now :
Mobic 15.000 mgs:1.00 Tablet(s) Q Day
Flexeril 10.000 mgs:1.00 Tablet(s) BID
Lortab 10.000 mgs:1.00 Tablet(s) BID
Indocin 50.000 mgs:1.00 Capsule(s) TID
Serax 15.000 mgs:1.00 Capsule(s) Q HS
Cialis 20 Mg(s):1.00 Pill(s) as needed
Colchicine 0.600 mgs:1.00 Tablet(s) BID

ALLERGIES:

No Known Drug Allergies :

SOCIAL HISTORY:

Non-Smoker; Alcohol: None; Marital Status: Married; Safe Sex: Yes; Seat Belts: Yes; Smoke Detector: Yes; Carbon Monoxide Detector: Yes; Formal Education: High School; Adopted: No

FAMILY HISTORY:

Mother - Hypertension
Father - Hypertension
Sister(Alive) - Hypertension

REVIEW OF SYSTEMS:

No additional ros obtained

PHYSICAL EXAMINATION:

VITAL SIGNS:

BP:150/94 Weight:205 Lbs; by CAROL ANN BIRTCIL,MA

ACTIVE DIAGNOSIS:

HEMORRHOIDS
GOUTY ARTHRITIS/FEET
Hypertension Essential Malignant
Low Back Pain

RECOMMENDATIONS MADE TO PATIENT:

Left knee pain is most likely Gouty arthritis. I gave him an injection of steroid and asked him to return in two days, if he is not better.
Aerobic Exercise 3-5 Times A Week
Dx and Tx options discussed. Risks, benefits, complications understood and accepted by patient. Patient was able to ask all questions and was asked to call for any problems.
Patient is Stable and doing well.
Patient was given a low fat, carbohydrate diet - THE SMITH DIET.

MEDICATIONS RECOMMENDED TO PATIENT:

Norvasc 5.000 mgs:1.00 Tablet(s) Q Day

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PATIENT NAME: DAWKINS, JAMES L. DOB: [redacted] Sex:M SSN: [redacted]

ENCOUNTER TYPE: Visit on 10/04/2004

Toprol-XL 100.000 mgs:1.00 Tablet(s) Q Day
Avalide 150/12.5 MG :1.00 Tablet(s) Q Day
Reverse-age :
Reliv Now :
Mobic 15.000 mgs:1.00 Tablet(s) Q Day
Flexeril 10.000 mgs:1.00 Tablet(s) BID
Lortab 10.000 mgs:1.00 Tablet(s) BID
Indocin 50.000 mgs:1.00 Capsule(s) TID
Serax 15.000 mgs:1.00 Capsule(s) Q HS
Cialis 20 Mg(s):1.00 Pill(s) as needed
Colchicine 0.600 mgs:1.00 Tablet(s) BID

PRESCRIPTIONS GIVEN PATIENT:

Prescription for :Colchicine 0.600 mgs: 1.00 Tablet(s) BID Disp:60 Ref:2

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#17

SMITH CENTER FOR CARDIOVASCULAR WELLNESS

PATIENT NAME: DAWKINS, JAMES L. DOB: [redacted] Sex:M SSN: [redacted]

ENCOUNTER TYPE: Visit on 11/15/2004
PROVIDER: DESMOND E.SMITH, M.D. FACP
45 CREEKVIEW COURT
GREENVILLE, SC 29615
(864)234-7474

CHIEF COMPLAINT(S):

The patient is here today for a follow-up. Patient states that his right ear has been aching for the last couple of weeks. He also states that he has pain in his left side at times.

HISTORY OF PRESENT ILLNESS:

Past medical history is listed in the patient's list of active diagnoses.

MEDICATIONS:

Norvasc 5.000 mgs:1.00 Tablet(s) Q Day
Toprol-XL 100.000 mgs:1.00 Tablet(s) Q Day
Avalide 150/12.5 MG :1.00 Tablet(s) Q Day
Reverse-age :
Reliv Now :
Mobic 15.000 mgs:1.00 Tablet(s) Q Day
Flexeril 10.000 mgs:1.00 Tablet(s) BID
Lortab 10.000 mgs:1.00 Tablet(s) BID
Indocin 50.000 mgs:1.00 Capsule(s) TID
Serax 15.000 mgs:1.00 Capsule(s) Q HS
Cialis 20 Mg(s):1.00 Pill(s) as needed
Colchicine 0.600 mgs:1.00 Tablet(s) BID

ALLERGIES:

No Known Drug Allergies :

SOCIAL HISTORY:

Non-Smoker; Alcohol: None; Marital Status: Married; Safe Sex: Yes; Seat Belts: Yes; Smoke Detector: Yes; Carbon Monoxide Detector: Yes; Formal Education: High School; Adopted: No

FAMILY HISTORY:

Mother - Hypertension
Sister(Alive) - Hypertension
Father(Deceased) - Coronary Artery Disease, onset decade:6

REVIEW OF SYSTEMS:

No additional ros obtained

PHYSICAL EXAMINATION:

VITAL SIGNS:

BP:136/86 Weight:205 Lbs; by ESSIE JENKINS, MA

FINDINGS:

GA: Well developed, well nourished, not in any acute distress.
HEENT: Normocephalic without evidence for acute head trauma. PERRLA, EOM-full: Conjunctiva is pink without erythema. Left TM-are clear of erythema, the Right TM is not visible. There is blood in the canal.
the light reflexes are preserved; the external auditory canal is without any debris, exudates or erythema;
Neck is supple without restriction to passive range of motion; No
neck vein distention; no thyroidmegaly; no carotid bruits; carotid pulsations are 2+ bilaterally.
LUNGS: Clear to auscultation and percussion, without any wheezing, rhonchi, or rales.
HEART: S1,S2 are normal, without S3,S4, murmurs, rubs, gallops or thrills.
ABDOMEN: Soft, non-tender, without any palpable masses or organomegaly.
NEURO: Alert, fully oriented, no motor or sensory deficits; Cerbellar function is intact bilaterally;
Cranial nerves 2-12 are intact.
EXTREMITIES: No cyanosis, clubbing, or edema noted; all pulses are present and are 2+ bilaterally.
SKIN: No rashes, ulceration, enlarging moles or change in pigmentation.

ACTIVE DIAGNOSIS:

HEMORRHOIDS

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PATIENT NAME: DAWKINS, JAMES L. DOB: [redacted] Sex: M SSN: [redacted]

ENCOUNTER TYPE: Visit on 11/15/2004

GOUTY ARTHRITIS/FEET
Hypertension Essential Malignant
Low Back Pain

PROCEDURES RECOMMENDED TO PATIENT:
ECHOCARDIOGRAM REPORT by SMITH CENTER-ICAVL CERIFIED on 11/15/2004

BLOOD TESTS RECOMMENDED TO PATIENT:
BMP & CBC & LIPID & URIC ACID by Quest Diagnostics Incorporated on 11/15/2004

RECOMMENDATIONS MADE TO PATIENT:
Aerobic Exercise 3-5 Times A Week
Continue current medications and follow-up with me in one month.
Dx and Tx options discussed. Risks, benefits, complications understood and accepted by patient. Patient was able to ask all questions and was asked to call for any problems.
Patient is Stable and doing well.

MEDICATIONS RECOMMENDED TO PATIENT:
Norvasc 5.000 mgs:1.00 Tablet(s) Q Day
Toprol-XL 100.000 mgs:1.00 Tablet(s) Q Day
Avalide 150/12.5 MG :1.00 Tablet(s) Q Day
Reverse-age :
Reliv Now :
Mobic 15.000 mgs:1.00 Tablet(s) Q Day
Flexeril 10.000 mgs:1.00 Tablet(s) BID
Lortab 10.000 mgs:1.00 Tablet(s) BID
Indocin 50.000 mgs:1.00 Capsule(s) TID
Serax 15.000 mgs:1.00 Capsule(s) Q HS
Cialis 20 Mg(s):1.00 Pill(s) as needed
Colchicine 0.600 mgs:1.00 Tablet(s) BID

PRESCRIPTIONS GIVEN PATIENT:
Prescription for :Indocin 50.000 mgs: 1.00 Capsule(s) TID Disp:90 Ref:2
Prescription for :Serax 15.000 mgs: 1.00 Capsule(s) Q HS Disp:30 Ref:2
Prescription for :Norvasc 5.000 mgs: 1.00 Tablet(s) Q Day Disp:30 Ref:2
Prescription for :Toprol-XL 100.000 mgs: 1.00 Tablet(s) Q Day Disp:30 Ref:2
Prescription for :Avalide 150/12.5 MG : 1.00 Tablet(s) Q Day Disp:30 Ref:2
Corticosporin ear drops TID (3 drops).

DESMOND E.SMITH, M.D. FACP

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#18

SMITH CENTER FOR CARDIOVASCULAR WELLNESS

PATIENT NAME: DAWKINS, JAMES L. DOB: [redacted] Sex:M SSN: [redacted]

ENCOUNTER TYPE: Visit on 12/14/2004
PROVIDER: DESMOND E.SMITH, M.D. FACP
45 CREEKVIEW COURT
GREENVILLE, SC 29615
(864)234-7474

CHIEF COMPLAINT(S):
Patient is here today to review recent test results with Dr. Smith.

HISTORY OF PRESENT ILLNESS:
No additional documentation available.

MEDICATIONS:
Norvasc 5.000 mgs:1.00 Tablet(s) Q Day
Toprol-XL 100.000 mgs:1.00 Tablet(s) Q Day
Avalide 150/12.5 MG :1.00 Tablet(s) Q Day
Reverse-age :
Reliv Now :
Mobic 15.000 mgs:1.00 Tablet(s) Q Day
Flexeril 10.000 mgs:1.00 Tablet(s) BID
Lortab 10.000 mgs:1.00 Tablet(s) BID
Indocin 50.000 mgs:1.00 Capsule(s) TID
Serax 15.000 mgs:1.00 Capsule(s) Q HS
Cialis 20 Mg(s):1.00 Pill(s) as needed
Colchicine 0.600 mgs:1.00 Tablet(s) BID
Cortisporin TC Otic Susp :3 Drop(s) Q 8 Hrs

ALLERGIES:
No Known Drug Allergies :

SOCIAL HISTORY:
Non-Smoker; Alcohol: None; Marital Status: Married; Safe Sex: Yes; Seat Belts: Yes; Smoke Detector: Yes; Carbon Monoxide Detector: Yes; Formal Education: High School; Adopted: No

FAMILY HISTORY:
Mother - Hypertension
Sister(Alive) - Hypertension
Father(Deceased) - Coronary Artery Disease, onset decade:6

REVIEW OF SYSTEMS:
No additional ros obtained

PHYSICAL EXAMINATION:
No Physical Exam Noted

ACTIVE DIAGNOSIS:
HEMORRHOIDS
GOUTY ARTHRITIS/FEET
Hypertension Essential Malignant
Low Back Pain

RECOMMENDATIONS MADE TO PATIENT:
All studies were reviewed and abnormalities were clearly described to the patient.

MEDICATIONS RECOMMENDED TO PATIENT:
Norvasc 5.000 mgs:1.00 Tablet(s) Q Day
Toprol-XL 100.000 mgs:1.00 Tablet(s) Q Day
Avalide 150/12.5 MG :1.00 Tablet(s) Q Day
Reverse-age :
Reliv Now :
Mobic 15.000 mgs:1.00 Tablet(s) Q Day
Flexeril 10.000 mgs:1.00 Tablet(s) BID
Lortab 10.000 mgs:1.00 Tablet(s) BID
Indocin 50.000 mgs:1.00 Capsule(s) TID

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41

PATIENT NAME: DAWKINS, JAMES L. DOB: [redacted] Sex:M SSN: [redacted]

ENCOUNTER TYPE: Visit on 12/14/2004

Serax 15.000 mgs:1.00 Capsule(s) Q HS
Cialis 20 Mg(s):1.00 Pill(s) as needed
Colchicine 0.600 mgs:1.00 Tablet(s) BID
Cortisporin TC Otic Susp :3 Drop(s) Q 8 Hrs

DESMOND E.SMITH, M.D. FACP

Clinical Practice Facilitator, Copyright 1998-2001

#19

SMITH CENTER FOR CARDIOVASCULAR WELLNESS

PATIENT NAME: DAWKINS, JAMES L. DOB: [redacted] Sex:M SSN [redacted]

ENCOUNTER TYPE: Visit on 01/14/2005
PROVIDER: DESMOND E.SMITH, M.D. FACP
45 CREEKVIEW COURT
GREENVILLE, SC 29615
(864)234-7474

CHIEF COMPLAINT(S):

The patient is here today for a follow-up, but has no new complaints.

HISTORY OF PRESENT ILLNESS:

Past medical history is listed in the patient's list of active diagnoses.

MEDICATIONS:

Norvasc 5.000 mgs:1.00 Tablet(s) Q Day
Toprol-XL 100.000 mgs:1.00 Tablet(s) Q Day
Avalide 150/12.5 MG :1.00 Tablet(s) Q Day
Reverse-age :
Reliv Now :
Mobic 15.000 mgs:1.00 Tablet(s) Q Day
Flexeril 10.000 mgs:1.00 Tablet(s) BID
Lortab 10.000 mgs:1.00 Tablet(s) BID
Indocin 50.000 mgs:1.00 Capsule(s) TID
Serax 15.000 mgs:1.00 Capsule(s) Q HS
Cialis 20 Mg(s):1.00 Pill(s) as needed
Colchicine 0.600 mgs:1.00 Tablet(s) BID
Cortisporin TC Otic Susp :3 Drop(s) Q 8 Hrs

ALLERGIES:

No Known Drug Allergies :

SOCIAL HISTORY:

Non-Smoker; Alcohol: None; Marital Status: Married; Safe Sex: Yes; Seat Belts: Yes; Smoke Detector: Yes; Carbon Monoxide Detector: Yes; Formal Education: High School; Adopted: No

FAMILY HISTORY:

Mother - Hypertension
Sister(Alive) - Hypertension
Father(Deceased) - Coronary Artery Disease, onset decade:6

REVIEW OF SYSTEMS:

No additional ros obtained

PHYSICAL EXAMINATION:

VITAL SIGNS:

BP:142/90 Weight:207 Lbs; by CAROL ANN BIRTCIL,MA

FINDINGS:

GA: Well developed, well nourished, not in any acute distress.
HEENT: Normocephalic without evidence for acute head trauma. PERRLA, EOM-full: Conjunctiva is pink without erythema. TMs-are clear of erythema, the light reflexes are preserved; the external auditory canal is without any debris, exudates or erythema; Neck is supple without restriction to passive range of motion; No neck vein distention; no thyroidmegaly; no carotid bruits; carotid pulsations are 2+ bilaterally.
LUNGS: Clear to auscultation and percussion, without any wheezing, rhonchi, or rales.
HEART: S1,S2 are normal, without S3,S4, murmurs, rubs, gallops or thrills.
ABDOMEN: Soft, non-tender, without any palpable masses or organomegaly.
NEURO: Alert, fully oriented, no motor or sensory deficits; Cerbellar function is intact bilaterally; Cranial nerves 2-12 are intact.
EXTREMITIES: No cyanosis, clubbing, or edema noted; all pulses are present and are 2+ bilaterally.
SKIN: No rashes, ulceration, enlarging moles or change in pigmentation.

ACTIVE DIAGNOSIS:

HEMORRHOIDS
GOUTY ARTHRITIS/FEET

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PATIENT NAME: DAWKINS, JAMES L. DOB: [redacted] Sex: M SSN [redacted]

ENCOUNTER TYPE: Visit on 01/14/2005

Hypertension Essential Malignant

Low Back Pain

RECOMMENDATIONS MADE TO PATIENT:

Aerobic Exercise 3-5 Times A Week

Continue current medications and follow-up with me in one month.

CPE next visit

Dx and Tx options discussed. Risks, benefits, complications understood and accepted by patient. Patient was able to ask all questions and was asked to call for any problems.

Patient was given a low fat, carbohydrate diet - THE SMITH DIET.

MEDICATIONS RECOMMENDED TO PATIENT:

Norvasc 5.000 mgs:1.00 Tablet(s) Q Day

Toprol-XL 100.000 mgs:1.00 Tablet(s) Q Day

Reverse-age :

Reliv Now :

Mobic 15.000 mgs:1.00 Tablet(s) Q Day

Flexeril 10.000 mgs:1.00 Tablet(s) BID

Lortab 10.000 mgs:1.00 Tablet(s) BID

Serax 15.000 mgs:1.00 Capsule(s) Q HS

Cialis 20 Mg(s):1.00 Pill(s) as needed

Colchicine 0.600 mgs:1.00 Tablet(s) BID

Cortisporin TC Otic Susp :3 Drop(s) Q 8 Hrs

Avalide 300.000 mgs:1.00 Tablet(s) Q Day

DESMOND E.SMITH, M.D. FACP

40

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#20

TESTOSTERONE SHOTS

NAME James Dawkins SS# [redacted]

MEDICATIONS

SYMPTOMS: Poor erections, weakness, lethargy, malaise, and decreasing libido and stamina.

PHYSICAL EXAM:
ABDOMINAL: Hernia _____ Masses _____ Tenderness _____

GENITAL: Circum _____ Spermatocele _____ Variocele _____

Testes _____ PSA Date _____ PSA Level _____

Digital Rectal Exam _____

DATE	B/P	WEIGHT	INJ SITE	DOSAGE IN MG	RETURN APPT	COMMENTS
8/13/04	130/82	211	(E)	400	3	
10/18/04		200	(LG)	400	3	Good wt loss + exercise + diet!
11/16/04	130/80	202	(R)	400	3	
12/7/04	120/80	204	(LG)	400	3	Doing fine
12/28/04	120/80	205	(R)	400	3	Same
1/18/05	140/80	205	(LG)	400	2	(W) Hip + leg pain - but fine - NSAIDs
2/8/05	122/82	199	(RG)	400	2	has flu-like flu - now better
2/22/05	140/82	204	(LG)	400	2	Sched for colonoscopy + get PSA
3/8/05	128/84	200	(RG)	400	2	get reports PSA + 24 HR Urine protein
3/22/05	130/74	206	(L)	400	2	PSA 1.6
5/10/05	128/80	204	(R)	400	2	Doing fine.

#21

SMITH CENTER FOR CARDIOVASCULAR WELLNESS

PATIENT NAME: DAWKINS, JAMES L. DOB: [redacted] Sex:M SSN: [redacted]

ENCOUNTER TYPE: Visit on 02/28/2005
PROVIDER: DESMOND E.SMITH, M.D. FACP
45 CREEKVIEW COURT
GREENVILLE, SC 29615
(864)234-7474

CHIEF COMPLAINT(S):

The patient is here today as a walk-in, His main complaint today is gout in his left knee.

HISTORY OF PRESENT ILLNESS:

Past medical history is listed in the patient's list of active diagnoses.

MEDICATIONS:

NONE NOTED

ALLERGIES:

No Known Drug Allergies :

SOCIAL HISTORY:

Non-Smoker; Alcohol: None; Marital Status: Married; Safe Sex: Yes; Seat Belts: Yes; Smoke Detector: Yes; Carbon Monoxide Detector: Yes; Formal Education: High School; Adopted: No

FAMILY HISTORY:

Mother - Hypertension
Sister(Alive) - Hypertension
Father(Deceased) - Coronary Artery Disease, onset decade:6

REVIEW OF SYSTEMS:

No additional ros obtained

PHYSICAL EXAMINATION:

VITAL SIGNS:

BP:156/98 Weight:206 Lbs; by ESSIE JENKINS, MA

FINDINGS:

GA: Well developed, well nourished, not in any acute distress.
HEENT: Normocephalic without evidence for acute head trauma. PERRLA, EOM-full: Conjunctiva is pink without erythema. TMs-are clear of erythema, the light reflexes are preserved; the external auditory canal is without any debris, exudates or erythema; Neck is supple without restriction to passive range of motion; No neck vein distention; no thyroidmegaly; no carotid bruits; carotid pulsations are 2+ bilaterally.
LUNGS: Clear to auscultation and percussion, without any wheezing, rhonchi, or rales.
HEART: S1,S2 are normal, without S3,S4, murmurs, rubs, gallops or thrills.
ABDOMEN: Soft, non-tender, without any palpable masses or organomegaly.
NEURO: Alert, fully oriented, no motor or sensory deficits; Cerbellar function is intact bilaterally; Cranial nerves 2-12 are intact.
EXTREMITIES: No cyanosis, clubbing, or edema noted; all pulses are present and are 2+ bilaterally.
SKIN: No rashes, ulceration, enlarging moles or change in pigmentation.

ACTIVE DIAGNOSIS:

HEMORRHOIDS
GOUTY ARTHRITIS/FEET
Hypertension Essential Malignant
Low Back Pain

RECOMMENDATIONS MADE TO PATIENT:

Dx and Tx options discussed. Risks, benefits, complications understood and accepted by patient. Patient was able to ask all questions and was asked to call for any problems.
I asked the patient to return in one week, if no improvement.
Impression is Gouty arthritis. I recommended rest for one day.

PROCEDURE NOTES:

DECADRON INJECTION 1CC IM by DESMOND E.SMITH, M.D. FACP
PROCEDURE WAS PERFORMED WITHOUT ANY COMPLICATIONS

MEDICATIONS RECOMMENDED TO PATIENT:

Norvasc 5.000 mgs;1.00 Tablet(s) Q Day

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PATIENT NAME: DAWKINS, JAMES L. DOB: [redacted] Sex:M SSN: [redacted]

ENCOUNTER TYPE: Visit on 02/28/2005

Toprol-XL 100.000 mgs:1.00 Tablet(s) Q Day
Reverse-age :
Reliv Now :
Mobic 15.000 mgs:1.00 Tablet(s) Q Day
Flexeril 10.000 mgs:1.00 Tablet(s) BID
Lortab 10.000 mgs:1.00 Tablet(s) BID
Serax 15.000 mgs:1.00 Capsule(s) Q HS
Cialis 20 Mg(s):1.00 Pill(s) as needed
Colchicine 0.600 mgs:1.00 Tablet(s) BID
Cortisporin TC Otic Susp :3 Drop(s) Q 8 Hrs
Avalide 300.000 mgs:1.00 Tablet(s) Q Day

PRESCRIPTIONS GIVEN PATIENT:

Prescription for :Norvasc 5.000 mgs: 1.00 Tablet(s) Q Day Disp:30 Ref:2
Prescription for :Lortab 10.000 mgs: 1.00 Tablet(s) BID Disp:60 Ref:2
Prescription for :Serax 15.000 mgs: 1.00 Capsule(s) Q HS Disp:30 Ref:2
Prescription for :Colchicine 0.600 mgs: 1.00 Tablet(s) BID Disp:60 Ref:2
Prescription for :Avalide 300.000 mgs: 1.00 Tablet(s) Q Day Disp:30 Ref:2

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#22

SMITH CENTER FOR CARDIOVASCULAR WELLNESS

PATIENT NAME: DAWKINS, JAMES L. DOB [redacted] Sex:M SSN [redacted]

ENCOUNTER TYPE: Visit on 03/08/2005
PROVIDER: DESMOND E.SMITH, M.D. FACP
45 CREEKVIEW COURT
GREENVILLE, SC 29615
(864)234-7474

CHIEF COMPLAINT(S):

Established patient without any new complaints. Patient is here primarily for health maintenance. patient requests a new prescription for a green capsule he take occasionally for his gout. Patient was once again strongly urged to bring his medications into the office with him as we are unable to confirm his medications by color,shape and size.

HISTORY OF PRESENT ILLNESS:

No additional documentation available.

MEDICATIONS:

Norvasc 5.000 mgs:1.00 Tablet(s) Q Day
Toprol-XL 100.000 mgs:1.00 Tablet(s) Q Day
Reverse-age :
Reliv Now :
Mobic 15.000 mgs:1.00 Tablet(s) Q Day
Flexeril 10.000 mgs:1.00 Tablet(s) BID
Lortab 10.000 mgs:1.00 Tablet(s) BID
Serax 15.000 mgs:1.00 Capsule(s) Q HS
Cialis 20 Mg(s):1.00 Pill(s) as needed
Colchicine 0.600 mgs:1.00 Tablet(s) BID
Cortisporin TC Otic Susp :3 Drop(s) Q 8 Hrs
Avalide 300.000 mgs:1.00 Tablet(s) Q Day

ALLERGIES:

No Known Drug Allergies :

SOCIAL HISTORY:

Non-Smoker; Alcohol: None; Marital Status: Married; Safe Sex: Yes; Seat Belts: Yes; Smoke Detector: Yes; Carbon Monoxide Detector: Yes; Formal Education: High School; Adopted: No

FAMILY HISTORY:

Mother - Hypertension
Sister(Alive) - Hypertension
Father(Deceased) - Coronary Artery Disease, onset decade:6

REVIEW OF SYSTEMS:

General

Denies Alcohol, Heavy Use; Denies Chills or Fever; Denies Cold Intolerance; Denies Depression; Denies Heat Intolerance; Denies HIV Risks; Denies Loss of Appetite; Denies Memory Loss; Denies Transfusions

Psychiatric

Denies Compulsions; Denies Drug Use, Nonmedical; Denies Fatigue, Unexplained; Denies Hallucinations

HEENT

Denies Blurred Vision; Denies Cataracts; Denies Decreased Hearing; Denies Dental Problems; Denies Diplopia; Denies Ear Discharge; Denies Earache; Denies Enlarged Glands; Denies Eye Discharge; Denies Eye Pain; Denies Glaucoma; Denies Hair Loss; Denies Mouth Sores; Denies Nasal Congestion; Denies Nasal Discharge; Denies Nasal Injury; Denies Nasal Surgery; Denies Persistent Hoarsness; Denies Sore Throat; Denies Thyroid Problems; Denies Tinnitus; Denies Trouble Swallowing

Respiratory

Denies Cough; Denies Hemoptysis; Denies Sputum Production; Denies Wheezing

Cardiovascular

Denies Claudication; Denies Deep Venous Thromb; Denies Dizziness; Denies Dyspnea on Exertion; Denies Edema; Denies Frequent Palpitations; Denies Heart Murmur; Denies Nocturnal Dyspnea; Denies Orthopnea; Denies Presyncope; Denies Raynauds; Denies Severe Varicose Veins; Denies Significant Chest Pain; Denies Syncope; Denies Thrombophlebitis

Gastrointestinal

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PATIENT NAME: DAWKINS, JAMES L. DOB: [redacted] Sex:M SSN [redacted]

ENCOUNTER TYPE: Visit on 03/08/2005

Denies Abdominal Pain; Denies Changing Bowel Habits; Denies Chronic Laxative Use; Denies Excessive Flatulence; Denies Frequent Diarrhea; Denies Frequent Dyspepsia; Denies Frequent Nausea; Denies Hematemesis; Denies Hemorrhoids; Denies Hepatitis; Denies Jaundice; Denies Lactose Intolerance; Denies Melena; Denies Rectal Bleeding; Denies Rectal Pain; Denies Significant Constipation; Denies Stool Caliber Change; Denies Umbilical Hernia; Denies Vomiting

Genitourinary

Denies Dysuria; Denies Erectile Dysfunction; Denies Fertility Problems; Denies Flank Pain; Denies Hematuria; Denies Incontinence; Denies Inguinal Hernia; Denies Kidney Stones; Denies Nocturia; Denies Penile Lesions; Denies Polyuria; Denies Pyuria; Denies Recurrent UTI; Denies Scrotal Mass; Denies Testicular Pain; Denies Urethral Discharge; Denies Urinary Urgency; Denies Venereal Diseases; Denies Weak Urinary Stream

Musculoskeletal

Denies Arthritis; Denies Bursitis; Denies Gout; Denies Joint Injury; Denies Joint Pain; Denies Joint Swelling; Denies Low Back Pain; Denies Mid Back Pain; Denies Myalgias; Denies Neck Pain; Denies Sciatica; Denies Scoliosis

Skin

Denies Acne; Denies Changing Moles; Denies Chronic Eczema; Denies Nail Abnormalities; Denies Other Rashes; Denies Pruritus; Denies Psoriasis; Denies Recurrent Boils; Denies Recurrent Hives

Hematological

Denies Anemia; Denies Bleeding Tendencies

Neurological

Denies Amaurosis Fugax; Denies Confusion; Denies Frequent Headaches; Denies Gait Abnormality; Denies Parathesias; Denies Seizures; Denies Significant Tremor; Denies Stroke; Denies Trans Ischemic Attack; Denies Vertigo

Endocrinological

Denies Weight Gain; Denies Weight Loss

PHYSICAL EXAMINATION:

VITAL SIGNS:

BP:130/84 Height:73 Inches Weight:201 Lbs; by CAROL ANN BIRTCIL,MA

FINDINGS NOT PRESENT ON EXAM:

General

(-) Disheveled; (-) Obesity

Psychiatric

(-) Anxious; (-) Flat Affect; (-) Tearful; (-) Hostile

HEENT

(-) Hair Loss; (-) Sinus Tend, Frontal; (-) Sinus Tend, Mastoid; (-) Sinus Tend, Maxillary; (-) Abnl Pinna(s); (-) Abnl External Canal(s); (-) Abnl Tympanic Memb; (-) Abnl Nasal Septum; (-) Abnl Turbinates; (-) Nasal Polyp(s); (-) Nasal Cong Discharge; (-) Dental Carie(s); (-) Broken Teeth; (-) Gingivitis; (-) Mucosal Lesion(s); (-) Abnormal Tonsil(s); (-) Abnormal Thyroid; (-) Cervical Adenopathy; (-) Pharyngitis; (-) Abnl Ocular ROM; (-) Abnl PERLA; (-) Abnormal Sclera; (-) Abnormal Iris; (-) Abnormal Conjunctiva; (-) Abnormal Eyelid(s); (-) Abnormal Cornea(s); (-) Abnormal Retina(s); (-) Abnormal Lens

Respiratory

(-) Abnl Chest Percussion; (-) Rales, Wet; (-) Rales, Dry; (-) Rhonchi; (-) Pleural Rub; (-) Wheezing; (-) Pectus Excavatum; (-) Pectus Carinatum

Cardiovascular

(-) Jugular Ven Distension; (-) Hepato Jugular Reflux; (-) Abnl Jugular Pulsation; (-) Abnl Carotid Pulse; (-) Carotid Bruit; (-) Distant Heart Sounds; (-) Displaced PMI; (-) SEM,LSB,NR; (-) Sig Systolic Murmur; (-) Diastolic Murmur; (-) S3; (-) S4; (-) Pedal Edema; (-) Abnl Upper Ext Pulse; (-) Abnl Lower Ext Pulse

Gastrointestinal

(-) Hyperact Bowel Sounds; (-) Hypoact Bowel Sounds; (-) Abdominal Fluid Wave; (-) Abnl Abdominal Veins; (-) Abdominal Hernia; (-) Inguinal Hernia; (-) Abdominal Scar; (-) Abdominal Mass; (-) Abdominal Rebound; (-) Abdominal Guarding; (-) Abdominal Tenderness; (-) Hepatomegaly; (-) Splenomegaly; (-) Abnl Rectal Exam; (-)

PATIENT NAME: DAWKINS, JAMES L. DOB: [redacted] Sex:M SSN: [redacted]

ENCOUNTER TYPE: Visit on 03/08/2005

Abnormal Prostate; (-) Heme + Stool

Genitourinary

(-) Abnormal Breast(s); (-) Abnormal Testicle(s); (-) Abnormal Scrotum; (-) Abnormal Penis; (-) Urethral Discharge

Musculoskeletal

(-) Abnl Spinal Curvature; (-) Spinal Tenderness; (-) Paraspinal Muscle Spasm; (-) Joint Tenderness; (-) Joint Swelling; (-) Joint Warmth; (-) Joint Erythema; (-) Decreased Joint ROM; (-) Dec Joint Stability; (-) Abnormal Bursa; (-) Abnormal Muscle; (-) Abnormal Tendon

Skin

(-) Acne; (-) Nevus(i), Suspicious; (-) Nevus(i), Nonsuspicious; (-) Solar Keratosis; (-) Seborrheic Dermatosis; (-) Eczema; (-) Macular Rash; (-) Papular Rash; (-) Skin Plaque(s); (-) Skin Nodules; (-) Pustular Rash; (-) Vesicular Rash; (-) Urticarial Rash; (-) Scaling Rash; (-) Crusting Rash; (-) Skin Erosion/Ulcer; (-) Skin Cyst(s); (-) Other Skin Rash

Neurological

(-) Abnormal Mental Status; (-) Abnl CN Nerve II to XII; (-) Abnl Motor Strength; (-) Unequal Reflexes; (-) Hyperreflexia; (-) Hyporeflexia; (-) Abnl Temperature Sense; (-) Abnl Vibration Sense; (-) Romberg's Sign; (-) Abnl Pinprick Sense; (-) Abnl 2 Point Descrim; (-) Romberg's Sign; (-) Abnl FTN or HTS; (-) Abnormal Gait; (-) Babinski's Sign

ACTIVE DIAGNOSIS:

HEMORRHOIDS
GOUTY ARTHRITIS/FEET
Hypertension Essential Malignant
Low Back Pain

MEDICATIONS RECOMMENDED TO PATIENT:

Norvasc 5.000 mgs:1.00 Tablet(s) Q Day
Toprol-XL 100.000 mgs:1.00 Tablet(s) Q Day
Reverse-age :
Reliv Now :
Mobic 15.000 mgs:1.00 Tablet(s) Q Day
Flexeril 10.000 mgs:1.00 Tablet(s) BID
Lortab 10.000 mgs:1.00 Tablet(s) BID
Serax 15.000 mgs:1.00 Capsule(s) Q HS
Cialis 20 Mg(s):1.00 Pill(s) as needed
Colchicine 0.600 mgs:1.00 Tablet(s) BID
Cortisporin TC Otic Susp :3 Drop(s) Q 8 Hrs
Avalide 300.000 mgs:1.00 Tablet(s) Q Day

DESMOND E.SMITH, M.D. FACP

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#23

SMITH CENTER FOR CARDIOVASCULAR WELLNESS

PATIENT NAME: DAWKINS, JAMES L. DOB: [redacted] Sex:M SSN: [redacted]

ENCOUNTER TYPE: Visit on 04/25/2005
PROVIDER: DESMOND E.SMITH, M.D. FACP
45 CREEKVIEW COURT
GREENVILLE, SC 29615
(864)234-7474

CHIEF COMPLAINT(S):

The patient is here today for a follow-up, Patient states that the last couple of weeks his gouty arthritis has been acting up. He stated that Monday it was in his left foot and after taking the Medrol DosePak the gout left and went into his right ankle. He states that today he has a little swelling and soreness. Patient stated that he went to the emergency room three weeks ago and he had gout in his right elbow and he was given a Medrol DosePak and that seems to help him more.

HISTORY OF PRESENT ILLNESS:

Past medical history is listed in the patient's list of active diagnoses.

MEDICATIONS:

Toprol-XL 100.000 mgs:1.00 Tablet(s) Q Day
Reverse-age :
Reliv Now :
Mobic 15.000 mgs:1.00 Tablet(s) Q Day
Flexeril 10.000 mgs:1.00 Tablet(s) BID
Lortab 10.000 mgs:1.00 Tablet(s) BID
Serax 15.000 mgs:1.00 Capsule(s) Q HS
Cialis 20 Mg(s):1.00 Pill(s) as needed
Cortisporin TC Otic Susp :3 Drop(s) Q 8 Hrs
Medrol Dosepak :1.00 Tablet(s) as directed
Avapro 300.000 mgs:1.00 Tablet(s) Q Day
Lasix 40.000 mgs:1.00 Tablet(s) Q Day
Cardizem LA 240.000 mgs:1.00 Tablet(s) Q Day
Allopurinol 100 Mg(s):1.00 Pill(s) BID

ALLERGIES:

No Known Drug Allergies :

SOCIAL HISTORY:

Non-Smoker; Alcohol: None; Marital Status: Married; Safe Sex: Yes; Seat Belts: Yes; Smoke Detector: Yes; Carbon Monoxide Detector: Yes; Formal Education: High School; Adopted: No

FAMILY HISTORY:

Mother - Hypertension
Sister(Alive) - Hypertension
Father(Deceased) - Coronary Artery Disease, onset decade:6

REVIEW OF SYSTEMS:

No additional ros obtained

PHYSICAL EXAMINATION:

VITAL SIGNS:

BP:116/76 Weight:203 Lbs; by ESSIE JENKINS, MA

FINDINGS:

GA: Well developed, well nourished, not in any acute distress.
HEENT: Normocephalic without evidence for acute head trauma. PERRLA, EOM-full: Conjunctiva is pink without erythema. TMs-are clear of erythema, the light reflexes are preserved; the external auditory canal is without any debris, exudates or erythema; Neck is supple without restriction to passive range of motion; No neck vein distention; no thyroidmegaly; no carotid bruits; carotid pulsations are 2+ bilaterally.
LUNGS: Clear to auscultation and percussion, without any wheezing, rhonchi, or rales.
HEART: S1,S2 are normal, without S3,S4, murmurs, rubs, gallops or thrills.
ABDOMEN: Soft, non-tender, without any palpable masses or organomegaly.
NEURO: Alert, fully oriented, no motor or sensory deficits; Cerbellar function is intact bilaterally; Cranial nerves 2-12 are intact.
EXTREMITIES: No cyanosis, clubbing, or edema noted; all pulses are present and are 2+ bilaterally.

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PATIENT NAME: DAWKINS, JAMES L. DOB [redacted] Sex:M SSN [redacted]

ENCOUNTER TYPE: Visit on 04/25/2005

SKIN: No rashes, ulceration, enlarging moles or change in pigmentation.

ACTIVE DIAGNOSIS:

Hemorrhoids Internal W/O Complications
Gout Arthropathy
Hypertension Essential Malignant
Low Back Pain

RECOMMENDATIONS MADE TO PATIENT:

Gouty Arthritis has been bothering him. He has had to take Medrol for relief.
I suggested that he see a Rheumatologist and consider the use of Allopurinol.

MEDICATIONS RECOMMENDED TO PATIENT:

Toprol-XL 100.000 mgs:1.00 Tablet(s) Q Day
Reverse-age :
Reliv Now :
Mobic 15.000 mgs:1.00 Tablet(s) Q Day
Flexeril 10.000 mgs:1.00 Tablet(s) BID
Lortab 10.000 mgs:1.00 Tablet(s) BID
Serax 15.000 mgs:1.00 Capsule(s) Q HS
Cialis 20 Mg(s):1.00 Pill(s) as needed
Cortisporin TC Otic Susp :3 Drop(s) Q 8 Hrs
Medrol Dosepak :1.00 Tablet(s) as directed
Avapro 300.000 mgs:1.00 Tablet(s) Q Day
Lasix 40.000 mgs:1.00 Tablet(s) Q Day
Cardizem LA 240.000 mgs:1.00 Tablet(s) Q Day
Allopurinol 100 Mg(s):1.00 Pill(s) BID

PRESCRIPTIONS GIVEN PATIENT:

Prescription for :Medrol Dosepak : 1.00 Tablet(s) as directed Disp:1 Ref:1
Prescription for :Cardizem LA 240.000 mgs: 1.00 Tablet(s) Q Day Disp:30 Ref:1
Prescription for :Lasix 40.000 mgs: 1.00 Tablet(s) Q Day Disp:100 Ref:0
Prescription for :Avapro 300.000 mgs: 1.00 Tablet(s) Q Day Disp:30 Ref:2
Prescription for :Toprol-XL 100.000 mgs: 1.00 Tablet(s) Q Day Disp:30 Ref:0
Prescription for :Cialis 20 Mg(s): 1.00 Pill(s) as needed Disp:10 Ref:6
Prescription for :Norvasc 5.000 mgs: 1.00 Tablet(s) Q Day Disp:60 Ref:2

DESMOND E.SMITH, M.D. FACP

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#24

SMITH CENTER FOR CARDIOVASCULAR WELLNESS

PATIENT NAME: DAWKINS, JAMES L. DOB [redacted] Sex:M SSN [redacted]

ENCOUNTER TYPE: Visit on 06/02/2005
PROVIDER: DESMOND E.SMITH, M.D. FACP
45 CREEKVIEW COURT
GREENVILLE, SC 29615
(864)234-7474

CHIEF COMPLAINT(S):
Patient is here today to review recent test results with Dr. Smith. Patient c/o sinus headaches every now and then.

HISTORY OF PRESENT ILLNESS:
No additional documentation available.

MEDICATIONS:
NONE NOTED

ALLERGIES:
No Known Drug Allergies :

SOCIAL HISTORY:
Non-Smoker; Alcohol: None; Marital Status: Married; Safe Sex: Yes; Seat Belts: Yes; Smoke Detector: Yes; Carbon Monoxide Detector: Yes; Formal Education: High School; Adopted: No

FAMILY HISTORY:
Mother - Hypertension
Sister(Alive) - Hypertension
Father(Deceased) - Coronary Artery Disease, onset decade:6

REVIEW OF SYSTEMS:
No additional ros obtained

PHYSICAL EXAMINATION:
VITAL SIGNS:
BP:140/90 Weight:199 Lbs; by ESSIE JENKINS, MA

ACTIVE DIAGNOSIS:
Hemorrhoids Internal W/O Complicati
Gout Arthropathy
Hypertension Essential Malignant
Low Back Pain

RECOMMENDATIONS MADE TO PATIENT:
Aerobic Exercise 3-5 Times A Week
All studies were reviewed and abnormalities were clearly described to the patient.
Check Your Blood Pressure And Call With The Results
Continue current medications and follow-up with me in one month.
Dx and Tx options discussed. Risks, benefits, complications understood and accepted by patient. Patient was able to ask all questions and was asked to call for any problems.
Patient is Stable and doing well.
Patient was given a low fat, carbohydrate diet - THE SMITH DIET.
Followup Visit Recommended: 1 Month(s)

MEDICATIONS RECOMMENDED TO PATIENT:
Toprol-XL 100.000 mgs:1.00 Tablet(s) Q Day
Reverse-age :
Reliv Now :
Mobic 15.000 mgs:1.00 Tablet(s) Q Day
Flexeril 10.000 mgs:1.00 Tablet(s) BID
Lortab 10.000 mgs:1.00 Tablet(s) BID
Serax 15.000 mgs:1.00 Capsule(s) Q HS
Cialis 20 Mg(s):1.00 Pill(s) as needed
Cortisporin TC Otic Susp :3 Drop(s) Q 8 Hrs
Medrol Dosepak :1.00 Tablet(s) as directed
Avapro 300.000 mgs:1.00 Tablet(s) Q Day
Lasix 40.000 mgs:1.00 Tablet(s) Q Day

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PATIENT NAME: DAWKINS, JAMES L. DOB [redacted] Sex:M SSN [redacted]

ENCOUNTER TYPE: Visit on 06/02/2005

Cardizem LA 240.000 mgs:1.00 Tablet(s) Q Day
Allopurinol 100 Mg(s):1.00 Pill(s) BID
Fish Oil 1 capsule Mg(s):1.00 Pill(s) QD

DESMOND E.SMITH, M.D. FACP

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#25

SMITH CENTER FOR CARDIOVASCULAR WELLNESS

PATIENT NAME: DAWKINS, JAMES L. DOB [redacted] Sex:M SSN [redacted]

ENCOUNTER TYPE: Visit on 11/02/2005
PROVIDER: DESMOND E.SMITH, M.D. FACP
45 CREEKVIEW COURT
GREENVILLE, SC 29615
(864)234-7474

CHIEF COMPLAINT(S):

The patient is here today for a follow-up. Patient states his gout is acting up very badly in his right foot. Most of his discomfort is in his right big toe but his entire foot is painful and swollen. Patient needs a refill on "the green capsule" he takes for gout. Patient is out of the medication and does not know the name nor does he have the bottle with him.

MEDICATIONS:

Toprol-XL 100.000 mgs:1.00 Tablet(s) Q Day
Reverse-age :
Reliv Now :
Mobic 15.000 mgs:1.00 Tablet(s) Q Day
Flexeril 10.000 mgs:1.00 Tablet(s) BID
Lortab 10.000 mgs:1.00 Tablet(s) BID
Serax 15.000 mgs:1.00 Capsule(s) Q HS
Cialis 20 Mg(s):1.00 Pill(s) as needed
Cortisporin TC Otic Susp :3 Drop(s) Q 8 Hrs
Medrol Dosepak :1.00 Tablet(s) as directed
Avapro 300.000 mgs:1.00 Tablet(s) Q Day
Lasix 40.000 mgs:1.00 Tablet(s) Q Day
Cardizem LA 240.000 mgs:1.00 Tablet(s) Q Day
Allopurinol 100 Mg(s):1.00 Pill(s) BID
Fish Oil 1 capsule Mg(s):1.00 Pill(s) QD

ALLERGIES:

No Known Drug Allergies :

SOCIAL HISTORY:

Non-Smoker; Alcohol: None; Marital Status: Married; Safe Sex: Yes; Seat Belts: Yes; Smoke Detector: Yes; Carbon Monoxide Detector: Yes; Formal Education: High School

FAMILY HISTORY:

Mother - Hypertension
Sister(Alive) - Hypertension
Father(Deceased) - Coronary Artery Disease, onset decade:6

REVIEW OF SYSTEMS:

No additional ros obtained

PHYSICAL EXAMINATION:

VITAL SIGNS:

BP:150/102 Weight:215 Lbs; by CAROL ANN BIRTCIL,MA

FINDINGS:

GA: Well developed, well nourished, not in any acute distress.
HEENT: Normocephalic without evidence for acute head trauma. PERRLA, EOM-full: Conjunctiva is pink without erythema. TMs-are clear of erythema, the light reflexes are preserved; the external auditory canal is without any debris, exudates or erythema; Neck is supple without restriction to passive range of motion; No neck vein distention; no thyroidmegaly; no carotid bruits; carotid pulsations are 2+ bilaterally.
LUNGS: Clear to auscultation and percussion, without any wheezing, rhonchi, or rales.
HEART: S1,S2 are normal, without S3,S4, murmurs, rubs, gallops or thrills.
ABDOMEN: Soft, non-tender, without any palpable masses or organomegaly.
NEURO: Alert, fully oriented, no motor or sensory deficits; Cerbellar function is intact bilaterally; Cranial nerves 2-12 are intact.
EXTREMITIES: No cyanosis, clubbing, or edema noted; all pulses are present and are 2+ bilaterally.
SKIN: No rashes, ulceration, enlarging moles or change in pigmentation.

DIAGNOSIS:

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28

PATIENT NAME: DAWKINS, JAMES L. DOB: [redacted] Sex:M SSN: [redacted]

ENCOUNTER TYPE: Visit on 11/02/2005

Hemorrhoids Internal W/O Complications
Gout Arthropathy
Hypertension Essential Malignant
Low Back Pain

RECOMMENDATIONS:

Acute Gouty Arthritis - Decadron injection given x 2

PROCEDURE NOTES:

Immunization - Influenza by CAROL ANN BIRTCIL,MA
Influenza vaccine was administered in the arm without complications. The patient was asked to remain in the office for a minimum of 15 minutes.
Lot Number:

MEDICATIONS RECOMMENDED:

Toprol-XL 100.000 mgs:1.00 Tablet(s) Q Day
Reverse-age :
Reliv Now :
Mobic 15.000 mgs:1.00 Tablet(s) Q Day
Flexeril 10.000 mgs:1.00 Tablet(s) BID
Lortab 10.000 mgs:1.00 Tablet(s) BID
Serax 15.000 mgs:1.00 Capsule(s) Q HS
Cialis 20 Mg(s):1.00 Pill(s) as needed
Cortisporin TC Otic Susp :3 Drop(s) Q 8 Hrs
Medrol Dosepak :1.00 Tablet(s) as directed
Avapro 300.000 mgs:1.00 Tablet(s) Q Day
Lasix 40.000 mgs:1.00 Tablet(s) Q Day
Cardizem LA 240.000 mgs:1.00 Tablet(s) Q Day
Allopurinol 100 Mg(s):1.00 Pill(s) BID
Fish Oil 1 capsule Mg(s):1.00 Pill(s) QD

PRESCRIPTIONS GIVEN PATIENT:

Prescription for :Medrol Dosepak : 1.00 Tablet(s) as directed Disp:1 Ref:0

DESMOND E.SMITH, M.D. FACP

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#26

SMITH CENTER FOR CARDIOVASCULAR WELLNESS

PATIENT NAME: DAWKINS, JAMES L. DOB [redacted] Sex:M SSN [redacted]

ENCOUNTER TYPE: Visit on 01/31/2006
PROVIDER: DESMOND E.SMITH, M.D. FACP
45 CREEKVIEW COURT
GREENVILLE, SC 29615
(864)234-7474

CHIEF COMPLAINT(S):

The patient is here today as a walk- in. His main complaint today is left knee pain. Mr. Dawkins stated that the pain started Monday night (last night). His last gouty attack was in his left knee approximately 6 months ago. He states that it is his left knee which has been mostly affected and he has also had some problems with his left foot as well, but this has been almost as long as a year ago. Patient is not on a low purine diet, and his medications include Lasix 40mg QD.

Patient also mentioned that he has not taken the Cardizem, Avapro or Allopurinol in two days because he was out of these medications. Mr. Dawkins also requesting a refill on his Medrol.

HISTORY OF PRESENT ILLNESS:

Past medical history is listed in the patient's list of active diagnoses.

MEDICATIONS:

NONE NOTED

ALLERGIES:

No Known Drug Allergies :

SOCIAL HISTORY:

Non-Smoker; Alcohol: None; Marital Status: Married; Safe Sex: Yes; Seat Belts: Yes; Smoke Detector: Yes; Carbon Monoxide Detector: Yes; Formal Education: High School

FAMILY HISTORY:

Mother - Hypertension
Sister(Alive) - Hypertension
Father(Deceased) - Coronary Artery Disease, onset decade:6

REVIEW OF SYSTEMS:

General
Denies Chills or Fever
Psychiatric
Denies Drug Use, Nonmedical; Denies Fatigue, Unexplained
HEENT
C/O Nasal Congestion
Cardiovascular
Denies Dizziness; Denies Dyspnea on Exertion; Denies Edema; Denies Frequent Palpitations; Denies Heart Murmur; Denies Nocturnal Dyspnea; Denies Orthopnea; Denies Presyncope; Denies Significant Chest Pain; Denies Syncope
Musculoskeletal
C/O Arthritis; C/O Gout; C/O Joint Pain; C/O Joint Swelling; Denies Joint Injury

PHYSICAL EXAMINATION:

VITAL SIGNS:
BP:198/100 Height:73 Inches; by ESSIE JENKINS, MA

FINDINGS:

GA: Well developed, well nourished, not in any acute distress.
HEENT: Normocephalic without evidence for acute head trauma. PERRLA, EOM-full: Conjunctiva is pink without erythema. Neck is supple without restriction to passive range of motion; No neck vein distention; no thyroidmegaly; no carotid bruits; carotid pulsations are 2+ bilaterally.
LUNGS: Clear to auscultation and percussion, without any wheezing, rhonchi, or rales.
HEART: S1,S2 are normal, without S3,S4, murmurs, rubs, gallops or thrills.
NEURO: Alert, fully oriented, no motor or sensory deficits;
EXTREMITIES: No cyanosis, clubbing, or edema noted; all pulses are present and are 2+ bilaterally. Left knee has some effusion and joint is warm to touch. Gait: +Limping.
SKIN: No rashes, ulceration, enlarging moles or change in pigmentation.

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PATIENT NAME: DAWKINS, JAMES L. DOB: [redacted] Sex: M SSN [redacted]

ENCOUNTER TYPE: Visit on 01/31/2006

DIAGNOSIS:

Hemorrhoids Internal W/O Complicati
Gout Arthropathy
Hypertension Essential Malignant
Low Back Pain

RECOMMENDATIONS:

Check Your Blood Pressure And Call With The Results
Followup Visit Recommended: 2 Week(s)
D/C Lasix for now, as I believe this may be exacerbating his gouty attack. Restart all other BP meds. Resume Allopurinol, 100mg, qd and will recheck uric acid level in 2 weeks for monitoring. Start indocin 50 mg TID prn pain. Left knee injection of
Under sterile procedure, injected laterally to left patella with Decadron 4mg/cc (1cc) + 2% lidocaine (1cc). Pt. tolerated the procedure well.

Low Purine diet information mailed to patient 1/31/06 by MBailey

PROCEDURE NOTES:

Decadron/Xylocaine Injection 1ml IM by Maureen Bailey, PA

MEDICATIONS RECOMMENDED:

Toprol-XL 100.000 mgs:1.00 Tablet(s) Q Day
Reverse-age :
Reliv Now :
Lortab 10.000 mgs:1.00 Tablet(s) BID
Serax 15.000 mgs:1.00 Capsule(s) Q HS
Cialis 20 Mg(s):1.00 Pill(s) as needed
Medrol Dosepak :1.00 Tablet(s) as directed
Avapro 300.000 mgs:1.00 Tablet(s) Q Day
Cardizem LA 240.000 mgs:1.00 Tablet(s) Q Day
Allopurinol 100 Mg(s):1.00 Pill(s) BID
Fish Oil 1 capsule Mg(s):1.00 Pill(s) QD
Indocin 50.000 mgs:1.00 Capsule(s) TID

PRESCRIPTIONS GIVEN PATIENT:

Prescription for :Toprol-XL 100.000 mgs: 1.00 Tablet(s) Q Day Disp:30 Ref:2
Prescription for :Allopurinol 100 Mg(s): 1.00 Pill(s) BID Disp:30 Ref:2
Prescription for :Cardizem LA 240.000 mgs: 1.00 Tablet(s) Q Day Disp:30 Ref:2
Prescription for :Avapro 300.000 mgs: 1.00 Tablet(s) Q Day Disp:30 Ref:2
Prescription for :Indocin 50.000 mgs: 1.00 Capsule(s) TID Disp:90 Ref:0

Hold Lasix for now

DESMOND E.SMITH, M.D. FACP
digitally signed

~~E~~ 27

SMITH CENTER FOR CARDIOVASCULAR WELLNESS

PATIENT NAME: DAWKINS, JAMES L. DOB: [redacted] Sex:M SSN: [redacted]

ENCOUNTER TYPE: Visit on 02/14/2006
PROVIDER: MAUREEN BAILEY, PA-C/D. SMITH, MD
45 CREEKVIEW COURT
GREENVILLE, SC 29615
(864)234-7474

CHIEF COMPLAINT(S):

Patient here today for a follow-up on his gout. He mentioned that this morning and yesterday he walked three miles. He did receive the low purine diet info and reviewed it and noted that he had been eating a lot of peanut butter and peanuts the week prior to his gouty arthropathy episode and he will limit these in his diet in the future.

HISTORY OF PRESENT ILLNESS:

No additional documentation available.

MEDICATIONS:

NONE NOTED

ALLERGIES:

No Known Drug Allergies :

SOCIAL HISTORY:

Non-Smoker; Alcohol: None; Marital Status: Married; Safe Sex: Yes; Seat Belts: Yes; Smoke Detector: Yes; Carbon Monoxide Detector: Yes; Formal Education: High School

FAMILY HISTORY:

Mother - Hypertension
Sister(Alive) - Hypertension
Father(Deceased) - Coronary Artery Disease, onset decade:6

REVIEW OF SYSTEMS:

Respiratory

Denies Cough; Denies Hemoptysis; Denies Sputum Production

Cardiovascular

Denies Claudication; Denies Dizziness; Denies Dyspnea on Exertion; Denies Edema; Denies Frequent Palpitations; Denies Leg Pain; Denies Orthopnea; Denies Presyncope; Denies Severe Varicose Veins; Denies Significant Chest Pain; Denies Syncope

Musculoskeletal

Denies Arthritis; Denies Gout; Denies Joint Pain; Denies Joint Swelling; Denies Low Back Pain; Denies Mid Back Pain; Denies Myalgias; Denies Neck Pain

PHYSICAL EXAMINATION:

VITAL SIGNS:

BP:130/88 Height:73 Inches Weight:217 Lbs; by ESSIE JENKINS, MA

FINDINGS NOT PRESENT ON EXAM:

Cardiovascular

(-) Distant Heart Sounds; (-) Displaced PMI; (-) Sig Systolic Murmur; (-) Diastolic Murmur

ADDITIONAL PHYSICAL ITEMS:

Left Knee is not warm, swollen or tender. No crepitus. ROM intact. Gait is normal

DIAGNOSIS:

Hemorrhoids Internal W/O Complicati
Gout Arthropathy
Hypertension Essential Malignant
Low Back Pain

RECOMMENDATIONS:

All studies were reviewed and abnormalities were clearly described to the patient.
CPE next visit in 3 months.
Dx and Tx options discussed. Risks, benefits, complications understood and accepted by patient. Patient was able to ask all questions and was asked to call for any problems.
Change Serax to Desyrel 100mg QHS prn. Pt. understands that he can increase this to as much as 3 tabs QHS if needed to help him sleep.

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24

PATIENT NAME: DAWKINS, JAMES L. DOB: [redacted] Sex:M SSN: [redacted]

ENCOUNTER TYPE: Visit on 02/14/2006

Labs drawn to recheck cbc and uric acid level. Will modify allopurinol dose pending results (if needed).

Followup Visit Recommended: 3 Month(s)

MEDICATIONS RECOMMENDED:

Toprol-XL 100.000 mgs:1.00 Tablet(s) Q Day

Reverse-age :

Cialis 20 Mg(s):1.00 Pill(s) as needed

Avapro 300.000 mgs:1.00 Tablet(s) Q Day

Cardizem LA 240.000 mgs:1.00 Tablet(s) Q Day

Allopurinol 100 Mg(s):1.00 Pill(s) BID

Fish Oil 1 capsule Mg(s):1.00 Pill(s) QD

Indocin 50.000 mgs:1.00 Capsule(s) TID

Desyrel 100.000 mgs:1.00 Tablet(s) Q HS

PRESCRIPTIONS GIVEN PATIENT:

Prescription for :Desyrel 100.000 mgs: 1.00 Tablet(s) Q HS Disp:30 Ref:2

MAUREEN BAILEY, PA-C/D. SMITH, MD

digitally signed

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#28

SMITH CENTER FOR CARDIOVASCULAR WELLNESS

PATIENT NAME: DAWKINS, JAMES L. DOB: [redacted] Sex:M SSN [redacted]

ENCOUNTER TYPE: Visit on 03/31/2006
PROVIDER: MAUREEN BAILEY, PA-C/D. SMITH, MD
45 CREEKVIEW COURT
GREENVILLE, SC 29615
(864)234-7474

CHIEF COMPLAINT(S):

Mr. Dawkins is a walk-in patient today, stating that he is noticing bright red blood when he wipes after having a BM. He has had a history of occasional nonpainful rectal bleeding w/ BM's, but has never come in to be seen for it. He states that it usually resolves on its own without treatment of any kind. He does feel a "throbbing sensation" in his rectum occasionally, and states that he does not always have bleeding with this sensation.

His BP is elevated today and he states that he has been under a lot of stress lately, because he is going through a divorce. He also believes that his BP is elevated at each OV because he may have "white coat syndrome". He denies Chest Pain, SOB, but did wake up with a little bit of a headache today. He denies depression or anxiety.

He states that the Desyrel has been helping with his sleep.

ALLERGIES:

No Known Drug Allergies :

SOCIAL HISTORY:

Non-Smoker; Alcohol: None; Marital Status: Married; Safe Sex: Yes; Seat Belts: Yes; Smoke Detector: Yes; Carbon Monoxide Detector: Yes; Formal Education: High School

REVIEW OF SYSTEMS:

General
Denies Chills or Fever

Psychiatric
Denies Drug Use, Nonmedical; Denies Fatigue, Unexplained

HEENT
Denies Cataracts; Denies Diplopia; Denies Ear Discharge; Denies Earache; Denies Glaucoma; Denies Mouth Sores; Denies Nasal Congestion; Denies Nasal Discharge; Denies Nasal Injury; Denies Nasal Surgery; Denies Thyroid Problems; Denies Trouble Swallowing

Respiratory
Denies Cough; Denies Hemoptysis; Denies Sputum Production

Cardiovascular
Denies Claudication; Denies Dizziness; Denies Dyspnea on Exertion; Denies Edema; Denies Frequent Palpitations; Denies Leg Pain; Denies Orthopnea; Denies Presyncope; Denies Severe Varicose Veins; Denies Significant Chest Pain; Denies Syncope

Gastrointestinal
C/O Rectal Bleeding; Denies Abdominal Pain; Denies Changing Bowel Habits; Denies Frequent Diarrhea; Denies Frequent Dyspepsia; Denies Frequent Nausea; Denies Hematemesis; Denies Hemorrhoids; Denies Melena; Denies Significant Constipation; Denies Stool Change; Denies Vomiting

Genitourinary
Denies Dysuria; Denies Hematuria; Denies Polyuria; Denies Pyuria

Musculoskeletal
C/O Gout; Denies Arthritis; Denies Joint Pain; Denies Joint Swelling; Denies Low Back Pain; Denies Mid Back Pain; Denies Myalgias; Denies Neck Pain

Skin
Denies Changing Moles

Neurological
Denies Frequent Headaches; Denies Seizures; Denies Stroke; Denies Vertigo

PHYSICAL EXAMINATION:

VITAL SIGNS:
BP:170/100 Height:73 Inches Weight:227 Lbs; by MAUREEN BAILEY, PA-C/D. SMITH, MD

FINDINGS PRESENT ON EXAM:

Gastrointestinal
(+) Hemorrhoids

PATIENT NAME: DAWKINS, JAMES L. DOB: [redacted] Sex:M SSN: [redacted]

ENCOUNTER TYPE: Visit on 03/31/2006

FINDINGS NOT PRESENT ON EXAM:

General

(-) Obesity

Psychiatric

(-) Anxious

HEENT

(-) Decreased Gross Hearing; (-) Abnl External Ear Canal; (-) Abnl Tympanic Memb; (-) Abnl Nasal Septum; (-) Enlarged Nasal Turbinates; (-) Nasal Polyp(s); (-) Nasal Cong Drainage/Disch; (-) Dental Carie(s); (-) Gingivitis; (-) Mucosal Lesion(s); (-) Enlarged/Swollen Tonsil(s; (-) Abnormal Thyroid; (-) Cervical Adenopathy; (-) Pharyngeal Hyperemia; (-) Decreased EOM; (-) Abnl PERLA; (-) Abnormal Sclera; (-) Abnormal Iris; (-) Abnormal Conjunctiva; (-) Abnormal Eyelid(s); (-) Abnormal Cornea(s)

Respiratory

(-) Rales, Wet; (-) Rales, Dry; (-) Rhonchi; (-) Pleural Rub; (-) Wheezing; (-) Pectus Excavatum; (-) Pectus Carinatum

Cardiovascular

(-) Carotid Bruit; (-) Distant Heart Sounds; (-) Sig Systolic Murmur; (-) Diastolic Murmur; (-) S3; (-) S4; (-) Pedal Edema; (-) Abnl Upper Ext Pulse; (-) Abnl Lower Ext Pulse

Gastrointestinal

(-) Hyperact Bowel Sounds; (-) Hypoact Bowel Sounds; (-) Abdominal Hernia; (-) Inguinal Hernia; (-) Abdominal Scar; (-) Abdominal Mass; (-) Abdominal Rebound; (-) Abdominal Guarding; (-) Abdominal Tenderness; (-) Hepatomegaly; (-) Splenomegaly; (-) Abnl Rectal Exam; (-) Abnormal Prostate; (-) Heme + Stool

Skin

(-) Other Skin Rash; (-) Feet: Skin lesions

Hematological

(-) Broken /Missing Teeth

Neurological

(-) Abnormal Mental Status; (-) Abnl CN Nerve II to XII; (-) Abnl Motor Strength; (-) Unequal Reflexes; (-) Feet: paresthesias

DIAGNOSIS:

Insomnia NOS

Hemorrhoids Internal W/O Complications

Gout Arthropathy

Hypertension Essential Malignant

Low Back Pain

PROCEDURES RECOMMENDED:

24 Hour Ambulatory BP Monitor by SMITH CENTER-ICAVL CERIFIED on 03/31/2006

RECOMMENDATIONS:

Increased Cardizem LA to 360mg at today's visit.

Prescribed Hydrocortisone Supp. for rectal bleeding; (all preventative colorectal screening tests are current and have been normal.)

Followup Visit Recommended: 2 Week(s) --HTN mgmt.

Blood Drawn to recheck uric acid level.

24HR BP Monitor ordered.

MEDICATIONS RECOMMENDED:

Toprol-XL 100.000 mgs:1.00 Tablet(s) Q Day

Reverse-age :

Cialis 20 Mg(s):1.00 Pill(s) as needed

Avapro 300.000 mgs:1.00 Tablet(s) Q Day

Cardizem LA 360.000 mgs:1.00 Tablet(s) Q Day

Fish Oil 1 capsule Mg(s):1.00 Pill(s) QD

Indocin 50.000 mgs:1.00 Capsule(s) TID

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PATIENT NAME: DAWKINS, JAMES L. DOB: [redacted] Sex:M SSN [redacted]

ENCOUNTER TYPE: Visit on 03/31/2006

Desyrel 100.000 mgs:1.00 Tablet(s) Q HS
Allopurinol 100 Mg(s):3.00 Pill(s) Q Day
Hydrocortisone Supp 25 Mg(s):1.00 TID (Insert 1 PR TID)

PRESCRIPTIONS GIVEN PATIENT:

Prescription for :Cardizem LA 360.000 mgs: 1.00 Tablet(s) Q Day Disp:30 Ref:0

MAUREEN BAILEY, PA-C/D. SMITH, MD

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#29

SMITH CENTER FOR CARDIOVASCULAR WELLNESS

PATIENT NAME: DAWKINS, JAMES L. DOB: [redacted] Sex:M SSN: [redacted]

ENCOUNTER TYPE: Visit on 04/21/2006
PROVIDER: MAUREEN BAILEY, PA-C/D. SMITH, MD
45 CREEKVIEW COURT
GREENVILLE, SC 29615
(864)234-7474

CHIEF COMPLAINT(S):

Patient is here today for a follow up. He has no complaints today. Mr. Dawkins mentions he had discussed with you increasing the dosage on his sleeping medication because he has been having to take two. He also mentions that he has been taking his Allopurinol 1 tablets TID, per our last phone conversation.
He recently started walking 3 miles/day (for the past couple of weeks). He states that he had back surgery in '85, and recently was cutting up some wood with a chainsaw (about 5 days ago), and he started developing low back, hip & leg pain yesterday. His left leg seems to be bothered more than the right and he is only bothered in his right leg occasionally. He also has a problem with sciatica on his left side (mostly) in the past.

ALLERGIES:

No Known Drug Allergies :

SOCIAL HISTORY:

Non-Smoker; Alcohol: None; Marital Status: Married; Safe Sex: Yes; Seat Belts: Yes; Smoke Detector: Yes; Carbon Monoxide Detector: Yes; Formal Education: High School

REVIEW OF SYSTEMS:

General
Denies Chills or Fever

Psychiatric
Denies Drug Use, Nonmedical; Denies Fatigue, Unexplained

HEENT
Denies Cataracts; Denies Diplopia; Denies Ear Discharge; Denies Earache; Denies Glaucoma; Denies Mouth Sores; Denies Nasal Congestion; Denies Nasal Discharge; Denies Nasal Injury; Denies Nasal Surgery; Denies Thyroid Problems; Denies Trouble Swallowing

Respiratory
Denies Cough; Denies Hemoptysis; Denies Sputum Production

Cardiovascular
Denies Claudication; Denies Dizziness; Denies Dyspnea on Exertion; Denies Edema; Denies Frequent Palpitations; Denies Leg Pain; Denies Orthopnea; Denies Presyncope; Denies Severe Varicose Veins; Denies Significant Chest Pain; Denies Syncope

Gastrointestinal
C/O Rectal Bleeding; Denies Abdominal Pain; Denies Changing Bowel Habits; Denies Frequent Diarrhea; Denies Frequent Dyspepsia; Denies Frequent Nausea; Denies Hematemesis; Denies Hemorrhoids; Denies Melena; Denies Significant Constipation; Denies Stool Change; Denies Vomiting

Genitourinary
Denies Dysuria; Denies Hematuria; Denies Polyuria; Denies Pyuria

Musculoskeletal
C/O Gout; Denies Arthritis; Denies Joint Pain; Denies Joint Swelling; Denies Low Back Pain; Denies Mid Back Pain; Denies Myalgias; Denies Neck Pain

Skin
Denies Changing Moles

Neurological
Denies Frequent Headaches; Denies Seizures; Denies Stroke; Denies Vertigo

PHYSICAL EXAMINATION:

VITAL SIGNS:
BP:164/110 Height:73 Inches Weight:222 Lbs; by CAROL ANN BIRTCIL,MA

FINDINGS PRESENT ON EXAM:

Musculoskeletal
(+) Spinal Tenderness; (+) Joint Tenderness; (+) Abnormal Muscle

FINDINGS NOT PRESENT ON EXAM:

PATIENT NAME: DAWKINS, JAMES L. DOB: [redacted] Sex: M SSN: [redacted]

ENCOUNTER TYPE: Visit on 04/21/2006

General
(-) Obesity
Psychiatric
(-) Anxious
HEENT
(-) Decreased Gross Hearing; (-) Abnl External Ear Canal; (-) Abnl Tympanic Memb; (-) Abnl Nasal Septum; (-) Enlarged Nasal Turbinates; (-) Nasal Polyp(s); (-) Nasal Cong Drainage/Disch; (-) Dental Carie(s); (-) Gingivitis; (-) Mucosal Lesion(s); (-) Enlarged/Swollen Tonsil(s; (-) Abnormal Thyroid; (-) Cervical Adenopathy; (-) Pharyngeal Hyperemia; (-) Decreased EOM; (-) Abnl PERLA; (-) Abnormal Sclera; (-) Abnormal Iris; (-) Abnormal Conjunctiva; (-) Abnormal Eyelid(s); (-) Abnormal Cornea(s)
Respiratory
(-) Rales, Wet; (-) Rales, Dry; (-) Rhonchi; (-) Pleural Rub; (-) Wheezing; (-) Pectus Excavatum; (-) Pectus Carinatum
Cardiovascular
(-) Carotid Bruit; (-) Distant Heart Sounds; (-) Sig Systolic Murmur; (-) Diastolic Murmur; (-) S3; (-) S4; (-) Pedal Edema; (-) Abnl Upper Ext Pulse; (-) Abnl Lower Ext Pulse
Gastrointestinal
(-) Hyperact Bowel Sounds; (-) Hypoact Bowel Sounds; (-) Abdominal Hernia; (-) Inguinal Hernia; (-) Abdominal Scar; (-) Abdominal Mass; (-) Abdominal Rebound; (-) Abdominal Guarding; (-) Abdominal Tenderness; (-) Hepatomegaly; (-) Splenomegaly
Musculoskeletal
(-) Abnl Spinal Curvature; (-) Joint Swelling; (-) Joint Warmth; (-) Joint Erythema; (-) Decreased Joint ROM; (-) Dec. Joint Stability
Skin
(-) Other Skin Rash
Hematological
(-) Broken /Missing Teeth
Neurological
(-) Abnormal Mental Status; (-) Abnl CN Nerve II to XII; (-) Abnl Motor Strength; (-) Unequal Reflexes; (-) Hyperreflexia; (-) Hyporeflexia; (-) Abnormal Gait

ADDITIONAL PHYSICAL ITEMS:
(+) Pain with Left SLR against resistance; tenderness over left lumbar region and deep left buttocks region

DIAGNOSIS:
L. Sciatica
Insomnia NOS
Hemorrhoids Internal W/O Complicati
Gout Arthropathy
Hypertension Essential Malignant
Low Back Pain

PROCEDURES RECOMMENDED:
Complete Physical Exam by SMITH CENTER-ICAVL CERIFIED on 04/21/2006

RECOMMENDATIONS:
Followup Visit Recommended: 2 Week(s)
I am unsure if his blood pressure is elevated more due to the acute pain he is experiencing. We did increase his Cardizem LA dose @ his last visit. He is not checking his BP's outside of his office visits, but is planning on getting a home monitor to start checking his BP's daily.
No change in BP meds @ today's visit: we will treat his Low Back pain and sciatica first and in two weeks re-evaluate his HTN.
Increased dose of Desryel to help with sleep.
We will get an EKG/CXR @ his next visit (nurse's part of CPE)

MEDICATIONS RECOMMENDED:

PATIENT NAME: DAWKINS, JAMES L. DOB: [redacted] Sex:M SSN: [redacted]

ENCOUNTER TYPE: Visit on 04/21/2006

Toprol-XL 100.000 mgs:1.00 Tablet(s) Q Day
Reverse-age :
Cialis 20 Mg(s):1.00 Pill(s) as needed
Avapro 300.000 mgs:1.00 Tablet(s) Q Day
Cardizem LA 360.000 mgs:1.00 Tablet(s) Q Day
Fish Oil 1 capsule Mg(s):1.00 Pill(s) QD
Desyrel 300.000 mgs:1.00 Tablet(s) Q HS
Allopurinol 100 Mg(s):3.00 Pill(s) Q Day
Sterapred Ds--6 Day Pack :1.00 Pill(s) As Directed
Ultracet :1.00 Tablet(s) Q 6 Hrs (ok to take 1-2 pill Q6 hrs prn pain, max of 8 pills/day)

PRESCRIPTIONS GIVEN PATIENT:

Prescription for :Desyrel 300.000 mgs: 1.00 Tablet(s) Q HS Disp:30 Ref:2
Prescription for :Sterapred Ds--6 Day Pack : 1.00 Pill(s) As Directed Disp:1 Ref
Prescription for :Ultracet : 1.00 Tablet(s) Q 6 Hrs Disp:60 Ref:0

MAUREEN BAILEY, PA-C/D. SMITH, MD

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H30

SMITH CENTER FOR CARDIOVASCULAR WELLNESS

PATIENT NAME: DAWKINS, JAMES L. DOB: [redacted] Sex:M SS[redacted]

ENCOUNTER TYPE: Visit on 05/08/2006
PROVIDER: MAUREEN BAILEY, PA-C/D. SMITH, MD
45 CREEKVIEW COURT
GREENVILLE, SC 29615
(864)234-7474

CHIEF COMPLAINT(S):

Patient here today for his comprehensive examination. He voices no complaints.

ALLERGIES:

No Known Drug Allergies :

SOCIAL HISTORY:

Non-Smoker; Alcohol: None; Marital Status: Married; Safe Sex: Yes; Seat Belts: Yes; Smoke Detector: Yes; Carbon Monoxide Detector: Yes; Formal Education: High School

FAMILY HISTORY:

Mother - Hypertension
Sister(Alive) - Hypertension
Father(Deceased) - Coronary Artery Disease, onset decade:6

REVIEW OF SYSTEMS:

General

Denies Alcohol, Heavy Use; Denies Chills or Fever; Denies Cold Intolerance; Denies Depression; Denies Heat Intolerance; Denies Loss of Appetite; Denies Memory Loss

Psychiatric

Denies Drug Use, Nonmedical; Denies Fatigue, Unexplained

HEENT

Denies Blurred Vision; Denies Cataracts; Denies Decreased Hearing; Denies Dental Problems; Denies Diplopia; Denies Ear Discharge; Denies Earache; Denies Enlarged Glands; Denies Eye Discharge; Denies Eye Pain; Denies Glaucoma; Denies Hair Loss; Denies Mouth Sores; Denies Nasal Congestion; Denies Nasal Discharge; Denies Nasal Injury; Denies Nasal Surgery; Denies Persistent Hoarsness; Denies Sore Throat; Denies Thyroid Problems; Denies Tinnitus; Denies Trouble Swallowing

Respiratory

Denies Cough; Denies Hemoptysis; Denies Shortness of Breath; Denies Sputum Production; Denies Wheezing

Cardiovascular

Denies Circulatory Problems; Denies Claudication; Denies Dizziness; Denies Dyspnea on Exertion; Denies Edema; Denies Frequent Palpitations; Denies Leg Pain; Denies Nocturnal Dyspnea; Denies Orthopnea; Denies Presyncope; Denies Severe Varicose Veins; Denies Significant Chest Pain; Denies Syncope

Gastrointestinal

Denies Abdominal Pain; Denies Changing Bowel Habits; Denies Chronic Laxative Use; Denies Excessive Belching; Denies Excessive Flatulence; Denies Frequent Diarrhea; Denies Frequent Dyspepsia; Denies Frequent Nausea; Denies Hematemesis; Denies Hemorrhoids; Denies Jaundice; Denies Lactose Intolerance; Denies Melena; Denies Rectal Bleeding; Denies Rectal Pain; Denies Significant Constipation; Denies Stool Change; Denies Umbilical Hernia; Denies Vomiting

Genitourinary

Denies Dysuria; Denies Erectile Dysfunction; Denies Fertility Problems; Denies Flank Pain; Denies Hematuria; Denies Incontinence; Denies Inguinal Hernia; Denies Nocturia; Denies Penile Lesions; Denies Polyuria; Denies Pyuria; Denies Scrotal Mass; Denies Testicular Pain; Denies Urethral Discharge; Denies Urinary Urgency; Denies Weak Urinary Stream

Musculoskeletal

C/O Gout; Denies Arthritis; Denies Bursitis; Denies Joint Injury; Denies Joint Pain; Denies Joint Swelling; Denies Low Back Pain; Denies Mid Back Pain; Denies Myalgias; Denies Neck Pain; Denies Sciatica; Denies Scoliosis

Skin

Denies Acne; Denies Changing Moles; Denies Chronic Eczema; Denies Nail Abnormalities; Denies Other Rashes; Denies Pruritus; Denies Psoriasis; Denies Recurrent Boils; Denies Recurrent Hives

Hematological

Denies Anemia; Denies Bleeding Tendencies

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PATIENT NAME: DAWKINS, JAMES L. DOB: [redacted] Sex:M SSN: [redacted]

ENCOUNTER TYPE: Visit on 05/08/2006

Neurological

Denies Amaurosis Fugax; Denies Frequent Headaches; Denies Gait Abnormality; Denies Parathesias; Denies Seizures; Denies Stroke; Denies Tremor; Denies Vertigo

Endocrinological

Denies Weight Gain; Denies Weight Loss

PHYSICAL EXAMINATION:

VITAL SIGNS:

BP:156/92 Height:73 Inches Weight:227 Lbs; by MAUREEN BAILEY, PA-C/D. SMITH, MD

FINDINGS NOT PRESENT ON EXAM:

General

(-) Disheveled; (-) Obesity; (-) Nevus(i), Benign Appear.

Psychiatric

(-) Anxious; (-) Flat Affect; (-) Tearful; (-) Hostile

HEENT

(-) Hair Loss/Thinning; (-) Sinus Tend, Frontal; (-) Sinus Tend, Ethmoid; (-) Sinus Tend, Maxillary; (-) Decreased Gross Hearing; (-) Abnl External Ear Canal; (-) Abnl Tympanic Memb; (-) Abnl Nasal Septum; (-) Enlarged Nasal Turbinates; (-) Nasal Polyp(s); (-) Nasal Cong Drainage/Disch; (-) Dental Carie(s); (-) Gingivitis; (-) Mucosal Lesion(s); (-) Enlarged/Swollen Tonsil(s; (-) Abnormal Thyroid; (-) Cervical Adenopathy; (-) Pharyngeal Hyperemia; (-) Decreased EOM; (-) Abnl PERLA; (-) Abnormal Sclera; (-) Abnormal Iris; (-) Abnormal Conjunctiva; (-) Abnormal Eyelid(s); (-) Abnormal Cornea(s)

Respiratory

(-) Rales, Wet; (-) Rales, Dry; (-) Rhonchi; (-) Pleural Rub; (-) Wheezing; (-) Pectus Excavatum; (-) Pectus Carinatum

Cardiovascular

(-) Jugular Ven Distension; (-) Hepato Jugular Reflux; (-) Abnl Jugular Pulsation; (-) Abnl Carotid Pulse; (-) Carotid Bruit; (-) Distant Heart Sounds; (-) Displaced PMI; (-) Sig Systolic Murmur; (-) Diastolic Murmur; (-) S3; (-) S4; (-) Pedal Edema; (-) Abnl Upper Ext Pulse; (-) Abnl Lower Ext Pulse

Gastrointestinal

(-) Hyperact Bowel Sounds; (-) Hypoact Bowel Sounds; (-) Abdominal Hernia; (-) Inguinal Hernia; (-) Abdominal Scar; (-) Abdominal Mass; (-) Abdominal Rebound; (-) Abdominal Guarding; (-) Abdominal Tenderness; (-) Hepatomegaly; (-) Splenomegaly; (-) Hemorrhoids; (-) Abnl Rectal Exam; (-) Abnormal Prostate; (-) Heme + Stool

Genitourinary

(-) Abnormal Breast(s); (-) Abnormal Testicle(s); (-) Abnormal Scrotum; (-) Abnormal Penis; (-) Urethral Discharge

Musculoskeletal

(-) Abnl Spinal Curvature; (-) Spinal Tenderness; (-) Paraspinal Muscle Spasm; (-) Joint Tenderness; (-) Joint Swelling; (-) Joint Warmth; (-) Joint Erythema; (-) Decreased Joint ROM; (-) Dec. Joint Stability; (-) Abnormal Bursa; (-) Abnormal Muscle; (-) Abnormal Tendon

Skin

(-) Acne; (-) Nevus(i), Suspicious; (-) Solar Keratosis; (-) Seborrheic Dermatosis; (-) Eczema; (-) Macular Rash; (-) Papular Rash; (-) Skin Plaque(s); (-) Skin Nodules; (-) Pustular Rash; (-) Vesicular Rash; (-) Urticarial Rash; (-) Scaling Rash; (-) Crusting Rash; (-) Skin Erosion/Ulcer; (-) Skin Cyst(s)

Hematological

(-) Broken /Missing Teeth

Neurological

(-) Abnormal Mental Status; (-) Hyperreflexia; (-) Hyporeflexia; (-) Abnl Temperature Sense; (-) Abnl Vibration Sense; (-) Romberg's Sign; (-) Abnl Pinprick Sense; (-) Abnl 2 Point Descrim; (-) Abnormal Gait

DIAGNOSIS:

Renal Insufficiency

Proteinuria w/ Renal Insufficiency

L. Sciatica

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PATIENT NAME: DAWKINS, JAMES L. DOB: [redacted] Sex:M SSN [redacted]

ENCOUNTER TYPE: Visit on 05/08/2006

Insomnia NOS
Hemorrhoids Internal W/O Complicati
Gout Arthropathy
Hypertension Essential Malignant
Low Back Pain

REFERRALS GIVEN PATIENT:

Urology with DONALD R. VAUGHN on 05/08/2006: consult,

RECOMMENDATIONS:

Increased dose of Cardizem LA to 420mg .
Refilled Cialis (pt request)
Labs Drawn
Referral to urologist for renal insufficiency. UA in office today: 2(+) protein, and prior abnl CrCl/ 24 HR Protein on 3/05. Discussed need for aggressive mgmt of his HTN.
Will reschedule his 24hr BP monitor (pt has scheduling conflicts).
Followup Visit Recommended: 2 Week(s)

MEDICATIONS RECOMMENDED:

Toprol-XL 100.000 mgs:1.00 Tablet(s) Q Day
Reverse-age :
Cialis 20 Mg(s):1.00 Pill(s) as needed
Avapro 300.000 mgs:1.00 Tablet(s) Q Day
Cardizem LA 420.000 mgs:1.00 Tablet(s) Q Day
Fish Oil 1 capsule Mg(s):1.00 Pill(s) QD
Desyrel 300.000 mgs:1.00 Tablet(s) Q HS
Allopurinol 100 Mg(s):3.00 Pill(s) Q Day
Sterapred Ds--6 Day Pack :1.00 Pill(s) As Directed
Ultracet :1.00 Tablet(s) Q 6 Hrs (ok to take 1-2 pill Q6 hrs prn pain, max of 8 pills/day)

PRESCRIPTIONS GIVEN PATIENT:

Prescription for :Cardizem LA 420.000 mgs: 1.00 Tablet(s) Q Day Disp:30 Ref:2
Prescription for :Cialis 20 Mg(s): 1.00 Pill(s) as needed Disp:10 Ref:2

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#31

#32

SMITH CENTER FOR CARDIOVASCULAR WELLNESS

PATIENT NAME: DAWKINS, JAMES L. DOB: [redacted] Sex:M SSN [redacted]

ENCOUNTER TYPE: Visit on 06/20/2006
PROVIDER: MAUREEN BAILEY, PA-C/D. SMITH, MD
45 CREEKVIEW COURT
GREENVILLE, SC 29615
(864)234-7474

CHIEF COMPLAINT(S):

Patient here today for a follow-up visit. Mr. Dawkins mentioned that he walked 5 miles this morning. He also mentioned that he has been having problems with his back but since he has been walking it seems to have gotten better. Patient states that he has not been sleeping well and he is requesting something for it. Mr. Dawkins stated that he had to cancel his appointment with the urologist because he was out of town preaching.

ALLERGIES:

No Known Drug Allergies :

SOCIAL HISTORY:

Non-Smoker; Alcohol: None; Marital Status: Married; Safe Sex: Yes; Seat Belts: Yes; Smoke Detector: Yes; Carbon Monoxide Detector: Yes; Formal Education: High School

REVIEW OF SYSTEMS:

General
Denies Chills or Fever

Psychiatric
Denies Drug Use, Nonmedical; Denies Fatigue, Unexplained

HEENT
Denies Cataracts; Denies Diplopia; Denies Ear Discharge; Denies Earache; Denies Glaucoma; Denies Mouth Sores; Denies Nasal Congestion; Denies Nasal Discharge; Denies Nasal Injury; Denies Nasal Surgery; Denies Thyroid Problems; Denies Trouble Swallowing

Respiratory
Denies Cough; Denies Hemoptysis; Denies Sputum Production

Cardiovascular
Denies Claudication; Denies Dizziness; Denies Dyspnea on Exertion; Denies Edema; Denies Frequent Palpitations; Denies Leg Pain; Denies Orthopnea; Denies Presyncope; Denies Severe Varicose Veins; Denies Significant Chest Pain; Denies Syncope

Gastrointestinal
Denies Abdominal Pain; Denies Changing Bowel Habits; Denies Frequent Diarrhea; Denies Frequent Dyspepsia; Denies Frequent Nausea; Denies Hematemesis; Denies Hemorrhoids; Denies Melena; Denies Rectal Bleeding; Denies Significant Constipation; Denies Stool Change; Denies Vomiting

Genitourinary
Denies Dysuria; Denies Hematuria; Denies Polyuria; Denies Pyuria

Musculoskeletal
C/O Gout; Denies Arthritis; Denies Joint Pain; Denies Joint Swelling; Denies Low Back Pain; Denies Mid Back Pain; Denies Myalgias; Denies Neck Pain

Skin
Denies Changing Moles

Neurological
Denies Amaurosis Fugax; Denies Frequent Headaches; Denies Seizures; Denies Stroke; Denies Vertigo

PHYSICAL EXAMINATION:

VITAL SIGNS:
BP:150/100 Height:73 Inches Weight:219 Lbs; by ESSIE JENKINS, MA

FINDINGS NOT PRESENT ON EXAM:

General
(-) Obesity

Psychiatric
(-) Anxious

HEENT
(-) Decreased Gross Hearing; (-) Abnl External Ear Canal; (-) Abnl Tympanic Memb; (-) Abnl Nasal Septum; (-)

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12

160

PATIENT NAME: DAWKINS, JAMES L. DOB: [redacted] Sex:M SSN: [redacted]

ENCOUNTER TYPE: Visit on 06/20/2006

Enlarged Nasal Turbinates; (-) Nasal Polyp(s); (-) Nasal Cong Drainage/Disch; (-) Dental Carie(s); (-) Gingivitis; (-) Mucosal Lesion(s); (-) Enlarged/Swollen Tonsil(s; (-) Abnormal Thyroid; (-) Cervical Adenopathy; (-) Pharyngeal Hyperemia; (-) Decreased EOM; (-) Abnl PERLA; (-) Abnormal Sclera; (-) Abnormal Iris; (-) Abnormal Conjunctiva; (-) Abnormal Eyelid(s); (-) Abnormal Cornea(s)

Respiratory

(-) Rales, Wet; (-) Rales, Dry; (-) Rhonchi; (-) Pleural Rub; (-) Wheezing; (-) Pectus Excavatum; (-) Pectus Carinatum

Cardiovascular

(-) Carotid Bruit; (-) Distant Heart Sounds; (-) Sig Systolic Murmur; (-) Diastolic Murmur; (-) S3; (-) S4; (-) Pedal Edema; (-) Abnl Upper Ext Pulse; (-) Abnl Lower Ext Pulse

Gastrointestinal

(-) Hyperact Bowel Sounds; (-) Hypoact Bowel Sounds; (-) Abdominal Hernia; (-) Inguinal Hernia; (-) Abdominal Scar; (-) Abdominal Mass; (-) Abdominal Rebound; (-) Abdominal Guarding; (-) Abdominal Tenderness; (-) Hepatomegaly; (-) Splenomegaly

Skin

(-) Other Skin Rash; (-) Feet: Skin lesions

Hematological

(-) Broken /Missing Teeth

Neurological

(-) Abnormal Mental Status; (-) Abnl CN Nerve II to XII; (-) Abnl Motor Strength; (-) Unequal Reflexes; (-) Feet: paresthesias

DIAGNOSIS:

Proteinuria w/ Renal Insufficiency
L. Sciatica
Insomnia NOS
Hemorrhoids Internal W/O Complicati
Gout Arthropathy
Hypertension Essential Malignant
Low Back Pain

PROCEDURES RECOMMENDED:

24 Hour Ambulatory BP Monitor by SMITH CENTER-ICAVL CERIFIED on 06/20/2006

RECOMMENDATIONS:

Appt. for 24 Hr BP monitor is scheduled @ the end of this month, but he believes that he may need to reschedule it.
Cut out salt in diet & continue exercise 3-5x/week.
Refilled meds and changed Avapro to Avalide 300/25
Followup Visit Recommended: 1 Month(s)

MEDICATIONS RECOMMENDED:

Toprol-XL 100.000 mgs:1.00 Tablet(s) Q Day
Cialis 20 Mg(s):1.00 Pill(s) as needed
Cardizem LA 420.000 mgs:1.00 Tablet(s) Q Day
Fish Oil 1 capsule Mg(s):1.00 Pill(s) QD
Desyrel 300.000 mgs:1.00 Tablet(s) Q HS
Allopurinol 100 Mg(s):3.00 Pill(s) Q Day
Ultracet :1.00 Tablet(s) Q 6 Hrs (ok to take 1-2 pill Q6 hrs prn pain, max of 8 pills/day)
Avalide 300.000 mgs:1.00 Tablet(s) Q AM (300/25)

PRESCRIPTIONS GIVEN PATIENT:

Prescription for :Avalide 300.000 mgs: 1.00 Tablet(s) Q AM Disp:30 Ref:2
Prescription for :Desyrel 300.000 mgs: 1.00 Tablet(s) Q HS Disp:30 Ref:2
Prescription for :Cialis 20 Mg(s): 1.00 Pill(s) as needed Disp:10 Ref:2
Prescription for :Toprol-XL 100.000 mgs: 1.00 Tablet(s) Q Day Disp:30 Ref:2

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PATIENT NAME: DAWKINS, JAMES L. DOB [redacted] Sex:M SSN [redacted]

ENCOUNTER TYPE: Visit on 06/20/2006

Prescription for :Ultracet : 1.00 Tablet(s) Q 6 Hrs Disp:60 Ref:1

MAUREEN BAILEY, PA-C/D. SMITH, MD

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#33

SMITH CENTER FOR CARDIOVASCULAR WELLNESS

PATIENT NAME: DAWKINS, JAMES L. DOB: [redacted] Sex:M SSN: [redacted]

ENCOUNTER TYPE: Visit on 06/22/2006
PROVIDER: MAUREEN BAILEY, PA-C/D. SMITH, MD
45 CREEKVIEW COURT
GREENVILLE, SC 29615
(864)234-7474

CHIEF COMPLAINT(S):

Patient here today as a call-in; Mr. Dawkins is c/o pain in his groin area that has been happening off and on for a while. He also mentioned that he cut wood on his off time but last week he lifted some suit cases and that is when the pain got worse in groin . He's been cutting fire wood a lot lately. He also lifted some heavy suitcases last Friday. He has been having groin pain off an on for several years now, but seems to be aggravated since lifting the suitcases on Friday. He denies any history of inguinal hernias.

ALLERGIES:

No Known Drug Allergies :

SOCIAL HISTORY:

Non-Smoker; Alcohol: None; Marital Status: Married; Safe Sex: Yes; Seat Belts: Yes; Smoke Detector: Yes; Carbon Monoxide Detector: Yes; Formal Education: High School

REVIEW OF SYSTEMS:

Gastrointestinal

Denies Umbilical Hernia

Genitourinary

C/O Testicular Pain; Denies Hematuria; Denies Incontinence; Denies Inguinal Hernia; Denies Nocturia; Denies Penile Lesions; Denies Pyuria

Skin

Denies Other Rashes

PHYSICAL EXAMINATION:

VITAL SIGNS:

BP:124/92 Height:73 Inches Weight:216 Lbs; by ESSIE JENKINS, MA

FINDINGS NOT PRESENT ON EXAM:

Gastrointestinal

(-) Abdominal Tenderness

Genitourinary

(-) Abnormal Testicle(s); (-) Abnormal Scrotum; (-) Abnormal Penis; (-) Urethral Discharge

Musculoskeletal

(-) Abnl Spinal Curvature; (-) Spinal Tenderness; (-) Paraspinal Muscle Spasm; (-) Joint Tenderness

Neurological

(-) Unequal Reflexes; (-) Abnormal Gait

ADDITIONAL PHYSICAL ITEMS:

No evidence of Inguinal or femoral hernia; no masses or tenderness on testicular exam--however, pt describes that he experiences pain in both of these areas intermittently. No evidence of a varicocele on exam.

DIAGNOSIS:

Bilateral Groin Pain
Proteinuria w/ Renal Insufficiency
L. Sciatica
Insomnia NOS
Hemorrhoids Internal W/O Complicati
Gout Arthropathy
Hypertension Essential Malignant
Low Back Pain

PROCEDURES RECOMMENDED:

X-Ray Bilateral hips by SMITH CENTER-ICAVL CERIFIED on 06/22/2006

BLOOD TESTS RECOMMENDED:

URINALYSIS by SMITH CENTER-ICAVL CERIFIED on 06/22/2006

RECOMMENDATIONS:

UA: (+) Trace protein, otherwise unremarkable

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10

PATIENT NAME: DAWKINS, JAMES L. DOB: [redacted] Sex:M SSN: [redacted]

ENCOUNTER TYPE: Visit on 06/22/2006

Bilat. Hip Xray: (+) arthritic changes bilaterally (mild)
Recommended holding Cialis until next visit (in one month) to see if this could be causing his pains. Regular activity allowed, as long as it does not hurt.
Reschedule 24 Hr BP Monitor for some time next week (since Dr. Smith will be out of town and Mr. Dawkins will be available @ this time).
OTC Tylenol or Motrin Prn pain.
Followup Visit Recommended: As Needed

MEDICATIONS RECOMMENDED:

Toprol-XL 100.000 mgs:1.00 Tablet(s) Q Day
Cialis 20 Mg(s):1.00 Pill(s) as needed
Cardizem LA 420.000 mgs:1.00 Tablet(s) Q Day
Fish Oil 1 capsule Mg(s):1.00 Pill(s) QD
Desyrel 300.000 mgs:1.00 Tablet(s) Q HS
Allopurinol 100 Mg(s):3.00 Pill(s) Q Day
Ultracet :1.00 Tablet(s) Q 6 Hrs (ok to take 1-2 pill Q6 hrs prn pain, max of 8 pills/day)
Avalide 300.000 mgs:1.00 Tablet(s) Q AM (300/25)

MAUREEN BAILEY, PA-C/D. SMITH, MD

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#34

SMITH CENTER FOR CARDIOVASCULAR WELLNESS, P.A.
Creekview Professional Park
45 Creekview Court Greenville, S.C. 29615
Phone (864) 234-7474 Fax (864) 234-8836

X-RAY EXAMINATION REQUEST

Patient Name Dawkins James Date 6-22-06

Social Security Number [redacted] X-Ray ID# 6252

X-Ray Exam(s) Ordered Bi-lateral hips Tech ID Eg

Clinical History intermittent rt Bilat. femoral & Inguinal pain; aggravated by lifting & increased lower abdominal exertion.

Interpretation + Sclerosing of Bilat. hips (superiorly & laterally) - otherwise normal exam. (prelim Lehrfeld-Mosciyan

Desmond E. Smith, M.D. Date 6/22/06

DES/jpb 3/3/04

167

Scanned 6.22.06 ED

X135

SMITH CENTER FOR CARDIOVASCULAR WELLNESS

PATIENT NAME: DAWKINS, JAMES L. DOB: [redacted] Sex:M SSN [redacted]

ENCOUNTER TYPE: Visit on 07/13/2006
PROVIDER: MAUREEN BAILEY, PA-C/D. SMITH, MD
45 CREEKVIEW COURT
GREENVILLE, SC 29615
(864)234-7474

CHIEF COMPLAINT(S):

Patient here today for management of his hypertension, low back pain and gout. He is requesting the results of his 24 hour blood pressure monitor. Mr. Dawkins stated that he stopped taking cialis and the pain in his groin went away. He was instructed to start taking his Toprol XL QHS instead of QAM, by phone, after reading the 24 HrBP study. He has not been able to sleep at all since switching the Toprol XL to QHS dosing. He states that he as frequent nocturia as well. He has already switched it back to QAM dosing and is doing much better.

ALLERGIES:

No Known Drug Allergies :

PAST MEDICAL HISTORY:

Bilateral Groin Pain - '06

SOCIAL HISTORY:

Non-Smoker; Alcohol: None; Marital Status: Married; Safe Sex: Yes; Seat Belts: Yes; Smoke Detector: Yes; Carbon Monoxide Detector: Yes; Formal Education: High School

REVIEW OF SYSTEMS:

General
Denies Chills or Fever

Psychiatric
Denies Drug Use, Nonmedical; Denies Fatigue, Unexplained

HEENT
Denies Cataracts; Denies Diplopia; Denies Ear Discharge; Denies Earache; Denies Glaucoma; Denies Mouth Sores; Denies Nasal Congestion; Denies Nasal Discharge; Denies Nasal Injury; Denies Nasal Surgery; Denies Thyroid Problems; Denies Trouble Swallowing

Respiratory
Denies Cough; Denies Hemoptysis; Denies Sputum Production

Cardiovascular
Denies Claudication; Denies Dizziness; Denies Dyspnea on Exertion; Denies Edema; Denies Frequent Palpitations; Denies Leg Pain; Denies Orthopnea; Denies Presyncope; Denies Severe Varicose Veins; Denies Significant Chest Pain; Denies Syncope

Gastrointestinal
Denies Abdominal Pain; Denies Changing Bowel Habits; Denies Frequent Diarrhea; Denies Frequent Dyspepsia; Denies Frequent Nausea; Denies Hematemesis; Denies Hemorrhoids; Denies Melena; Denies Rectal Bleeding; Denies Significant Constipation; Denies Stool Change; Denies Vomiting

Genitourinary
Denies Dysuria; Denies Hematuria; Denies Polyuria; Denies Pyuria; Denies Testicular Pain

Musculoskeletal
C/O Bursitis; Denies Arthritis; Denies Gout; Denies Joint Pain; Denies Joint Swelling; Denies Low Back Pain; Denies Mid Back Pain; Denies Myalgias; Denies Neck Pain

Skin
Denies Changing Moles

Neurological
Denies Amaurosis Fugax; Denies Frequent Headaches; Denies Seizures; Denies Stroke; Denies Vertigo

PHYSICAL EXAMINATION:

VITAL SIGNS:
BP:130/86 Height:73 Inches Weight:220 Lbs; by ESSIE JENKINS, MA

FINDINGS NOT PRESENT ON EXAM:

General
(-) Obesity

Psychiatric

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PATIENT NAME: DAWKINS, JAMES L. DOB: [redacted] Sex: M SSN: [redacted]

ENCOUNTER TYPE: Visit on 07/13/2006

(-) Anxious

HEENT

(-) Decreased Gross Hearing; (-) Abnl External Ear Canal; (-) Abnl Tympanic Memb; (-) Abnl Nasal Septum; (-) Enlarged Nasal Turbinates; (-) Nasal Polyp(s); (-) Nasal Cong Drainage/Disch; (-) Dental Carie(s); (-) Gingivitis; (-) Mucosal Lesion(s); (-) Enlarged/Swollen Tonsil(s; (-) Abnormal Thyroid; (-) Cervical Adenopathy; (-) Pharyngeal Hyperemia; (-) Decreased EOM; (-) Abnl PERLA; (-) Abnormal Sclera; (-) Abnormal Iris; (-) Abnormal Conjunctiva; (-) Abnormal Eyelid(s); (-) Abnormal Cornea(s)

Respiratory

(-) Rales, Wet; (-) Rales, Dry; (-) Rhonchi; (-) Pleural Rub; (-) Wheezing; (-) Pectus Excavatum; (-) Pectus Carinatum

Cardiovascular

(-) Carotid Bruit; (-) Distant Heart Sounds; (-) Sig Systolic Murmur; (-) Diastolic Murmur; (-) S3; (-) S4; (-) Pedal Edema; (-) Abnl Upper Ext Pulse; (-) Abnl Lower Ext Pulse

Gastrointestinal

(-) Hyperact Bowel Sounds; (-) Hypoact Bowel Sounds; (-) Abdominal Hernia; (-) Inguinal Hernia; (-) Abdominal Scar; (-) Abdominal Mass; (-) Abdominal Rebound; (-) Abdominal Guarding; (-) Abdominal Tenderness; (-) Hepatomegaly; (-) Splenomegaly

Musculoskeletal

(-) Abnl Spinal Curvature; (-) Spinal Tenderness; (-) Paraspinal Muscle Spasm; (-) Joint Tenderness

Hematological

(-) Broken /Missing Teeth

Neurological

(-) Abnormal Mental Status; (-) Unequal Reflexes; (-) Abnormal Gait

DIAGNOSIS:

White Coat Hypertension
Proteinuria w/ Renal Insufficiency
L. Sciatica
Insomnia NOS
Hemorrhoids Internal W/O Complicati
Gout Arthropathy
Hypertension -Mild Nocturnal
Low Back Pain

PROCEDURES RECOMMENDED:

Carotid Ultrasound by MEMORIAL HOSPITAL on 07/13/2006
Sonogram - Renal/Kidneys by SMITH CENTER-ICAVL CERIFIED on 07/13/2006
STRESS TEST by SMITH CENTER-ICAVL CERIFIED on 07/13/2006

RECOMMENDATIONS:

Reviewed results of 24 Hr. BP monitor--changed Cardizem LA to PM dosing. We can recheck his 24 HR. BP in about 3 months.
samples of Viagra given--warned him to use sparingly, and to stop if groin pain returns.
Followup Visit Recommended: 3 Month(s)

MEDICATIONS RECOMMENDED:

Toprol-XL 100.000 mgs:1.00 Tablet(s) Q HS
Cialis 20 Mg(s):1.00 Pill(s) as needed
Cardizem LA 420.000 mgs:1.00 Tablet(s) Q Day
Fish Oil 1 capsule Mg(s):1.00 Pill(s) QD
Desyrel 300.000 mgs:1.00 Tablet(s) Q HS
Allopurinol 100 Mg(s):3.00 Pill(s) Q Day
Ultracet :1.00 Tablet(s) Q 6 Hrs (ok to take 1-2 pill Q6 hrs prn pain, max of 8 pills/day)
Avalide 300.000 mgs:1.00 Tablet(s) Q AM (300/25)

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PATIENT NAME: DAWKINS, JAMES L. DOB [redacted] Sex:M SSN [redacted]

ENCOUNTER TYPE: Visit on 07/13/2006

Clinical Practice Facilitator, Copyright 1998-2001

#36

SMITH CENTER FOR CARDIOVASCULAR WELLNESS

PATIENT NAME: DAWKINS, JAMES L. DOB: [redacted] Sex:M SSN: [redacted]

ENCOUNTER TYPE: Visit on 09/21/2006
PROVIDER: DESMOND E.SMITH, M.D. FACP
45 CREEKVIEW COURT
GREENVILLE, SC 29615
(864)234-7474

CHIEF COMPLAINT(S):

The patient is here today for a follow-up and management of his hypertension,gout and other health issues. Mr. Dawkins c/o low back pain that comes and goes. He also stated that he saw blood on the tissue paper when he wiped. Patient stated that he has been constipated and he has been straining trying to have a bowel movement and that is when he saw the blood on the tissue.

HISTORY OF PRESENT ILLNESS:

Past medical history is listed in the patient's list of active diagnoses.

MEDICATIONS:

Toprol-XL 100.000 mgs:1.00 Tablet(s) Q HS
Cialis 20 Mg(s):1.00 Pill(s) as needed
Cardizem LA 420.000 mgs:1.00 Tablet(s) Q Day
Fish Oil 1 capsule Mg(s):1.00 Pill(s) QD
Desyrel 300.000 mgs:1.00 Tablet(s) Q HS
Allopurinol 100 Mg(s):3.00 Pill(s) Q Day
Ultracet :1.00 Tablet(s) Q 6 Hrs (ok to take 1-2 pill Q6 hrs prn pain, max of 8 pills/day)
Avalide 300.000 mgs:1.00 Tablet(s) Q AM (300/25)
Colace 100.000 mgs:1.00 Capsule(s) BID

ALLERGIES:

No Known Drug Allergies :

PAST MEDICAL HISTORY:

Bilateral Groin Pain - '06

SOCIAL HISTORY:

Non-Smoker; Alcohol: None; Marital Status: Married; Safe Sex: Yes; Seat Belts: Yes; Smoke Detector: Yes; Carbon Monoxide Detector: Yes; Formal Education: High School

FAMILY HISTORY:

Mother - Hypertension
Sister(Alive) - Hypertension
Father(Deceased) - Coronary Artery Disease, onset decade:6

REVIEW OF SYSTEMS:

Gastrointestinal

C/O Rectal Bleeding; Denies Abdominal Pain; Denies Changing Bowel Habits; Denies Frequent Diarrhea; Denies Frequent Dyspepsia; Denies Frequent Nausea; Denies Hematemesis; Denies Hemorrhoids; Denies Hepatitis; Denies Melena; Denies Significant Constipation; Denies Stool Caliber Change; Denies Vomiting

Genitourinary

Denies Dysuria; Denies Hematuria; Denies Polyuria; Denies Pyuria

PHYSICAL EXAMINATION:

VITAL SIGNS:

BP:126/76 Height:73 Inches Weight:224 Lbs; by ESSIE JENKINS, MA

FINDINGS:

GA: Well developed, well nourished, not in any acute distress.
HEENT: Normocephalic without evidence for acute head trauma. PERRLA, EOM-full: Conjunctiva is pink without erythema. TMs-are clear of erythema, the light reflexes are preserved; the external auditory canal is without any debris, exudates or erythema; Neck is supple without restriction to passive range of motion; No neck vein distention; no thyroidmegaly; no carotid bruits; carotid pulsations are 2+ bilaterally.
LUNGS: Clear to auscultation and percussion, without any wheezing, rhonchi, or rales.
HEART: S1,S2 are normal, without S3,S4, murmurs, rubs, gallops or thrills.
ABDOMEN: Soft, non-tender, without any palpable masses or organomegaly.
NEURO: Alert, fully oriented, no motor or sensory deficits; Cerbellar function is intact bilaterally;

Clinical Practice Facilitator, Copyright 1998-2001

PATIENT NAME: DAWKINS, JAMES L. DOB [redacted] Sex:M SSN [redacted]

ENCOUNTER TYPE: Visit on 09/21/2006

Cranial nerves 2-12 are intact.
EXTREMITIES: No cyanosis, clubbing, or edema noted; all pulses are present and are 2+ bilaterally.
SKIN: No rashes, ulceration, enlarging moles or change in pigmentation.

DIAGNOSIS:
Hypertensive Renal Disease NOS
White Coat Hypertension
Proteinuria w/ Renal Insufficiency
L. Sciatica
Insomnia NOS
Hemorrhoids Internal W/O Complicati
Gout Arthropathy
Hypertension -Mild Nocturnal
Low Back Pain

BLOOD TESTS RECOMMENDED:
24 HOUR CREATININE AND PROTEIN by SPECTRUM LABS on 09/21/2006
ANA-SED RATE-RF by SPECTRUM LABS on 09/21/2006
Hemoglobin Electrophoresis by SPECTRUM LABS on 09/21/2006
Hepatitis Panel (Acute)-A,B & C by SPECTRUM LABS on 09/21/2006
URIC ACID by SPECTRUM LABS on 09/21/2006

RECOMMENDATIONS:
Aerobic Exercise 3-5 Times A Week
Check Your Blood Pressure And Call With The Results
Continue current medications and follow-up with me in one month.
Dx and Tx options discussed. Risks, benefits, complications understood and accepted by patient. Patient was able to ask all questions and was asked to call for any problems.
Patient is Stable and doing well.
Recommendation was made to patient to try and Lose Weight to help with lowering blood pressure.
Followup Visit Recommended: 1 Month(s)
Hemmorrhoids - Rectal bleeding. Proctofoam and Colace ordered.

MEDICATIONS RECOMMENDED:
Toprol-XL 100.000 mgs:1.00 Tablet(s) Q HS
Cialis 20 Mg(s):1.00 Pill(s) as needed
Cardizem LA 420.000 mgs:1.00 Tablet(s) Q Day
Fish Oil 1 capsule Mg(s):1.00 Pill(s) QD
Desyrel 300.000 mgs:1.00 Tablet(s) Q HS
Allopurinol 100 Mg(s):3.00 Pill(s) Q Day
Ultracet :1.00 Tablet(s) Q 6 Hrs (ok to take 1-2 pill Q6 hrs prn pain, max of 8 pills/day)
Avalide 300.000 mgs:1.00 Tablet(s) Q AM (300/25)
Colace 100.000 mgs:1.00 Capsule(s) BID
Proctofoam HC 1.000 %:1.00 Application(s) as directed

PRESCRIPTIONS GIVEN PATIENT:
Prescription for :Colace 100.000 mgs: 1.00 Capsule(s) BID Disp:60 Ref:2
Prescription for :Proctofoam HC 1.000 %: 1.00 Application(s) as directed Disp:3

DESMOND E.SMITH, M.D. FACP
digitally signed

Clinical Practice Facilitator, Copyright 1998-2001

#37

North Hills Medical Center
800 Pelham Road
Greenville, SC 29615
(864) 234-5800

PatientID: [redacted]
Patient Name: JAMES L DAWKINS
Date of Birth: [redacted] Date of Service: 03/07/2007
Referring Doctor: HARLICIA F FARLEY MD

North Hills Medical Center
800 Pelham Road
Greenville, SC 29615
(864) 234-5800

PatientID: [redacted]
Patient Name: JAMES L DAWKINS
Date of Birth: [redacted] Date of Service: 03/07/2007
Referring Doctor: HARLICIA F FARLEY MD

PATIENT: James Dawkins
DOB: 07/11/50
SSN: [redacted]
DATE: 03/07/07

HISTORY OF PRESENT ILLNESS: James Dawkins is a 56-year-old black male complaining of right shoulder pain. He says the pain started several years ago when he worked for General Electric and he carried pipe on his right shoulder. He says he started to have difficulties sooner after. He has had intermittent exacerbation over the past few years, but has noticed in the last several months that he has increased pain and decreased range of motion in the right shoulder. He denies inflammation or increased warmth of the area. He denies any recent trauma. He says he cannot lift the right arm as high as he can of the left and that has become more debilitating recently.

PHYSICAL EXAMINATION: There is no crepitus to the right shoulder, but it is tender superiorly. There is no calor or rubor noted. He does have good grip strength bilaterally. He does have decrease of range of motion on extension of the right arm.

ASSESSMENT/PLAN: Right shoulder pain. X-rays are currently pending. The patient for now is to take Celebrex 200 mg once daily and we will refer him to orthopedic surgeon for further evaluation.

_____
Harlicia Farley, M.D.

THIS REPORT IS DICTATED, NOT READ OR CORRECTED.

Electronically Signed by: Harlicia Farley, MD on Friday, November 16, 2007

176

CHART COPY

NORTH HILLS
MEDICAL CENTER
800 PELHAM ROAD
GREENVILLE, SOUTH CAROLINA 29615

NAME	James L Dawkins	X-RAY NO.	
ADDRESS		ACCOUNT NO.	07/11/1950
AGE	Taylors, SC, 29687	DATE	[redacted]
PHYSICIAN	56	EXAM	March 7, 2007
HISTORY	Harlicia Farley MD Pain, at recent injury		Rt Shoulder

X-RAY REPORT

PATIENT: James Dawkins
SSN: 248-98-0730
DATE: 03/07/07

RIGHT SHOULDER:
There is very minimal degenerative disease noted in the glenohumeral joint space. The remainder of the shoulder is normal. The soft tissues are normal.

IMPRESSION:
Minimal degenerative disease is noted.

Ronald C. Gardner, MD

NAYAN R. DESAI, M.D.
RONALD GARDNER, M.D.

#39

North Hills Medical Center
800 Pelham Road
Greenville, SC 29615
(864) 234-5800

PatientID: [redacted]
Patient Name: JAMES L DAWKINS
Date of Birth: [redacted] Date of Service: 06/28/2007
Referring Doctor: HARLICIA F FARLEY MD

North Hills Medical Center
800 Pelham Road
Greenville, SC 29615
(864) 234-5800

PatientID: [redacted]
Patient Name: JAMES L DAWKINS
Date of Birth: [redacted] Date of Service: 06/28/2007
Referring Doctor: HARLICIA F FARLEY MD

AGE: 56 YRS
ALLERGIES:

NKDA
VITAL SIGNS:
VS-WEIGHT: 225lbs
VS-TEMPERATURE: 969°f Tympanic
VS-PULSE: 64 Right Radial, Regular
VS-BLOOD PRESSURE: 110/70 Right Arm Sitting
CHIEF COMPLAINT: rx refill,back pain

HISTORY OF PRESENT ILLNESS: pt c/o recurrent back pain localized in the lower back and radiating around his buttocks , thighs , and to his testicles. Pt says he has had this back problem before and was evaluated by a neurosurgeon. Th back pain is not constant but occurs 1-2 times every several weeks.

PHYSICAL EXAM:

CONSTITUTIONAL:
GENERAL APPEARANCE: Black male, normal body habitus, in no acute distress.
MUSCULOSKELETAL EXAM:
GAIT/STATION: Gait intact.
EXTREMITIES:
LEFT UPPER: Full range of motion.
RIGHT UPPER: Full range of motion.
BILATERAL LOWER: Normal strength and tone, full range of motion.
NEUROLOGIC:
CRANIAL NERVES: CNs II-XII grossly intact.
DEEP TENDON REFLEXES: Deep tendon reflexes 2+/4+ and symmetrical. No Babinski or clonus.
PSYCHIATRIC: Judgment appropriate. Oriented. Normal memory. Mood and affect appropriate.

ASSESSMENT/PLAN:

401.9-UNSPECIFIED ESSENTIAL HYPERTENSION
MEDICATIONS:
TOPROL XL ORAL TABLET 24 HR 100 MG, 1 Every Day, 30 Dispensed, 12 Fills, status: NEW PRESCRIPTION, 06/28/2007.

CARDIZEM LA ORAL TABLET 24 HR 420 MG, 1 Every Day, 30 Dispensed, 12 Fills, status: NEW PRESCRIPTION, 06/28/2007.

AVALIDE ORAL TABLET 300-25 MG, 1 Every Day, 30 Dispensed, 12 Fills, status: NEW PRESCRIPTION, 06/28/2007.

607.84-IMPOTENCE OF ORGANIC ORIGIN
MEDICATIONS:
VIAGRA ORAL TABLET 100 MG, 1 tab po directed, 6 Dispensed, 5 Fills, status: NEW PRESCRIPTION, 06/28/2007.

780.52-OTHER INSOMINA
MEDICATIONS:
LUNESTA ORAL TABLET 3 MG, 1 Every Day At Bedtime, As Needed,

30 Dispensed, 5 Fills, status: NEW PRESCRIPTION, 06/28/2007.

274-GOUT

MEDICATIONS:

ALLOPURINOL ORAL TABLET 100 MG, 1 Every Day, 30 Dispensed, 12 Fills, status: NEW PRESCRIPTION, 06/28/2007.

782.1-RASH AND OTHER NONSPECIFIC SKIN ERUPTION

MEDICATIONS:

HYDROCORTISONE 2.5% 1:1 EUCERI GRAMS, use as directed BID, 30 Dispensed, 2 Fills, status: NEW PRESCRIPTION, 06/28/2007.

724.4-THORACIC OR LUMBOSACRAL NEURITIS

MEDICATIONS:

LYRICA 75MG, 1 Two Times A Day, 60 Dispensed, 5 Fills, status: NEW PRESCRIPTION, 06/28/2007.

REFERRALS: Neurologist.

Electronically Signed by: Harlicia Farley, MD on Thursday, June 28, 2007

*** **Addendum - 06/28/2007 04:43 pm**

Lumbar Spine Xray pending

Electronically Signed by: Harlicia Farley, MD on Thursday, June 28, 2007

#40

Result Text:

IMPRESSION:
1. MILD TO MODERATE MULTILEVEL DEGENERATIVE DISK DISEASE IN THE LUMBAR SPINE, WORST AT THE L5-S1 LEVEL. AT L5-S1 POST SURGICAL CHANGES OF LEFT SIDED LAMINOTOMY ARE SEEN WITHOUT EVIDENCE OF RESIDUAL DISK HERNIATION. POST SURGICAL EPIDURAL FIBROSIS MAY SURROUND AN ASYMMETRICALLY ENLARGED LEFT S1 NERVE ROOT, HOWEVER.
2. MULTILEVEL MILD SPINAL CANAL NARROWING SECONDARY TO DEGENERATIVE CHANGES SUPERIMPOSED ON SMALL PEDICLES.
3. MODERATE BILATERAL FORAMINAL NARROWING AT L5-S1 WITHOUT CLEAR CUT IMPINGEMENT OF THE EXITING L5 NERVE ROOTS.
AMR 0129 - ABMH MRI LUMBAR SPN W/WO CON (7774713)07/11/2007 14:00
Ordered by: Dr. ARTHUR SMITH, MD
REASON FOR EXAM: LBP SPONPYLOSIS
RESULT:
JAMES DAWKINS
MRI LUMBAR SPINE WITH CONTRAST, 7/11/07:
INDICATION: FIFTY-SEVEN-YEAR-OLD MALE WITH LOW BACK PAIN AND SPONDYLOSIS. PATIENT REPORTS LOW BACK PAIN ON QUESTIONNAIRE FOR THE PAST 2-3 WEEKS.
HISTORY: BACK SURGERY APPROXIMATELY 20 YEARS AGO.
TECHNIQUE:
Standard MRI examination of the lumbar spine utilizing the postoperative protocol which includes multiplanar images before and after 20 ml. of IV Magnevist contrast.
FINDINGS:
Alignment of the lumbar spine is normal. With the exception of degenerative end-plate changes at L5-S1, the lumbar vertebrae display normal marrow signal. Edema within the L5- S1 end plates is not inconsistent with discogenic induced change. Vertebral bodies maintain normal height without compression. Visualized lower spinal cord and conus are of normal size and position. Today s number scheme assumes 5 nonrib-bearing lumbar-type vertebral bodies.
Examination of disk levels in SAGITTAL images demonstrates severe degenerative disk disease at L5-S1 where there is advanced disk space narrowing, desiccation, as well as type I Modic end-plate changes. Mild desiccation seen at the L3-4 and L4-5 levels. Spinal canal appears to be extremely modest on a developmental bases as well due to short pedicles.
Examination of intervertebral disk levels on axial images demonstrates:
L2-3: Normal posterior disk configuration without spinal canal, foraminal stenosis. Mild facet hypertrophy.
L3-4: Mild anular bulge flattens ventral surface of thecal sac but has not caused significant spinal canal or foraminal encroachment. Normal facets.
L4-5: Moderate bulging of the disk anulus and moderate facet hypertrophy. There is only mild resultant spinal canal stenosis. Mild bilateral foraminal narrowing is seen without clear cut impingement of the exiting L4 nerve roots within the foramina.
L5-S1: Post surgical changes of left sided laminotomy. No evidence of residual, recurrent disk herniation. Post surgical epidural fibrosis may surround the traversing S1 nerve root. Left S1 nerve root is also asymmetrically enlarged. There is some enhancement of the left paracentral disk margin which likely reflects post surgical granulation tissue. No significant nonenhancing contour abnormality to suggest a residual or recurrent disk herniation instead. Mild facet hypertrophy. Moderate bilateral foraminal narrowing is seen primarily secondary to loss of disk space height and end-plate osteophyte formation. No significant spinal canal encroachment at this level.
Limited visualized retroperitoneal paraspinal planes demonstrate no additional apparent abnormalities.
BUNDLE: <BUNDLE_DOC>
Transcriptionist: JDH
Transcribe Date/Time: Jul 12 2007 1:38A
Read by: NAVEEN PARTI, MD
Electronically Signed By:NAVEEN PARTI, MD On: Jul 12 2007 4:37P

***** END OF REPORT *****

#41

North Hills Medical Center
800 Pelham Road
Greenville, SC 29615
(864) 234-5800

PatientID: [redacted]
Patient Name: JAMES L DAWKINS
Date of Birth: [redacted] **Date of Service: 08/20/2007**
Referring Doctor: HARLICIA F FARLEY MD

North Hills Medical Center
800 Pelham Road
Greenville, SC 29615
(864) 234-5800

PatientID: [redacted]
Patient Name: JAMES L DAWKINS
Date of Birth: [redacted] **Date of Service: 08/20/2007**
Referring Doctor: HARLICIA F FARLEY MD

AGE: 57 YRS

VITAL SIGNS:
VS-WEIGHT: 224lbs
VS-TEMPERATURE: 97.9°f Tympanic
VS-BLOOD PRESSURE: 122/70 Right Arm Sitting
CHIEF COMPLAINT: rx refills,shoulder pain

HISTORY OF PRESENT ILLNESS: pt continues to have groin pain which radiates from lumbar area. He has been seen and eval by Neuro but is to start PT which he has not started yet. Pt also c/o lack of sleep , divorce was finalized 2 months ago and still jas some anxiety/depression associated with the discord.

PAST MEDICAL HISTORY:

REVIEW OF SYSTEMS:

GU: No problems emptying the bladder, urinary stream is normal.

PHYSICAL EXAM:

CONSTITUTIONAL:
GENERAL APPEARANCE: Black male, normal body habitus, in no acute distress.
NEUROLOGIC:
CRANIAL NERVES: CNs II-XII grossly intact.
DEEP TENDON REFLEXES: Deep tendon reflexes 2+/4+ and symmetrical. No Babinski or clonus.
PSYCHIATRIC: Judgment appropriate. Oriented. Normal memory. Mood and affect appropriate.

LABS/RADIOLOGY/TESTS: The following labs/radiology/tests results were discussed with the patient: PSA. was WNL on 10/06

ASSESSMENT/PLAN:

724.4-THORACIC OR LUMBOSACRAL NEURITIS
MEDICATIONS:
LYRICA 75MG, 1 Two Times A Day, 60 Dispensed, 5 Fills, status: CONTINUED, 08/20/2007.

780.52-OTHER INSOMINA
ASSESSMENT: related to Anxiety/depression

311-DEPRESSIVE DISORDER, NOT ELSEWHERE
MEDICATIONS:
CYMBALTA ORAL CAPSULE ENTERIC COATED 60 MG, 1 Every Day At Bedtime, 30 Dispensed, 5 Fills, status: NEW PRESCRIPTION, 08/20/2007.

Electronically Signed by: Harlicia Farley, MD on Monday, August 20, 2007

#42

North Hills Medical Center
800 Pelham Road
Greenville, SC 29615
(864) 234-5800

PatientID: [redacted]
Patient Name: JAMES L DAWKINS
Date of Birth: [redacted] **Date of Service: 09/13/2007**
Referring Doctor: HARLICIA F FARLEY MD

North Hills Medical Center
800 Pelham Road
Greenville, SC 29615
(864) 234-5800

PatientID: [redacted]
Patient Name: JAMES L DAWKINS
Date of Birth: [redacted] **Date of Service: 09/13/2007**
Referring Doctor: HARLICIA F FARLEY MD

AGE: 57 YRS

VITAL SIGNS:
VS-WEIGHT: 224lbs
VS-TEMPERATURE: 96.9°f Tympanic
VS-PULSE: 68 Right Radial, Regular
VS-BLOOD PRESSURE: 142/80 Right Arm Sitting
CHIEF COMPLAINT: back problem

HISTORY OF PRESENT ILLNESS: Mr Dawkins continues to c/o groin pain. Pain mainly localized on the left side and shoots to the back. Pain occurs daily and he cannot identify any specific identifying factors. Pain ongoing for severalo months. No improvement.

PAST MEDICAL HISTORY:
No history of significant medical diseases.

SOCIAL HISTORY:
MARITAL STATUS: Divorced.

REVIEW OF SYSTEMS:
GI: Has not had any change in bowel habits, MELANA. occas
GU: HAS TESTICULAR PAIN, no scrotal problems noted, no urinary problems noted.
MUSCULOSKELETAL: HAS MUSCULAR PAIN.

PHYSICAL EXAM:
CONSTITUTIONAL:
GENERAL APPEARANCE: Black male, normal body habitus, in no acute distress.
GASTROINTESTINAL:
RECTAL EXAM: Rectal exam reveals no masses or hemorrhoids, sphincter tone is normal.
STOOL: HEMOCCULT POSITIVE.
GENITOURINARY:
SCROTUM/CONTENTS: Normal scrotal contents bilaterally.
PHALLUS: No lesion on glans. Shaft normal. No Peyronie's noted.
PROSTATE: Symmetrical and smooth with no nodularity or tenderness.
Increase discomfort to palpation on the left inguinal area vs the right. No palpable mass

LABS/RADIOLOGY/TESTS: The following labs/radiology/tests results were discussed with the patient: CBC, Sed rate. Abdominal xrays, pelvic xrays. US Prostate, Scrotum and Inguinal

ASSESSMENT/PLAN:
724.4-THORACIC OR LUMBOSACRAL NEURITIS
ASSESSMENT: Xray pending
608.9-UNSPECIFIED DISORDER OF MALE GENITAL
ASSESSMENT: US/ Xrays pending
578.9-HEMORRHAGE OF GASTROINTESTINAL TRACT, UN
ASSESSMENT: A referral will be obtained for a gastroenterologist.

RETURN VISIT: Patient instructed to return in 1 month.

Electronically Signed by: Harlicia Farley, MD on Thursday, September 13, 2007

#43

North Hills Medical Center
800 Pelham Road
Greenville, SC 29615
(864) 234-5800

PatientID: [redacted]
Patient Name: JAMES L DAWKINS
Date of Birth: [redacted] **Date of Service: 09/13/2007**
Referring Doctor:

North Hills Medical Center
800 Pelham Road
Greenville, SC 29615
(864) 234-5800

PatientID: [redacted]
Patient Name: JAMES L DAWKINS
Date of Birth: [redacted] **Date of Service: 09/13/2007**
Referring Doctor:

ABDOMEN (FLAT AND UPRIGHT) Flat and upright films of the abdomen show a non-specific gas pattern without bile dilatation. There is no organomegaly.Fecal contents seen at places. There are no displacements or masses. There is no evidence of air fluid levels or air under the diaphragm.
CONCLUSION: Fecal contents seen at places, otherwise normal abdomen.

PELVIS (AP ONLY) AP view of the pelvis shows the pelvic ring to be intact. Both hips are within normal limits and the sacroiliac joints are unremarkable.
CONCLUSION: Normal pelvis.

LUMBOSACRAL SPINE: Multiple views of the lumbosacral spine shows the vertebral bodies to be normal in height and alignment. Marked narrowing seen at L5-S1 level, suggestive of Degenerative Disease. Recommend MRI of Ls spine for further evaluation. The pedicles and posterior elements are intact. The curvature is within normal limits.

CONCLUSION: 1. Marked narrowing seen at L5-S1 Level, suggestive of Degenerative Disc Disease.
2. Recommend MRI of Ls spine for further evaluation.

NRD/cc

Electronically Signed by: Nayan R Desai MD on Wednesday, September 19, 2007

#44

International Prostate Symptom Score (I-PSS)

Patient's Name James L. Dawkins Date of Birth [redacted] Date Completed 9-26-07

	Not at all	Less than 1 time in 5	Less than half the time	About half the time	More than half the time	Almost always	Your score
1. Incomplete Emptying Over the past month, how often have you had a sensation of not emptying your bladder completely after you finished urinating?	(0)	1	2	3	4	5	
2. Frequency drinks a lot of water Over the past month, how often have you had to urinate again less than two hours after you finished urinating?	0	1	2	3	4	5	
3. Intermittency Over the past month, how often have you found you stopped and started again several times when you urinated?	0	1	2	3	4	5	
4. Urgency Over the past month, how often have you found it difficult to postpone urination?	(0)	1	2	3	4	5	
5. Weak Stream Over the past month, how often have you had a weak urinary stream?	(0)	1	2	3	4	5	
6. Straining Over the past month, how often have you had to push or strain to begin urination?	(0)	1	2	3	4	5	
	None	**1 time**	**2 times**	**3 times**	**4 times**	**5 times or more**	
7. Nocturia Over the past month, how many times did you most typically get up to urinate from the time you went to bed at night until the time you got up in the morning?	0	1	2	(3)	4	5	
Total I-PSS Score							

	Delighted	Pleased	Mostly satisfied	Mixed	Mostly dissatisfied	Unhappy	Terrible
Quality of Life Due to Urinary Symptoms If you were to spend the rest of your life with your urinary condition just the way it is now, how would you feel about that?	0	1	2	3	4	5	6

The International Prostate Symptom Score (I-PSS) is based on the answers to seven questions concerning urinary symptoms. Each question allows the patient to choose one of six answers indicating increasing severity of the particular symptom. The answers are assigned points from 0 to 5. The total score can therefore range from 0 to 35 (asymptomatic to very symptomatic). Furthermore, the International Scientific Committee recommends the use of a question to assess the quality of life. The answers to this question range from "delighted" to "terrible" or 0 to 6. Although this single question may or may not capture the global impact of benign prostatic hyperplasia (BPH) symptoms or quality of life, it may serve as a valuable starting point for doctor-patient conversation.

The International Scientific Committee recommends that all physicians who counsel patients suffering from symptoms of prostatism utilize these measures not only during the initial interview but also during and after treatment in order to monitor treatment response.

The International Scientific Committee, under the patronage of the World Health Organization (WHO) and the International Union Against Cancer (UICC), has agreed to use the symptom index for BPH, which has been developed by the American Urological Association (AUA) Measurement Committee, as the symptoms assessment tool for patients suffering from prostatism.

50

192

P[illegible]ENT HISTORY FORM

Note: This is a confidential record and will be kept in your doctor's office. Information contained here will not be released to anyone without your authorization to do so.

TODAY'S DATE 9/26/07 DATE OF LAST PHYSICAL EXAM 9/12/07

LAST NAME Dawkins FIRST NAME James MIDDLE Lewis

Social Security No. [redacted] DATE OF BIRTH [redacted]

CHIEF COMPLAINT

What is the main reason for your visit today? (Describe your problem in detail)

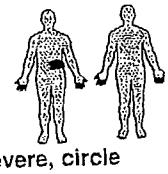
XRay REVEALED a "mass" in my left side.

History of Present Illness

57yo

Please answer the following questions

Location of the problem
(Abdomen) Back Leg
Other



On a Scale of 1-10, with 10 being the most severe, circle the number that best describes the problem?

1 2 3 4 5 (6) 7 8 9 10

When did you first notice the problem?
2 days ago 2yrs but 2 weeks ago 1 month ago
Other Intensified RECENT month

Does anything help or make the problem worse?
Moving around Standing Up Lying on my side
Other Sitting for long time

How long does the problem last?
30 minutes 1 hour It is always there
Other SEVERAL hours - sometimes intense

Is anything else occurring at the same time?
YES (No) If yes, please explain.
Nausea Rash Headaches
Other

Is the problem constant or variable?
(Dull then Sharp) Very sharp then leaves Always there
Other

Does the problem interfere with your normal functions?
(YES) No If yes, please explain intimacy & going to any function that requires extensive sitting.

Physician use only: (Comments/Notes)

hurts x low Back & [illegible]
PSA fine
PLEASE [illegible] material only

# Answers	Level of Service
1 - 3	1 or 2
4+	3 - 5

Past Medical & Social History

List all serious illnesses in your immediate family. (Example: diabetes, tuberculosis, breast cancer, heart disease, etc.,)

high blood PRESSURE

List any personal past illnesses and/or surgeries and when they occurred.

Illness or Surgery	Date
back SURGERY	1984
foot SURGERY	2000

Do you smoke? Y (N)
If yes, how much?
Do you drink? Y (N)
If yes, how much?

Are you on any medications? (Y) N (If yes, list all.)
for high blood PRESSURE

Are you on a special diet? Y (N) (If yes, please explain)

Do you have allergies? Y (N) (If yes, Please explain.)

Physician use only: (Comments/Notes)

#Answer	Level of Service
0	1 or 2
1 - 2	3
3	4 or 5

49 (OVER

#45

North Hills Medical Center
800 Pelham Road
Greenville, SC 29615
(864) 234-5800

PatientID: [redacted]
Patient Name: JAMES L DAWKINS
Date of Birth: [redacted] Date of Service: 01/14/2008
Referring Doctor: HARLICIA F FARLEY MD

North Hills Medical Center
800 Pelham Road
Greenville, SC 29615
(864) 234-5800

PatientID: [redacted]
Patient Name: JAMES L DAWKINS
Date of Birth: [redacted] Date of Service: 01/14/2008
Referring Doctor: HARLICIA F FARLEY MD

AGE: 57 YRS

VITAL SIGNS:
VS-WEIGHT: 242lbs
VS-TEMPERATURE: 96.9°f Tympanic
VS-PULSE: 76 Right Radial, Regular
VS-BLOOD PRESSURE: 140/80 Right Arm Sitting

CURRENT ALLERGY LIST:
NKDA

CURRENT MEDICATION LIST:
LUNESTA ORAL TABLET 3 MG, 1 Every Day At Bedtime, As Needed
VIAGRA ORAL TABLET 100 MG, 1 tab po directed
TOPROL XL ORAL TABLET 24 HR 100 MG, 1 Every Day
CARDIZEM LA ORAL TABLET 24 HR 420 MG, 1 Every Day
AVALIDE ORAL TABLET 300-25 MG, 1 Every Day
ALLOPURINOL ORAL TABLET 100 MG, 1 Every Day
HYDROCORTISONE 2.5% 1:1 EUCERI, use as directed BID
CYMBALTA ORAL CAPSULE ENTERIC COATED 60 MG, 1 Every Day At Bedtime
LYRICA 75MG, 1 Two Times A Day

CURRENT PROBLEM LIST:
GOUT
DEPRESSIVE DISORDER, NOT ELSEWHERE
UNSPECIFIED ESSENTIAL HYPERTENSION
HEMORRHAGE OF GASTROINTESTINAL TRACT, UN
IMPOTENCE OF ORGANIC ORIGIN
UNSPECIFIED DISORDER OF MALE GENITAL
THORACIC OR LUMBOSACRAL NEURITIS
OTHER INSOMINA
RASH AND OTHER NONSPECIFIC SKIN ERUPTION

CHIEF COMPLAINT: f/u

HISTORY OF PRESENT ILLNESS: pt here for follow-up. Needs refills. Wants to lose weight. Pt says he has gained 20 pounds. He has not been exercising as much as he previously did.

PAST MEDICAL HISTORY: Benign Prostate Hyperplasia

FAMILY HISTORY:
GENERAL FAMILY ILLNESS: POSITIVE HISTORY OF CANCER OF THE PROSTATE GLAND.
FATHER: The cause of death was myocardial infarction. Death occurred at age 68.

SOCIAL HISTORY:
TOBACCO USE: Has no smoking history.

REVIEW OF SYSTEMS:
GENERAL: HAS HAD A CHANGE IN WEIGHT.

PHYSICAL EXAM:
CONSTITUTIONAL:

GENERAL APPEARANCE: Black male, normal body habitus, in no acute distress.
NECK AND THYROID: Symmetrical with no elevation of the jugular venous pulsation. Trachea midline. No thyroid enlargement, tenderness, or mass.
RESPIRATORY: Clear to auscultation and percussion. Normal respiratory effort. No fremitus.
CARDIOVASCULAR:

PALPATION & AUSCULTATION: Regular rate and rhythm.
EDEMA/VARICOSITIES OF EXTREMITIES: No edema.

GASTROINTESTINAL:

ABDOMEN: Soft, non-tender, without masses, hernias or bruits. Bowel sounds are active in all 4 quadrants.

NEUROLOGIC:

CRANIAL NERVES: CNs II-XII grossly intact.

PSYCHIATRIC: Judgment appropriate. Oriented. Normal memory. Mood and affect appropriate.

LABS/RADIOLOGY/TESTS: The following labs/radiology/tests results were discussed with the patient: Alb, Bili, Ca, Cl, Cr, Glu, Alk Phos, K, Na, SGOT, BUN, Uric acid.
ASSESSMENT/PLAN:

274-GOUT

MEDICATIONS:

ALLOPURINOL ORAL TABLET 100 MG, 1 Every Day, 30 Dispensed, 12 Fills, status: CONTINUED, 01/14/2008.

401.9-UNSPECIFIED ESSENTIAL HYPERTENSION

MEDICATIONS:

CARDIZEM LA ORAL TABLET 24 HR 420 MG, 1 Every Day, 30 Dispensed, 12 Fills, status: CONTINUED, 01/14/2008.

AVALIDE ORAL TABLET 300-25 MG, 1 Every Day, 30 Dispensed, 12 Fills, status: CONTINUED, 01/14/2008.

CARDIZEM LA ORAL TABLET 24 HR 420 MG, 1 Every Day, 30 Dispensed, 12 Fills, status: CONTINUED, 01/14/2008.

TOPROL XL ORAL TABLET 24 HR 100 MG, 1 Every Day, 30 Dispensed, 12 Fills, status: CONTINUED, 01/14/2008.

607.84-IMPOTENCE OF ORGANIC ORIGIN

RETURN VISIT: Patient instructed to return in 3 months.

Electronically Signed by: Harlicia Farley, MD on Monday, January 14, 2008

North Hills Medical Center
800 Pelham Road
Greenville, SC 29615
(864) 234-5800

PatientID: [redacted]
Patient Name: JAMES L DAWKINS
Date of Birth: [redacted] **Date of Service: 01/28/2008**

North Hills Medical Center
800 Pelham Road
Greenville, SC 29615
(864) 234-5800

PatientID: [redacted]
Patient Name: JAMES L DAWKINS
Date of Birth [redacted] **Date of Service: 01/28/2008**

AGE: 57 YRS

VITAL SIGNS:
VS-WEIGHT: 232lbs
VS-TEMPERATURE: 98°f Tympanic
VS-PULSE: 68 Right Radial, Regular
VS-BLOOD PRESSURE: 146/84 Right Arm Sitting
VS-RESPIRATION: 16

CURRENT ALLERGY LIST:
NKDA

CURRENT MEDICATION LIST:
VIAGRA ORAL TABLET 100 MG, 1 tab po directed
HYDROCORTISONE 2.5% 1:1 EUCERI, use as directed BID
ALLOPURINOL ORAL TABLET 100 MG, 1 Every Day
AVALIDE ORAL TABLET 300-25 MG, 1 Every Day
CARDIZEM LA ORAL TABLET 24 HR 420 MG, 1 Every Day
TOPROL XL ORAL TABLET 24 HR 100 MG, 1 Every Day

CURRENT PROBLEM LIST:
GOUT
DEPRESSIVE DISORDER, NOT ELSEWHERE
UNSPECIFIED ESSENTIAL HYPERTENSION
HEMORRHAGE OF GASTROINTESTINAL TRACT, UN
IMPOTENCE OF ORGANIC ORIGIN
UNSPECIFIED DISORDER OF MALE GENITAL
THORACIC OR LUMBOSACRAL NEURITIS
OTHER INSOMINA
RASH AND OTHER NONSPECIFIC SKIN ERUPTION

CHIEF COMPLAINT: Patient states left knee pain, denies injury, states recurrent gout. pk

HISTORY OF PRESENT ILLNESS: pt c/o gout attack in his left knee Friday after eating

PAST MEDICAL HISTORY: Benign Prostate Hyperplasia

FAMILY HISTORY:

GENERAL FAMILY ILLNESS: POSITIVE HISTORY OF CANCER OF THE PROSTATE GLAND.
FATHER: The cause of death was myocardial infarction. Death occurred at age 68.

SOCIAL HISTORY:

MARITAL STATUS: Divorced.
TOBACCO USE: Has no smoking history.

PHYSICAL EXAM:

CONSTITUTIONAL:
GENERAL APPEARANCE: Black male, normal body habitus, in no acute distress.

ASSESSMENT/PLAN:

274-GOUT

ASSESSMENT: The patient's gout haas worsened. Will add medication to current regimen for better control. No laboratory work is necessary at this time.

MEDICATIONS:

INDOMETHACIN ORAL CAPSULE CONVENTIONAL 50 MG, 1 Three Times A Day prn for GOUT pain, 30 Dispensed, 5 Fills, status: NEW PRESCRIPTION, 01/28/2008.

TREATMENTS:

SUR-ASPIRATION/INJ. MAJOR JOINT

401.9-UNSPECIFIED ESSENTIAL HYPERTENSION

ASSESSMENT: The blood pressure is unchanged. Will not change medication, continue to monitor for complications.

RETURN VISIT: Instructed to return earlier than the next regularly scheduled appointment if not improving.

Electronically Signed by: Harlicia Farley, MD on Monday, January 28, 2008

***** Addendum - 01/28/2008 12:42 pm**

PE; Pt in NAD
Left knee: increased warmth to palapation, very tender to the touch, limited extension secondary to discomfort. MIld edema is noted. Right knee-normal

Electronically Signed by: Harlicia Farley, MD on Monday, January 28, 2008

3Le

#47

North Hills Medical Center
800 Pelham Road
Greenville, SC 29615
(864) 234-5800

PatientID: [redacted]
Patient Name: JAMES L DAWKINS
Date of Birth: [redacted] **Date of Service: 03/10/2008**

North Hills Medical Center
800 Pelham Road
Greenville, SC 29615
(864) 234-5800

PatientID: [redacted]
Patient Name: JAMES L DAWKINS
Date of Birth: [redacted] **Date of Service: 03/10/2008**

AGE: 57 YRS

VITAL SIGNS:
VS-WEIGHT: 230lbs
VS-TEMPERATURE: 96.9°f Tympanic
VS-PULSE: 74 Right Radial, Regular
VS-BLOOD PRESSURE: 140/80 Right Arm Sitting

CURRENT ALLERGY LIST:
NKDA

CURRENT MEDICATION LIST:
VIAGRA ORAL TABLET 100 MG, 1 tab po directed
HYDROCORTISONE 2.5% 1:1 EUCERI, use as directed BID
ALLOPURINOL ORAL TABLET 100 MG, 1 Every Day
AVALIDE ORAL TABLET 300-25 MG, 1 Every Day
CARDIZEM LA ORAL TABLET 24 HR 420 MG, 1 Every Day
TOPROL XL ORAL TABLET 24 HR 100 MG, 1 Every Day
INDOMETHACIN ORAL CAPSULE CONVENTIONAL 50 MG, 1 Three Times A Day prn for GOUT pain

CURRENT PROBLEM LIST:
GOUT
DEPRESSIVE DISORDER, NOT ELSEWHERE
UNSPECIFIED ESSENTIAL HYPERTENSION
HEMORRHAGE OF GASTROINTESTINAL TRACT, UN
IMPOTENCE OF ORGANIC ORIGIN
UNSPECIFIED DISORDER OF MALE GENITAL
THORACIC OR LUMBOSACRAL NEURITIS
OTHER INSOMINA
RASH AND OTHER NONSPECIFIC SKIN ERUPTION

CHIEF COMPLAINT: f/u labs

HISTORY OF PRESENT ILLNESS: pt here to follow-up on lab work. Gout is currently well controlled Pt says he feels good in general. Denies edema. NO history of kidney disease.
LABS/RADIOLOGY/TESTS: The following labs/radiology/tests results were discussed with the patient: CO2, Cl, K, Na, BUN, Cr, Glu.
ASSESSMENT/PLAN:

401.9-UNSPECIFIED ESSENTIAL HYPERTENSION

MEDICATIONS:

METOPROLOL SUCCINATE ORAL TABLET 24 HR 200 MG, 1 Every Day, 30 Dispensed, 12 Fills, status: NEW PRESCRIPTION, 03/10/2008.

AVALIDE ORAL TABLET 300-25 MG, 1 Every Day, 30 Dispensed, 12 Fills, status: DISCONTINUED, 03/10/2008.

790.6-OTHER ABNORMAL BLOOD CHEMISTRY

ASSESSMENT: Chem 7 pending, will obtain 24-hour urine for protein. creatinine with repeat abnormality.

RETURN VISIT: Patient instructed to return in 2 weeks. Patient is to return after: testing is finished.

Electronically Signed by: Harlicia Farley, MD on Monday, March 10, 2008

#45

GREENVILLE RADIOLOGY
1210 W. Faris Rd. Greenville, SC 29605 864-295-4410

LAWRENCE HILL, MD
8 MEMORIAL MEDICAL DR
UPSTATE UROLOGY
GREENVILLE, SC 29605-

In reference to your recent referral of:

JAMES L DAWKINS
115 KENNEDY RD
TAYLORS, SC 29687-
DOB: 07-11-50

GREENVILLE RADIOLOGY

CT Abdomen, Pelvis w & w/o Contrast

Date Of Service: 04-25-08 **NO CONTRAST TYPE OR AMOUNT IS GIVEN.

REPORT:

HISTORY: Mass on the kidneys seen on ultrasound. Microscopic hematuria. Left-sided abdominal pain.

COMPARISON: Previous IVP exam, as well as ultrasound dated 04/18/08.

TECHNIQUE: CT scan, with and without contrast, of the abdomen and CT scan, with contrast, of the pelvis.

CT, ABDOMEN FINDINGS: The adrenal glands are normal in size. Too-small-to-characterize lo-density lesions are identified in the lower pole of left kidney. In the upper pole of left kidney, there is a nonenhancing 14 HU measurement cystic lesion, without any significant enhancing solid component, focal wall thickening or thickened septation. It measures 2.5 x 2.5 cm, compatible with a benign lesion. In the lower pole of the right kidney, there is an unfortunate mass with irregular enhancement. It measures 2.3 x 2.3 cm. It is highly suspicious for a renal cell carcinoma. I see no gross evidence of extension in to the collecting system or right renal vein. No enlarged abdominal lymph nodes are identified. There is a 4.0 mm nodule in the right lower lobe, just posterior to the major fissure. Small nodule is identified at the left lung base, as well. Another nodule is identified in the left upper lobe, image #4. Small nodule is partially included on image #1, left lower lobe superior segment. None of these nodules appears to be calcified. The liver enhances homogeneously. The gallbladder appears normal. The spleen is normal in size. The pancreas appears normal. I see no evidence of abdominal lymph node enlargement.

IMPRESSION:

1. THE MASS IN THE LOWER POLE OF RIGHT KIDNEY IS HIGHLY SUSPICIOUS OF MALIGNANCY.
2. NO EVIDENCE OF ABDOMINAL LYMPH NODE ENLARGEMENT OR OBVIOUS RENAL VENOUS OR COLLECTING SYSTEM INVASION.

204

3. THE MILDLY HYPERDENSE CYSTIC LESION IN THE UPPER POLE OF LEFT KIDNEY IS MOST LIKELY BENIGN. IT IS A BOSNIAK CATEGORY II LESION AND NEEDS NO ADDITIONAL FOLLOW-UP, AS IT IS CONSISTENT WITH A BENIGN ETIOLOGY.
4. NONCALCIFIED LUNG NODULES ARE NONSPECIFIC. METASTASES vs. PREVIOUS GRANULOMATOUS INFECTION OR OTHER ETIOLOGY WOULD BE CONSIDERED. FOLLOW-UP IS RECOMMENDED.

CT, PELVIS FINDINGS: The unopacified urinary bladder appears normal. The prostate gland appears enlarged, measuring 5.2 x 5.4 cm. The seminal vesicles appear normal. The rectus sigmoid colon appears unremarkable. 1.0 cm bilateral inguinal lymph nodes are identified. Calcified bone island is identified in the right femoral head. Moderate osteoarthritic change is present at the sacroiliac joints. Degenerative disc disease changes and facet hypertrophy are identified in the lower lumbar spine.

IMPRESSION:

1. PROSTATE ENLARGEMENT.
2. OTHER INCIDENTAL FINDINGS, AS GIVEN ABOVE.

/kwj

Richard A Mamrick MD.

RICHARD MAMRICK MD, MD

TRANSCRIBED: 04-27-2008 09:51:45 AM
DICTATED BY: RICHARD MAMRICK MD 04-27-2008 09:51:45 AM
RELEASED BY: C DAVID WILLIAMS, III MD 04-28-2008 08:18:01 AM

RAM/KJ

#49

UPSTATE UROLOGY ASSOCIATES, P.A.

Diplomates American Board of Urology
William F. Flanagan, M.D., F.A.C.S.
Lawrence K. Hill, M.D., F.A.C.S.

8 MEMORIAL MEDICAL CT SUITE 6
GREENVILLE, SC 29605
Phone: (864) 295-1031
FAX: (864) 269-1639

ADMISSION INFORMATION

Male

PATIENT'S NAME: James Dawkins

DATE: 8/26/08

SURGICAL PROCEDURE: Rt Hand Assisted partial nephrectomy poss/removal of Kidney (Rt)

ADMISSION DATE: SURGERY DATE: 8/26/08

ALLERGIES: NKDA

CURRENT MEDICATIONS AND DOSAGE: Celebrex, BP Med ?, Aspirin

PHYSICAL EXAMINATION:

RELEVANT PAST MEDICAL, SURGICAL, SOCIAL & FAMILY HISTORY:
Renal cell cancer 2.3 x 2.3 Renal Bx
Biopsy clear cell cancer

VITALS: BP: HR: RR:

HEENT: PERRLA:

Neck: supple without masses.

Lungs: Clear to percussion and auscultation.

Heart: RRR, without murmurs, rubs or gallops, normal S1 S2

Abdomen: Benign, non-tender, with no hepatosplenomegaly, normal bowel sounds.

BU: Penis:
Testes:
Prostate: PIN + BPH

Extremities: Without clubbing, cyanosis or edema.

Neurological: Grossly intact.

IMPRESSION: Renal cell cancer 2.3 x 2.3 cm mass

PLAN: Hand assisted Rt partial Nephrectomy
poss. total Nephrectomy Lt Hand

R

207

#50

PRID: 3983800 CAD#: 82680072

Service: Greenville County EMS
Base: Lake Cunningham
Unit: 210
Tail/Reg: 03006
Dispatched As: Pain
Type of Svc: Scene Unscheduled
Response Code: Lights and Siren
Mode to Ref: Lights / Sirens
Location: 1200 W WADE HAMPTON BL
INTERSECTN
GREER, SC 29650-1243
Ref. GPS: 34.943128,-82.256352
Moved Via: Stretcher
Position: Supine
Mode to Rec: Lights / Sirens
Receiving: Greer Memorial Hospital (Emergency Department)
830 S Buncombe Road
Greer, SC 29650
Dest. GPS: 34.938214,-82.227705
Pt. Condition: Unchanged
Outcome: Treated, Transported

Date: September 24, 2008
Team: ALS
Shift: Alpha
Crew 1: *Purvis, Mike
Crew 2: *Burkett, Russell
* *ALS Provider*

Hospital Account #: [redacted]
Last Name: DAWkins First: James
Address [redacted]
ST: SC Zip: 29687
DOB: [redacted] SSN: [redacted]
Age: 58y Sex: M Weight:
Subscriber: No
Race: Black, non-Hispanic
Barriers to Care: Not Recorded
Billing Information:

Company	Group	ID
Self-Paid		

Odometer	Times
Ld Miles: 2.6	Dispatch: 08:51
	EnRoute: 08:53
	At Ref: 09:00
	Lv Ref: 09:10
	At Rec: 09:17
	Available: 09:31

Notice of Privacy Practices Given: None
Consent Signed: No
Medical Necessity Signed: No

Chief Complaint (Category: Pain)

Pain to his left sholder

History of Present Illness

Pt had a chief complaint of pain to his left shoulder. Pt was a restrained driver in MVA. Damamge to the front left quarterpanel of his vehicle, no airbag deployment noted. Pt also complained of pain to his left arm.

Past Medical History	Current Medications	Allergies
.Hypertension	Unknown	None

Neurological Exam

Level of Consciousness: Alert Loss of Consciousness: No
Orientation: Oriented Chemically Paralyzed: No

Pupils	Left	Right
Size:	Normal	Normal
React:	Reactive	Reactive

	Motor	Sensory
LA:	Normal	Normal
RA:	Normal	Normal
LL:	Normal	Normal
RL:	Normal	Normal

Motor Comments: With purpose
Sensory Comments: Appropriate

Glasgow Coma Scale

	E	M	V	Tot
Int:	4	6	5	= 15

Airway

Status: Patent

Respiratory

Effort: Normal
Sounds: L: Clear R: Clear
Sounds: Bilaterally equal and clear

Cardiovascular

JVD: Not Appreciated Cap. Refill: Less than 2 Seconds

Pulses

209

Edema: Not Appreciated

	Left	Right
Carotid:		
Radial:	Strong	Strong
Femoral:		

MVI

Position: Driver

Involved: 2

Seat Row: 1

Vehicle Impact: Left Front (Driver)

Initial Physical Findings

Assessment

Neck Findings: Supple, trachea midline, unremarkable

Abdominal Comments: Soft, non-tender,Normal

Pelvis Findings: Stable to flex/compression

Skin Findings: Warm and dry

Extremity Findings: Moves all extremities well

Back Findings: No abnormalities

Head Findings: Normocephalic, unremarkable

Chest Findings: Chest wall intact, clear bilateral breath sounds Pain to shoulder area

Activity

TIME	H.R.	B.P.	RESP	Effort	GCS	ACTION	Comments	*
09:05	90	190/100	18	Normal	4/6/5	Immob.:	Patient immobilized with LBB, Collar, KED. . Assessment: Cap Refil < 2 seconds,Good pulse, motor, sensation,Pink. Applied. Authorization: Via Protocol. Pt. Response: Unchanged. Pt found seated upright in driver seat of car. FD had already had pt in KED and was preparing to extricate pt on a LSB. Pt laid onto LSB and secured usin spider straps, head with head blocks and tape. Pt had equal pulse, motor, and sensory in both upper and lower extremities both before and after placing pt onto LSB.	CRW1
09:16	90	192/96	18	Normal	4/6/5		Transport routine with no major change in pt's condition. Pt and report given to RN Mia. Pt left in room 7.	CRW1

** Assessment made by*

Patient Belongings: None

Addendums

Date/Time	CrewID	Comment
09/25/2008 16:47 EST	Russell Burkett	the er was notified via med 6 enroute. LBB shoulde have read LSB.

#51

GHS PATIENT DATA ***PLEASE CHECK ON-LINE FOR CURRENT UPDATED INFORMATION***
PT NO: 4008699561 MED REC NO: 248980730 PT STATUS: ET OBSV: PT TYPE: E

PATIENT DEMOGRAPHIC INFORMATION OR CASE NO:
NAME: DAWKINS , JAMES LEWIS SSN: [redacted]
DOB: [redacted] AGE: 58 YEARS SEX: M RACE: AFRICAN AMERICAN
MAR STS: M MOTHER'S NAME: VIP:
HOME PHN: [redacted] OTHER PHN: [redacted] EXT:
HOME ADD: [redacted] COUNTRY: UNITED STATES
CITY: TAYLORS ,ST: SC ZIP: 29687- COUNTY CODE: 23
BILL ADD: [redacted] COUNTRY: UNITED STATES
CITY: TAYLORS ,ST: SC ZIP: 29687-
EMP CODE: UNLST EMP NAME: NEW BEGINNINGS EMP STS: 1

GUARANTOR DEMOGRAPHIC INFORMATION Y
RELATIONSHIP TO PATIENT: SELF GUAR NUMBER: 000022957
NAME: DAWKINS , JAMES LEWIS SSN: [redacted]
DOB: [redacted] SEX: M RACE: AFRICAN AMERICAN VIP:
HOME PHN: [redacted] OTHER PHN: [redacted] EXT:
HOME ADD: [redacted] COUNTRY: UNITED STATES
CITY: TAYLORS ,ST: SC ZIP: 29687-
BILL ADD: [redacted] COUNTRY: UNITED STATES
CITY: TAYLORS ,ST: SC ZIP: 29687-
EMP CODE: UNLST EMP NAME: NEW BEGINNINGS EMP STS: 1

EMERGENCY CONTACT INFORMATION RELATIONSHIP TO PATIENT: MOTHER
NAME: DAWKINS , ROSALEE
HOME PHN: [redacted] OTHER PHN: EXT:
HOME ADD: [redacted]
CITY: TAYLORS ,ST: SC ZIP:

INSURANCE INFORMATION FINANCIAL CLASS: 0039 IM:
PRIORITY: 1 PLAN CODE: 403 PLAN NAME: LIABILITY-PIP-MEDPAY SC CODE: 199
INS ID: [redacted] GRP NAME: VICTORIA GRP NO:
PT REL TO SUB: INJ PLAINTFF
SUB NAME: WATTS,TROY DOB: 06/09/1989
MAIL TO: VICTORIA
ADDRESS: NEED
CITY: NEED ,ST: ZIP:
VERIFIED: VER INS PH: 800 888-8424 EXT: TREATMT AUTH:
PRECERT: PRECERT PH: EXT: EFFECTIVE DATE:

PRIORITY: 2 PLAN CODE: B02 PLAN NAME: BLUE CROSS OUT OF ST SC CODE: 401
INS ID: GEN808825695 GRP NAME: GENERAL ELECTRIC GRP NO: 39057-OPA
PT REL TO SUB: SELF
SUB NAME: DAWKINS,JAMES L DOB: 07/11/1950
MAIL TO: BLUE CROSS-NEED STATE-LO
ADDRESS: PO BOX 100300
CITY: COLUMBIA ,ST: SC ZIP: 29202-0300
VERIFIED: U VER INS PH: 800 655-5392 EXT: TREATMT AUTH:
PRECERT: N PRECERT PH: 800 655-5392 EXT: EFFECTIVE DATE:

CASE INFORMATION COURTSEY DSCH: SIGNATURE OBTAINED: Y
ADMISSION DATE: 09/24/08 ARRIVAL DATE: 09/24/2008 PRE-ASSES DT:
LAB CODE: EDTR STATISTICS CD: 042 ACC IND: 1
ADM DR : SOUSA, JO ANN HOSPITAL SERVICE: EMS
COMPLAINT: BACK PAIN
PRE ADM/REG BY: ADM/REG BY: LAC08B PRINTED BY: LAC08B
REFERING DR: DOCTOR, NO REFERRING

10:08 09/24/08 FROM DB04,ZPADMTF1

V9627930

#52

GRMH
EMERGENCY RECORD

Patient Data

Complaint: Accident -- automobile
Triage Time: Wed Sep 24 2008 09:35
Urgency: 3-Urgent
Room: ED ED
Initial Vital Signs: -
BP:-/- R:- Sat:--
P:- T:- Pain:-

ED Attending: Sousa, MD, Jo
Primary RN: Lewis, RN, Mia

TRIAGE (Wed Sep 24 2008 09:35 KWB)

PATIENT: NAME: James L Dawkins, AGE: 58, GENDER: male, DOB [redacted] TIME OF GREET: Wed Sep 24 2008 09:28, LANGUAGE: English, RACE: African American, Infectious Disease: Not Applicable, Travel History: No foreign travel in past 10 days, Pneumonia Protocol: **Does not apply to this patient, Homicidal/Suicidal: Denies homicidal/suicidal tendencies/hx, Smoking Cessation: Denies smoking in past 12 months, SSN [redacted] MEDICAL RECORD NUMBER: [redacted] ACCOUNT NUMBER: [redacted] Person ID: [redacted] PRIMARY CARE: Far Harlicia. (Wed Sep 24 2008 09:35 KWB)

PREVIOUS VISIT ALLERGIES: Nka. (Wed Sep 24 2008 09:35 KWB)

PAIN: (09:53 MVL)

Vital Signs: BP: -, / -, Pulse: -, Resp: -, Temp: -, Pain: -, O2 sat: -, -, Time: -. (09:53 MVL)

ADMISSION: URGENCY: RN to Assess, ADMISSION SOURCE: Greenville County - scene of accident, TRANSPORT: Greenville County EMS, DEPT: Emergency, BED: ED 07. (Wed Sep 24 2008 09:35 KWB)

VITAL SIGNS: BP -/-, Pulse -, Resp -, Temp -, Pain -, O2 Sat --, on -, Time -. (Wed Sep 24 2008 09:35 KWB)

COMPLAINT: COMPLAINT: Accident -- automobile. (Wed Sep 24 2008 09:35 KWB)

HISTORY OF PRESENT COMPLAINT: patient was restrained driver in mva, when light turned green, patient advanced into intersection, opposing car ran red light and hit patient's car, patient saw the other car coming and braced the steering wheel, did not swerve or brake, witness to mva got into vehicle with patient and instructed him not to move, patient unsure if able to ambulate, hit head on left side, no loc/n/v. (09:53 MVL)

IMMUNIZATIONS: Immunizations up to date, Last tetanus shot received less than 5 years ago. (09:53 MVL)

TREATMENTS PRIOR TO ARRIVAL: Backboard, C-Collar. (09:53 MVL)

MEDICATIONS PRIOR TO ARRIVAL: Other medication: **none**. (09:53 MVL)

TREATMENTS IN TRIAGE: No treatment. (09:53 MVL)

MEDICATIONS IN TRIAGE: Other medication given in triage: **none**. (09:53 MVL)

PROVIDERS: TRIAGE NURSE: Kathy Blackwell, RN. (Wed Sep 24 2008 09:35 KWB)

ES LEVEL: ES level 3. (09:53 MVL)

ADMIN

PATIENT DATA CHANGE: Primary Nurse changed from (none) to Mia Lewis, RN. (09:47 MVL)
Urgency: 3-Urgent. (09:47 MVL)
Attending changed from (none) to Jo Sousa, MD. (10:00 JAS)
A08 CHPFQP02 by Interface, Zip code: 29687, Phone number: (864)363-8696. (10:08)

KNOWN ALLERGIES

Nka.

ROS (12:04 JAS)

CONSTITUTIONAL: No weakness.
ENT: No URI symptoms.
CARDIOVASCULAR: No chest pain.
RESPIRATORY: No SOB.
GI: No abdominal pain, No nausea, No vomiting.
MUSCULOSKELETAL: **Historian reports back pain.**
NEUROLOGIC: No headache.
ENDOCRINE: No polyuria.
ALL SYSTEMS NEGATIVE: All relevant systems reviewed and all negative except for the above.

VITAL SIGNS

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VITAL SIGNS: BP: –/–, Pulse: –, Resp: –, Temp: –, Pain: –, O2 sat: ––, Time: –. (Wed Sep 24 2008 09:35 KWB)
BP: –/–, Pulse: –, Resp: –, Temp: –, Pain: –, O2 sat: – on –, Time: –. (09:53 MVL)
BP: 191/114, Pulse: 89, Resp: 16, Temp: 96.9, Pain: 8, O2 sat: 99 on ra, Time: 1011. (10:11 MVL)
BP: 188/98, Pulse: 88, Resp: 16, Temp: 98, Pain: 7, O2 sat: 99 on ra, Time: 1215. (12:17 MVL)

HISTORY

MEDICAL HISTORY: **History of hypertension, which is being treated.** (09:53 MVL)
PSYCHIATRIC HISTORY: **No previous psychiatric history, No depression, No psychosis, Not suicidal, Not homicidal.** (09:53 MVL)
SURGICAL HISTORY: **laminectomy OVER 15– 20 YEARS AGO bilat bone spurs removed from feet.** (09:53 MVL)
SOCIAL HISTORY: **Lives with others, Denies alcohol abuse, Denies tobacco abuse, Denies drug abuse.** (09:53 MVL)
FAMILY HISTORY: **Family history is not contributory to this case.** (09:53 MVL)
NOTES: Nursing records reviewed, Medication list reviewed. (12:04 JAS)

CURRENT MEDICATIONS (09:55 MVL)

Lopressor: 200 milligram(s) by mouth every day.
2 other BP meds patient doesnt remember name

HPI MVA–MVC (12:03 JAS)

CHIEF COMPLAINT: **Patient was involved in motor vehicle crash, Patient was driver,** Speed of patient at time of accident was **0–5mph,** Speed of other object was **unknown, Struck on driver side by another vehicle (t–boned),** Patient was wearing lap/shoulder belt, **Patient arrived with cervical spine immobilization in\ place, Patient arrived on backboard.**
HISTORIAN: History obtained from patient.
OCCURRED: **Onset of symptoms reported as sudden, Just prior to presentation.**
LOCATION: Neck pain: **Moderate,** Back pain: **Moderate,** Chest pain: None, Abdominal pain: None, Extremity Injury: **shoulder.**
ASSOCIATED WITH: **No associated symptoms,** LOC: None, GCS: 15, On scene GCS: 15.

PHYSICAL EXAM (12:07 JAS)

CONSTITUTIONAL: Vital signs reviewed, Alert and oriented X 3.
HEAD: Atraumatic, Normal cephalic.
EYES: Pupils equal and reactive to light, Extraocular muscles intact.
ENT: Oropharynx normal, Mucous membranes pink, moist, normal in color.
NECK: No abrasions, No contusions.
RESPIRATORY/CHEST: Assessment includes:, Chest is nontender. Breath sounds normal, No respiratory distress.
CARDIOVASCULAR: Assessment includes:, No murmurs.
ABDOMEN: Assessment includes:. Abdomen is nontender, No masses.
BACK: Normal inspection, **There is midline tenderness, There is paraspinal tenderness, in the upper back, There is paraspinal tenderness in the mid–back, There is paraspinal tenderness in the lower back.**
UPPER EXTREMITY: Inspection normal, Normal range of motion, Shoulder exam shows, no swelling, no hematoma, no muscle atrophy, full range of motion, distal pulse intact, distal motor intact, distal senory intact.
LOWER EXTREMITY: Inspection normal, No cyanosis/clubbing/edema, No calf tenderness, Normal range of motion.
NEURO: GCS is 15, No focal motor deficits, No focal sensory deficits, Cranial nerves intact.
SKIN: Skin is warm and dry.
PSYCHIATRIC: Oriented X 3, Normal affect.

DIAGNOSIS (11:55 JAS)

FINAL: PRIMARY: **muscle strain s/p mvc.**

ORDERS

X–ray –– plain (unaccompanied or bedside) by MVL for JAS on Wed Sep 24 2008 10:24 Status: Active.

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215

DX THORACIC SPINE by JAS for JAS on Wed Sep 24 2008 10:09 Status: Active.
DX SPINE LUMBAR AP/LAT by JAS for JAS on Wed Sep 24 2008 10:09 Status: Active.
DX SPINE CERV 2 OR 3 VWS by JAS for JAS on Wed Sep 24 2008 10:09 Status: Active.
Reason: Pain (enter site)
Discharge Instructions Simple by MVL for JAS on Wed Sep 24 2008 12:12 Status: Active.
PO/PR/Topical/ID/via tubes Meds (each) by MVL for JAS on Wed Sep 24 2008 12:13 Status: Active.
Rx instructions by MVL for JAS on Wed Sep 24 2008 12:12 Status: Active.
PO/PR/Topical/ID/via tubes Meds (each) by MVL for JAS on Wed Sep 24 2008 12:13 Status: Active.

MEDICATION SERVICE

Darvocet-N 100: Order: Darvocet-N 100 : 2 PO : by mouth
POTENTIAL SEVERE INTERACTION: Flexeril
POTENTIAL MODERATE INTERACTION: Lopressor
Ordered: Wed Sep 24 2008 11:55
Ordered by: Jo Sousa, MD
Entered by: Jo Sousa, MD Wed Sep 24 2008 11:55
Acknowledged by: Mia Lewis, RN Wed Sep 24 2008 11:57
Documented as given by: Mia Lewis, RN Wed Sep 24 2008 12:13
Patient, Medication, Dose, Route and Time verified prior to administration.
MEDICATION , Given in amount and via route as prescribed, Amount given: 1TABS, Correct patient, time, route, dose and medication confirmed prior to administration, Patient advised of actions and side-effects prior to administration, Allergies confirmed and medications reviewed prior to administration, Patient in position of comfort, Side rails up, Cart in lowest position, Family at bedside, Call light in reach. (11:55 JAS)
: Follow Up : correction to above documentation; 2tabs given not one;mia lewis. (12:15 MVL)
Flexeril: Order: Flexeril : 10 mg : by mouth
POTENTIAL MODERATE INTERACTION: Lopressor
Ordered: Wed Sep 24 2008 11:55
Ordered by: Jo Sousa, MD
Entered by: Jo Sousa, MD Wed Sep 24 2008 11:55
Acknowledged by: Mia Lewis, RN Wed Sep 24 2008 11:57
Documented as given by: Mia Lewis, RN Wed Sep 24 2008 12:13
Patient, Medication, Dose, Route and Time verified prior to administration.
MEDICATION , Given in amount and via route as prescribed, Amount given: 1TAB, Site: Medication administered P.O., Correct patient, time, route, dose and medication confirmed prior to administration, Patient advised of actions and side-effects prior to administration, Allergies confirmed and medications reviewed prior to administration, Patient in position of comfort, Side rails up, Cart in lowest position, Family at bedside, Call light in reach. (11:55 JAS)

MEDICATION ADMINISTRATION SUMMARY (12:21)

Drug Name	Dose	Route	Status	Ordered
Darvocet-N 100	2 PO	by mouth	Given	11:55 9/24/2008
Flexeril	10 mg	by mouth	Given	11:55 9/24/2008

Detailed record available in Medication Service section.

PRESCRIPTION (11:57 JAS)

Darvocet N 100: Tablet : napsylate 650 mg-100 mg : Oral=Quantity: ***1-2*** Unit: tab Route: Oral Schedule: every six hours Dispense: ***20***
POTENTIAL MODERATE INTERACTION: Lopressor
POTENTIAL SEVERE INTERACTION: Flexeril .
NOTES: prn pain DURING THE DAY

Flexeril: Tablet : 5 mg : Oral=Quantity: ***1*** Unit: tab Route: Oral Schedule: three times daily Dispense: ***15***
POTENTIAL MODERATE INTERACTION: Lopressor
POTENTIAL SEVERE INTERACTION: Darvocet-N 100 [Propoxyphene].

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Dawkins, James L
DOB: 7/11/1950 M58
Wt/Ht:
MedRec: 248980730
AcctNum: 04008699561

NURSING ASSESSMENT: NURSES NOTE (11:05 KWB)
TIME ASSESSED: Time: 1105, **remains in xray.**

NURSING PROCEDURE: NURSE NOTES (10:13 MVL)
TIME: Patient examined by MD, **3 nurses roll patient and remove backboard but c-collar remains, dr explains plan of care to patient and family.**

NURSING PROCEDURE: TRANSPORT TO TESTS (10:24 MVL)
TIME: Patient's identity verified by, patient stating name, patient stating birth date, hospital ID bracelet, Patient transported to, X-ray, Patient transported via, cart, Patient accompanied by, transport tech.

NURSING PROCEDURE: NURSE NOTES (11:46 MVL)
TIME: Blanket given to patient, **WRAPPED PATIENT IN WARM BLANKETS AND POSITIONED FOR COMFORT PATIENT VERBALIZES APPRECIATION.**

NURSING PROCEDURE: DISCHARGE NOTE (12:12 MVL)
TIME: Patient discharged to, home, Patient, ambulates without assistance, Accompanied by family member, Patient instructed not to drive home, Discharge instructions given to, patient, Simple/moderate discharge teaching performed, Prescription given and additional instructions on side effects of same given, Medication reconciliation form given to patient, Above Person(s) verbalized understanding of discharge instructions and follow-up care.

NURSING PROCEDURE: DISCHARGE NOTE (12:17 MVL)
VITAL SIGNS: BP: 188, / 98, Pulse: 88, Resp: 16, Temp: 98, Pain: 7, O2 sat: 99, ra, Time: 1215.

INSTRUCTION (11:57 JAS)
DISCHARGE: MUSCLE STRAIN.
FOLLOWUP: Harlicia Farley 800 Pelham Road Greenville SC 29615 8642345800.

DISPOSITION
PATIENT: Disposition: Discharge home, Disposition Transport: Ambulated, Condition: Stable. (11:55 JAS)
Disposition Transport: Wheelchair, Remove from ER. (12:18 MVL)

ADMIN
DIGITAL SIGNATURE: Blackwell, RN, Kathy. (11:05 KWB)
Lewis, RN, Mia. (12:17 MVL)

KEY:
JAS=Sousa, MD, Jo KWB=Blackwell, RN, Kathy MVL=Lewis, RN, Mia

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#53

GREER MEMORIAL HOSPITAL
ABMH RADIOLOGY
GREENVILLE, SC

Patient Name: DAWKINS,JAMES
DOB: [redacted]
SEX: Male
Reason for Exam: PAIN (SPINE)

Medical Record#: [redacted]
Pt. NS/Room: 04ED / 04ED
Corp. Act. No:
Patient Type: Emergency

Account: [redacted]
Ordering MD: JO, SOUSA, MD
GHS - EMERGENCY SERVICES
701 GROVE ROAD
GREENVILLE, SC 29605

RX496600-SPINE LUMBAR AP/LAT 09/24/2008 10:11AM EXAM#: 10333402

IMPRESSION:

SLIGHT LATERAL WEDGING OF T4. THIS MAY BE OLD BUT IF THERE IS PARTICULAR PAIN REFERENCED TO THIS AREA FURTHER EVALUATION MAY BE WARRANTED. DEGENERATIVE CHANGES SEEN IN THE MID TO LOWER CERVICAL SPINE AND LUMBAR SPINE AS DESCRIBED ABOVE.

RESULT:

JAMES DAWKINS

10333402, 10333403, 10333401

CERVICAL, THORACIC AND LUMBAR SPINE, 9/24/08, 10:56 HOURS.

INDICATION: PAIN

Initial cross-table views of the cervical spine show no malalignment. AP and odontoid views are then obtained. There is degenerative disk change from C4 inferiorly. I see no fracture, dislocation or soft tissue injury.

AP and lateral views of the thoracic spine show some apparent lateral wedging of T4. I do not see a cortical disruption but the possibility of an acute compression of this site may need to be considered. No additional thoracic spine abnormality seen

AP lateral and spot lateral views of the lumbar spine show retrolisthesis of L5 on S1 with degenerative disk change and discogenic vertebral sclerosis. Alignment is, otherwise, normal. I see no compression fractures.

TRANSCRIPTIONIST: J. DAN, HIPPS
TRANSCRIBE TIME/DATE: 9/24/2008 6:40:00 PM
READ BY: J. MARK ROGERS, MD,
SIGNED BY: ELECTRONIC SIGNATURE / ROGERS, MD,J. MARK

Patient: DAWKINS,JAMES DOB: [redacted] MRN: [redacted] Acct: [redacted]

220

#54

BON SECOURS HEALTH SYSTEM

ST. FRANCIS HOSPITAL EASTSIDE
125 COMMONWEALTH DRIVE
GREENVILLE, SC 29615

DAWKINS,JAMES LEWIS
MRN: 785004930
DOB: 7/11/1950, Sex: M
Arrival:9/27/2008, D/C:9/27/2008

Patient Demographics

Patient Name	Sex	DOB	Address	Phone
Dawkins, James Lewis	Male	[redacted]	[redacted] TAYLORS SC 29687	[redacted]

Contact Information

Name	Relation	Home	Work	Mobile
DELPHINE DAWKINS	Spouse	[redacted]		

Admission Information - Hospital Account/Patient Record

Arrival Date/Time:	Admit Date/Time:	IP Adm. Date/Time:
Admission Type:	Admission Source:	Admit Category:
Means of Arrival:	Primary Service:	Secondary Service:
Transfer Source:	Service Area:	Unit:
Admit Provider:	Attending Provider:	Referring Provider:

Chief Complaint

Motor Vehicle Crash onset wednesday. Increases pain

Diagnosis Information

Primary Diagnosis: None found
Principal Problem: None found

Reason for Visit	Coded Diagnoses	Free Text Diagnoses	Visit Diagnoses	Problem List
Motor Vehicle Crash	OBSERV-ACCIDENT NEC [V71.4A]	OBSERV-ACCIDENT NEC	SHOULDER INJURY [959.2E] MOTOR VEHICLE ACCIDENT [E819.9L]	None found

Discharge Information

Discharge Date/Time	Discharge Disposition	Discharge Destination	Discharge Provider	Unit

Allergies as of 9/27/2008

Date Reviewed: **9/27/2008**

No Known Allergies

Immunizations as of 9/27/2008

No immunizations on file.

ER Records

ED Arrival Information

Expected	Arrival	Acuity	Means of Arrival	Escorted By	Service	Admission Type	Arrival Complaint
-	**9/27/2008 8:31 AM**	**Non-Urgent**	-	-	**Emergency**	**Emergency**	**mva**

Tx Prior to Arrival

None

Diagnoses

ER Records (continued)

Diagnoses (continued)

Shoulder Injury

Motor Vehicle Accident

ED Disposition

Discharge d Wear sling for comfort over the next 3 To 5 days. Follow up with your PMD for further diagnostic Xrays if symptoms fail to improve or if worse.I have reviewed discharge instructions with the patient. The patient verbalized understanding.

Medical as of 9/27/2008 ****None****

Surgical as of 9/27/2008	Past Surgical History	Date	Comments	Source
	HX UROLOGICAL [SHX177]		kidney	Provider

Family as of 9/27/2008 ****None****

Family Status as of 9/27/2008 ****None****

Tobacco Use as of 9/27/2008	Tobacco Use	Source	Types	Packs/day	Years Used	Comments	Date Quit
	Never	Provider		0.00	0.00		

Alcohol Use as of 9/27/2008	Alcohol Use	Source	Drinks/Week	Alcohol/Wk	Comments
	No	Provider			

Drug Use as of 9/27/2008	Drug Use	Source	Types	Frequency	Comments
	No	Provider		0.00	

Sexual Activity as of 9/27/2008	Sexually Active	Source	Birth Control	Partners	Comments
	No	Provider			

Social ADL as of 9/27/2008	ADL Question	Response	Comments	Source
	****None****			

Social Doc as of 9/27/2008 ****None****

Occupational as of 9/27/2008 ****None****

Socioeconomic as of 9/27/2008	Marital Status	Spouse Name	Num of Children	Years Education	Source
	Married				

Birth ****None****

ER Records (continued)

ED Notes

ED Notes signed by Adrian P. Corlette Sr., MD at 09/27/08 1047

Author:	Adrian P. Corlette Sr., MD	Service:	(none)	Author Type:	Physician
Filed:	09/27/08 1047	Note Time:	09/27/08 1047		

No acute fractures to neck or shoulder. Patient states the lortab helped him more than the Darvocet.

Electronically signed by Adrian P. Corlette Sr., MD at 09/27/08 1047

ED Notes signed by Lori Hooper, RN at 09/27/08 0851

Author:	Lori Hooper, RN	Service:	Emergency	Author Type:	Registered Nurse
Filed:	09/27/08 0851	Note Time:	09/27/08 0850		

Restrained driver "T-Bone " to driver side. Seen at Greer Mem. Xray neg and UA neg per pt. C/O increased pain past few days.

Electronically signed by Lori Hooper, RN at 09/27/08 0851

ED Provider Notes

ED Provider Notes signed by Adrian P. Corlette Sr., MD at 09/27/08 0931

Author:	Adrian P. Corlette Sr., MD	Service	(none)	Author Type	Physician
Filed:	09/27/08 0931	Note Time:	09/27/08 0921		

HPI Comments: Patient relates that he was a restrained driver in caravan that was T-boned on the driver side by an older buick 3 days ago. Pt was evaluated at Greer and had xrays of ?? left shoulder, ?? Neck and ?? Back. He states he was told xrays were negative and he was given a sling for the left arm Darvocet an flexeril. He presents today c/o increased pain to left shoulder and left side of neck. He denies numbness or tingling. He denied LOC or head injury, vision changes, CP, SOB, abdominal pain, pelvic pain. He is able to ambulate.

Motor Vehicle Crash

The history is provided by the patient.

No past medical history on file.

Past Surgical History

Procedure Date

- Hx urological
  kidney

No family history on file.

History

Social History

- Marital Status: Married
  Spouse Name: N/A
  Number of Children: N/A

ED Provider Notes (continued)

Years of Education: N/A

Occupational History

- Not on file.

Social History Main Topics

- Tobacco Use: Never
- Alcohol Use: No
- Drug Use: No
- Sexually Active: No

Other Topics Concern

- Not on file

Social History Narrative

- No narrative on file

ALLERGIES: Review of patient's allergies indicates no known allergies.

Review of Systems

All other systems reviewed and are negative.

Filed Vitals:

9/27/2008 8:58 AM

BP:	176/105
Pulse:	62
Temp:	96.8 °F (36 °C)
Resp:	19
Height:	6' 1" (1.854 m)
Weight:	220 lb (99.791 kg)

Physical Exam

Nursing note and vitals reviewed.
Constitutional: He is oriented. He appears well-developed and well-nourished.
Sitting upright with left arm in sling.
HENT:
Head: Normocephalic and atraumatic.
Eyes: Extraocular motions are normal. Pupils are equal, round, and reactive to light.
Neck: Normal range of motion. Neck supple. No tracheal deviation present.
No swelling, ecchymosis or brusing. FROM present with +/- mid to distal discomfort with palpation, patient could not localize the discomfort. No crepitus
Cardiovascular: Normal rate and regular rhythm.
Pulmonary/Chest: Effort normal and breath sounds normal. No stridor.
Abdominal: Soft. No tenderness.
Musculoskeletal: He exhibits tenderness.
No deformities, malalignment, ecchymosis or brusing. Limited ROM to left shoulder due to pain. There was palpable tenderness to the distal clavicle. Elbow and wrist were atramaulic. No midline vertebral tenderness of chest or back
Neurological: He is alert and oriented.

ED Provider Notes (continued)

Skin: Skin is warm and dry.
Psychiatric: He has a normal mood and affect.

Electronically signed by Adrian P Corbette Sr , MD at 09/27/08 0931

Discharge Summaries

No notes of this type exist for this admission.

#55

North Hills Medical Center
800 Pelham Road
Greenville, SC 29615
(864) 234-5800

PatientID: [redacted]
Patient Name: JAMES L DAWKINS
Date of Birth: [redacted] **Date of Service: 09/30/2008**

North Hills Medical Center
800 Pelham Road
Greenville, SC 29615
(864) 234-5800

PatientID: [redacted]
Patient Name: JAMES L DAWKINS
Date of Birth: [redacted] **Date of Service: 09/30/2008**

AGE: 58 YRS

VITAL SIGNS:
VS-TEMPERATURE: 96.9°f Tympanic
VS-PULSE: 72 Right Radial, Regular
VS-BLOOD PRESSURE: 142/80 Right Arm Sitting
VS-WEIGHT: 224lbs

CURRENT ALLERGY LIST:
NKDA
CHIEF COMPLAINT: car accident on week ago right arm pain

HISTORY OF PRESENT ILLNESS: pt involved in MVA 6 days ago when he was hit from the left side. He was the restrained driver. He has been to the ER twice. He has had negative X-rays per his report. His wife is questioning if he may need an MRI. She says he cannot move the left arm and has difficulty dressing and bathing. He says the pain is localized at the top of the left shoulder. He denies numbness or tingling of the left hand.

PAST MEDICAL HISTORY: Benign Prostate Hyperplasia

FAMILY HISTORY:
GENERAL FAMILY ILLNESS: POSITIVE HISTORY OF CANCER OF THE PROSTATE GLAND.
FATHER: The cause of death was myocardial infarction. Death occurred at age 68.

SOCIAL HISTORY:
MARITAL STATUS: Divorced.
TOBACCO USE: Has no smoking history.

PHYSICAL EXAM:
CONSTITUTIONAL:
GENERAL APPEARANCE: Black male, normal body habitus, in no acute distress.
MUSCULOSKELETAL EXAM:
EXTREMITIES:
LEFT UPPER: tender to palpation superiorly over the acromioclavicular joint. Severely restricted ROM of the left shoulder on extension and rotation, decreased grip strength , no color change or edema is noted.

LABS/RADIOLOGY/TESTS: The following labs/radiology/tests results were discussed with the patient: Left shoulder MRI
ASSESSMENT/PLAN:
#840-SPRAINS AND STRAINS OF SHOULDER AND UPPE
ASSESSMENT: MRI of shoulder
MEDICATIONS:
CYCLOBENZAPRINE HCL ORAL TABLET 10 MG, 1 Every Eight Hours, As Needed, 30 Dispensed, 2 Fills, status: NEW PRESCRIPTION, 09/30/2008.

SKELAXIN ORAL TABLET 800 MG, 1 Every Day At Bedtime, As

Needed, 30 Dispensed, status: NEW PRESCRIPTION, 09/30/2008.

LYRICA 75MG, 1 Two Times A Day, 14 Dispensed, 7 Duration/Days Supply, status: NEW PRESCRIPTION, 09/30/2008.

LYRICA 75MG, 1 Two Times A Day, 60 Dispensed, 2 Fills, 7 Duration/Days Supply, status: CONTINUED, 09/30/2008.

RETURN VISIT: Patient is to return after: testing is finished.

Electronically Signed by: Harlicia Farley, MD on Tuesday, September 30, 2008

#56

North Hills Medical Center

800 Pelham Road
Greenville, SC 29615
(864) 234-5800

PatientID: [redacted]
Patient Name: JAMES L DAWKINS
Date of Birth: [redacted] **Date of Service: 10/22/2008**

PATIENT: James Dawkins
SSN:
DOB: [redacted]
DATE: 10/22/08
REFERRAL: Dr. Farley

STUDY:
Left shoulder MRI.

CLINICAL HISTORY:
Shoulder injury in motor vehicle accident.

TECHNIQUE:
The following sequences were obtained through the left shoulder: Axial gradient echo; sagittal-oblique and coronal-oblique T1, fat-saturated T2, and fat-saturated proton density.

FINDINGS:
There is some thickening and mild intrasubstance signal abnormality within the distal supraspinatus tendon, suggesting tendinopathy/partial tear. There is no evidence for full thickness tear. The infraspinatus, teres minor, and subscapularis tendons appear intact. The muscles of the rotator cuff appear intact and there is no evidence for atrophy or fatty infiltration.

Evaluation of the osseous structures reveals some irregularity and subchondral cystic changes within the humeral head laterally, likely degenerative. There is no evidence for fracture, bone contusion, stress-related injury, or avascular necrosis. The contours of the superior humeral head and glenoid appear intact. There is evidence for acromioclavicular joint osteoarthritis with joint space narrowing and moderate surrounding fluid.

The long head of the biceps tendon is situated within the bicipital groove and its attachment o the superior glenoid labram appears grossly intact.

The glenoid labra appears grossly unremarkable, although definitive assessment is limited in the absence of intraarticular contrast.

There is trace amount of fluid within the subacromial/subdeltoid bursa, which in the absence of a full

231

North Hills Medical Center
800 Pelham Road
Greenville, SC 29615
(864) 234-5800

PatientID: [redacted]
Patient Name: JAMES L DAWKINS
Date of Birth: [redacted] Date of Service: 10/22/2008

thickness rotator cuff tear, could indicate a mild bursitis.

IMPRESSION:

1. Tendinopathy/partial tear of the distal supraspinatus tendon.
2. Trace amount of fluid within subacromial/subdeltoid bursa, which in the absence of a full thickness tear, could indicate a very mild bursitis. Clinical correlation is required.
3. Some irregularity and subchondral cystic changes within the lateral humeral head, likely degenerative.
4. Acromioclavicular osteoarthritis, as outlined above, which can predispose to rotator cuff impingement.

Bela Desai, M.D.

#57

GHS UNIVERSITY MEDICAL GROUP **ADULT PATIENT INFORMATION**

PATIENT INFORMATION

Full Name: Dawkins, James Lewis (Last, First, Middle) Preferred Name: James

Maiden Name:

Date of Birth: [redacted] (Month/Day/Complete Year)

Address: [redacted]

SS#: [redacted]

Sex (Male or Female): Male

City, State, Zip: Taylors, SC 29687

County: G'ville

Home Phone: ( )

PO Box:

Cell Phone: [redacted]

City, State, Zip:

Preferred language: english

Preferred E-mail: electjune6@aol.com

Marital Status: married (Single, Married, Divorced, Widowed, Partnered)

Race: Black (Caucasian (white), Native American, African-American (black), Latin, Asian, other)

Religion: Christian

EMPLOYMENT

Occupation: Pastor

Employer: New Wife International Ministries

Address: 115 Kennedy Rd

City, State, Zip: Taylors, SC 29687

Work Phone: [redacted]

EMERGENCY CONTACT

Name: Delphine Dawkins

Address: [redacted]

Home Phone: ( )

Cell Phone: [redacted]

City, State, Zip: GREER, SC 29651

Work Phone: [redacted]

Relationship: wife

Employer Name:

Name: Rosa Lee Dawkins

Address: [redacted]

Home Phone: [redacted]

Cell Phone: ( )

City, State, Zip: Taylors, SC 29687

Work Phone: ( )

Relationship: mother

Employer Name:

IMMEDIATE FAMILY

	Name	Date of Birth	Lives with me	
Spouse/ Partner:	Delphine Dawkins	6/6/1959	YES	NO
Children:			YES	NO
			YES	NO
			YES	NO
			YES	NO
			YES	NO
			YES	NO
			YES	NO
Others:			YES	NO
			YES	NO

Signature of Patient/Guardian: James L. Dawkins Date: 11/12/08

Patient Name James L. Dawkins DOB 7/11/08

GHS UNIVERSITY MEDICAL GROUP **BILLING INFORMATION**

ACCIDENTAL INJURY

Is visit result of an accident? (Examples: auto accident, workers compensation, etc.) ~~YES~~ NO Date: 9/24/08

GUARANTOR INFORMATION (This is the person responsible for the balance after insurance pays on the account.)

Parent/guardian please print your child's name in the patient's name box. If your child is being treated as the result of an accident, you will be responsible for any balances due after insurance has paid. If 18 or older, you are not your child's guarantor and do not have to complete this section unless there is legal documentation on file such as a power of attorney.

Guarantor Name: _____ (Last First Middle) Guarantor SS#: _____

Relationship: _____ Home Phone: ( ) _____

Address: _____ Cell Phone: ( ) _____

City, State, Zip: _____

Guarantor Employer: _____

Employer Address: _____

City, State, Zip: _____ Work Phone: ( ) _____

PRIMARY INSURANCE INFORMATION

Insurance Co. Name: Blue Cross

Co-Pays: Primary $: _____ Specialty $: _____ ID#: [redacted]

Patient Employment Status: _____ Effective Date: _____

(full-time, part-time, unemployed, retired, military, retired military, full or part-time student)

SUBSCRIBER INFORMATION (This is the person insured by the company listed above.)

Patient Relationship to Subscriber: Self

Full Name: James L. Dawkins Sex: M (M or F) Date of Birth: 7/11/50

Address: [redacted] SS#: [redacted]

City, State, Zip: Taylors, SC 29687 Phone: [redacted]

Employer: New Life International

Address: _____

City, State, Zip: Taylors, SC 29687 Work Phone: [redacted]

SECONDARY INSURANCE INFORMATION

Insurance Co. Name: _____

Co-Pays: Primary $: _____ Specialty $: _____ ID#: _____

Patient Employment Status: _____ Effective Date: _____

(full-time, part-time, unemployed, retired, military, retired military, full or part-time student)

SUBSCRIBER INFORMATION (This is the person insured by the company listed above.)

Patient Relationship to Subscriber: _____

Full Name: _____ Sex: _____ (M or F) Date of Birth: _____

Address: _____ SS#: _____

City, State, Zip: _____ Phone: ( ) _____

Employer: _____

Address: _____

City, State, Zip: _____ Work Phone: ( ) _____

AUTHORIZATION

I authorize medical evaluation & treatment, and release of information for insurance/medical purpose concerning my illness and treatment. I hereby, authorize payment from my insurance company to the Greenville Hospital System, University Medical Group for services rendered. I will be responsible for any amount not covered by my insurance.

Signature of Patient/Guardian: James L. Dawkins Date: 11/12/08

235

#55

Current Medications
Cardizem LA 420 mg/24 hours 1 tab(s) once a day
metroprolol er 200 mg 1 tab(s) once a day
Allopurinol 100 mg 1 tab(s) BID
cyclobenzapr 10 mg 1 tab(s) TID
Skelaxin 800 mg 1 tab bid

Past Medical History
Hypertension
Kidney Cancer

Surgical History
Partial Right Kidney Removal. Dr. Hill and Dr. Cobb August 2008

Family History
Family: Hypertension

Social History
no Alcohol.
no Smoking.
no Recreational drug use.

Allergies
N.K.D.A.

Hospitalization/Major Diagnostic Procedure
See surgical history

Review of Systems
CONSTITUTIONAL:
Fever no. Weight Loss no. Weight Gain no. Fatigue no. Chills no. Night Sweats no.
CARDIOVASCULAR:
Chest Pain no. Irregular Heart Beat no. Poor Circulation no. Leg/feet swelling no. Leg/foot ulcer no.
GENITOURINARY:
Blood in urine no. Pain in urinating no. Unable to urinate no. Bladder Infection no. Frequent Urination no. Difficulty with urination no.
NEUROLOGICAL:
Paralysis no. Frequent Headaches no

Reason for Appointment
1. SHC:LT SHOULDER PAIN
2. REFERRED BY HARLICIA FARLEY MD

History of Present Illness
History of Present Illness:
What: Left Shoulder, lower back, and left leg pain. When: 9/24/08. How: MVA . Pain: satisfactorily controlled, Severity: pain = 7, sharp, aching, constant.
HPI:
Referral from Harlicia Farley, M.D. This man is 58, with problems with his pain into his left shoulder anterolaterally with some achiness into his lower back. His shoulder symptoms began after an MVA on 09/24/08, as did his back symptoms and now he has pain with overhead things. Some stiffness into his lower back, nothing really radiating down below either knee, nor calf, nor foot. Has not really had any treatment of this yet. Denies any loss of consciousness. Was seen at the hospital in triage there, though did not have all of his studies. Shoulder pain is more anterior superiorly.

Vital Signs
Ht: 73, Wt lbs: 225, BMI: 29.68, HR: 80.

Examination
General:
General Appearance: Well and in no acute distress. Neurological No neurologic deficits. Cardiovascular: Regular rhythm by palpation of distal pulse, normal color and temperature, no concerning varicosities on symptomatic side. Lymphatic No lymphadenopathy present. Lungs: Breathing easily. Psychiatric: Well-oriented with a normal mood and affect. Skin No rashes, lesions, or ulcers, Normal turgur.
Examination:

Examination reveals a muscular mid-aged gentleman with good rotation of his neck with negative Spurling's bilateral. Tenderness of his left AC joint. Mild subacromial tenderness over the greater trochanter, but full vertical elevation. Fair cuff strength on isolation. Belly-press and lift-off are both intact. Good infraspinatous strength, good AP stability. External rotation over 90 in abduction. Full range of motion of the elbow and wrist. Full range of motion of the right shoulder. He has good rotation of both hips without pain. Negative sciatic stretch

Seizures no. CVA/ITA no. Syncope no. Anxiety/Depression no. Tremors no. Speech Problems no. Feeling of hopelessness no. Sleep disturbance no. Vision Changes no.

EYES:
Decreased Vision no. Cataracts no.

RESPIRATORY:
COPD no. Asthma no. Persistant Cough no. Shortness of Breath no. Wheezing no. Pneumonia no.

ENT:
Loss of Hearing no. Sinusitis no. Headache no.

GASTROINTESTINAL:
GERD no. PUD/Gastritis no. Liver Problems no. Stomach Pain no. Diarrhea no. Abdominal Pain no. Nausea/Vomiting no. Black tar-like or bloody stool no.

SKIN:
no Rash, no. Dryness of Skin no. Ulcer no. Cancer no. Open sores no. New Moles no. Poor Healing no. Skin Infection no.

PSYCHIATRIC:
Depression no. Bipolar Disease no.

ENDOCRINE:
Diabetes no. Thyroid no. Heat intolerance no. Cold intolerance no.

HEME/LYMP:
Anemia no. Bleeding Problems no. Blood Transfusion no. Bruises no.

ALLERGIC/IMMUNOLOGIC:
Seasonal no. Iodine no. Food Allergies no.

MUSCULOSKELETAL:
Joint Swelling no. Muscle aches no. Joint Pain no. Pain in multiple joints no. Weakness no.

bilaterally and good strength throughout both. On outside studies, radiographs of the shoulder were negative and reviewed evidence of AC arthropathy.

Assessments

1. AC Osteoarthritis - 715.11 (Primary)
2. Subacromial Impingement - 726.19
3. Lower back pain - 724.2

Treatment

1. Others

I have injected the left shoulder with Depo-Medrol and lidocaine. We will get him into a rehab program for his shoulder and his back.

Procedures

Injection

Injection : After verbal consent obtained including a discussion of the risks, benefits, and alternatives, the patient wishes to proceed. Complications discussed include but not limited to: pain, infection, steroid flare, fat necrosis, skin discoloration, and injury to blood vessels or nerves. The anatomic sight was sterilized with alcohol/betadyne solution and under sterile conditions the anatomic sight was injected with a solution of local anesthetic and 1 cc of corticosteroid. The patient tolerated the procedure without immediate complications. Patient is instructed to call the office if any signs or symptoms of infection occur including significant increase in pain, warmth, redness or drainage at the injection sight Left Shoulder

Procedure Codes

J1030 Depomedrol
20610 Large Joint Injection

Follow Up

prn

Stephen Geary

Electronically signed by Stephen Geary on 11/14/2008 at 10:00 AM EST

Sign off status: Completed

Steadman Hawkins-Greenville (SHCP)
200 Patewood Dr
Greenville, SC 29615
Tel: 864-454-7422
Fax: 864-454-8265

Patient: DAWKINS, JAMES LEWIS DOB: 07/11/1950 Progress Note: Stephen Geary 11/12/2008

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

239

#59

Greenville Proaxis Therapy
315 Medical Parkway
Suite 150
Greer, SC USA 29650
Phone: (864) 797-9600
Fax: (864) 797-9602

proaxistherapy

Acct #:	[redacted]		
Physician:	STEPHEN P. GEARY	Patient:	JAMES L. DAWKINS
Phy Phone:	(864) 454-6600	Visit Date:	Nov 19, 2008
Phy Fax:	(864) 454-8265	DOB:	[redacted]
Clinician:	Chad King	SSN:	XXX-XX-XXXX
Case Mgr:		FSC:	BCBS
Inj. Date:	Sep 24, 2008	Payor:	BC/BS-PPO
Surg. Date:		Pol/Claim#:	[redacted]
Visits:	1	Name of Insured:	
Cxl/Ns:	0	Employer:	

Initial Evaluation

Diagnoses

Left Shoulder	71941	JOINT PAIN-SHLDER
Left Spine	7242	LUMBAGO

General Information

Referred by Dr Geary with a diagnosis of L shoulder pain/OA at the AC joint and lumbar pain.
HPI: MVA as listed.
PMH: Kidney cancer 2008 that is clear at this time, lumbar discectomy 1980, controlled HTN.
Chronological Age: Years:
- Year(s) Old 58

History of Injury:
- MVA accident on 9-24-08 with pt reporting left sided impact.

Occupation:
- Pastor.

Treatment Guidelines:
- Evaluate and Treat

Additional Detail: As per Rx, Duration: 4 weeks

Subjective Examination

The medical history questionnaire has been completed and signed by the patient, reviewed by the evaluating therapist, and is on file. The patient has read and signed the Patient Rights and Consent for Treatment forms, they have been reviewed by the evaluating therapist, and are on file.
ADL / Functional Status:
- Premorbid status: Recreation/Athletics: Independent without difficulty. Current status: Recreation / Athletics: Unable to perform.

Chief Complaint:
- Pain: Current Severity: 8/10. Loss of Motion/Stiffness: Marked Degree. Loss of Function: Moderate Degree. Weakness: Moderate Degree.

Client Knowledge/Awareness of:
- Home Exercise Program: Lacks appropriate program.

Denies:
- Spasm. Swelling. Instability/Giving Way.

Extremity Dominance:
- Right.

Functional Capability:
- Working Status: Without Restrictions. Raise Arm Overhead: Limited. Reach Behind Back: Limited.

Mechanism of Injury:
- Primary Episode: Motor Vehicle Accident: Car.

Medical History:
- General Health: Good.

Rehabilitation Expectations/Goals:
- Return to ADL Performance: Unrestricted/Minimal Symptoms. Return to Work Activities: Unrestricted/Minimal Symptoms.

Left Spine

The medical history questionnaire has been completed and signed by the patient, reviewed by the evaluating therapist, and is on file. The patient has read and signed the Patient Rights and Consent for Treatment forms, they have been reviewed by the evaluating therapist, and are on file.

ADL / Functional Status:
- Premorbid status: Recreation/Athletics: Independent without difficulty. Current status: Recreation / Athletics: Unable to perform.

Chief Complaint:
- Pain: Current Severity: 8/10. Abnormal Sensation: tingling from the lumbar spine to all toes at the L LE. Loss of Function: Moderate Degree.

Client Knowledge/Awareness of:
- Home Exercise Program: Lacks appropriate program.

Denies:
- Bowel/bladder frequency. Bowel/bladder urgency.

Functional Capability:
- Bend Forward at Waist: Significantly Limited. Sit Comfortably (15 min.): Limited. Walk 1/2 Mile,No Limp/Rest: Limited.

Mechanism of Injury:
- Primary Episode: Motor Vehicle Accident: Car.

Medical History:
- Past/Present Conditions: Cancer: Kidney that is clear at this time per pt. Surgeries: Lumbosacral Spine: Microdiscectomy: L 4-5.

Rehabilitation Expectations/Goals:
- Return to Work Activities: Unrestricted/Minimal Symptoms. Return to ADL Performance: Unrestricted/Symptom Free.

Objective Examination

Assessment of the joint complex above and below the shoulder demonstrated no abnormal findings and all appropriate tests were negative.

Muscle Testing: Upper Extremity MMT:	**Left**	**Right**
• Shoulder Flexion	3/5	4/5
• Shoulder External Rotation	3/5	-4/5
• Shoulder Internal Rotation	3/5	4/5
Palpation: Bony Structures: Tenderness:	**Left**	
• Acromioclavicular Joint	3=Wincing and withdrawl	

Palpation:
- Excess bony growth at distal clavical L AC joint.

Posture:
- Forward Head/Rounded Shoulders: Mild.

Range of Motion:	**Left AROM**	**Right AROM**
• Flexion	145	170
• Abduction	140	170
• External Rotation - 0 deg	50	65

Reflex/Sensory Integrity:
- Intact and Equal Bilaterally.

Special Tests: Muscle/Tendon:	**Left**
• Drop Arm-Rotator Cuff	Negative
• Elevation-Impingement	Aggravates Symptoms
• Empty Can	Negative
• Hawkins-Kennedy Impingement	Aggravates Symptoms
• Speed's Biceps	Negative
Special Tests: Ligamentous/Capsular:	**Left**
• AC Joint Compression	Positive

Special Tests: Clearing Examination: Cervical Range of Motion:

• Active Extension	60 Degrees
• Active Flexion	80 Degrees
• Active Rotation Left	40 Degrees
• Active Rotation Right	75 Degrees

Left Spine

Pt demonstrates numbness in stocking/glove pattern at L LE.

Flexibility:	**Left**	**Right**
• Hamstrings	Moderate Restriction	Moderate Restriction
Joint Integrity/Mobility: L 01 - L 02:	**Left**	**Right**
• Central P-A	Normal	Normal
Joint Integrity/Mobility: L 02 - L 03:	**Left**	**Right**
• Central P-A	Normal	Normal
Joint Integrity/Mobility: L 03 - L 04:	**Left**	**Right**
• Central P-A	Normal	Normal
Joint Integrity/Mobility: L 04 - L 05:	**Left**	**Right**
• Central P-A	Normal/painful	Normal/painful
Joint Integrity/Mobility: L 05 - S 01:	**Left**	**Right**
• Central P-A	Normal/painful	Normal/painful

Observations:
- Pt able to perform normal sitting flexion in chair to grab bag off floor without pain or limitation while performing only 30 degrees motion with active lumbar flexion.

Palpation:
- Lumbosacral Region: Musculature, Posterior: Hyper-reactive with pain and wincing to light palpation over the erector spinea of the L4-5 region and L PSIS.

Range of Motion: Lumbar Degrees:

• Active Extension	15 Degrees
• Active Flexion	30 Degrees
• Active Rotation Left	15 Degrees
• Active Rotation Right	15 Degrees

Special Tests: Neural Dynamics:	**Left**	**Right**
• Sciatic Nerve Tension	Negative	Negative
Special Tests: Lumbar:	**Left**	**Right**

• Slump	Negative
• Straight Leg Raise	Hamstring Tightness Hamstring Tightness

Special Tests:
- Pt states L AC joint pain with slump test at the L LE.

Treatments

Exercise Activities: Isotonics:

• External Rotation Sidelying.	Time Elapsed: 4 Minutes, Weight - Pounds: 0 Pounds, Repetitions: 10, Sets: 2
• Flexion.	Time Elapsed: 4 Minutes, Weight - Pounds: 0 Pounds, Repetitions: 10, Sets: 2, Position: Supine

Pt./Family Education:

• Daily Education	Taught to: Patient, Family: Not Included, Learning Assessment: Basic Concept, Barriers to Learning: None Identified, Teaching Method: Demonstration, Response to Teaching: Able to Demo, Pt/Family Perception: Important to Learn
• Exercise Rationale	Time Elapsed: 3 Minutes
• Pathology/Involved Anatomy	Time Elapsed: 3 Minutes
• Written Home Exercise Program	Time Elapsed: 3 Minutes, Activity: Provided & Reviewed, Description: Diagnosis Specific

Left Spine

Exercise Activities: Flexibility(L. Quarter):

• Hamstring Muscle	Time Elapsed: 3 Minutes, Repetitions: 7, Technique: Active, Body Position: Supine, Hold.: 15 Seconds
• Flexibility Activity 1	Time Elapsed: 3 Minutes, Repetitions: 5, Technique: Active Assistive, Hold.: 15 Seconds, Description: single knee to chest

Exercise Activities: Range of Motion:

• Rotation	Time Elapsed: 4 Minutes, Side: Bilateral, Technique: Active, Body Position: Seated, ROM Performed: Pain Free
• ROM Activity 1	Time Elapsed: 4 Minutes, Repetitions: 30, Sets: 1, Technique: Active, Body Position: supine, Description: supine knees together rotation

Pt./Family Education:

• Daily Education	Taught to: Patient, Family: Not Included, Learning Assessment: Basic Concept, Barriers to Learning: None Identified, Teaching Method: Demonstration, Response to Teaching: Able to Demo, Pt/Family Perception: Important to Learn
• Pathology/Involved Anatomy	Time Elapsed: 3 Minutes
• Written Home Exercise Program	Time Elapsed: 4 Minutes, Activity: Provided & Reviewed, Description: hamstring stretching,knee to chest, trunk rotation

Assessment

In my professional opinion, this client requires skilled rehabilitative therapy in conjunction with a home exercise program to

address the problems and achieve goals outlined below. Overall rehabilitation potential is fair. The functional problems and goals identified herein which necessitate skilled rehabilitation therapy over the next 45 days are outlined below. The patient and/or family were educated regarding their diagnosis, prognosis and related pathology. The client exhibits good understanding and performance of the therapeutic activity and instructions outlined in this skilled rehabilitation session. The client tolerated today's treatment/therapeutic activity with moderate complaints of pain and difficulty.

Impairments Identified:

- Flexibility. Functional Activities. Muscle Performance. Pain. Posture. Range of Motion. Weakness.

Presentation:

- Displays signs and symptoms of: Hyper-reactive and symptoms not consistant with neural pain secondary to non-dermatomal pattern of pain at the L LE and mild Waddel symptoms for non-organic back pain. Pt symptoms are not consistant with any form of appropriate referral pattern and are scatterd from LE to UE.

Recommendations:

- Monitor symptoms for provacation/reduction and hyper-reactivity.

Problems & Goals

Problem #1 **Functional Capability: Raise Arm Overhead: Limited.**

LTG Achieve by Dec 24, 2008.

Functional Improvements In:

- WFL flexion in sitting to allow for proper motion/mobility with overhead reaching.

Problem #2 **Client Knowledge/Awareness of: Home Exercise Program: Lacks appropriate program.**

STG Achieve by Dec 10, 2008.

Client Education:

- Independent Home Exercise/Self Care Program.

Problem #3 **Range of Motion.**

LTG Achieve by Dec 24, 2008.

Range of Motion Improvements to: Shoulder:	**Left AROM**
• Flexion	170
• Abduction	170
• External Rotation - 0 deg	65

Problem #4 **Muscle Testing: Upper Extremity MMT.**

LTG Achieve by Dec 24, 2008.

Musculoskeletal Improvements In: Upper Extremity Strength to:	**Left**
• Shoulder Abduction	+4/5
• Shoulder Flexion	+4/5
• Shoulder External Rotation	+4/5

Left Spine

Problem #5 **Functional Capability: Sit Comfortably (15 min.): Limited.**

LTG Achieve by Dec 24, 2008.

Increase sitting tolerance to greater than 1 hour with mild limitations to allow for proper mobility with work/travel demands.

Problem #6 **Client Knowledge/Awareness of: Home Exercise Program: Lacks appropriate program.**

LTG Achieve by Dec 17, 2008.

Client Education:

- Independent Home Exercise/Self Care Program.

Problem #7 **Flexibility.**

LTG Achieve by Dec 24, 2008.

Musculoskeletal Improvements In: Soft Tissue Flexibility to:	**Left**	**Right**
• Hamstrings	Slight Restriction	Slight Restriction

Plan

Amount, Frequency and Duration:

- Frequency and Duration: It is recommended that the client attend rehabilitative therapy for 2 visits a week with an expected duration of 6 weeks. Interventions during the course of treatment will be directed toward addressing the problems and achieving the goals previously outlined.

Daily Plan:

- Continue w/ Current Rehabilitation Program.

Therapeutic Contents:

- Client Education. Home Exercise Program. Passive Range of Motion Activities. Manual Range of Motion Activities. Stretching/Flexibility Activities. Aerobic Conditioning: Upper Body Ergometer. Joint Mobilization Techniques. Soft Tissue Mobilization Techniques. Modalities: Cryotherapy.
- Resistive Activities:
  - Isotonic. Tubing/Bands.

Left Spine

Amount, Frequency and Duration:

- Frequency and Duration: It is recommended that the client attend rehabilitative therapy for 2 visits a week with an expected duration of 6 weeks. Interventions during the course of treatment will be directed toward addressing the problems and achieving the goals previously outlined.

Daily Plan:

- Continue w/ Current Rehabilitation Program.

Therapeutic Contents:

- Client Education. Home Exercise Program. Passive Range of Motion Activities. Manual Range of Motion Activities. Active Assistive Range of Motion Activities. Active Range of Motion Activities. Stretching/Flexibility Activities. Proprioceptive/Closed Kinetic Chain Activities. Aerobic Conditioning: nustep Modalities: Cryotherapy.
- Resistive Activities:
  - Isometric. Machines/Free Weights.

Chad King, PT(SC Lic: 1234)

#60

North Hills Medical Center
800 Pelham Road
Greenville, SC 29615
(864) 234-5800

PatientID: [redacted]
Patient Name: JAMES L DAWKINS
Date of Birth: [redacted] **Date of Service: 11/20/2008**

North Hills Medical Center
800 Pelham Road
Greenville, SC 29615
(864) 234-5800

PatientID: [redacted]
Patient Name: JAMES L DAWKINS
Date of Birth: [redacted] **Date of Service: 11/20/2008**

PATIENT: James Dawkins
A/C#: 102544
SSN:
DOB: [redacted]
DATE: 11/20/08

HISTORY: James Dawkins is a 58-year-old gentleman who presents today for followup. He is hypertensive. Blood pressure is elevated. He is taking rather high dose of Cardizem LA 420 mg and also metoprolol 200 mg a day. He denies any cardiac history. He had back pain in the past and surgery. He also has a recent motor vehicle accident; however, denies stick any hand sets is present. He had history of right kidney biopsy. Apparently, was a questionable malignant lesion and, however, he denies any nephrectomy. He has had renal impairment. Last serum creatinine was in March 2nd. He tells me that he had lab work done a month ago; however, I could not see any record in his EMR. We will look for that in the lab if he had blood work done, otherwise, we will repeat this particularly to see his renal function. He has gout, on allopurinol 100 mg. He has obesity. I have discussed diet, exercise, and weight reduction. I have recommended baby aspirin for chemoprophylaxis. I have suggested him on change his blood pressure medication, atenolol/chlorthalidone 100/25 mg once day. Started with benzapril 40 mg. He is started with half pill a day then increase to four pills in two weeks if his blood pressure elevated. This should better control his blood pressure and will have less inotropic effect then beta-blocker and gastrointestinal channel blocker together and should better control his blood pressure. He denies any shortness of breath, chest pain, urinary symptoms, change in bowel habits, hematemesis, or melena. He apparently had PSA done in the last year and that was normal. He denies any hematemesis, melena, or weight loss.

REVIEW OF SYSTEMS: Otherwise negative. He had colonoscopy done this year with gastroenterologist, which was normal.

PHYSICAL EXAMINATION: No acute distress. Elevated blood pressure. O2 saturation is 99%. No pallor. Neck: Supple. No lymph node enlargement. No bruits. Chest: Clear. Heart: No murmur. Abdomen: Soft, nontender, and nondistended. No liver, spleen, kidneys, or mass felt. Lower extremity examination: No edema. Peripheral pulses are palpable.

EKG shows sinus bradycardia rate of 59. Incomplete right bundle-branch block and nonspecific ST-T changes. This is a baseline EKG due to his hypertension.

PLAN: He was given flu shot for preventative care. We will re-evaluate after his labs. Change in medication to Tenoretic 100/25 mg one a day and benzapril 40 mg start with half a day. Baby aspirin for chemoprophylaxis. His lipid profile in the last one year was normal. I have discussed risk factor management for coronary artery disease. Various pains, Tylenol PM for pain. Avoid NSAIDs due to his renal impairment. He will increase allopurinol 300 mg a day for his gout and elevated uric acid level.

Sushil Mittal, M.D.

THIS REPORT IS DICTATED, NOT READ OR CORRECTED.

250

25

#61

Greenville Proaxis Therapy
315 Medical Parkway
Suite 150
Greer, SC USA 29650
Phone: (864) 797-9600
Fax: (864) 797-9602

proaxistherapy

Acct #:	[redacted]		
Physician:	STEPHEN P. GEARY	Patient:	JAMES L. DAWKINS
Phy Phone:	(864) 454-6600	Visit Date:	Nov 21, 2008
Phy Fax:	(864) 454-8265	DOB:	[redacted]
Clinician:	Chad King	SSN:	XXX-XX-XXXX
Case Mgr:		FSC:	BCBS
Inj. Date:	Sep 24, 2008	Payor:	BC/BS-PPO
Surg. Date:		Pol/Claim#:	[redacted]
Visits:	1	Name of Insured:	
Cxl/Ns:	1	Employer:	

Cancel/No Show *Patient cancelled appointment*

Diagnoses

Left Shoulder	71941	JOINT PAIN-SHLDER
Left Spine	7242	LUMBAGO

General Information

Cancel Reasoning:

- Work Conflict.

Chad King, PT(SC Lic: 1234)

#62

Greenville Proaxis Therapy
315 Medical Parkway
Suite 150
Greer, SC USA 29650
Phone: (864) 797-9600
Fax: (864) 797-9602

proaxistherapy

Acct #:	[redacted]		
Physician:	STEPHEN P. GEARY	Patient:	**JAMES L. DAWKINS**
Phy Phone:	(864) 454-6600	Visit Date:	**Dec 03, 2008**
Phy Fax:	(864) 454-8265	DOB:	[redacted]
Clinician:	Chad King	SSN:	XXX-XX-XXXX
Case Mgr:		FSC:	BCBS
Inj. Date:	Sep 24, 2008	Payor:	BC/BS-PPO
Surg. Date:		Pol/Claim#:	[redacted]
Visits:	4	Name of Insured:	
Cxl/Ns:	2	Employer:	

Cancel/No Show *Patient did not show up for appointment*

Diagnoses

Left Shoulder	71941	JOINT PAIN-SHLDER
Left Spine	7242	LUMBAGO

General Information

Cancel Reasoning:

- No Show

Chad King, PT(SC Lic: 1234)

#63

Greenville Proaxis Therapy
315 Medical Parkway
Suite 150
Greer, SC USA 29650
Phone: (864) 797-9600
Fax: (864) 797-9602

proaxistherapy

Acct #:	[redacted]		
Physician:	STEPHEN P. GEARY	Patient:	JAMES L. DAWKINS
Phy Phone:	(864) 454-6600	Visit Date:	Dec 05, 2008
Phy Fax:	(864) 454-8265	DOB:	[redacted]
Clinician:	Chad King	SSN:	XXX-XX-XXXX
Case Mgr:		FSC:	BCBS
Inj. Date:	Sep 24, 2008	Payor:	BC/BS-PPO
Surg. Date:		Pol/Claim#:	[redacted]
Visits:	5	Name of Insured:	
Cxl/Ns:	2	Employer:	

Daily Note

Diagnoses

Left Shoulder	71941	JOINT PAIN-SHLDER
Left Spine	7242	LUMBAGO

General Information

Referred by Dr Geary with a diagnosis of L shoulder pain/OA at the AC joint and lumbar pain.
HPI: MVA as listed.
PMH: Kidney cancer 2008 that is clear at this time, lumbar discectomy 1980, controlled HTN.
Chronological Age: Years:
- Year(s) Old 58

History of Injury:
- MVA accident on 9-24-08 with pt reporting left sided impact.

Occupation:
- Pastor.

Treatment Guidelines:
- Evaluate and Treat

Additional Detail: As per Rx, Duration: 4 weeks

Subjective Examination

Chief Complaint:
- Pain: Current Severity: 8/10.

Client Knowledge/Awareness of:
- Home Exercise Program: Lacks appropriate program.

Daily Comments:
- No New Complaints. Overall Condition is: Improving.

Functional Capability:
- Raise Arm Overhead: Limited.

Left Spine

Chief Complaint:
- Pain: Current Severity: 8/10.

Client Knowledge/Awareness of:
- Home Exercise Program: Lacks appropriate program.

Daily Comments:
- Disposition: Sore Today. Overall Condition is: Unchanged. Pt states: "After my back surgery, the doctor told me that I had sciatic nerve damage. It didnt really hurt me until after the accident.
  I was on disability for 15 yrs with my back."

Functional Capability:
- Sit Comfortably (15 min.): Limited. Walk 1/2 Mile,No Limp/Rest: Limited.

Objective Examination

Muscle Testing: Upper Extremity MMT:	**Left**	**Right**
• Shoulder Flexion	3/5	4/5
• Shoulder External Rotation	3/5	-4/5
• Shoulder Internal Rotation	3/5	4/5

Range of Motion:	**Left AROM**	**Right AROM**
• Flexion	145	170
• Abduction	140	170
• External Rotation - 0 deg	50	65

Special Tests: Muscle/Tendon:	**Left**
• Drop Arm-Rotator Cuff	Negative
• Elevation-Impingement	Aggravates Symptoms
• Empty Can	Negative
• Hawkins-Kennedy Impingement	Aggravates Symptoms
• Speed's Biceps	Negative

Special Tests: Ligamentous/Capsular:	**Left**
• AC Joint Compression	Positive

Special Tests: Clearing Examination: Cervical Range of Motion:	
• Active Extension	60 Degrees
• Active Flexion	80 Degrees
• Active Rotation Left	40 Degrees
• Active Rotation Right	75 Degrees

Left Spine

Pt points to anterior thigh from hip to knee as location of discomfort with prolonged riding.

Flexibility:	**Left**	**Right**
• Hamstrings	Moderate Restriction	Moderate Restriction

Joint Integrity/Mobility: L 04 - L 05:	**Left**	**Right**
• Central P-A	Normal/painful	Normal/painful

Joint Integrity/Mobility: L 05 - S 01:	**Left**	**Right**
• Central P-A	Normal/painful	Normal/painful

Observations:
- Pt able to perform normal sitting flexion in chair to grab bag off floor without pain or limitation while performing only 30 degrees motion with active lumbar flexion.

Palpation:
- Lumbosacral Region: Musculature, Posterior: Hyper-reactive with pain and wincing to light palpation over the erector spinea of the L4-5 region and L PSIS.

Range of Motion: Lumbar Degrees:	
• Active Extension	15 Degrees
• Active Flexion	30 Degrees
• Active Rotation Left	15 Degrees

• Active Rotation Right	15 Degrees	
Special Tests: Lumbar:	**Left**	**Right**
• Slump	Negative	
• Straight Leg Raise	Hamstring Tightness	Hamstring Tightness

Treatments

Pt./Family Education:	
• Daily Education	Taught to: Patient, Family: Not Included, Learning Assessment: Basic Concept, Barriers to Learning: None Identified, Teaching Method: Demonstration, Response to Teaching: Able to Demo, Pt/Family Perception: Important to Learn
Left Spine	
Exercise Activities: Flexibility(L. Quarter):	
• Hamstring Muscle	Time Elapsed: 3 Minutes, Repetitions: 7, Technique: Active, Body Position: Supine, Hold.: 15 Seconds
• Flexibility Activity 1	Time Elapsed: 3 Minutes, Repetitions: 5, Technique: Active Assistive, Hold.: 15 Seconds, Description: single knee to chest
Exercise Activities: Range of Motion:	
• Rotation(This visit)	Did Not Perform: This visit
• ROM Activity 1	Time Elapsed: 3 Minutes, Repetitions: 30, Sets: 1, Technique: Active, Body Position: supine, Description: supine knees together rotation
Exercise Activities: Stabilization Training: Supine Position:	
• Abdominal Brace(This visit)	Did Not Perform: This visit
• Bridging	Time Elapsed: 4 Minutes
• Heel Slides	Time Elapsed: 4 Minutes
• Marching In Place	Time Elapsed: 3 Minutes
Exercise Activities: Isometrics:	
• Abduction Hip(This visit)	Did Not Perform: This visit
• Adduction Hip(This visit)	Did Not Perform: This visit
Exercise Activities: Stabilization Training: Quadruped Position:	
• Alternating LE Lift(This visit)	Did Not Perform: This visit
• Alternating UE/LE Lift(This visit)	Did Not Perform: This visit
Manual Interventions: Manual Traction:	
• Lower Extremity	Time Elapsed: 15 Minutes, Side: L, Technique: Long Axis hip/lateral hip distracion
Manual Interventions: Range of Motion:	
• Manual ROM 1	Time Elapsed: 8 Minutes, Description: sciatic nerve glides
Pt./Family Education:	
• Daily Education	Taught to: Patient, Family: Not Included, Learning Assessment: Basic Concept, Barriers to Learning: None Identified, Teaching Method: Demonstration, Response to Teaching: Able to Demo, Pt/Family Perception: Important to Learn

Assessment

The client tolerated today's treatment/therapeutic activity with mild complaints of pain and difficulty.
Presentation:

- Pt will continue to benefit from manual work pending on symptoms following todays treatment to reduce pain at the anterior thigh. Core strengthening and appropriate progression is appropriate at this time.

Plan

Daily Plan:

- Continue w/ Current Rehabilitation Program. Advance as tolerated.

Left Spine

Daily Plan:

- Continue w/ Current Rehabilitation Program. Advance as tolerated.

Recommendations:

- Assess response to todays treatment with continued manual as able.

Chad King, PT(SC Lic: 1234)

#64

Greenville Proaxis Therapy
315 Medical Parkway
Suite 150
Greer, SC USA 29650
Phone: (864) 797-9600
Fax: (864) 797-9602

proaxistherapy

Acct #:	[redacted]		
Physician:	STEPHEN P. GEARY	Patient:	JAMES L. DAWKINS
Phy Phone:	(864) 454-6600	Visit Date:	Dec 10, 2008
Phy Fax:	(864) 454-8265	DOB:	[redacted]
Clinician:	William C. King	SSN:	XXX-XX-XXXX
Case Mgr:		FSC:	BCBS
Inj. Date:	Sep 24, 2008	Payor:	BC/BS-PPO
Surg. Date:		Pol/Claim#:	[redacted]
Visits:	7	Name of Insured:	
Cxl/Ns:	2	Employer:	

Daily Note

Diagnoses

Left Shoulder	71941	JOINT PAIN-SHLDER
Left Spine	7242	LUMBAGO

General Information

Referred by Dr Geary with a diagnosis of L shoulder pain/OA at the AC joint and lumbar pain.
HPI: MVA as listed.
PMH: Kidney cancer 2008 that is clear at this time, lumbar discectomy 1980, controlled HTN.
Chronological Age: Years:
- Year(s) Old 58

History of Injury:
- MVA accident on 9-24-08 with pt reporting left sided impact.

Occupation:
- Pastor.

Treatment Guidelines:
- Evaluate and Treat — Additional Detail: As per Rx, Duration: 4 weeks

Subjective Examination

Chief Complaint:
- Pain: Current Severity: 8/10.

Client Knowledge/Awareness of:
- Home Exercise Program: Lacks appropriate program.

Daily Comments:
- No New Complaints. Compliance with: Home Exercise Program: Unable to Perform Due to: Time Constraints.

Functional Capability:
- Raise Arm Overhead: Limited.

Left Spine

Chief Complaint:
- Pain: Current Severity: 8/10.

Client Knowledge/Awareness of:
- Home Exercise Program: Lacks appropriate program.

Daily Comments:
- Disposition: Sore Today. Compliance with: Home Exercise Program: Unable to Perform Due to: Time Constraints. Pt states: "I have not been able to call the doctor because I have not had the time from work duties."

Functional Capability:

- Sit Comfortably (15 min.): Limited. Walk 1/2 Mile,No Limp/Rest: Limited.

Objective Examination

Muscle Testing: Upper Extremity MMT:	Left	Right
• Shoulder Flexion	3/5	4/5
• Shoulder External Rotation	3/5	-4/5
• Shoulder Internal Rotation	3/5	4/5

Range of Motion:	Left AROM	Right AROM
• Flexion	145	170
• Abduction	140	170
• External Rotation - 0 deg	50	65

Special Tests: Muscle/Tendon:	Left
• Drop Arm-Rotator Cuff	Negative
• Elevation-Impingement	Aggravates Symptoms
• Empty Can	Negative
• Hawkins-Kennedy Impingement	Aggravates Symptoms
• Speed's Biceps	Negative

Special Tests: Ligamentous/Capsular:	Left
• AC Joint Compression	Positive

Special Tests: Clearing Examination: Cervical Range of Motion:

• Active Extension	60 Degrees
• Active Flexion	80 Degrees
• Active Rotation Left	40 Degrees
• Active Rotation Right	75 Degrees

Left Spine

Flexibility:	Left	Right
• Iliotibial Band	Mild Restriction	
• Hamstrings	Moderate Restriction	Moderate Restriction

Joint Integrity/Mobility: L 04 - L 05:	Left	Right
• Central P-A	Normal/painful	Normal/painful

Joint Integrity/Mobility: L 05 - S 01:	Left	Right
• Central P-A	Normal/painful	Normal/painful

Observations:

- Pt able to perform normal sitting flexion in chair to grab bag off floor without pain or limitation while performing only 30 degrees motion with active lumbar flexion.

Palpation:

- Lumbosacral Region: Musculature, Posterior: Hyper-reactive with pain and wincing to light palpation over the erector spinea of the L4-5 region and L PSIS. Complaint of pain with palpation of the L trochanter.

Range of Motion: Lumbar Degrees:

• Active Extension	15 Degrees
• Active Flexion	30 Degrees
• Active Rotation Left	15 Degrees
• Active Rotation Right	15 Degrees

Special Tests: Lumbar:	Left	Right
• Slump	Negative	
• Straight Leg Raise	Hamstring Tightness	Hamstring Tightness

Treatments

Pt./Family Education:

- Daily Education — Taught to: Patient, Family: Not Included, Learning Assessment: Basic Concept, Barriers to Learning: None Identified, Teaching Method: Demonstration, Response to Teaching: Able to Demo, Pt/Family Perception: Important to Learn

Left Spine

Exercise Activities: Flexibility(L. Quarter):

- Hamstring Muscle — Time Elapsed: 5 Minutes, Repetitions: 7, Technique: Active, Body Position: Supine, Hold.: 15 Seconds
- Iliotibial Band. — Time Elapsed: 6 Minutes, Repetitions: 4, Hold.: 30 Seconds
- Psoas Musculature — Time Elapsed: 3 Minutes, Repetitions: 5, Technique: Active Assistive, Body Position: sidelying, Hold.: 25 Seconds, Additional Detail: PT assisted
- Flexibility Activity 1(This visit) — Did Not Perform: This visit

Exercise Activities: Range of Motion:

- Rotation(This visit) — Did Not Perform: This visit
- ROM Activity 1(This visit) — Did Not Perform: This visit

Exercise Activities: Stabilization Training: Supine Position:

- Abdominal Brace(This visit) — Did Not Perform: This visit
- Heel Slides — Time Elapsed: 5 Minutes
- Marching In Place(This visit) — Did Not Perform: This visit

Exercise Activities:.Aerobic Conditioning:

- Aerobic Conditioning 1 — Time Elapsed: 12 Minutes, Level: 4, Description: nustep

Exercise Activities: Stabilization Training: Quadruped Position:

- Alternating LE Lift(This visit) — Did Not Perform: This visit
- Alternating UE/LE Lift(This visit) — Did Not Perform: This visit

Manual Interventions: Manual Traction:

- Lower Extremity(This visit) — Did Not Perform: This visit

Manual Interventions: Range of Motion:

- Manual ROM 1 — Time Elapsed: 5 Minutes, Description: sciatic nerve glides

Manual Interventions: Lower Quarter Soft Tissue:

- Erector Spinae — Time Elapsed: 5 Minutes, Tx Depth: Moderate, Technique: Strumming
- Iliotibial Band . — Time Elapsed: 5 Minutes, Tx Depth: Moderate, Technique: Rolling
- Piriformis(This visit) — Did Not Perform: This visit

Pt./Family Education:

• Daily Education	Taught to: Patient, Family: Not Included, Learning Assessment: Basic Concept, Barriers to Learning: None Identified, Teaching Method: Demonstration, Response to Teaching: Able to Demo, Pt/Family Perception: Important to Learn

Assessment

The client tolerated today's treatment/therapeutic activity with mild complaints of pain and difficulty.
Presentation:
- Pt presents today with signs of trochanteric bursitis and tightness at the IT band that will benefit from flexability of the tissue and continued stabilization therex for the lumbar spine secondary to chronic pain at the spine.

Plan

Daily Plan:
- Continue w/ Current Rehabilitation Program. Advance as tolerated.

Left Spine

Daily Plan:
- Continue w/ Current Rehabilitation Program.

Recommendations:
- continue with IT band therex and stretching/stabilization.

William C. King, PT(SC Lic: 5374)

#65

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315 Medical Parkway
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Phone: (864) 797-9600
Fax: (864) 797-9602

proaxistherapy

Acct #:	[redacted]		
Physician:	STEPHEN P. GEARY	Patient:	**JAMES L. DAWKINS**
Phy Phone:	(864) 454-6600	Visit Date:	**Dec 16, 2008**
Phy Fax:	(864) 454-8265	DOB:	[redacted]
Clinician:	R Evans Pence	SSN:	XXX-XX-XXXX
Case Mgr:		FSC:	BCBS
Inj. Date:	Sep 24, 2008	Payor:	BC/BS-PPO
Surg. Date:		Pol/Claim#:	[redacted]
Visits:	7	Name of Insured:	
Cxl/Ns:	3	Employer:	

Cancel/No Show *Patient cancelled appointment*

Diagnoses

Left Shoulder	71941	JOINT PAIN-SHLDER
Left Spine	7242	LUMBAGO

General Information

Cancel Reasoning:

- Death in the family

R Evans Pence, PTA(SC Lic: 835)

#66

Current Medications
Cardizem LA 420 mg/24 hours 1 tab(s) once a day
metoprolol er 200 mg 1 tab(s) once a day
Allopurinol 100 mg 1 tab(s) BID
cyclobenzapr 10 mg 1 tab(s) TID
Skelaxin 800 mg 1 tab bid

Past Medical History
Hypertension
Kidney Cancer

Surgical History
Partial Right Kidney Removal. Dr. Hill and Dr. Cobb August 2008

Family History
Family: Hypertension

Social History
no Alcohol.
no Smoking.
no Recreational drug use.

Allergies
NKDA

Hospitalization/Major Diagnostic Procedure
See surgical history

Review of Systems
CONSTITUTIONAL:
Fever no. Weight Loss no. Weight Gain no. Fatigue no. Chills no. Night Sweats no.
CARDIOVASCULAR:
Chest Pain no. Irregular Heart Beat no. Poor Circulation no. Leg/feet swelling no. Leg/foot ulcer no.
GENITOURINARY:
Blood in urine no. Pain in urinating no. Unable to urinate no. Bladder Infection no. Frequent Urination no. Difficulty with urination no.
NEUROLOGICAL:
Paralysis no. Frequent Headaches no.

Reason for Appointment
1. SHC LEFT SHOULDER INJURY

History of Present Illness
Interim History:
Prior Assessment Left Shoulder AC OA. Subacromial Impingement. Lower Back Pain. Date of Injury: 9/24/08 MVA. Treatment to Date: Steroid Injection Left Shoulder 11/12/08, Physical Therapy, Home Exercise Program. Response to treatment: patient states feeling worse since last visit with the lower back pain. Pain: not satisfactorily controlled, sharp, constant, Severity: pain = 7/10.
HPI:
The patient is a 58-year-old male who we are following for a left shoulder subacromial impingement and low back pain following a motor vehicle accident on September 24. The patient states his shoulder is doing fine now. He had a subacromial injection when last seen in clinic in November. He is still concerned about his low back pain and pain radiating down his left lower extremity. The patient states the pain is worse with activity. He describes the pain as radiating down his left anterior thigh, down the front of his leg into his foot. He also complains of some paresthesias in the same distribution. Of note, he has a history of lower back surgery in the 80s which he thinks was a diskectomy.

Vital Signs
Ht: 73,, Wt lbs: 225, BMI: 29.68, HR: 80.

Examination
General:
General Appearance: Well and in no acute distress. Cardiovascular: Regular rhythm by palpation of distal pulse, normal color and temperature, no concerning varicosities on symptomatic side. Lungs: Breathing easily. Psychiatric: Well-oriented with a normal mood and affect.
Examination:

On physical examination today he does have a well-healed scar that is midline lumbar spine. He is tender in his left paraspinal muscles and lumbar spine. He has a positive straight leg raise in the left with pain radiating down his posterior thigh. He has 5 out of 5 dorsiflexion and plantarflexion strength is 4+/5. The EHL strength sensation is decreased to light tough throughout his left lower extremity. His

Seizures no. CVA/TIA no. Syncope no. Anxiety/Depression no. Tremors no. Speech Problems no. Feeling of hopelessness no. Sleep disturbance no. Vision Changes no.

EYES:
Decreased Vision no. Cataracts no.

RESPIRATORY:
COPD no. Asthma no. Persistant Cough no. Shortness of Breath no. Wheezing no. Pneumonia no.

ENT:
Loss of Hearing no. Sinusitis no. Headache no.

GASTROINTESTINAL:
GERD no. PUD/Gastritis no. Liver Problems no. Stomach Pain no. Diarrhea no. Abdominal Pain no. Nausea/Vomiting no. Black tar-like or bloody stool no

SKIN:
no Rash, no. Dryness of Skin no. Ulcer no: Cancer no. Open sores no. New Moles no. Poor Healing no. Skin Infection no.

PSYCHIATRIC:
Depression no. Bipolar Disease no.

ENDOCRINE:
Diabetes no. Thyroid no. Heat intolerance no. Cold intolerance no.

HEME/LYMP:
Anemia no. Bleeding Problems no. Blood Transfusion no. Bruises no.

ALLERGIC/IMMUNOLOGIC:
Seasonal no. Iodine no. Food Allergies no.

MUSCULOSKELETAL:
Joint Swelling no. Muscle aches no. Joint Pain no. Pain in multiple joints no. Weakness no.

reflexes are 2+ and symmetric in bilateral lower extremities. Radiology: Imaging reviewed includes lumbar spine films which reveal degenerative changes at L5-S1.

Assessments

1. AC Osteoarthritis - 715.11 (Primary)
2. Subacromial Impingement - 726.19
3. Lower back pain - 724.2
4. Radiculopathy, Lumbar - 724.4

Treatment

1. Others

We will obtain a lumbar spine, MRI, and he will followup with us to review the MRI and discuss plan of care after this.

Diagnostic Imaging

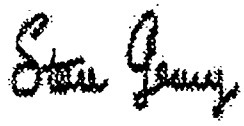
Lumbar Spine, 2 views

Procedure Codes

72100 LS SPINE (2-3 VIEW) X-RAY

Follow Up

Follow-up after MRI to review findings and discuss plan of care.



Electronically signed by Stephen Geary on 12/22/2008 at 05:11 PM EST

Sign off status: Completed

Steadman Hawkins-Greenville (SHCP)
200 Patewood Dr
Greenville, SC 29615
Tel: 864-454-7422
Fax: 864-454-8265

#67

CURRENT INFORMATION FOR PATIENT

PATIENT NAME: Dawkins,James Lewis

SOCIAL SECURITY NUMBER: [redacted]

DATE OF BIRTH: [redacted]

ADDRESS LINE 1: [redacted]

ADDRESS LINE 2:

CITY,STATE: Taylors,SC

ZIP CODE: 29687 COUNTY:

HOME PHONE: [redacted] WORK PHONE: [redacted]

CELL PHONE:

SEX: M RACE: Black

GUARANTOR NAME (if not the pt):

RELATIONSHIP TO PATIENT: Self

INSURANCE CO NAME: Bcbs Ppc/ppo Preferred Blue

SUBSCRIBERS EMPLOYER:

SUBSCRIBERS NAME: Dawkins,James L

SUBSCRIBERS ADDRESS:

SUBSCRIBERS DOB: [redacted]

SOCIAL SECURITY NUMBER:

JUL 06 2009

CERTIFICATE NUMBER: [redacted]

EFFECTIVE DATE: 01/01/2008

SECONDARY INS CO NAME:

SUBSCRIBERS EMPLOYER:

SUBSCRIBERS NAME:

SUBSCRIBERS ADDRESS:

SUBSCRIBERS DOB:

SOCIAL SECURITY NUMBER:

CERTIFICATE NUMBER:

EFFECTIVE DATE:

EMERGENCY CONTACT NAME: Dawkins,Delphine G

EMERGENCY PHONE NUMBER: [redacted]

PRIMARY CARE PHYSICIAN: _____

271

#68

Steadman Hawkins-HillCrest (SH)
727 S.E. Main Street Suite 220
Simpsonville, SC 29681
864-454-7422

PHYSICIAN INFORMATION

Requesting: Geary, Stephen

PATIENT INFORMATION

Name: DAWKINS, JAMES LEWIS
DOB: [redacted]
Sex: male
Tel: [redacted]

REPORT DETAILS

Procedure Name: MRI LUMBAR SPN w/wo contrast
Session Id:

REPORT DATES

Order: 12/22/2008
Procedure: 12/22/2008 09:09:00

REPORT

Exam :MRI LUMBAR SPN W/WO CON

See Below for Report
IMPRESSION:
MULTILEVEL MILD DEGENERATIVE DISC DISEASE IN LOWER LUMBAR SPINE ARE PRESENT WITH MILD CENTRAL CANAL STENOSIS AT L3-4 AND L4-5 WITHOUT SUBSTANTIAL CHANGE FROM 10/11/07.
AT L5-S1 POSTOPERATIVE CHANGES ARE SEEN WITH ENHANCING EPIDURAL GRANULATION TISSUE BUT NO RECURRENT DISC PROTRUSION. NO SIGNIFICANT CHANGE FROM PRIOR EXAM IS NOTED.
ORDERING MD:STEPHEN GEARY, MDOP LOCATION:GMH OUTPATIENT
STEADMAN HAWKINS ORTHOPEDIC CLINIC
200 PATEWOOD DRIVE, SUITE C100
GREENVILLE, SC, 29615
0 ELECTRONIC SIGNATURE / HANNA, MD,JEFFREY
RM600166 - MRI LUMBAR SPN W/WO CON 12/22/2008 9:09 AMEXAM#: 10463152
ORDERED BY: Dr. STEPHEN GEARY, MD
REASON FOR EXAM: LOWER BACK PAIN, RADICULOPATHY------
RESULT:JAMES DAWKINS
MRI OF LUMBAR SPINE 12/22/08
HISTORY: Low back pain, radiculopathy.
Sagittal T1 weighted, fast spin echo T2 weighted and STIR images of the entire lumbosacral spine were obtained with axial T1 weighted and T2 weighted images from mid body of L2 to mid body of L4 and mid body of L4 to mid body of S1. After 20 ml IV Magnevist axial T1 weighted images were repeated with fat suppression and sagittal I1 weighted fat suppressed images were obtained as well.
Comparison is made to prior MRI of lumbar spine performed 7/11/07.
At the L2-3, L3-4 and L4-5 intervertebral disc space levels the discs are mildly desiccated and degenerated without evidence of focal disc protrusion or spinal stenosis. The pedicles are congenitally short and in combination these abnormalities result in mild central canal narrowing at L3-4 and L4-5.
At the L5-S1 intervertebral disc space level changes from left

laminotomy for discectomy are noted to be present. I do not see evidence to suggest recurrent disc protrusion. There does appear to be enhancing epidural granulation tissue in the left anterior epidural space surrounding the exiting nerve roots. There does appear to be a posterior central broad based osteophytic spur and disc bulge. The disc is desiccated and degenerated to a severe degree at this level with severe secondary discovertebral change. Vacuum disc phenomenon is likely present.
The marrow signal intensity demonstrates no evidence of focal marrow edema to suggest fracture, infection or tumor. Conus medullaris terminates in normal fashion. Retroperitoneal and paravertebral soft tissues demonstrate no significant evidence of additional abnormalities.
TRANSCRIPTIONIST: CINDY, CAMPBELL
TRANSCRIBE TIME/DATE: 12/23/2008 12:03:00 PM
READ BY: JEFFREY HANNA, MD,
SIGNED BY:

#69

proaxistherapy

Greenville Proaxis Therapy
315 Medical Parkway
Suite 150
Greer, SC USA 29650
Phone: (864) 797-9600
Fax: (864) 797-9602

Acct #:	[redacted]	Patient:	JAMES LEWIS L. DAWK
Physician:	STEPHEN P. GEARY	Note Date:	Jan 20, 2009
Phy Phone:	(864) 454-6600	DOB:	[redacted]
Phy Fax:	(864) 454-8265	SSN:	XXX-XX-XXXX
Clinician:	William C. King	FSC:	BCBS
Case Mgr:		Payor:	BC/BS-PPO
Inj. Date:	Sep 24, 2008	Pol/Claim#:	[redacted]
Surg. Date:		Name of Insured:	
Visits:	7	Employer:	
Cxl/Ns:	3		

Discharge Summary

Diagnoses

Left Shoulder	71941	JOINT PAIN-SHLDER
Left Spine	7242	LUMBAGO.

Subjective Examination

Chief Complaint:
- Pain: Current Severity: 8/10.

Client Knowledge/Awareness of:
- Home Exercise Program: Lacks appropriate program.

Functional Capability:
- Raise Arm Overhead: Limited.

Left Spine

Chief Complaint:
- Pain: Current Severity: 8/10.

Client Knowledge/Awareness of:
- Home Exercise Program: Lacks appropriate program.

Functional Capability:
- Sit Comfortably (15 min.): Limited. Walk 1/2 Mile,No Limp/Rest: Limited.

Objective Examination

Muscle Testing: Upper Extremity MMT:	Nov 19, 2008 Left	Nov 19, 2008 Right	Dec 10, 2008 Left	Dec 10, 2008 Right
• Shoulder Flexion	3/5	4/5	3/5	4/5
• Shoulder External Rotation	3/5	-4/5	3/5	-4/5
• Shoulder Internal Rotation	3/5	4/5	3/5	4/5

Range of Motion:	Nov 19, 2008 L. Act.	Nov 19, 2008 R. Act.	Dec 10, 2008 L. Act.	Dec 10, 2008 R. Act.
• Flexion	145	170	145	170
• Abduction	140	170	140	170
• External Rotation - 0 deg	50	65	50	65

Special Tests: Muscle/Tendon:	Left
• Drop Arm-Rotator Cuff	Negative
• Elevation-Impingement	Aggravates Symptoms
• Empty Can	Negative
• Hawkins-Kennedy Impingement	Aggravates Symptoms

• Speed's Biceps	Negative
Special Tests: Ligamentous/Capsular:	**Left**
• AC Joint Compression	Positive
Special Tests: Clearing Examination: Cervical Range of Motion:	
• Active Extension	60 Degrees
• Active Flexion	80 Degrees
• Active Rotation Left	40 Degrees
• Active Rotation Right	75 Degrees

Left Spine

Palpation:

• Complaint of pain with palpation of the L trochanter.

Flexibility:	**Left**	**Right**
• Iliotibial Band	Mild Restriction	
• Hamstrings	Moderate Restriction	Moderate Restriction
Joint Integrity/Mobility: L 04 - L 05:	**Left**	**Right**
• Central P-A	Normal/painful	Normal/painful
Joint Integrity/Mobility: L 05 - S 01:	**Left**	**Right**
• Central P-A	Normal/painful	Normal/painful

Observations:

• Pt able to perform normal sitting flexion in chair to grab bag off floor without pain or limitation while performing only 30 degrees motion with active lumbar flexion.

Palpation:

• Lumbosacral Region: Musculature, Posterior: Hyper-reactive with pain and wincing to light palpation over the erector spinea of the L4-5 region and L PSIS.

Range of Motion: Lumbar Degrees:	**Nov 19, 2008**	**Dec 10, 2008**
• Active Extension	15 Degrees	15 Degrees
• Active Flexion	30 Degrees	30 Degrees
• Active Rotation Left	15 Degrees	15 Degrees
• Active Rotation Right	15 Degrees	15 Degrees
Special Tests: Lumbar:	**Left**	**Right**
• Slump	Negative	
• Straight Leg Raise	Hamstring Tightness	Hamstring Tightness

Assessment

The client tolerated today's treatment/therapeutic activity with mild complaints of pain and difficulty.

Presentation:

• Pt presents today with signs of trochanteric bursitis and tightness at the IT band that will benefit from flexability of the tissue and continued stabilization therex for the lumbar spine secondary to chronic pain at the spine.

Recommendations:

• Discharge, Secondary to: Client Non-compliance: Attendance.

Problems & Goals

Problem #1 **Functional Capability: Raise Arm Overhead: Limited.**

LTG Achieve by Dec 24, 2008.

Functional Improvements In:

- WFL flexion in sitting to allow for proper motion/mobility with overhead reaching.

Problem #2 **Client Knowledge/Awareness of: Home Exercise Program: Lacks appropriate program.**

STG Achieve by Dec 10, 2008.

Client Education:

- Independent Home Exercise/Self Care Program.

Problem #3 **Range of Motion.**

LTG Achieve by Dec 24, 2008.

Range of Motion Improvements to: Shoulder:	**Left AROM**
• Flexion	170
• Abduction	170
• External Rotation - 0 deg	65

Problem #4 **Muscle Testing: Upper Extremity MMT.**

LTG Achieve by Dec 24, 2008.

Musculoskeletal Improvements In: Upper Extremity Strength to:	**Left**
• Shoulder Abduction	+4/5
• Shoulder Flexion	+4/5
• Shoulder External Rotation	+4/5

Left Spine

Problem #5 **Functional Capability: Sit Comfortably (15 min.): Limited.**

LTG Achieve by Dec 24, 2008.

Increase sitting tolerance to greater than 1 hour with mild limitations to allow for proper mobility with work/travel demands.

Problem #6 **Client Knowledge/Awareness of: Home Exercise Program: Lacks appropriate program.**

LTG Achieve by Dec 17, 2008.

Client Education:

- Independent Home Exercise/Self Care Program.

Problem #7 **Flexibility.**

LTG Achieve by Dec 24, 2008.

Musculoskeletal Improvements In: Soft Tissue Flexibility to:	**Left**	**Right**
• Hamstrings	Slight Restriction	Slight Restriction

Plan

Discharge from Physical Therapy.

Daily Plan:

- Continue w/ Current Rehabilitation Program. Advance as tolerated.

Discharge due to:

- Non-compliance.

Recommendations:
- Discharge From Physical Therapy.

Left Spine

Discharge from Physical Therapy.
Daily Plan:
- Continue w/ Current Rehabilitation Program.

Discharge due to:
- Non-compliance.

Recommendations:
- continue with IT band therex and stretching/stabilization. Discharge From Physical Therapy.

William C King PT

William C. King, PT(SC Lic: 5374)

#70

Current Medications
Cardizem LA 420 mg/24 hours 1 tab(s) once a day
metoprolol er 200 mg 1 tab(s) once a day
Allopurinol 100 mg 1 tab(s) BID
cyclobenzapr 10 mg 1 tab(s) TID
Skelaxin 800 mg 1 tab bid

Past Medical History
Hypertension
Kidney Cancer

Surgical History
Partial Right Kidney Removal. Dr. Hill and Dr. Cobb August 2008

Family History
Family: Hypertension

Social History
no Alcohol.
no Smoking.
no Recreational drug use.

Allergies
NKDA

Hospitalization/Major Diagnostic Procedure
See surgical history

Review of Systems
CONSTITUTIONAL:
Fever no. Weight Loss no. Weight Gain no. Fatigue no. Chills no. Night Sweats no.
CARDIOVASCULAR:
Chest Pain no. Irregular Heart Beat no. Poor Circulation no. Leg/feet swelling no. Leg/foot ulcer no.
GENITOURINARY:
Blood in urine no. Pain in urinating no. Unable to urinate no. Bladder Infection no. Frequent Urination no. Difficulty with urination no.
NEUROLOGICAL:
Paralysis no. Frequent Headaches no

Reason for Appointment
1. SHR BACK AND SHLDR PAIN

History of Present Illness
Interim History:

Prior Assessment Left Shoulder AC OA. Subacromial Impingement. Lower Back Pain. Lumbar Radiculopathy. Date of Injury: 9/24/08 MVA. Treatment to Date: Steroid Injection Left Shoulder 11/12/08, Physical Therapy, Home Exercise Program, MRI Lumbar Spine 12/22/08. Response to treatment: patient states feeling the same since last visit. Pain: Severity: pain = 10.

Mr. Dawkins has been through some epidural injections and he is a little bit better in his back, still some symptoms in lower back and radiating down his legs some. His left shoulder is much better, starting with similar symptoms in his right shoulder. Anterolateral pain forward flexion with activity things requiring injection of this.

History of Present Illness:

What: Right Shoulder Pain and Right Upper Extremity Tingling.

Vital Signs
Ht: 73, Wt lbs: 225, BMI: 29.68, HR: 80.

Examination
General:

General Appearance: Well and in no acute distress.
Cardiovascular: Regular rhythm by palpation of distal pulse, normal color and temperature, no concerning varicosities on symptomatic side. Lungs: Breathing easily. Psychiatric: Well-oriented with a normal mood and affect.

On exam, he currently has mildly positive impingement sign on the right, negative on the left, guards with forward flexion and internal rotation, against mild resistance, good intact supraspinatus and subscap strength. I do not appreciate any focal sensory motor deficit of either upper extremity.

Assessments
1. AC Osteoarthritis - 715.11 (Primary)
2. Subacromial Impingement - 726.19
3. Lower back pain - 724.2
4. Radiculopathy, Lumbar - 724.4

Treatment
1. AC Osteoarthritis

Seizures no. CVA/TIA no. Syncope no. Anxiety/Depression no. Tremors no. Speech Problems no. Feeling of hopelessness no. Sleep disturbance no. Vision Changes no.

EYES:
Decreased Vision no. Cataracts no.

RESPIRATORY:
COPD no. Asthma no. Persistant Cough no. Shortness of Breath no. Wheezing no. Pneumonia no.

ENT:
Loss of Hearing no. Sinusitis no. Headache no.

GASTROINTESTINAL:
GERD no. PUD/Gastritis no. Liver Problems no. Stomach Pain no. Diarrhea no. Abdominal Pain no. Nausea/Vomiting no. Black tar-like or bloody stool no.

SKIN:
no Rash, no. Dryness of Skin no. Ulcer no. Cancer no. Open sores no. New Moles no. Poor Healing no. Skin Infection no.

PSYCHIATRIC:
Depression no. Bipolar Disease no.

ENDOCRINE:
Diabetes no. Thyroid no. Heat intolerance no. Cold intolerance no.

HEME/LYMP:
Anemia no. Bleeding Problems no. Blood Transfusion no. Bruises no.

ALLERGIC/IMMUNOLOGIC:
Seasonal no. Iodine no. Food Allergies no.

MUSCULOSKELETAL:
Joint Swelling no. Muscle aches no. Joint Pain no. Pain in multiple joints no. Weakness no.

I have injected the right subhumeral space with Depo-Medrol and Lidocaine and I think this just warrants a conservative cuff and scapular rehab program. As far as his ongoing symptoms in his back, intermittently radiating into his leg, his previous MRI findings were faxed and he has been through a formal course of epidurals with still some symptoms and I would like to get a formal opinion from a spine specialist.

Procedures

Injection

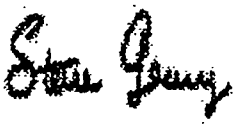
Injection : After verbal consent obtained including a discussion of the risks, benefits, and alternatives, the patient wishes to proceed. Complications discussed include but not limited to: pain, infection, steroid flare, fat necrosis, skin discoloration, and injury to blood vessels or nerves. The anatomic site was sterilized with alcohol/betadine solution and under sterile conditions the anatomic site was injected with a solution of local anesthetic and 1 cc of corticosteroid. The patient tolerated the procedure without immediate complications. Patient is instructed to call the office if any signs or symptoms of infection occur including significant increase in pain, warmth, redness or drainage at the injection site right shoulder

Procedure Codes

J1030 Depomedrol
20610 Large Joint Injection

Follow Up

Dr. McHenry



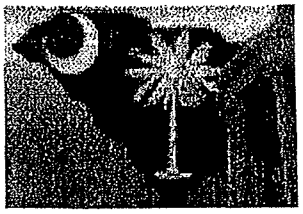
Electronically signed by Stephen Geary on 02/19/2009 at 02:02 PM EST

Sign off status: Completed

Steadman Hawkins-Greenville (SHCP)
200 Patewood Dr
Greenville, SC 29615
Tel: 864-454-7422
Fax: 864-454-8265

#71

Greenville County
13th Circuit
Public Index



Back New Search County Home Page

Prudential/ C. Dan Joyner, Co. Realtors vs. James L. & Delphine Dawkins

Case Number: 2009CV2310300216 **Court Agency:** Chick Springs Summary Court **Filed Date:** 03/12/2009

Case Type: Civil **Case Sub Type:** Interpleader Comp **File Type:**

Status: Scheduled **Assigned Judge:** Garrett, C. R.

Disposition: **Disposition Date** **Disposition Judge:**

Original Source Doc: **Original Case #:**

Judgment Number:

Parties | Judgments | Actions | Associated Cases

Parties

Name	Address	Race	Sex	Date of Birth	Party Type Description	Status
Boling, Jacquline	130 HIGH HAT CIRCLE Greenville SC 29615				Defendant Seller	Active
Dawkins, James L. & Delphine	115 Kennedy Road Taylors SC 29687				Defendant	Active
Prudential/ C. Dan Joyner, Co. Realtors,					Plaintiff	Active

CMS 5.5.07.02
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284

#72

Steadman Hawkins-HillCrest (SH)
727 S.E. Main Street Suite 220
Simpsonville, SC 29681
864-454-7422

PHYSICIAN INFORMATION

Requesting: McHenry, Timothy

PATIENT INFORMATION

Name: DAWKINS, JAMES LEWIS
DOB: [redacted]
Sex: male
Tel: [redacted]

REPORT DETAILS

Procedure Name: MRI CERV SPN w/wo contrast
Session Id:

REPORT DATES

Order: 03/13/2009
Procedure: 03/13/2009 11:26:00

REPORT

Exam :MRI CERVICAL SPN W/WO CON

See Below for Report
IMPRESSION:1. MOST SEVERE CHANGES ARE AT C3-4, C4-5, AND C5-6 WHERE LARGE DISC OSTEOPHYTE COMPLEXES ARE SEEN WITH MULTI-LEVEL SPINAL STENOSIS AND SEVERE NEURAL FORAMINAL NARROWING AS OUTLINED ABOVE. THESE ARE GENERALLY MORE SEVERE ON THE RIGHT WHICH IS CONCORDANT WITH INDICATED SYMPTOMATOLOGY. QUESTION DISC EXTRUSION AT TWO LEVEL AS NOTED ABOVE.
2.THE STUDY SHOWS NO EVIDENCE OF METASTATIC DISEASE IN THIS PATIENT WITH A MALIGNANT HISTORY.
ORDERING MD:TIMOTHY P. MCHENRY, MDOP LOCATION:GMH OUTPATIENT
STEADMAN HAWKINS ORTHOPEDIC CLINIC
200 PATEWOOD DRIVE, SUITE C100
GREENVILLE, SC, 29615
0 ELECTRONIC SIGNATURE / ROGERS, MD,J. MARK
RM620066 - MRI CERVICAL SPN W/WO CON 3/13/2009 11:26 AMEXAM#: 10580494
ORDERED BY: Dr. TIMOTHY P. MCHENRY, MD
REASON FOR EXAM: NECK AND RT ARM PAIN------
RESULT:
PATIENT - JAMES L. DAWKINS
PROCEDURE:CERVICAL SPINE MRI, 3/13/09.
Indication: Neck and right arm pain.
Technique: Initial standard sequences are obtained. These include sagittal T1, T2 and STIR sequences and axial T2 fast spin echo and gradient recall images from the body of C2 to the body of T1. Because of a malignant history in this patient, additional axial T1 pre- and post-contrast images are obtained, along with sagittal T1 fat suppressed images post-contrast. 20 ml Magnevist is used for contrast.
Findings: None of the images shows any posterior fossa abnormality. The craniocervical junction is unremarkable. I see no suspicious marrow findings on any of the images. The visualized retroperitoneal structures show no abnormality. The pituitary shows normal

enhancement without evidence of mass. Sagittal image shows multi-level spinal stenosis at C3-4, C4-5, and C5-6, with very prominent posterior disc osteophyte complexes at these levels. Axial images are then reviewed.
C2-3 level shows no significant abnormality.
C3-4 level shows a moderate posterior disc osteophyte complex that is very broad with effacement of the ventral subarachnoid space. AP diameter of the canal at this level measures 8 mm. There is bilateral mild neural foraminal narrowing.
C4-5 level shows a large posterior disc osteophyte complex with a central protrusion with some caudad extension suggesting that this is actually an extrusion. This indents the thecal sac and effaces the subarachnoid space at this level. The AP diameter of the cord is just under 6 mm. There is uncovertebral joint hypertrophy and bilateral neural foraminal narrowing, severe on the right and moderate on the left.
The C5-6 level shows a large broad posterior disc osteophyte complex with a central protrusion with caudad extension which indents the cord. At its narrowest point, the AP diameter of the cord at the indention is about 6 mm. There is bilateral neural foraminal narrowing at this level. Narrowing does appear more extensive and severe on the right than the left where some of the uncovertebral joint hypertrophy appears to contact the lateral aspect of the cord.
The C6-7 level shows a much milder posterior disc osteophyte complex which is slightly more prominent at the right foraminal zone where there is severe neural foraminal narrowing. There is moderate neural foraminal narrowing on the left.
The C7-T1 level does not show significant abnormality.
The neural foramina at the T1-2 level are visualized and are patent as well.
TRANSCRIPTIONIST:GLORIA, PARKER
TRANSCRIBE TIME/DATE:3/13/2009 3:01:00 PM
READ BY:J. MARK ROGERS, MD,
SIGNED BY:ELECTRONIC SIGNATURE / ROGERS, MD,J. MARK

#73

such as buttoning and handwriting, as well as gait abnormalities, with instability or spasticity. He currently is not having any of these and his upper extremity symptoms have improved significantly. He would like to defer surgery at this time and proceed with further evaluation by his oncologist, and I think this is a very reasonable course of action. We did discuss that should he develop any signs of myelopathy in the interval, then I would like see him back immediately. Otherwise, we will follow up with him in 8 weeks time on a routine basis.

Immunizations:

Diagnostic Imaging: Lumbar Spine, 2 views Brainin,Fay 06/08/2009 11:47:19 AM EDT > L-spine standing ap /lateral /lat spot.

Labs:

Procedure Codes: 72100 LS SPINE (2-3 VIEW) X-RAY

Preventive:

Follow Up: 8 weeks

Provider: Timothy McHenry, MD
Patient: DAWKINS, JAMES LEWIS **DOB:** [redacted] **Date:** 06/08/2009

Electronically signed by Timothy McHenry MD on 06/16/2009 at 07:43 AM EDT
Sign off status: Completed

PROGRESS NOTES

Patient: DAWKINS, JAMES LEWIS
DOB: [redacted] **Age:** 58 Y **Sex:** Male
Phone: [redacted]
Address: [redacted] TAYLORS, SC-29687

Provider: Timothy McHenry, MD
Date: 03/23/2009

Subjective:

CC:

1. SHT MRI RESULTS HIP.

HPI:

Interim History:

Response to treatment: patient states feeling the same since last visit. Pain: 9/10.

HPI:

The patient is a 58-year-old gentleman who was referred by Dr. Geary for significant findings on a cervical spine MRI scan. His primary symptoms are right shoulder pain and radicular arm pain, predominantly down to his thumb. He was evaluated by Dr. Geary and was administered a subacromial injection in the right shoulder, which did not provide any relief.

ROS:

CONSTITUTIONAL:

Fever no. Weight Loss no. Weight Gain no. Fatigue no. Chills no. Night Sweats no.

CARDIOVASCULAR:

Chest Pain no. Irregular Heart Beat no. Poor Circulation no. Leg/feet swelling no. Leg/foot ulcer no.

GENITOURINARY:

Blood in urine no. Pain in urinating no. Unable to urinate no. Bladder Infection no. Frequent Urination no. Difficulty with urination no.

NEUROLOGICAL:

Paralysis no. Frequent Headaches no. Seizures no. CVA/ITA no. Syncope no. Anxiety/Depression no. Tremors no. Speech Problems no. Feeling of hopelessness no. Sleep disturbance no. Vision Changes no.

EYES:

Decreased Vision no. Cataracts no.

RESPIRATORY:

COPD no. Asthma no. Persistant Cough no. Shortness of Breath no. Wheezing no. Pneumonia no.

ENT:

Loss of Hearing no. Sinusitis no. Headache no.

GASTROINTESTINAL:

GERD no. PUD/Gastritis no. Liver Problems no. Stomach Pain no. Diarrhea no. Abdominal Pain no. Nausea/Vomiting no. Black tar-like or bloody stool no.

SKIN:

no Rash, no. Dryness of Skin no. Ulcer no. Cancer no. Open sores no. New Moles no. Poor Healing no. Skin Infection no.

PSYCHIATRIC:

Depression no. Bipolar Disease no.

ENDOCRINE:

Diabetes no. Thyroid no. Heat intolerance no. Cold intolerance no.

HEME/LYMP:

Anemia no. Bleeding Problems no. Blood Transfusion no. Bruises no.

ALLERGIC/IMMUNOLOGIC:

Seasonal no. Iodine no. Food Allergies no.

MUSCULOSKELETAL:

Joint Swelling no. Muscle aches no. Joint Pain no. Pain in multiple joints no. Weakness no.

Medical History: Hypertension, Kidney Cancer.

Surgical History: Partial Right Kidney Removal. Dr. Hill and Dr. Cobb August 2008.

Hospitalization/Major Diagnostic Procedure: See surgical history .

Family History: Family: Hypertension

Social History: no Alcohol. no Smoking. no Recreational drug use.

Medications: none none

Allergies: NKDA.

Objective:

Vitals: Ht: 73, Wt lbs: 235, BMI: 31.00, HR: 75.

Examination:

General

General Appearance: Well and in no acute distress. Cardiovascular: Regular rhythm by palpation of distal pulse, normal color and temperature, no concerning varicosities on symptomatic side. Lungs: Breathing easily. Psychiatric: Well-oriented with a normal mood and affect.

Examination

I reviewed finger and hand dexterity symptoms and he has no convincing decreased function, although he does state that he does have some subjective decreased sensation intermittently bilaterally, greater on the right side, and occasional difficulty using his hands. No gait abnormalities. Bowel and bladder function is normal. Medical history significant for hypertension and a history renal cell carcinoma. On physical examination, neck range of motion is full in all planes. Spurling's maneuver to the right produces radiating arm pain down to the hand and thumb. Spurling's maneuver to the left is negative. Grip release is rapid in his bilateral hands. He has a positive Hoffman's bilaterally and negative finger escape bilaterally. He is able to do a normal tandem gait. Upper and lower extremities are 5/5 motor at all levels. Sensation is intact to light touch at all levels of his upper and lower extremities. Reflexes are symmetrical and 2+ in his brachioradialis, biceps, triceps, patellar and Achilles tendons. I reviewed MRI scan cervical spine from 03/13/2009. His subaxial spine is in neutral alignment. He has degenerative levels, primarily at C3-C4, C4-C5, C5-C6, and to a lesser degree at C6-C7. At the C3-C4 through C5-C6 levels, this results in significant spinal canal stenosis, measuring 5.5 mm at C4, C5, and 7.5 mm at C3-C4.

Assessment:

Assessment:

1. Spinal Stenosis Lumbar Region - 724.02 (Primary)

Plan:

1. Others

I discussed with the patient and his wife decompression surgery for his stenosis, as well as his radiculopathy. He is a nonsmoker and I think that anterior cervical discectomy and instrumented fusions at C3-C4, C4-C5 and C5-C6 with foraminotomy would likely alleviate his symptoms, as well as relieve the stenosis in his cervical spine and decrease his risk for developing myelopathy and/or having a central cord spinal cord injury. We discussed the risks of this surgery, including adjacent segment degeneration at C6-C7 and need for further procedure, dysphagia, chronic or temporary, dysphonia, chronic or temporary, risks of allograft, including transmission of AIDS or hepatitis, pseudarthrosis, paralysis, infection, risks of anesthetic, including medical events, including death. Due to the persistence of his symptoms, the patient would like to proceed with arrangements for the surgery. We will arrange this on elective basis.

Immunizations:

Preventive:

Follow Up: surgery

Progress Notes

Patient: DAWKINS, JAMES LEWIS
DOB: [redacted] **Age:** 58 Y **Sex:** Male
Phone: [redacted]
Address: [redacted] TAYLORS, SC-29687

Provider: Timothy McHenry, MD
Date: 03/11/2009

Subjective:

CC:

1. ENP LOWER BACK PER DR GEARY.

HPI:

HPI:

The patient is a 58-year-old gentleman who was in a motor vehicle collision in September of 2009. He had onset of back pain and left posterolateral radicular leg pain at that time. This has been persistent in spite of treatment including physical therapy, medications, and an epidural steroid injection. He underwent an epidural steroid injection at the beginning of January of 2009 done at the Carolina Center for the Advanced Management of Pain at the L5-S1 level. This reduced his leg symptoms approximately 50% for approximately 2 weeks before they recurred and are now back to prior to injection. He also developed some right radicular arm paresthesias, primarily down to his thumb following the accident and these have been persistent as well. They are worse while sleeping and in the morning. He has some of these symptoms on the left side as well, but not as severe. He localizes the radiation from his trapezius region down his arm to his thumb primarily.

ROS:

CONSTITUTIONAL:

Fever no. Weight Loss no. Weight Gain no. Fatigue no. Chills no. Night Sweats no.

CARDIOVASCULAR:

Chest Pain no. Irregular Heart Beat no. Poor Circulation no. Leg/feet swelling no. Leg/foot ulcer no.

GENITOURINARY:

Blood in urine no. Pain in urinating no. Unable to urinate no. Bladder Infection no. Frequent Urination no. Difficulty with urination no.

NEUROLOGICAL:

Paralysis no. Frequent Headaches no. Seizures no. CVA/ITA no. Syncope no. Anxiety/Depression no. Tremors no. Speech Problems no. Feeling of hopelessness no. Sleep disturbance no. Vision Changes no.

EYES:

Decreased Vision no. Cataracts no.

#74

Patient: DAWKINS, JAMES LEWIS
DOB: [redacted] **Age:** 58 Y **Sex:** Male
Phone: [redacted]
Address: [redacted], TAYLORS, SC-29687

Provider: Timothy McHenry, MD
Date: 06/08/2009

Subjective:

CC:

1. SHG: PRE-OP C3-6 ACDF.

HPI:

Interim History:

Pain: Severity: pain = 5/10, **not satisfactorily controlled.**

HPI:

The patient returns today for preoperative assessment for cervical spine decompression surgery. Reports that actually his neck pain and right shoulder pain, and right radicular arm pain has improved significantly. He now has majority complaints of low back pain, as well as some left radicular pain in the leg. He is pending a repeat assessment for his renal cell carcinoma and states that he was supposed to have an evaluation next week, but has yet to arrange this. No constitutional symptoms or night pain.

ROS:

CONSTITUTIONAL:

Fever no. Weight Loss no. Weight Gain no. Fatigue no. Chills no. Night Sweats no.

CARDIOVASCULAR:

Chest Pain no. Irregular Heart Beat no. Poor Circulation no. Leg/feet swelling no. Leg/foot ulcer no.

GENITOURINARY:

Blood in urine no. Pain in urinating no. Unable to urinate no. Bladder Infection no. Frequent Urination no. Difficulty with urination no.

NEUROLOGICAL:

Paralysis no. Frequent Headaches no. Seizures no. CVA/ITA no. Syncope no. Anxiety/Depression no. Tremors no. Speech Problems no. Feeling of hopelessness no. Sleep disturbance no. Vision Changes no.

EYES:

Decreased Vision no. Cataracts no.

RESPIRATORY:

COPD no. Asthma no. Persistant Cough no. Shortness of Breath no. Wheezing no. Pneumonia no.

ENT:

Loss of Hearing no. Sinusitis no. Headache no.

GASTROINTESTINAL:

GERD no. PUD/Gastritis no. Liver Problems no. Stomach Pain no. Diarrhea no. Abdominal Pain no. Nausea/Vomiting no. Black tar-like or bloody stool no.

SKIN:

no Rash, no. Dryness of Skin no. Ulcer no. Cancer no. Open sores no. New Moles no. Poor Healing no. Skin Infection no.

PSYCHIATRIC:

Depression no. Bipolar Disease no.

ENDOCRINE:

Diabetes no. Thyroid no. Heat intolerance no. Cold intolerance no.

294

16

HEME/LYMP:
Anemia no. Bleeding Problems no. Blood Transfusion no. Bruises no.
ALLERGIC/IMMUNOLOGIC:
Seasonal no. Iodine no. Food Allergies no.
MUSCULOSKELETAL:
Joint Swelling no. Muscle aches no. Joint Pain no. Pain in multiple joints no. Weakness no.

Medical History: Hypertension, Kidney Cancer.

Surgical History: Partial Right Kidney Removal. Dr. Hill and Dr. Cobb August 2008.

Hospitalization/Major Diagnostic Procedure: See surgical history .

Family History: Family: Hypertension

Social History: no Alcohol. no Smoking. no Recreational drug use.

Medications: none none

Allergies: NKDA.

Objective:

Vitals: Ht 73, Wt lbs 230, BMI 30.34, HR 63.

Past Orders:

Examination:

General:

General Appearance: Well and in no acute distress. Cardiovascular: Regular rhythm by palpation of distal pulse, normal color and temperature, no concerning varicosities on symptomatic side. Lungs: Breathing easily. Psychiatric: Well-oriented with a normal mood and affect.

Examination:

Grip release is rapid in his bilateral hands. Negative finger escape bilaterally. Positive Hoffman's bilaterally. He is able to do a normal tandem gait. He is motor 5/5 at all levels of upper and lower extremities and sensation is intact to light touch at all levels of his upper and lower extremities. I reviewed his MRI scan of the cervical and lumbar spines from previously. This shows multilevel stenosis in the cervical spine, causing significant stenosis at C3-C4, C4-C5 and C5-C6. He also has degenerative segment at L5-S1. Due to his history of malignancy, we repeated his lumbar spine films today which show no interval change.

Assessment:

Assessment:
1. Spinal Stenosis Lumbar Region - 724.02 (Primary)

Plan:

1. Others
We discussed options going forward at this point, including proceeding with the surgery as scheduled versus deferring this, because he is concerned about arranging for his followup with his oncologist next week. Assuming at this point he has not had any progression of any signs of myelopathy. No loss of finger hand dexterity and these symptoms were reviewed specifically, including finger function,

295

#75

Patient: DAWKINS, JAMES LEWIS
DOB: [redacted] **Age:** 58 Y **Sex:** Male
Phone: [redacted]
Address: [redacted] TAYLORS, SC-29687

Provider: Timothy McHenry, MD
Date: 07/06/2009

Subjective:

CC:

1. SHG: POC C3-6 ACDF; xray C spine.

HPI:

Interim History:

Pain: PAIN = 7/10, **not satisfactorily controlled.**

Mr. Dawkins returns today with his wife. In summary, he is a 58-year-old gentleman who has known multilevel subaxial cervical stenosis. He also is approximately 24 years following lumbar decompression spine surgery and has significant low back pain and left-greater-than-right radicular leg pain. His low back and leg pain is his significant activity-limiting symptoms most recently.

ROS:

CONSTITUTIONAL:

Fever no. Weight Loss no. Weight Gain no. Fatigue no. Chills no. Night Sweats no.

CARDIOVASCULAR:

Chest Pain no. Irregular Heart Beat no. Poor Circulation no. Leg/feet swelling no. Leg/foot ulcer no.

GENITOURINARY:

Blood in urine no. Pain in urinating no. Unable to urinate no. Bladder Infection no. Frequent Urination no. Difficulty with urination no.

NEUROLOGICAL:

Paralysis no. Frequent Headaches no. Seizures no. CVA/ITA no. Syncope no. Anxiety/Depression no. Tremors no. Speech Problems no. Feeling of hopelessness no. Sleep disturbance no. Vision Changes no.

EYES:

Decreased Vision no. Cataracts no.

RESPIRATORY:

COPD no. Asthma no. Persistant Cough no. Shortness of Breath no. Wheezing no. Pneumonia no.

ENT:

Loss of Hearing no. Sinusitis no. Headache no.

GASTROINTESTINAL:

GERD no. PUD/Gastritis no. Liver Problems no. Stomach Pain no. Diarrhea no. Abdominal Pain no. Nausea/Vomiting no. Black tar-like or bloody stool no.

SKIN:

no Rash, no. Dryness of Skin no. Ulcer no. Cancer no. Open sores no. New Moles no. Poor Healing no. Skin Infection no.

PSYCHIATRIC:

Depression no. Bipolar Disease no.

ENDOCRINE:

Diabetes no. Thyroid no. Heat intolerance no. Cold intolerance no.

HEME/LYMP:

Anemia no. Bleeding Problems no. Blood Transfusion no. Bruises no.

297

ALLERGIC/IMMUNOLOGIC:
Seasonal no. Iodine no. Food Allergies no.
MUSCULOSKELETAL:
Joint Swelling no. Muscle aches no. Joint Pain no. Pain in multiple joints no. Weakness no.

Medical History: Hypertension, Kidney Cancer.

Surgical History: Partial Right Kidney Removal. Dr. Hill and Dr. Cobb August 2008.

Hospitalization/Major Diagnostic Procedure: See surgical history .

Family History: Family: Hypertension

Social History: no Alcohol. no Smoking. no Recreational drug use.

Medications: none none

Allergies: NKDA.

Objective:

Vitals: Ht 73, Wt lbs 230, BMI 30.34, HR 60.

Past Orders:

Examination:

General:

General Appearance: Well and in no acute distress. Cardiovascular: Regular rhythm by palpation of distal pulse, normal color and temperature, no concerning varicosities on symptomatic side. Lungs: Breathing easily. Psychiatric: Well-oriented with a normal mood and affect.

Grip release is rapid in his bilateral hands. He has a positive Hoffman's bilaterally. Negative finger escape bilaterally. He is able to do a normal tandem gait. His motor and sensory are intact at all levels of his upper and lower extremities.

Assessment:

Assessment:

1. Spinal Stenosis, Cervical - 723.0 (Primary)

1. Cervical spinal stenosis. I reviewed his MRI of the cervical spine which shows multilevel subaxial stenosis. Currently not manifesting significant clinical symptoms of myelopathy, and I reviewed these with him and his wife again today. We discussed the stepwise deterioration possible with cervical spondylotic myelopathy, and they are aware of the symptoms and concerns and the need to follow up expeditiously should he develop symptoms. 2. Lumbar spine degenerative disease: I reviewed his MRI scan of lumbar spine which showed a degenerative segment at L5-S1 with a left-sided laminotomy and significant decreased disc space. I discussed with them potential surgery at L5-S1 with revision decompression instrumented arthrodesis. I discussed guarded prognosis with the surgery for his component of low back pain. I think it is likely that his radicular leg pain would be significantly improved. They will consider this option as well as continue to monitor him for any signs of myelopathy; and at their request, I will follow up in four weeks time or sooner on a prn basis. .

Plan:

Immunizations:

Diagnostic Imaging: Cervical Spine, 2-3 views Bolding,Chris 07/06/2009 03:02:27 PM EDT > ap/lat

298

14

Labs:
Procedure Codes: 72040 C-SPINE (2 VIEWS) X-RAY
Preventive:
Follow Up: 4 weeks

Provider: Timothy McHenry, MD
Patient: DAWKINS, JAMES LEWIS **DOB:** [redacted] **Date:** 07/06/2009

Electronically signed by Timothy McHenry MD on 08/11/2009 at 06:27 PM EDT
Sign off status: Completed

299

15

#76

Patient: DAWKINS, JAMES LEWIS
DOB: [redacted] **Age:** 59 Y **Sex:** Male
Phone: [redacted]
Address: [redacted] TAYLORS, SC-29687

Provider: Timothy McHenry, MD
Date: 09/09/2009

Subjective:

CC:

1. SHR 4 WK RECK NECK.

HPI:

Interim History:

Pain: 8/10, sharp, intermittent.

History of Present Illness:

Mr. Dawkins returns today for followup of his cervical spine and lumbar spine conditions. He reports that more recently, he has had an increase in his intermittent low back and left posterolateral radicular leg pain. No changes in his neck symptoms. He intermittently has numbness in his fingers but this is actually improved compared with previously.

ROS:

CONSTITUTIONAL:

Fever no. Weight Loss no. Weight Gain no. Fatigue no. Chills no. Night Sweats no.

CARDIOVASCULAR:

Chest Pain no. Irregular Heart Beat no. Poor Circulation no. Leg/feet swelling no. Leg/foot ulcer no.

GENITOURINARY:

Blood in urine no. Pain in urinating no. Unable to urinate no. Bladder Infection no. Frequent Urination no. Difficulty with urination no.

NEUROLOGICAL:

Paralysis no. Frequent Headaches no. Seizures no. CVA/ITA no. Syncope no. Anxiety/Depression no. Tremors no. Speech Problems no. Feeling of hopelessness no. Sleep disturbance no. Vision Changes no.

EYES:

Decreased Vision no. Cataracts no.

RESPIRATORY:

COPD no. Asthma no. Persistant Cough no. Shortness of Breath no. Wheezing no. Pneumonia no.

ENT:

Loss of Hearing no. Sinusitis no. Headache no.

GASTROINTESTINAL:

GERD no. PUD/Gastritis no. Liver Problems no. Stomach Pain no. Diarrhea no. Abdominal Pain no. Nausea/Vomiting no. Black tar-like or bloody stool no.

SKIN:

no Rash, no. Dryness of Skin no. Ulcer no. Cancer no. Open sores no. New Moles no. Poor Healing no. Skin Infection no.

PSYCHIATRIC:

Depression no. Bipolar Disease no.

ENDOCRINE:

Diabetes no. Thyroid no. Heat intolerance no. Cold intolerance no.

HEME/LYMP:

301

10

Anemia no. Bleeding Problems no. Blood Transfusion no. Bruises no.

ALLERGIC/IMMUNOLOGIC:

Seasonal no. Iodine no. Food Allergies no.

MUSCULOSKELETAL:

Joint Swelling no. Muscle aches no. Joint Pain no. Pain in multiple joints no. Weakness no.

Medical History: Hypertension, Kidney Cancer.

Surgical History: Partial Right Kidney Removal. Dr. Hill and Dr. Cobb August 2008.

Hospitalization/Major Diagnostic Procedure: See surgical history .

Family History: Family: Hypertension

Social History: no Alcohol. no Smoking. no Recreational drug use.

Medications: none none

Allergies: NKDA.

Objective:

Vitals: Ht 73, Wt lbs 230, BMI 30.34, HR 60.

Past Orders:

Examination:

General:

General Appearance: Well and in no acute distress. Cardiovascular: Regular rhythm by palpation of distal pulse, normal color and temperature, no concerning varicosities on symptomatic side. Lungs: Breathing easily. Psychiatric: Well-oriented with a normal mood and affect.

Motor strength is 5/5 at all levels of his upper and lower extremities.

Assessment:

Assessment:

1. Spinal Stenosis, Cervical - 723.0 (Primary)

I discussed again the signs and symptoms of progression of myelopathy with him and the need to follow up expeditiously should they occur. Concerning his low back, we discussed that he may benefit from decompression and instrumented arthrodesis with surgery across the L5-S1 level where he has had surgery in the past. We discussed that the successful surgery would be significant alleviation of his activity-limiting symptoms that occur intermittently. He possibly would have a continued component of chronic low back pain although hopefully not activity limiting. .

Plan:

1. Spinal Stenosis, Cervical

At the present time, he would like to continue activity as tolerated and will follow up on a prn basis or call if he would like further discussion for lumbar spine surgery. We will see him back on a prn basis.

Immunizations:

Labs:

Preventive:

302

Provider: Timothy McHenry, MD
Patient: DAWKINS, JAMES LEWIS **DOB**: [redacted] **Date**: 09/09/2009

Electronically signed by Timothy McHenry MD on 09/17/2009 at 02:49 PM EDT
Sign off status: Completed

303

12

#77

North Hills Medical Center
800 Pelham Road
Greenville, SC 29615
(864) 234-5800

PatientID: [redacted]
Patient Name: JAMES L DAWKINS
Date of Birth: [redacted] **Date of Service: 09/30/2009**

North Hills Medical Center
800 Pelham Road
Greenville, SC 29615
(864) 234-5800

PatientID: [redacted]
Patient Name: JAMES L DAWKINS
Date of Birth: [redacted] **Date of Service: 09/30/2009**

PATIENT: James Dawkins
A/C#: [redacted]
SSN:
DOB: [redacted]
DATE: 09/30/09

HISTORY: James Dawkins is a 59-year-old gentleman who presents today for followup with multiple medical problems, chronic pain, degenerative arthritis, and hypertension. He also has renal impairment. Last serum creatinine was 2.1. He had elevated blood sugar. I have rechecked his blood sugar. If elevated, we will arrange hemoglobin A1c. He may be borderline diabetic. We will arrange hemoglobin A1c for the screening for diabetes. He complains of erectile dysfunction. I have given him prescription for Viagra. It seems to be working. He will also increase the benazepril to 40 mg and reduce Tenoretic to half pill to help with the erectile function. He denies any weight loss. He had about 7-8 pounds weight loss to voluntary effort. His pain is doing better. He has not had surgery on his back and neck. He denies any change in bowel habits, any hematemesis, or melena. He denies smoking, alcohol, or drug abuse. He was given flu shot today.

PHYSICAL EXAMINATION: No acute distress. Blood pressure is slightly elevated. O2 saturation is 99%. Neck: Supple. No lymph node enlargement. Chest: Clear. Heart: No murmur. Abdomen: Soft. Neurological examination: Normal.

ASSESSMENT/PLAN: Multiple medical problems are discussed above. Increase benazepril to 40 mg. Continue allopurinol for gout. Tylenol or Advil sparingly for various pains. Re-evaluate after his chemistry and hemoglobin A1c.

ADDENDUM: The patient's age is 59. The patient's impedance cardiogram shows heart rate of 52, systolic blood pressure 157, and diastolic 89. Mean arterial pressure is slightly elevated to 104. Systemic vascular resistance is increased. We will consider increasing dose of lisinopril and hydrochlorothiazide. We will increase the dose of benazepril to 40 mg a day.

Sushil Mittal, M.D.

THIS REPORT IS DICTATED, NOT READ OR CORRECTED.

Electronically Signed by: Sushil C. Mittal, MD on Thursday, October 01, 2009 11:38 am

#78

North Hills Medical Center
800 Pelham Road
Greenville, SC 29615
(864) 234-5800

PatientID: [redacted]
Patient Name: JAMES L DAWKINS
Date of Birth: [redacted] **Date of Service: 10/23/2009**

North Hills Medical Center
800 Pelham Road
Greenville, SC 29615
(864) 234-5800

PatientID: [redacted]
Patient Name: JAMES L DAWKINS
Date of Birth: [redacted] **Date of Service: 10/23/2009**

PATIENT: James Dawkins
A/C#: [redacted]
SSN:
DOB: [redacted]
DATE: 10/23/09

HISTORY: James Dawkins presents today for followup for his numerous medical problems. He is feeling much better. He denies any shortness of breath, chest pain, urinary symptoms, any change in bowel habits, any hematemesis, or melena. He has numerous medical problems.

1. Hypertension. His blood pressure is better controlled. Continue benazepril, taking half a pill a day and Tenoretic 100/25 mg half a pill a day. I have encouraged him on lifestyle changes, including diet and exercise. I have reinforced risk factor management for coronary artery disease, including aspirin a day. His cholesterol is controlled. I have encouraged him on diet, exercise, and weight reduction. His lipid profile has been normal with a LDL of 90. He does not smoke. I have encouraged him on regular exercise. His baseline EKG earlier this year showed no ischemic changes.
2. Erectile dysfunction. I have given him samples of Levitra.
3. Renal impairment related to multiple medical conditions. His renal impairment has improved from serum creatinine is 2.2 to 1.9, and is more or less is stable. Continue monitoring and optimized blood pressure control.
4. He had elevated blood sugar. Fingerstick blood sugar in the office was 140. Hemoglobin A1c is 6.1. I have given him 200-calorie ADA diet. He had flu shot and Pneumovax.
5. Gout. This is stable. Continue allopurinol. He will follow up in three months. We will repeat his lab work.

Sushil Mittal, M.D.

THIS REPORT IS DICTATED, NOT READ OR CORRECTED.

Electronically Signed by: Sushil C. Mittal, MD on Wednesday, October 28, 2009 12:28 pm

#79

North Hills Medical Center
800 Pelham Road
Greenville, SC 29615
(864) 234-5800

PatientID: [redacted]
Patient Name: JAMES L DAWKINS
Date of Birth: [redacted] **Date of Service: 12/14/2009**

North Hills Medical Center
800 Pelham Road
Greenville, SC 29615
(864) 234-5800

PatientID: [redacted]
Patient Name: JAMES L DAWKINS
Date of Birth: [redacted] **Date of Service: 12/14/2009**

PATIENT: James Dawkins
A/C#: [redacted]
SSN:
DOB: [redacted]
DATE: 12/14/09

History: James Dawkins is a 59-year-old gentleman who presents today for followup. He is hypertensive. His blood pressure is elevated today. He is apparently on Tenoretic half pill a day and benazepril half pill a day. We will increase the benazepril to a whole pill. I have given a new prescription. He had gout; however, denies any acute exacerbation. He had taken indomethacin 50 mg twice a day p.r.n. from another physician; however, is out of it. I advised him to avoid this; however, he could consider starting 25 mg b.i.d. p.r.n. if acute exacerbation of gout; however, his pain appears to be more related to degenerative arthritis. I have advised him Tylenol p.r.n. for pain and encouraged him on regular exercise. He has renal impairment. Serum creatinine has improved from 2.2 to 1.9. I have once again advised him to avoid NSAIDs. He had elevated blood sugar. His fingerstick blood sugar in the office was 133. Last hemoglobin A1c is 6.1. He is borderline diabetic. I have counseled him on lifestyle changes and cutting down sugars and carbohydrate. No diabetic medication particularly due to renal impairment. He has multiple risk factors for coronary artery disease. I have discussed risk factor management. I have arranged his stress test due to multiple risk factors for coronary artery disease. I have also arranged impedance cardiogram, and we will re-evaluate after this and optimize his blood pressure control. In the meantime, increased benazepril to 40 mg. He is encouraged on diet, exercise, and weight reduction for obesity. He was given H1N1 flu shot today. He had regular flu shot in the past. He denies any hematemesis, melena, hematochezia, any shortness of breath, or orthopnea.

PHYSICAL EXAMINATION: No acute distress. Vital signs: Elevated blood pressure. O2 saturation is 99%. Neck: Supple. Chest: Clear. Heart: No murmur. Abdomen: Soft. Neurological examination: Normal.

ASSESSMENT/PLAN: His weight is stable. We will re-evaluate after his CBC, chemistry, hemoglobin A1c, and lipid. I have added pravastatin 20 mg to reduce cardiovascular risk. Follow up in one month; however, we will change his medication depending on his labs and impedance cardiogram.

Sushil Mittal, M.D.

THIS REPORT IS DICTATED, NOT READ OR CORRECTED.

Electronically Signed by: Sushil C. Mittal, MD on Tuesday, December 15, 2009 3:13 pm

309

22

#80

North Hills Medical Center
800 Pelham Road
Greenville, SC 29615
(864) 234-5800

PatientID: [redacted]
Patient Name: JAMES L DAWKINS
Date of Birth: [redacted] **Date of Service: 03/01/2010**

North Hills Medical Center
800 Pelham Road
Greenville, SC 29615
(864) 234-5800

PatientID: [redacted]
Patient Name: JAMES L DAWKINS
Date of Birth: [redacted] **Date of Service: 03/01/2010**

AGE: 59 YRS

VITAL SIGNS:
VS-TEMPERATURE: 98°f Tympanic
VS-PULSE: 74 Right Radial, Regular
VS-BLOOD PRESSURE: 160/94 Right Arm Sitting
VS-PULSE OXIMETRY: 98%

CURRENT ALLERGY LIST:
NKDA

CURRENT MEDICATION LIST:

CURRENT PROBLEM LIST:
SPRAINS AND STRAINS OF SHOULDER AND UPPE
GOUT
OVERWEIGHT
DEPRESSIVE DISORDER, NOT ELSEWHERE
UNSPECIFIED ESSENTIAL HYPERTENSION
UNSPECIFIED HYPERTENSIVE HEART DISEASE WITHOUT HEA
HEMORRHAGE OF GASTROINTESTINAL TRACT, UN
DSORD RESLT FRM IMPRD RNL FNCTN NEC
IMPOTENCE OF ORGANIC ORIGIN
UNSPECIFIED DISORDER OF MALE GENITAL
SCIATICA
THORACIC OR LUMBOSACRAL NEURITIS
OTHER INSOMNIA
RASH AND OTHER NONSPECIFIC SKIN ERUPTION
OTHER ABNORMAL BLOOD CHEMISTRY
PERSONS ENCOUNTERING HEALTH/LONG-TERM USE OF OTHER
OTHER SPECIFIED PRE-OPERATIVE
CHIEF COMPLAINT: knee pain

HISTORY OF PRESENT ILLNESS: Pt c/o pain in the left knee which started several days ago and is progressively getting worse. He is sure it is gout because it presents the way previous gout attacks have occurred. He has limited range of motion.

PAST MEDICAL HISTORY: Benign Prostate Hyperplasia

FAMILY HISTORY:
GENERAL FAMILY ILLNESS: POSITIVE HISTORY OF CANCER OF THE PROSTATE GLAND.
FATHER: The cause of death was myocardial infarction. Death occurred at age 68.

SOCIAL HISTORY:
MARITAL STATUS: Divorced.
TOBACCO USE: Has no smoking history.

PHYSICAL EXAM:
CONSTITUTIONAL:
GENERAL APPEARANCE: Black male, normal body habitus, in no acute distress.

MUSCULOSKELETAL EXAM:

SPINE/RIBS/PELVIS: No kyphosis, lordosis, or tenderness. Full range of motion. Normal rotation. No instability.

EXTREMITIES:

LEFT LOWER: REDUCED KNEE EXTENSION. Pain with pressure

LABS/RADIOLOGY/TESTS: The following labs/radiology/tests results were discussed with the patient: No labs done.

ASSESSMENT/PLAN:

274-GOUT

MEDICATIONS:

INDOMETHACIN ORAL CAPSULE CONVENTIONAL 50 MG, 1 Three Times A Day prn for GOUT pain, 30 Dispensed, 5 Fills, status: CONTINUED, 03/01/2010.

ALLOPURINOL ORAL TABLET 100 MG, 1 Every Day, 30 Dispensed, 12 Fills, status: CONTINUED, 03/01/2010.

COLCHICINE ORAL TABLET 0.6 MG, 1 tab every 2 hours for prn gout pain, 30 Dispensed, 2 Fills, status: NEW PRESCRIPTION, 03/01/2010.

607.84-IMPOTENCE OF ORGANIC ORIGIN

MEDICATIONS:

VIAGRA ORAL TABLET 100 MG, 1 tab po directed, 6 Dispensed, 5 Fills, status: CONTINUED, 03/01/2010.

RETURN VISIT: Instructed to return earlier than the next regularly scheduled appointment if not improving.

Electronically Signed by: Harlicia Farley, MD on Monday, March 01, 2010 10:22 am

#81

GRMH
TRIAGE RECORD

Dawkins, James L
DOB: [redacted] M60
Wt/Ht: 99.8 Kg
MedRec: [redacted]
AcctNum: [redacted]

Patient Data

Complaint: GOUT IN KNEES
Triage Time: Mon Jul 26, 2010 00:30
Urgency: Comprehensive Triage Needed
Bed: ED ED 20
Initial Vital Signs: 7/26/2010 00:29
BP:/// **R:**/ **O2 sat:**/
P:/ **T:**/ **Pain:**/

ED Attending:
Primary RN: Sibert, RN, Cameka

ADMIN (00:31 CRS)
PATIENT DATA CHANGE: Primary Nurse changed from (none) to Cameka Sibert, RN.

KNOWN ALLERGIES
Nka.

PRESENTING PROBLEM (00:30 LWB)
Presenting problems: Medical Problem – Minor.

TRIAGE (Mon Jul 26, 2010 00:30 LWB)
PATIENT: NAME: James L Dawkins, AGE: 60, GENDER: male, DOB: Tue Jul 11, 1950, TIME OF GREET: Mon Jul 26, 2010 00:29, RACE: African American, Infectious Disease: Not Applicable, Travel History: No foreign travel in past 10 days, Poss. H1N1 Flu: No contact with person with flu, Homicidal/Suicidal: Denies homicidal/suicidal tendencies/hx, Smoking Cessation: Denies smoking in past 12 months, SSN: 248980730, KG WEIGHT: 99.8, MEDICAL RECORD NUMBER: [redacted] ACCOUNT NUMBER [redacted] PERSON ID: [redacted] (Mon Jul 26, 2010 00:30 LWB)
PREVIOUS VISIT ALLERGIES: Nka. (Mon Jul 26, 2010 00:30 LWB)
ADMISSION: URGENCY: Comprehensive Triage Needed. ADMISSION SOURCE: HOME, TRANSPORT: private vehicle, DEPT: Emergency, BED: ED 20. (Mon Jul 26, 2010 00:30 LWB)
VITAL SIGNS: BP ///, Pulse /, Resp /, Temp /, Pain /, O2 Sat /, on /, Time 7/26/2010 00:29. (Mon Jul 26, 2010 00:30 LWB)
COMPLAINT: COMPLAINT: GOUT IN KNEES. (Mon Jul 26, 2010 00:30 LWB)
HISTORY OF PRESENT COMPLAINT: **Pt stated "gout" pain and swelling in left knee x2 days.** (00:38 TMF)
ASSESSMENT: Pain level 10, using numeric pain scoring. (00:38 TMF)
IMMUNIZATIONS: Immunizations up to date, Unknown when last tetanus shot recived. (00:38 TMF)
DOMESTIC VIOLENCE: **The presence of domestic violence is unknown.** (00:38 TMF)
TREATMENTS PRIOR TO ARRIVAL: No treatment. (00:38 TMF)
MEDICATIONS PRIOR TO ARRIVAL: No Aspirin taken, Tylenol, dosage taken: @ 1900. (00:38 TMF)
TREATMENTS IN TRIAGE: No treatment. (00:38 TMF)
MEDICATIONS IN TRIAGE: No Aspirin given in triage. (00:38 TMF)
PROVIDERS: TRIAGE NURSE: Lisa Byars,NST. (Mon Jul 26, 2010 00:30 LWB)
TRIAGE VS: BP: 196, / 103, Pulse: 75, Resp: 18, Temp: 97.9, Pain: 10, O2 sat: 96, ra. (00:38 TMF)
ES LEVEL: ES level 2. (00:38 TMF)

PAST MEDICAL HISTORY (00:38 TMF)
MEDICAL HISTORY: **History of malignancy, Malignancy site includes renal, History of musculoskeletal disorder, history of gout, of the left knee.**
SURGICAL HISTORY: **"Spot removed from kidney 9/2008 that was found to be cancerous" back surgery.**

314

Dawkins, James L
DOB: [redacted]
Wt/Ht: 99.8 Kg
MedRec [redacted]
AcctNum: [redacted]

PSYCHIATRIC HISTORY: No previous psychiatric history.
SOCIAL HISTORY: Denies alcohol abuse, Denies tobacco abuse, Denies drug abuse, Lives with others.
FAMILY HISTORY: Family history is not contributory to this case.

CURRENT MEDICATIONS (00:39 TMF)

Indomethacin: 50 milligram(s) by mouth as needed.
? BP medication

VITAL SIGNS

VITAL SIGNS: BP: ///, Time: 7/26/2010 00:29. (00:29 LWB)
BP: 196/103, Pulse: 75, Resp: 18, Temp: 97.9, Pain: 10, O2 sat: 96 on ra, Time: 7/26/2010 00:38. (00:38 TMF)

PRESCRIPTION: No recorded prescriptions

Key:
CRS=Sibert, RN, Cameka LWB=Byars,NST, Lisa TMF=Freeman, RN, Tera

#82

GRMH
ER PATIENT RECORD

Dawkins, James L
DOB [redacted]
Wt/Ht: 99.8 Kg
MedRec: [redacted]
AcctNum: [redacted]

Patient Data

Complaint: Knee -- pain (specify)
Triage Time: Mon Jul 26, 2010 00:30
Urgency: 3-Urgent
Bed: ED ED
Initial Vital Signs: 7/26/2010 00:29
BP:/// **R:**/ **O2 sat:**/
P:/ **T:**/ **Pain:**/

ED Attending: Gregg, MD, Kevin
Primary RN: Sibert, RN, Cameka

PRESENTING PROBLEM (00:40 TMF)

Presenting problems: Extremity Injury-Pain-Swelling.

TRIAGE (Mon Jul 26, 2010 00:30 LWB)

PATIENT: NAME: James L Dawkins, AGE: 60, GENDER: male, DOB: Tue Jul 11, 1950, TIME OF GREET: Mon Jul 26, 2010 00:29, RACE: African American, Infectious Disease: Not Applicable, Travel History: No foreign travel in past 10 days, Poss. H1N1 Flu: No contact with person with flu, Homicidal/Suicidal: Denies homicidal/suicidal tendencies/hx, Smoking Cessation: Denies smoking in past 12 months, SSN: 248980730, KG WEIGHT: 99.8, MEDICAL RECORD NUMBER: [redacted] CCOUNT NUMBER [redacted] PERSON ID: [redacted] (Mon Jul 26, 2010 00:30 LWB)
PREVIOUS VISIT ALLERGIES: Nka. (Mon Jul 26, 2010 00:30 LWB)
ADMISSION: URGENCY: Comprehensive Triage Needed. ADMISSION SOURCE: HOME, TRANSPORT: private vehicle, DEPT: Emergency, BED: ED 20. (Mon Jul 26, 2010 00:30 LWB)
VITAL SIGNS: BP ///, Pulse /, Resp /, Temp /, Pain /, O2 Sat /, on /, Time 7/26/2010 00:29. (Mon Jul 26, 2010 00:30 LWB)
COMPLAINT: COMPLAINT: GOUT IN KNEES. (Mon Jul 26, 2010 00:30 LWB)
HISTORY OF PRESENT COMPLAINT: **Pt stated "gout" pain and swelling in left knee x2 days.** (00:38 TMF)
ASSESSMENT: Pain level 10, using numeric pain scoring. (00:38 TMF)
IMMUNIZATIONS: Immunizations up to date, Unknown when last tetanus shot recived. (00:38 TMF)
DOMESTIC VIOLENCE: **The presence of domestic violence is unknown.** (00:38 TMF)
TREATMENTS PRIOR TO ARRIVAL: No treatment. (00:38 TMF)
MEDICATIONS PRIOR TO ARRIVAL: No Aspirin taken, Tylenol, dosage taken: @ 1900. (00:38 TMF)
TREATMENTS IN TRIAGE: No treatment. (00:38 TMF)
MEDICATIONS IN TRIAGE: No Aspirin given in triage. (00:38 TMF)
PROVIDERS: TRIAGE NURSE: Lisa Byars,NST. (Mon Jul 26, 2010 00:30 LWB)
TRIAGE VS: BP: 196, / 103, Pulse: 75, Resp: 18, Temp: 97.9, Pain: 10, O2 sat: 96, ra. (00:38 TMF)
ES LEVEL: ES level 2. (00:38 TMF)

ADMIN

PATIENT DATA CHANGE: Primary Nurse changed from (none) to Cameka Sibert, RN. (00:31 CRS)
Urgency: 3-Urgent, Complaint: Knee -- pain (specify), Triage Nurse: Tera Freeman, RN. (00:40 TMF)
Extender changed from (none) to Eugema Austin, NST. (01:07 EJA)
A08 CHPFQP02 by Interface, Zip code: 29687, Language: ENGL, Phone number: (864)363-8696. (01:47)
Attending changed from (none) to Kevin Gregg, MD. (01:56 KJG)

KNOWN ALLERGIES

Nka.

VITAL SIGNS

VITAL SIGNS: BP: ///, Time: 7/26/2010 00:29. (00:29 LWB)
BP: 196/103, Pulse: 75, Resp: 18, Temp: 97.9, Pain: 10, O2 sat: 96 on ra, Time: 7/26/2010 00:38. (00:38 TMF)
BP: 175/91, Pulse: 71, Resp: 20, Temp: 98.9, Pain: 2, O2 sat: 98 on RA, Time: Mon Jul 26, 2010 00:42. (00:42 EAL)
Pulse: 68, O2 sat: 98, Time: Mon Jul 26, 2010 01:13. (01:13 DGM)
Pulse: 67, O2 sat: 97, Time: Mon Jul 26, 2010 01:08. (01:08 DGM)
BP: 172/87, Time: Mon Jul 26, 2010 01:02. (01:02 DGM)

Pulse: 68, O2 sat: 97, Time: Mon Jul 26, 2010 00:58. (00:58 DGM)
Pulse: 68, O2 sat: 97, Time: Mon Jul 26, 2010 00:53. (00:53 DGM)
BP: 181/86, Time: Mon Jul 26, 2010 01:47. (01:47 DGM)
Pulse: 66, O2 sat: 97, Time: Mon Jul 26, 2010 01:43. (01:43 DGM)
Pulse: 70, O2 sat: 98, Time: Mon Jul 26, 2010 01:38. (01:38 DGM)
BP: 174/93, Time: Mon Jul 26, 2010 01:32. (01:32 DGM)
Pulse: 66, O2 sat: 99, Time: Mon Jul 26, 2010 01:28. (01:28 DGM)
Pulse: 68, O2 sat: 98, Time: Mon Jul 26, 2010 01:23. (01:23 DGM)
BP: 173/86, Time: Mon Jul 26, 2010 01:17. (01:17 DGM)
Pulse: 64, O2 sat: 98, Time: Mon Jul 26, 2010 01:58. (01:58 TMF)
BP: 182/93, Time: Mon Jul 26, 2010 02:02. (02:02 TMF)
Pulse: 64, O2 sat: 98, Time: Mon Jul 26, 2010 02:13. (02:13 TMF)
BP: 192/93, Time: Mon Jul 26, 2010 02:17. (02:17 TMF)
BP: 193/93, Pulse: 69, Resp: 18, Temp: 98.9, Pain: 7, O2 sat: 97 on ra, Time: 7/26/2010 02:37. (02:37 TMF)

PAST MEDICAL HISTORY

MEDICAL HISTORY: **History of malignancy, Malignancy site includes renal, History of musculoskeletal disorder, history of gout, of the left knee.** (00:38 TMF)
SURGICAL HISTORY: **"Spot removed from kidney 9/2008 that was found to be cancerous" back surgery.** (00:38 TMF)
PSYCHIATRIC HISTORY: No previous psychiatric history. (00:38 TMF)
SOCIAL HISTORY: Denies alcohol abuse, Denies tobacco abuse, Denies drug abuse, Lives with others. (00:38 TMF)
FAMILY HISTORY: Family history is not contributory to this case. (00:38 TMF)
NOTES: Nursing records reviewed, Medication list reviewed. (02:05 KJG)

CURRENT MEDICATIONS (00:39 TMF)

Indomethacin: 50 milligram(s) by mouth as needed.
? BP medication

HPI KNEE (02:04 KJG)

CHIEF COMPLAINT: Patient presents for the evaluation of **left, knee swelling, knee pain.**
HISTORIAN: History obtained from patient.
MECHANISM: Complaint occurred by **No trauma by history.**
OCCURRED: Onset was **2 days prior to arrival , Patient currently has symptoms, Complaint is worse, Complaint is persistent.**
LOCATION: **diffuse.**
QUALITY: **Patient describes pain as aching, Patient describes pain as dull.**
SEVERITY: Maximum severity is **moderate,** Currently **symptoms are moderate.**
ASSOCIATED WITH: Patient denies inability to ambulate/bear weight, **Patient states pain on walking is present,** Patient denies hip pain, **Patient states knee pain is present,** Patient denies ankle pain, Patient denies foot pain, Patient denies distal neuro c/o.
EXACERBATED BY: Patient's condition exacerbated by **range of motion.**
RELIEVED BY: Patient's condition relieved by **nothing.**
NOTES: **h/o gout in left leg in past, 4 days ago had gout left foot, then traveled to left knee, + bedsheet tenderness.**
denie twisting or fb/puncture.

ROS (02:06 KJG)

CONSTITUTIONAL: No fever, No chills.
MUSCULOSKELETAL: **Historian reports joint stiffness,** No myalgias, No joint redness, No arthralgias, No fall, No injury.
NOTES: All relevant systems reviewed.

PHYSICAL EXAM (02:06 KJG)

CONSTITUTIONAL: Patient is afebrile, Vital signs reviewed, Patient has normal pulse, Patient has normal blood pressure, Patient has normal respiratory rate, Well appearing, Patient appears comfortable, Alert and oriented X 3.
HEAD: Normocephalic.
EYES: No discharge from eyes, Extraocular muscles intact.
ENT: Nose examination normal, Posterior pharynx normal.
RESPIRATORY CHEST: No respiratory distress.
UPPER EXTREMITY: Inspection normal, No cyanosis, No clubbing.
LOWER EXTREMITY: Inspection normal, No cyanosis, No clubbing, LEFT knee to have, no deformity, no ecchymosis, no lacerations, no hematoma, no erythema, no warmth, distal pulse intact, capillary refill less than 2 seconds, distal motor intact, distal sensory intact, **Swelling noted, Tenderness to palpation, Active range of motion, limited, Passive range of motion, limited.**
NEURO: No focal motor deficits, Speech normal, Memory normal.
SKIN: Skin is warm, Skin is dry, Skin is normal color.
PSYCHIATRIC: Oriented X 3, Normal affect, Normal insight, Normal concentration.
NOTES: **pastor, hurt to walk up to the podium today.**

DIAGNOSIS (02:03 KJG)

FINAL: PRIMARY: **Gout** .

ORDERS

ER THER PROPH/DX INJ,SQ/IM by TMF for KJG on Mon Jul 26, 2010 02:17 Status: Active.
ER THER PROPH/DX INJ,SQ/IM by TMF for KJG on Mon Jul 26, 2010 02:17 Status: Active.

MEDICATION SERVICE

Demerol HCl: Order: Demerol HCl (Meperidine Hydrochloride) – **Dose:** 100MG : intramuscular injection
Ordered by: Kevin Gregg, MD
Entered by: Kevin Gregg, MD Mon Jul 26, 2010 02:02 ,
Acknowledged by: Tera Freeman, RN Mon Jul 26, 2010 02:07
Documented as given by: Tera Freeman, RN Mon Jul 26, 2010 02:17
Patient, Medication, Dose, Route and Time verified prior to administration.
IM medication, given in amount and via route as prescribed, Amount given: 100 mg , Medication administered to right buttock, Correct patient, time, route, dose and medication confirmed prior to administration, Patient advised of actions and side-effects prior to administration, Allergies confirmed and medications reviewed prior to administration, Patient tolerated procedure well, Patient in position of comfort, Side rails up, Cart in lowest position, Family at bedside, Call light in reach.
: *Follow Up :* Response assessment performed, No signs or symptoms of allergic reaction noted, **Decreased pain.** (02:36 TMF)
Phenergan: Order: Phenergan (Promethazine Hydrochloride) – **Dose:** 25MG : intramuscular injection
POTENTIAL MODERATE INTERACTION: Demerol HCl (Meperidine Hydrochloride)
Ordered by: Kevin Gregg, MD
Entered by: Kevin Gregg, MD Mon Jul 26, 2010 02:03 ,
Acknowledged by: Tera Freeman, RN Mon Jul 26, 2010 02:07
Documented as given by: Tera Freeman, RN Mon Jul 26, 2010 02:17
Patient, Medication, Dose, Route and Time verified prior to administration.
IM medication, given in amount and via route as prescribed, Amount given: 25 mg , Medication administered to right buttock, Correct patient, time, route, dose and medication confirmed prior to administration, Patient advised of actions and side-effects prior to administration, Allergies confirmed and medications reviewed prior to administration, Patient tolerated procedure well, Patient in position of comfort, Side rails up, Cart in lowest position, Family at bedside, Call light in reach.
: *Follow Up :* Response assessment performed, No signs or symptoms of allergic reaction noted, **Decreased**

pain. (02:36 TMF)

MEDICATION ADMINISTRATION SUMMARY (02:40)

Drug Name	Dose	Route	Status	Time
Demerol HCl	100MG	intramuscular injection	Given	02:17 7/26/2010
Phenergan	25MG	intramuscular injection	Given	02:17 7/26/2010

Detailed record available in Medication Service section.

PRESCRIPTION (02:03 KJG)

Lortab 7.5/500: Tablet : 500 mg–7.5 mg : Oral : Quantity: *** 1–2 *** Unit: tab Route: Oral Schedule: every six hours Dispense: *** 20 ***
POTENTIAL MODERATE INTERACTION: Phenergan (Promethazine Hydrochloride).
NOTES: as needed for pain
will make you drowsy
DEA: BG2507777
NPI: 1013997824
MLN: 17198

NURSING ASSESSMENT: EXTREMITY LOWER (00:42 DGM)

CONSTITUTIONAL: Patient arrives ambulatory with steady gait to treatment area. History obtained from patient, Patient appears comfortable, Patient is cooperative, Patient is alert and oriented x 3, Patient appears in no acute distress, Patient's skin is warm and dry, Patient's mucous membranes are moist and pink, Complex assessment performed, Patient is well–groomed, Patient arrives to treatment area ambulatory, Patient with **unsteady gait**, Skin color is normal, Skin temperature is warm.
LEFT LOWER EXTREMITY: Pedal pulses present, Brisk capillary refill, Sensation intact, Patient denies numbness/tingling, Normal pulses, No obvious signs of trauma, No external rotation, No shortening, Homan's sign negative, Area of assessment is **knee**, Pain is to **lateral aspect**, Pain described as **aching**, **Pain level 6 Hurts Even More, using faces pain scoringQuality is sharp FLACC Pain Scale: 0(Face:0,, Legs:0,, Activity:0,, Cry:0,, Consolability:0,), On a scale 0–10 patient rates pain as 6, Temperature is warm**, Left lower edema: None, Capillary refill is brisk, Extremity strength is **moderate, Partial range of motion.**
RIGHT LOWER EXTREMITY: No complaint of pain, Pedal pulses present, Brisk capillary refill, Sensation intact, Patient denies numbness/tingling, Full range of motion.
NOTES: **Presents with c/o of left knee pain onset 3 days ago. States he thinks it is gout. Has previously been dx with gout.**
SAFETY: Side rails up, Cart in lowest position, Family at bedside.

NURSING PROCEDURE: NURSE NOTES (01:58 DGM)

TIME: Patient examined by MD.
SAFETY: Side rails up, Cart in lowest position, Family at bedside.

NURSING PROCEDURE: DISCHARGE NOTE (02:37 TMF)

TIME: Patient discharged to, home, Patient, is in a wheelchair, Transported via friend/family driving, Accompanied by husband/wife/spouse, Patient instructed not to drive home, Discharge instructions given to, patient, Simple/moderate discharge teaching performed, Prescription given and additional instructions on side effects of same given, Above Person(s) verbalized understanding of discharge instructions and follow–up care.
VITAL SIGNS: BP: 193, / 93, Pulse: 69, Resp: 18, Temp: 98.9, Pain: 7, O2 sat: 97, on: ra.

INSTRUCTION (02:04 KJG)

DISCHARGE: ACUTE GOUTY ARTHRITIS.
FOLLOWUP: Benjamin Hester, Family Practice, 3115 Brushy Creek Road, Buildi, Greer SC 29650, 8648774221.
SPECIAL: * RETURN IF PAIN INCREASES OR WORSENS
* RETURN IF RASH,VOMITING OR SICKER.

*CAUTION–THE PAIN MEDS PRESCRIBED WILL CAUSE DROWSINESS.

DISPOSITION

PATIENT: Disposition: Discharge home, Condition: Stable. (02:03 KJG)
Remove from ER. (02:38 TMF)

ADMIN (02:38 TMF)

DIGITAL SIGNATURE: Freeman, RN, Tera.

Key:

CRS=Sibert, RN, Cameka DGM=Myers, RN, Dianne EAL=Leon, RN, Evajay EJA=Austin, NST, Eugema KJG=Gregg, MD, Kevin LWB=Byars,NST, Lisa TMF=Freeman, RN, Tera

#83

North Hills Medical Center
800 Pelham Road
Greenville, SC 29615
(864) 234-5800

PatientID: [redacted]
Patient Name: JAMES L DAWKINS
Date of Birth: [redacted] **Date of Service: 09/08/2010**

North Hills Medical Center
800 Pelham Road
Greenville, SC 29615
(864) 234-5800

PatientID: [redacted]
Patient Name: JAMES L DAWKINS
Date of Birth: [redacted] **Date of Service: 09/08/2010**

PATIENT: James Dawkins
A/C#: [redacted]
SSN:
DOB: [redacted]
DATE: 09/08/10

HISTORY: James Dawkins presents today for followup for his numerous medical problems, hypertension, and renal impairment. Last serum creatinine was 1.9. He is apparently taking benazepril and tenoretic; however, did not bring medicine. I am not sure about the compliance of medication. His blood pressure is slightly elevated. He has erectile dysfunction and depression; however, he is not taking any antidepressant. He has numerous risk factors for coronary artery disease. I have once again discussed risk factor management. I have arranged his CBC, chemistry, and hemoglobin A1c due to borderline diabetes, and we will re-evaluate after this. I have once again discussed risk factor management for coronary artery disease. He is advised to bring all his medication in two weeks. He declined flu shot. He denies any shortness of breath, chest pain, urinary symptoms, significant weight change, hematemesis, or melena.

PHYSICAL EXAMINATION: No acute distress. Vital signs: Stable. O2 saturation is 98%. Elevated blood pressure. Neck: Supple. Chest: Clear. Abdomen: Soft.

ASSESSMENT/PLAN: He complains of pain in the knee particularly worse in the right knee. Examination shows positive swelling, increased warmth, and tenderness suggestive of acute exacerbation of gout. Under aseptic condition 80 mg of Kenalog with 2 cc of lidocaine was injected in the right knee. I have started on indomethacin 25 mg b.i.d. He will take three to four days, and I have advised him to use this sparingly in view of renal impairment, allopurinol 300 mg once a day, colchicine 0.6 mg twice a day for three to four days as needed for acute exacerbation, and also doxycycline 100 mg twice a day for two weeks. We will re-evaluate after his labs and follow up in one week. He declined flu shot.

Sushil Mittal, M.D.

THIS REPORT IS DICTATED, NOT READ OR CORRECTED.

Electronically Signed by: Sushil C. Mittal, MD on Saturday, September 11, 2010 1:14 pm

#84

GRMH
ER PATIENT RECORD

Dawkins, James L
DOB: [redacted]
Wt/Ht:
MedRec: [redacted]
AcctNum: [redacted]

Patient Data

Complaint: Elbow -- pain (right swelling
Triage Time: Thu Sep 23, 2010 22:36
Urgency: 3-Urgent
Bed: ED ED
Initial Vital Signs: 9/23/2010 22:35
BP:/// R:/ O2 sat:/
P:/ T:/ Pain:/

ED Attending: Tu, MD, Song-Yih (Sonny)
Primary RN: Myers, RN, Dianne

PRESENTING PROBLEM (22:58 EAL)

Presenting problems: Extremity Injury-Pain-Swelling.

TRIAGE (Thu Sep 23, 2010 22:36 RGD)

PATIENT: NAME: James L Dawkins, AGE: 60, GENDER: male, DOB: Tue Jul 11, 1950, TIME OF GREET: Thu Sep 23, 2010 22:35, LANGUAGE: English, RACE: African American, Infectious Disease: Not Applicable, Travel History: No foreign travel in past 10 days, Poss. H1N1 Flu: No contact with person with flu, Homicidal/Suicidal: Denies homicidal/suicidal tendencies/hx, Smoking Cessation: Denies smoking in past 12 months, SSN: 248980730, MEDICAL RECORD NUMBER: [redacted] ACCOUNT NUMBER: [redacted] PERSON ID [redacted] PRIMARY CARE: North Hills (Pelham), Medical Center. (Thu Sep 23, 2010 22:36 RGD)

PREVIOUS VISIT ALLERGIES: Nka. (Thu Sep 23, 2010 22:36 RGD)

ADMISSION: URGENCY: Comprehensive Triage Needed. ADMISSION SOURCE: HOME, TRANSPORT: ambulated, DEPT: Emergency, BED: WAITING. (Thu Sep 23, 2010 22:36 RGD)

VITAL SIGNS: BP ///, Pulse /, Resp /, Temp /, Pain /, O2 Sat /, on /, Time 9/23/2010 22:35. (Thu Sep 23, 2010 22:36 RGD)

COMPLAINT: COMPLAINT: ELBOW EXTREME PAIN - CANT MOV. (Thu Sep 23, 2010 22:36 RGD)

HISTORY OF PRESENT COMPLAINT: **Patient says pain started in right elbow this am with swelling. Patient says dx gout in elbow 3 or 4 weeks ago.** (22:57 EAL)

ASSESSMENT: 10/10, right elbow. (22:57 EAL)

IMMUNIZATIONS: Last tetanus shot received less than 5 years ago. (22:57 EAL)

TREATMENTS PRIOR TO ARRIVAL: No treatment. (22:57 EAL)

TREATMENTS IN TRIAGE: No treatment. (22:57 EAL)

ES LEVEL: ES level 3. (22:57 EAL)

ADMIN

PATIENT DATA CHANGE: Extender changed from (none) to Ramekia Williams. (22:41 RLW)
Urgency: 3-Urgent, Complaint: Elbow -- pain (right swelling, Triage Nurse: Evajay Leon, RN. (22:58 EAL)
Extender changed from Ramekia Williams to Eugema Austin, NST. (23:05 EJA)
A08 CHPFQP02 by Interface, Zip code: 29687, Phone number: (864)363-8696. (23:17)
Attending changed from (none) to Song-Yih (Sonny) Tu, MD. (23:19 SYT)
Primary Nurse changed from (none) to Dianne Myers, RN. (23:22 DGM)
A08 CHPFQP02 by Interface. (23:26)

KNOWN ALLERGIES

Nka.

VITAL SIGNS

VITAL SIGNS: BP: ///, Time: 9/23/2010 22:35. (22:35 RGD)
BP: 126/81, Pulse: 75, Resp: 20, Temp: 97.5, Pain: 10, O2 sat: 96% on ra, Time: Thu Sep 23, 2010 22:52. (22:52 EJA)
BP: 128/83, Pulse: 84, Resp: 16, O2 sat: 98 on ra, Time: 9/24/2010 01:15. (Fri Sep 24, 2010 01:15 RAK)

PAST MEDICAL HISTORY

MEDICAL HISTORY: **History of hypertension, which has been treated, History of renal disease,**

kidney CA, gout. (22:57 EAL)
SURGICAL HISTORY: **kidney surgery.** (22:57 EAL)
PSYCHIATRIC HISTORY: No previous psychiatric history. (22:57 EAL)
SOCIAL HISTORY: Denies alcohol abuse, Denies tobacco abuse, Denies drug abuse, Lives with others, Denies smoking, Patient has been counseled on Smoking Cessation, Denies consumption of alcohol. (22:57 EAL)
FAMILY HISTORY: Family history is not contributory to this case. (22:57 EAL)
NOTES: Nursing records reviewed, Agree with nursing records, Old chart reviewed, Medication list reviewed.
(Fri Sep 24, 2010 00:21 SYT)

CURRENT MEDICATIONS (22:57 EAL)
Indomethacin: 50 milligram(s) by mouth as needed.
High b/p med unsure of name

HPI ELBOW (Fri Sep 24, 2010 00:20 SYT)
CHIEF COMPLAINT: Patient presents for the evaluation of **right, elbow swelling, elbow pain, elbow decreased ROM, elbow tenderness.**
HISTORIAN: History obtained from patient.
MECHANISM: Complaint occurred by **No trauma by history.**
OCCURRED: Onset was **this morning, Patient currently has symptoms, Complaint is worse, Complaint is persistent, Complaint is constant.**
LOCATION: Pain in **olecranon, lateral condyle, medial condyle,** Radiation is **distally,** Neuro Symptoms: None.
QUALITY: **Patient describes pain as sharp, Patient describes pain as burning.**
ASSOCIATED WITH: Patient denies clavicle pain, Patient denies shoulder pain, **Patient states elbow pain is present, for 1 day, constantly,** to **Olecranon, Lateral condyle, Medial condyle, right,** Patient denies wrist pain, Patient denies hand pain, Patient denies finger pain, Patient denies distal neuro c/o, Patient denies proximal injury, Patient denies distal injury.
SEVERITY: Maximum severity is **moderate,** Currently **symptoms are moderate.**
EXACERBATED BY: Patient's condition exacerbated by **range of motion.**
RELIEVED BY: Patient's condition relieved by **nothing.**
NOTES: **Has gout and had it in same elbow in the past.**

ROS (Fri Sep 24, 2010 00:21 SYT)
CONSTITUTIONAL: Negative constitutional review of systems.
EYES: Negative eye review of systems.
ENT: Negative ENT review of systems.
CARDIOVASCULAR: Negative cardiovascular review of systems.
RESPIRATORY: Negative respiratory review of systems.
GI: Negative gastrointestinal review of systems.
GENITOURINARY MALE: Negative genitourinary review of systems.
MUSCULOSKELETAL: **Historian reports joint swelling, Historian reports joint redness,** No joint stiffness, No neck pain, No back pain, No deformity, No fall, No injury.
SKIN: Negative skin review of systems.
NEUROLOGIC: Negative neurologic review of systems.
NOTES: All relevant systems reviewed.

PHYSICAL EXAM (Fri Sep 24, 2010 00:22 SYT)
CONSTITUTIONAL: Patient is afebrile, Vital signs reviewed, Patient has normal pulse, Patient has normal blood pressure, Patient has normal respiratory rate, Well appearing, Patient appears comfortable, Alert and oriented X 3.
HEAD: Atraumatic, Normocephalic.
EYES: Eyes are normal to inspection, No discharge from eyes, Extraocular muscles intact, Sclera are normal, Conjunctiva are normal.
UPPER EXTREMITY: Elbow evaluation shows, RIGHT elbow to have, no deformity, no ecchymosis, no hematoma, no

erythema, Held in 90 degrees of flexion, distal pulse intact, capillary refill less than 2 seconds, distal motor intact, distal sensory intact, **Swelling noted, medially, laterally, of olecranon, Warmth noted, Tenderness to palpation, of olecranon, of condylar, Active range of motion:, causes pain, Passive range of motion, causes pain**, Left elbow unaffected.
NEURO: GCS is 15, No focal motor deficits, No focal sensory deficits, No cerebellar deficits, Speech normal, Gait normal, Memory normal.
SKIN: Skin is warm, Skin is dry, Skin is normal color.
PSYCHIATRIC: Oriented X 3, Normal affect, Normal insight, Normal concentration.

DIAGNOSIS (Fri Sep 24, 2010 01:05 SYT)
FINAL: PRIMARY: **acute gouty attack.**

DOCTOR NOTES (Fri Sep 24, 2010 01:04 SYT)
TIME: Routine re-evaluation, after analgesics, Patient's status has improved.
INTERVENTIONS: Pain medications administered:, Antiemetics:, Prednisone was given, O2 Sat normal.
PATIENT STATUS: Patient has improved since arrival to emergency department.
PATIENT PLAN: The patient will be discharged, The patient will follow up with primary care physician, The patient is to continue present medications.
DATA REVIEWED: Old records obtained, Old records reviewed.
LEVEL OF RISK: Moderate level of risk.

ORDERS
ER THER PROPH/DX INJ,SQ/IM by DGM for SYT on Fri Sep 24, 2010 00:15 Status: Active.
Sling (specify site) by SYT for SYT on Fri Sep 24, 2010 01:04 Status: Done by RAK Fri Sep 24, 2010 01:15.

MEDICATION SERVICE
Ketorolac Tromethamine: Order: Ketorolac Tromethamine – **Dose:** 60 milligram(s) : intramuscular injection
POTENTIAL SEVERE INTERACTION: Indomethacin
POTENTIAL MINOR INTERACTION: Pepcid (Famotidine)
POTENTIAL MODERATE INTERACTION: PredniSONE (Prednisone)
Ordered by: Song-Yih (Sonny) Tu, MD
Entered by: Song-Yih (Sonny) Tu, MD Thu Sep 23, 2010 23:29 ,
Acknowledged by: Dianne Myers, RN Thu Sep 23, 2010 23:29
Documented as given by: Dianne Myers, RN Fri Sep 24, 2010 00:15
Patient, Medication, Dose, Route and Time verified prior to administration.
IM medication, Medication administered to right hip, Correct patient, time, route, dose and medication confirmed prior to administration, Patient advised of actions and side-effects prior to administration, Allergies confirmed and medications reviewed prior to administration, Patient in position of comfort, Side rails up, Cart in lowest position, Family at bedside.
Pepcid: Order: Pepcid (Famotidine) – **Dose:** 40 milligram(s) : by mouth
POTENTIAL MINOR INTERACTION: Indomethacin
Ordered by: Song-Yih (Sonny) Tu, MD
Entered by: Song-Yih (Sonny) Tu, MD Thu Sep 23, 2010 23:28 ,
Acknowledged by: Dianne Myers, RN Thu Sep 23, 2010 23:29
Documented as given by: Dianne Myers, RN Fri Sep 24, 2010 00:15
Patient, Medication, Dose, Route and Time verified prior to administration.
Given in amount and via route as prescribed, Site: Medication administered P.O., Correct patient, time, route, dose and medication confirmed prior to administration, Patient advised of actions and side-effects prior to administration, Allergies confirmed and medications reviewed prior to administration, Patient in position of comfort, Side rails up, Cart in lowest position, Family at bedside.
PredniSONE: Order: PredniSONE (Prednisone) – **Dose:** 40 milligram(s) : by mouth
POTENTIAL MODERATE INTERACTION: Indomethacin
Ordered by: Song-Yih (Sonny) Tu, MD

Entered by: Song-Yih (Sonny) Tu, MD Thu Sep 23, 2010 23:28 ,
Acknowledged by: Dianne Myers, RN Thu Sep 23, 2010 23:29
Documented as given by: Dianne Myers, RN Fri Sep 24, 2010 00:15
Patient, Medication, Dose, Route and Time verified prior to administration.
Given in amount and via route as prescribed, Site: Medication administered P.O., Correct patient, time, route, dose and medication confirmed prior to administration, Patient advised of actions and side-effects prior to administration, Allergies confirmed and medications reviewed prior to administration, Patient in position of comfort, Side rails up, Cart in lowest position, Family at bedside.

Protonix: Order: Protonix (Pantoprazole (As Pantoprazole Sodium Sesquihydrate)) – **Dose:** 40 milligram(s) : by mouth
Ordered by: Song-Yih (Sonny) Tu, MD
Entered by: Song-Yih (Sonny) Tu, MD Thu Sep 23, 2010 23:28 ,
Acknowledged by: Dianne Myers, RN Thu Sep 23, 2010 23:29
Documented as given by: Dianne Myers, RN Fri Sep 24, 2010 00:15
Patient, Medication, Dose, Route and Time verified prior to administration.
Given in amount and via route as prescribed, Site: Medication administered P.O., Correct patient, time, route, dose and medication confirmed prior to administration, Patient advised of actions and side-effects prior to administration, Allergies confirmed and medications reviewed prior to administration, Patient in position of comfort, Side rails up, Cart in lowest position, Family at bedside.

Zofran ODT: Order: Zofran ODT (Ondansetron Hydrochloride) – **Dose:** 8 milligram(s) : sublingual
Ordered by: Song-Yih (Sonny) Tu, MD
Entered by: Song-Yih (Sonny) Tu, MD Thu Sep 23, 2010 23:28 ,
Acknowledged by: Dianne Myers, RN Thu Sep 23, 2010 23:29
Documented as given by: Dianne Myers, RN Fri Sep 24, 2010 00:15
Patient, Medication, Dose, Route and Time verified prior to administration.
Given in amount and via route as prescribed, Site: Medication administered P.O., Correct patient, time, route, dose and medication confirmed prior to administration, Patient advised of actions and side-effects prior to administration, Allergies confirmed and medications reviewed prior to administration, Patient in position of comfort, Side rails up, Cart in lowest position, Family at bedside.

(CANCELLED) Colchicine: Order: Colchicine – **Dose:** 1.2 milligram(s) : by mouth
Ordered by: Song-Yih (Sonny) Tu, MD
Entered by: Song-Yih (Sonny) Tu, MD Thu Sep 23, 2010 23:27 ,
Acknowledged by: Dianne Myers, RN Thu Sep 23, 2010 23:29
Cancelled by: Song-Yih (Sonny) Tu, MD. Fri Sep 24, 2010 00:28
Cancel reason: Change in medication plan:medication not available here.

MEDICATION ADMINISTRATION SUMMARY (Fri Sep 24, 2010 01:19)

Drug Name	Dose	Route	Status	Time
Colchicine	1.2 milligram(s)	by mouth	Cancelled	00:28 9/24/2010
Pepcid	40 milligram(s)	by mouth	Given	00:15 9/24/2010
PrednisONE	40 milligram(s)	by mouth	Given	00:15 9/24/2010
Zofran ODT	8 milligram(s)	sublingual	Given	00:15 9/24/2010
Ketorolac Tromethamine	60 milligram(s)	intramuscular injection	Given	00:15 9/24/2010
Protonix	40 milligram(s)	by mouth	Given	00:15 9/24/2010

Detailed record available in Medication Service section.

PRESCRIPTION (Fri Sep 24, 2010 00:29 SYT)

Colchicine: Tablet : 0.6 Mg : Oral : Quantity: *** 0.6 *** Unit: mg Route: Oral Schedule: twice daily
Dispense: *** 3 ***.

NOTES: Take 2 tabs now.
May take another tab in 1 hour if no improvement.
VOID if older than 10 days from issue.
DEA: BT9068051
NPI: 1295766756
MLN: 30459

NURSING ASSESSMENT: EXTREMITY UPPER (23:03 DGM)
CONSTITUTIONAL: Patient arrives ambulatory with steady gait to treatment area. History obtained from patient, Patient appears comfortable, Patient is cooperative, Patient is alert and oriented x 3, Patient's skin is warm and dry, Patient's mucous membranes are moist and pink, Complex assessment performed, Patient arrives to treatment area ambulatory, Patient **with steady gait, Patient appears in pain distress**, Skin color is normal, Skin temperature is warm.
LEFT UPPER EXTREMITY: No complaint of pain, Normal pulses, Brisk capillary refill, Sensation intact, No numbness/tingling, Full range of motion.
RIGHT UPPER EXTREMITY: Normal pulses, No numbness/tingling, Area of assessment is **elbow**, Pain is to **medial aspect, Pain level 10 Hurts Worst, using faces pain scoringQuality is sharp FLACC Pain Scale: 0(Face:0,, Legs:0,, Activity:0,, Cry:0,, Consolability:0,), On a scale 0–10 patient rates pain as 10,** Pain non–radiating, **Swelling, Temperature is normal**, Capillary refill is brisk, **Partial range of motion.**
NOTES: **C/o of right elbow pain, onset thursdaqy am. Hx of gout.**
SAFETY: Side rails up, Cart in lowest position, Family at bedside.

NURSING PROCEDURE: JOINT CARE (Fri Sep 24, 2010 01:15 RAK)
TIME: Sling applied, Patient tolerated procedure well.

NURSING PROCEDURE: DISCHARGE NOTE (Fri Sep 24, 2010 01:15 RAK)
TIME: Patient discharged at 0110, Patient discharged to, home, Patient, ambulates without assistance, Transported via friend/family driving, Accompanied by husband/wife/spouse, Discharge instructions given to, patient, Simple/moderate discharge teaching performed, Teaching performed by rachel king,rn, Name of prescription(s) given: colchicine, Prescription given and additional instructions on side effects of same given, Medication reconciliation form given to patient, Above Person(s) verbalized understanding of discharge instructions and follow–up care, Patient treated and evaluated by physician.
VITAL SIGNS: BP: 128, / 83, Pulse: 84, Resp: 16, O2 sat: 98, on: ra, Time: 0110.

INSTRUCTION (Fri Sep 24, 2010 00:26 SYT)
DISCHARGE: ACUTE GOUTY ARTHRITIS.
FOLLOWUP: Medical Center North Hills (Pelham), Family Practice, 800 Pelham Rd., Greenville SC 29615, 864–234–5800.
SPECIAL: * Advance activity as tolerated.
* Encourage fluids.
* Follow–up with primary care physician within 1 week.
* Return if worse, or if new problems develop.
* Take medications as prescribed.
If you have any questions or concerns about your care in the Emergency Dept, please email us: CarolinaEmergency@bellsouth.net
Your doctor in the Emergency Dept. was Dr. Song–Yih Tu, MD, FAAEM.

DISPOSITION
PATIENT: Disposition: Discharge home, Condition: Stable. (Fri Sep 24, 2010 01:05 SYT)
Remove from ER. (Fri Sep 24, 2010 01:17 RAK)

MEDICATION RECONCILIATION (Fri Sep 24, 2010 00:25 SYT)
High b/p med unsure of name – Continue as previously prescribed: (No Reconciliation Information).
Indomethacin – Continue as previously prescribed: 50 milligram(s) by mouth as needed.
ADDITIONAL NOTES: Reviewed with patient.

ADMIN (22:38 RGD)
DIGITAL SIGNATURE: Diachenko, NST, Reuben.

Key:
DGM=Myers, RN, Dianne EAL=Leon, RN, Evajay EJA=Austin, NST, Eugema RAK=King,RN, Rachel
RGD=Diachenko, NST, Reuben RLW=Williams, Ramekia SYT=Tu, MD, Song-Yih (Sonny)

#85

GRMH
ER PATIENT RECORD

Dawkins, James L
DOB: [redacted]
Wt/Ht: 102.1 Kg
MedRec: [redacted]
AcctNum: [redacted]

Patient Data

Complaint: Ankle -- pain (specify)
Triage Time: Sat Oct 16, 2010 06:41
Urgency: 3-Urgent
Bed: ED ED
Initial Vital Signs: 10/16/2010 06:41
BP:-/- **R:**- **O2 sat:**-
P:- **T:**- **Pain:**-

ED Attending: Felder, MD, Jesse
Primary RN: Chandler, RN, Shelia

PRESENTING PROBLEM (06:59 SMC)

Presenting problems: Extremity Injury-Pain-Swelling.

TRIAGE (Sat Oct 16, 2010 06:41 CDS1)

PATIENT: NAME: James L Dawkins, AGE: 60, GENDER: male, DOB: Tue Jul 11, 1950, TIME OF GREET: Sat Oct 16, 2010 06:40, LANGUAGE: English, RACE: African American, Infectious Disease: Not Applicable, Travel History: No foreign travel in past 10 days, Poss. H1N1 Flu: No contact with person with flu, Homicidal/Suicidal: Denies homicidal/suicidal tendencies/hx, Smoking Cessation: Denies smoking in past 12 months, SSN: 248980730, KG WEIGHT: 102.1, MEDICAL RECORD NUMBER [redacted] ACCOUNT NUMBER: [redacted] PERSON ID: [redacted] Sa 16, 2010 06:41 CDS1)

PREVIOUS VISIT ALLERGIES: Nka. (Sat Oct 16, 2010 06:41 CDS1)

ADMISSION: URGENCY: Comprehensive Triage Needed. ADMISSION SOURCE: HOME, TRANSPORT: private vehicle, DEPT: Emergency, BED: WAITING. (Sat Oct 16, 2010 06:41 CDS1)

VITAL SIGNS: BP -/-, Pulse -, Resp -, Temp -, Pain -, O2 Sat -, on -, Time 10/16/2010 06:41. (Sat Oct 16, 2010 06:41 CDS1)

COMPLAINT: COMPLAINT: PAIN IN ANKLE(L). (Sat Oct 16, 2010 06:41 CDS1)

HISTORY OF PRESENT COMPLAINT: **c/o "problems with gout".** (06:58 SMC)

ASSESSMENT: 10. (06:58 SMC)

IMMUNIZATIONS: Immunizations up to date. (06:58 SMC)

DOMESTIC VIOLENCE: Not Applicable. (06:58 SMC)

TREATMENTS PRIOR TO ARRIVAL: No treatment. (06:58 SMC)

MEDICATIONS PRIOR TO ARRIVAL: No Aspirin taken. (06:58 SMC)

TREATMENTS IN TRIAGE: No treatment. (06:58 SMC)

MEDICATIONS IN TRIAGE: No Aspirin given in triage. (06:58 SMC)

TRIAGE VS: BP: 172, / 100, Pulse: 68, Resp: 18, Temp: 97.3, Pain: 10, O2 sat: 99, ra. (06:58 SMC)

ES LEVEL: ES level 3. (06:58 SMC)

ADMIN

PATIENT DATA CHANGE: Extender changed from (none) to Felicia Flemings, NST. (06:58 FF01)

Attending changed from (none) to Jesse Felder, MD. (06:58 JTF)

Urgency: 3-Urgent, Complaint: Ankle -- pain (specify). (06:59 SMC)

A08 CHPFQP02 by Interface, Zip code: 29687, Phone number: (864)363-8696. (07:06)

Primary Nurse changed from (none) to Shelia Chandler, RN. (07:27 SDC)

Extender changed from Felicia Flemings, NST to Nakia Handy, NST. (07:30 NCH)

KNOWN ALLERGIES

Nka.

VITAL SIGNS

VITAL SIGNS: BP: -/-, Pulse: -, Resp: -, Temp: -, Pain: -, O2 sat: -, Time: 10/16/2010 06:41. (06:41 CDS1)

BP: 172/100, Pulse: 68, Resp: 18, Temp: 97.3, Pain: 10, O2 sat: 99 on ra, Time: 10/16/2010 06:58. (06:58 SMC)

BP: 170/98, Pulse: 66, Resp: 18, Pain: 10, O2 sat: 99% on RA, Time: 10/16/2010 07:45. (07:45 SDC)

PAST MEDICAL HISTORY (06:57 SMC)

SOCIAL HISTORY: **Denies alcohol abuse, Denies tobacco abuse, Denies drug abuse, Lives with others, Denies smoking, Patient has been counseled on Smoking Cessation, Denies consumption of alcohol.**
MEDICAL HISTORY: **History of hypertension, which has been treated, History of renal disease, kidney CA, gout.**
NOTES: **Nursing records reviewed, Agree with nursing records, Old chart reviewed, Medication list reviewed.**
FAMILY HISTORY: **Family history is not contributory to this case.**
PSYCHIATRIC HISTORY: **No previous psychiatric history.**
SURGICAL HISTORY: **kidney surgery.**

CURRENT MEDICATIONS (06:59 SMC)

Colchicine: 0 milligram(s) twice daily. mg x 0.6 Mg – Oral – BID.
Indomethacin: 50 milligram(s) by mouth as needed.

HPI ANKLE (07:34 JTF)

CHIEF COMPLAINT: Patient presents for the evaluation of **left, ankle pain, ankle tenderness.**
HISTORIAN: History obtained from patient.
MECHANISM: Complaint occurred by **No trauma by history, gouty flare.**
OCCURRED: Onset was **2 days, Complaint is worse, Complaint is constant.**
LOCATION: Pain in **lateral malleolus, medial malleolus,** Radiation is **proximally.**
QUALITY: **Patient describes pain as sharp, Patient describes pain as aching, Patient describes pain as throbbing.**
ASSOCIATED WITH SYMPTOMS: Patient denies knee pain, **Patient states ankle pain is present,** Patient denies foot pain.
SEVERITY: Maximum severity is **moderate,** Currently **symptoms are moderate.**
EXACERBATED BY: Patient's condition exacerbated by **walking.**
RELIEVED BY: Patient's condition relieved by **nothing.**

ROS (07:37 JTF)

CONSTITUTIONAL: No fever, No chills.
MUSCULOSKELETAL: **Historian reports arthralgias,** No back pain, No fall, No injury.
SKIN: No cellulitis.
NOTES: All relevant systems reviewed.

PHYSICAL EXAM (07:37 JTF)

CONSTITUTIONAL: Patient is afebrile, Vital signs reviewed, Patient has normal pulse, Patient has normal blood pressure, Patient has normal respiratory rate, Well appearing, Patient appears comfortable, Alert and oriented X 3.
HEAD: Atraumatic, Normocephalic.
EYES: Eyes are normal to inspection, Pupils equal, round and reactive to light, No discharge from eyes, Extraocular muscles intact, Sclera are normal, Conjunctiva are normal.
NECK: Normal ROM.
RESPIRATORY CHEST: No respiratory distress.
BACK: There is no CVA Tenderness, There is no tenderness to palpation, Normal inspection.
UPPER EXTREMITY: Inspection normal, No cyanosis, No clubbing, No edema, Normal range of motion.
LOWER EXTREMITY: No cyanosis, No edema, Normal range of motion, Ankle evaluation shows, LEFT ankle to have, no deformity, no ecchymosis, no hematoma, no erythema, no warmth, full range of motion, tendon function normal, distal pulses intact, distal motor intact, distal sensory intact, **Swelling noted, laterally, medially, Tenderness to palpation, laterally.**
NEURO: GCS is 15, Speech normal, Gait normal, Memory normal.
SKIN: Skin is warm, Skin is dry, Skin is normal color.
PSYCHIATRIC: Oriented X 3, Normal affect, Normal insight, Normal concentration.

DIAGNOSIS (07:16 JTF)

FINAL: PRIMARY: **Arthritis – gouty .**

MEDICATION SERVICE

Indomethacin: Order: Indomethacin – **Dose:** 25mg : by mouth
Ordered by: Jesse Felder, MD
Entered by: Jesse Felder, MD Sat Oct 16, 2010 07:16 ,
Acknowledged by: Shelia Chandler, RN Sat Oct 16, 2010 07:23
Documented as given by: Shelia Chandler, RN Sat Oct 16, 2010 07:25
Patient, Medication, Dose, Route and Time verified prior to administration.
Time given: 0725, Given in amount and via route as prescribed, Amount given: 25mg, Site: Medication administered P.O., Correct patient, time, route, dose and medication confirmed prior to administration, Patient advised of actions and side–effects prior to administration, Allergies confirmed and medications reviewed prior to administration, Patient in position of comfort, Side rails up, Cart in lowest position, Family at bedside, Call light in reach.

Lortab 5/500: Order: Lortab 5/500 (Acetaminophen/Hydrocodone Bitartrate) – **Dose:** 2 : by mouth
Ordered by: Jesse Felder, MD
Entered by: Jesse Felder, MD Sat Oct 16, 2010 07:15 ,
Acknowledged by: Shelia Chandler, RN Sat Oct 16, 2010 07:23
Documented as given by: Shelia Chandler, RN Sat Oct 16, 2010 07:25
Patient, Medication, Dose, Route and Time verified prior to administration.
Time given: 0725, Given in amount and via route as prescribed, Amount given: 5mg, Site: Medication administered P.O., Correct patient, time, route, dose and medication confirmed prior to administration, Patient advised of actions and side–effects prior to administration, Allergies confirmed and medications reviewed prior to administration, Patient in position of comfort, Side rails up, Cart in lowest position, Family at bedside, Call light in reach.

(CANCELLED) Colchicine: Order: Colchicine – **Dose:** 1.2 : by mouth
Ordered by: Jesse Felder, MD
Entered by: Jesse Felder, MD Sat Oct 16, 2010 07:15 ,
Acknowledged by: Shelia Chandler, RN Sat Oct 16, 2010 07:27
Cancelled by: Jesse Felder, MD. Sat Oct 16, 2010 07:29
Cancel reason: Change in medication plan:rx.

MEDICATION ADMINISTRATION SUMMARY (08:10)

Drug Name	Dose	Route	Status	Time
Colchicine	1.2	by mouth	Cancelled	07:29 10/16/2010
Lortab 5/500	2	by mouth	Given	07:25 10/16/2010
Indomethacin	25mg	by mouth	Given	07:25 10/16/2010

Detailed record available in Medication Service section.

PRESCRIPTION (07:17 JTF)

Colchicine: Tablet : 0.6 mg : Oral : Quantity: *** * *** Unit: Route: Oral Schedule: SEE NOTES Dispense: *** 30 ***.

NOTES: Start the prescription with two pills immediately,
then repeat one pill every hour until either:
a)relief of pain, or
b)4 pills over three hours, or
c)diarrhea, or abdominal cramps.
Then conitnue one pill a day after that.
DEA: FF0280038
NPI: 1124081534
MLN: 20658

Indomethacin: Capsule : 25 mg : Oral : Quantity: *** 1 *** Unit: tab Route: Oral Schedule: three times daily

Dispense: *** 21 ***.
NOTES: take medicine with food
DEA: FF0280038
NPI: 1124081534
MLN: 20658

Lortab 5/500: Tablet : 500 mg–5 mg : Oral : Quantity: *** 1–2 *** Unit: tab Route: Oral Schedule: every six hours Dispense: *** 18 ***.
NOTES:
DEA: FF0280038
NPI: 1124081534
MLN: 20658

NURSING ASSESSMENT: EXTREMITY LOWER (07:20 SDC)

CONSTITUTIONAL: Patient arrives ambulatory with steady gait to treatment area. History obtained from patient, Patient appears comfortable, Patient is cooperative, Patient is alert and oriented x 3, Patient appears in no acute distress, Patient's skin is warm and dry, Patient's mucous membranes are moist and pink, Complex assessment performed, Patient is well–groomed.
LEFT LOWER EXTREMITY: Pedal pulses present, Brisk capillary refill, Sensation intact, Patient denies numbness/tingling, Full range of motion, Normal pulses, No obvious signs of trauma, No external rotation, No shortening, Homan's sign negative, Area of assessment is **ankle.**
NOTES: **Pt with history of gout, states left ankle painful x 3 days.**
SAFETY: Side rails up, Cart in lowest position, Family at bedside, Call light within reach.

NURSING PROCEDURE: DISCHARGE NOTE (07:45 SDC)

TIME: Patient discharged at 0745, Patient discharged to, home, Patient, is in a wheelchair, Transported via friend/family driving, Accompanied by friend, Patient instructed not to drive home, Discharge instructions given to, patient, Simple/moderate discharge teaching performed, Teaching performed by Shelia Chandler, RN CEN, Name of prescription(s) given: Indocin, Colchicine, Lortab, Prescription given and additional instructions on side effects of same given, Medication reconciliation form given to patient, Above Person(s) verbalized understanding of discharge instructions and follow–up care.
VITAL SIGNS: BP: 170, / 98, Pulse: 66, Resp: 18, Pain: 10, O2 sat: 99%, on: RA, Time: 0745.

INSTRUCTION (07:18 JTF)

FOLLOWUP: Medical Center North Hills (Greer), Internal Medicine, 319 S. Buncombe Rd., Greer SC 29650, 864–877–3883, Medical Center North Hills (Pelham), Family Practice, 800 Pelham Rd., Greenville SC 29615, 864–234–5800.
SPECIAL: Take medication as prescribed
Return if worse, or if new problems develop
Follow up with primary care physician
Encourage fluids
Bedrest
reduce meat/cheese/alcohol consumption
Advance activity as tolerated
Ice and elevate.

DISPOSITION

PATIENT: Disposition: Discharge home, Disposition Transport: Private Automobile, Condition: Stable. (07:16 JTF)
Remove from ER. (08:08 SDC)

MEDICATION RECONCILIATION (07:16 JTF)

Colchicine – Continue as previously prescribed: 0 milligram(s) twice daily, mg x 0.6 Mg – Oral – BID.

Indomethacin – Continue as previously prescribed: 50 milligram(s) by mouth as needed.
ADDITIONAL NOTES: Reviewed with patient.

ADMIN (08:07 SDC)
DIGITAL SIGNATURE: Chandler, RN, Shelia.

Key:
CDS1=Smith,USMT HUC, Cecilia FF01=Flemings, NST, Felicia JTF=Felder, MD, Jesse NCH=Handy, NST, Nakia SDC=Chandler, RN, Shelia SMC=Callicott, RN, Shannon

#86

North Hills Medical Center
800 Pelham Road
Greenville, SC 29615
(864) 234-5800

PatientID: [redacted]
Patient Name: JAMES L DAWKINS
DOB: [redacted] **Date of Service: 10/21/2010**

North Hills Medical Center
800 Pelham Road
Greenville, SC 29615
(864) 234-5800

PatientID: [redacted]
Patient Name: JAMES L DAWKINS
DOB: [redacted] **Date of Service: 10/21/2010**

PATIENT: James Dawkins
A/C#: [redacted]
SSN:
DOB: [redacted]
DATE: 10/21/10

HISTORY: James Dawkins is a 60-year-old year gentleman who presents today for followup requests physical. See the detailed history and physical sheet for family history, review of systems, personal history, past medical history, and systematic examination.

PROBLEMS:

1. Hypertension. His blood pressure seems to be well controlled on Tenoretic and benazapril. I have discussed risk factor management for coronary artery disease. I have arranged his baseline EKG. He may benefit from cardiac stress test. He is started on pravastatin. I have recommended aspirin for chemoprophylaxis. I have encouraged him on diet and exercise.
2. History of gout. No acute exacerbation at present; however, had two ER visits in the last two months. He is advised to continue allopurinol, indomethacin, and colchicine p.r.n.
3. Renal impairment. His serum creatinine was 2.2 in 2008 and it has improved to 1.9 last year. Continue optimize blood pressure. He will also benefit from statins, I started on this and avoid NSAIDs. Indomethacin sparingly for pain for couple of days for acute gout exacerbation and back pains and plus/minus Tylenol. I have explained the risk of NSAIDs.
4. Obesity. I have discussed diet, exercise, and weight reduction. BMI is 30. His weight is stable.
5. Rectum examination, stool heme negative. Prostate examination is normal. I have offered him a colonoscopy or barium enema. He will let me know if he wants to do this. I have also ordered a PSA for prostate screening. He will benefit from uroflowmetry bladder scan to make sure he does not have significant urinary problems related to renal impairment or bladder neck obstruction.

ADDENDUM: The patient's EKG shows sinus bradycardia with rate of 56 and incomplete right bundle-branch block. No significant ischemic changes.

Sushil Mittal, M.D.

THIS REPORT IS DICTATED, NOT READ OR CORRECTED.

Electronically Signed by: Sushil C. Mittal, MD on Friday, October 22, 2010 1:23 pm

17

#87

NORTH HILLS MEDICAL CENTER
800 Pelham Road, Greenville. S.C. 29615
Ph No: 864-234-5800

Medical Report

PATIENT: James Dawkins
A/C#: [redacted]
SSN:
DOB: [redacted]
DATE: 03/23/11

HISTORY: James Dawkins is a 60-year-old gentleman who presents today for followup for numerous medical problems, renal impairment, hypertension, and obesity. He has gained significant weight since last visit. He also has history of gout, degenerative arthritis, and history of back surgery. He denies any acute back exacerbation or acute gout exacerbation. I advised him to avoid NSAIDs due to renal impairment and indomethacin sparingly for pain. Continue allopurinol for gout. Continue Viagra p.r.n. for erectile dysfunction. I have discussed risk factor management for coronary artery disease including aspirin for chemoprophylaxis, optimize blood pressure, ACE inhibitors, beta-blockers, diet, and exercise. He is advised to cut down sugars, and carbohydrate. We will rule him out for diabetes due to weight gain and obesity. I have given him refill on his medications. He denies shortness of breath, chest pain, urinary symptoms, change in bowel habits, hematemesis, or melena. He will let me know if he wants to do colonoscopy; however, may carry some significant risk from contrast due to renal impairment.

PHYSICAL EXAMINATION: No acute distress. Vital signs: Stable. Blood pressure is controlled. O2 saturation is 96%. He has increased weight about 10 pounds since last visit. Chest: Clear. Heart: No murmur. Abdomen: Soft. Lower extremity examination: No edema. Peripheral pulses are palpable.

PLAN: I have arranged labs and lower extremity Doppler studies and carotid Doppler studies and we will re-evaluate after this. In the meantime, management as above.

Sushil Mittal, M.D.

THIS REPORT IS DICTATED, NOT READ OR CORRECTED.

#88

North Hills Medical Center - Pelham
800 PELHAM ROAD
Greenville, SC 29615
Phone: 864-234-5800
Fax: 864-234-5888

JAMES L DAWKINS
04/02/2011 12:00 AM
Location: North Hills Medical Center - Pelham
Patient #: [redacted]
DOB: [redacted]
Language: Undefined / Race: Undefined / Ethnicity: Undefined
Gender: Male

History of Present Illness

Miscellaneous Transcription *(TOLLISON MD, RONALD M; 4/5/2011 12:26:19 PM)*
DATE: 04/02/11

PROBLEM: Gout.

HISTORY: The patient has history of gout and had a flare up in his right knee. He is out of his indomethacin. He states he does not like to take colchicine, did not feel like it helps. He does not have any fever or chills.

PHYSICAL EXAMINATION: He is afebrile. He does have some effusion in right knee, tenderness to palpation and crepitation with movement.

IMPRESSION: Gout.

PLAN: Indomethacin 25 mg three times a day, dispensed #30, refill x2. If not relieved by Monday then come back in.

RONALD M TOLLISON MD

#89

Patient: DAWKINS, JAMES LEWIS
DOB: [redacted] **Age:** 60 Y **Sex:** Male
Phone: [redacted]
Address: [redacted], TAYLORS, SC-29687

Provider: Timothy McHenry, MD
Date: 06/21/2011

Subjective:

CC:

1. Rto.

HPI:

History of Present Illness:

Pain: tingling,numbness, **not satisfactorily controlled. Pain score is 8/10 today.**

SPINE:

Mr. Dawkins returns today for re-evaluation. He notes that over the past several months he has developed some difficulty with buttons, primarily with the right hand greater than the left. He has also developed some gait instability and imbalance. Last week, he fell and twisted his left ankle as well and has pain and swelling in the left ankle area.

ROS:

CONSTITUTIONAL:

Fever no. Weight Loss no. Weight Gain no. Fatigue no. Chills no. Night Sweats no.

CARDIOVASCULAR:

Chest Pain no. Irregular Heart Beat no. Poor Circulation no. Leg/feet swelling no. Leg/foot ulcer no.

GENITOURINARY:

Blood in urine no. Pain in urinating no. Unable to urinate no. Bladder Infection no. Frequent Urination no. Difficulty with urination no.

NEUROLOGICAL:

Paralysis no. Frequent Headaches no. Seizures no. CVA/ITA no. Syncope no. Anxiety/Depression no. Tremors no. Speech Problems no. Feeling of hopelessness no. Sleep disturbance no. Vision Changes no.

-EYES:

Decreased Vision no. Cataracts no.

RESPIRATORY:

COPD no. Asthma no. Persistant Cough no. Shortness of Breath no. Wheezing no. Pneumonia no.

ENT:

Recent loss of hearing no. Sinusitis no. Headache no.

GASTROINTESTINAL:

GERD no. PUD/Gastritis no. Liver Problems no. Stomach Pain no. Diarrhea no. Abdominal Pain no. Nausea/Vomiting no. Black tar-like or bloody stool no.

SKIN:

no Rash or itching, no. Dryness of Skin no. Ulcer no. Cancer no. Open sores no. New Moles no. Poor wound healing no. Skin Infection no.

PSYCHIATRIC:

Depression no. Bipolar Disease no.

ENDOCRINE:

Diabetes no. Thyroid disease no. Heat intolerance no. Cold intolerance no.

HEME/LYMP:

Anemia no. Bleeding Problems no. Blood Transfusion no. Bruises no.

ALLERGIC/IMMUNOLOGIC:

Seasonal no. Iodine no. Food Allergies no.

MUSCULOSKELETAL:

Joint Swelling or Stiffness no. Muscle aches no. Joint Pain no. Pain in multiple joints no. Weakness no.

Medical History: Hypertension, Kidney Cancer.

Surgical History: Partial Right Kidney Removal. Dr. Hill and Dr. Cobb August 2008.

Hospitalization/Major Diagnostic Procedure: See surgical history .

Family History: Family: Hypertension

Social History: no Alcohol . no Smoking . no Recreational drug use.

Medications: none none

Allergies: NKDA.

Objective:

Vitals: Ht 73, Wt lbs 230, BMI 30.34, HR 60.

Past Orders:

Examination:

SHCC SM Spine:

On physical examination, grip release is rapid in his bilateral hands. Negative finger escape bilaterally. Positive Hoffman bilaterally. Unable to do a tandem gait due to pain in his left ankle. He has weightbearing pain in his left ankle today. Positive scapulohumeral reflex bilaterally. Positive cross adductor reflex in his lower extremities bilaterally. Downgoing Babinski bilaterally. No ankle clonus bilaterally. He has 2+ biceps, brachioradialis, triceps reflexes bilaterally. No inverted radial reflex bilaterally. He has 3+ patellar tendon reflexes bilaterally, 2+ Achilles tendon reflex on the right. I could not elicit an Achilles tendon reflex on the left. Motor and sensory are intact at all levels of his bilateral upper and lower extremities. Tenderness over his ATFL on the left ankle and slightly over the deltoid ligament although much less. He also had tenderness over the fibula distally, nontender over the medial malleolus. Moderate swelling in the left ankle.

Assessment:

Assessment:

1. CERVICAL SPINAL STENOSIS - 723.0 (Primary)
2. Ankle Sprain - 845.01
3. Myelopathy - 336.9

1) Left ankle injury. We will obtain radiographs today due to weightbearing pain and tenderness over the fibula.

2) Beginning to exhibit changes consistent with myelopathy. I reviewed his previous MRI scan of the cervical spine dated 03/13/09 that shows stenosis primarily across C3-4, C4-5 and C5-6. On measurement today of the sagittal sequences, the central canal diameter at C3-4 is 6.8 mm, and at C5-6 and C6-7 is 5.1 mm. I also reviewed his previous MRI scan of the lumbar spine that shows degenerative changes most severe at L5-S1 along with postsurgical changes across that level.

Plan:

1. Ankle Sprain

Left ankle. We obtained AP and latearl and mortise views of the left ankle today. Medial clear space

346

looks good. There is no subluxation. I do not see fracture in the distal fibula or medial malleolus. We will place him in an air splint and have him continue weightbearing and activity as tolerated. This is likely a second- or third-degree ankle sprain and will gradually resolve, and I discused this with him.

2. Myelopathy
He appears to be progressing myelopathy, and we will obtain a repeat MRI scan of the cervical spine. He continues with good alignment overall and no significant changes. We will likely proceed with laminoplasty procedure. I discussed this with him. He is not having significant neck pain at this time, and I think he would be a good candidate for a multilevel laminoplasty procedure. We will follow up with him after MRI scan of the cervical spine and placed him in a soft cervical collar today as well. TM/bep.

Immunizations:

Diagnostic Imaging: Ankle, 3 views, left

Labs:
Procedure Codes: 73610 ANKLE (3 VIEWS) X-RAY

Preventive:

Follow Up: after MRI cervical spine

Provider: Timothy McHenry, MD
Patient: DAWKINS, JAMES LEWIS **DOB:** [redacted] **Date:** 06/21/2011

Electronically signed by Timothy McHenry MD on 06/27/2011 at 01:47 PM EDT
Sign off status: Completed

#90

Patient Data

Complaint: Knee -- swelling (left)
Triage Time: Wed Jun 22, 2011 08:57
Urgency: 3-Urgent
Bed: ED ED
Initial Vital Signs: 6/22/2011 08:56
BP:///
P:/
O2 sat:/ on /

ED Attending: Stauter, MD, Faith M.
Primary RN: Reott, RN, Lynn

R:/
T://
Pain:/

PRESENTING PROBLEM (08:58 MKH)

Presenting problems: Knee Injury-Pain-Swelling, Foot/Ankle/Toe Injury-Pain-Swelling.

TRIAGE (Wed Jun 22, 2011 08:57 LWB)

PATIENT: NAME: Dawkins, James L, AGE: 60, GENDER: male, DOB: Tue Jul 11, 1950, TIME OF GREET: Wed Jun 22, 2011 08:47, RACE: Unknown, Infectious Disease: Not Applicable, Poss. Flu Exposure: No contact with person with flu, Homicidal/Suicidal: Denies homicidal/suicidal tendencies/hx, Smoking Cessation: Denies smoking in past 12 months, SSN: 248980730, MEDICAL RECORD NUMBER: [redacted] CCOUNT NUMBER: [redacted] PERSON ID: [redacted] (Wed Jun 22, 2011 08:57 LWB)

ADMISSION: URGENCY: Comprehensive Triage Needed, ADMISSION SOURCE: HOME, TRANSPORT: private vehicle, DEPT: Emergency, BED: ED 18. (Wed Jun 22, 2011 08:57 LWB)

VITAL SIGNS: BP ///, Pulse /, Resp /, Temp //, Pain /, O2 Sat /, on /, Time 6/22/2011 08:56. (08:56 LWB)

COMPLAINT: Knee -- swelling (left). (08:58 MKH)

HISTORY OF PRESENT COMPLAINT: **pain and swelling in left knee and foot for 2 days hx of gout denies any recent injury or trauma.** (09:01 MKH)

ASSESSMENT: 8, Since 2 days ago. (09:01 MKH)

IMMUNIZATIONS: Immunizations up to date, Last tetanus shot received less than 5 years ago. (09:01 MKH)

DOMESTIC VIOLENCE: No domestic violence. (09:01 MKH)

TREATMENTS PRIOR TO ARRIVAL: No treatment. (09:01 MKH)

MEDICATIONS PRIOR TO ARRIVAL: No Aspirin taken. (09:01 MKH)

TREATMENTS IN TRIAGE: No treatment. (09:01 MKH)

MEDICATIONS IN TRIAGE: No Aspirin given in triage. (09:01 MKH)

PROVIDERS: TRIAGE NURSE: Lisa Byars,NST. (Wed Jun 22, 2011 08:57 LWB)

TRIAGE VS: Temp: 97.3. (09:01 MKH)

ES LEVEL: ES level 3. (09:01 MKH)

PREVIOUS VISIT ALLERGIES: Nka. (Wed Jun 22, 2011 08:57 LWB)

ADMIN

PATIENT DATA CHANGE: Complaint: Knee -- swelling (left), Primary Care Doctor: North Hills (Greer), Medical Center, Urgency: 3-Urgent, Triage Nurse: Mary Hill, RN. (08:58 MKH)

Extender changed from (none) to Joy McCollum, NST. (08:58 JLM)

Attending changed from (none) to Faith M. Stauter, MD. (09:01 FMS)

Primary Nurse changed from (none) to Ashley Bayne, RN. (09:10 APD)

Primary Nurse changed from Ashley Bayne, RN to Lynn Reott, RN. (09:16 LER)

A08 62264_20828_RE-11519119 by Interface, Zip code: 29687, Language: ENG, Race: B, Phone number: (864)363-8696. (09:16)

A08 62264_27262_VI-11522363 by Interface. (09:16)

A08 62264_27668_PV-11534886 by Interface. (09:19)

A08 62264_27669_VI-11534922 by Interface. (09:19)

A08 62264_27674_PV-11535102 by Interface. (09:19)

A08 62264_27984_PV-11545700 by Interface. (09:20)

A08 62264_27986_PV-11545736 by Interface. (09:20)
A08 62264_28157_GI-11550878 by Interface. (09:21)

KNOWN ALLERGIES
Nka

VITAL SIGNS
VITAL SIGNS: BP: ///, Temp: //, O2 sat: on /, Time: 6/22/2011 08:56. (08:56 LWB)
BP: 203/131, Pulse: 77, Resp: 18, Pain: 10, O2 sat: 100 on ra, Time: 6/22/2011 08:58. (08:58 JLM)
Temp: 97.3, Time: 6/22/2011 09:01. (09:01 MKH)
BP: 200/100, Time: 6/22/2011 09:09. (09:09 MKH)
Resp: 18, Pain: 9, Time: 6/22/2011 09:32. (09:32 LER)
BP: 193/100, Pulse: 76, Resp: 18, Temp: 97.1, Pain: 0/10, O2 sat: 95 on ra, Time: 6/22/2011 10:03. (10:03 APD)
BP: 193/100, Time: 6/22/2011 10:05. (10:05 APD)

PAST MEDICAL HISTORY
MEDICAL HISTORY: **History of hypertension, which has been treated, History of renal disease, kidney CA, gout.** (08:57 MKH)
SURGICAL HISTORY: **kidney surgery.** (08:57 MKH)
PSYCHIATRIC HISTORY: **No previous psychiatric history.** (08:57 MKH)
SOCIAL HISTORY: **Denies alcohol abuse, Denies tobacco abuse, Denies drug abuse, Lives with others, Denies smoking, Patient has been counseled on Smoking Cessation, Denies consumption of alcohol.** (08:57 MKH)
FAMILY HISTORY: **Family history is not contributory to this case.** (08:57 MKH)
NOTES: **Nursing records reviewed, Agree with nursing records, Old chart reviewed, Medication list reviewed.** (08:57 MKH)
Nursing records reviewed, Old chart reviewed, Medication list reviewed. (09:20 FMS)

CURRENT MEDICATIONS (09:02 MKH)
Allopurinol: 150 mg(s) by mouth every day.

HPI ARTHRITIS (09:18 FMS)
CHIEF COMPLAINT: Patient presents for the evaluation of **left knee, left toe,** joint pain, **joint swelling.**
HISTORIAN: History obtained from patient.
TIME COURSE: **Onset of symptoms reported as sudden,** Onset was **2 days prior to arrival, Patient currently has symptoms, Complaint is persistent, Complaint is constant.**
QUALITY: Pain is described as **aching, no different from patient's previous episodes, throbbing.**
ASSOCIATED WITH: No headache, trauma, fever, rash or chills.
SEVERITY: Maximum severity is **severe,** Currently **symptoms are severe.**
NOTES: **pt reports gout attack in left 2nd toe and knee. Pt states wife thought he was febrile a few days ago. No temp taken. no vomiting. No change from previous attacks.**

ROS (09:20 FMS)
CONSTITUTIONAL: No fever.
CARDIOVASCULAR: No chest pain.
MUSCULOSKELETAL: **Historian reports arthralgias, Historian reports joint swelling,** No injury.
SKIN: No cellulitis.
NEUROLOGIC: No headache, No focal weakness, No speech changes.

PHYSICAL EXAM (09:21 FMS)

CONSTITUTIONAL: Patient is afebrile, Vital signs reviewed, **Hypertensive, Patient appears uncomfortable.**

HEAD: Atraumatic, Normocephalic.

EYES: Eyes are normal to inspection, Pupils equal, round and reactive to light, Extraocular muscles intact.

NECK: Normal ROM.

UPPER EXTREMITY: Inspection normal, Normal range of motion.

LOWER EXTREMITY: Inspection normal, Knee evaluation shows, LEFT knee to have, no deformity, no ecchymosis, no swelling, no lacerations, no hematoma, no erythema, no warmth, no tenderness to palpation, full range of motion, negative anterior drawer test, negative Lachman test, negative drawer test, negative McMurray's test, negative Apley's test, distal pulse intact, capillary refill less than 2 seconds, distal motor intact, distal sensory intact, **Tenderness to palpation, of medial knee, Active range of motion, causes pain,** Foot evaluation shows, LEFT foot to have, full range of motion, tendon function normal, capillary refill less than 2 seconds, distal motor intact, distal sensory intact, **Swelling noted, dorsally, 2,** toe, **Tenderness to palpation, of dorsal foot, 2,** toe, **mild warmth, no erythema.**

SKIN: Skin is warm, Skin is dry.

DIAGNOSIS (09:18 FMS)

FINAL: PRIMARY: **acute gouty arthritis.**

ORDERS

recheck BP, if still >210/110 give med by Stauter, MD, Faith M. for Stauter, MD, Faith M. on Wed Jun 22, 2011 09:03 Status: Done by Bayne, RN, Ashley Wed Jun 22, 2011 09:10

MEDICATION SERVICE

Clonidine Hydrochloride: Order: Clonidine Hydrochloride – **Dose:** 0.1 mg : by mouth
Ordered by: Faith M. Stauter, MD
Entered by: Faith M. Stauter, MD Wed Jun 22, 2011 09:03 ,
Acknowledged by: Ashley Bayne, RNWed Jun 22, 2011 09:09
Documented as given by: Ashley Bayne, RN Wed Jun 22, 2011 09:13
Patient, Medication, Dose, Route and Time verified prior to administration.
, Amount given: 0.1 mg, Site: Medication administered P.O., Correct patient, time, route, dose and medication confirmed prior to administration, Patient advised of actions and side–effects prior to administration, Allergies confirmed and medications reviewed prior to administration, Patient tolerated procedure well, Patient in position of comfort, Side rails up, Cart in lowest position, Family at bedside, Call light in reach.

Clonidine Hydrochloride: Response assessment performed, No signs or symptoms of allergic reaction noted, **Decreased blood pressure,** BP: 193, / 100. (10:05 APD)

Dilaudid: Order: Dilaudid (Hydromorphone Hydrochloride) – **Dose:** 2 mg(s) : intramuscular
Ordered by: Faith M. Stauter, MD
Entered by: Faith M. Stauter, MD Wed Jun 22, 2011 09:14 ,
Acknowledged by: Lynn Reott, RNWed Jun 22, 2011 09:24
Documented as given by: Lynn Reott, RN Wed Jun 22, 2011 09:32
Patient, Medication, Dose, Route and Time verified prior to administration.
, IM medication, Amount given: 2 mg, Medication administered to right buttock, Correct patient, time, route, dose and medication confirmed prior to administration, Patient advised of actions and side–effects prior to administration, Allergies confirmed and medications reviewed prior to administration, Patient in position of comfort, Cart in lowest position, Family at bedside, Call light in reach.

: Follow Up : Response assessment performed, No signs or symptoms of allergic reaction noted, **Decreased pain, Decreased symptoms,** Advised not to ambulate without

assistance, Patient in position of comfort, Side rails up, Cart in lowest position, Family at bedside, Call light in reach. (10:00 APD)

Solu-Medrol: Order: Solu-Medrol (Methylprednisolone Sodium Succinate) – **Dose:** 125 mg : intramuscular
Ordered by: Faith M. Stauter, MD
Entered by: Faith M. Stauter, MD Wed Jun 22, 2011 09:15 ,
Acknowledged by: Lynn Reott, RNWed Jun 22, 2011 09:24
Documented as given by: Lynn Reott, RN Wed Jun 22, 2011 09:31
Patient, Medication, Dose, Route and Time verified prior to administration.
, IM medication, Amount given: 125 mg, Medication administered to left buttock, Correct patient, time, route, dose and medication confirmed prior to administration, Patient advised of actions and side-effects prior to administration, Allergies confirmed and medications reviewed prior to administration, Patient in position of comfort, Cart in lowest position, Family at bedside, Call light in reach.

: Follow Up : Response assessment performed, No signs or symptoms of allergic reaction noted, **Decreased symptoms**, Site inspection shows, No swelling at administration site, No drainage at administration site, No bleeding at site, No bruising noted at site, Advised not to ambulate without assistance, Patient in position of comfort, Side rails up, Cart in lowest position, Family at bedside, Call light in reach. (10:00 APD)

MEDICATION ADMINISTRATION SUMMARY

Drug Name	Dose Ordered	Route	Status	Time
Dilaudid	2 mg(s)	intramuscular	Given	09:32 6/22/2011
Solu-Medrol	125 mg	intramuscular	Given	09:31 6/22/2011
Clonidine Hydrochloride	0.1 mg	by mouth	Given	09:13 6/22/2011

Detailed record available in Medication Service section.

PRESCRIPTION (09:17 FMS)

PrednisONE: Tablet : 20 Mg : Oral : Quantity: *** 2 *** Unit: tab Route: Oral Schedule: every day Dispense: *** qs ***
POTENTIAL MODERATE INTERACTION: Clonidine Hydrochloride.

NOTES: x 5 days
Prescriber DEA: FK0756455
Prescriber NPI: 1871762328
Prescriber Medical License Number: 31593.

Roxicodone: Tablet : 5 Mg : Oral : Quantity: *** 1 *** Unit: tab Route: Oral Schedule: every six hours Dispense: *** 20 ***
POTENTIAL MODERATE INTERACTION: Clonidine Hydrochloride.

NOTES: as needed for pain
Prescriber DEA: FK0756455
Prescriber NPI: 1871762328
Prescriber Medical License Number: 31593.

Colchicine: Tablet : 0.6 Mg : Oral : Quantity: *** 1 *** Unit: tab Route: Oral Schedule: every hour Dispense: *** 3 ***.

NOTES: take for pain every hour until diarrhea develops or pain resolved.
Prescriber DEA: FK0756455
Prescriber NPI: 1871762328
Prescriber Medical License Number: 31593.

NURSING ASSESSMENT: EXTREMITY LOWER (09:00 APD)

NURSING DIAGNOSIS: **aic r/t left leg/foot pain.**

CONSTITUTIONAL: Patient arrives ambulatory with steady gait to treatment area, History obtained from patient, Patient appears comfortable, Patient is cooperative, Patient is alert and oriented x 3, Patient appears in no acute distress, Patient's skin is warm and dry, Patient's mucous

membranes are moist and pink, Patient is well-groomed.
LEFT LOWER EXTREMITY: Pedal pulses present, Brisk capillary refill, Sensation intact, Patient denies numbness/tingling, Normal pulses, No obvious signs of trauma, No external rotation, No shortening, Homan's sign negative, Area of assessment is **entire foot, lower leg,** Pain described as **burning, Pain is intermittent, On a scale 0-10 patient rates pain as 8,** Pain non-radiating, Duration of pain: **couple of days, Redness, Swelling,** to **left foot, Partial range of motion.**
RIGHT LOWER EXTREMITY: No complaint of pain, Pedal pulses present, Brisk capillary refill, Sensation intact, Patient denies numbness/tingling, Full range of motion, Normal pulses, No obvious signs of trauma, No external rotation, No shortening, Homan's sign negative.
SAFETY: Side rails up, Cart in lowest position, Family at bedside, Call light within reach.

NURSING PROCEDURE: NURSE NOTES (09:16 LER)
TIME: **Report from Ashley Bayne RN, care assumed.**

NURSING PROCEDURE: DISCHARGE NOTE (10:03 APD)
TIME: Patient discharged at 1000, Patient discharged to, home, Patient, ambulates without assistance, Transported via friend/family driving, Accompanied by parent, Discharge instructions given to, patient, mother, Simple/moderate discharge teaching performed, Teaching performed by ashley bayne,rn, Name of prescription(s) given: prednisone, colchincine, roxicodone, Prescription given and additional instructions on side effects of same given, Medication reconciliation form given to patient, Above Person(s) verbalized understanding of discharge instructions and follow-up care, Patient treated and evaluated by physician, Patient discharged by physician, Dr. Name: stauter.
VITAL SIGNS: BP: 193, / 100, Pulse: 76, Resp: 18, Temp: 97.1, Pain: 0/10, O2 sat: 95, on: ra, Time: 1000.

INSTRUCTION (09:18 FMS)
DISCHARGE: ACUTE GOUTY ARTHRITIS.
FOLLOWUP: Medical Center North Hills (Greer), Internal Medicine, 319 S. Buncombe Rd., Greer SC 29650, 864-877-3883, Follow up with Primary Care Physician In one to two days.
SPECIAL: Advance activity as tolerated
Encourage fluids
Follow up with primary care physician
Return if worse, or if new problems develop such as fever, worsening redness or swelling of joints, severe pain
Take medication as prescribed.

DISPOSITION
PATIENT: Disposition Type: Discharge, Disposition: Discharge home, Condition: Stable. (09:18 FMS)
Remove from ER. (10:06 APD)

MEDICATION RECONCILIATION (09:18 FMS)
Allopurinol – Continue as previously prescribed: 150 mg(s) by mouth every day.
ADDITIONAL NOTES: Reviewed with patient.

Key:
APD=Bayne, RN, Ashley FMS=Stauter, MD, Faith M. JLM=McCollum, NST, Joy LER=Reott, RN, Lynn LWB=Byars,NST, Lisa MKH=Hill, RN, Mary

#91

Patient: DAWKINS, JAMES LEWIS
DOB: [redacted] **Age:** 60 Y **Sex:** Male
Phone: [redacted]
Address: [redacted] TAYLORS, SC-29687

Provider: Timothy McHenry, MD
Date: 07/05/2011

Subjective:

CC:

1. Gait instability with imbalance and weakness in the hands as well as neck and back pain. Patient returns with cervical MRI completed on 06/29/11.

HPI:

History of Present Illness:

Pain: stabbing, throbbing, cramping, numbing, tingling, Pain score is a 8/10, pain is **not satisfactorily controlled.** Prior Treatment: Aleve.

SPINE:

Mr. Dawkins returns today for followup after MRI scan of the cervical spine. He continues to have right-greater-than-left arm paresthesias and dysfunction, particularly with dexterity tasks. He continues to have gait imbalance and also has left leg paresthesias. He has intermittent neck pain, but this is variable and most of the time fairly minimal. A couple of times a week he does have significant neck pain of 8/10 to 9/10 on the VAS scale.

ROS:

CONSTITUTIONAL:

Fever no. Weight Loss no. Weight Gain no. Fatigue no. Chills no. Night Sweats no.

CARDIOVASCULAR:

Chest Pain no. Irregular Heart Beat no. Poor Circulation no. Leg/feet swelling no. Leg/foot ulcer no.

GENITOURINARY:

Blood in urine no. Pain in urinating no. Unable to urinate no. Bladder Infection no. Frequent Urination no. Difficulty with urination no.

NEUROLOGICAL:

Paralysis no. Frequent Headaches no. Seizures no. CVA/ITA no. Syncope no. Anxiety/Depression no. Tremors no. Speech Problems no. Feeling of hopelessness no. Sleep disturbance no. Vision Changes no.

-EYES:

Decreased Vision no. Cataracts no.

RESPIRATORY:

COPD no. Asthma no. Persistant Cough no. Shortness of Breath no. Wheezing no. Pneumonia no.

ENT:

Recent loss of hearing no. Sinusitis no. Headache no.

GASTROINTESTINAL:

GERD no. PUD/Gastritis no. Liver Problems no. Stomach Pain no. Diarrhea no. Abdominal Pain no. Nausea/Vomiting no. Black tar-like or bloody stool no.

SKIN:

no Rash or itching, no. Dryness of Skin no. Ulcer no. Cancer no. Open sores no. New Moles no. Poor wound healing no. Skin Infection no.

PSYCHIATRIC:

Depression no. Bipolar Disease no.

ENDOCRINE:
Diabetes no. Thyroid disease no. Heat intolerance no. Cold intolerance no.
HEME/LYMP:
Anemia no. Bleeding Problems no. Blood Transfusion no. Bruises no.
ALLERGIC/IMMUNOLOGIC:
Seasonal no. Iodine no. Food Allergies no.
MUSCULOSKELETAL:
Joint Swelling or Stiffness no. Muscle aches no. Joint Pain no. Pain in multiple joints no. Weakness yes.

Medical History: Hypertension, Kidney Cancer.

Surgical History: Partial Right Kidney Removal. Dr. Hill and Dr. Cobb August 2008.

Hospitalization/Major Diagnostic Procedure: See surgical history .

Family History: Family: Hypertension

Social History: no Alcohol . no Smoking . no Recreational drug use.

Medications: Aleve tablet sodium 220 mg prn pain, Medication List reviewed and reconciled with the patient

Allergies: NKDA.

Objective:

Vitals: Ht 73, Wt lbs 230, BMI 30.34, HR 60.

Past Orders:

Examination:
Imaging Studies:
MRI cervical w/wo on 06/29/11 at Greer- PACS.
SHCC SM Spine:
On physical examination, grip release is slightly diminished in his bilateral hands. Positive Hoffman bilaterally. Unable to do a tandem gait. Motor and sensory intact at all levels of his upper and lower extremities today, but he also notes that he has tingling to light touch in the digits of his right hand.

Assessment:

Assessment:
1. CERVICAL SPINAL STENOSIS - 723.0 (Primary)
2. Myelopathy - 336.9
I reviewed the MRI scan of his cervical spine which shows neutral alignment with severe stenosis across the subaxial segments C3-4, 4-5, 5-6 and 6-7. Severe foraminal stenosis bilaterally at C4-5 and C5-6. Right greater than left foraminal stenosis at C6-7.

Plan:

1. CERVICAL SPINAL STENOSIS
I discussed with him laminoplasty procedure with ARCH fixation including interposition allograft and plate and screw fixation. We will obtain AP and lateral radiographs of his cervical spine today for further assessment of alignment, and the possibility of laminoplasty would be an option for him. TM/bep.

2. Others
ADDENDUM: Cervical spine AP and lateral radiographs show neutral alignment. I discussed with Mr. Dawkins and his wife risks of surgery including loss of alignment and kyphosis and need for further

356

surgery. I think this risk is relatively minimal with laminoplasty in his situation. I will plan on the laminaplasty opening to be on the right side due to his right arm radicular symptoms and likely perform foraminotomies at C4-5, C5-6 bilaterally and C6-7 on the right. We will have him preoperatively evaluated by his internist and see him back one week prior to scheduled surgery.

Immunizations:

Diagnostic Imaging: Cervical Spine, 2-3 views

Labs:

Procedure Codes: 72040 C-SPINE (2 VIEWS) X-RAY

Preventive:

Follow Up: 1 Week before surgery

Provider: Timothy McHenry, MD
Patient: DAWKINS, JAMES LEWIS **DOB:** [redacted] **Date:** 07/05/2011

Electronically signed by Timothy McHenry MD on 07/15/2011 at 08:54 AM EDT
Sign off status: Completed

357

IN THE STATE OF SOUTH CAROLINA)	IN THE COURT OF COMMON PLEAS
)	
COUNTY OF GREENVILLE)	C.A. NO.: 2011-CP-23-4585
James L. Dawkins and Delphine Dawkins,)	
)	
Plaintiffs,)	
)	PLAINTIFF'S SUPPLEMENTAL REQUEST
vs.)	FOR PRODUCTION OF DOCUMENTS
)	
Troy Lee Watts, Jr.,)	
)	
Defendant.)	
)	

TO: TROY LEE WATTS, JR, AND HIS ATTORNEY, MARCUS K. McGARR:

YOU ARE HEREBY NOTIFIED that the above-named Plaintiff pursuant to Rule 34, South Carolina Rules of Civil Procedure, are requested to produce and permit the inspection of the following photographs and documents at the office of the Plaintiff's attorney located at 880 South Pleasantburg Drive, Suite 3-A, Greenville, South Carolina, 29607, on the thirtieth (30th) day after the service hereof at 10:00 a.m. or at some other mutually-agreeable time and date the following records and documents:

1. Any and all documents or recordings regardless of media, medical records, medical bills, regardless of date, which in any way relate to personal injury or injuries to James L. Dawkins both before and after the date of the motor vehicle collision which is the subject of this action, i.e. the motor vehicle collision which occurred on September 24, 2008.

STATE OF SOUTH CAROLINA)	IN THE COURT OF COMMON PLEAS
)	
COUNTY OF GREENVILLE)	C.A. NO.: 2011-CP-23-4585
)	
James Dawkins)	
and Delphine Dawkins,)	
)	
Plaintiffs,)	
)	
vs.)	**DEFENDANT'S RESPONSE TO PLAINTIFF'S SUPPLEMENTAL REQUEST TO PRODUCE**
)	
)	
)	
Troy Lee Watts, Jr.,)	
)	
Defendant.)	
)	

The Defendant, by and through his undersigned attorney, hereby submits the following answers to the Plaintiff's Interrogatories:

1. Any and all documents or recordings regardless of media, medical records, medical bills, regardless of date, which in any way relate to personal injury or injuries to James L. Dawkins both before and after the date of the motor vehicle collision which is the subject of this action, i.e. the motor vehicle collision which occurred on September 24, 2008.

ANSWER: None attached at this time. Please note that counsel for defendant is in the process of subpoenaing medical records with regard to Mr. Dawkins. Furthermore, counsel plaintiff will be copied on each such subpoena, and is welcome to request copies of such records at his expense. In the alternative, the records will be made available for inspection at a time mutually convenient between the parties.

360

Marcus K. McGarr, Esq.
MARCUS K. MCGARR, P.A.
S.C. Bar No.: 011885
108 Whitsett Street
Greenville, S.C. 29601
(864) 298-0089
(864) 235-0503
ATTORNEY FOR THE DEFENDANT

Greenville, South Carolina
June 26, 2012

STATE OF SOUTH CAROLINA)

IN THE COURT OF COMMON PLEAS

COUNTY OF GREENVILLE)

James L. Dawkins and Delphine Dawkins,

Plaintiffs,

-vs-

Troy Lee Watts, Jr.,

Defendant.

) 2011-CP-23-4585

VIDEOTAPE DEPOSITION OF TIMOTHY P. MCHENRY, M.D.

Pursuant to notice and/or agreement of the parties, the videotape deposition of Timothy McHenry, M.D. was taken commencing at the hour of 9:21 a.m. on the 26th day of September, 2012, at the offices of Southeastern Neurosurgical and Spine, Greenville, South Carolina.

REPORTED BY: Lisa M. Nowell

CANNON COURT REPORTING
204 W. Stone Avenue
Greenville, South Carolina 29609
(864) 298-0082

362

APPEARANCES:

Donald R. Moorhead, Esquire
880 South Pleasantburg Drive
Suite 3-A
Greenville, South Carolina 29607

.... On Behalf of the Plaintiffs

Marcus K. McGarr, Esquire
McGarr Law Firm
108 Whitsett Street
Greenville, South Carolina 29601

.... On Behalf of the Defendant

ALSO PRESENT: Michael Arrison, videographer

STIPULATIONS:
This deposition is being taken pursuant to South Carolina Rules of Civil Procedure. The deponent waives the right to read and sign the transcript of the deposition.

INDEX

	PAGE/LINE
Examination by Mr. Moorhead	3/13
Examination by Mr. McGarr	17/7
Re-Examination by Mr. Moorhead	94/24
Re-Examination by Mr. McGarr	99/11

INDEX TO EXHIBITS

No exhibits introduced

VIDEOGRAPHER:

On the record at 9:21. The court reporter can swear in the witness.

COURT REPORTER:

Would you raise your right hand? Do you swear or affirm that the testimony you are about to give will be the truth, the whole truth, and nothing but the truth?

WITNESS:

I do.

Timothy P. McHenry, M.D., having been first duly sworn, was examined and deposed as follows:

EXAMINATION BY MOORHEAD:

Q. Dr. McHenry, you are a physician by profession; is that correct?

A. That's correct.

Q. And do you have any kind of specialty?

A. Orthopedic surgery.

Q. And are you Board certified?

A. I am.

Q. Where did you do your undergraduate studies?

A. MIT.

Q. And where did -- where did you do your medical studies?

A. New York University.

Q. And subsequent to that, I assume you did a residency?
A. I did.
Q. Where did you do your --
A. University of Texas Southwestern in Dallas.
Q. And are you licensed in the state of South Carolina?
A. I am.
Q. And have you practiced here for some time?
A. About six and a half years.
Q. And prior to that, where did you practice?
A. I was in the United States Army, so I practiced in a variety of places. But in the Army for about ten years.
Q. All right. Are you licensed in any other states other than --
A. Texas.
Q. Texas. All right. Have you had an occasion to treat Mr. James Dawkins?
A. Yes, sir.
Q. All right. And do you recall how he came to be your patient?
A. I do not.
Q. All right. And the record reflects here that you saw him sometime in the spring -- March of 2009.
A. It looks like, by our records, the first time I saw

him was March 11, 2009. Yes, sir.

Q. And when was the last time you saw him?

A. Looks like -- pretty recently, I know. But it was -- looks like February of this year.

Q. All right. And you have been his orthopedic surgeon for his back and neck problems during that period of time?

A. Yes, sir.

Q. All right, sir. And Doctor, what -- did you do an examination of Mr. Dawkins when he first came to see you?

A. Yes, sir.

Q. And did you repeat those on each visit?

A. Yes, although it may have been a different examination. I mean, it depends on what, you know, we're looking at that particular visit.

Q. I understand. What history of trauma, if any, did you receive from Mr. Dawkins with regard to his neck and back problems?

A. Well, I was told that he was in a motor vehicle collision in September.

Q. Of 2008?

A. 2008, right, because it wouldn't make any -- actually, it says there 2009, but that's actually after the clinic visit. So, I saw him in 2008.

Q. All right, sir. And did Mr. Dawkins explain the symptoms that he was having to you?
A. Yes, sir. He says at that time he had back pain and left radicular leg pain.
Q. All right, sir. And was your examination consistent with what he told you about his symptoms?
A. Yes, sir.
Q. And did you also treat him for his neck?
A. Yes, sir.
Q. And what did your examination reveal about his neck?
A. Well, so he also had symptoms of neck pain and radicular arm pain on the right side, which was all in that accident as well. And the examination was consistent with possible radiculopathy or nerve compression in his neck.
Q. All right, sir. And were his statements about his symptoms consistent with your examination?
A. Yes, sir.
Q. And did you do any radiographic studies either of the neck, or the low back, or both?
A. Yes. We did -- it says here we did neck x-rays. And I reviewed low back x-rays, although I don't know that I ordered those. Those might have been ordered previously, but available to me. It's not really clear here.

Q. All right, sir. And the treatment that you have rendered Mr. Dawkins from the time that you first saw him until the time you last saw him in February of this year, were those treatmetns and recommendations necessary and reasonable from a medical standpoint?

A. I think so.

Q. All right, sir. And have you made any recommendations about -- well, let me -- let me back up. Doctor, what role did the motor vehicle accident of September 24th, 2008 have with regard to Mr. Dawkins' neck and back maladies?

A. Well, in my opinion, it appears to have exacerbated symptoms. You know, he has degenerative changes in both areas, but he didn't have these symptoms, to my knowledge, before the motor vehicle accident. So, the motor vehicle accident aggravated the symptoms.

Q. So, the motor vehicle accident was -- was it the immediate precipitating cause of his problems for which he saw you?

A. Yes, sir.

Q. All right, sir. Did -- have you made any recommendations with regard to any procedures with regard to Mr. Dawkins' neck or -- and/or low back?

A. We had discussed and actually had at one time

scheduled him for surgery on his neck, and he had -- you know, I think right now, you know, his -- you know, he's considering or possibly going to have surgery on his neck. And then depending on that, he may have surgery on his low back as well.

Q. Is it more likely than not that he will have both surgeries?

A. Yes.

Q. And with regard to the neck surgery which you have -- you've recommended neck surgery, correct?

A. Correct.

Q. And with regard to the neck surgery, would you tell us the nature of that? I mean, basically what you would do and what it's called.

A. Well, he has multiple levels of compression of his neurologic elements in his neck. And at one point we had discussed doing anterior discectomies through the front of his neck replacing -- removing three disc levels, decompressing his spinal cord, and replacing them with a bone graft and plate. He deferred that surgery because he was having some kidney problems and had some assessments pending with an oncologist. Since then, we decided that it would possibly be a better approach to do a surgery posteriorly in his neck. But the procedure is the

same thing, decompressing his neurologic elements.

Q. All right, sir. And I don't want to put words in your mouth, but basically what you're talking about is taking out the discs at three levels --

A. Well, that was the first surgery. But no, this is -- this is opening up space. It's called a laminoplasty, which is opening up the lamina, which is the bone in the back of the neck.

Q. Would you remove any discs during that surgery?

A. No.

Q. And would a hospital stay be required to perform that neck surgery?

A. Yes, sir.

Q. And for what length of time?

A. Well, it's a little variable, but generally two to three days.

Q. Okay. And would there be any follow-up care with regard to office visits to you?

A. Yes. Generally, you know, assuming there's no complications or unexpected problems, about three weeks after surgery, six weeks after surgery, three months after surgery, six months, and then a year after surgery.

Q. All right, sir. Would there be any physical therapy involved?

A. Possibly. I mean, you know, initially, no. But it depends on, once he's healed from surgery, how he's doing and if he needs -- if he has functional problems that would benefit from therapy, we would send him to therapy at that point.

Q. Is it more likely than not that he would require physical therapy?

A. I think so, but it's -- you know, but it's -- but not everybody does.

Q. And how many times would you see Mr. Dawkins post-operatively for his neck?

A. Let's see. Three, six, twelve -- probably five times, you know, approximately.

Q. And what do you usually recommend with regard to the number of times physical therapy would be part of his treatment?

A. Well, it depends on, you know, what -- how he's doing, you know. Initially, patients will get physical therapy while they're in the hospital to make sure that they're able to get up and around safely and aren't a fall risk and able to do the things they need to do. And so, that's probably every day for those two or three days after surgery that they're in the hospital. Once they're on the other end, once they've recovered, they may need

therapy between six and ten times.

Q. Okay. All right, sir. Would you -- during the six -- five or six visits that you would see -- is it five or six visits post-operatively that you would see him?

A. Let me count again. Three, six, twelve -- about five.

Q. All right. On each of those occasions, would an x-ray be taken?

A. Yes, sir.

Q. All right. Is that standard procedure?

A. It is for this because you want -- we want to check and make sure that he's maintaining the alignment that he started out with because one of the risks of the surgery is to -- is to fall into malalignment. And then if that happens, he might require another surgery because he's lost alignment in his spine. So, we monitor that to make sure that he's doing okay in that regard.

Q. All right, sir. And the -- what about medications? Would you prescribe medications post-operatively?

A. Generally pain medications while he recovers from the pain of having a surgery. But other than that, no.

Q. And what -- what do you prescribe or would you

prescribe for Mr. Dawkins?

A. Well, generally, at least for the first period of time, I prescribe Oxycodone, and then from there wean down to Lortab various strengths until hopefully, within two to three months after surgery, the patient's not on pain medication anymore.

Q. Can you tell me the number of Oxycodone tablets or the number of Lortab tablets that you would recommend?

A. Well, generally about forty of the Oxycodone. And then when we wean to the Lortab, it's between forty to sixty. And then as various strengths of Lortab as we go forward, it's about the same. And then hopefully we have him off the pain medication in about two or three months.

Q. All right, sir. Going forward in the future, would Mr. Dawkins from time to time need evaluation from a physical therapy standpoint after the initial round as he gets older or --

A. You know, probably not, but it's -- but it's difficult to say. It just depends on how he does.

Q. Okay. That is something within the realm of possibility?

A. Yes.

Q. All right, sir. Let's turn to the low back surgery.

Now, Mr. Dawkins had had low back surgery previously; is that correct?

A. That's correct.

Q. All right. And what -- I think you've already answered this, but what role did the accident of September 24, 2008 play with regard to your treatment and recommendations for Mr. Dawkins' low back?

A. Well, the -- the history I had was that he was doing fairly well before that and that he developed recurrence or these symptoms that he had - the back pain and the leg pain -following the accident.

Q. Okay. So, it's causally related?

A. Yes.

Q. Did you have an opportunity -- or have you had an opportunity to review any of the EMS records, or the ER records, or the family doctor records leading up to your treatment?

A. No.

Q. All right, sir. The treatment that you rendered with regard to Mr. Dawkins' low back, were they -- was it necessary and reasonable given his symptoms?

A. Yes.

Q. All right. What future treatment have you recommended for Mr. Dawkins' low back which are

related to the automobile collision of September of 2008?

A. Well, if he continues to have the symptoms he had and they haven't gotten any better, then decompressing his discs, the lowest segment, L5-S1, and performing a fusion surgery.

Q. All right. And is it more likely than not that he'll have to have that done based on your examination and treatment of him for --

A. Well, based on my last visit I had, yes, it's more likely than not.

Q. All right. And tell us what kind of surgery would be done on the low back.

A. It would be decompressing the nerves so that they don't have any compression, and then putting rods and screws and fusion.

Q. Okay. And how do you decompress the nerves?

A. We remove bone and disc material that's pushing on the nerves.

Q. All right. And is -- would that surgery be necessary and reasonable for Mr. Dawkins given his presentation to you?

A. Yes.

Q. All right. How long would his hospital stay be?

A. From that surgery, usually between three to five

days.

Q. Okay. And I'm going to ask you the same questions with regard to physical therapy. Is it more likely than not that Mr. Dawkins would have physical therapy post-surgically?

A. Yes.

Q. And he would have that in the hospital?

A. Well, he'd have it initially in the hospital. Same reason, to make sure that he's able to mobilize, get up safely, and isn't a fall risk. And then -- and then subsequently, he would -- he would have physical therapy to increase his flexibility, and his core conditioning, and his back.

Q. Can you tell us with reasonable certainty how many P.T. visits -- physical therapy visits he would require?

A. Well, again, it's probably between six and ten. It could be as many as twenty. Some of it depends on the therapist's assessment of what kind of deficits he has, what kind of disability he has, and then what needs to be done to try and help him with it.

Q. All right, sir. Would -- getting to the x-rays, would you perform -- have x-rays taken of Mr. Dawkins' back post-surgically?

A. Yes.

Q. And how many times -- would you do that with each visit?
A. Yes.
Q. And how many visits would you see him?
A. About five.
Q. Okay. And what about pain medications?
A. Same regimen.
Q. Same number? Same regime?
A. Approximately.
Q. Okay. All right, sir. And the future medical with regard to the neck and the back, in your opinion, Doctor, are they causally related to the automobile collision on September 24, 2008?
A. Yes.
Q. Can you say that with a reasonable degree of medical certainty?
A. Yes.
Q. What is -- in your opinion, are the problems which Mr. Dawkins has with regard to his neck and back permanent in nature?
A. Yes.
Q. All right. What about going forward in the future with regard to pain either in the neck or the back? Is that something that -- that you would expect him to have from time to time?

A. From time to time, although the degree and how limiting it is would be variable.

MR. MOORHEAD:

Okay. All right, sir. I believe those are -- let me check my records. I believe those are all the questions I have at this time.

EXAMINATION BY MR. McGARR:

Q. Dr. McHenry, my name is Mark McGarr and I represent Mr. Watts, who's the person that Mr. Dawkins brought suit against. I'll be asking you some questions and actually giving you documents that you probably have never seen before. So, don't be -- don't be shook up by that.

A. Sure.

Q. It's just the nature of the beast. Let me give you this packet, and we'll go in that order. Does it appear that Mr. Dawkins went to see -- and this is using the first document in that packet, and I would probably take the clip off. Does it appear that Mr. Dawkins went to see Dr. Jeray on or about November 12th, 2008?

MR. MOORHEAD:

May I interrupt you just a minute?

WITNESS:

A. Dr. Geary?

EXAMINATION RESUMED BY MR. McGARR:

Q. Geary. I'm sorry.

MR. MOORHEAD:

Okay.

EXAMINATION RESUMED BY MR. McGARR:

Q. Geary. I'm sorry.

A. Yes, it is.

Q. And at that point, does it appear that he gave Dr. Geary a history of his present illness and he said that it was left shoulder, lower back, and left leg pain, and then the ''when'' was the 9/24, and the ''how'' was a motor vehicle accident?

A. Yes.

Q. And later on does it say his, ''Shoulder symptoms began after an MVA on 9/24/08, as did his low back symptoms, and now he has pain with overhead things. Some stiffness into his lower back''?

A. Yes.

Q. And so, that appears to be the history that he gave to Dr. Geary; is that correct?

A. That's correct.

Q. I'm going to the next document in that set of documents. This would be apparently an intake sheet for your office. Did he come to see you initially on 3/11 of 2009?

A. Yes.
Q. And according to this intake sheet, on 3/11 of 2009, you guys had asked, ''What is the main reason for your office visit today?'' And he had put down back pain and leg pain; is that correct?
A. Correct.
Q. And said -- then it says, ''How did this begin? Circle.'' And did he put an X by ''motor vehicle accident''?
A. Correct.
Q. And does it -- later on it says, ''Where is your problem -- your pain or problem?'' And he said back and legs?
A. Correct.
Q. So, the history that he gave to Dr. Geary and the history that he's giving when he's filling out this patient sheet with regard to his back, both indicate that his back problems began as a result of his automobile accident; is that correct?
A. Yes.
Q. Looking at your document where he apparently came to see you guys on 3/11 of 2009 and you're actually getting involved, did he give you a history that the patient was, ''A fifty-eight year old gentleman who was in a motor vehicle collision on September of '09

--'' I understand that that's not correct. It's supposed to be September of '08. ''He had onset of back pain and left posterolateral radicular leg pain at the time''? Is that basically the history he gave you?

A. Well, yeah. Actually, I think there's more history. I mean, that's only the first sentence of the -- of a whole paragraph.

Q. Yes, sir. But what I'm -- with regard to when his problems began is what I'm looking for right now.

A. Okay. Right.

Q. Is that essentially what he gave you?

A. Sometime in 2008, yeah.

Q. Let me show you the next document in this round of documents. This is from Eastside Cardiology, and it's referencing James Dawkins dated February 1 of 2000. Do you have that document?

A. Yes.

Q. Does it appear that he's telling him that his past medical history consisted of having back surgery in 1985?

A. Yes.

Q. If we could go to the next --

MR. MOORHEAD:

I don't want to -- excuse me for interrupting you,

but can you show me where you are?

MR. McGARR:

You're too far -- you're too far ahead.

MR. MOORHEAD:

Okay. Okay, thank you. Pardon the interruption.

EXAMINATION RESUMED BY MR. McGARR:

Q. So, your understanding was that he was doing pretty well with regard to his back before this automobile accident, and the history he gave you was that his back problems began as a result of the automobile accident in 2008; is that correct?

A. Well, no. You know, we knew he had back problems before that. He had surgery, and that wasn't -- that's not -- I mean, that's a known thing. Right? So, we knew that he had had surgery before.

Q. But he's telling you that his back problems had begun as a result of our automobile accident; is that correct?

A. Well, he said his back problems were worsened as a result of the accident. I don't think he ever said that they -- that he didn't have back problems before the accident.

Q. Would you agree that your document of -- when he fills it out on 3/11 of '09 where it says, ''what is your main reason for your office visit today?'' and

he said back pain and leg pain?

A. Right.

Q. ''How did this begin?'' He said motor vehicle accident; is that correct?

A. That's correct.

Q. ''How long has this been a problem?'' And he said for six months?

A. Correct.

Q. So, he's telling you in that intake sheet that it was from a motor vehicle accident that took place approximately six months prior to coming to see you?

A. That's correct.

Q. And would you agree that this 2/1/2000 document indicates that he actually had had back surgery in 1985?

A. I would agree to that.

Q. And would you agree that he's actually told you that he was doing pretty well prior to the automobile accident insofar as his back was concerned, but then that back -- that the automobile accident did his back in?

A. That's -- yeah, I agree with that.

Q. Taking you to the next document in that stack of documents, this is a Spartanburg Regional document dated 5/5 of '97.

A. Okay.
Q. Does it appear that he was having steroid injections provided to his low back as far back as 5/5 of '97 at Spartanburg Regional?
A. Yes.
Q. Going to the next document in that set of documents, this will also be a Spartanburg Regional document. Does it appear that, on 5/5 of '97, he had been referred by Dr. McCorkle for a pain consultation and consideration for a lumbar epidural steroid injection at L5-S1?
A. Yes.
Q. And that's the low back area; is that correct?
A. That's correct.
Q. And that he's describing that the gentleman had been involved in an automobile accident a few weeks earlier which had caused him to have increased and chronic pain in his left hip?
A. Yes.
Q. And that he was having pain that was radiating into both legs and into his feet?
A. Yes.
Q. And that he was having left leg numbness?
A. Yes.
Q. And that --

A. Well, you know, that says for ten years, though.
Q. I understand.
A. That's not a new thing.
Q. And that no meds have helped him permanently?
A. Correct.
Q. So, does it appear that, by '97, he has at least a ten year history of chronic low back trouble that was radiating into both legs?
A. Well, we don't know that. We know that he has -- that he has an episode here that he's getting treatment in 1997. We don't know how long -- if that had been constant or if it had just been a very temporary thing that had been present very briefly and then he had this treatment and then it went away. We don't really know. I mean, we know that he was treated in May of 1997, but, you know, that's all we know, you know, for these symptoms. But as far as how long -- other than the left leg numbness for ten years, you know, it's unclear whether this is just a recent episodic thing or whether it's been present longstanding.
Q. But we at least see left leg numbness times ten years?
A. We do see that.
Q. And that's typically something that would be related

to discs in the low back that are causing left leg numbness?

A. Could be.

Q. I'm going to the next document in this set of documents, and this is date -- this is from the Specialty Group in Greer. Does it appear that Mr. Dawkins went to the Specialty Group in Greer on 1/17 of 2000 and he gave them as his past medical history that it was, ''Remarkable for back pain. He is on disability. History of back operation and lower quadrant pain''?

A. Yes.

Q. So, does it appear that he has been having back problems to the point that he was totally and permanently disabled by the year 2000?

A. Well, it says he has a past medical history and he has back pain. Again, it doesn't say how often he has back pain, if it's present all the time. It says he's had back surgery and it says he's on disability. I guess it would sort of --

Q. Sort of flow that he's on disability --

A. Well, it seems to be -- it seems to indicate he's on disability for his back pain, but it doesn't really state that directly. It just -- you know, it says he's on disability. So, you understand what I'm

saying? I mean, it's not really enough information to really know how often this is, if it's -- you know, to what degree, if it's episodic or not episodic, and, you know, all the time. You know, it could be all the time, chronic. It could be chronic episodic. It could be that he was -- he had, you know, back pain in the past, had a surgery, was put on disability, and now he's doing fine. I mean, you don't really know which of those three it could be.

Q. But the bottom line is, at this point in January 17 of 2000, he is saying that his past medical history is, ''Remarkable for back pain. He's on disability. Has a history of back operation --''

A. I agree.

Q. ''-- with lower quadrant pain''?

A. Well, and another thing -- so, lower quadrant pain doesn't have anything to do with the back.

Q. I agree.

A. So, it kind of rolls it all into this. So, it's really a -- not a very exact past medical history.

Q. Let's go to the next document, which is from Blue Ridge Urology. It will be dated 6/30 of '03. And in the review of his present illness at that point, would you agree that the doctor noted that he had some chronic low back pain?

A. Yes.
Q. Going to the next document, which is from Blue Ridge Urology where he went to see them on November 14th of 2003, does it state that he has some, ''Long time back problems. His back problems are even worse during cold weather''?
A. Yes.
Q. Collectively when you start putting these documents together, does it appear that he has been having chronic back problems since at least 1997?
A. Right, but we don't -- I mean, I agree with that. But again, we don't know how -- what the nature of the symptoms are, if he had relatively, you know, mild symptoms that he was very functional with and, you know -- or if they were very debilitating symptoms. It's really unclear because it doesn't really specify what his functional level was or how significant -- you know, how severe his symptoms were. We just know that he does have a history of back problems.
Q. And at this point we've got a history of chronic back problems, by this last note?
A. Right.
Q. Going to the next document, which is from the Smith Center, does it appear that Mr. Dawkins was there on

November 17th of 2003 and one of his active diagnoses was low back pain?

A. Yes.

Q. And does it appear that, on that date, ''The patient was complaining of pain in his lower back and his groin area. States this happens ever since he hurt his back about twenty years ago. Patient also stated, after hurting his back, the pain started in his lower back, down into his legs, and in the groin area. He has also stated that, when the weather changes, his problems with his back -- when the weather changes, he has problems with his back''?

A. Yes.

Q. Would that tend to indicate that he's had chronic back problems for about twenty years?

A. Yes, it would.

Q. And that would mean that he's had chronic back problems since roughly 1983? Twenty years from 2003?

A. Correct, I guess. You know, and twenty years is probably a fairly -- you know, a fairly broad approximation, but certainly -- certainly sometime around that time.

Q. And it appears that he's having radiating problems which would indicate that he's having some nerve

pinching and that's causing some of his chronic low back problems, at least by 2003?

A. Well, we don't know that. I mean, you know, it could be that his leg pain is related to nerve impingement, it could be the left leg pain -- there's other reasons to have leg pain as well with back conditions or without back conditions. So, it's not always neurologic impingement.

Q. Going to the next document, does it appear that he was at the Smith Center on or about 1/8 of 2004 and again they were noting that his active diagnosis, or one of his active diagnoses, was low back pain?

A. Yes.

Q. Going to the next document, this is also from the Smith Center dated 3/31/2004. Does it appear he went to see them on that date and actually told them, ''The patient felt his blood pressure is up because his back has been hurting a lot with the changes in weather''?

A. Yes.

Q. So, again, is this indicative of someone who has had chronic longstanding low back pain?

A. Yes.

Q. Going to the next document -- and Doctor, you have -- I guarantee you haven't seen any of these

documents, have you?
A. No.
Q. And you have no reason to?
A. (Negative response).
Q. Going to the next document, does it appear that he was back at the Smith Center on 5/6 of '04 and his active diagnosis was still low back pain?
A. One of his active diagnoses, correct.
Q. Going to the next document from the Smith Center dated 6/17 of '04, does it appear that his active diagnosis is still low back pain?
A. I agree, but I -- but I also think that this is probably rolled over from one visit to the next. I don't think this is probably that they've gone in and entered this every time because it's all in the same order and it says -- you know, the active diagnoses, I think, just haven't been changed. So, you know what I'm saying? I mean, it says hemorrhoids, gouty arthritis, hypertension, and low back pain in the same order, same thing. So, yes, it appears that way. But again, whether this was established new -- you know, on each visit or whether it just rolled over from the previous visit, I suspect the later.
Q. Okay. It might be helpful if we go to the next

document, which is from the Smith Center dated 9/15/04.

A. Okay.

Q. Does it appear that he was seeing them on that date -- and I'll quote, ''Patient is here today complaining of lower back pain. Patient is requesting pain medications for his low back pain. He states the Lortab does nothing for him''?

A. Yes.

Q. Would that be indicative of the fact that he was having an active diagnosis of low back pain?

A. Yes.

Q. And does it appear that his low back pain is chronic in nature and has been there for years and years at this point?

A. Well, I think that you've established that. I think, though, the question, again, is how -- you know, how significant is it, you know, and what's the nature of it. Is it constant? Is it episodic?

Q. Apparently pretty significant if the pain -- if Lortab is doing nothing for him.

A. At that point.

Q. Right. Going to the next document from the Smith Center dated 10/4 of 2004, again are they listing him as one of his active diagnoses being low back

pain?
A. Yeah. Excuse me, yes.
Q. The next document would be from the Smith Center dated 11/15 of '04. Do they again list one of his active diagnoses as being low back pain?
A. They do.
Q. Going to the next document from the Smith Center dated 12/14 of '04, do they again list as one of his active diagnoses low back pain?
A. They do. But again, I mean, this is clearly just rolled over from the previous -- I mean, it's always the same, in the same order as hemorrhoids, gouty arthritis, hypertension, and low back pain. So, they're saying that, and certainly they could have updated it every time. But on the other hand, it's really not clear to me, you know --
Q. Well --
A. -- how much this is updated or how much this is just rolled over from the previous visit.
Q. Would you agree that his medications are Flexaril, Lortab, and Indocin?
A. Yes.
Q. And that would be things that you would use for low back problems?
A. Well, among other things, yes. I mean, you know,

they're fairly generalized pain medications. So, it could be used for low back pain. I would assume in this case, or you could assume that that was the reason.

Q. And then going to the next document dated 1/14 of '04, does it appear on the second page of that document that they're again stating that he had an active diagnosis of low back pain?

A. We're on '04 now, or '05?

Q. '05. My apologies.

A. Okay.

Q. 1/14/05.

A. That is correct.

Q. And going to the next document, this was with Blue Ridge Urology. Does it appear on 1/18 of '05 that he's having hip and leg pain?

A. Yes.

Q. And radiating pain that you were seeing, you were relating to being related to his low back; is that correct?

A. At that point he says he has left hip and leg pain.

Q. But when you were treating him, that radiating pain, you were relating that to a problem with his low back; is that correct?

A. I was when I saw him, but I'm not seeing him -- I

didn't see him here.
Q. I understand.
A. Right.
Q. But at least he's saying, ''I've got hip and leg pain,'' on 1/18 of '05; is that correct?
A. Correct.
Q. Going to the next document, which is from the Smith Center dated 2/28/05, does it appear that he was at their office and one of his active diagnoses was low back pain?
A. Yes.
Q. And he's taking medication that you could use -- I take that back. Not on that date. They didn't give him any medications. Going to the next document where he's at the Smith Center on 4/25/05, on page two, are they again listing him as having low back pain as an active diagnosis?
A. Yes.
Q. And they're prescribing medications that you could actually use to treat low back pain?
A. Yes.
Q. In fact, they prescribed him with a Medrol dose pack, which would be to try to get inflammation down in the low back?
A. Well, he has -- they say he has gouty arthritis, and

so -- so, they're prescribing the Medrol for that, it looks like. If you look at the recommendations made for patient, it says, ''Gouty arthritis has been bothering him. He has had to take Medrol for relief. I suggest he see a rheumatologist and consider using Allopurinol.'' So, that -- it appears that that's -- at least that visit is more about gouty arthritis.

Q. And yet they're also giving him the Lortab and the muscle relaxers; is that correct?

A. Right. And again, Lortab, you know, is a pain medication that could be for the pain from gouty arthritis as much as it could be from the low back.

Q. Going to the next document from the Smith Center dated 6/2/05, does it appear that his active diagnosis is low back pain yet again?

A. One of them.

Q. Going to the next document from the Smith Center dated 11/2/05, does it appear that one of his active diagnoses is again low back pain?

A. Yes.

Q. Going to the next document from the Smith Center dated 1/31 of '06, page two, again does it appear that they're listing his active diagnosis -- or one of his active diagnoses as being low back pain?

A. Yes.
Q. Going to the next document with the Smith Center dated 4/21 of '06, does it appear that he was there and, on that date, he stated that, ''He had back surgery in '85 and was recently cutting some wood with a chainsaw about five days ago and he started developing low back, hip, and leg pain yesterday. His left leg seems to be bothering him more than the right, and he is -- and he is only bothered in his right leg occasionally. He also has a problem with sciatica on his left side mostly in the past''?
A. Yes, that's what the history says.
Q. So, would that indicate and somewhat confirm that, when they're saying he's got an active diagnosis of low back pain all these times, that they're treating him for problems that have been sciatic in nature or radiating into his legs in nature in the past and that he's obviously complaining of those radiating problems and low back problems as of this date?
A. I agree with that.
Q. Going to the next document from the Smith Center dated 6/20 of '06, does he go to see them and is one of the things he mentions is that -- he mentions that he had been having problems with his back, but since he's been walking, it may have gotten better?

A. Yes.
Q. And yet would you agree that his diagnosis at that point on page two is still left sciatica and low back pain?
A. Yes.
Q. Going to the next document from the --
A. But again, I mean, you know, I think they're clearly lumping diagnoses in there and carrying over from one time to the next because if he -- you know, if he says that he's -- you know, they've really -- you know, if you look at the majority of them, the four things that remain consistently there on every one of these Smith Center Cardiovascular Wellness medical records is you've got hemorrhoids, gouty arthropathy, hypertension, and low back pain, in that order. So, I don't think they're updating this every time. I think they're rolling it over from one visit to the next, and it may be because they continue to be active problems. It may also be because this is an electronic medical record that rolls it over from one time to the next. And if you don't actively go in and change it, that's what it's going to say. And that's certainly how our medical record works. And so, it's -- and looking at this, I suspect that, you know, this is not a record

that's generated de novo every time he's seen. Most of this is rolled over from the previous time.

Q. Let's go --

A. So, I think that questions the accuracy of some of these, some of the records.

Q. Let's go back to the 4/21/06 visit to the Smith Center. We're going back. At that point, would you agree that their diagnosis was actually left sciatica, insomnia, hemorrhoids, gouty arthropathy, hypertension, and low back pain?

A. Right.

Q. So, they weren't those standard four at that point, were they?

A. Well, it's still the standard four, the last four in the same order. They just added two new ones up top. You see? So, it's -- and again, it's the same order every time, the same wording. So, it's -- it's questionable how -- you know, if this is generated -- I don't think this is generated de novo every time.

Q. If we could go forward a little bit to 9/21/06. Does it appear that he was back at the Smith Center and, at that point, he was complaining of low back pain that comes and goes? This is 9/21/06.

A. Yes.

Q. So, you would agree that he was telling him his back pain was coming and going?
A. Correct.
Q. Going to North Hills, does it appear that he went to see them on 6/28 of '07?
A. Yes.
Q. And at that point, ''The patient was complaining of recurrent back pain localized in the lower back and radiating around his buttocks, thighs, into his testicles. Patient says that he has had back problems before and was evaluated by a neurosurgeon. The back pain is not constant, but occurs one to two times every several weeks''?
A. That's correct.
Q. So, that would clearly indicate that we're dealing with someone who's got chronic low back issues that are radiating in nature?
A. That are episodic, right. So, they're not constant, at least at this point.
Q. If he's having them one to two times every several weeks --
A. As opposed to all the time every day, you know.
Q. Oh, okay.
A. I mean, that's the difference between constant and episodic.

Q. And does it appear that an MRI was done of this gentleman dated July 12th, 2007, and it was done of his low back?

A. Is that the next page?

Q. Yes, sir.

A. Yes.

Q. And does it appear that that MRI is revealing the same problems that you saw when you did an MRI of him?

A. That appears to be the same problems.

Q. Right. So, the MRI pre-automobile accident and the MRI post-automobile accident are showing the exact same problems in the exact same areas; would you agree?

A. That's correct, but that's not -- but that's an expected finding, right. Unless he's had a fracture in his back or some sort of, you know, structural traumatic change, you're probably going to see pretty similar findings.

Q. But my point is, you're wanting to do surgery to correct some areas of his low back; are you not?

A. Correct.

Q. And those areas that you're wanting to correct were already damaged back in 2007?

A. Those areas already had the changes they had, but

whether those changes were symptomatic at that time is not the case. So, it's a difference between saying whether they were damaged or not, you know, or whether they're symptomatic or not. They can look -- you know, changes in your low back can be -- can look how they look and they could be non-symptomatic in some patients, they could be very symptomatic in other patients, or they can progress from being non-symptomatic to very symptomatic and look very similar. So, it's not -- you can't really establish a causative relationship based on the appearance of the studies unless there's been a fracture. What you can do is say, you know, ''What were your symptoms before? What are your symptoms now?'' And it's more of a symptomatic causal relationship as opposed to -- you know, unless -- again, unless there's been a fracture or some sort of, you know, major structural change. You can't look at something and say that, you know, ''It looks the same, so therefore it was the same symptomatically,'' because you can't measure symptoms on an MRI scan.

Q. Not wanting you to do that. What I'm wanting you to tell me is, would you agree that his July 12, 2007 MRI of his low back is showing that he has problems

at multiple areas of his low back and that those problems were in existence as early as July 12, 2007?

A. Okay. Well, I would say he has changes in multiple levels of his low back, and to the extent that they're problems or not problems depends on his symptoms. So, I think it depends on how you want to say it.

Q. Okay.

A. Like for instance, if I was to MRI your low back -- I don't know if you have low back pain or not. But there's a pretty good chance that you're going to have some changes in your low back. Pretty good chance that everybody in this room will have changes in the low back. Hopefully not symptomatic, I mean, you know. And so, it depends. It just -- you know, there's radiographic findings, and then there's radiographic findings that correlate with symptomotology.

Q. Okay. Let me use your terminology. Would you agree that the changes that exist in this gentleman's low back that are seen on MRI on July 12, 2007 are essentially identical to the changes that you saw when you did an MRI of him after the automobile accident?

A. I would say they're certainly similar. I mean, you know, I'm looking at this study and comparing it to the other study. I would -- I would think they're probably indistinguishable, the changes between the one that I saw and then this one. But that being said, I'm not looking at one study and the other study side by side, so I can't say for sure.

Q. But what we have is severe degenerative changes showing up in July of 2012 just like what you saw when you did your MRI after the automobile accident?

A. Well, severe is your word. I mean, I don't -- I don't know that it's severe. I mean, it's certainly -- you know, he has, what they say, mild to moderate degenerative disease that's worse at the L5-S1 level. He has post-surgical changes at that level with some scar formation from the surgery before, and he has an enlarged left S1 nerve root. But again, I mean, you know, severe or not severe is really a judgment call.

Q. But the bottom line is MRI pre and post show essentially the same changes? There's nothing significantly different between those two?

A. I think that's correct. Although, you know, I don't have the studies, both studies.

Q. And then with regard to his symptoms, we're noting

symptoms on 6/28 of '07 that are essentially the symptoms he was complaining of with you, that he's having low back pain that's radiating into his legs?

A. Right, except that it occurs one or two times every several weeks in 2007.

Q. Does it appear that he returns, going to the next document, to North Hills on 8/20 of '07?

A. Yes.

Q. Where he tells them he's continuing to have groin pain which radiates from the lumbar area or the low back area?

A. Yes.

Q. Going to the next document, does it appear he goes back to North Hills on 9/13 of '07 where he was telling them he continues to have -- ''Continues to complain of groin pain, pain mostly localized on the left side and shoots to the back. Patient -- pain occurs daily and he cannot identify any specific identifying factors. Pain ongoing for several months, no improvement.'' Would you agree that this appears very similar, if not identical, to the complaints he was having when he came to see you with regard to his low back and the radiation problems?

A. Well, the thing that's not clear to me - and I'd

have to go look in my records again, I guess - is that -- because certainly from the records back in June 28th, 2007, it was episodic at that point and occurring one or two times every several weeks. My impression was that, when I saw him, it was constant. But I don't know if I -- if that's just what I'm remembering or if that's clearly in the record. I don't know, you know.

Q. I'll get you some records that'll help clarify that in a moment. But at this -- but you would agree --

A. But that would be a difference. I mean, you know, if he had occasional, you know, pain once every -- one or two times every several weeks, and then, you know, depending on how long it lasted and how severe it was or not, you know, it may not be much of an issue other than, you know, maybe a nuisance as opposed to if you had it all the time every day and it was, you know, significant for you. You know, that would -- that would be a different -- even though the symptom location may be the same, you know, the severity, the debility, you know, is going to be different in those two situations. And I'm just not sure, you know, how that -- you know, how those complaints when he went to those other practices compare to, you know, what his complaints

were with me in that regard.

Q. We'll get there. But the bottom line is, on 9/13 of '07, he was at North Hills stating that he, ''Continues to complain of groin pain. Pain mainly localized on the left side and shoots to the back. Pain occurs daily and he cannot identify any specific identifying factors. Pain ongoing for several months, no improvement.''

A. Correct.

Q. That's essentially what he was telling you after the accident; is that correct?

A. That's correct.

Q. Going to the next document, which is a patient history form filled out on 9/26/07 by Mr. Dawkins, does it appear that when they're asking him what types of trouble he's having that he says -- for example, ''Does anything help or make the problem worse?'' And he says, ''Sitting for a long time''?

A. Yes.

Q. And does it say, ''Does the problem interfere with your normal functions?'' And did he say, ''Yes. Intimacy, going to any functions that require extensive sitting''?

A. Yes.

Q. And again, we're dealing with that low back problem

that he's been complaining of pretty significantly for the last few months, maybe even years; is that correct?

A. Correct.

Q. Does it appear that on -- that he went to North Hills on 1/14 of 2008 and his current problem list consisted of lumbosacral neuritis, or a problem with that low back that was radiating?

MR. MOORHEAD:

Are you on 1/14/2008?

WITNESS:

A. Yes.

MR. McGARR:

1/14/2008.

WITNESS:

A. And that's how I would interpret that. But again, that's a fairly non-specific, you know, designation. I mean, thoracic or lumbosacral neuritis, you know --

EXAMINATION RESUMED BY MR. McGARR:

Q. But it just fit with the gentleman who's having trouble sitting and who's having trouble for months with low back pain that's radiating into his legs; would it not?

A. It could. That's right.

Q. Going to the next document in that list of documents, does it appear that he's back at North Hills and he still has a current problem list on 1/28 of 2008 of the lumbar neuritis?
A. Right. But again, it's the exact same current problem list as he had two weeks before. So, you know, it's --
Q. Could be that it's so chronic that it's a current problem, just like these other problems are current?
A. Or it could be that they're just not -- they're just not updating it because he still has a rash, too. I don't know if he -- you know, if he had a rash for the whole two weeks or if they successfully treated it by then, you know.
Q. Does it appear that, on 3/10 of 2008, his current problem list still consisted of problems with his low back?
A. As well as the rash, yes. I mean, so yeah. I mean, it's the same list over and over again.
Q. And then does it appear on the last document that he's taking Celebrex as late as 8/26 of '08?
A. Yes.
Q. And do you realize our accident took place on 9/24 of '08?
A. Sure. The Celebrex, again, is a fairly generalized

medication. I mean, it could be from his gouty arthropathy, you know, it could be that -- you know, he had a biopsy for renal cell cancer sometime around that and it could be because of discomfort. And it's hard to know. I mean, so certainly Celebrex could be for low back --.

Q. Thank you. It could be for low back because that's heavily prescribed for that.

A. It's also a very generalized medication.

Q. Now let's look at the frequency that this gentleman was having with regard to his low back issues. The first document I want to show you is going to be a document from EMS with regard to Mr. Dawkins. This would be EMS that he used the day of the accident, September 24th, 2008.

A. Okay.

Q. When they're doing a history of his present illness, do they list it as, ''Patient has a chief complaint of pain to his left shoulder. Patient was a restrained driver in MVA. Damage to the front quarter panel of vehicle. No airbag deployment noted. Patient also complained of pain to his left arm''?

A. Yes.

Q. Does it appear that, while with EMS, his only

complaints were left shoulder and left arm pain?
A. Yes.
Q. No mention whatsoever of low back issues?
A. Yes, but that was also when he -- right at the point with EMS, right?
Q. Yes, sir.
A. Okay.
Q. Then does it appear that he was sent to Greenville ProAxis Therapy because of a complaint of shoulder problems as well as low back problems?
A. Yes.
Q. And that he was there on November 19th of 2008?
A. Yes.
Q. If you could go to page three of that document. Does it appear that, when they were palpating or checking his low back, they found him to be ''hyper-reactive with pain and wincing to light palpation over the erector spinae of the L4-5 region and the L-PSIS area''?
A. Correct.
Q. So, he's hyper-reactive when they're checking him out; is that correct?
A. Well, that's a subjective -- sure, that's a subjective assessment on their part.
Q. But nonetheless, they're describing his reactions as

hyper-reactive; are they not?

A. Yeah.

Q. Going to page five of that document when they're checking out his presentation, do they again say, ''Hyper-reactive and symptoms not consistent with neural pain secondary to non-dermatonal pattern of pain at the left lower extremity and mild Waddell symptoms were non-organic back pain''?

A. Yeah, that's what they say.

Q. Do they go on to say that, not only was he hyper-active, but that the, ''Patient's symptoms are not consistent with any form of appropriate referral pattern and are scattered from the left extremity to the upper extremity --'' I mean, ''the lower extremity to the upper extremity''?

A. Right. That's a physical therapist's assessment.

Q. And the physical therapist is saying, ''I can't make any hide nor hair of this guy's symptoms because they're scattered everywhere and they don't fit with even the way the nerves are situated in a person's body''?

MR. MOORHEAD:

I object to the form of the question, and I also object on the basis of hearsay. But please answer it, Doctor.

WITNESS:

A. Sure. Well, I mean, that's what they seem to be saying.

EXAMINATION RESUMED BY MR. MCGARR:

Q. Well, what they're saying is that --

A. You know, this a physical therapist. I mean, you know --

Q. I understand.

A. Let's set the context, you know, appropriately. There's no such thing as a mild -- you know, a mild Waddell symptoms. I mean, you know, Waddell has -- they're signs, I mean, and they're delineated in a way of trying to measure somebody for, you know, certain things we're looking for for a non-organic pathology or a reason to have symptoms. So, I'm not, you know -- so, I don't know what a mild Waddell symptom means. I mean, I don't know that they know what it means. I mean, you know, I think that they're -- I think that this is -- this is such a broad generalization of, you know, their opinion that they're having trouble, like you're saying, of nailing down exactly what's going on. But there's a lot of terminology in here that's just -- it's just difficult to interpret, you know, for me. And so, I think it'd be better to ask the physical therapist

what they meant --

Q. But the bottom line is --

A. -- instead of asking me what they meant. I don't know what they meant.

Q. I'm not asking you to tell -- you're the one that's wanting to tell -- you're trying to tell us what they mean. I'm saying what they said. What they said was, ''Hyper-reactive and symptoms are not consistent with neural pain secondary to a non-dermatonal pattern of pain,'' meaning that the pain is not flowing where the nerves, if they're being pinched, should be flowing?

MR. MOORHEAD:

I object on the same basis that I did before.

WITNESS:

A. And that's what they think. Okay? But again, I mean, you know, this is a physical therapist. This isn't an orthopedic surgeon or a neurosurgeon. I don't know what they mean by this. I don't know -- I don't know who the therapist was. I don't know, you know, what their knowledge level is or what their -- you know, so again, I mean, you know, this is, you know, asking me to interpret a physical therapy note. You know, it would be -- that's -- I don't -- I don't put a lot of validity into this.

Okay?

EXAMINATION RESUMED BY MR. McGARR:

Q. Okay. So, you don't believe that the -- when the physical therapist says, ''The patient's symptoms are not consistent with any form of appropriate referral pattern and are scattered from the lower extremity to the upper extremity,'' you don't believe they know what they're talking about?

A. No, I think they may or may not know what they're talking about. And certainly if I was seeing the patient following this and had this note, I would certainty assess them myself to see whether I thought that was the case or not. But I certainly not -- you know, rely on a physical therapist to tell me what -- you know, whether they have an appropriate referral pattern or an inappropriate referral pattern. Frankly, I wouldn't rely on another physician to do that, either. I mean, you know, so it's not anything specifically against therapy. I mean, it's just, you know -- we're all obligated to determine this for ourselves and to verify it for ourselves or to not verify it. And that a physical therapist wrote this -- again, I mean, you know, it's non-specific. I would -- I would use it as a basis to probably assess myself

and see what I thought, but certainly this doesn't mean that much to me.

Q. The average patient who's truly in pain will follow its doctor's advice; will it not?

A. Hopefully.

Q. Does it appear that Mr. Dawkins canceled his physical therapy appointment on 9/21 of '08?

A. Yes.

Q. Does it appear, going to the next document, that he then canceled yet again on December 3rd of 2008?

A. Yes.

Q. Does it appear that, on December 10 of 2008, that he wasn't even engaging in his home exercise program?

A. Yes.

Q. Does it appear that, when they check him out again on page two, that they continue to find him hyper-reactive with pain and wincing to light palpitation?

A. Yes.

Q. Does it appear, going to the next document, that he cancels his appointment with physical therapy yet again on December 16th of 2008?

A. You know what? I would actually, you know, again question that ''hyper-reactive with pain and wincing with light palpation over the erector spinae of the L4-5 region and left PSIS'' because it's exactly the

same wording as on the previous note from November 19th. November 19th, 2008. I mean, it's just odd to me that it's exactly the same wording. You know, it seems to me that that's been pulled forward on the electronic medical record and not necessarily a de novo assessment.

Q. Does it appear that he canceled yet again physical therapy on December 16th of 2008?

A. Yes.

Q. And does it appear that he was discharged from physical therapy for non-compliance on January 20th of 2009?

A. I don't see that one. Do I see that one? I see September 24th. Well, you know -- so, on September -- oh, January 20th. Okay. Yes.

Q. Does it appear on January 20th they discharged him for non-compliance?

A. Well, for attendance problems. And so, when you look at some of the reasons why, I mean, he couldn't come to some of his therapy because he was working. I think that's -- you know, at least he has a functional level. And the last time he didn't make it because he had a death in the family. So, I think that, you know, there are various why he wasn't -- it wasn't just that he was not showing up

to not show up. I mean, you know, whether these are legitimate reasons or not, I can't say. But certainly it's not, you know, consistently that he just didn't show up. There's one of those, there's work conflict for another one, and death in the family for another one.

Q. But they discharged him for non-compliance?

A. They did.

Q. And apparently at this point he was working to the extent that he wasn't even going to physical therapy?

A. Correct.

Q. And that's being done even though he's on total and permanent disability?

MR. MOORHEAD:

I object to the form of the question based on hearsay. There's no factual basis for that. Please -- please answer it if you can.

WITNESS:

A. Okay, sure. Well, I mean, all I know is that it just says here that he had a work conflict, so he no-showed. I mean, so I don't know specifics of what the work conflict was.

EXAMINATION RESUMED BY MR. McGARR:

Q. But let me represent to you he's told us he's on

total and permanent disability. Going to the next document, this is North Hills. Does it appear that, by 3/23 of 2009, he had been cleared to go to back surgery?

A. Yes.

Q. And the next document would be 5/26 of '09 where he's back at North Hills and they're saying, ''We have still cleared you to go and have back surgery. If you choose to, you can''?

A. Correct.

Q. And he did not choose to do the back surgery, did he?

A. Right. Well, I'm not sure who -- you know, what the -- you know, if there was a -- if it was me or somebody else. I don't know that I'd seen him by that point. Had I? I could go back and look at the --

Q. You had.

A. I had? Okay.

Q. You saw him by 3/11 of '09?

A. Right, but I'm not -- looking at that, I don't know that -- on 3/11/09, I didn't discuss surgery with him, doesn't look like, for his low back. In fact, it says we would -- ''At this point, he would like to continue non-surgical care, and non-surgical care

at this point is very reasonable. We'll see him back on a PRN basis if he'd like to be re-evaluated surgically.'' And then -- so, I don't know if that was me that was sending him there for pre-operative assessment medically, or if it was somebody else, or what the -- what the impetus for that was. It's just not clear from this.

Q. But it's irrelevant as to who was asking him to get pre-clearance. He was getting pre-clearance on 3/23/09 for low back surgery, and then he was getting pre-clearance again on 5/26/09 for back and/or neck surgery?

A. Right.

Q. And he was cleared to have those surgeries; was he not?

A. Yes.

Q. And he chose not to have either of those surgeries; is that correct?

A. Correct.

Q. Then it looks as if he came back to see you on 9/9 of 2009; is that correct?

A. Yes.

Q. And at that point you told him that he may be benefiting from having surgery to his low back?

A. Correct.

Q. And would you agree that he didn't do surgery in the year 2009?
A. Yes.
Q. Nor did he do surgery in the year 2010?
A. Correct.
Q. Nor did he do surgery in 2012?
A. Correct.
Q. And there is no plan at this point for him to do surgery in 2013?
A. Well, we haven't, I mean, scheduled surgery. This is -- this is a -- you know, his problems at this point are persistent problems. And it's a -- it's a question of him either electing to have surgery in the hopes that it would improve him or living with the problems he has, and that's the situation in a lot of patients with degenerative problems in their spine. So, again, it's not that it's -- it requires -- in fact, the notes in there fairly -- you know, fairly well demonstrate that, that it's a matter of him either deciding to continue with what he has or undergo surgery in the hope that it would improve.
Q. And he has not chosen to do that even though he's been cleared at least twice to have it done?
A. Correct.
Q. And looking at the vast -- at the records as a whole

that I gave you with regard to his prior back problems, would you agree that he has, by definition, had chronic low back problems for which he complained of for year after year after year, and they were radiating back problems?

A. I would agree with that with the caveat that we don't -- again, we don't know that the -- if they were -- I mean, at least there's indication that they were episodic at some point. And we don't know that -- if that changed to become more constant symptoms and to what degree they were more constant than they were before because, you know, again, that one note said it was, you know, a couple of times every several weeks. We don't even know the couple of times every several weeks, how long they lasted. I mean, you know, and then as opposed to somebody comes in and says, ''I have constant pain now all the time.'' You know, so that's a -- I mean, that is potentially a difference. And I don't know, you know, how much that difference is there.

Q. Well, let me see if we can compare and contrast his post-accident back issues with his pre-accident back issues. Does it appear that, when he went to North Hills on 10/23 of '09, and at that point he was feeling much better?

A. Yes, but it doesn't really say much better from what. I mean, it says, ''He presents here for follow up with his numerous medical problems.'' So, apparently he has a lot of things going on, and it says he's feeling much better. That may mean much better from a variety of medical conditions, variety of symptoms. It could be that the back issues are one of those, or it could be that the back issue is not one. I mean, it's just not clear. I mean, so --

Q. All right. It may be a little clearer when we get to the next document. On 3/1 of 2010, does it appear he goes back to North Hills?

A. Yes.

Q. And at that point his history of present illness makes no mention of neck problems or low back problems, does it?

A. No, because he's mostly being seen for a knee problem at that point.

Q. And yet on page two, they did do an exam of his musculoskeletal system and they found that he had no tenderness in his spine, he had full range of motion, and he had normal rotation, meaning he could move from side to side, and no instability; is that correct?

A. That's their physical examination at that point.

Q. And their physical examination essentially of his spinal system is normal?

A. Right. But again, just like the physical therapist's note we talked about before, I mean, it doesn't mean much to me. I mean, it's --

Q. Doctor, this is a doctor.

MR. MOORHEAD:

Let him finish his answer, please.

WITNESS:

A. So, I think that -- you know, I think that -- sure, it's a doctor, but it's not an orthopedic surgeon or a neurosurgeon, and it's not me. So, I don't know to what degree they did these tests and how they determined it. So, I would take a look at it and say, you know -- if I thought that might be the case, I'd examine them. But as far as looking at somebody else's note and me saying, ''well, yeah, I'm sure he was normal at that point,'' I don't know whether he was or not. I know that they say that he was. You should ask them. But I'm not going to look at their note and say that they were.

EXAMINATION RESUMED BY MR. McGARR:

Q. I'm just asking you to see -- to agree with me that that's what they said is that his neck and back examines essentially on that date were normal.

A. Well, they're saying he didn't have any kyphosis, lordosis, which is actually sort of, you know -- it's an interesting way of terminology because everybody has kyphosis and lordosis in their spine. That's a normal finding. So, for them to say you don't have kyphosis or lordosis, I don't know what that means. I mean, that's a -- that's a non sequitur for an examination finding. So, that alone makes me look at that and say, you know, that doesn't really have any validity. I mean, you know, they're saying -- because everybody in this room has kyphosis in their thoracic spine, lordosis in their lumbar spine and -- because that's the way we're built. So, you know, that's just not an accurate description of anybody's normal back.

Q. Full range of motion, normal rotation, and no instability is what they noted; is it not?

A. Right. And I don't know how they would -- how they would determine instability on an examination, either, of a back. I mean, you know, that's something that we determine radiographically, normally. It's not like a shoulder or something where you can sort of, you know, move your shoulder joint in and out of location. That's just not the way it works in the spine. So, again, I mean, you

know, the statements that are here, I think, are questionable as to what exactly are meant by the person examining him, you know, or what they think they mean. And so, to me, it doesn't really mean much. I mean, I would want to examine him myself and determine whether I thought it was true or not. But the terminology I would use is, you know, ''no excessive kyphosis'' or ''no abnormal lordosis'', I mean, because everybody has kyphosis and lordosis. As far as instability, you know, maybe ''no symptoms of instability'' would be -- but you can't measure instability there usually on an examination of the spine. So, this is -- it is questionable how valid this physical examination is.

Q. So, you're not really keen on the physical therapist's evaluation, and now you're not keen on the North Hills doctor's evaluation; is that correct?

A. Well, sure, because it's not my evaluation. I mean, you know, I think you have to verify all the stuff yourself. I mean, I'm sure that these physicians are good physicians, and I'm sure that the physical therapist is a good physical therapist. But different people mean different things by their assessments, and it's not how I would term things.

But then again, you know, I'm an orthopedic spine surgeon. So, you know, my knowledge and examination of the area is a lot more specific and a lot -- you know, than someone who is a -- who is a medical doctor who has a scope of practice that's much broader than mine, but not as knowledgeable in the one area of the spine as mine. You know, I would defer to them about, you know, a heart exam, lung exam, all the rest of those things, certainly. I mean, they know more than me about that. But about the spine, not the case.

Q. Does it appear he returns to North Hills on 9/8/2010 and on that date he makes no mention of neck or low back problems?

A. Correct.

Q. Does it appear that he's at the Greenville Memorial Hospital emergency room on September 23rd of 2010?

A. Yes.

Q. And on the second page, they did a review of the system. And did he -- and did he state that he was having no back pain on that date?

A. Yeah, it does. And ''no neck pain'', was that crossed out by you, or was that crossed out -- what was that? Do you see what I mean?

Q. The ''no neck pain'' is still there. It's -- it's

just darkened. We'll talk about his neck in a moment. Right now I want to talk about his low back. Would you agree that, when they reviewed his systems while he was at the hospital on September 23rd, 2010, he told them that he had no back pain?

A. Correct.

Q. And when they did a neurologic exam of his body to see if he had any of that radiating pain, they came back with a negative neurologic review of his systems?

A. Correct.

Q. So, they're finding a gentleman who's saying, ''I have no back pain,'' and they're not finding any evidence of radiation -- of radiating pain going into his legs; is that correct?

A. That is correct.

Q. And then they get more specific on the next page when they're doing a neurologic exam. And would you agree that they find no focal motor deficits, no focal sensory deficits -- I'm sorry. At this point they're dealing in large part with his face. Would you agree that they're finding that his gait is normal?

A. Correct.

Q. Meaning he walks like a normal person?

A. Correct.
Q. And then on the fifth page of this document, does it appear that he arrived ambulatory with a steady gait?
A. Correct.
Q. So, they're finding that he's saying, ''I have no low back pain,'' and they're finding no neurologic symptoms indicating that anything's happening with regard to his low back on that date; is that correct?
A. Right, but they're seeing him for a gouty arthritis attack. Right?
Q. So, you don't think much of the hospital system's doctors, either?
A. No, that's not what I'm saying. I'm saying that his primary complaint was not his back or his leg. It was -- it was a -- it appears to be a gouty arthritis attack in his, maybe, elbow.
Q. And in fact, he's not complaining of low back pain at all. He's saying, ''My back's not giving me pain in the least,'' on that date; is that correct?
A. Let me see.
Q. The second page.
A. No, I understand what your point is with all the review of systems stuff. And you know, what I would

say is that his -- the reason he's being seen is for elbow problems. It's not for back problems.

Q. And he --

A. So, he may -- you know, it's -- you could infer that he's not having any back problems. You could also infer that, you know, he's saying, ''The back's not my problem. It's not the reason I'm here. I'm here for my elbow.'' And so, it's just not something that's being highlighted in the record or significant to his visit at this point. I mean, this is an emergency room record. This isn't a comprehensive, you know, physical examination for general medical status. This is somebody being treated for an elbow problem.

Q. But in his musculoskeletal system, he is saying no back pain; is that correct?

A. Well, they have written down here he's not having any back pain. And you know, to -- you know, how that was put to him or not put to him, I don't know. I mean, it's just -- you know, it looks here in review of systems that he's not having any back pain. Could be that they said, you know, ''Are any of these things bothering you at this time?'' ''No.'' You know, or it could be, you know, ''Is this anything --'' you know, ''Anything here that's

worsened?'' or -- you know, it's hard to know, you know. Again, this isn't my record, so I don't know what it means.

Q. Doctor, does it appear he goes back to the Greenville Memorial Hospital on October 16th of 2010 where his complaint was a pain in his ankle, and they then check his musculoskeletal system yet again and he tells them he has no back pain?

A. Correct.

Q. They then actually exam his low back and they find that he has no tenderness, and that there is no tenderness to palpitation, and that he has a normal inspection; is that correct?

A. That is correct.

Q. And they find his gait to be normal; is that correct?

A. That is correct.

Q. Going to the next document in this set of documents, does it appear that he is at the hospital on this date --

A. This is North Hills Medical Center?

Q. No, that should be GHS.

A. Which date?

Q. I take that back. It's the same date. Going -- continuing with the document dated October 16th,

2010 where he's at the hospital, on page four, did they check his left lower extremity and did the patient deny numbness or tingling and did he have full range of motion?

A. Correct.

Q. Now going to North Hills Medical, does it appear that he went to see them on 3/23/11 and denied any acute back exacerbations?

A. Correct.

Q. Does it appear, Doctor, that I've given you a number of visits to a number of different entities where he is either specifically not complaining of back pain or specifically saying, ''I'm not having back pain,'' from 2009 through 2011?

A. Yeah. You know, so yes, it appears that way. But the setting of the -- of most of these encounters is the emergency room, and the emergency room is very much you're going in to be seen for what's your specific complaint. In this case, elbow pain, or knee pain, or something like that. And to what degree these other areas are assessed, I don't know. Okay? You know, so you'll have to talk to the emergency room doctor, but, you know, it's -- you know, I don't put a lot of validity necessarily in that.

Q. I understand. Anybody who says he's not hurting, you just tend to disagree with?

A. No, I'm saying that the -- you know, you're asking me to interpret emergency room notes, and, you know, I'm not an emergency room physician. I don't know what -- you know, how that was generated. I don't know whether the physician generated that or whether the nurse generated that, you know, what they did to decide that. You know, that's not my area of practice.

Q. Were you aware that this gentleman had a pretty severe trip and fall on 6/21 of 2011?

A. No.

Q. Could that have exacerbated his problem and made that potential for him having surgery that much greater?

MR. MOORHEAD:

I object to the form of the question. There's no basis for that assumption. It may be helpful if you have that record to give it to the doctor and let him review it.

MR. McGARR:

We do, 6/21/2011.

WITNESS:

A. And it was my record, actually. And so, I guess I

was aware because he fell and twisted his left ankle.

EXAMINATION RESUMED BY MR. McGARR:

Q. And if you fall hard enough and you're twisting your left ankle, couldn't that exacerbate a problem with your low back?

A. You know, I suppose. I mean, on the other hand, if it's a ankle injury, it really shouldn't have anything to do with your back.

Q. If you fall after twisting your ankle, are you telling me and the jury that that can't affect your low back?

A. What I'm telling you is is that it probably would not affect your low back. If you injured your ankle, why would it affect your back? I mean --

Q. Because if you've fallen, Doctor, you've fallen.

A. -- it's an ankle injury. Right.

Q. So, is it your testimony that an automobile accident that was insignificant could have resulted in this guy's need for surgery?

MR. MOORHEAD:

Object to the form of the question and the characterization of ''insignificant''.

EXAMINATION RESUMED BY MR. McGARR:

Q. Let me rephrase that. That an automobile accident

where he's not -- where he's not hit, he hasn't hit the ground, could cause a need for surgery to his low back --

A. So, you're telling me that you want me to say that an automobile accident, right, with -- you know, how much does an automobile weigh?

Q. Doctor, let me finish the question, then you answer.

A. Okay.

Q. So, you're willing to say to a reasonable degree of medical certainty that an automobile accident caused this gentleman's need for surgery that has never taken place to date; is that correct?

A. If he had symptoms as a result of the automobile accident that could be attributed to findings in his low back and he didn't have the symptoms to the degree prior to the accident, then causally, it's related to that. And that would be the reason why he would need surgery or the reason why his symptoms were exacerbated to the degree he needed surgery. Now, as far as the question of whether you twisted your ankle and it could hurt your back, I suppose it's possible. I think it's unlikely. Most of the patients we see that twist their ankle or injure their ankle don't have back problems as a result of that. So, it's -- now, if you fell and hurt your

back, certainly you could do that. But if you fell and hurt your ankle, that's not hurting your back. So, that's, you know --

Q. So, it's your testimony that a fall can't exacerbate a low back problem that has been in existence since 1985?

A. Could a fall exacerbate a low back? Sure, it could. Okay? But if you're asking me that, when I saw him and he had left ankle pain as a result of a fall, did that also exacerbate his low back condition, if it says that he was having exacerbation of his low back condition, then he could have. But I don't think it says that. I'd have to look at the note all the way through. So, I -- looks to me like he fell and twisted his ankle and had an ankle injury.

Q. Doctor, going to the last document in this set of documents, does it appear that he was back at the Greenville Memorial emergency room on June 22nd, 2011 where he again makes no mention of low back issues?

A. Well, he was being seen for a left knee and foot problem for two days which he attributes to gout.

Q. But he's not talking at all about his low back anywhere in there, is he?

A. Well, you haven't highlighted anything that says

that he is. It's a fairly long record.

Q. And when they check that left lower extremity, they find that he has no tenderness to palpation, he has full range of motion, and then he has a number of normal exams done to test to see if he's having any radiating pain coming from the low back. And all those tests came back normal?

A. Which tests are those?

Q. They're page three.

A. Okay.

Q. Lower extremity.

A. Right. So, the ones you've highlighted?

Q. No, I highlighted the whole thing. But for example, Murray's?

A. Yeah. So, that's not a test to determine whether there's radiating pain from the low back. Those are -- those are tests to determine -- the Lachman test, the Draw test, the McMurray test, Apley's test, those are all tests to determine whether you have knee instability like a ligamentous injury or whether you have a cartilage tear in your knee. Those are all specific for those findings. It's nothing to do with the low back and radiating pain from the low back. I'm not really sure why those tests would apply to somebody that had knee pain and

a history of swelling with a history of gout. I mean, if you're assessing him for gouty arthropathy, I don't know why you're testing him with a ligamentous exam. I mean, that's generally somebody who's twisted their knee and sustained an injury to their knee. So, again, I mean, this is -- you know, the validity of that examination, to me, is questionable as an orthopedic surgeon. But it's not an orthopedic surgeon that generated this, it's an ER doctor. So, you're asking me to interpret, you know, something from somebody that's not an orthopedic specialist.

Q. Doctor, would you agree that this gentleman had longstanding problems with his low back prior to our automobile accident?

A. Yes.

Q. Would you agree that his MRI findings prior to our automobile accident are essentially identical to the MRI findings that came about after you did an MRI for him after the accident?

A. I think that's true. Although, again, I haven't, you know, seen both those MRI scans. But I certainly think -- I would agree in principle.

Q. I know you completely disagree and don't think much of these doctors that have examined him since you

saw him. But would you agree that there are a number of medical records where he's not complaining of low back pain, not complaining of leg pain, and not -- and actually having normal tests done? I know you don't like their tests. But insofar as their tests, they're coming back normal?

A. Well, I think it's -- I mean, I question whether this was not -- whether this was normal tests or whether this was not the primary complaint. The primary complaint was gout in a lot of these cases, and so that was what was focused on. And we have a long medical record that was generated in an electronic medical records system. I'm not sure what went into generating that record. So, I'm not saying that those tests were accurate or inaccurate. What I'm saying is I didn't perform them, so I don't know.

Q. But --

A. And I didn't see the patient at that time. I don't know.

Q. Let's assume they're accurate.

A. Okay.

Q. What these doctors are saying and these nurses are saying is that he's not complaining of low back pain on a number of occasions since you've seen him and,

when they're testing him, the tests with regard to low back pain are coming back normal?

A. Tests with regard to low back pain?

Q. Yes, where they're testing and he's not having any pain to palpation, he's got full range of motion, those types of things.

A. Okay. By the records, yes, I would agree with that.

Q. So, based on those records, if they're accurate and if these people are actually competent, he's not having consistent day-in/day-out low back problems that are radiating into his legs?

A. By those records, no.

Q. And that would mean that his post-accident condition is essentially identical to his pre-accident condition because sometimes he has low back problems and sometimes he doesn't, if these --

A. That, I don't know.

Q. If these doctors are accurate, I understand.

A. Well, I think that -- I think that, again, you're taking the patient in different context, being seen by different providers for different chief complaints. And so, you really can't say. I mean, you know, you have to -- you know, in order for you to make that determination, you'd like to see him seen by the same person who does the same

examination, asks the same questions, and see him, you know, for the same problems. What you have here is a plethora of medical records sometimes in the emergency room where he's being seen for some acute problem that's not his low back complaint at that point, or by medical doctors who are treating him for a variety of medical conditions that he also has. And so, you know, to try to, you know, then say, well, you know, that this clearly shows that, it doesn't clearly show it. It just shows that, you know, potentially that wasn't the focus of the visit. So, you know, it may not have been explored or commented on to the degree that it would have been commented on if he was being seen for those complaints.

VIDEOGRAPHER:

This marks the end of video number one. We're off the record at 10:50 a.m.

(OFF THE RECORD)

VIDEOGRAPHER:

This is video number two. We're on the record at 10:54 a.m.

EXAMINATION RESUMED BY MR. MCGARR:

Q. Doctor, this should go a bit more quickly because we're going to be covering some records we've

already talked about. Again, the first document in this set of documents is the EMS report from the date of the accident. Would you agree that that EMS report indicates that Mr. Dawkins was not complaining of neck pain while with EMS?

A. Yes.

Q. Then --

A. We've already looked at that record, haven't we?

Q. That's what I'm saying. We're moving --

A. So, we're going again? All right.

Q. Well, now we're doing neck. I'm sorry.

A. Okay, right. Is that going to take another hour? Because again, I have a patient -- a clinic full of patients. Okay? I want to get this on the record. This was supposed to be an hour deposition. I don't know how long it's gone. But these questions are circular, we're going over the same things over and over again. You're asking me to interpret other physicians, other -- you know, physical therapy notes, things like that that are not things that I have done, things that I had -- that have -- you know, that are part of my assessment. And so, you know, I find this very tedious and questionable to why I'm being asked to do this. You know, it's -- you know, you guys are lawyers, so I guess it's for

you to decide. But you know, it certainly isn't right for the twenty patients that I have out there that are waiting for me.

Q. Doctor, let's just make sure that we clarify a few things. We were supposed to start this deposition at 8:00 this morning; is that correct?

A. That's correct, and I was on call last night. Okay? And so, you know, I have other responsibilities than to sit in a three hour deposition with you all. And my primary responsibility is to patients, and not to go over other providers' notes with you and try to explain them to you. Okay? You know, that's not my responsibility. Okay? You should be asking those providers about their notes, not me. Okay?

Q. Yes, Doctor. But my point is that you're acting as if we started at 8:00, when we didn't. We actually started at about 9:30.

A. Right, and it was supposed to be an hour deposition. And we didn't -- well, we started about 9:15. It was supposed to be an hour deposition, and we're well over an hour. And we're starting now another tape, and now we're starting with the neck after having spent an hour and a half on the back. That's another hour and a half. So, you know, let's move forward. Okay? But please try to get through it

and try not to -- okay.

Q. Thank you, Doctor. And you would agree, to shortcut things, that he was sent to physical therapy initially because of a low back problem and a left shoulder issue; is that correct?

A. Correct.

Q. Not a neck issue? And I know you don't think much of the physical therapist. But going to the physical therapist --

A. Actually, I think a lot of the physical therapist, but they're not my notes. So, they're their notes. And so, again you're asking me to interpret their notes. You should be asking them to interpret their notes and tell you what they meant, not me.

Q. Okay. Doctor, you consistently have to interpret physical therapy notes when you send people to physical therapists because they send you their summaries to tell you what they've been doing, don't you?

A. I look at their notes to see whether they've made progress on what I've asked them to treat. Okay? Now, as far as what their assessments are, I generally don't look at them much. Okay? I've made my own assessment. Again, if they have made an assessment and I feel that I need to either verify

it or reassess it myself, I'll do that. But it's not my assessment. It's their assessment.

Q. But it's not unfamiliar territory for you to be reviewing physical therapy's -- physical therapist's notes because, if you referred them to them, you'll be reviewing those notes at some point; is that correct?

A. I do review their notes.

Q. And it's not uncommon for you to be reviewing MRI's that you didn't order yourself, that someone else ordered?

A. Correct.

Q. And it's not uncommon for you to see emergency room records because people come from the emergency room and come see you?

A. Correct.

Q. So, the things I've shown you aren't something that you've never seen before and haven't had to deal with before. By the very nature of what you do for a living, you have to look at those documents; isn't that correct?

A. Yeah, but it generally goes like this, you know: ''I was seen in the emergency room because I hurt my ankle.'' ''Okay, let's look at your ankle.'' Okay? Now, do I go back and look at the emergency room

doctor's assessment, generally not. Okay? I know they've been seen in the emergency room because they've hurt their ankle. I'm going to make my own assessment. Okay?

Q. Yes, sir.

A. I don't rely on their assessment. If I had to rely -- I mean, if I relied on their assessment, why do they need to see me in the first place at all? Right?

Q. Yes, sir. Well, going back to the physical therapy, he was sent to physical therapy not for neck pain, but because of left shoulder pain and low back pain initially; is that correct?

A. That's correct.

Q. And when he went to the physical therapist on November 19th, 2008, would you agree that the physical therapist assessed his left shoulder, and her assessment was, ''Assessment of joint complex above and below the shoulder demonstrated no abnormal findings and all appropriate tests were negative,'' meaning normal; is that correct? On page two of that document.

A. Yeah, so I don't know what they mean by that.

Q. Okay. And going to page five of that document, again that physical therapist notes, ''Patient's

symptoms are not consistent with any form of appropriate referral pattern and are scattered from the lower extremity to the upper extremity''?

A. That's what they've written.

Q. And quickly, on November 21, 2008, he cancels a physical therapy appointment?

A. Right.

Q. December 3rd, 2008, he cancels a physical therapy appointment?

A. That's correct.

Q. On December 10, 2008, he is not complying with his home therapy program?

A. Correct. These are the same notes we reviewed already, right?

Q. Right.

A. Okay.

Q. On December 16th of 2008, he canceled a physical therapy appointment?

A. Correct.

Q. And he was then discharged on January 20th of 2009 for non-compliance?

A. Correct.

Q. Again, quickly going through notes we've done before, but this is because we're dealing with the neck. He then gets clearance to have neck surgery

on 5/26 of 2009; is that correct?
A. Correct.
Q. And he didn't choose to do neck surgery in 2009; is that correct?
A. That's correct.
Q. Didn't choose to do neck surgery in 2010?
A. That's correct.
Q. Didn't choose to do neck surgery in 2011?
A. Correct.
Q. Will not be doing neck surgery in 2012?
A. I would assume not.
Q. And has not scheduled surgery for 2013, has he?
A. Correct?
Q. Going to the next document, and this is your document dated 9/29/2009, would you agree that, on that date, you had noted that his -- ''He intermittently has numbness in his fingers, but that has actually improved compared with previously''?
A. 9/9/2009?
Q. Yes, sir.
A. Okay. Correct.
Q. And when you checked his musculoskeletal system on that date, you found no joint swelling, his muscles weren't aching, joint pain was not in existence, multiple -- pain in multiple joints was not in

existence, and he had no weakness?
A. That's a review of systems that's completed by the patient. So, that's not -- that's not my checking him. That's a self report done by the patient.
Q. So, the patient on that date is reporting he doesn't have joint swelling, he doesn't have muscle aches, he doesn't have joint pain, doesn't have pain in multiple joints, and has no weakness; is that correct?
A. That's correct.
Q. So, that was done on 9/9 of 2009; is that correct?
A. That's correct.
Q. And then when you checked him, his general appearance was that he was in no acute distress?
A. Correct.
Q. And his motor strength in both his arms and his legs was a five of five, which is a normal finding; is that correct?
A. That's correct.
Q. Going to the next document in that set of documents that's dated 10/23 of '09 is with North Hills Medical Center?
A. That's correct.
Q. Again, he -- does he present today for a follow up for his numerous medical problems and he was feeling

much better on that date?

A. Yeah. Again, we've been through this record again before. But for his numerous medical problems, he feels much better. That's correct.

Q. You can disregard the 12/14/09 document. Does it appear on 3/1/2010 that his neck was examined and they found full range of motion, normal rotation, no instability, and I'm -- you have to assume they're saying no abnormal kyphosis and no abnormal lordosis because everybody has a curve in their spine. They're just saying that it's not abnormal.

MR. MOORHEAD:

Objection.

WITNESS:

A. Well, again, I mean, this isn't specific to the neck. It just says spine, ribs, and pelvis. This is -- this is not very specific. And again, I -- you know, it doesn't say ''no abnormal kyphosis''. It just says ''no kyphosis or lordosis''. So, I'm just reading back what it says. That's just not a valid characterization of somebody's spine.

EXAMINATION RESUMED BY MR. MCGARR:

Q. We know you don't like these records. Going to the next document, this is a Greenville Hospital document dated September 23rd, 2010. On that date,

would you agree that he's not presenting with regard to neck problems?

A. That's correct.

Q. And on the second page, he's actually specifically saying, ''I'm not having neck pain''?

A. That's correct.

Q. Going to the next document in that set of documents, this would be dated October 16th, 2010. Would you agree that he's back at the Greenville Hospital emergency room?

A. That's correct.

Q. And he's not complaining of neck problems on that date?

A. No, he's not.

Q. And on the second page, they checked his neck and he had normal range of motion?

A. That's correct.

Q. They then checked his upper extremities and the inspection was normal and he had normal range of motion?

A. Correct.

Q. Upper extremities would be moving those arms around to see if there's any radiating pain or if he can't get his shoulder -- let's say a rotator cuff tear. That's -- that's what that examination's for; is

that correct?
A. Well, I would assume, since he's being seen for an elbow problem, it would be his elbow.
Q. Then you saw him on 6/21 of 2011; is that correct? The next document.
A. Yes.
Q. And when you saw him on that date, that was where he tripped and fell?
A. Yes.
Q. And on the third page of that document, would you agree that he told you he was not having significant neck pain at that time?
A. Yes.
Q. And then he's back at the hospital on January -- on June 22nd, 2011 where he's specifically not complaining of neck problems?
A. Well, he's not complaining of neck pain. I mean, so there's a difference -- you know, he's -- you know, the concern with him is that he -- is that he has symptoms of myelopathy, which could be with neck pain or without neck pain. It has to do with spinal cord compression and loss of function of your extremities due to spinal cord dysfunction. It's really -- you know, whether you have neck pain or not with that, you know, it does not really mean

that there's not -- that he wasn't having neck problems. Myelopathy is something that a lot of times exists without neck pain. So, to try to -- you know, to characterize him not having neck pain and say he's not having neck problems is inaccurate. He's having neck problems. He has myelopathy. That's attributable to the finding in his neck. Not having neck pain, sure. But not having neck problems, no, it's not -- that's not accurate.

Q. Can you go with me to page three of that document --

A. Sure.

Q. -- where they actually did an inspection of his neck?

A. We're on my note in June?

Q. No, sir, this is where he's at the hospital.

A. Hospital, okay.

Q. On June 22nd, 2011.

A. Okay.

Q. He didn't present to the hospital with neck pain or myelopathy, did he?

A. He didn't present to the hospital with neck pain. I don't know if they tested him for myelopathy or not. I mean, he's -- he's being seen for pain and swelling in his knee and foot. That's what their -- you know, emergency room focuses on the problem that

the patient comes in with. They're not seeing him for his neck. They probably didn't test him for myelopathy. You know, I'm not sure that, unless it was profound myelopathy, that they would -- that's not something that's generally going to be in their scope of practice to tease out in a patient. It's just -- that's not what they do. I mean, that's what I do.

Q. And would you agree, on page three of that document, they did inspect his neck and they found that he had normal range of motion?

A. Correct.

Q. And then they inspected or checked out his upper extremities, which would be his arms, and they found that his inspection was normal and he had normal range of motion?

A. Correct.

Q. So, if there was something significant going on with that neck, that should have evoked a pain response, and if he was having radiating pain into the arms, that should have evoked a pain response --

A. No, this is such a generalized, you know, normal thing. This really doesn't mean much at all. I mean, inspection normal. You know, it doesn't say what was tested and what wasn't tested. I mean,

that's just -- you know, to look at that and say that that thereby signifies that the patient wasn't having myelopathy just isn't true. I mean, you know, you have to do specific tests. Just like that examination you questioned me about on the last videotape - Apley's test, McMurray's test, Lachman's test - those are all specifically looking at knee instability and/or signs of cartilage or meniscal tear in the knee. Those tests specifically being normal would indicate that those problems most likely aren't present. If you're going to look at somebody's upper extremities and say inspection normal and say that indicates there's not myelopathy, no, it doesn't. It just indicates that they probably didn't test those things. So, and there's a -- and just like with the knee, there's several tests that we would test for whether somebody's manifesting signs of myelopathy. And none of those appear to have been tested, so we can't say they weren't there. You just say, you know, they just weren't tested.

MR. McGARR:

All right. Thank you, Doctor.

RE-EXAMINATION BY MR. MOORHEAD:

Q. Doctor, I'm going to be very brief. I'm very

mindful of your need to get to your patients. Are you aware that Mr. Dawkins doesn't have any way of paying for the surgery at this point?

A. Yes, I am. Although, I'm not sure when I became aware of that, but I think it's been through, I guess, correspondence with -- I don't even know who she is, but someone that's sort of delineating costs on how much it would cost.

Q. All right, sir. Now, a couple of things on the EMS report on the date of the accident. And I'll hand this to you. This is the EMS report. Do you know what an LBB collar immobilization would be?

A. Can I see it?

Q. Yeah, it's on page two of that document that Mr. McGarr referred to.

A. I would -- I don't know, but I think it's probably a backboard, something backboard. But -- just because, when somebody gets transported from the scene of a motor vehicle collision, there are precautions in general and a lot of times they'll be transported on a backboard --

Q. All right, sir.

A. -- one of those wooden boards in a collar. And that's fairly standard procedure, so I assume that's what that is.

Q. All right, sir. Let me show you the emergency room record of the date of the accident and what Mr. Dawkins was complaining of. At the bottom of page one in bold, does it read, ''Historian reports back pain''? Down at the bottom of that page in bold black.

A. Yes.

Q. All right, sir. And go to the next page, if you would, unless you have some other comment about page --

A. Well, I mean, again, that's in the review of systems that the other attorney, we were kind of going through that before. And you know, review of systems may mean that that's an acute symptom, it may mean it's a chronic symptom. I mean, you know, it's just not specific enough to know.

Q. All right, sir. Look at the second page. Was there a presentation or clinical assessment there done about the middle of the way down where he reports about pain on palpation to the spine?

A. Yes.

Q. So, that's in the record as well as what Mr. McGarr referred to?

A. Correct.

Q. And that's on the date of the accident, or

immediately after the accident?

A. Okay.

Q. Okay. All right, sir. Now, are you the only orthopedic surgeon who has treated Mr. Dawkins for his neck and back problems since the accident of September of 2008, to the best of your knowledge?

A. Well, I think Dr. Geary has in the -- in that he saw him and, I believe, referred him to physical therapy, and the physical therapy probably consisted of some therapy for his back complaints. I guess you could say Dr. Geary's treated him as well. Although, you know, Dr. Geary's not a spine specialist orthopedics. I mean, so he --

Q. All right, sir.

A. -- didn't continue to treat him. He referred him to me.

Q. Well, from March the 11th of 2009 up until the present year, you've been the only orthopedic surgeon who's been assessing his neck and his low back problems?

A. As far as I know.

Q. Okay. And in your opinion, he needs surgery both on his neck and on his back?

A. Yes. Well, I think that, in my opinion, he needs surgery on his neck because he's developing

something called myelopathy, which is generally something that can be progressive and cause debilitation and can, at some point, not be recoverable and is concerning. As far as his low back is concerned, I think it depends on his symptomatic level and how he's doing functionally with that. So, you know, I think he needs surgery on his neck. I think that he may benefit from surgery on his low back, but it's more of an elective situation, you know, ''Do I live with the symptoms I have? Do I have surgery to try to remedy the symptoms to a certain degree?'' That's the choice for the low back. For the -- for the neck, it appears that he's developing some signs of myelopathy, some gait instability, some problems with some finger and hand dexterity. And that's in some of the later notes that I've done that -- and that's more of a situation that he should probably have that surgery.

Q. All right, sir.

A. Although, again, I haven't seen him since February of this year. So, you know, reassessing him and determining has that progressed, has it not, are the findings still there, is a necessary thing to determine that.

Q. All right, sir. And based on your last examination, it's more likely than not that he'll need both the neck and the low back surgery?

A. Correct.

Q. And the causative factor immediately precipitating that need was this automobile accident we're here about?

A. Correct.

MR. MOORHEAD:

All right. That's all I have. Thank you.

RE-EXAMINATION BY MR. MCGARR:

Q. I've got two follow ups. Are you aware that this gentleman is on Social Security disability?

A. No. Well, I mean, I guess I was aware he was on chronic disability. So, the nature of the -- right. I mean, I didn't know it was Social Security disability.

Q. And are you aware that he's either on Medicare or Medicaid?

A. No, not -- but again, you know, it's probably in my records. So, I think if I looked it up, you know, I certainly -- I mean, it's probably accessible to me, but I don't generally look at that particular thing.

Q. So, the statement that says that he can't afford this surgery is not accurate? He has the ability to

pay for this surgery because it's paid for by the government?

A. So, that makes sense to me. To the degree to what it would be paid for, I don't know. You know, we -- you know, if it's fully covered, partially covered, uncovered, I don't know because, you know, again, it's --

Q. I do, and it's paid for.

A. Okay.

MR. MOORHEAD:

I object to the form of the question.

WITNESS:

A. Because you know, this is something I don't know. I mean, I don't --

MR. MOORHEAD:

And I object to it and move to strike because, number one, it's a collateral source. Number two, it would be Medicare, not Social Security disability. And number three, if Medicare pays, they get their money back. So, but I object and move to strike, and that's all I have.

RE-EXAMINATION RESUMED BY MR. McGARR:

Q. That's okay. I don't know who told you --

A. I don't understand all that, so --

Q. It's okay. It's fine. I just -- you had been --

someone had asserted to you they couldn't do the surgery because they couldn't afford it, so that's why I had to ask the question.

A. No, I understand.

MR. McGARR:

We're done.

MR. MOORHEAD:

Yeah, we're done.

VIDEOGRAPHER:

This concludes the deposition of Dr. McHenry. Off the record at 11:16 a.m.

(There being no further questions, the deposition was concluded at 11:16 a.m.).

CERTIFICATE

I, the undersigned, Lisa M. Nowell, Notary Public in and for the State of South Carolina, do hereby certify that the foregoing deposition was taken on the 26th day of September, 2012;

That the within deponent was sworn to tell the truth and that the foregoing is an accurate transcription of the testimony taken under oath;

I further certify that I am neither Counsel nor Solicitor to any of the parties in said suit, nor interested in the event of the cause.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 11th day of October, 2012.

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Lisa M. Nowell

NOTARY PUBLIC FOR SOUTH CAROLINA

MY COMMISSION EXPIRES 11/24/2013.