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THE STATE OF SOUTH CAROLINA
In The Court of Appeals

APPEAL FROM THE WORKERS COMPENSATION COMMISSION
Susan S. Barden, Commissioner
T. Scott Beck, Commissioner
Melody James, Commissioner

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SC Court of Appeals

WCC File No. 1505905

Appellate Case No. 2016-002486

Jeffrey Miller, Employee, Claimant, Respondent

v.

Alice Manufacturing Co. and Great American Alliance Insurance Company, Appellants

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RECORD ON APPEAL

March 16th, 2017

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BEFORE THE SOUTH CAROLINA
WORKERS' COMPENSATION COMMISSION
WCC FILE No. 1505905

JEFFREY MILLER Employee/Claimant	)	
vs.	)	
ALICE MANUFACTURING CO.	)	**APPELLATE PANEL DECISION AND ORDER**
and	)	
GREAT AMERICAN ALLIANCE INSURANCE COMPANY,	)	
Defendants	)	

Appellate Panel Review held in Columbia, South Carolina, on September 19,, 2016, per notices timely and properly served upon all parties of interest.

Appellate Panel Decision and Order filed:

November 15th, 2016

APPEARANCES:

Claimant represented by Mitchell K. Byrd, Jr., Esquire of Greenville, South Carolina.

Defendants represented by E. Ros Huff, Jr., Esquire of Greenville, South Carolina.

STATEMENT OF THE CASE

This claim came before the Honorable Gene McCaskill on January 26, 2016 by way of Claimant's Form 50 hearing request. At the original hearing, Claimant alleged injury to his right upper extremity, right shoulder, right hand and neck as a result of an accident arising out of and in the course of his employment with Defendants on 02/25/2015. He contended that he is entitled to past due TTD benefits from 4/20/2015 to the present, and continuing forward until such time as benefits can be properly terminated. He contended that he is in need of further medical treatment for his injuries and that he is not at maximum medical improvement. Defendants contended that Claimant suffered no injury by accident while working for the employer. Defendants contended Claimant lacked credibility. They objected to certain evidence in the APA's and continued to deny the claim. On June 1, 2016, the Hearing Commissioner issued a Decision and Order, which is hereby incorporated as if reproduced verbatim herein. The Hearing Commissioner's Decision and Order contained the following Finding of Facts:

1. The Claimant alleges injuries to his right upper extremity, right shoulder, right hand and neck arising out of and in the course and scope of his employment on or about 3/17/2015 when he pulled "something" in his arm. He so testified.
2. The Defendants deny the claim.
3. The Defendants have not provided any medical care or treatment.
4. The Claimant was terminated by the Employer. This is based on the testimony of the witnesses and the evidence in the record as a whole.
5. I found the Claimant to be very credible. It was clear that the Claimant has a limited communication skill set. He testified that while he can read and write, he

has trouble spelling and reads slowly. His speech was stilted and he spoke in a staccato pattern. He was clearly nervous and had some difficulty verbalizing his responses to questions. That being said, I found him to be candid and truthful. I did not find any intent on behalf of Claimant to be deceptive. This finding of fact is based on the testimony of the Claimant and the observations of the Undersigned.

6. The Claimant has treated on his own with Dr. Dwight Jacobus. This finding of fact is based on the medical records and the testimony of the Claimant.
7. Dr. Jacobus completed a questionnaire which is part of the record. In that questionnaire, Dr. Jacobus agrees with the statement that the Claimant sustained a work-related injury on 03/17/15. He also agrees that the Claimant's injuries to his right arm, right shoulder, and neck are causally related to his work accident of 03/17/15. This finding of fact is based on the medical records, specifically APA #1.
8. Dr. Jacobus also opines that the Claimant has been unable to work since his work-related accident on 03/17/15 and is not at MMI. Both of these statements are written answers provided by Dr. Jacobus. He also indicates that he was given the opportunity to add or redact anything he wished from the questionnaire. This finding of fact is based on the medical records, specifically APA #1.
9. There are some inconsistencies in the record as to the timeline. I do not find those inconsistencies are significant enough to void the claim. This finding of fact is based on the medical records, the testimony of the witnesses, and the evidence in the record as a whole.

10. Kimberly LeCroy, the Claimant's supervisor, testified that she did not have an immediate conversation with the Claimant about his alleged 03/17/15 accident. She testified that Claimant told her he wasn't sure if it happened at work or at home. This finding of fact is based on the testimony of Ms. LeCroy.

11. Ms. LeCroy did not bring any documents to the hearing. The Claimant's employment file was not entered into evidence. This finding of fact is based on the testimony of Ms. LeCroy and the record as a whole.

12. The Claimant suffered a work-related accident, resulting in injury, on or about 03/17/15. We must be mindful that workers do not live in our world of workers' compensation parlance nor do they grasp that specific descriptions and chronology have the importance that attaches in workers' compensation. That being said, just because a worker does not have the vocabulary or specificity of recall we seek does not void their case if they can present a prima facie case which can be proved compensable by a preponderance of the evidence. That is the case here. This finding of fact is based on the testimony of the witnesses, including the Claimant, the medical records, and the evidence in the record as a whole.

13. When the evidence is viewed as a whole, I find that the Claimant suffered an injury by accident to his neck and right upper extremity, to include his right shoulder, right arm, and right hand, on or about 3/17/15 while working for Defendants. There is no medical evidence in the record to contradict this. This finding of fact is based on the testimony of the Claimant and the medical record.

14. The Claimant is not at MMI. This finding of fact is based on the testimony of the Claimant and the medical records.
15. Claimant is entitled to payment for past causally related medical bills incurred as well as additional, continued medical care and treatment for his injuries. This finding of fact is based on the testimony of the Claimant and the medical records.
16. Dr. Jacobus is to be the Claimant's authorized treating physician. The Claimant is entitled to medical care and treatment – including imaging – as directed by Dr. Jacobus.
17. As to TTD, the Claimant was given a light duty note. There is no evidence or testimony that light duty was offered. The Claimant was terminated. He was also written out of work by Dr. Jacobus. This finding of fact is based on the medical records, the testimony of the witnesses, and the evidence in the record as a whole.
18. The Claimant is entitled to TTD from 04/20/15 to the present and continuing. This finding of fact is based on the medical records, the testimony of the witnesses, and the evidence in the record as a whole.
19. The Claimant's testimony is substantially consistent with the medical evidence in this case. The Claimant has no recall as to some dates and has some difficulty verbalizing the specifics of the mechanism of injury. This finding of fact is based on the testimony of the Claimant, the medical records, and the observations of the Undersigned.
20. All other issues are held in abeyance.

The Hearing Commissioner's Decision and Order further contained the following Conclusions of Law:

1. Under § 42-1-130, Claimant was a covered employee at the time in question; and under § 42-1-140, Defendant/Employer was a covered employer under the Act.

2. Under § 42-1-160, Claimant sustained an injury by accident, arising out of and in the course of his employment, to his neck, right shoulder, right arm, and right hand on or about March 17, 2015.

3. Under § 42-15-60, Martin v. Rapid Plumbing, 369 SC 278 (Ct App 2006), and Hall v. United Rentals, Inc., 371 SC 369 (Ct App 2006), Claimant is entitled to causally related medical treatment for his injuries at the direction of Dr. Dwight Jacobus.

4. Under § 42-9-10, Claimant is entitled to temporary total disability payments at his compensation rate, beginning April 20, 2015 through the present and continuing until such time as those benefits can be properly and lawfully terminated or suspended.

Defendants timely filed a Form 30, Request for Full Commission Review, and a Review Hearing with oral argument took place before the Uundersigned Appellate Panel Commissioners on September 19, 2016, in Columbia, South Carolina. The Appellate Panel hereby affirms the Decision and Order of the Single Commissioner, in its entirety, with amendments, and makes the following Findings of Fact and Conclusions of Law:

FINDINGS OF FACT

Based upon the documentary evidence submitted by the respective parties, pursuant to the Administrative Procedures Act, and the Commission's file relative to this claim, WE, THE APPELLATE PANEL, FIND THE FOLLOWING AS FACT:

1. The Claimant alleges injuries to his right upper extremity, right shoulder, right hand and neck arising out of and in the course and scope of his employment on or about 3/17/2015 when he pulled "something" in his arm. He so testified.
2. The Defendants deny the claim.
3. The Defendants have not provided any medical care or treatment.
4. The Claimant was terminated by the Employer. This is based on the testimony of the witnesses and the evidence in the record as a whole.
5. The Commission finds the Claimant to be very credible. It was clear that the Claimant has a limited communication skill set. He testified that while he can read and write, he has trouble spelling and reads slowly. His speech was stilted and he spoke in a staccato pattern. He was clearly nervous and had some difficulty verbalizing his responses to questions. That being said, Claimant was candid and truthful. There was no intent on behalf of Claimant to be deceptive. This finding of fact is based on the testimony of the Claimant and the observations of the Hearing Commissioner.
6. The Claimant has treated on his own with Dr. Dwight Jacobus. This finding of fact is based on the medical records and the testimony of the Claimant.
7. Dr. Jacobus completed a questionnaire which is part of the record. In that questionnaire, Dr. Jacobus agrees with the statement that the Claimant sustained a work-related injury on 03/17/15. He also agrees that the Claimant's injuries to his right arm, right shoulder, and neck are causally related to his work accident of 03/17/15. This finding of fact is based on the medical records, specifically APA #1.

8. Dr. Jacobus also opines that the Claimant has been unable to work since his work-related accident on 03/17/15 and is not at MMI. Both of these statements are written answers provided by Dr. Jacobus. He also indicates that he was given the opportunity to add or redact anything he wished from the questionnaire. This finding of fact is based on the medical records, specifically APA #1.

9. There are some inconsistencies in the record as to the timeline. Those inconsistencies are not significant enough to void the claim. This finding of fact is based on the medical records, the testimony of the witnesses, and the evidence in the record as a whole.

10. Kimberly LeCroy, the Claimant's supervisor, testified that she did not have an immediate conversation with the Claimant about his alleged 03/17/15 accident. She testified that Claimant told her he wasn't sure if it happened at work or at home. This finding of fact is based on the testimony of Ms. LeCroy.

11. Ms. LeCroy did not bring any documents to the hearing. The Claimant's employment file was not entered into evidence. This finding of fact is based on the testimony of Ms. LeCroy and the record as a whole.

12. The Claimant suffered a work-related accident, resulting in injury, on or about 03/17/15. We must be mindful that workers do not live in our world of workers' compensation parlance nor do they grasp that specific descriptions and chronology have the importance that attaches in workers' compensation. That being said, just because a worker does not have the vocabulary or specificity of recall we seek does not void their case if they can present a prima facie case which can be proved compensable by a preponderance of the evidence. That is

the case here. This finding of fact is based on the testimony of the witnesses, including the Claimant, the medical records, and the evidence in the record as a whole.

13. When the evidence is viewed as a whole, it is found that the Claimant suffered an injury by accident to his neck and right upper extremity, to include his right shoulder, right arm, and right hand, on or about 3/17/15 while working for Defendants. There is no medical evidence in the record to contradict this. This finding of fact is based on the testimony of the Claimant and the medical record.
14. The Claimant is not at MMI. This finding of fact is based on the testimony of the Claimant and the medical records.
15. Claimant is entitled to payment for past causally related medical bills incurred as well as additional, continued medical care and treatment for his injuries. This finding of fact is based on the testimony of the Claimant and the medical records.
16. Dr. Jacobus is to be the Claimant's authorized treating physician. The Claimant is entitled to medical care and treatment – including imaging – as directed by Dr. Jacobus.
17. As to TTD, the Claimant was given a light duty note. There is no evidence or testimony that light duty was offered. The Claimant was terminated. He was also written out of work by Dr. Jacobus. This finding of fact is based on the medical records, the testimony of the witnesses, and the evidence in the record as a whole.
18. The Claimant is entitled to TTD from 04/20/15 to the present and continuing. This finding of fact is based on the medical records, the testimony of the witnesses, and the evidence in the record as a whole.

19. The Claimant's testimony is substantially consistent with the medical evidence in this case. The Claimant has no recall as to some dates and has some difficulty verbalizing the specifics of the mechanism of injury. This finding of fact is based on the testimony of the Claimant, the medical records, and the observations of the Hearing Commissioner.

20. All other issues are held in abeyance.

CONCLUSIONS OF LAW

IN VIEW of the above Findings of Fact by the Appellate Panel, accordingly, as provided in § 42-17-40, SC Code Ann. (1976), as amended, it is the determination of this Commission that:

5. Under § 42-1-130, Claimant was a covered employee at the time in question; and under § 42-1-140, Defendant/Employer was a covered employer under the Act.

6. Under § 42-1-160, Claimant sustained an injury by accident, arising out of and in the course of his employment, to his neck, right shoulder, right arm, and right hand on or about March 17, 2015.

7. Under § 42-15-60, Martin v. Rapid Plumbing, 369 SC 278 (Ct App 2006), and Hall v. United Rentals, Inc., 371 SC 369 (Ct App 2006), Claimant is entitled to causally related medical treatment for his injuries at the direction of Dr. Dwight Jacobus.

8. Under § 42-9-10, Claimant is entitled to temporary total disability payments at his compensation rate, beginning April 20, 2015 through the present and continuing until such time as those benefits can be properly and lawfully terminated or suspended.

ORDER/AWARD

Based upon the above Findings of Fact and Conclusions of Law, as well as the evidence in the record as a whole:

IT IS HEREBY ORDERED that Defendants shall pay Claimant temporary total disability benefits from April 20, 2015, through the present and continuing.

IT IS ALSO ORDERED that Defendants shall provide Claimant causally related medical treatment for his work related injuries at the direction of Dr. Dwight Jacobus.

No hearing costs are assessed in this instance.

IT IS SO ORDERED.

SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

Susan Barden, Appellate Panel, CHAIR

T. Scott Beck, Appellate Panel

Melody James, Appellate Panel

CERTIFICATE OF SERVICE

This is to certify that the undersigned has on this date served a copy of this order in the above entitled action upon all parties to this case by sending an electronic copy hereof by electronic mail addressed to the attorneys for said parties; or if there is an unrepresented party(ies), by depositing a copy hereof, postage paid in the United States mail, first class, addressed to the unrepresented party(ies) and to the attorney(s) for the represented party(ies).

By Kim Falls on November 15, 2016

BEFORE THE SOUTH CAROLINA
WORKERS' COMPENSATION COMMISSION
WCC FILE No. 1505905

JEFFREY MILLER Employee/Claimant	)	
vs.	)	
ALICE MANUFACTURING CO.	)	**DECISION AND ORDER**
and	)	
GREAT AMERICAN ALLIANCE INSURANCE COMPANY,	)	
Defendants	)	

DATE OF HEARING:	Hearing held in Greenville, SC on January 26, 2016
APPEARANCES:	Claimant appeared and represented by Monty D. Desai., Esquire of Greenville, South Carolina. Defendants represented by E. Ros Huff, Jr., Esquire of Greenville, South Carolina.
PURPOSE OF THE HEARING:	To determine all issues as set forth on the Forms 50 and 51.
COMMISSIONER:	Commissioner Gene McCaskill
FILED:	June 1, 2016

STIPULATIONS

The parties stipulated at the hearing to the following:

1. Notice of the hearing was timely and properly served upon all parties of interest.
2. The South Carolina Workers' Compensation Commission has jurisdiction over this claim.
3. Venue is proper in Greenville County.
4. Claimant's average weekly wage is $421.00 with a corresponding compensation rate of $280.68.

Without objection, the Commission's file was made a part of the record in this matter with the exception of any self-serving declaration or unstipulated medical reports.

APA SUBMISSIONS

Pursuant to the South Carolina Administrative Procedures Act and Regulations of the South Carolina Workers' Compensation Commission, the following records and documents were submitted into evidence.

1. Questionnaire from Dr. Jacobus, dated 01/11/2015, pages 1-2
2. Oaktree Medical Center, dated 09/04/2015 – 12/29/2015, pages 3-28.
3. Carolina Neurology Associates, dated 09/01/2015, pages 29-31.
4. Palmetto Proactive Healthcare, dated 06/03/2015 – 07/06/2015, pages 32-38.
5. Upstate Bone and Joint, dated 05/13/2015, page 39-53.
6. Easley Family Practice, dated 04/20/2015 – 05/26/2015, pages 54-77.
7. Palmetto Health Baptist Easley, dated 12/31/2003 – 5/10/2015, pages 78-234.

STATEMENT OF THE CASE

This hearing came before the Undersigned on January 26, 2016 by way of Claimant's Form 50 hearing request. At the hearing, Claimant alleged injury to his right upper extremity, right shoulder, right hand and neck as a result of an accident arising out of and in the course of his employment with Defendants on 02/25/2015. He contended that he is entitled to past due TTD benefits from 4/20/2015 to the present, and continuing forward until such time as benefits can be properly terminated. He contended that he is in need of further medical treatment for his injuries and that he is not at maximum medical improvement. Defendants contended that Claimant suffered no injury by accident while working for the employer. Defendants contended Claimant lacked credibility. They objected to certain evidence in the APA's and continued to deny the claim.

EVIDENCE OF THE CASE

CLAIMANT'S TESTIMONY

Claimant testified that he is 43 years old and lives with his wife. He has four daughters. He is right hand dominant. His last grade completed in school was the seventh grade. He testified that he cannot read and write well, but can slowly read a newspaper. (Transcript p. 10-11) His wife handles the family finances. He was in "pretty good" health before his work injury. (Transcript p. 12)

Claimant described his work history. He worked in several mills and plants before spending about 20 years working in the logging business, cutting trees and driving a tractor. (Transcript p. 13-14) After his employer passed away, he hauled scrap metal until he got a job for the Employer at Ellison Mill, doffing cloth. (Transcript p. 16) He used a jack to move very large rolls of cloth and then unload them. (Transcript p. 18-19) He then

moved to "warp rack hanging." He was moving 4500 to 5000 pound rolls of cloth. It was a better, higher paying job. He used a motorized jack to load and unload cloth and cloth waste. (Transcript p. 19-21)

Claimant testified that he told Dr. Jacobus that he was pulling 5000 to 6000 pounds of cloth with a partner. It was a "rough job." (Transcript p. 23-24) On the date of the injury, Claimant and Scott Raymond were pulling off the warp and something popped in his arm, and his whole arm started burning. (Transcript p. 24) He noticed his arm was swelling up. He went to see the mill nurse, who could not write him for light duty. He waited until the following Monday and saw his family doctor, who gave him a light duty note. His employer did not have light duty. However, he continued working. (Transcript p. 25-27) After a period of time, he discussed the injury with his employer, specifically with Kim LeCroy. Kim's response to his request for medical treatment was that he would be fired if he left the plant. (Transcript p. 24-30, 30) He was not asked to fill out an accident report. (Transcript p. 33)

Claimant testified that he stopped working at the mill after his doctor gave him restrictions and has not returned back to work because there is no light duty available for him at the plant. (Transcript p. 34) Prior to the injury, he was "pretty active" at work, and there is no way he could do his same job with his current symptoms. (Transcript p. 34-35) After his family doctor, he was seen at Palmetto Bone & Joint. He testified that he told the doctors he had one or two months of pain. (Transcript p. 38) He believed that he was being honest with his doctors about how long he had been hurting, including Dr. Jacobus, who spent a great deal of time with him. (Transcript p. 38-39) He testified he wants to go back to the doctor and return to work when his arm quits hurting. (Transcript p. 40)

On cross-examination, Claimant testified that he only had one work-related injury that resulted in his current problems. He did not recall any other workers' compensation claims. (Transcript p. 41) When presented with purported impeachment evidence of a prior workers' compensation claim, Claimant confirmed the evidence was related to a different "Jeffrey Miller," and not him. (Transcript p. 45) When presented with evidence of his prior criminal record, Claimant admitted some of the convictions and did not recall some of the others. Regarding his medical treatment, Claimant testified that he was truthful with his doctors to the best of his knowledge and what he could recall. (Transcript p. 50)

Claimant testified that he did not recall why the Baptist Easley Hospital report of 5/10/2015 indicated his work injury occurred one month prior. He testified he "can't remember dates." (Transcript p. 52, 56-57) Claimant denied intentionally giving Dr. Jacobus any false information. (Transcript p. 54)

On re-direct, Claimant testified that he thought he had been truthful about his prior criminal record when he was questioned at his deposition. (Transcript p. 60-61) He also testified that he was treated at Easley Baptist Hospital in 2012 not only for right arm numbness, but also for other symptoms that may have been due to a reaction to medication given to him by a doctor. (Transcript p. 62) Claimant also testified that he believed the order in which he saw his treating doctors was consistent with the Easley Baptist Hospital medical record from May 2015. (Transcript p. 70)

TESTIMONY OF KIM LECROY

Kim LeCroy testified that she has worked for Alice Manufacturing for forty-one years. She is a supervisor. She knows the Claimant. (Transcript p. 72-73) She testified

that the Claimant left a voicemail message on 3/20/2015 that his elbow was hurting from where he pulled a warp down. She brought Claimant in the following Monday to discuss it. Claimant said he needed medical attention. He said the injury happened a few weeks ago, and that he thought it would get better on its own. She testified that Claimant said it could have happened at home. (Transcript p. 74-75) She denied that Claimant told her about the injury when they had spoken about his arm pain a week prior to the Monday meeting, so she did not do an accident report. (Transcript p. 76)

On cross-examination, Ms. LeCroy testified that she did not bring any documents to the hearing, including Claimant's employment file. She testified that documentation regarding her conversations with the Claimant were in his file. (Transcript p. 80-82) She testified that Claimant is still employed by the Employer. However, she admitted that Claimant was terminated after 3/17/2015 for being out of work and not notifying anyone. When asked why Claimant had been re-hired after that, Ms. LeCroy did not respond. (Transcript p. 83-84)

MEDICAL EVIDENCE

Claimant was seen on 4/20/15 at Easley Family Practice/Internal Medicine for reports of right elbow pain and anxiety. He reported a one month history of right lateral elbow pain with lifting heavy weights. Though the report indicates no known injury, it does indicate he does a lot of heavy lifting at work. He had x-rays and was ordered to follow up. He returned on 5/4/15 for right wrist and shoulder pain. The right elbow was still painful. Range of motion was restricted. He had intermittent tingling and numbness in his right thumb and fingers. More x-rays were ordered of the right shoulder and right wrist. On 5/26/15, Claimant was seen for a follow up related to anxiety. It was noted that

he had seen Dr. Boyer for his right elbow pain. During this time period, Claimant was written out of work and given work restrictions by his physicians. (APA #6)

Claimant was seen at Palmetto Proactive Health Care on 6/3/15 and 7/6/15. On 6/3/15, the note indicates that he noticed burning in the right arm one month ago. He informed his supervisor but nothing was done. Claimant reported seeing a primary care doctor that did some testing that made his pain worse. He reported problems moving his right arm and making a fist, numbness, and popping and swelling in the right shoulder and elbow. He was referred to a neurologist for his injury on 6/3/15. On 7/6/15, he returned to Palmetto Proactive Health Care, and had not yet been seen by a specialist. His pain ranged from mild to major throughout the day. Finger numbness was indicated. He was still unable to work. He was excused from work from 7/6/15 until he could be evaluated by a neurologist. (APA #4)

Claimant was seen at Upstate Bone & Joint by Dr. David Boyer on 5/13/15. The note details 1-2 months of right lateral elbow pain as well as right shoulder and wrist pain. He was examined and a right ultrasound guided common extensor tendon tenotomy procedure was performed. He was assessed with right lateral elbow pain and asked to follow up. He was written out of work until follow up with Dr. Boyer in 3 weeks. (APA #5)

Claimant first saw Dr. Dwight Jacobus at Oaktree Orthopaedics on 8/4/15. He reported a history of doing a job that required pulling 5-6000lbs of materials with his arms. He had significant pain in his right elbow around the middle of March, 2015, that occurred when pulling material. He tried to keep working but had increasing discomfort. He had been seen by Palmetto Proactive Health Care as well as by Dr. David Boyer at

Upstate Bone & Joint. Claimant had already had ultrasound and injections. X-rays were normal. Claimnant had been given light duty restrictions and also written out of work by his doctors. Dr. Jacobus diagnosed post-traumatic epicondylitis of the right elbow, C5 radiculopathy of the right upper extremity, and developing De Quervain's tendon bone insertional irritation. An EMG nerve conduction study was recommended. (APA #2) Claimant was seen by Carolina Neurology Associates on 9/1/15. His EMG/NCS study findings were "abnormal." (APA #3)

Claimant saw Dr. Jacobus again on 9/4/15 for follow up. Claimant had a lot of neck, right shoulder, and right elbow pain. The EMG/NCS was reviewed. An MRI was recommended. (APA #2) Claimant returned for follow up on 11/3/15. He was again assessed with cervical radiculitis. Medications were helping. Claimant saw Dr. Jacobus again on 12/29/15 for right hand, right arm, and right shoulder pain. There was right hand swelling and numbness. (APA #2)

On 1/11/16, Dr. Jacobus signed a medical questionnaire that indicated that Claimant sustained injury to his right arm, right shoulder, and neck, while at work on 3/17/15. Claimant was not at MMI, needed an MRI, and was scheduled for a follow up EMG on 1/26/15. Dr. Jacobus opined that Claimant had been unable to work since his injury of 3/17/15. All of Dr. Jacobus's opinions were held to a reasonable degree of medical certainty and he had been given the opportunity to add or redact anything he wished from the questionnaire. (APA #1)

Claimant was seen at Easley Baptist Hospital on 12/31/03 after being hit by a tree at work. On 10/24/04, he was seen at Easley Baptist Hospital for chest pains and arm numbness. On 5/27/10, he was seen at Easley Baptist Hospital for chest pains and

dizziness. Claimant was seen on 2/27/12 at Easley Baptist Hospital for right arm numbness, right facial numbness onset with dizziness, and headache onset at 4:00am. He had right sided chest pain. He had a CT scan of his head for the right sided parasthesias to the face and arm. He was instructed to have an MRI if the symptoms persisted. (APA #7)

On 5/10/15, Claimant was seen at Easley Baptist Hospital for extremity pain. The note indicates pain in the right shoulder and elbow from a work injury one month ago. The note further indicates right shoulder discomfort from his work, and that Claimant was scheduled to see Upstate Bone & Joint. He experienced popping and increased pain with rotating the shoulder as well as tingling in his fingers. No new injury was reported. He was treated and released, to follow up with Upstate Bone & Joint. (APA #7)

FINDINGS OF FACT

IT IS FOUND AS FACT:

1. The Claimant alleges injuries to his right upper extremity, right shoulder, right hand and neck arising out of and in the course and scope of his employment on or about 3/17/2015 when he pulled "something" in his arm. He so testified.
2. The Defendants deny the claim.
3. The Defendants have not provided any medical care or treatment.
4. The Claimant was terminated by the Employer. This is based on the testimony of the witnesses and the evidence in the record as a whole.
5. I found the Claimant to be very credible. It was clear that the Claimant has a limited communication skill set. He testified that while he can read and write, he has trouble spelling and reads slowly. His speech was stilted and he spoke in a staccato pattern. He was clearly nervous and had some difficulty verbalizing his

responses to questions. That being said, I found him to be candid and truthful. I did not find any intent on behalf of Claimant to be deceptive. This finding of fact is based on the testimony of the Claimant and the observations of the Undersigned.

6. The Claimant has treated on his own with Dr. Dwight Jacobus. This finding of fact is based on the medical records and the testimony of the Claimant.
7. Dr. Jacobus completed a questionnaire which is part of the record. In that questionnaire, Dr. Jacobus agrees with the statement that the Claimant sustained a work-related injury on 03/17/15. He also agrees that the Claimant's injuries to his right arm, right shoulder, and neck are causally related to his work accident of 03/17/15. This finding of fact is based on the medical records, specifically APA #1.
8. Dr. Jacobus also opines that the Claimant has been unable to work since his work-related accident on 03/17/15 and is not at MMI. Both of these statements are written answers provided by Dr. Jacobus. He also indicates that he was given the opportunity to add or redact anything he wished from the questionnaire. This finding of fact is based on the medical records, specifically APA #1.
9. There are some inconsistencies in the record as to the timeline. I do not find those inconsistencies are significant enough to void the claim. This finding of fact is based on the medical records, the testimony of the witnesses, and the evidence in the record as a whole.
10. Kimberly LeCroy, the Claimant's supervisor, testified that she did not have an immediate conversation with the Claimant about his alleged 03/17/15 accident.

She testified that Claimant told her he wasn't sure if it happened at work or at home. This finding of fact is based on the testimony of Ms. LeCroy.

11. Ms. LeCroy did not bring any documents to the hearing. The Claimant's employment file was not entered into evidence. This finding of fact is based on the testimony of Ms. LeCroy and the record as a whole.

12. The Claimant suffered a work-related accident, resulting in injury, on or about 03/17/15. We must be mindful that workers do not live in our world of workers' compensation parlance nor do they grasp that specific descriptions and chronology have the importance that attaches in workers' compensation. That being said, just because a worker does not have the vocabulary or specificity of recall we seek does not void their case if they can present a prima facie case which can be proved compensable by a preponderance of the evidence. That is the case here. This finding of fact is based on the testimony of the witnesses, including the Claimant, the medical records, and the evidence in the record as a whole.

13. When the evidence is viewed as a whole, I find that the Claimant suffered an injury by accident to his neck and right upper extremity, to include his right shoulder, right arm, and right hand, on or about 3/17/15 while working for Defendants. There is no medical evidence in the record to contradict this. This finding of fact is based on the testimony of the Claimant and the medical record.

14. The Claimant is not at MMI. This finding of fact is based on the testimony of the Claimant and the medical records.

15. Claimant is entitled to payment for past causally related medical bills incurred as well as additional, continued medical care and treatment for his injuries. This finding of fact is based on the testimony of the Claimant and the medical records.
16. Dr. Jacobus is to be the Claimant's authorized treating physician. The Claimant is entitled to medical care and treatment – including imaging – as directed by Dr. Jacobus.
17. As to TTD, the Claimant was given a light duty note. There is no evidence or testimony that light duty was offered. The Claimant was terminated. He was also written out of work by Dr. Jacobus. This finding of fact is based on the medical records, the testimony of the witnesses, and the evidence in the record as a whole.
18. The Claimant is entitled to TTD from 04/20/15 to the present and continuing. This finding of fact is based on the medical records, the testimony of the witnesses, and the evidence in the record as a whole.
19. The Claimant's testimony is substantially consistent with the medical evidence in this case. The Claimant has no recall as to some dates and has some difficulty verbalizing the specifics of the mechanism of injury. This finding of fact is based on the testimony of the Claimant, the medical records, and the observations of the Undersigned.
20. All other issues are held in abeyance.

CONCLUSIONS OF LAW

Accordingly, as provided in § 42-17-40, SC Code Ann. (1976), as amended, it is the determination of this Commission that:

1. Under § 42-1-130, Claimant was a covered employee at the time in question;

and under § 42-1-140, Defendant/Employer was a covered employer under the Act.

2. Under § 42-1-160, Claimant sustained an injury by accident, arising out of and in the course of his employment, to his neck, right shoulder, right arm, and right hand on or about March 17, 2015.

3. Under § 42-15-60, Martin v. Rapid Plumbing, 369 SC 278 (Ct App 2006), and Hall v. United Rentals, Inc., 371 SC 369 (Ct App 2006), Claimant is entitled to causally related medical treatment for his injuries at the direction of Dr. Dwight Jacobus.

4. Under § 42-9-10, Claimant is entitled to temporary total disability payments at his compensation rate, beginning April 20, 2015 through the present and continuing until such time as those benefits can be properly and lawfully terminated or suspended.

I. ORDER/AWARD

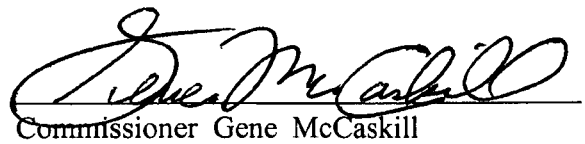
IT IS HEREBY ORDERED that Defendants shall pay Claimant temporary total disability benefits from April 20, 2015, through the present and continuing.

IT IS ALSO ORDERED that Defendants shall provide Claimant causally related medical treatment for his work related injuries at the direction of Dr. Dwight Jacobus.

No hearing costs are assessed in this instance.

IT IS SO ORDERED.

SOUTH CAROLINA WORKERS'
COMPENSATION COMMISSION



Commissioner Gene McCaskill

CERTIFICATE OF SERVICE

This is to certify that the undersigned has on this date served a copy of this order in the above entitled action upon all parties to this case by sending an electronic copy hereof by electronic mail addressed to the attorneys for said parties; or if there is an unrepresented party(ies), by depositing a copy hereof, postage paid, in the United States mail, first class, addressed to the unrepresented party(ies) and to the attorney(s) for the represented party(ies).

June 1, 2016

By: Kellie Lindler, Administrative Assistant to Commissioner McCaskill

South Carolina Workers' Compensation Commission
1333 Main Street, Suite 500
P.O. BOX 1715
Columbia, SC 29202-1715
803-737-5675 www.wcc.sc.gov

WCC File #: 1505905
Carrier File #:
Carrier Code #: 00372
Employer FEIN #:

Claimant's Name: Jeffrey A. Miller SSN: [redacted]
Address: 135 Wilson Way
City: Pickens State: SC Zip: 29671
Home Phone: 864-207-1157 Work Phone:

Employer's Name: Alice Manufacturing
Address: P.O. Box 369
City: Easley State: SC Zip: 29641
Insurance Carrier: Great American Ins.

Preparer's Name: E. Ros Huff, Jr. Law Firm: Huff & Hapeshis, LLC Preparer's Phone #: 803.252.2232

REQUEST FOR COMMISSION REVIEW

Request for Commission Review by ☐ Claimant ☒ Employer (check one) Date of Injury or Illness: 03/17/15 (m/d/yyyy)

The undersigned makes application for review of the findings of the Commissioner in the above-captioned case. The request for review is based on the following grounds: (State the grounds of your appeal in the form of questions presented. Each question presented must contain a concise statement of one proposition of law or fact. Refer to evidence by title and exhibit number. Use additional pages if necessary).

See Attached Addendum

(Check one) Oral argument ☒is ☐is not requested. Appellant's request for oral argument is waived if not indicated on this form.

☐**Mediation**

☐Mediation is requested by consent of the Parties pursuant to Reg. 67-1803.

Questions regarding mediation may be submitted to **mediation@wcc.sc.gov.**

I certify I have served this document pursuant to Reg. 67-211 by delivering a copy to Monty D. Desai, Carolina Law Group address PO Box 5192, Greenville, SC 29606 on the 13 day of June 2016, by ☑first class postage ☐ certified mail ☐personal service

E. Ros Huff — Preparer's Signature | Attorney — Title | roshuff@huffandhapeshis.com — Email | 6-13-16 — Date

Check this box if you are not represented by an attorney ☐

Questions about the use of this form should be directed to the Judicial Department at 803.737.5675 or appeals@wcc.sc.gov. If the claimant appeals and is not represented by counsel, the Judicial Department will properly serve this form pursuant to Reg. 67-607 C. Pursuant to Reg. 67-205 and Reg. 701, the appeal must be postmarked no later than 14 days from the date of service of the Decision and Order of the Hearing Commissioner along with the filing fee. Attach a Form 32, if you are unable to pay the filing fee. Refer to Reg. 67-211 and Reg. 67-701 through 711.

Jeffrey Miller v. Alice Manufacturing Company
WC No. 1505905

Form 30 Attachment

The Employer/Carrier appeal the June 1, 2016 Order of the Honorable Gene McCaskill, Commissioner upon the following grounds:

1. Did the Single/Hearing Commissioner (hereinafter Commissioner) err in Finding of Fact No. 5 that the claimant is very credible, the error being the claimant gave false and misleading testimony which conflicts with other evidence?
2. Did the Commissioner err in Finding of Fact No. 8 that the Claimant has been unable to work since his work related accident on March 17, 2015 and is not at MMI, the error being that the substantial evidence does not support this finding?
3. Did the Commissioner err in Finding of Fact No. 9 that the Claimant's inconsistent evidence is not significant enough to void the claim, the error being the conflicting evidence is significant regarding the weight given to Claimant's testimony at the hearing and statements given to medical providers?
4. Did the Commissioner err in Finding of Fact No. 12 as written, that a worker does not grasp that specific descriptions and chronology have the importance that attaches in workers compensation, the error being there is no evidence presented to support this finding of fact?
5. Did the Commissioner err in Finding of Fact No. 13, the error being that the substantial evidence does not support this finding of fact?
6. Did the Commissioner err in Finding of Fact No. 14, the error being that the substantial evidence does not support this finding of fact?
7. Did the Commissioner err in Finding of Fact No. 16 that Dr. Dwight Jacobus is the Claimant's authorized treating physician, the error being that pursuant to statutory case law, the Defendants' have the legal authority to designate the authorized medical provider and the substantial evidence does not support the finding?
8. Did the Commissioner err in Finding of Fact No. 17 in awarding temporary total disability because a note recommends light duty and said light duty was not offered and claimant was terminated, the error being the substantial evidence does not support the finding?
9. Did the Commissioner err in Finding of Fact No. 18 that the claimant is entitled to temporary total disability from April 20, 2015 and continuing, the error being the substantial evidence does not support the finding?
10. Did the Commissioner err in Conclusions of Law No. 2 that the claimant sustained an injury by accident to various body parts, the error being the substantial evidence does not support said conclusion?

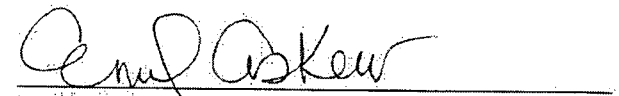
11. Did the Commissioner err in Conclusions of Law No. 3 that the claimant is entitled/awarded medical treatment, the error being the substantial evidence does not support this conclusion?
12. Did the Commissioner err in Conclusions of Law No. 4 that the claimant is entitled to temporary total disability payments, the error being the substantial evidence does not support said conclusion?
13. Did the Commissioner err in awarding temporary total disability and medical benefits, the error being the evidence presented and statutory case law does not support said award?

CERTIFICATE OF SERVICE

This is to certify that a copy of the foregoing Form 30 has been served upon the following named individuals as indicated below by mailing a copy of the same in the United States mail, with sufficient postage affixed thereto and return address clearly marked on June 13, 2016.

Amy Bracy, Judicial Director
S.C. Workers' Compensation Commission
PO Box 1715
Columbia, South Carolina 29202

Monty D. Desai, Esquire
Carolina Law Group
PO Box 5192
Greenville, SC 29606



Emily Askew
Paralegal to E. Ros Huff, Jr.
HUFF AND HAPESHIS, LLC
Post Office Box 1935
7244 Woodrow Street
Irmo, South Carolina 29063
(803) 252-2232
Attorneys for Defendant(s)

[redacted]

...kers' Compensation Commission
...Suite 500 • Post Office Box 1715
...uth Carolina 29202-1715
...7-5723 www.wcc.sc.gov

W... File #: Unknown
Carrier File #: Unknown
Carrier Code #: 00372
Employer FEIN #: Unknown

Claimant's Name: Jeffrey Allen Miller SSN: [redacted]
Address: 135 Wilson Way
City: Pickens State: SC Zip: 29671
Home Phone: 864-207-1157 Work Phone:

Employer's Name: Alice Manufacturing Company
Address: PO Box 369
City: Easley State: SC Zip: 29641
Insurance Carrier: Great American Alliance Insurance Company
Preparer's Phone #: (864)312-4444

Preparer's Name: Monty D Desai Law Firm: The Carolina Law Group

Date of Injury or Illness: 3/17/2015

A claim for workers' compensation benefits is made based on the following grounds:

☒ Injury ☐ Illness ☐ Repetitive Trauma ☐ Occupational Disease ☐ Physical Brain Injury ☐ Concurrent Jurisdiction

1. The claimant sustained an injury to RUE, R shoulder, R hand (Part(s) of Body Injured) on 3/17/2015 in Pickens county, state of South Carolina.
2. Body part(s) affected are: RUE, R shoulder, R hand
3. Briefly describe how the accident occurred. Pulling warp off the machine and felt immediate pain in arm
4. Both the claimant and the employer were subject to the South Carolina Workers' Compensation Act at the time of injury.
5. The relationship of employer and employee existed at the time of injury.
6. At the time of the injury the claimant was performing services arising out of and in the course of employment.
7. Notice of the accidental injury was given to the Employer on March 17, 2015 (Month/Day/Year) in the following manner: verbal notice to Kim Lecroix

☒ 7. Due to injury, the claimant is in need of (check one):
☐ (a) medical examination and treatment for: ____
☒ (b) additional medical examination and treatment for: RUE, R shoulder, R hand

☐ 8. Due to injury, the claimant requests temporary total disability benefits because of lost compensable time from work and wages for the period of: TBD

☐ 9. Due to the injury, the Claimant has permanent disability of the following nature and extent (check one):
☐ (1) General Disability: ☐ Total ☐ Partial ☐ (2) Specific Disability: ☐ Total ☐ Partial ☐ (3) Wage Loss

☒ 9a. ☒ A determination of permanent disability is premature at this time.

☒ 10. Due to the injury, the Claimant has a serious bodily disfigurement consisting of: TBD

10a. At the time of the injury, the Claimant was paid weekly wages of $TBD, and demands accounting of days worked and wages earned as provided by law.

10b. Give names and addresses of all employers for whom the Claimant has worked since the date of the accident: Alice Manufacturing Company

11. Further grounds or unusual aspects of claim: Claimant reserves the right to amend the Form 50.

11a. List names and addresses of all physicians or other medical specialists who have seen or treated the Claimant as a result of the accident: , Easley Family Practice and Internal Medicine;106 John Street, Easley, SC 29640, Easley Baptist Hospital; P.O. Box 1687, Easley, SC 29641, Upstate Bone& Joint; 112 John St # 201, Easley, SC 29640

11b. To the best of your knowledge, did you have any prior permanent disability? No
If yes, describe: ____

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

14. Estimated time needed for hearing: ____

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

☐ 13b. **I am requesting a hearing. A $25 fee is required.**

SCWCC
MAY 27 2015
INSURANCE & MEDICAL SERVICES

☐ **Mediation**
- ☐ a. Mediation is requested to be ordered pursuant to Reg. 67-1801 B.
- ☐ b. Mediation is required pursuant to Reg. 67-1802.
- ☐ c. Mediation is requested by consent of the Parties pursuant to Reg. 67-1803.
- ☐ d. Mediation has been conducted by a duly qualified mediator and resulted in an impasse.

Questions regarding mediation may be submitted to mediation@wcc.sc.gov.

I certify I have served this document pursuant to Reg. 67-211 by delivering a copy to: Great American Alliance Insurance Company, 3655 Brookside Parkway Suite 550, Alpharetta, GA 30022 on the 20 day of May 2015, by

☒ first class postage ☐ certified mail ☐ personal service.

Tera McKenzie Certifier

I verify the contents of this form are accurate and true to the best of my knowledge.

RECEIVED
2015
Division of Claims
Claims Administrator
S.C. Workers' Comp. Comm.

Preparer's Signature Attorney At Law monty@thecarolinalawgroup.com Email May 20, 2015 Date

Questions about the use of this form should be directed to the Claims Department at 803.737.5723. Refer to Regulations 67-204 through 67-211 and Regulations 67-601 through 67-615 as well as Reg. 67-1801.

WCC Form # 50
Revised 7/13

50 **Employee's Notice of Claim and/or Request for Hearing**

0030 ACF

South Carolina Workers' Compensation Commission
1333 Main Street, Suite 500 • Post Office Box 1715
Columbia, South Carolina 29202-1715
(803) 737-5675 www.wcc.sc.gov

WCC File #: 1505905
Carrier File #:
Carrier Code #: 00372
Employer FEIN #:

Claimant's Name: Jeffrey Allen Miller SSN: [redacted]
Address: 135 Wilson Way
City: Pickens State: SC Zip: 29671
Home Phone: 864-207-1157 Work Phone:
Date of Injury: 03/17/2015

Employer's Name: Alice Manufacturing Company
Address: PO Box 369
City: Easley State: SC Zip: 29641
Insurance Carrier: Great American Alliance Insurance Company

Preparer's Name: E. Ros Huff, Jr. Law Firm: Huff Law Firm, LLC Preparer's Phone #: 803-252-2232

Date of Injury or Illness: 3/17/2015
Estimated time for hearing: 1 hour

Complete each information blank. Clearly specify when contentions are admitted in part and denied in part. The Employer/Carrier in answer to the claim, respectfully shows:

1. It is ☐ **Admitted** ☑ **Denied** the employee sustained an injury or illness on or about the date set forth in the Form 50. The reasons for denial are: Pending investigation/discovery.
2. It is ☑ **Admitted** ☐ **Denied** both the employer and employee were subject to the Workers' Compensation Act at the time in question. The reasons for denial are:
3. It is ☑ **Admitted** ☐ **Denied** the relationship of employer and employee existed at the time in question. The reasons for denial are:
4. It is ☑ **Admitted** ☐ **Denied** at the time in question the employee was performing services arising out of and in the course of employment. The reasons for denial are:
5. It is ☑ **Admitted** ☐ **Denied** notice of injury was given the employer. The reasons for denial are:
6. It is ☐ **Admitted** ☑ **Denied** the employee ☑ **Needs** ☑ **Is Entitled to Additional** medical care as a result of injury or illness. The reasons for denial are: See No. 1.
7. It is ☐ **Admitted** ☑ **Denied** the employee is entitled to temporary total disability for the period(s) of : See No. 1.
8. It is ☐ **Admitted** ☑ **Denied** the employee is permanently disabled. The reasons for denial are:
9. It is ☐ **Admitted** ☑ **Denied** the employee has serious disfigurement.
10. It is contended that an average weekly wage of $ 421.00 applies, according to attached Form 20 as provided by law.
11. Further contentions, grounds of defense, or unusual aspects are: At this time no affirmative defenses are known, however, the defendants reserve the right to amend and raise any and all defenses once discovered.

☐ **Mediation**
- ☐ a. Mediation is requested to be ordered pursuant to Reg. 67-1801 B.
- ☐ b. Mediation is required pursuant to Reg. 67-1802.
- ☐ c. Mediation is requested by consent of the Parties pursuant to Reg. 67-1803.
- ☐ d. Mediation has been conducted by a duly qualified mediator and resulted in an impasse.

Questions regarding mediation may be submitted to **mediation@wcc.sc.gov**.

I certify I have served this document pursuant to Reg. 67-211 by delivering a copy to The Carolina Law Group
Address PO Box 5192, Greenville, SC 29606 on the 11th day of Nov. 20 15 by:
☑ first class postage ☐ certified mail ☐ personal service ☐ electronic service

I verify the contents of this form are accurate and true to the best of my knowledge.

Preparer's Signature | Attorney for Employer/Carrier | roshuff@colalaw.com | 11/11/2015
Title | Email | Date

Refer to R.67-204 through R.67-210 and R.67-601 through R.67-615. Refer to R. 67-1801 for mediation. Questions about the use of this form may be directed to the Commission's Judicial Department at 803-737-5675 or **judicial@wcc.sc.gov** or **mediation@wcc.sc.gov**. Pursuant to R.67-606, a Form 20 must be filed with the Claims Department at least 30 days from the date of filing this form.

WCC Form # 51
Revised 07/15

Employer's Answer to Request for Hearing

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

AMENDED

WCC File #: **1505905**
Other File #: **Unknown**
Carrier Code #: **00372**
Employer FEIN #: **Unknown**

Claimant's Name: Jeffrey Allen Miller SSN: [redacted]
Address: 135 Wilson Way
City: Pickens State: SC Zip: 29671
Home Phone: 864-207-1157 Work Phone:

Employer's Name: Alice Manufacturing Company
Address: PO Box 369
City: Easley State: SC Zip: 29641
Insurance Carrier: Great American Alliance Insurance Company

Preparer's Name: Monty D Desai Law Firm: The Carolina Law Group Preparer's Phone #: (864)312-4444

A claim for workers' compensation benefits is made based on the following grounds: **Date of Injury or Illness: 3/17/2015**

☒ Injury ☐ Illness ☐ Repetitive Trauma ☐ Occupational Disease ☐ Physical Brain Injury ☐ Concurrent Jurisdiction

1. The claimant sustained an injury to RUE, R shoulder, R hand, **NECK** (Part(s) of Body Injured) on 3/17/2015 in Pickens county, state of South Carolina.
2. Body part(s) affected are: RUE, R shoulder, R hand, **NECK**
   Briefly describe how the accident occurred. Pulling warp off the machine and felt immediate pain in arm
3. Both the claimant and the employer were subject to the South Carolina Workers' Compensation Act at the time of injury.
4. The relationship of employer and employee existed at the time of injury.
5. At the time of the injury the claimant was performing services arising out of and in the course of employment.
6. Notice of the accidental injury was given to the Employer on March 17, 2015 (Month/Day/Year) in the following manner: verbal notice to Kim Lecrox

☒ 7. Due to injury, the claimant is in need of (check one):
   ☐ (a) medical examination and treatment for: ____
   ☒ (b) additional medical examination and treatment for: RUE, R shoulder, R hand, **NECK**

☐ 8. Due to injury, the claimant requests temporary total disability benefits because of lost compensable time from work and wages for the period of: TBD

☐ 9. Due to the injury, the Claimant has permanent disability of the following nature and extent (check one):
   ☐ (1) General Disability: ☐ Total ☐ Partial ☐ (2) Specific Disability: ☐ Total ☐ Partial ☐ (3) Wage Loss

☒ 9a. ☒ A determination of permanent disability is premature at this time.

☒ 10. Due to the injury, the Claimant has a serious bodily disfigurement consisting of: TBD

10a. At the time of the injury, the Claimant was paid weekly wages of $TBD, and demands accounting of days worked and wages earned as provided by law.

10b. Give names and addresses of all employers for whom the Claimant has worked since the date of the accident: Alice Manufacturing Company

11. Further grounds or unusual aspects of claim: Claimant reserves the right to amend the Form 50.

11a. List names and addresses of all physicians or other medical specialists who have seen or treated the Claimant as a result of the accident: , Easley Family Practice and Internal Medicine;106 John Street, Easley, SC 29640, Easley Baptist Hospital; P.O. Box 1687, Easley, SC 29641, Upstate Bone& Joint; 112 John St # 201, Easley, SC 29640; Oaktree Medical Center, 115 Brushy Creek Road, Easley, SC 29641

11b. To the best of your knowledge, did you have any prior permanent disability? No
   If yes, describe: ____

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

☐ 13a. **I am filing a claim. I am not requesting a hearing at this time.** 14. Estimated time needed for hearing: 1 hour

☒ 13b. **I am requesting a hearing. A $25 fee is required.**

☐ **Mediation**
   ☐ a. Mediation is requested to be ordered pursuant to Reg. 67-1801 B.
   ☐ b. Mediation is required pursuant to Reg. 67-1802.
   ☐ c. Mediation is requested by consent of the Parties pursuant to Reg. 67-1803.
   ☐ d. Mediation has been conducted by a duly qualified mediator and resulted in an impasse.

Questions regarding mediation may be submitted to mediation@wcc.sc.gov.

I certify I have served this document pursuant to Reg. 67-211 by delivering a copy to: Great American Alliance Insurance Company, 3655 Brookside Parkway Suite 550, Alpharetta, GA 30022; E. Ros Huff, Jr., Esq., 7244 Woodrow Street, Irmo, SC 29063 on the 3rd day of November 2015, by
☒ first class postage ☐ certified mail ☐ personal service. Cynthia Hoyte Certifier

I verify the contents of this form are accurate and true to the best of my knowledge.

Preparer's Signature	Title	Email	Date
	Attorney At Law	**monty@thecarolinalawgroup.com**	**November 3, 2015**

Questions about the use of this form should be directed to the Claims Department at 803.737.5723. Refer to Regulations 67-204 through 67-211 and Regulations 67-601 through 67-615 as well as Reg. 67-1801.

WCC Form # 50
Revised 7/13

50

Employee's Notice of Claim and/or Request for Hearing

FS1 due 11/11 ACF

0030

South Carolina Workers' Compensation Commission
1333 Main Street, Suite 500 • Post Office Box 1715
Columbia, South Carolina 29202-1715
(803) 737-5675 www.wcc.sc.gov

WCC File #: 1505905
Carrier File #:
Carrier Code #: 00372
Employer FEIN #:

Claimant's Name: Jeffrey Allen Miller SSN: [redacted]
Address: 135 Wilson Way
City: Pickens State: SC Zip: 29671
Home Phone: 864-207-1157 Work Phone:
Date of Injury: 03/17/2015

Employer's Name: Alice Manufacturing Company
Address: PO Box 369
City: Easley State: SC Zip: 29641
Insurance Carrier: Great American Alliance Insurance Company

Preparer's Name: E. Ros Huff, Jr. Law Firm: Huff Law Firm, LLC Preparer's Phone #: 803-252-2232

Date of Injury or Illness: 3/17/2015 **Estimated time for hearing:** 1 hour

Complete each information blank. Clearly specify when contentions are admitted in part and denied in part. The Employer/Carrier in answer to the claim, respectfully shows:

1. It is ☐ **Admitted** ☑ **Denied** the employee sustained an injury or illness on or about the date set forth in the Form 50. The reasons for denial are: Pending investigation/discovery.
2. It is ☑ **Admitted** ☐ **Denied** both the employer and employee were subject to the Workers' Compensation Act at the time in question. The reasons for denial are:
3. It is ☑ **Admitted** ☐ **Denied** the relationship of employer and employee existed at the time in question. The reasons for denial are:
4. It is ☑ **Admitted** ☐ **Denied** at the time in question the employee was performing services arising out of and in the course of employment. The reasons for denial are:
5. It is ☑ **Admitted** ☑ **Denied** notice of injury was given the employer. The reasons for denial are:
6. It is ☐ **Admitted** ☑ **Denied** the employee ☑ **Needs** ☑ **Is Entitled to Additional** medical care as a result of injury or illness. The reasons for denial are: See No. 1.
7. It is ☐ **Admitted** ☑ **Denied** the employee is entitled to temporary total disability for the period(s) of : See No. 1.
8. It is ☐ **Admitted** ☑ **Denied** the employee is permanently disabled. The reasons for denial are:
9. It is ☐ **Admitted** ☑ **Denied** the employee has serious disfigurement.
10. It is contended that an average weekly wage of $ Form 20 applies, according to attached Form 20 as provided by law.
11. Further contentions, grounds of defense, or unusual aspects are:

☐ **Mediation**
- ☐ a. Mediation is requested to be ordered pursuant to Reg. 67-1801 B.
- ☐ b. Mediation is required pursuant to Reg. 67-1802.
- ☐ c. Mediation is requested by consent of the Parties pursuant to Reg. 67-1803.
- ☐ d. Mediation has been conducted by a duly qualified mediator and resulted in an impasse.

Questions regarding mediation may be submitted to **mediation@wcc.sc.gov**.

I certify I have served this document pursuant to Reg. 67-211 by delivering a copy to The Carolina Law Group
Address PO Box 5192, Greenville, SC 29606 on the 20 day of August 2015, by:
☑ first class postage ☐ certified mail ☐ personal service ☐ electronic service

I verify the contents of this form are accurate and true to the best of my knowledge.

E. Ros Huff — Attorney for Employer/Carrier — roshuff@colalaw.com — 8/20/15
Preparer's Signature — Title — Email — Date

Refer to R.67-204 through R.67-210 and R.67-601 through R.67-615. Refer to R. 67-1801 for mediation. Questions about the use of this form may be directed to the Commission's Judicial Department at 803-737-5675 or **judicial@wcc.sc.gov** or **mediation@wcc.sc.gov**. Pursuant to R.67-606, a Form 20 must be filed with the Claims Department at least 30 days from the date of filing this form.

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

AMENDED

C File #: **1505905**
Carrier File #: **Unknown**
Carrier Code #: **00372**
Employer FEIN #: **Unknown**

Claimant's Name: Jeffrey Allen Miller SSN: [redacted] Employer's Name: Alice Manufacturing Company

Address: 135 Wilson Way Address: PO Box 369

City: Pickens State: SC Zip: 29671 City: Easley State: SC Zip: 29641

Home Phone: 864-207-1157 Work Phone: Insurance Carrier: Great American Alliance Insurance Company

Preparer's Name: Monty D Desal Law Firm: The Carolina Law Group Preparer's Phone #: (864)312-4444

A claim for workers' compensation benefits is made based on the following grounds: **Date of Injury or Illness: 3/17/2015**

☒ Injury ☐ Illness ☐ Repetitive Trauma ☐ Occupational Disease ☐ Physical Brain Injury ☐ Concurrent Jurisdiction

1. The claimant sustained an injury to RUE, R shoulder, R hand, **NECK** (Part(s) of Body Injured) on 3/17/2015 in Pickens county, state of South Carolina.
2. Body part(s) affected are: RUE, R shoulder, R hand, **NECK**
   Briefly describe how the accident occurred. Pulling warp off the machine and felt immediate pain in arm
3. Both the claimant and the employer were subject to the South Carolina Workers' Compensation Act at the time of injury.
4. The relationship of employer and employee existed at the time of injury.
5. At the time of the injury the claimant was performing services arising out of and in the course of employment.
6. Notice of the accidental injury was given to the Employer on March 17, 2015 (Month/Day/Year) in the following manner: verbal notice to Kim Lecrox

☒ 7. Due to injury, the claimant is in need of (check one):
   ☐ (a) medical examination and treatment for: ____
   ☒ (b) additional medical examination and treatment for: RUE, R shoulder, R hand, **NECK**

☐ 8. Due to injury, the claimant requests temporary total disability benefits because of lost compensable time from work and wages for the period of: TBD

☐ 9. Due to the injury, the Claimant has permanent disability of the following nature and extent (check one):
   ☐ (1) General Disability: ☐ Total ☐ Partial ☐ (2) Specific Disability: ☐ Total ☐ Partial ☐ (3) Wage Loss

☒ 9a. ☒ A determination of permanent disability is premature at this time.

☒ 10. Due to the injury, the Claimant has a serious bodily disfigurement consisting of: TBD

10a. At the time of the injury, the Claimant was paid weekly wages of $TBD, and demands accounting of days worked and wages earned as provided by law.

10b. Give names and addresses of all employers for whom the Claimant has worked since the date of the accident: Alice Manufacturing Company

11. Further grounds or unusual aspects of claim: Claimant reserves the right to amend the Form 50.

11a. List names and addresses of all physicians or other medical specialists who have seen or treated the Claimant as a result of the accident: , Easley Family Practice and Internal Medicine;106 John Street, Easley, SC 29640, Easley Baptist Hospital; P.O. Box 1687, Easley, SC 29641, Upstate Bone& Joint; 112 John St # 201, Easley, SC 29640; Oaktree Medical Center, 115 Brushy Creek Road, Easley, SC 29641

11b. To the best of your knowledge, did you have any prior permanent disability? No
   If yes, describe: ____

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

☒ 13a. **I am filing a claim. I am not requesting a hearing at this time.** 14. Estimated time needed for hearing: ____

☐ 13b. **I am requesting a hearing. A $25 fee is required.**

☐ **Mediation**
   ☐ a. Mediation is requested to be ordered pursuant to Reg. 67-1801 B.
   ☐ b. Mediation is required pursuant to Reg. 67-1802.
   ☐ c. Mediation is requested by consent of the Parties pursuant to Reg. 67-1803.
   ☐ d. Mediation has been conducted by a duly qualified mediator and resulted in an impasse.

Questions regarding mediation may be submitted to mediation@wcc.sc.gov.

I certify I have served this document pursuant to Reg. 67-211 by delivering a copy to: Great American Alliance Insurance Company, 3655 Brookside Parkway Suite 550, Alpharetta, GA 30022 on the 10th day of August 2015, by
☒ first class postage ☐ certified mail ☐ personal service. Cynthia Rogers Certifier

I verify the contents of this form are accurate and true to the best of my knowledge.

Preparer's Signature	Title	Email	Date
	Attorney At Law	mpnty@thecarolinalawgroup.com	August 10, 2015

Questions about the use of this form should be directed to the Claims Department at 803.737.5723. Refer to Regulations 67-204 through 67-211 and Regulations 67-601 through 67-615 as well as Reg. 67-1801.

WCC Form # 50
Revised 7/13

50 **Employee's Notice of Claim and/or Request for Hearing**

FSI due 8/30
0034

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

C File #: **1505905**
Carrier File #: **Unknown**
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City: Pickens State: SC Zip: 29671 City: Easley State: SC Zip: 29641

Home Phone: 864-207-1157 Work Phone: Insurance Carrier: Great American Alliance Insurance Company

Preparer's Name: Monty D Desai Law Firm: The Carolina Law Group Preparer's Phone #: (864)312-4444

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☒ Injury ☐ Illness ☐ Repetitive Trauma ☐ Occupational Disease ☐ Physical Brain Injury ☐ Concurrent Jurisdiction

1. The claimant sustained an injury to RUE, R shoulder, R hand (Part(s) of Body Injured) on 3/17/2015 in Pickens county, state of South Carolina.
2. Body part(s) affected are: RUE, R shoulder, R hand
   Briefly describe how the accident occurred. Pulling warp off the machine and felt immediate pain in arm.
3. Both the claimant and the employer were subject to the South Carolina Workers' Compensation Act at the time of injury.
4. The relationship of employer and employee existed at the time of injury.
5. At the time of the injury the claimant was performing services arising out of and in the course of employment.
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☐ (a) medical examination and treatment for: ____

☒ (b) additional medical examination and treatment for: RUE, R shoulder, R hand

☐ 8. Due to injury, the claimant requests temporary total disability benefits because of lost compensable time from work and wages for the period of: TBD

☐ 9. Due to the injury, the Claimant has permanent disability of the following nature and extent (check one):

☐ (1) General Disability: ☐ Total ☐ Partial ☐ (2) Specific Disability: ☐ Total ☐ Partial ☐ (3) Wage Loss

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If yes, describe: ____

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

☐ 13a. **I am filing a claim. I am not requesting a hearing at this time.** 14. Estimated time needed for hearing: 1hr

☒ 13b. **I am requesting a hearing. A $25 fee is required.**

☐ **Mediation**

☐ a. Mediation is requested to be ordered pursuant to Reg. 67-1801 B.
☐ b. Mediation is required pursuant to Reg. 67-1802.
☐ c. Mediation is requested by consent of the Parties pursuant to Reg. 67-1803.
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Questions regarding mediation may be submitted to mediation@wcc.sc.gov.

I certify I have served this document pursuant to Reg. 67-211 by delivering a copy to: Great American Alliance Insurance Company, 3655 Brookside Parkway Suite 550, Alpharetta, GA 30022 on the 4th day of August 2015, by

☒ first class postage ☐ certified mail ☐ personal service. Certifier

I verify the contents of this form are accurate and true to the best of my knowledge.

Preparer's Signature	Title	Email	Date
	Attorney At Law	monty@thecarolinalawgroup.com	August 4, 2015

Questions about the use of this form should be directed to the Claims Department at 803.737.5723. Refer to Regulations 67-204 through 67-211 and Regulations 67-601 through 67-615 as well as Reg. 67-1801.

WCC Form # 50
Revised 7/13

50

Employee's Notice of Claim and/or Request for Hearing

FG 1 due 9/1 ACF

0035

BEFORE THE

SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

WCC FILE NO. 1505905

Jeffrey Miller, Claimant, vs. Alice Manufacturing Company, Employer, and Great American Alliance Insurance Company, Carrier, Defendants.	TRANSCRIPT OF PROCEEDINGS February 10, 2016

This hearing was held before Commissioner Gene McCaskill, reported by Kimberly T. Power, Court Reporter and Notary Public in and for the State of South Carolina; said proceedings were held at the South Carolina Workers' Compensation Commission, 301 University Ridge, Greenville, South Carolina, on Wednesday, February 10, 2016.

1 APPEARANCES

2

3 ATTORNEYS FOR THE CLAIMANT

4 MONTY DESAI, ESQUIRE
LAW OFFICES OF MONTY DESAI
5 910 Washington Street
Greenville, SC 29601
6

7

8 ATTORNEYS FOR THE DEFENDANTS

9 E. ROSS HUFF, JR., ESQUIRE
HUFF LAW FIRM, LLC
10 7244 Woodrow Street
Irmo, SC 29063
11

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1 THE COURT: Today's date is February
2 10, 2016. This is Workers' Compensation Commission
3 File No. 1505905. This is the case of Jeffrey Miller
4 vs. Alice Manufacturing Company. The carrier is
5 Great American Alliance Insurance Company. The
6 claimant is represented today by Monty Desai and the
7 employer/carrier are represented today by E. Ross
8 Huff, Jr.
9 The date of accident is March 17,
10 2015. The claimant has an average weekly wage -- we
11 didn't talk about that in pre-hearing. I'm reading
12 from Mr. Huff's pre-hearing. Average weekly wage is
13 $421 with a compensation rate of $280.68. Mr. Desai,
14 would you stipulate that's correct?
15 MR. DESAI: That is correct, Your
16 Honor.
17 THE COURT: All right. Are there
18 objections to jurisdiction, venue, APA submissions,
19 or any other items?
20 MR. DESAI: None from the claimant.
21 MR. HUFF: None.
22 THE COURT: All right. Without
23 objection the Commission file becomes a part of the
24 record with the exception of self-serving
25 declarations and unstipulated medical reports.

1 We're here today, Mr. Desai, pursuant
2 to a Form 50 you filed on behalf of your client. If
3 you would, please place your client's position on the
4 record.
5 MR. DESAI: Commissioner, our
6 position is that on or about March 17th of 2015,
7 Jeffrey Allen Miller, my client, suffered a
8 compensable work injury. Affected at that time,
9 right shoulder, right upper extremity, right elbow,
10 right hand and neck, which is spine -- which is
11 cervical spine.
12 Again, we've talked about the average
13 weekly wage. We're good there. He is owed back TTD
14 starting 4/20/15 when he was released from work
15 because they could not accommodate light duty.
16 Causation evidence in this case is Dr. Jacobus who
17 has filled out a questionnaire and conducted an
18 independent medical evaluation.
19 And that's about it.
20 THE COURT: Mr. Huff.
21 MR. HUFF: Thank you. I do need to
22 make a correction and I apologize. When Monty just
23 brought it up, it just brought it back to my mind.
24 His APA Page 1 and 2 is a medical questionnaire. I
25 do need to place an objection to that document in

1 that it consists of leading questions and we object
2 to leading questions. Thus, it's to be ruled
3 inadmissible as leading. I'd ask that as you review
4 that, for you to make a determination whether or not
5 that comes in. So I do object to that.
6 Our position is that --
7 THE COURT: Hold on. Do you want to
8 speak to his objection?
9 MR. DESAI: Sure. Commissioner,
10 these are standard questionnaires. We've been doing
11 it for years. More importantly, this is an expert.
12 Mr. Huff has had this for plenty of time. He could
13 have gone again and deposed Dr. Jacobus if he chose
14 to do so, did not do that. More importantly, if you
15 look at the last question it says, "Have you been
16 given the opportunity to add or redact anything you
17 wish from this questionnaire?"
18 This isn't just a, you know, here are
19 the questions, fill it out. We've actually said to
20 him, "Hey, if you feel you need to change anything,
21 Doctor, please do. Take anything, redact," and to
22 that he says yes. So I appreciate the objection, but
23 I don't even know that it falls within the realm of
24 objections.
25 THE COURT: Anything else to your

1 objections, Mr. Huff?
2 MR. HUFF: Other than it was
3 submitted to us as leading questions. My job is not
4 to go over there and pay to take testimony on
5 questions that I think are inadmissible. So I just
6 stand by our objection.
7 THE COURT: All right. Your
8 objection is noted for the record. Overruled. It's
9 in. All right. What else, Mr. Huff?
10 MR. HUFF: Basically it's our
11 position that this man did not have an injury by
12 accident while working for our employer. You'll find
13 as you go through the cross-examination and as you
14 review the medical records that the date of accident
15 could run anywhere from April or May because the
16 reports give different dates of when this happened
17 and how it could have happened. For an example, when
18 you look at the 5/10/2015 Baptist Easley Hospital
19 record where it talks about these injuries, it said
20 it's a work injury of one month ago. One month ago
21 from May 10th would be April 10th and this accident
22 is being alleged to happen March 17th. So that date
23 is wrong by that report.
24 If you look at the 6/5 -- 6/3/2015
25 report of Palmetto Proactive Health Care, it says,

1 "He states he has to pull large objects weighing
2 around 5,000 to 6,000 pounds at work. He states it
3 happened one month ago." One month ago. That one
4 month ago would take you back to May because that was
5 June 3rd. So now we're looking at -- we're looking
6 at May. We're looking at April. But he says it now
7 happened in March. Also, it says again in that
8 report "one month ago." That would still put us into
9 May.
10 What also our position is going to
11 be, if you look at the report of Dr. Jacobus, which
12 is their IME referred by the attorney on his behalf,
13 it says, "He has to do a lot of pushing and pulling
14 of significant weight equipment. The job requires
15 him to pull between 5,000 and 6,000 pounds." And a
16 rope is implied. So we'll ask you to look at that in
17 conjunction with the testimony that he's going to
18 give too.
19 We're also going to offer some
20 evidence today to impeach him that we think that
21 would go to his credibility and truthfulness and we
22 ask that you weigh that when a determination is made.
23 Let's see if there's anything else I
24 can say. That's about it, Commissioner. We'll let
25 you hear the testimony.

1 THE COURT: Anything else, Mr. Desai?
2 MR. DESAI: No, sir, Your Honor. I
3 think that we will let just the testimony will speak
4 for itself.
5 THE COURT: All right. Mr. Miller,
6 we are ready to hear from you now, sir. Two requests
7 for you. First, speak up. The young lady at the end
8 is making the record of this proceeding. It's
9 imperative she hear you. Obviously both of the
10 attorneys and I have to hear you. There is no
11 microphone, so please do speak up.
12 Second request is if you're asked a
13 yes or no question, please give me a verbal yes or a
14 verbal no answer. It makes it clearer for us here
15 today and it will make it clearer in the record going
16 forward. Okay.
17 (JEFFREY ALLEN MILLER, being first
18 duly sworn to tell the truth, testified as follows:)
19 THE COURT: Please state your full
20 name for the record.
21 THE WITNESS: Jeffrey Allen Miller..
22 THE COURT: All right. Thank you,
23 Mr. Miller.
24 THE COURT REPORTER: Would you please
25 spell Allen for me?

1 THE WITNESS: A-L-L-E-N.
2 THE COURT REPORTER: Thank you.
3 THE COURT: All right. Mr. Desai,
4 your witness.
5 DIRECT EXAMINATION
6 BY MR. DESAI:
7 Q. Mr. Miller, you are 43 years old?
8 A. Yes, sir.
9 Q. And your girlfriend's name is Darla?
10 A. Yes, sir.
11 Q. Is that who you live with?
12 A. Yes, sir.
13 Q. You have four children?
14 A. I've got four girls. Yes, sir.
15 Q. All right. Right-hand dominant?
16 A. Yes.
17 Q. And in the past you've been convicted of
18 two DUIs and a couple of other criminal offenses?
19 A. Yes.
20 Q. Last grade completed was seventh grade; is
21 that right?
22 A. Yes.
23 Q. And are you -- how would you rate yourself
24 in reading and writing?
25 A. Not very good.

1 Q. What would you consider not very good?
2 Can you read a newspaper??
3 A. Uh-huh. Barely.
4 Q. Okay. You can understand for the most
5 part. Okay.
6 THE COURT: Back up. I don't type as
7 fast as Mr. Desai talks.
8 MR. DESAI: I'm sorry, Your Honor.
9 THE COURT: That's quite all right.
10 What was the last grade of school you completed?
11 THE WITNESS: Seventh.
12 THE COURT: Seventh grade. All
13 right. Thank you, sir. Mr. Desai.
14 MR. DESAI: Thank you, sir, Your
15 Honor.
16 BY MR. DESAI:
17 Q. And as far as your reading and writing
18 ability, how would you rate that?
19 A. It's not very good. I have trouble
20 spelling sometimes.
21 Q. Okay. Can you read a newspaper?
22 A. Yes, slow.
23 Q. Okay. And do you understand it after you
24 read it?
25 A. Yeah.

1 Q. Okay. Who handles your family finances?
2 A. My wife, Darla.
3 Q. Did you have any significant health
4 problems prior to March 17th of 2015?
5 A. No, I had some anxiety a little bit.
6 Q. And you've been seeing doctors for that;
7 is that right?
8 A. Yes.
9 Q. And they have been giving you different
10 medications for that; is that right?
11 A. Yes.
12 Q. Have all those medications been effective?
13 A. No.
14 Q. Have they all worked?
15 A. No.
16 Q. Okay. How would you say -- what would you
17 say was your general state of health prior to this
18 accident?
19 A. Pretty good.
20 Q. Let's go to your work history. After
21 seventh grade, where did you start working?
22 A. I went to Mayfair Mills.
23 MR. HUFF: What was that again,
24 please?
25 MR. DESAI: Mayfair Mills.

1 MR. HUFF: Thank you very much.
2 BY MR. DESAI:
3 Q. And what did you do at Mayfair Mills and
4 what -- how old were you when you went to Mayfair
5 Mills?
6 A. I believe it was -- right around 17. I
7 worked in the spin room and they -- I don't remember
8 what they call it now, pushing doffing boxes up and
9 down out of a tray.
10 Q. And how long did you work there?
11 A. Not very long. I can't really remember.
12 Q. One year, two years?
13 A. It wasn't even -- it wasn't that --
14 Q. Less than a year?
15 A. Right around a year or less.
16 Q. Where did you go after that? Where did
17 you work after that?
18 A. I think it was ECP Plastic Plant.
19 Q. Okay. What did you do there?
20 A. Machine operator.
21 Q. Do you remember approximately what year
22 that was?
23 A. No. It was a little over -- I bounced
24 from job to job every --
25 Q. Now, were you 17 at that time, too, or

1 were you 18?
2 A. I was 18, 19.
3 Q. Do you recall how long you worked there?
4 A. Not long. About the same. Same time.
5 Q. Less than a year?
6 A. Yeah.
7 Q. Where did you go from there?
8 A. I think I went to -- I may have went back
9 to Mayfair then in the cart room.
10 Q. And how long did you work there?
11 A. It was a couple of months.
12 Q. Where did you go from Mayfair? Let me
13 forward you back to 1991. Did you start the logging
14 business in 1991 or were you getting into the logging
15 business?
16 A. Yes.
17 Q. And tell us -- and then you worked until
18 about 2011?
19 A. Yes.
20 Q. In the logging business?
21 A. Yes.
22 Q. Tell us what you did. Were you -- what
23 did you do?
24 A. I cut the trees, drove the tractor, bring
25 the log -- the trees out of the woods. Let's see.

1 Loaded the truck, worked on -- I done about all..
2 Q. Okay. And you did that until 2011; is
3 that right?
4 A. Yes.
5 Q. So that's now 20 years?
6 A. Yes.
7 Q. Okay. Why did you quit in 2011?
8 A. The man that I was working for, he passed
9 away.
10 Q. And who was that?
11 A. Laverne Stone.
12 Q. Mr. Stone passed away?
13 A. Yes.
14 Q. What did you do for income in 2011?
15 A. I started hauling scrap metal for myself.
16 Q. And how long did you do that?
17 A. About three -- I think three or four
18 years.
19 Q. Okay. And what did you do after that? Is
20 that when you started working for the defendant?
21 A. Moved to the mill.
22 Q. Which mill?
23 A. Ellison.
24 Q. Ellison Mill?
25 A. Uh-huh.

1 Q. And what did you do at Ellison Mill?
2 A. I started out doffing cloth.
3 Q. Okay. I'm going to slow down here for a
4 second. Okay? Now, you said you -- you went there
5 in 2014. What month of 2014?
6 A. It was March because my little boy was
7 born then.
8 Q. Tell the Commissioner exactly what you did
9 at Ellison Mill when you started working there.
10 A. I was doffing rows of cloth and taking
11 them and pushing them to the cloth room, unloading
12 them off the buggy, and you take -- take the beam
13 back up there. You just had to do so many machines.
14 Q. All right. So I'm not -- I want to break
15 that down a little bit. You said doffing cloth? Is
16 that what you said?
17 A. Yes.
18 Q. Rolls?
19 A. Yeah, big rolls.
20 Q. All right. So describe to the
21 Commissioner exactly what that is and what it takes
22 to do that.
23 A. It's -- you got a little set of hand
24 trucks you come up there with and you push it like to
25 the edge of it and sometimes you have to grab the

1 beam and help jerk it out onto the buggy. It will
2 have two big rolls on one machine or some of them
3 have just one long one and, you know, like they're
4 pretty heavy. It's a top feed in between them and
5 you just jack it up on the buggy and then you take
6 off and push them there just as fast as you can go.
7 Q. So you're not lifting these or how did you
8 -- well, do you know how much these rolls weigh?
9 A. Two people can't pick them up.
10 Q. Do you know approximately how much?
11 A. (No response.)
12 Q. Would it help you if I were to show you
13 your deposition where you may have said 4,500 pounds?
14 MR. HUFF: I'm going to object to the
15 question. It's leading and suggesting an answer.
16 THE COURT: Sustained.
17 THE WITNESS: The rows are tall.
18 They -- they don't -- the warps, they weigh about
19 that.
20 BY MR. DESAI:
21 Q. Okay. So the rolls of cloth, you don't
22 know how much they weigh. Is that what your answer
23 is?
24 A. Yeah.
25 Q. And would you say -- you said two people

1 can't pick it up?
2 A. Right.
3 Q. All right. And you say you're pushing
4 this once you -- you're already using machinery of
5 some sort to lift them and put them on the buggy,
6 right?
7 A. It said -- it's like a -- it's a wore out
8 jack and it goes up under the edge of them. And if
9 the rolls get too big to get up onto the jack, you
10 have to go around to the side of it and pull one side
11 and get it up on there and then go around the other
12 side and drag it up on there. And then bounce -- I
13 try to bounce the buggy to get it up on the -- jack
14 it up on the --
15 Q. And you push it?
16 A. Yep.
17 Q. And where do you take it?
18 A. All the way to the other end to the weave
19 room -- to the cloth room.
20 Q. And what do you do there?
21 A. Take the crane that comes down and fix it
22 to the hooks on it, pick them up off the buggy and
23 push them down on the table.
24 Q. So when you're pushing them down, what
25 exactly are you doing? I mean, what --

1 A. You pushing it on a hoist and you push it
2 till you get to a table that you can put it on and
3 unload it..
4 Q. Okay. What does the unloading process
5 entail? What does that do? What do you have to do
6 there?
7 A. You just -- when you get over to the table
8 that you want to put it on, you just take the master
9 button to go down and it -- you just set it down on
10 the table and you unhook it.
11 Q. Then you go back --
12 A. Then go back and get another one.
13 Q. Okay. How long did you do that particular
14 job? You said --
15 A. I think about seven, eight months, maybe
16 nine. Seven, eight months. Something around there.
17 Q. And then what did you start doing?
18 A. I went to the racking -- or warp rack
19 hanging.
20 Q. What's it called?
21 A. A rack hand warp hanging.
22 Q. And what is that?
23 A. It's on the warp crew. And instead of the
24 rolls of cloth that size, you going bigger now.
25 Q. Okay. Now, do you know how much they

1 weigh?
2 A. They got the weight on the ends of them.
3 Some of them 4,500 to 5,000 pounds.
4 Q. Okay. And let me kind of step back just a
5 minute. So you were moved to this other job
6 description. Was that a promotion? Did you get a
7 raise or anything with that?
8 A. Yes.
9 Q. Okay. So they thought you were doing a
10 good job? Is that why they moved you over?
11 MR. HUFF: I'm going to object. It's
12 a leading question.
13 MR. DESAI: I apologize for that.
14 BY MR. DESAI:
15 Q. So you got a raise?
16 A. Yes.
17 Q. And you started doing this other job?
18 A. Yes, sir.
19 Q. Tell me what you -- so once -- what was
20 that -- describe that just like you did the other
21 one. What do you have to do once you get to your
22 station?
23 A. Well, it's -- it's sort of an easier job.
24 More money. And you got a big long -- one big long
25 warp that you put on a jack to take out there. But

1 when you go up to the machines, like when you're
2 topped off, you got some waste on it. And instead of
3 cutting it off, we have to pull it off. So we pull
4 it off and you have to pull the beam when it's
5 sitting on the little runner things there. You got
6 to pull it. It takes two people to pull it. And you
7 get all the waste off of it. And when you get all
8 the waste off of it, you take a little crane, pick it
9 up, put it on the jack, and then you go in another --
10 go get another.
11 Q. When you unload it, how do you unload it?
12 You got to push it?
13 A. It's -- it's a motorized jack.
14 Q. What do you -- how does that work?
15 A. When you put it on the jack?
16 Q. Yeah.
17 A. You just mash a button and go find a place
18 to put it. Take the full one up there, put it on the
19 machine.
20 Q. You take that with a jack as well??
21 A. Yes, and then you pull it off. You pull
22 off -- sometimes you pull off maybe 200, 300 yards.
23 Sometimes you pull off 500 yards.
24 Q. And do you know how much that weighed?
25 A. We weighed them. Some of it was 50, 60

1 pounds. Sometimes it's more than that. It just
2 depends on if they got hit when they was sitting out
3 on the floor.
4 Q. Now, how long -- how many hours a day did
5 you do that?
6 A. Eight hours a day.
7 Q. Do you remember seeing Dr. Dwight Jacobus
8 at Oaktree Medical Center?
9 A. Yes.
10 Q. Did you ever tell Dr. Jacobus that you
11 were pulling 5,000 or 6,000 pounds of material?
12 MR. HUFF: I object to the form of
13 the leading question.
14 THE WITNESS: I don't recall.
15 MR. HUFF: You can ask him what he
16 said, but he's suggesting the answer. That's a
17 leading question.
18 MR. DESAI: I can ask him what -- if
19 he told him that -- if he ever told him that. Okay?
20 THE COURT: Doesn't it say that in
21 the medical records?
22 MR. DESAI: Yes, sir.
23 THE COURT: All right. Then I'm
24 going to allow that.
25

1 BY MR. DESAI:
2 Q. Did you ever tell Dr. Jacobus that you
3 pulled 5,000 to 6,000 pounds of weight by yourself?
4 A. No, there's two people that pulls with it.
5 Q. Okay. So did you tell Dr. Jacobus that
6 you were pushing in your first job some weight, some
7 rolls?
8 MR. HUFF: I'm going to object,
9 again, to the question as it being leading. You can
10 ask what did you tell the doctor, but he's suggesting
11 the answer.
12 MR. DESAI: Everything that I'm
13 asking is in there.
14 MR. HUFF: It may be in there, but it
15 still is a leading question. I have to object.
16 BY MR. DESAI:
17 Q. Tell us what you have -- may have told
18 Dr. Jacobus when he went -- when you went to see him,
19 please.
20 A. That was -- I was having to pull off
21 the --
22 Q. The waste?
23 A. Yes.
24 Q. Do you think you -- I'm sorry. Finish.
25 A. You have to grab it and pull it and

1 sometimes -- I mean, it's -- you got the whole weight
2 of the beam sitting on the arms on the jack and the
3 whole weight of what you pulling on and it's hard to
4 pull. And it, you know -- it's just -- once you get
5 it going, you try to go with it and you mess up and
6 it gets lapped up around it. Then it's going to pull
7 you out to it. So, you know, it's just -- it's just
8 -- it's, like, it's a rough job.
9 Q. Did you describe what you just described
10 to the Commissioner exactly what you just said to
11 Dr. Jacobus as well as to what your job description
12 was?
13 A. Yes.
14 Q. Okay. Let's go to the day of the injury.
15 Do you recall what happened that day?
16 A. Yes. Me and Scott Raymond, the man that
17 worked -- he was the lead on the job, and we was
18 pulling off the warp and something popped in my arm
19 and then my whole arm started burning. Well, I said,
20 well, maybe it might get all right. So we finished
21 that one and started another one, and I went and I
22 told him -- I said -- and he seen it and he said,
23 "Man, your arm's swelling up."
24 MR. HUFF: I'm objecting as to what
25 somebody said that's not here.

1 THE COURT: You can't tell me what
2 someone else told you because that person's not here
3 for Mr. Huff to ask questions.
4 THE WITNESS: Okay. Well, I noticed
5 my arm was swelling up. It swelled and it was a
6 little sort of turning blue-like. And we went and
7 told Kim and she -- the first time she sent me to the
8 mill nurse. Then I told her, I said, "Look, the mill
9 nurse said that she couldn't write a" --
10 BY MR. DESAI:
11 Q. Don't -- don't tell us what the mill nurse
12 said.
13 A. I'm sorry.
14 THE COURT: You can't tell me what
15 she said. This is an unusual situation when
16 everybody comes in here and testifies, but just try
17 and keep in your mind that you can't tell me what
18 somebody else told you.
19 BY MR. DESAI:
20 Q. Remember what I said, what is your
21 understanding?
22 A. Okay. My understanding was she couldn't
23 write a paper saying light duty. Said that --
24 THE COURT: You can't --
25

1 BY MR. DESAI:
2 Q. Why was that your understanding? What led
3 you to believe that?
4 A. My understanding was that somebody on up
5 in the office said that the --
6 THE COURT: You can't tell what
7 anybody said.
8 BY MR. DESAI:
9 Q. Let's get past that.
10 A. I don't know how to explain it in words.
11 Q. That's okay. Could the mill nurse write
12 you at light duty?
13 A. No.
14 Q. Did the mill nurse write you at light
15 duty?
16 A. No.
17 Q. Did you continue -- what did you do after
18 that?
19 A. I went back and told Kim -- I guess I need
20 to say my understanding again. She said, "You go out
21 that door, you fired."
22 THE COURT: No, no, no.
23 BY MR. DESAI:
24 Q. You can tell me what you told Kim. Okay?
25 A. Oh, okay. I told her that my arm was

1 hurting and I needed to go see the doctor.
2 Q. What was Kim's response to that?
3 A. "You go out that door, you fired."
4 Q. All right. Did you go out that door?
5 A. Nope.
6 Q. What did you do?
7 A. I waited until, I believe, that Monday. I
8 went to the doctor -- my family doctor. He wrote a
9 light duty paper and I took it to Stan Brooks and he
10 said they didn't have light duty.
11 Q. Okay. Now, did you continue working for a
12 period of time after you were injured before you went
13 to see the doctor?
14 A. Yes.
15 Q. How long?
16 A. I don't recall exactly how long.
17 Q. More than a month, less than a month?
18 A. It was around about.
19 Q. And is that when you went to Kim to say
20 that you were injured?
21 MR. HUFF: I'm going to object to the
22 question.
23 THE COURT: What's your objection?
24 MR. HUFF: It's calling for hearsay
25 and the person is not here to cross-examine.

1 THE COURT: I think his question was:
2 "Is that when you went?"
3 MR. HUFF: I have no problem when he
4 went. It's what he said. So I think if he could
5 rephrase the question.
6 MR. DESAI: He has already testified
7 what he told Kim. Now what I'm saying is, is that
8 when you went back to tell Kim what you had testified
9 earlier, is what I'm asking.
10 THE COURT: I mean, to testify as to
11 when he went is not hearsay.
12 MR. HUFF: All right. I agree.
13 BY MR. DESAI:
14 Q. And this is a little confusing and that's
15 why I'm trying to break it down. Okay? You went to
16 the nurse?
17 A. Uh-huh.
18 Q. She sent you back to work or you went back
19 to work; is that right?
20 A. Yes.
21 Q. You continued working for a period of
22 time; is that right?
23 A. Yes.
24 Q. And then you went to Kim?
25 A. Yes.

1 Q. And then you informed her what you said,
2 is that you were hurting?
3 A. Yes.
4 Q. And that's when you were told that you
5 walk out that door, you're fired; is that right?
6 A. Yes.
7 Q. And then it was that following Monday that
8 you went to see the doctor?
9 A. Yes.
10 Q. Is that right?
11 MR. HUFF: I have to object to
12 leading questions. You can ask him when he went back
13 to the doctor, but --
14 MR. DESAI: He already testified it
15 was Monday. I'm just verifying it.
16 MR. HUFF: It's still a leading
17 question.
18 MR. DESAI: Okay. Fair enough.
19 THE COURT: All right. I'm going to
20 ask everyone to step out but the lawyers, please.
21 (Off the record.)
22 THE COURT: Let's go back on the
23 record.
24 BY MR. DESAI:
25 Q. All right. What we were talking about --

1 and if I can just take a minute to summarize what he
2 had said so that he -- to just bring him back to
3 where we were.
4 Injury. You went to see the mill nurse.
5 You went back to work and at some point you reported
6 to Kim, at which point she told you either -- if you
7 go out the door, you're gone. And now we are back to
8 Monday after that conversation.
9 THE COURT: Is that whole list Mr.
10 Desai just listed, is that all your recollection of
11 what you testified to?
12 THE WITNESS: Yes.
13 THE COURT: All right. Go ahead.
14 BY MR. DESAI:
15 Q. And just to make it clear, there was a
16 period in between you first going to the nurse and
17 then going to Kim; is that right?
18 A. Yes.
19 Q. And you mentioned earlier that was less
20 than a month, right??
21 A. Yes.
22 Q. Okay. After your conversation with Kim,
23 you went to see your family physician; is that right?
24 A. Yes.
25 Q. And do you recall the date?

1 A. No. It was...
2 Q. If you don't remember, you don't remember.
3 A. I don't remember.
4 Q. Okay. Fair enough.
5 MR. DESAI: Commissioner, that's the
6 4/20 record that I mentioned earlier. I looked up
7 the day. It actually happens to be a Monday. It's
8 part of the medical records. That was Page 54 of our
9 APAs, Commissioner.
10 THE COURT: Okay.
11 BY MR. DESAI:
12 Q. Now, what did you tell your -- who did you
13 see that day when you went to see the doctor or do
14 you remember?
15 A. I seen so many doctors, I can't remember.
16 Q. But do you remember that first time that
17 when you went to see your family physician? Was it a
18 lady? Was it a man? Do you know who that was?
19 A. It was -- it was the -- the practitioner,
20 I think. I seen her.
21 Q. And is that who you are referring to when
22 you say you went to see a doctor or is that somebody
23 else?
24 A. Yes.
25 Q. Okay. Did you tell them you were hurting?

1 A. Yes.
2 Q. What specifically did you tell them or do
3 you remember?
4 A. I just said I got it hurt at work and I
5 was just hurting, and she said that she could give me
6 a light duty paper for, I think, seven days and she
7 could write me out of work for that day.
8 Q. Okay. Did she, in fact, give you a light
9 duty note?
10 A. Yes, yes.
11 Q. And did you take that back to your
12 employer?
13 A. Yes.
14 Q. And who did you take that note back to??
15 A. I took that one to Stan Brooks.
16 Q. And who is Stan Brooks?
17 A. He is the HR man at the mill.
18 Q. And I didn't do a very good job asking you
19 who Kim was. Who is Kim, by the way?
20 A. She's one of the supervisors from first.
21 She's in the weave room.
22 Q. Okay. And is that who you report to
23 directly?
24 A. Yes.
25 Q. And what is Kim's last name?

1 A. LeCroy.
2 Q. Okay. Took the note back to the HR
3 department, right?
4 A. Yes.
5 Q. And what did they say? What was -- what
6 was your understanding of -- did they allow you back
7 to work light duty?
8 A. No.
9 Q. What was your understanding of why they
10 did not allow you to work light duty?
11 A. They said they didn't have light duty and
12 for -- I had to be on --
13 Q. Your understanding. You could probably
14 talk about HR.
15 A. My understanding of -- let's see. How was
16 I -- did it go -- we went -- when I handed him the
17 paper, he said, "I'm sorry. We don't have light
18 duty. You just take off for seven days." Well, I
19 had to go back to the doctor again and she kept me
20 out a little bit longer. And let's see. I've yet --
21 yet to go back to work.
22 Q. Have you -- were you asked to fill out any
23 kind of accident report?
24 A. No.
25 Q. Did they even mention any sort of workers'

1 comp benefits to you whatsoever?
2 A. No.
3 Q. Okay. Why haven't you returned back to
4 work with your employer?
5 A. My arm is still hurt and the doctor still
6 got me out.
7 Q. And the last time you communicated with
8 the employer, what is your understanding of
9 availability for light duty?
10 A. They don't have it.
11 Q. And what leads you to believe that or what
12 led you to believe that?
13 A. I don't really exact -- I don't understand
14 that question.
15 Q. Okay. Is that your understanding because
16 of the conversation between you and the HR person?
17 A. Right.
18 Q. Okay. Prior to getting injured, what type
19 of physical activities did you do at your work as far
20 as lifting, walking, standing, stooping, pushing,
21 pulling? Tell me about that. What was the --
22 A. Pretty active. You stayed busy, you know,
23 pulling the warp. Sometimes the slasher room had
24 warps down and we had to go down there and pull them
25 down.

1 Q. Okay. In your opinion, just speaking for
2 yourself, would you had been able to do that job if
3 you were hurting the way you are hurting right now?
4 A. No.
5 Q. And would you have been able to do it for
6 a year?
7 A. No..
8 Q. How long did you continue going to your
9 doctors for the pain?
10 A. I'm still going to them.
11 Q. Okay. And at some point, did you end up
12 going to see an orthopedic doctors?
13 A. Yes.
14 Q. And who do you recall seeing?
15 A. I seen someone over here at Palmetto
16 Proactive.
17 MR. DESAI: Commissioner, may I lead
18 on this one? I mean, it's part of the medical
19 records. I'm just going to see if he went to a
20 particular practice.
21 MR. HUFF: I have no problem with
22 that.
23 THE COURT: Go ahead.
24 BY MR. DESAI:
25 Q. Did you go to Palmetto Bone & Joint? Do

1 you recall going to them?
2 A. Yes.
3 Q. Okay. Who sent you to them??
4 A. Let's see. It was the family doctor.
5 Q. Okay. And do you recall the date on that?
6 A. No.
7 Q. Could it -- was it sometime after the
8 family practitioner visit?
9 A. Yes.
10 Q. Of April 20th that we talked about?
11 A. Yes.
12 Q. Okay. Was it about more than a month or
13 less than a month? If you don't -- if you don't
14 remember, that's perfectly okay.
15 MR. DESAI: Commissioner, if I can
16 just show him a document that's already been
17 submitted, Page 39 of my APA?
18 THE COURT: Let me turn to that. Let
19 Mr. Huff turn there first, please.
20 MR. DESAI: Yes, sir.
21 MR. HUFF: Thirty-nine. Okay. I'm
22 there.
23 BY MR. DESAI:
24 Q. Let me just refresh his recollection here.
25 Do you see what that says, that date right there,

1 5/13?
2 A. Uh-huh.
3 Q. Is that -- do you agree that that's
4 probably the right date?
5 A. Yes.
6 MR. DESAI: Commissioner, that's the
7 page.
8 BY MR. DESAI:
9 Q. Now, do you recall what did you tell the
10 doctors that particular visit?
11 A. That I -- it was hurt at work and they had
12 no light duty. I went through it so much talking to
13 him and all, I don't remember exactly what.
14 Q. Okay. But you did -- do you recall
15 telling him how long you'd been hurting or when that
16 accident could have happened? If you don't, you
17 don't.
18 A. I may have said --
19 THE COURT: If you don't remember,
20 you don't remember.
21 THE WITNESS: Yeah, I don't.
22 MR. DESAI: Okay. Commissioner, I
23 would just point your attention Page 39 in the
24 paragraph where it says, "History of Present Illness:
25 42-year-old white male here for one or two months of

1 right lateral elbow pain." And I say that one or two
2 months is significant because the day is 5/13 and it
3 encompasses that time where the injury could have
4 happened and I think that's the most accurate
5 reporting page and the symptoms.
6 BY MR. DESAI:
7 Q. Did you -- did you know anything about
8 workers' comp or anything like that at that time?
9 A. No.
10 Q. When did you hire me; do you remember?
11 A. It was -- I don't even remember that date.
12 Q. Was it after May 13th?
13 A. After --
14 Q. Was it two months after the injury or
15 three months after the injury?
16 A. Yes.
17 Q. Okay. Do you believe you were being
18 honest with the doctors when you told them that you
19 had been hurting for one or two months?
20 A. Yes.
21 Q. Were you honest to Dr. Jacobus?
22 A. Yes.
23 Q. Let's talk about Dr. Jacobus very briefly
24 and then I'm done, Commissioner. What -- when did
25 you go see Dr. Jacobus, if you remember?

1 A. I don't remember.
2 Q. That's okay. Do you believe you were
3 honest with Dr. Jacobus?
4 A. Yes.
5 Q. How much time did Dr. Jacobus spend with
6 you?
7 A. Quite a bit.
8 Q. When you say "quite a bit," more than an
9 hour?
10 A. Around an hour. Maybe a little more.
11 Q. Okay. Do you believe that he was very
12 thorough? Do you think he asked you all the
13 questions you felt -- do you feel -- were you happy
14 with that visit?
15 A. Yeah.
16 Q. Okay. Did you tell Dr. Jacobus everything
17 that you felt like he needed to know?
18 A. Yes.
19 MR. DESAI: Okay. All right.
20 Commissioner, at this point I will just go ahead and
21 say that all of this is in evidence, so there's
22 really not a whole lot. I would only direct you to
23 the IME that was performed by Dr. Jacobus. He does
24 mention -- he talks about the history, his
25 appointment, talked about the forms that were filled

1 out and more important --
2 THE COURT: I will read all of the
3 APAs.
4 MR. DESAI: Yes, sir.
5 BY MR. DESAI:
6 Q. Are you still hurting?
7 A. Yes.
8 Q. If the Commissioner were to rule for you
9 -- the Commissioner were to rule in your favor, what
10 do you want?
11 A. I want my arm to quit hurting.
12 Q. Do you want to go back to your doctor?
13 A. Yes.
14 Q. Is that all -- is that what you want?
15 A. Yeah. I want my arm like it was, you
16 know, or close to being like it was.
17 Q. Do you want to go back to work after it's
18 done hurting?
19 A. Yes.
20 MR. DESAI: Okay. I have nothing
21 else, Commissioner.
22 THE COURT: All right. Mr. Huff.
23 MR. HUFF: Thank you.
24 CROSS-EXAMINATION
25 BY MR. HUFF:

1 Q. Let me go back a little backwards here to
2 see something. You have filed a claim that what's
3 happened to you and the problems that you're having
4 right now and you're saying it's a result of getting
5 hurt on the job on March 17th of 2015?
6 A. Yes.
7 Q. And I took your deposition and I thought
8 you may have had two accidents and you told me you
9 only had one accident; is that correct??
10 A. I don't understand what you --
11 Q. I'll rephrase the question. Did you have
12 more than one injury by accident while working for
13 Alice or only this one?
14 A. That's just that one.
15 Q. Have you ever had any other workers' comp
16 claims before?
17 A. No.
18 Q. With anybody?
19 A. No.
20 Q. Never had any before? And you're sworn to
21 tell the truth and nothing but the truth, so help you
22 God?
23 A. Not that I recall of any of them, no.
24 Q. You don't remember any of them? Let me
25 ask you something and it's a very simple question

1 because your answer is truthful; right? Is your
2 answer truthful today?
3 A. Yes.
4 Q. You're not giving false testimony today?
5 A. No.
6 Q. You're not lying under oath today?
7 MR. DESAI: I think we've belabored
8 that point.
9 THE COURT: Let's move on.
10 MR. HUFF: I'll move on.
11 BY MR. HUFF:
12 Q. Let me show you a document and ask you if
13 this document looks familiar to you?
14 MR. DESAI: Before we go into any of
15 that, Commissioner, if I may object to any exhibits
16 that --
17 MR. HUFF: It's impeachment. I'm not
18 going to --
19 MR. DESAI: I understand that. I
20 have the right to inspect any documents that may be
21 presented today or subject --
22 MR. HUFF: (Mr. Huff gives documents
23 to counsel.)
24 MR. DESAI: There you go. That's a
25 great notice.

1 MR. HUFF: I'm not using --
2 MR. DESAI: I don't know what the
3 question is going to be. I had the right to know
4 what it is that he is relying on to ask to impeach my
5 client. I had the right to inspect that document.
6 MR. HUFF: I'm giving it to you to
7 inspect it. I'm not giving it to the Commissioner.
8 I'm just asking --
9 MR. DESAI: That's not going to be
10 part of the exhibit, is what you're telling me?
11 MR. HUFF: I'm not planning on -- I'm
12 going to ask what his testimony is. If he commits
13 perjury, I'm going to -- definitely going to put it
14 in.
15 MR. DESAI: But who would you rely on
16 to admit this document, sir?
17 MR. HUFF: I don't have to answer
18 your question.
19 MR. DESAI: Sir, I would object to
20 the admittance -- first of all, the referring to this
21 document. I don't even know what this document is.
22 It's the first time I've seen it. Mr. Huff has had
23 ample opportunity to list his exhibits that he
24 intends on introducing today in court, especially if
25 he wants that to be part of the record. Now, I don't

1 know what these documents are. I don't know what the
2 foundation of your documents -- these documents is
3 going to be. I don't know who is going to introduce
4 this. A lawyer certainly can't be a witness. So I
5 don't know what -- how that comes in.
6 MR. HUFF: You can object when I try
7 to put it in. But right now, you can't do an
8 objection because you don't know how I'm going to put
9 it in. And I'm not obligated to tell you my strategy
10 on how I plan to present my case.
11 MR. DESAI: I don't need to know
12 that, Commissioner, but he's referring to a document
13 that could or could not come in, number one, and he's
14 never even shared that with anyone.
15 THE COURT: He can ask him a question
16 about it.
17 MR. DESAI: Okay.
18 THE COURT: Your objection as to
19 whether or not it comes in, that's another issue and
20 we'll deal with that should he want to offer.
21 MR. DESAI: Sounds good. And I would
22 just ask at that time, if he were to offer, I would
23 ask the Commissioner to ignore that document.
24 THE COURT: Well, we'll deal with
25 that when that time comes.

1 MR. DESAI: Thank you, sir.
2 THE COURT: All right. Go ahead, Mr.
3 Huff.
4 BY MR. HUFF:
5 Q. I gave a copy to your attorney. I'm going
6 to give you a copy of this document, sir, and I'm
7 going to have you look at it and then I'll have you
8 turn to Page No. 5. Is that your signature, Jeffrey
9 Miller?
10 A. This one right here?
11 Q. Yes.
12 A. It's not my signature.
13 Q. That's not your signature?
14 A. No, sir.
15 Q. This right here says, "Employer."
16 A. That's -- I ain't even heard of that
17 place.
18 Q. Okay. Thank you.
19 MR. DESAI: I guess I need to look at
20 the medical records to make sure we got the right
21 Jeffrey Miller.
22 BY MR. HUFF:
23 Q. Your attorney brought this up in your
24 direct examination about your criminal record, and
25 you said you had two DUIs and a couple of others.

1 What couple of others have you had?
2 A. I think CDV, criminal domestic violence.
3 Drunk and disorderly, I think might be one of them.
4 No felonies, nothing like that bad.
5 Q. Ever broke into automobiles or anything
6 like that?
7 A. No.
8 Q. Do you remember getting arrested in April
9 of 1990 for auto breaking?
10 A. Yes, I did get arrested for it. Yeah.
11 Q. But you just told me earlier you didn't.
12 Now you did. Okay. Have you done anything involving
13 a fraud?
14 A. No.
15 Q. Have you ever written fraudulent checks in
16 2000 and in 2010?
17 A. I can't even write a check. My ex-wife
18 was the one that wrote the checks out.
19 Q. But you were arrested for it, though,
20 weren't you?
21 THE COURT: Did you sign the check?
22 THE WITNESS: Yeah. Well, I'd sign
23 them and she'd sign them. She put my name on them.
24 She took care of all the bills and all that.
25

1 BY MR. HUFF:
2 Q. What about April of 2005, arrested for
3 receiving stolen goods? You didn't tell me about
4 that one either, did you? April 11, 2005, stolen
5 goods?
6 A. I don't recall that one now.
7 Q. What about just in 2011, February 17th of
8 2011, giving false information? Do you remember
9 getting arrested for that one?
10 A. Yes.
11 Q. You didn't tell me about that, though,
12 when I took your deposition, did you?
13 A. Well, I didn't know exactly how many I did
14 have and you said just a few.
15 Q. All right. Okay.
16 A. When you don't understand the question,
17 you know, I need to get my police record. I forgot
18 it.
19 Q. So you gave that answer because you didn't
20 understand the question? Is that your testimony
21 today?
22 A. (No response.)
23 Q. You said you didn't understand the
24 question. So your testimony is that you didn't
25 understand the question. That's why you answered the

1 way you answered; is that correct?
2 A. Yeah, I guess. You said just name off a
3 few of other ones you had.
4 Q. But you just said today, the answer you
5 gave, was because you didn't understand the question.
6 Is that what you're saying today, that you didn't
7 understand the question when I asked you that
8 question in your deposition? Is that what you're
9 saying or not saying that?
10 A. I don't recall exactly how you said --
11 asked me the questions or which angle you went with.
12 Q. All right. But today did you not just
13 testify earlier you answered the way you answered
14 because you didn't understand the question in the
15 deposition?
16 A. Well, I didn't understand the question. I
17 just answered -- you said a few, just name off a
18 couple of things you had or if you had a criminal
19 record, and I did.
20 Q. So I asked you to name off of a couple of
21 things or did I ask you if you had a criminal record?
22 I never used the words "couple of things," did I? I
23 can go to the index and see if I used the -- I know I
24 didn't use that word.
25 A. I don't know.

1 Q. I asked you in your deposition, "Have all
2 your answers been truthful? Did you understand the
3 questions and give a truthful answer?" And you gave
4 me a one word response and you said, "Yes". So you
5 said every question that I asked you in the
6 deposition you understood and gave truthful answers,
7 correct?
8 A. If I don't recall some of them or I may
9 have forgot about some of them.
10 MR. DESAI: Have we shown him the
11 deposition?
12 MR. HUFF: I'll be glad to.
13 MR. DESAI: Please do. That would
14 help him.
15 BY MR. HUFF:
16 Q. I'll have you look at Page 45, Line 24
17 through 25 and the top of Page 46. Read my question
18 and read the answer.
19 MR. DESAI: It would be easier if you
20 just pointed to it.
21 BY MR. HUFF:
22 Q. I'll read it for you. Line 24, Question,
23 "So if you answered the question, you're indicating
24 you understood the question and gave a truthful
25 answer, correct?" I'm going to have you look at Line

1 2 on the next page and tell me what answer you gave
2 me. Did you say yes or did you say no?
3 A. I said yes.
4 Q. So you understood the question? And all
5 these other things I brought up today that you're now
6 admitting, you never told me about, did you?
7 A. I didn't think I had to tell you
8 everything -- every technical thing, I mean, word for
9 word.
10 Q. Okay. When you talked to the doctors and
11 told them what problems you were having or symptoms,
12 were you truthful to them or were you lying to them?
13 A. I've been truthful with them, yes.
14 Q. All right. When you gave them a time
15 frame on when this happened to you, were you truthful
16 with them or were you lying to them?
17 A. I was truthful to the best of my knowledge
18 and what I could recall.
19 Q. All right. And you testified that you
20 never had any prior arm problems, is that correct, on
21 the right arm?
22 A. I might have had like a -- maybe a pulled
23 muscle or a bruise on it or something like that, but
24 not nothing --
25 Q. Did you ever seek medical treatment for

1 any prior problems with your arm -- with your right
2 arm?
3 A. I'm not sure. I may have. When you're
4 logging, you may -- you get bruising.
5 Q. Do you know when you may have had prior
6 problems or medical treatments?
7 A. I'm not sure.
8 Q. Do you remember denying you ever had any
9 prior problems with your right arm or shoulder in
10 your deposition?
11 A. I may have. I mean, it's --
12 MR. HUFF: Okay. Commissioner, I
13 would just draw the attention as you review my
14 medical evidence, which I think is from -- let me go
15 over there and look at it.
16 MR. DESAI: Page 181.
17 MR. HUFF: Pardon?
18 MR. DESAI: Page 181.
19 MR. HUFF: On Page 181, I bring to
20 the Commissioner's attention. I'd also bring to the
21 Commissioner's attention as you read the note -- the
22 2/27/12 report. And, also, there's a comment of a
23 health report of 10/24/04, and I bring that to the
24 Commissioner's attention.
25 THE COURT: 10/24/04?

1 MR. HUFF: Yes, sir, Commissioner.
2 BY MR. HUFF:
3 Q. Sir, if I gave you the date of May 10,
4 2015 and I said go back one month, would that not
5 take you to April 10th of 2015, one month earlier?
6 A. Yes.
7 Q. Because I'm looking at the report of the
8 5/10/15 report at Baptist Easley Hospital which we
9 put in and it says that this alleged work injury that
10 we're denying occurred one month ago, not two months
11 ago, which would take you all the way back to March.
12 This says one month ago, April. Why did you tell
13 them it's one month ago?
14 A. I don't recall. I mean, I've -- I can't
15 remember dates.
16 Q. Okay. Then I'm looking at Palmetto
17 Proactive Health Care of 6/3 of 2015 and it says, "He
18 has to pull around objects weighing 5,000 to 6,000
19 pounds at work and he states one month ago he noticed
20 burning in his arm." That takes you back to May.
21 That's two months after this alleged accident that
22 you said happened, right?
23 A. When -- when I was out of work, all the
24 time stood still. Well, I'm sorry about the dates.
25 And I -- I did --

1 MR. DESAI: Commissioner, I'm going
2 to object just a little bit about that. I think that
3 some of his questions are misleading in asking that,
4 "Why did you tell him that?" rather than "Did you
5 tell them that?"
6 MR. HUFF: I can ask my questions the
7 way I want to ask them.
8 MR. DESAI: Well, I think those are
9 misleading, but okay.
10 THE COURT: You'll have an
11 opportunity to question him again.
12 MR. DESAI: Thank you, sir.
13 BY MR. HUFF:
14 Q. I'm going to look at this report from
15 Oaktree Orthopedics that your attorney has put in. I
16 think it's Dr. Jacobus. Does that sound correct to
17 you?
18 A. Yes.
19 Q. How many times have you seen Dr. Jacobus?
20 A. A bunch.
21 Q. All right. When you first saw him this
22 date of August 4th of 2015, how long did he spend
23 with you?
24 A. I don't recall. It was -- we just -- it's
25 been a while.

1 Q. Was anybody in the room with him other
2 than you?
3 A. My girlfriend.
4 Q. Did you give him any false information?
5 A. None that I -- that I intentionally did of
6 any kind. I mean, I told him everything because he's
7 trying to help me.
8 Q. Did you lie to him?
9 A. No.
10 Q. So whatever you told him was truthful?
11 A. Yes.
12 Q. What item do you push or pull that has
13 significant weight? Is it these 5,000 to 6,000
14 pounds -- what do you call them?
15 A. Beams.
16 Q. Beams.
17 A. The beams, you know, it's just like I
18 said, you pull them off. It takes two people to pull
19 the weight off of the beams. And you having to pull
20 the beam itself, get it spinning, and you have to
21 pull the waste up off of them.
22 Q. Are you moving the beam or just pulling
23 some waste off of them?
24 A. No, it's -- the beam is sitting on a -- on
25 the side of the crane on the machine which has got

1 two arms like this. The beam is sitting -- you pull
2 the beam out on them little hangers on it and it's
3 sitting in -- up in there. You just take off and
4 start pulling. It don't have bearings on it. It
5 don't have a gear to turn it or nothing. It's just
6 you've got to pull it by muscle.
7 Q. Why would you apply a rope?
8 A. I don't know why you got -- I don't
9 understand that. What now?
10 Q. Are you using a rope to turn it?
11 A. No, you wrap it up and twist the waste.
12 You twist it up like a rope and then start pulling it
13 so you can -- you can't -- you got to get it in your
14 hands and then, you know -- most of the time it will
15 wrap it around your hand and get it.
16 Q. And who is that helping you do that?
17 A. Scott Raymond.
18 Q. He could verify this happened? You told
19 him it happened? He saw it happen?
20 A. Yes, he was right beside me.
21 Q. Where is he today? Did you subpoena him
22 to be here today?
23 A. No.
24 Q. Okay. So you have a witness that could
25 verify this happened and you didn't subpoena him to

1 be here today; is that true?
2 A. (No response.)
3 Q. Is that true?
4 A. Yes.
5 Q. Okay. Isn't it true that you were having
6 right arm pain and numbness back in -- I'm showing on
7 February 27th of 2012 that you went to the Baptist
8 Easley Hospital and told them that, isn't that
9 correct, right arm numbness?
10 THE COURT: What was the date of
11 that, Mr. Huff?
12 MR. HUFF: That is 2/27/2012 at
13 16:45, which, I think, would be 4:45.
14 BY MR. HUFF:
15 Q. Do you remember it? It says it right
16 there, "Right arm numbness." Did you go there for
17 that treatment?
18 A. I did, yes.
19 Q. I'm showing that -- and it's my APA, I
20 think, Page 209. It's the emergency room department
21 on 5/10 of 2015 and you had an accident one month
22 before that. That would be April 10th of '15, which
23 would be after the date that you're saying of 3/27;
24 is that correct?
25 A. I don't --

1 MR. DESAI: If you don't know, you
2 don't know.
3 BY MR. HUFF:
4 Q. Yet the report that I have on Page 209 and
5 210 of my APAs from the hospital dated May of 2015,
6 May 10th, gives the following history, "Right elbow
7 and shoulder pain from a work injury one month ago."
8 Would you dispute that that's what it would say?
9 A. And that's from 2012?
10 Q. No, this is 2015. One month earlier than
11 May would be April, which is after the date you said.
12 MR. DESAI: The records say what they
13 say. I don't know how he can verify -- I mean, they
14 say what they say. They've been admitted.
15 MR. HUFF: I'm asking does he dispute
16 it. He's disputed other stuff.
17 THE WITNESS: Then it says what it
18 says. That's all I'm saying.
19 BY MR. HUFF:
20 Q. Thank you. Do you remember going to
21 Palmetto Proactive Health Care for treatment?
22 A. Yes.
23 Q. I'm showing one on June 3rd of 2015 and it
24 says, "He states about one month ago, he noticed a
25 burning pain in his arm." Would you dispute that?

1 A. I guess all my months got messed up right
2 there when you are having to worry about family to
3 take care of at home.
4 MR. HUFF: I'm going to be near the
5 end, Commissioner. Just one second.
6 THE COURT: All right.
7 MR. HUFF: I have no further
8 questions. Thank you.
9 THE COURT: All right. Mr. Desai.
10 MR. DESAI: Very briefly,
11 Commissioner.
12 REDIRECT EXAMINATION
13 BY MR. DESAI:
14 Q. You were asked -- earlier you were --
15 Mr. Huff went through the criminal records. Do
16 you remember that?
17 A. Yes.
18 Q. At the time that you answered those
19 questions, did you believe you were telling the
20 truth?
21 A. Yes.
22 Q. And let me point you to your deposition,
23 Page 41.
24 MR. DESAI: By the way, have we
25 marked and given the Commissioner a copy?

1 MR. HUFF: I'm not putting it in.
2 It's a discovery deposition.
3 MR. DESAI: Okay. That's great.
4 Well, then, I can give -- I'll refer to it just like
5 you did.
6 BY MR. DESAI:
7 Q. Do you recall telling -- do you recall
8 what was asked of you that particular day?
9 A. No, not really.
10 Q. Let me -- can you read that for the record
11 please, sir?
12 MR. HUFF: And what are you reading
13 from?
14 MR. DESAI: Starting right here, Page
15 41, Line 3.
16 MR. HUFF: Thank you very much.
17 MR. DESAI: Commissioner, if you'll
18 allow me to, I'd like to read it in the record just
19 to --
20 MR. HUFF: I have no --
21 MR. DESAI: -- if that's okay with
22 everybody.
23 MR. HUFF: I have no objection.
24 BY MR. DESAI:
25 Q. The question is: "I think earlier you

1 testified -- you did testify that you had been
2 arrested?" Answer by Mr. Miller is, "Yes."
3 "How many times have you been arrested?"
4 "Answer: About seven or eight."
5 "Tell me what you've been arrested for."
6 "DUI."
7 "All right. More than one time?"
8 "Right."
9 "Yes?"
10 He says, "Yes."
11 "You told me at least two times."
12 "Yes."
13 "All right. What else?"
14 "Driving under suspension."
15 "All right."
16 "I think CDV," is what Miller says.
17 "Question: Criminal domestic violence?"
18 "Answer: Yes."
19 "Question: How many times for that? Once,
20 twice?"
21 "Answer: Two, I think."
22 "Question: Two times. Anything else?"
23 "I got two DUIs, two criminal domestic
24 violence, driving under suspension."
25 He says, "I think that's it."

1 Now, can you -- you said seven or eight
2 times, did you not?
3 A. Yes.
4 Q. If you count all that up, how many numbers
5 is that? What does that add up to? Two DUIs, two
6 CDVs, and a driving under suspension?
7 A. Eleven.
8 Q. Wait a minute. Two DUIs, right?
9 A. Two.
10 Q. Two CDVs?
11 A. That's four.
12 Q. And a driving under suspension. What does
13 that come up to, five?
14 A. Five.
15 Q. And you said seven to eight, right?
16 A. Uh-huh.
17 Q. So you did tell Mr. Huff that you were
18 arrested on seven to eight -- on seven to eight
19 different occasions, did you not?
20 A. Yes.
21 Q. And you were being honest about that?
22 A. Yes.
23 Q. You just didn't remember the exact crime
24 that you were charged with?
25 MR. HUFF: I object. The question is

1 a leading question. You can't --
2 MR. DESAI: I retract that question.
3 MR. HUFF: Thank you.
4 BY MR. DESAI:
5 Q. Mr. Huff talked to you about a 2012 note
6 where you were complaining not only of -- he
7 mentioned just the right arm. Were there other
8 things you were complaining of that day that you can
9 recall?
10 A. Yeah, the -- let's see.
11 Q. If you don't recall, you don't recall.
12 MR. HUFF: Commissioner, I'll object.
13 MR. DESAI: Okay. Fair enough.
14 BY MR. DESAI:
15 Q. This is the chief complaint and let me
16 read that and you tell me if you didn't complain of
17 that. Okay? Page 181, defendants' APA. His chief
18 complaint about a third down on the page, sir.
19 "Complains of right arm numbness, right facial
20 numbness, onset with dizziness and headache." Do you
21 recall why you were in the hospital that day?
22 A. The medication was -- the doctor that give
23 me was wrong, I think. Yeah, yeah.
24 Q. You had a reaction to the medication?
25 A. Yes. It was two medicines that wasn't

1 supposed to be put -- you can't take two of them at
2 the same time and I was on it.
3 Q. All right. Page 204 of defendants' APA.
4 Do you recall getting this particular document? Do
5 you recall --
6 A. Yes.
7 Q. -- being discharged from there?
8 A. Yes.
9 Q. Do you recall this document?
10 A. Yes.
11 Q. And do you recall what that document said?
12 Did somebody read this to you and explain it to you
13 at the time you were discharged?
14 A. Yes.
15 Q. Did you understand that if your pain were
16 not to get better, you were to get a follow-up MRI 24
17 to 48 hours if symptoms persist?
18 A. Yes.
19 Q. Did you ever get an MRI in 24 to 48 hours?
20 A. No.
21 Q. Why is that?
22 A. They took me off the medication.
23 Q. And you never had any symptoms again?
24 A. No.
25 Q. Going back to the 6/3 note that Mr. Huff

1 referred to earlier, I think you have the right to
2 read the entire note. The note says, "He states
3 about one month ago, he noticed burning in his arm."
4 MR. DESAI: If I may, Commissioner,
5 I'd like to read the entire note. And it's only
6 three or four lines.
7 MR. HUFF: What's the page number?
8 MR. DESAI: Claimant's APA, Page 32,
9 sir.
10 MR. HUFF: Appreciate it.
11 MR. DESAI: And it's in the problem
12 section, line two. For the sake of completeness, it
13 says, "He informed his supervisor --" so it goes --
14 "He states about one month ago, he noticed burning in
15 his arm. Right arm. He informed his supervisor, but
16 nothing was done. Patient continued to work for
17 another month and pain and burning got worse.
18 Patient went to PCP who sent him to another facility
19 where the doctor stuck a needle in and out of my arm
20 and -- made -- made pain worse. Diagnosis was
21 tendonitis. Patient states he now cannot move his
22 arm. He cannot make a fist. His shoulders and
23 elbows are popping. He has swelling down the arm and
24 hand and he states that his fingers go numb."
25 MR. HUFF: Page number again?

1 MR. DESAI: 32, sir.
2 MR. HUFF: Appreciate it.
3 BY MR. DESAI:
4 Q. So that note was written in June; is that
5 right?
6 A. Yes.
7 Q. So according to that note -- if you were
8 to read the entire note, the first time you
9 complained of was about three months ago or
10 approximately thereof; isn't that right?
11 MR. HUFF: I'll object. It is a
12 leading question.
13 MR. DESAI: I mean, it speaks for
14 itself. The first line is what it is and then (the
15 doctor goes on to say exactly what you want it to say
16 which matches the timeline. I have nothing else.
17 Thank you.
18 THE COURT: Mr. Huff.
19 RECROSS-EXAMINATION
20 BY MR. HUFF:
21 Q. All right. Let's look at this one here,
22 Page 32. It's dated June. One month ago you noticed
23 it which would take you to May. If you continued to
24 work another month --
25 MR. DESAI: Are you asking -- I need

1 you to say something on the record, if that's okay.
2 MR. HUFF: I'm going to ask a
3 question. I'm just reading it so I can form my
4 question.
5 MR. DESAI: While he forms a
6 question, Commissioner, I'll just -- I don't know
7 what your general practice is about a very quick
8 two-minute summation as far as pointing to the
9 evidence.
10 THE COURT: No summation.
11 MR. DESAI: Okay. That's why I
12 wanted to make sure if I needed to ask that question
13 of if I need to go ahead and read it until the
14 hearing is over.
15 BY MR. HUFF:
16 Q. All right. Looking at this report, it
17 says, "One month ago, he noticed burning in his arm."
18 Next sentence, "He informed his supervisor." So when
19 you noticed that pain in your -- that burning in your
20 arm, you notified your supervisor?
21 A. Yes, I told him.
22 Q. If this happened in June and you haven't
23 worked since March, how could you have ever informed
24 her?
25 A. All I know is I told her and --

1 Q. It says also -- this is -- this is June.
2 It happened a month before which is May. And it says
3 you continued to work for another month. How could
4 you continue to work for another month when you're
5 already not working?
6 A. I think the dates are all messed up there
7 somewhere.
8 MR. HUFF: I have nothing further.
9 MR. DESAI: Commissioner, this is
10 very important and I do need to set this up in that
11 this makes absolutely no sense. It's consistent in
12 itself when it says one month on his arm.
13 MR. HUFF: Are you still referring to
14 Page 38?
15 MR. DESAI: That is correct.
16 Thirty-two, sir.
17 MR. HUFF: Thirty-two.
18 FURTHER REDIRECT EXAMINATION
19 BY MR. DESAI:
20 Q. Reading the entire note that I have in the
21 record, it states -- now, tell me if this was right
22 or wrong. "He informed his supervisor, but nothing
23 was done." Is that true?
24 A. Yes.
25 Q. And that was on 3/17?

1 MR. HUFF: I object to the leading
2 question.
3 THE WITNESS: Yes.
4 MR. HUFF: He can ask what date it
5 was, but not suggest the answer. That's leading.
6 BY MR. DESAI:
7 Q. Do you recall what date that was?
8 MR. HUFF: You've already suggested
9 the answer.
10 THE WITNESS: Yes, it --
11 THE COURT: Would you have known the
12 date if you had not heard Mr. Desai just say it?
13 THE WITNESS: I'd have to think on
14 it.
15 MR. DESAI: Commissioner, he's
16 already testified that he was injured on that date,
17 the date of the accident.
18 BY MR. DESAI:
19 Q. That's why it says, "Continued to work for
20 another month and pain/burning got worse." Is that
21 right?
22 A. Yes.
23 Q. You testified earlier that the pain got
24 worse and then you ended up going to see your primary
25 care physician; is that right?

1 A. Yes.
2 Q. Is that consistent with that? If the
3 injury would have occurred on March 17th and the pain
4 -- you continued to work, right?
5 A. Yes.
6 Q. And the pain got worse and then you went
7 to see your primary care physician, is that right,
8 your family doctor?
9 A. Yes.
10 Q. And that's who you went to see on 4/20, as
11 you testified earlier, did you not?
12 A. Yes.
13 Q. You went to see another facility after
14 that; is that right?
15 A. Yes.
16 Q. And then you went to see Palmetto
17 Proactive Health Care; is that right?
18 A. Yes.
19 Q. So that is the order of how that all
20 happened; is that right?
21 MR. HUFF: I'm going to object to
22 suggesting the answer again.
23 MR. DESAI: I'm just asking if that
24 order that's stated in there is how it happened.
25 THE COURT: He didn't suggest the

1 order. He can ask that question. He didn't suggest
2 the order. He said, "Is that the order?"
3 BY MR. DESAI:
4 Q. Is that the order that it happened in?
5 Did you see the doctors in that order as it's stated
6 in that note?
7 A. I believe -- I believe so.
8 Q. Did you tell this physician or provider
9 that it happened a month ago or do you recall?
10 A. I don't recall. I may have.
11 MR. DESAI: I have nothing else.
12 THE COURT: Mr. Huff?
13 MR. HUFF: I have nothing further.
14 THE COURT: All right. Thank you,
15 sir. All right. Let's go off the record, please.
16 (Off the record.)
17 THE COURT: Let's go back on the
18 record. I believe we had finished with Mr. Miller.
19 Any other witnesses, Mr. Desai?
20 MR. DESAI: I'm not going to call
21 anyone.
22 THE COURT: All right. That's your
23 case?
24 MR. DESAI: Yes, sir, it is.
25 THE COURT: All right. Very well.

1 All right. Mr. Huff. Witnesses?
2 MR. HUFF: Yes, Kim LeCroy. Capital
3 L, little E, capital C-R-O-Y.
4 THE COURT: All right. Ma'am, I've
5 got two requests for you. The first is speak up.
6 The young lady down there sitting by you is making
7 the record. She needs to hear you, both of the
8 attorneys need to hear you, and I need to hear you.
9 THE WITNESS: Okay.
10 THE COURT: And while this is a small
11 room, sometimes folks trail off. They get so
12 involved in a communication with whoever's asking
13 questions, they forget about the rest of us.
14 THE WITNESS: Yes.
15 THE COURT: So please remember to
16 speak up. And my other request is, if you're asked a
17 yes or no question, please give us a verbal yes or a
18 verbal no answer. That will be clearer for us here
19 today and it certainly will be clearer in the record
20 for anybody reading that record in the future. Okay?
21 THE WITNESS: Okay.
22 (KIMBERLY LECROY, being first duly
23 sworn to tell the truth, testified as follows:)
24 THE COURT: Please state your full
25 name for the record.

1 THE WITNESS: Kimberly LeCroy.
2 THE COURT: All right. Very good.
3 Thank you, ma'am. Mr. Huff, your witness.
4 DIRECT EXAMINATION
5 BY MR. HUFF:
6 Q. Ms. LeCroy, can you tell me where you're
7 employed?
8 A. Alice Manufacturing.
9 Q. Can you tell me how long you've been an
10 employee of Alice Manufacturing?
11 A. Forty-one years.
12 Q. And what is your current job title?
13 A. Shift manager.
14 Q. And does that make you a supervisor?
15 A. Yes, sir.
16 Q. All right. And were you a supervisor at
17 Alice Manufacturing on March 17th of 2015?
18 A. Yes.
19 Q. Do you know a Jeffrey A. Miller who is
20 sitting across the table from you??
21 A. Yes.
22 Q. Where is he employed?
23 A. Where is he employed?
24 Q. Yes.
25 A. Alice Manufacturing-Ellison.

1 Q. At Alice Manufacturing-Ellison, are you
2 his immediate supervisor?
3 A. Yes.
4 Q. All right. So he's one of the people that
5 works under -- directly under you, correct?
6 A. Yes.
7 Q. We are here today on a -- on the accident
8 that he says occurred on March 17th of 2015. Were
9 you an employee on that day?
10 A. Yes.
11 Q. Do you have knowledge -- was he an
12 employee on that day?
13 A. Yes.
14 Q. All right. Did there come a point in time
15 that you were aware that Mr. Miller was alleging that
16 he sustained an injury while working at Alice
17 Manufacturing?
18 A. Yes.
19 Q. Did you have interaction and communication
20 with him regarding the alleged accident on March 17,
21 2015? Did you have any conversation with him
22 regarding this alleged accident?
23 A. Not immediately.
24 Q. Tell me what knowledge you had, if any, of
25 what conversations you've had regarding this alleged

1 accident of March 17, 2015.
2 A. On March the 20th, Allen was absent from
3 work and he left a message on the department
4 manager's voice mail that his elbow was hurting from
5 where he had pulled a warp down. My department
6 manager asked me about it, and I told him I didn't
7 know anything about it.
8 Allen was out the following day and did
9 not call in. On Monday when I brought him to talk to
10 him about it, he said that he had to go to the doctor
11 about his elbow. And I asked him what happened to
12 his elbow, and he said that he had told me about it a
13 week prior when I had asked him to doff cloth. He
14 did tell me that his elbow hurt, but he didn't
15 explain to me why his elbow hurt.
16 So I asked him if he did it at work, and
17 he said he wasn't really sure whether he had did it
18 at work or he had did it at home. I asked him if he
19 needed medical attention and he said he did. I asked
20 him why he didn't report the incident or he -- he
21 said that it had -- it had happened about three weeks
22 ago when I asked him when did it happen. He said a
23 few weeks ago. And I asked him why he didn't tell me
24 about it, and he said that he thought it was going to
25 get better on its own.

1 So I asked him if he needed medical
2 attention, that we could get him looked at, and we
3 called Stan to see about it. And I told him that I
4 would have to write him a warning for not reporting
5 the accident and he declined medical attention.
6 Q. Did he ever make any mention to you that
7 it was not work-related, that it may have happened at
8 home?
9 A. He said that it could have happened at
10 home. That same day that we were talking about that,
11 he said that it could have happened at home or it
12 could have happened when he was pulling the warp
13 down.
14 Q. And it could have happened three weeks
15 ago?
16 A. He said that it happened a few weeks ago.
17 Q. Did he say it happened -- this is on a
18 Monday you met with him?
19 A. Yes, sir.
20 Q. Because he didn't mention that it happened
21 the previous Friday?
22 MR. DESAI: Commissioner, I've let a
23 few leading questions go by just because -- for the
24 efficiency aspect of it, but now it's getting a
25 little out of control.

1 THE COURT: Just be careful in the
2 phraseology, please.
3 MR. HUFF: Yes, sir.
4 BY MR. HUFF:
5 Q. Did he give you any other date or day like
6 a Monday, a Tuesday, a Wednesday, a Thursday? Any
7 other day? If you talked to him on Monday, did he
8 make mention to you of any other day that it could
9 have happened?
10 A. No.
11 Q. Did he mention any month or weeks other
12 than what you testified to earlier, three weeks?
13 A. No.
14 Q. Okay. What is your policy out at Alice if
15 a person gets hurt on the job when they're to report
16 it to their supervisor?
17 A. When they report an accident, I record it
18 on an accident form that -- the date and time that it
19 happened and how it happened.
20 Q. Do they have to report on the date the
21 accident occurs or are they supposed to wait a week
22 or ten days? When are they supposed to report?
23 A. They're supposed to report a accident when
24 it happens.
25 Q. You talked to him on Monday, you said?

1 A. I did..
2 Q. Did he come to you on a Friday and report
3 any accident to you?
4 A. No..
5 Q. If he had reported an accident to you on
6 Friday, what, if anything, would you have done?
7 A. I would have wrote it on the accident
8 report and questioned further about what happened.
9 Q. Did you do that on Friday?
10 A. No, he wasn't at work on Friday.
11 Q. Does he work Saturday or Sunday?
12 A. No, sir.
13 Q. You mentioned earlier in your testimony --
14 you used three weeks ago. What was that referring
15 to? Monday, he came in and reported three weeks ago?
16 A. A few weeks ago.
17 Q. Few. Not --
18 A. A few is what he told me. So I didn't
19 have a specific date.
20 Q. And I think you testified earlier, and I
21 may be finished, that he said that it may have even
22 happened at home?
23 A. Yes, sir.
24 MR. HUFF: I have nothing further.
25 THE COURT: All right. Mr. Desai.

1 CROSS-EXAMINATION
2 BY MR. DESAI:
3 Q. Ms. LeCroy, you knew there was a hearing
4 today, did you not?
5 A. Yes, sir.
6 Q. And did you prepare in any way for this
7 hearing?
8 A. No, other than looking over his attendance
9 records and anything that I had written.
10 Q. How many times, if any, have you met with
11 Mr. Huff in regards to this case?
12 A. Just today I've seen him. And at the
13 other -- what was it -- the other hearing, the
14 hearing that we had before this one. It was a
15 preliminary hearing maybe.
16 Q. We haven't had a hearing. We haven't had
17 a hearing before this one.
18 A. Well, maybe it wasn't called a hearing.
19 Deposition maybe.
20 Q. Was it my client's deposition possibly?
21 A. Yes, it was.
22 THE COURT: Let me ask this question:
23 Have you met with Mr. Huff at any time that Mr. Desai
24 was not present? This is Mr. Desai.
25 THE WITNESS: No. No, sir.

1 THE COURT: Okay.
2 BY MR. DESAI:
3 Q. So it's your testimony today that you have
4 not talked to Mr. Huff about the facts of the case,
5 that you have not discussed with Mr. Huff what
6 happened, that you have not discussed Mr. Miller's
7 employment with Mr. Huff on any occasion whatsoever?
8 A. Before we came in here, he just asked me a
9 few other questions about the -- when I did talk to
10 him, you know. Just what I just told you, my
11 testimony.
12 Q. So just a few minutes prior to the
13 hearing?
14 A. Well, not just a few minutes. Well, 30
15 minutes.
16 Q. Okay. Good. Did you talk to anybody else
17 at the plant or with the insurance company about the
18 hearing?
19 A. No, sir.
20 Q. About the case?
21 A. No, sir.
22 Q. About the injury?
23 A. No, sir.
24 Q. Were you asked to bring any documents to
25 the hearing today?

1 A. No.
2 Q. Did you know why this hearing was being
3 conducted?
4 A. I just knew that it was on Allen Miller on
5 a workman's comp.
6 Q. Did you bring any documents today with you
7 that you could present to this Court?
8 A. No, sir.
9 Q. You didn't bring his employment file?
10 A. No, sir.
11 Q. Did you document your conversation -- you
12 said you've been there 41 years?
13 A. Yes, sir.
14 Q. That's a long time. I appreciate that.
15 Thank you. Not many people stick around that long.
16 Were you loyal to the company, you would
17 say?
18 A. Yes.
19 Q. And in a position of seniority?
20 A. Yes.
21 Q. Whose decision was it for you to attend my
22 client's deposition, to come to my office? Who
23 suggested that you should go to this deposition?
24 MR. HUFF: I'm going to object.
25

1 BY MR. DESAI:
2 Q. Was it your decision?
3 A. No, sir.
4 Q. Were you informed that you should go to
5 this deposition?
6 A. Yes, sir.
7 Q. Who informed you or who told you?
8 A. My supervisor.
9 Q. Who would that be?
10 A. David Byers.
11 Q. David Byers. And what is Mr. Byers'
12 title?
13 A. He's a department manager.
14 Q. For whom?
15 A. Alice Manufacturing.
16 Q. He's your boss?
17 A. Yes.
18 Q. And who does he report to?
19 A. He reports to the plant manager.
20 Q. Fair enough. You didn't bring any
21 paperwork?
22 A. No, sir.
23 Q. You did not document the conversation that
24 you had with my client?
25 A. It's in his file.

1 Q. But you didn't -- you didn't think that
2 was important to bring today?
3 A. No, sir.
4 Q. You knew this was a hearing deciding how
5 he was terminated and whether he was injured or not.
6 You didn't think that was important?
7 A. Yes.
8 Q. You already knew before you walked into
9 the hearing what Mr. Miller was going to testify to,
10 did you not, because he said in his deposition;
11 right? You knew?
12 A. Right.
13 Q. You knew what his story was?
14 A. Yes.
15 Q. So you didn't you think that those
16 documents were important to bring to the Court today?
17 A. I turned documents in to workman's comp or
18 Stan. Somebody's got them.
19 Q. Somebody's got them. You've been there
20 for 41 years?
21 A. I have.
22 Q. How many workers' comp injuries have you
23 reported in your 41-year tenure?
24 A. I've not been a supervisor 41 years. But,
25 no, this is my first workman's comp.

1 Q. So you turned in all the documents?
2 A. I turned in the documents.
3 Q. Okay. Do you know who was working with
4 him at the time that this accident happened? There's
5 two people that worked together, right?
6 A. There's two people that worked together.
7 Q. Do you know who was working with him that
8 particular day?
9 A. His -- the person -- well, I don't know
10 because he didn't -- he didn't say he had an injury.
11 Q. You have a schedule, don't you?
12 A. I know his schedule.
13 Q. Do you make it?
14 A. No, I don't make it. He's -- he's got a
15 job that he performs daily.
16 Q. What is your understanding, if any, of
17 when -- do you think Mr. Miller is -- is Mr. Miller
18 still employed by your company?
19 A. Yes.
20 Q. He is?
21 A. Yes, sir.
22 Q. Was he ever terminated at some point and
23 rehired?
24 A. I'm not sure about that.
25 Q. After March 17th?

1 A. After March 17th? Yes, sir.
2 Q. He was terminated and he was rehired? Why
3 is that?
4 A. He failed to communicate being out of
5 work. He was out of work and never notified anyone.
6 Q. Why did you rehire him?
7 A. (No response.)
8 MR. DESAI: I don't have any further
9 questions. Thank you. No further questions.
10 THE COURT: Anything else, Mr. Huff?
11 MR. HUFF: Nothing further.
12 THE COURT: Thank you, ma'am. Other
13 witnesses, Mr. Huff?
14 MR. HUFF: None.
15 THE COURT: All right. That
16 concludes this hearing.
17 (The hearing was concluded.)
18
19
20
21
22
23
24
25

1 CERTIFICATE OF REPORTER

2

3 I, Kimberly T. Power, Court Reporter and Notary Public for the State of South Carolina at
4 Large, do hereby certify:

5 That the foregoing proceeding was taken before me on the date and at the time and
6 location stated on Page 1 of this transcript; that the deponent was duly sworn to testify to the truth,
7 the whole truth, and nothing but the truth; that the testimony and all objections made at the time were
8 recorded stenographically by me and were thereafter transcribed; that the foregoing transcript as typed
9 is a true, accurate, and complete record of the testimony and of all objections made at the time of
10 the examination to the best of my ability.

11 I further certify that I am neither related to nor counsel for any party to the cause
12 pending or interested in the events thereof.

13 Witness my hand, I have hereunto affixed by official seal this 12th day of May, 2016,
14 at Lexington County, South Carolina.

15

16

17

18 _____
Kimberly T. Power, Court Reporter
19 Notary Public
State of South Carolina at Large
20 My Commission Expires: 04/24/2025

21

22

23

24

25

To: Dr. Dwight Jacobus
Oaktree Orthopedics
115 Brushy Creek Rd
Easley, SC 29642

RE: Jeffrey Allen Miller
DOA: 3/17/2015
DOB: [redacted]

M. Miller has been treating with me for an injuries to his right arm, right shoulder, and neck that he sustained at work on March 17, 2015 while he was pushing and pulling material on a machine. It is my opinion to a reasonable degree of medical certainty that his injuries to his right arm, right shoulder and neck are causally related to his work accident of March 17, 2015.

☑ Yes ☐ No

Has Mr. Miller reached MMI or is he in need of additional medical treatment? If he needs additional treatment please explain what treatment is needed.

Has not reached MMI
Needs MRI – Has been scheduled
for follow-up EMG 1-26-16

In your medical opinion has Mr. Miller been unable to work since his injury of March 17, 2015? If yes, please explain.

☑ Yes ☐ No

Repitition activity increases pain –
Complains of muscle weakness and numbness

Do you hold all of these opinions to a reasonable degree of medical certainty?

☑ Yes ☐ No

Have you been given the opportunity to add or redact anything you wish from this questionnaire?

☑ Yes ☐ No

Dr. Dwight Jacobus 1-11-16
Date

FOLLOW UP SHEET

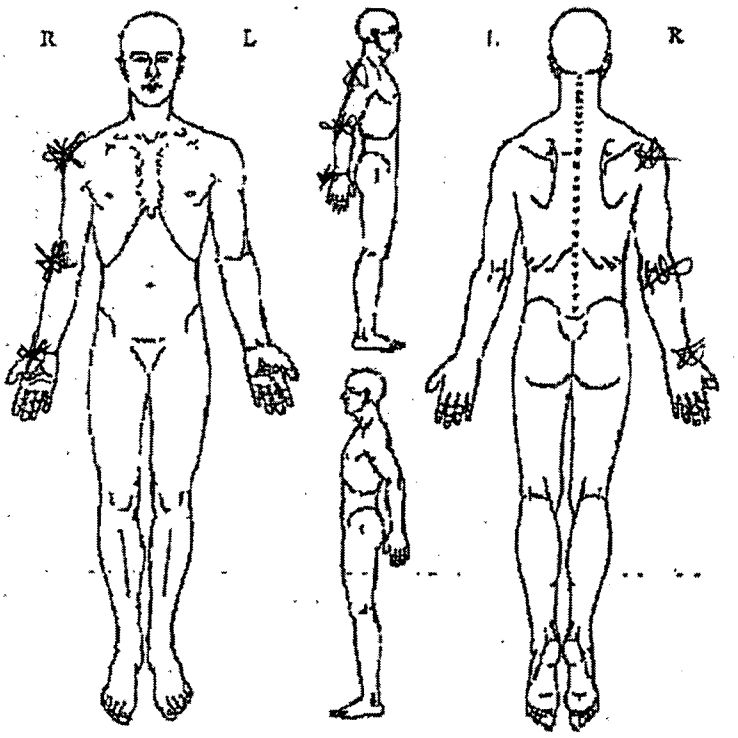
Patient Name: Jeffrey Miller MRN: [redacted]
Today's Provider: JACOBUS Date: 9-4-15

Do Not Count Medication in the Lobby - Thank You

1. Medication	Strength	#You Take Daily	#Fill Date	#Amount Remaining
	10mg	3		

2. Any side effects? No
3. Meds helping? % of relief? 50-60 %
4. Last imaging? (I.e. MRI/CT/XRAY/NCV/EMG)
5. Prior Injections?
6. Chief Complaint? (R) shoulder + elbow
7. Prior Surgery?
8. PT/Chiropractor?
9. Any new meds initiated since last visit (by another provider)? No
10. Activities you have been able to perform over the last month:
11. Pain Scale before med(s) 9 /10; after med(s) 3 /10.
12. Duration(circle): constant intermittent at night
13. Onset/Timing(circle): sudden gradual chronic intermittent
14. Context(circle): bending lifting fall twisting MVA
15. Alleviating factors(circle): heat ice medication sitting standing stretching laying down injection physical therapy
16. Aggravating factors(circle): extension flexion carrying lifting sitting standing walking laying down
17. Meds brought in for verification? No
18. Last took the medications? last night

Please mark your pain location(s) on the diagram below:



Please circle any qualities that best describe your pain:

Dull Sharp Stabbing Shooting Aching Throbbing Burning Tingling Numbness

271643

Circle the symptoms that you are currently experiencing

Constitutional	Eyes	Ears	Nose
fever	dry eyes	difficulty hearing	frequent nose bleeds
night sweats	irritation	ear pain	nose/sinus problems
weight gain	vision change		nasal congestion
weight loss			
exercise intolerance			

Mouth/Throat	Cardiovascular	Respiratory	Gastrointestinal
sore throat	chest pain	cough	abdominal pain
bleeding gums	arm pain on exertion	wheezing	vomiting
snoring	shortness of breath when walking	shortness of breath	diarrhea
dry mouth	palpitations	coughing up blood	decreased appetite
mouth ulcers	shortness of breath while lying down	sleep apnea	GERD
oral abnormalities	light-headed on standing		Dyspepsia
teeth problems			vomiting blood
mouth breathing			change in appetite
acid reflux			black or tarry stools

Genitourinary	Musculoskeletal	Integumentary	Neurological
difficulty urinating	muscle aches	abnormal mole	loss of consciousness
hematuria	muscle weakness	jaundice	weakness
increased frequency	arthralgia/joint pain	rashes	numbness
urinary loss of control	back pain	itching	seizures
incomplete emptying	swelling in the arms/legs	dry skin	dizziness
		growth/lesions	migraines
			restless leg syndrome
			frequent or severe headaches

Psychiatric	Endocrine	Hematologic/Lymphatic	Allergic/Immunologic
depression	fatigue	swollen glands	runny nose
sleep disturbances	increase thirst	bruising	sinus pressure
restless sleep	hair loss	swollen glands	itching
feeling unsafe in a relationship	cold intolerance	easy bruising	hives
alcohol abuse		excessive bleeding	frequent sneezing

OAKTREE ORTHOPAEDICS

115 Brushy Creek Road
Easley, SC 29642
Phone: 864-855-1633 *Fax: 864-855-1323*

PATIENT'S NAME: JEFFREY MILLER
DATE OF BIRTH: [redacted]
MRN:
DATE OF SERVICE: 08/04/2015

HISTORY OF PRESENT ILLNESS:

The patient is seen and evaluated today secondary to significant right elbow discomfort which has been ongoing since around the month of March.

The patient is seen at the kind request of Carolina Law Group because of ongoing pain and discomfort secondary to a work injury that occurred while he was working for Ellison Company in Easley, South Carolina. The patient gives a history that he had a work-related injury when he had to do a lot of pushing and pulling of significant weight equipment. He states that his job required him to pull approximately between 5,000 and 6,000 pounds of material utilizing his arms. The way it is described, it was somewhat rope applied that he had to pull these materials. The patient states that during the month of March, which he thinks was about the middle part of March, he had significant pain in his right elbow that occurred suddenly when he was pulling material. The patient tells me that he tried to continue working, but had increasing pain and discomfort. The patient tells me that during the month of April he finally saw a physician. He tells me in the beginning of the injury time he was not sent for evaluation by the work area, but then in the month of April, they finally sent him for evaluation of his right elbow. He did try to keep working, but was unable to do repetitious pushing and pulling, especially as it applied to the amount of weight that was required at the office area of work. He tells me that he tried to be doing light duty, but they told him they did not have light duty and they took him out of work and he has not worked since April. Pain and discomfort as it refers to his right elbow has been ongoing. It has been getting worse with pain described not only in the elbow along the lateral border, but also into the hypothenar border of the hand with a feeling of numbness and tingling and pain as he tries to move about his thumb and grasp. No previous injuries were noted. I do have some office records that were generated by Palmetto Proactive Health Care, specifically by Jerome Aya-Ay, M.D. and also notes from Upstate Bone & Joint as generated by David Boyer, M.D. I went through these notes with the patient and he thinks they are reliable. They describe right lateral elbow pain as noted when he comes into the office. I do note that he underwent a procedure there under ultrasound-guided tenotomy. The patient also has undergone joint aspiration and again the injection procedure under ultrasound-guided common extensor tendon tenotomy. The patient states that did help him, but it did not last long term, but it did make him feel much better and allow him to have better range of motion with less discomfort. This was done back in May of 2015. Again, I did go through these notes with the patient and they are found to be reliable. Multiple x-ray reports also are able to be reviewed that were completed in April of 2015. X-rays of the right elbow show no fractures or acute boney abnormalities. X-rays of the right shoulder that were done on May 4, 2015 show no fractures or other osseous pathology of the shoulder. X-rays of the wrist that were taken on May 4, 2015 show no fractures or boney abnormalities. Again, these were reviewed and discussed with the patient.

Continued. . .

HISTORY OF PRESENT ILLNESS (Continued):

The patient, over the course of time, because he is unable and do and keep up with his family and friends and work, has created an anxiety and depression state. I do have a note that was generated by Apryl Watson, FNP which is a return-to-work note that was generated on April 24, 2015. Limits for no lifting weight greater than 10 pounds were given. In that regard, evaluation was carried out today because of his ongoing pain and discomfort generated by the work-related injury as it relates to his right upper extremity, especially the right elbow.

The patient has denied previous injuries.

The patient's complete history and physical as well as medication survey has been reviewed by me and included in the chart.

CURRENT MEDICATIONS:

Hydrocodone 10/325
Ibuprofen 600-mg
Prednisone 20-mg
Tramadol 50-mg
Venlafaxine ER 37.5-mg

ALLERGIES:

NKDA

PAST SURGICAL HISTORY:

Right foot and ankle surgery

FAMILY HISTORY:

No other comorbid history.

SOCIAL HISTORY:

He is married. He has five children. He is an every day smoker. There are no other risk factors.

CHRONIC HEALTH PROBLEMS:

The patient describes again anxiety and depression because he is unable to keep up with friends and family. He does have a history of fatigue and hypertension.

REVIEW OF SYSTEMS BY HISTORY: (Except as noted in HPI)

General:	Other than the above-noted history of fatigue, denies fever, chills, weight loss-gain, weakness
Skin:	Denies rash, pruritus, lesions, bruising
Head/EENT:	The patient denies abnormal discharge of the eyes, ears, nose, or throat or any other abnormalities of the EENT system. Denies headache, dizziness, change in vision or hearing, nosebleed, sore throat, hoarseness, lesions in mouth,

Continued . .

REVIEW OF SYSTEMS BY HISTORY (Continued):

Cardiovascular: Other than the above-noted history of hypertension, denies palpitations, chest pain, syncope, dyspnea on exertion, orthopnea, peripheral edema, PND

Respiratory: Denies SOB, dyspnea, cough, hemoptysis, wheezing, sputum

Gastrointestinal: Denies constipation, diarrhea, change in bowel habits, nausea-vomiting, abdominal pain, dysphagia, heartburn,

Genitourinary: Denies dysuria, hematuria, urinary incontinence, frequency, urgency, hesitancy, polyuria, nocturia,

Neuromuscular: WNL.

Neuropsych: Other than the above-noted history of anxiety and depression, denies syncope, seizures, weakness, memory-mood problems, drug and alcohol problems, sleep disturbance

Endocr./Hem.: Denies temperature intolerance, changes in hair or skin texture, bleeding tendency, easy bruising, lymph node enlargement

PHYSICAL EXAMINATION:

Ht: 5' 8" **Wt:** 200 lbs. **BP:** 139/97 **P:** 82 **R:** -- **Temp:** Afebrile

General: This is a 42-year-old male patient. The examination was done in the presence of his wife.

HEENT: The patient denies abnormal discharge of the eyes, ears, nose, or throat or any other abnormalities of the EENT system. This patient is normocephalic with normal hair distribution. Face is symmetrical. Eyes are clear. He has a slight strabismus of the right eye. EOMs intact. Ears, nose and throat are intact. The patient answers questions appropriately.

Neck: Supple. Good range of motion of the cervical spine. No carotid bruits are noted.

Chest: Clear. Inspiratory and expiratory excursion is intact.

Cardiac: Heart rate and rhythm is regular.

Abdomen: Soft. BS are present.

Upper extremities: In the seated position, there is a negative Spurling's test. Range of motion of the cervical spine is intact. Abduction of the shoulders is maintained at 180-degrees with pain described on the right arm, especially along the triceps border into the right elbow border. Extensors of the hands, triceps, and biceps reflexes are +2 and equal bilaterally. He describes pain along the C5 dermatome border on the right both subjectively and this is objectively noted via pinwheel method. He has significant pain to even slight palpation of the lateral epicondylar border. He has pain along the ulnar border of the elbow. He has extension to approximately 170-degrees with increasing pain. He has flexion to about 15-degrees above 90-degrees. Pronation and supination give discomfort. He has significant muscular weakness with pain, both with resistive extension, resistive flexion, and resistive pronation and supination. Grip strength on the right is at 68 foot pounds and on the left is 92 foot pounds. He is right-hand dominant. Again, he shows C5 radicular changes on the right as compared to the left. Negative Tinel's and Phalen's signs are noted. He has pain along the ulnar change of the fourth and fifth digits. He also shows a questionable positive Finkelstein's test on the right as he extends his thumb.

Continued . . .

PHYSICAL EXAMINATION (Continued):

Otherwise, range of motion, pulses and reflexes are intact.

Lower extremities: Normal back exam is noted. The patient is first examined standing back to the examiner. The posterior thorax is symmetrical. The patient is able to come up on the tiptoes and heels. Right and left side bending is at 20-degrees. Back bending is at 10-degrees. Patient can forward flex to 90-degrees. Negative Trendelenburg's sign.

In the seated position, Patellar, Achilles' and Plantar reflexes are +2 and equal bilaterally. Extensor hallucis strength is intact. Negative seated Lasègue's. No paresthesias or lymphadenopathy is noted. Pulses are intact.

In the supine position, orthopedic straight leg raising, Bragard's and faber Patrick's tests are carried out with some moderate discomfort. Negative Ober's test.

In the prone position, negative femoral nerve stretch test. No gluteal atrophy is noted.

Otherwise, range of motion, pulses and reflexes are intact.

ASSESSMENT/PLAN:

1. **POST-TRAUMATIC LATERAL EPICONDYLITIS OF THE RIGHT ELBOW.**
2. **C5 RADICULOPATHY OF THE RIGHT UPPER EXTREMITY.**
3. **DEVELOPING DE QUERVAIN'S TENDON BONE INSERTIONAL IRRITATION.**

Also, he has a lot of pain along the extensor carpi radialis brevis and the lateral epicondylar border that goes into the base of the third metacarpal and into the fourth metacarpal.

Today in the office, I did give him medication in the form of Norco 10/325 q8h. I do think that an EMG nerve conduction would be indicated to be evaluate the C5 radicular change that is present and as it is associated with the neurologic change along the ulnar border into the fourth and fifth digits. He does show significant pain again to palpation of the lateral epicondylitis and this may be something that would be very beneficial for injection. I do think that an EMG should be carried out prior to the injection of the lateral epicondylitis so that a more specific treatment plan is carried through. I am going to reevaluate him in one month. Also, I gave him some transdermal gel that he can rub on to his elbow and I gave him instructions for its use. Instructions are given.

Dwight A. Jacobus, D.O.
Board Certified Orthopedist

DAJ:ats12
Voice File: 0804.002
Audio Position: 7:00

xc: Carolina Law Group

#20

OAKTREE MEDICAL CENTER

DR. DWIGHT JACOBUS, D.O.

DOS: 8/4/15 DOB: [redacted]

PATIENT NAME: Jeffrey Miller

MRN#: [redacted] HT: 5'8

DOI: April 2015 WT: 200

DOSx: BP: 139/97 P: 106

REFERRING DR: Carolina Law Firm

CONTRACT SIGNED: YES NO

PATIENT HX:

I/P (R) shoulder, arm, wrist + hand pain. Has been prescribed norco 10/325, prednisone 20mg + Ibuprofen 600mg. wrap-yarn @ his job requires him to pull to 5,000 to 6,000 lbs w/his arms. pain been going on for 4-5 months (R)

JACOBUS NOTES: 99204

726.32
727.04
723.4 Rt

EMG Upper Gs
Norco 10/325 q8h
7 mo

Pain Management Associates • 115 Brushy Creek Rd, EASLEY SC 29642-1120

MILLER, JEFFREY (id[redacted]

Approved Prescription

Date this RX Ordered: 08/04/2015

Pharmacy	Prescriber
WAL-MART PHARMACY 3191 2637 GENTRY MEMORIAL HWY PICKENS, SC 29671 Phone: (864) 644-9023 Fax: (864) 644-9024	Oaktree Medical Centre, PC 115 Brushy Creek Rd EASLEY, SC 29642-1120 Phone: (864) 855-1633 Fax: (864) 855-1323

Prescription Information

Medication	hydrocodone 10 mg-acetaminophen 325 mg tablet
Quantity	90 (ninety) tablet(s)
SIG	Take 1 tablet(s) every 8 hours by oral route for 30 days.
Refills Allowed	No Refills
Dispense as Written?	N
Substitution Permitted?	Y
Note to Pharmacy	

Patient Information

Patient Name	MILLER, JEFFREY
Sex - DOB - Age	M [redacted] 42 YR
Address	135 WILSON WAY PICKENS, SC 29671
Phone	H: (864) 507-0355

Dispense as Written

Substitutions Permitted
DWIGHT JACOBUS D.O.
NPI # 1457375222
DEA# AJ5896088

Prescription is void if more than one (1) prescription is written per blank.

10

OAKTREE ORTHOPAEDICS

115 Brushy Creek Road
Easley, SC 29642
Phone: 864-855-1633 Fax: 864-855-1323

PATIENT'S NAME: JEFFREY MILLER
DATE OF BIRTH: [redacted]
MRN:
DATE OF SERVICE: 09/04/2015

HISTORY OF PRESENT ILLNESS:

The patient is seen and evaluated today's date in follow-up for ongoing pain and discomfort of the right shoulder and right elbow. This seemingly has been getting worse since the last time I saw him. I did discuss his activity levels.

All patient history as recorded in the initial history and physical remains the same today's date.

EXAMINATION:

He still shows changes of pain along he right lateral epicondylar border. He has a lot of shoulder discomfort. He still shows a C5 and C6 radiculopathy on the right.

He still has a positive Tinel's and a negative Phalen's on evaluation. He is having a lot of neck pain, but shows a negative Spurling's sign. No carotid bruits are noted. Extensors of the hands, triceps, and biceps reflexes are +2 and equal bilaterally. He has a positive Tinel's on the right. He still shows C5 radicular changes via pinwheel method. This is a C5 radicular abnormality.

We did do a recent EMG on him read by Dr. Fox. This was done on September 1, 2015. This showed abnormal study with evidence of moderate to severe distal median neuropathy into the right wrist along the myelin component.

ASSESSMENT/PLAN:

In regard to these findings and his clinical continuation of pain and discomfort and loss of abduction, at this point in time I think an MRI should be done so we can correlate and put the EMG together with the findings from anatomical findings on the MRI so a treatment plan can be conducted with more hopeful success. Medications are given. We are going to try to get an MRI. I believe this will have to be okayed through the Carolina Law Group. We will see him back in one month. Instructions are given.

Dwight A. Jacobus, D.O.
Board Certified Orthopedist

D.J:ats12
Voice File: 0904.001
Audio Position: 14:06

Encounters and Procedures

Clinical Encounter Summaries
Encounter Date: 09/04/2015
Patient

Name	MILLER, JEFFREY (42, M) ID# [redacted]	**Appt. Date/Time**	09/04/2015 10:20AM
DOB	[redacted]	**Service Dept.**	SC-Easley-Brushy Creek
Provider	DWIGHT JACOBUS D.O.		
Insurance	Med Primary: *SELF PAY* Med Legal: CAROLINA LAW GROUP Insurance # : [redacted] Case Injury Date : 03/17/2015 Prescription: CMX - Member is eligible. details Prescription: ESI1 - Member is eligible. details		

Patient History - Other

Reviewed Patient History - Other
R shoulder and R elbow pain

Chief Complaint

elbow pain, Right Shoulder pain

Patient's Care Team

Primary Care Provider: JEFFERY NATIONS: 106 JOHN ST, EASLEY, SC 29640, Ph (864) 859-2220, Fax (864) 859-9379
NPI: 1811327851

Patient's Pharmacies

WAL-MART PHARMACY 3191 (ERX): 2637 GENTRY MEMORIAL HWY, PICKENS SC 29671, Ph (864) 644-9023, Fax (864) 644-9024

Problems

Reviewed Problems
- Carpal tunnel syndrome
- Shoulder pain
- Shoulder joint pain
- Cervical radiculitis

Medications

Reviewed Medications

Name	Date	
hydrocodone 10 mg-acetaminophen 325 mg tablet Take 1 tablet(s) every 8 hours by oral route for 30 days.	09/04/15	prescribed
ibuprofen 600 mg tablet	06/04/15	filled
prednisone 20 mg tablet	06/04/15	filled
tramadol 50 mg tablet	05/13/15	filled
venlafaxine ER 37.5 mg capsule,extended release 24 hr	05/26/15	filled

Allergies

Reviewed Allergies
NKDA

Past Medical History

Reviewed Past Medical History
Anxiety Disorder: **Y**
Anxiety/Depression: **Y - anxiety**
Fatigue: **Y**
Hypertension: **Y**

Surgical History

Reviewed Surgical History
- Ankle/Foot Surgery - right

Family History

Reviewed Family History
Father · Cerebrovascular accident

Social History

Reviewed Social History
Alcohol intake: Occasional
Are you currently employed?: Y (Notes: fulltime)
Caffeine intake: Moderate
Marital status: Married
Number of children: 5
Occupation: wrap-yarn
Smoking Status: Current every day smoker
Diet: Regular
Smoker (1 PPW)
Legally blind in one or both eyes?: N
Hard of hearing or deaf in one or both ears?: N
Live alone or with others?: with others
Hand Dominance: Right
Work related injury?: Y
Auto related injury?: N

Vitals

03/04/2015 10:19 am

Ht: 5 ft 8 in **Wt:** 200 lbs **BMI:** 30.4

Pulse: 86 bpm regular **Pain Scale:** 9

HPI

***Pain Management**
Reported by patient.

Location/Quality: shoulder rightaching; elbow-R aching
Severity: current pain level 3/10; worst pain 9/10; improving
Duration: constant
Onset/Timing: chronic
Context: lifting
Alleviating Factors: medication
Aggravating Factors: extension; carrying; lifting
Associated Symptoms: no weakness; no numbness/tingling; no bladder compromise; no bowel compromise
Radiation: none
ADL (Activities of Daily Living): normal activities of daily living; improve with medication
Reported Medications **Med/Bottle not brought in for verification**; Last took the medication today
Pain Relief With Current Medications: 60%
Prior Imaging: none
Prior EMG: yes; EMG 9/15
Previous Surgery none
Previous Injections: none
Previous PT: none
Previous Chiropractic care: none

ROS

Patient reports **muscle aches, muscle weakness, and arthralgias/joint pain** but reports no back pain, no neck pain, and no swelling in the extremities. He reports no fever, no night sweats, no significant weight gain, no significant weight loss, and no exercise intolerance. He reports no dry eyes, no irritation, and no vision change. He reports no difficulty hearing and no ear pain. He reports no frequent nosebleeds and no nose/sinus problems. He reports no sore throat, no bleeding gums, no snoring, no dry mouth, no mouth ulcers, no oral abnormalities, and no teeth problems. He reports no chest pain, no arm pain on exertion, no shortness of breath when walking, no shortness of breath when lying down, no palpitations, and no known heart murmur. He reports no cough, no wheezing, no shortness of breath, no coughing up blood, and no sleep apnea. He reports no abdominal pain, no vomiting, normal appetite, no diarrhea, not vomiting blood, no dyspepsia, and no GERD. He reports no incontinence, no difficulty urinating, no hematuria, and no increased frequency. He reports no abnormal mole, no jaundice, and no rashes. He reports no loss of consciousness, no weakness, no numbness, no seizures, no dizziness, and no headaches. He reports no depression, no sleep disturbances, feeling safe in relationship, and no alcohol abuse. He reports no fatigue. He reports no swollen glands and no bruising. He reports no runny nose, no sinus pressure, no itching, no hives, and no frequent sneezing.

Physical Exam

Patient is a 42-year-old male.

DICTATED

Procedure Documentation

None recorded.

Results / Interpretations

None recorded.

Assessment / Plan

PLAN:
Please see dictation

1. Shoulder pain
719.41: Pain in joint, shoulder region
- hydrocodone 10 mg-acetaminophen 325 mg tablet - Take 1 tablet(s) every 8 hours by oral route for 30 days.
  Qty: 90 tablet(s) Refills: 0 Pharmacy: WAL-MART PHARMACY 3191
- hydrocodone 10 mg-acetaminophen 325 mg tablet - Take 1 tablet(s) every 8 hours by oral route for 30 days.
  Qty: 90 tablet(s) Refills: 0 Pharmacy: WAL-MART PHARMACY 3191 Note to Pharmacy: do not fill until 10/4/15

2. Shoulder joint pain
719.41: Pain in joint, shoulder region

3. Carpal tunnel syndrome
354.0: Carpal tunnel syndrome

4. Cervical radiculitis
723.4: Brachial neuritis or radiculitis nos

Return to Office
- Dwight Jacobus D.O. for FOLLOW UP at SC-Easley-Brushy Creek on 11/03/2015 at 09:10 AM

Encounter Sign-Off
Encounter signed-off by Dwight Jacobus D.O., 09/04/2015.

Encounter performed and documented by Dwight Jacobus D.O.
Encounter reviewed & signed by Dwight Jacobus D.O. on 09/04/2015 at 11:28am

Encounter Date: 08/04/2015

Patient

Name	MILLER, JEFFREY (42, M) ID# [redacted]	**Appt. Date/Time**	08/04/2015 02:10PM
DOB	[redacted]	**Service Dept.**	SC-Easley-Brushy Creek
Provider	DWIGHT JACOBUS D.O.		
Insurance	Med Legal: CAROLINA LAW GROUP Insurance # : [redacted] Case Injury Date : 03/17/2015 Prescription: CMX - Member is eligible. details Prescription: ESI1 - Member is eligible. details		

Patient History - Other
Reviewed Patient History - Other

Chief Complaint
Right Shoulder pain, Right Wrist pain, UDS ORT, Right Arm Pain

right shoulder, arm and wrist pain-Carolina Law Firm

Patient's Care Team
Primary Care Provider: JEFFERY NATIONS: 106 JOHN ST, EASLEY, SC 29640, Ph (864) 859-2220, Fax (864) 859-9379
NPI: 1811327851

Patient's Pharmacies
WAL-MART PHARMACY 3191 (ERX): 2637 GENTRY MEMORIAL HWY, PICKENS SC 29671, Ph (864) 644-9023, Fax (864) 644-9024

Problems
Reviewed Problems
- Shoulder pain

Medications
Reviewed Medications

Name	Date
hydrocodone 10 mg-acetaminophen 325 mg tablet Take 1 tablet(s) every 8 hours by oral route for 30 days.	08/04/15 prescribed
ibuprofen 600 mg tablet	06/04/15 filled

prednisone 20 mg tablet	06/04/15	filled
tramadol 50 mg tablet	05/13/15	filled
venlafaxine ER 37.5 mg capsule,extended release 24 hr	05/26/15	filled

Allergies

Reviewed Allergies
NKDA

Past Medical History

Reviewed Past Medical History
Anxiety Disorder: **Y**
Anxiety/Depression: **Y - anxiety**
Fatigue: **Y**
Hypertension: **Y**

Surgical History

Reviewed Surgical History
- Ankle/Foot Surgery - right

Family History

Reviewed Family History
Father - Cerebrovascular accident

Social History

Reviewed Social History
Alcohol intake: Occasional.
Are you currently employed?: Y (Notes: fulltime).
Caffeine intake: Moderate.
Marital status: Married.
Number of children: 5.
Occupation: wrap-yarn.
Smoking Status: Current every day smoker.
Diet: Regular.
Smoker (1 PPW).
Legally blind in one or both eyes?: N.
Hard of hearing or deaf in one or both ears?: N.
Live alone or with others?: with others.
Hand Dominance: Right.
Work related injury?: Y.
Auto related injury?: N.

Vitals

06/04/2015 01:47 pm

Ht: 5 ft 8 in	**Wt:** 200 lbs	**BMI:** 30.4
BP: 139/97	**Pulse:** 106 bpm	**O2Sat:** 98%

HPI

Pain Management F/U
Reported by patient.

Location: shoulder right; arm right; hand right; right wrist
Quality: numbess; burning; swelling
Severity: when your pain was at its least: 5; when your pain was at its worst: 10 worst pain; **worsening**; **interference with sleep**; pl 8/10 today
Duration: present for 1-6 months
Timing: constant
Context: x ray's
Alleviating Factors: rest; ice; heat; changing position; medication (**Norco 10/325, ibuprofen 600 and prednisone 20mg**); home exercising w/rubber bands
Aggravating Factors: movement/positioning
Associated Symptoms: **numbness**; **weakness**; **swelling**
ADL (Activities of Daily Living): walking; housework; yard work; working full-time; sleeping 0-6 hrs
Notes: right shoulder, arm, wrist and hand pain. Carolina Law Firm.--April 2015' pain started in arm and started to go numb. went to dr when this started they put him out of work due to his pain. pt states he hurt the arm -pulling off heavy yarn from machine, he states pulling of the yarn has made the arm pain. pain 8/10 w/medication-Norco 10/325. has had X ray done and they are attached. cb

ROS

Patient reports **muscle aches, muscle weakness, and swelling in the joints**; **shoulder, arm wrist and hand pain**. He reports **generalized weakness and numbness**.

Physical Exam

Patient is a 42-year-old male.

DICTATED

Procedure Documentation

Opioid Risk Tool (ORT) -M:

OPIOID RISK TOOL
1. Family History of Substance Abuse
Alcohol
Illegal Drugs
Prescription Drugs
2. Personal History of Substance Abuse
Alcohol
Illegal Drugs
Prescription Drugs
3. Age (Mark box if 16 - 45)
4. History of Preadolescent Sexual Abuse
5. Psychological Disease
(Attention Deficit Disorder, Obsessive Compulsive Disorder, Bipolar, Schizophrenia)
Depression
TOTAL
Total Score Risk Category

Results / Interpretations

None recorded.

Assessment / Plan

PLAN:
Please see dictation

1. Shoulder pain
719.41: Pain in joint, shoulder region
- hydrocodone 10 mg-acetaminophen 325 mg tablet - Take 1 tablet(s) every 8 hours by oral route for 30 days.
Qty: 90 tablet(s) Refills: 0 Pharmacy: WAL-MART PHARMACY 3191

2. Long-term drug therapy
V58.69: Long-term (current) use of other medications
- DRUG SCREEN, URINE - Note to Lab: Will send for confirmation

Discussion

Discussion Notes

Drug Testing: Targeted testing is being performed and will include enzyme immunoassay urine drug testing for the following drug classes: amphetamines, barbiturates, benzodiazepines, buprenorphine, cocaine, ethyl glucuronide, heroin, MDMA, methadone, opiates, oxycodone, pcp, propoxyphene, and THC. Confirmation LC-MS/MS testing will be performed to identify the specific metabolites of the drug classes found to be positive on the immunoassay test as well as for classes that are prescribed to the patient. LC-MS/MS testing will also be performed to assess medications that are not detectable or poorly detected via enzyme immunoassay. This includes: opiates/opioids, benzodiazepines, amphetamine/methamphetamine, muscle relaxants, zolpidem, and cocaine. Confirming the pertinent positive findings, pertinent negative findings and testing EIA undetectable/poorly detected drugs is medically necessary to accurately assess the absence or presence of specific medications/drugs and/or their metabolites. The objectives are to identify the proper use of prescribed medications while identifying the potential for abuse, misuse, diversion, undisclosed substances, unsanctioned prescription medication, illicit substances, or substances that contribute to adverse events or drug-drug interactions.
Orders:
-1. Enzyme immunoassay urine drug testing to assess the following drug classes: amphetamines, barbiturates, benzodiazepines, buprenorphine, cocaine, ethyl glucuronide, heroin, MDMA, methadone, opiates, oxycodone, pcp, propoxyphene, and THC
-2. Specimen validity testing (creatinine, specific gravity and pH)
-3. LC-MS/MS testing of the drug classes found to be positive on the immunoassay test as well as classes that are prescribed to the patient
-4. LC-MS/MS testing for drugs that are frequently present in this population and not detectable or poorly detected via enzyme immunoassay including: opiates/opioids (codeine, morphine, hydrocodone, hydromorphone, oxycodone, oxymorphone, tramadol, methadone, fentanyl, buprenorphine, tapentadol, pentazocine, meperidine), benzodiazepines (lorazepam, diazepam, clonazepam, alprazolam, temazepam, midazolam, triazolam), amphetamine, muscle relaxants (carisoprodol, meprobamate, cyclobenzaprine), zolpidem, illicits (methamphetamine, cocaine)
Drug Testing: Targeted testing is being performed and will include enzyme immunoassay urine drug testing for the following drug classes: amphetamines, barbiturates, benzodiazepines, buprenorphine, cocaine, ethyl glucuronide, heroin, MDMA, methadone, opiates, oxycodone, pcp, propoxyphene, and THC. Confirmation LC-MS/MS testing will be performed to identify the specific metabolites of the drug classes found to be positive on the immunoassay test as well as for classes that are prescribed to the patient. LC-MS/MS testing will also be performed to assess

medications that are not detectable or poorly detected via enzyme immunoassay. This includes: opiates/opioids, benzodiazepines, amphetamine/methamphetamine, muscle relaxants, zolpidem, and cocaine. Confirming the pertinent positive findings, pertinent negative findings and testing EIA undetectable/poorly detected drugs is medically necessary to accurately assess the absence or presence of specific medications/drugs and/or their metabolites. The objectives are to identify the proper use of prescribed medications while identifying the potential for abuse, misuse, diversion, undisclosed substances, unsanctioned prescription medication, illicit substances, or substances that contribute to adverse events or drug-drug interactions.
Orders:
-1. Enzyme immunoassay urine drug testing to assess the following drug classes: amphetamines, barbiturates, benzodiazepines, buprenorphine, cocaine, ethyl glucuronide, heroin, MDMA, methadone, opiates, oxycodone, pcp, propoxyphene, and THC
-2. Specimen validity testing (creatinine, specific gravity and pH)
-3. LC-MS/MS testing of the drug classes found to be positive on the immunoassay test as well as classes that are prescribed to the patient
-4. LC-MS/MS testing for drugs that are frequently present in this population and not detectable or poorly detected via enzyme immunoassay including: opiates/opioids (codeine, morphine, hydrocodone, hydromorphone, oxycodone, oxymorphone, tramadol, methadone, fentanyl, buprenorphine, tapentadol, pentazocine, meperidine), benzodiazepines (lorazepam, diazepam, clonazepam, alprazolam, temazepam, midazolam, triazolam), amphetamine, muscle relaxants (carisoprodol, meprobamate, cyclobenzaprine), zolpidem, illicits (methamphetamine, cocaine)

Return to Office

- to see JOHN HAAS for Nerve Conduction Studies at SC-Easley-Brushy Creek on or around 08/11/2015
- Thomas J Fox M.D. for New Patient at SC-Greenvile-Milestone Way on 08/21/2015 at 11:30 AM
- to see Dwight Jacobus D.O. for FOLLOW UP at SC-Easley-Brushy Creek on or around 09/04/2015

Encounter Sign-Off

Encounter signed-off by Dwight Jacobus D.O., 08/04/2015.

Encounter performed and documented by Dwight Jacobus D.O.
Encounter reviewed & signed by Dwight Jacobus D.O. on 08/04/2015 at 2:35pm

Oaktree Medical • 200 E Broad St, Greenville 29601-2887

MILLER, JEFFREY (Id #[redacted])

Easley, SC 29642
864-855-1633

Dwight Jacobus, D.O.

DOS: 9/4/15 DOB: [redacted]

PATIENT NAME: JEFFREY MILLER

MRN#: [redacted] HEIGHT: 5 8

DOI: WEIGHT: 200

DOSx: BP:

REFERRING DR.:

CONTRACT SIGNED?: YES OR NO

PATIENT HISTORY: Norco 10/325 1 tab Q 8hrs 8/4/15

Go over NCV results

c/o (R) shoulder - sharp
(R) elbow - achy

rate pain 9
50-60% relief
no side effects

99213

DR. JACOBUS NOTES:

719.41
354.0
723.4

Needs MRI

Dictated

0138 18

Pain Management Associates • 115 Brushy Creek Rd, EASLEY SC 29642-1120

MILLER, JEFFREY (Id #[redacted]
Encounter Summary

Patient

Name	MILLER, JEFFREY (43, M) ID#[redacted]	Appt. Date/Time	11/03/2015 01:20PM
DOB	[redacted]	Service Dept.	SC-Easley-Brushy Creek
Provider	DWIGHT JACOBUS D.O.		
Insurance	Med Primary: *SELF PAY* Med Legal: CAROLINA LAW GROUP Insurance # [redacted] Case Injury Date : 03/17/2015 Prescription: CMX - Member is eligible. Prescription: ESI1 - Member is eligible.		

Patient History - Other

Reviewed Patient History - Other
R shoulder and R elbow pain

Chief Complaint

elbow pain, Right Shoulder pain

Patient's Care Team

Primary Care Provider: JEFFERY NATIONS: 106 JOHN ST, EASLEY, SC 29640, Ph (864) 859-2220, Fax (864) 859-9379 NPI: 1811327851

Patient's Pharmacies

WAL-MART PHARMACY 3191 (ERX): 2637 GENTRY MEMORIAL HWY, PICKENS SC 29671, Ph (864) 644-9023, Fax (864) 644-9024

Problems

Reviewed Problems
- Carpal tunnel syndrome
- Shoulder pain
- Shoulder joint pain
- Cervical radiculitis

Medications

Reviewed Medications

hydrocodone 10 mg-acetaminophen 325 mg tablet Take 1 tablet(s) every 8 hours by oral route for 30 days.	11/03/15	prescribed
ibuprofen 600 mg tablet	06/04/15	filled
prednisone 20 mg tablet	06/04/15	filled
tramadol 50 mg tablet	05/13/15	filled
venlafaxine ER 37.5 mg capsule,extended release 24 hr	05/26/15	filled

Allergies

MILLER, JEFFREY (id #[redacted])

Reviewed Allergies
NKDA

Past Medical History

Reviewed Past Medical History
Anxiety Disorder: Y
Anxiety/Depression: Y - anxiety
Fatigue: Y
Hypertension: Y

Surgical History

Reviewed Surgical History
- Ankle/Foot Surgery - right

Family History

Reviewed Family History
Father - Cerebrovascular accident

Social History

Reviewed Social History
Alcohol intake: Occasional
Are you currently employed?: Y (Notes: fulltime)
Caffeine intake: Moderate
Marital status: Married
Number of children: 5
Occupation: wrap-yarn
Smoking Status: Current every day smoker
Diet: Regular
Smoker (1 PPW)
Legally blind in one or both eyes?: N
Hard of hearing or deaf in one or both ears?: N
Live alone or with others?: with others
Hand Dominance: Right
Work related injury?: Y
Auto related injury?: N

Vitals

11/03/2015 01:42 pm

Ht: 5 ft 8 in **Wt:** 205 lbs **BMI:** 31.2

Pain Scale: 8

HPI

***Pain Management**

Reported by patient.

Location/Quality: shoulder rightaching; elbow-R aching
Severity: current pain level 8/10; worst pain 10/10; same; interference with sleep
Duration: intermittent
Onset/Timing: sudden
Context: lifting
Alleviating Factors: heat; ice; medication
Aggravating Factors: extension; carrying; lifting
Associated Symptoms: no weakness; no numbness/tingling; no bladder compromise; no bowel compromise
Radiation: none
General Sleep: normal sleep; no sleep apnea; not sleepy during the day (daytime somnolence)
Pain disturbing sleep: joint pain
ADL (Activities of Daily Living): normal activities of daily living; improve with medication
Reported Medications Med/Bottle not brought in for verification; Last took the medication today

MILLER, JEFFREY (Id #[redacted])

Pain Relief With Current Medications: 50%
Prior Imaging: no recent studies
Prior EMG: no recent EMG
Previous Surgery none
Previous Injections: none
Previous PT: none
Previous Chiropractic care: none

ROS

Patient reports muscle aches, muscle weakness, and arthralgias/joint pain but reports no back pain, no neck pain, and no swelling in the extremities. He reports no fever, no night sweats, no significant weight gain, no significant weight loss, and no exercise intolerance. He reports no dry eyes, no irritation, and no vision change. He reports no difficulty hearing and no ear pain. He reports no frequent nosebleeds and no nose/sinus problems. He reports no sore throat, no bleeding gums, no snoring, no dry mouth, no mouth ulcers, no oral abnormalities, and no teeth problems. He reports no chest pain, no arm pain on exertion, no shortness of breath when walking, no shortness of breath when lying down, no palpitations, and no known heart murmur. He reports no cough, no wheezing, no shortness of breath, no coughing up blood, and no sleep apnea. He reports no abdominal pain, no vomiting, normal appetite, no diarrhea, not vomiting blood, no dyspepsia, and no GERD. He reports no incontinence, no difficulty urinating, no hematuria, and no increased frequency. He reports no abnormal mole, no jaundice, and no rashes. He reports no loss of consciousness, no weakness, no numbness, no seizures, no dizziness, and no headaches. He reports no depression, no sleep disturbances, feeling safe in relationship, and no alcohol abuse. He reports no fatigue. He reports no swollen glands and no bruising. He reports no runny nose, no sinus pressure, no itching, no hives, and no frequent sneezing.

Physical Exam

Patient is a 43-year-old male.

lateral epicondylitis right
ext hands, biceps, triceps reflexes +2
(-) tinel
+ yearguson
(-) napoleon
abduction right 170 degrees
adduction 20 degrees

Procedure Documentation

None recorded.

Results / Interpretations

None recorded.

Assessment / Plan

PLAN:
DHEC reviewed and appropriate
UDS reviewed 9/2/15 +oxy/tram
Patient report excellent results with medications
Continue Norco 10/325mg
Follow up in 2 months

1. **Cervical radiculitis**
   M54.12: Radiculopathy, cervical region
   - hydrocodone 10 mg-acetaminophen 325 mg tablet - Take 1 tablet(s) every 8 hours by oral route for 30 days. Qty: 90 tablet(s)
     Refills: 0 Pharmacy: WAL-MART PHARMACY 3191
   - hydrocodone 10 mg-acetaminophen 325 mg tablet - Take 1 tablet(s) every 8 hours by oral route for 30 days. Qty: 90 tablet(s)
     Refills: 0 Pharmacy: WAL-MART PHARMACY 3191 Note to Pharmacy: do not fill until 12/3/15

Return to Office

- JOHN HAAS for Nerve Conduction Studies at SC-Easley-Brushy Creek on 11/17/2015 at 03:15 PM
- Dwight Jacobus D.O. for FOLLOW UP at SC-Easley-Brushy Creek on 12/01/2015 at 08:50 AM

Encounter Sign-Off

Pain Management Associates • 115 Brushy Creek Rd, EASLEY SC 29642-1120

MILLER, JEFFREY (id [redacted])

Encounter signed-off by Dwight Jacobus D.O., 11/03/2015.

Encounter performed and documented by Dwight Jacobus D.O.
Encounter reviewed & signed by Dwight Jacobus D.O. on 11/03/2015 at 2:18pm

Easley, SC 29642
864-855-1633

Dwight Jacobus, D.O.

DOS: 11-3-15 DOB: [redacted]

PATIENT NAME: Jeffrey Miller

MRN#: [redacted] HEIGHT: 5'9"

DOI: WEIGHT: 205 lbs

DOSx: BP:

REFERRING DR.:

CONTRACT SIGNED?: YES OR NO

PATIENT HISTORY:

2 mth f/u (R) shoulder and (R) Elbow.
- Hydrocodone 10/325 ½ q 8h -
Meds: good
SFX: none
VAS: 8/10

99213

DR. JACOBUS NOTES:

719.41
726.33

MRI → 2 mo

Injection

Pain Management Associates • 115 Brushy Creek Rd, EASLEY SC 29642-1120

MILLER, JEFFREY (id #[redacted])
Encounter Summary

Patient

Name	MILLER, JEFFREY (43, M) ID# 271693	Appt. Date/Time	12/29/2015 02:30PM
DOB	[redacted]	Service Dept.	SC-Easley-Brushy Creek
Provider	DWIGHT JACOBUS D.O.		
Insurance	Med Primary: *SELF PAY* Med Legal: CAROLINA LAW GROUP Insurance # : [redacted] Case Injury Date : 03/17/2015 Prescription: CMX - Member is eligible. Prescription: ESI1 - Member is eligible.		

Patient History - Other

Reviewed Patient History - Other
R arm, R shoulder, and R hand pain

Chief Complaint

Right Hand Pain, Right Shoulder pain, Right Arm Pain

Patient's Care Team

Primary Care Provider: JEFFERY NATIONS: 106 JOHN ST, EASLEY, SC 29640, Ph (864) 859-2220, Fax (864) 859-9379 NPI: 1811327851

Patient's Pharmacies

WAL-MART PHARMACY 3191 (ERX): 2637 GENTRY MEMORIAL HWY, PICKENS SC 29671, Ph (864) 644-9023, Fax (864) 644-9024

Problems

Reviewed Problems
- Carpal tunnel syndrome
- Shoulder pain
- Shoulder joint pain
- Cervical radiculitis
- Hand pain
- Pain in right arm

Medications

Reviewed Medications

hydrocodone 10 mg-acetaminophen 325 mg tablet Take 1 tablet(s) every 8 hours by oral route for 30 days.	12/29/15	prescribed
ibuprofen 600 mg tablet	06/04/15	filled
prednisone 20 mg tablet	06/04/15	filled
tramadol 50 mg tablet	05/13/15	filled
venlafaxine ER 37.5 mg capsule,extended release 24 hr	05/26/15	filled

Pain Management Associates • 115 Brushy Creek Rd, EASLEY SC 29642-1120

MILLER, JEFFREY [redacted]

Allergies

Reviewed Allergies
NKDA

Past Medical History

Reviewed Past Medical History
Anxiety Disorder: Y
Anxiety/Depression: Y - anxiety
Fatigue: Y
Hypertension: Y

Surgical History

Reviewed Surgical History
- Ankle/Foot Surgery - right

Family History

Reviewed Family History
Father - Cerebrovascular accident

Social History

Reviewed Social History
Alcohol intake: Occasional
Are you currently employed?: Y (Notes: fulltime)
Caffeine intake: Moderate
Marital status: Married
Number of children: 5
Occupation: wrap-yarn
Smoking Status: Current every day smoker
Diet: Regular
Smoker (1 PPW)
Legally blind in one or both eyes?: N
Hard of hearing or deaf in one or both ears?: N
Live alone or with others?: with others
Hand Dominance: Right
Work related injury?: Y
Auto related injury?: N

Vitals

12/30/2015 09:59 am

Ht: 5 ft 8 in **Wt:** 205 lbs **BMI:** 31.2

Pulse: 76 bpm regular **Pain Scale:** 10

HPI

***Pain Management**

Reported by patient.

Location/Quality: shoulder rightaching; arm right; hand rightaching (numbness, tingling, aching); elbow-R aching
Severity: current pain level 7/10; worst pain 10/10; worsening; interference with sleep
Duration: constant
Onset/Timing: sudden
Context: lifting
Alleviating Factors: heat; ice; medication
Aggravating Factors: extension; carrying; lifting
Associated Symptoms: no weakness; no numbness/tingling; no bladder compromise; no bowel compromise
Radiation: none
General Sleep: normal sleep; no sleep apnea; not sleepy during the day (daytime somnolence)
Pain disturbing sleep: joint pain
ADL (Activities of Daily Living): normal activities of daily living; improve with medication

Pain Management Associates • 115 Brushy Creek Rd, EASLEY SC 29642-1120

MILLER, JEFFREY [redacted]

Reported Medications Med/Bottle not brought in for verification; Last took the medication today
Pain Relief With Current Medications: 50%
Prior Imaging: no recent studies
Prior EMG: no recent EMG
Previous Surgery none
Previous Injections: none
Previous PT: none
Previous Chiropractic care: none

ROS

Patient reports **muscle aches, muscle weakness, and arthralgias/joint pain** but reports no back pain, no neck pain, and no swelling in the extremities. He reports no fever, no night sweats, no significant weight gain, no significant weight loss, and no exercise intolerance. He reports no dry eyes, no irritation, and no vision change. He reports no difficulty hearing and no ear pain. He reports no frequent nosebleeds and no nose/sinus problems. He reports no sore throat, no bleeding gums, no snoring, no dry mouth, no mouth ulcers, no oral abnormalities, and no teeth problems. He reports no chest pain, no arm pain on exertion, no shortness of breath when walking, no shortness of breath when lying down, no palpitations, and no known heart murmur. He reports no cough, no wheezing, no shortness of breath, no coughing up blood, and no sleep apnea. He reports no abdominal pain, no vomiting, normal appetite, no diarrhea, not vomiting blood, no dyspepsia, and no GERD. He reports no incontinence, no difficulty urinating, no hematuria, and no increased frequency. He reports no abnormal mole, no jaundice, and no rashes. He reports no loss of consciousness, no weakness, no numbness, no seizures, no dizziness, and no headaches. He reports no depression, no sleep disturbances, feeling safe in relationship, and no alcohol abuse. He reports no fatigue. He reports no swollen glands and no bruising. He reports no runny nose, no sinus pressure, no itching, no hives, and no frequent sneezing.
Additionally reports: Patient states no new changes

Physical Exam

Patient is a 43-year-old male.

lateral epicondylitis right
ext hands, biceps, triceps reflexes +2
(-) tinel
+ yearguson
(-) napoleon
abduction right 170 degrees
adduction 20 degrees
radial pulse normal
no paresthesia
no lymphadenopathy

Procedure Documentation

None recorded.

Results / Interpretations

None recorded.

Assessment / Plan

PLAN:
DHEC reviewed and appropriate
UDS reviewed 9/2/15 +oxy/tram
The patient reports right hand swelling
Medications are working well at 50% pain relief
No side effects reported
Verbal bottle warning given today
Continue Norco 10/325mg
Follow up in 2 months

1. Shoulder pain
M25.511: Pain in right shoulder

- hydrocodone 10 mg-acetaminophen 325 mg tablet - Take 1 tablet(s) every 8 hours by oral route for 30 days. Qty: 90 tablet(s)
  Refills: 0 Pharmacy: WAL-MART PHARMACY 3191 Note to Pharmacy: do not fill until 1/2/16
- hydrocodone 10 mg-acetaminophen 325 mg tablet - Take 1 tablet(s) every 8 hours by oral route for 30 days. Qty: 90 tablet(s)
  Refills: 0 Pharmacy: WAL-MART PHARMACY 3191 Note to Pharmacy: do not fill until 2/1/16

MILLER, JEFFREY (id [redacted])

2. **Hand pain**
   M79.641: Pain in right hand

3. **Pain in right arm**
   M79.601: Pain in right arm

Return to Office

- JOHN HAAS for Nerve Conduction Studies at SC-Easley-Brushy Creek on 01/07/2016 at 02:30 PM
- Dwight Jacobus D.O. for FOLLOW UP at SC-Easley-Brushy Creek on 02/26/2016 at 11:00 AM

Encounter Sign-Off

Encounter signed-off by Dwight Jacobus D.O., 12/30/2015.

Encounter performed and documented by Dwight Jacobus D.O.
Encounter reviewed & signed by Dwight Jacobus D.O. on 12/30/2015 at 3:24pm

Easley, SC 29642
864-855-1633

Dwight Jacobus, D.O.

19

DOS: 12/29/15 DOB: [redacted]

PATIENT NAME: JEFFREY MILLER

MRN#: [redacted] HEIGHT: 58

DOI: WEIGHT: 200

DOSx: BP:

REFERRING DR.:

CONTRACT SIGNED?: YES OR NO

PATIENT HISTORY:

c/o (R) Arm pain
— sharp — numbness
— tingling
— aching
(R) hand pain
swells — is swollen now
rate pain 10.
50% relief
no side effects

hydro 10/325 mg
1 tab Q8hrs
12/3/15
verbal

DR. JACOBUS NOTES:

99213

med → 2 mo

719.44
723.1

Inst

CAROLINA NEUROLOGY ASSOCIATES

126 Milestone Way, Greenville, SC 29615 Office (864) 288-9936 Fax (864) 288-9937

Thomas J. Fox, Jr., MD

American Board of Psychiatry & Neurology
Added Qualifications in Clinical Neurophysiology
American Board of Electrodiagnostic Medicine
American Board of Internal Medicine

Test Date: 9/1/2015

Patient:	Jeffery Miller	**DOB:**	[redacted]	**Physician:**	Thomas J. Fox, Jr., MD
Sex:	Male	**Height:**		**Ref Phys:**	Van Bridges, MD
ID#:	[redacted]	**Weight:**		**Technician:**	Greta A. Meehan

Patient Complaints:
Patient is a 42 year-old male who presents with right hand numbness in the 3rd, 4th and 5th digits with right elbow and shoulder pain.

EMG & NCV Findings:
Evaluation of the Right median motor nerve showed prolonged distal onset latency (5.3 ms). The Right median sensory nerve showed prolonged distal peak latency (2nd Digit, 4.3 ms), reduced amplitude (2nd Digit, 7.2 μV), prolonged distal peak latency (Palm, 3.2 ms), and reduced amplitude (Palm, 21.4 μV). All remaining nerves (as indicated in the following tables) were within normal limits.

All F Wave latencies were within normal limits.

All examined muscles (as indicated in the following table) showed no evidence of electrical instability.

Impression:
This is an abnormal study demonstrating electrical evidence of moderate severe distal median neuropathy at the right wrist where there is involvement of myelin component of both motor and sensory fibers as well as marked axonal sensory loss. Needle electromyographic examination of distal and proximal muscles of the right upper extremity does not reveal any evidence of superimposed radiculopathy. There is no evidence of multifocal or diffuse peripheral neuropathy.

Thank you for your kind referral,

Thomas J. Fox, Jr., MD

Cc Dr Bridges, Fax 877-365-2994

Patient: Miller, Jeffery Test Date: 9/1/2015 Page 2

Nerve Conduction Studies

Anti Sensory Summary Table

Site	NR Peak (ms)	Norm Peak (ms)	P-T Amp (uV)	Norm P-T Amp	Site1	Site2	Delta-P (ms)	Dist (cm)	Speed (m/s)	Norm Vel (m/s)
Right DorsCutan Anti Sensory (Dorsum 5th MC) 31.3°C										
Wrist	2.0	<2.4	15.6	>6	Wrist	Dorsum 5th MC	2.0	8.0		
Right Radial Anti Sensory (Base 1st Digit) 31.3°C										
Wrist	2.2	<2.8	23.0	>20	Wrist	Base 1st Digit	2.2	10.0		

Ortho Sensory Summary Table

Site	NR Peak (ms)	Norm Peak (ms)	P-T Amp (uV)	Norm P-T Amp	Site1	Site2	Delta-P (ms)	Dist (cm)
Right Median Ortho Sensory (Wrist) 31.3°C								
2nd Digit	4.3	<3.5	7.2	>10	2nd Digit	Wrist	4.3	13.0
Palm	3.2	<2.2	21.4	>40	Palm	Wrist	3.2	8.0
Right Ulnar Ortho Sensory (Wrist) 31.2°C								
5th Digit	2.2	<2.9	12.2	>5	5th Digit	Wrist	2.2	11.0
Palm	1.6	<2.2	42.9	>20	Palm	Wrist	1.6	8.0

Motor Summary Table

Site	NR Onset (ms)	Norm Onset (ms)	O-P Amp (mV)	Norm O-P Amp	Site1	Site2	Delta-0 (ms)	Dist (cm)	Speed (m/s)	Norm Vel (m/s)
Right Median Motor (Abd Poll Brev) 31.1°C										
Wrist	5.3	<4.4	7.8	>4.2	Wrist	Abd Poll Brev	5.3	6.5		
Elbow	9.6		7.3		Elbow	Wrist	4.3	25.3	59	>49
Right Ulnar Motor (Abd Dig Minimi) 31.3°C										
Wrist	3.0	<3.5	11.6	>5.6	Wrist	Abd Dig Minimi	3.0	6.5		
B Elbow	6.9		11.3		B Elbow	Wrist	3.9	24.0	62	>49
A Elbow	8.6		11.0		A Elbow	Wrist	5.6	33.5	60	>49

F Wave Studies

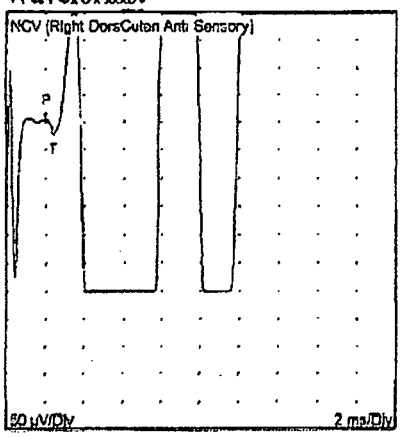
Site	Latency	Norm Lat (ms)	L-R Diff (ms)	L-R Diff Norm	Mean (ms)	Chg Mean (ms)
Right Median (Mrkrs) (Abd Poll Brev) 31.2°C						
	30.22	<37			41.11	-10.89
Right Ulnar (Mrkrs) (Abd Dig Min) 31.3°C						
	28.67	<37			39.33	-10.66

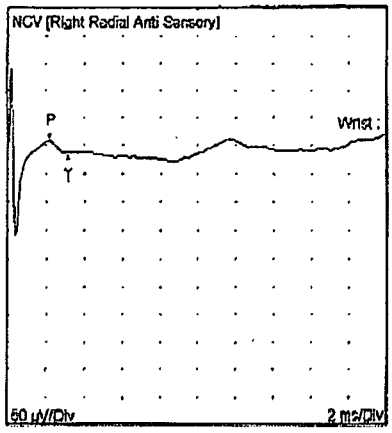
EMG

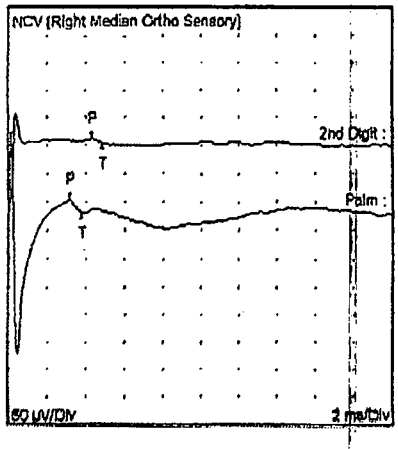
Side	Muscle	Nerve	Root	Ins Act	Fibs	Psws	Amp	Dur	Poly	Recr	Int Pat	MAS	Comment
Right	1stDorInt	Ulnar	C8-T1	Nml	Nml	Nml	Nml	Nml	0	Nml	Nml	0	
Right	FlexDigProf2	Ulnar	C8,T1	Nml	Nml	Nml	Nml	Nml	0	Nml	Nml	0	
Right	FlexCarpiUln	Ulnar	C8,T1	Nml	Nml	Nml	Nml	Nml	0	Nml	Nml	0	
Right	ExtIndicis	Radial (Post Int)	C7-8	Nml	Nml	Nml	Nml	Nml	0	Nml	Nml	0	
Right	PronatorTeres	Median	C6-7	Nml	Nml	Nml	Nml	Nml	0	Nml	Nml	0	
Right	Biceps	Musculocut	C5-6	Nml	Nml	Nml	Nml	Nml	0	Nml	Nml	0	
Right	Triceps	Radial	C6-7-8	Nml	Nml	Nml	Nml	Nml	0	Nml	Nml	0	
Right	Deltoid	Axillary	C5-6	Nml	Nml	Nml	Nml	Nml	0	Nml	Nml	0	

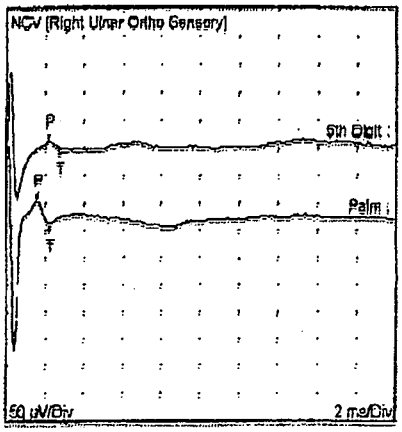
Patient: Miller, Jeffery **Test Date:** 9/1/2015 **Page 3**

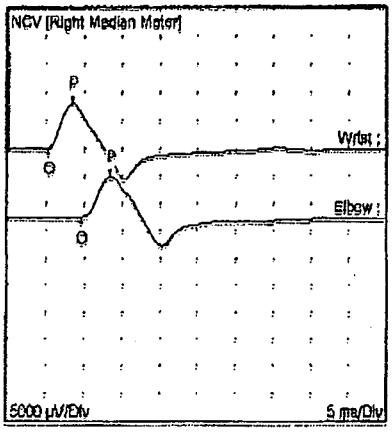
Waveforms:

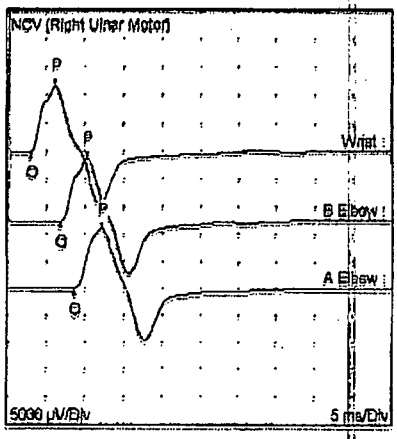


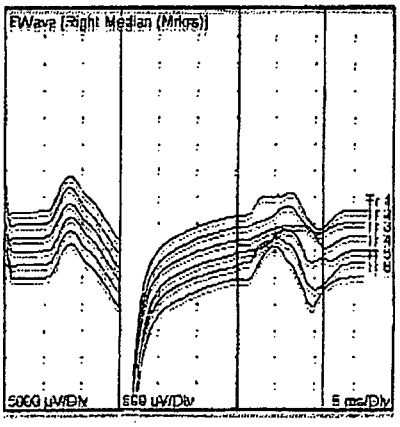


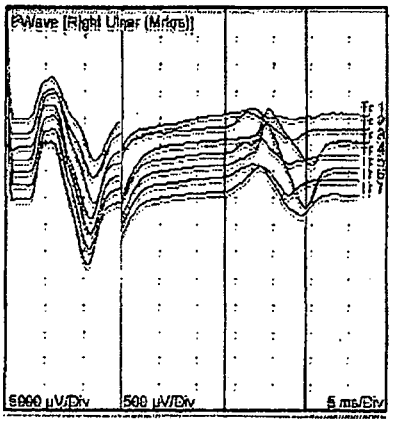












Palmetto Proactive Healthcare
1703 John B White Sr Blvd Unit A, Spartanburg, SC 29301-5486
Office: 864-641-7229; Fax: 864-641-4210

Office Visit Note

EletionEMR

Patient Name: Jeffery A. Miller

D.O.B.: [redacted] 42 yrs, 7 mo at the time of visit
Seen by Jerome Aya-ay, MD

Date of Encounter: 06/03/2015

Exam Reason (CC): New Patient - PSM

Problem:

PSM pt states he has to pull large objects (weighing around 5000-6000 lbs) at work.
He states about 1 month ago he noticed burning in his r arm. He informed his supervisor but nothing was done. Pt continued to work for another month and pain/burning got worse. Pt went to PCP who sent him to another facility where the doctor "stuck a needle in and out of my arm" and made pain worse. Dx was tendonitis. Pt states he now cannot move his arm, he cannot make a fist, his shoulders and elbows are popping, he has swelling down arm and hand, and he states that his fingers go numb. MS

Vitals:

BP: 138/87 HR: 88 Wt: 228 lbs.

PE:

GENERAL: NAD, Wearing right arm sling

EYES: WNL

HENT: WNL

RESP: Clear to auscultation.

CVS: RRR w/o murmurs.

MSS: No C/C/E. Full ROM of right elbow with discomfort with flexion and extension. TTP at medial epicondyle and ulnar groove. TTP of lateral forearm. Decreased right grip strength.

Assessment:

Lesion Of Ulnar Nerve
Medial Epicondylitis Elbow Region
Enthesopathy Of Elbow Unspecified

Plan:

Keep appointment with ortho.
Recommend Neurology evaluation given ulnar neuropathy and decreased grip strength.
Follow up in one month.

Orders:

- *New* PredniSONE 20 mg Tab 2 tablets orally daily for 7 days #14 RFx0
- *New* Norco 10/325 mg Tab 1 tablet orally every 12 hours as needed for severe pain. Especially at night. #30 RFx0
- *New* Ibuprofen 600 mg Tab 1 tablet orally every 6 hours as needed for pain #30 RFx0

~~Electronically signed by Jerome Aya-ay, MD on 06/03/2015 5:07 pm in EletionEMR~~

Palmetto Proactive Healthcare
1703 John B White Sr Blvd Unit A, Spartanburg, SC 29301-5486
Office: 864-641-7229; Fax: 864-641-4210

Referral

First - Middle - Last

For: Jeffery Allen Miller

D.O.B.: [redacted] (Male)

Addr.: 135 Wilson Way, Pickens, SC 29671

Phone: 864-507-0355

Consultant:	**Palmetto State Medical**
Phone:	864-381-4171
Fax Number:	877-365-2994
Date of Referral:	06/05/2015

Reason for Referral:

To help you with seeing this patient, I've created a customized, interactive, HIPAA compliant patient chart that you can easily access online by following the instructions below. Please use Google Chrome or Firefox instead of Internet Explorer if at all possible to view the interactive chart.

Authorization For: Referral For Treatment, includes Consult Visit

Electronically signed off and sent by Molly Stafford for Jerome Aya-ay, MD in EletionEMR.

Note: Interactive patient chart available online

To accompany this letter, Jerome Aya-ay, MD has prepared an interactive patient chart for you to view online. Anyone in your practice can access the chart following the instructions below:

1. Go to **elationemr.com/fax**
2. Enter this Reference Code: **EUM-T8Z-HRS**

Interactive Patient Chart Contents:

- 06/03/2015 Office Visit Note *cc: New Patient - PSM. 1. PSM pt states he has to pull large objects (weig..*
- Patient Demographics *Address, Insurance Info, etc.*

Palmetto Proactive Healthcare
1703 John B White Sr Blvd Unit A, Spartanburg, SC 29301-5486
Office: 864-641-7229; Fax: 864-641-4210

Patient Demographic Information

As of 06/05/2015, in ElectionEMR

Patient Name	Sex	Birthdate	SSN
Jeffery A. Miller	M	[redacted]	

Address

135 Wilson Way
Pickens, SC 29671

Contact Details

Home: 864-507-0355
Cell Phone: 864-207-1157
Email: promisekept322@yahoo.com

Primary Provider in Practice	Preferred Language	Preferred Method of Contact
Jerome Aya-ay, MD		

Primary Insurance

Plan Name:
Group No.:
Member No.:

Palmetto Proactive Healthcare
1703 Jo...n B White Sr Blvd Unit A, Spartanburg, SC 293..-5486
Office: 864-641-7229; Fax: 864-641-4210

June 3, 2015

Jeffery A. Miller
135 Wilson Way
Pickens, SC 29671

Subject: Work Excuse

To whom it may concern:

Please excuse Mr. Miller from work for the following dates: 6/3/15 - 6/8/15 while under Dr. Aya-ay's care. If you have any questions please feel free to give us a call at 864-252-4808.

Thank you,

Molly Stafford, RMA
Palmetto Proactive Healthcare

Sent by Molly Stafford on 06/03/2015 3:48 pm in ElationEMR

Palmetto Proactive Healthcare
1703 John B. White Sr Blvd, Unit A 1120 N. Pleasantburg Dr, Suite 301
Spartanburg, SC 29301-5486 Greenville, SC 29607-1258
(864) 641-7229 (864) 252-4808

Office Visit Note

ElstionEMR

Patient Name: Jeffery A. Miller

D.O.B.: [redacted] 42 yrs, 8 mo at the time of visit
Seen by Christina Bertolami, DO

Date of Encounter: 07/06/2015

Exam Reason (CC): Follow-Up - PSM

Problem:

Pt RTC for 1 month f/u.
Pt c/o that he has not seen a specialist yet for his Rt arm:
Pain in Rt Posterior Cubital Region and Rt lateral Wrist area.
Pain comes and goes and ranges from mild to major pain throughout day. TEK

Per last OV with Dr. A, he was suppose to follow up with neurologist. States he was not contacted about this. Still with pain and feels he is unable to work. States numbness in 3rd, 4th, and 5th digit. Pain in forearm to elbow, states pain medication did not help

Vitals:

BP: 151/99 HR: 91 Ht: 68 in. Wt: 206 lbs. [Was 228 lbs on 06/03/2015] BMI: 31.32

Objective:

NAD
Pain with resisted supination at elbow
Decreased grip on left
Full ROM at elbow and wrist

Assessment:

Lesion Of Ulnar Nerve
Enthesopathy Of Elbow Unspecified

Plan:

Recc neurology referral, spoke with PSM and states they will set up for him.
Pt aware.
To call me if he does not here from them by friday, he agrees.

Electronically signed by Christina Bertolami, DO on 07/06/2015 3:48 pm in ElstionEMR

Palmetto Proactive Healthcare
1703 Jo[illegible] B White Sr Blvd Unit A, Spartanburg, SC 2[illegible]1-5486
Office: 864-641-7229; Fax: 864-641-4210

July 6, 2015

Whom It Concern

Re: Jeffery A. Miller (DOB: [redacted]

Subject: (No Subject)

Please excuse pt from work from 6/08/2015 until evaluated by specialist. Patient needs evaluation from neurologist. The neurologist will recommend when patient can return to work, please call me with any questions

Electronically signed by Christina Bertolami, DO on 07/06/2015 11:37 am in ElationEMR

PALMETTO STATE MEDICAL
PO BOX 171982
SPARTANBURG, SC 29301
(864)381-4171

Statement Date	Page
10/5/2015	1

Chart Number
[redacted]

JEFFREY MILLER
135 WILSON WAY
PICKENS, SC 29671

Date	CPT Code	Description	Units	Amount
		Previous Balance		0.00
Provider PALMETTO PROACTIVE		Primary Diagnosis :	Secondary Diagnosis :	
6/3/2015	99204	NP - EXTENDED EVAL	1	275.00
7/6/2015	99214	EST PT- EXTENDED EVAL	1	175.00
Provider CAROLINA NEUROLOGY		Primary Diagnosis : 726.31	Secondary Diagnosis : 354.2	
8/26/2015	95910	NERVE CONDUCTION 7-8 STUDIES	1	1,296.00

Total Charges	Total Payments	Total Adjustments	Balance Due
$1746.00	$0.00	$0.00	1,746.00

Upstate Bone and Joint
112 John Street, Suite 201
Easley, SC 29640-
(864) 850-2663

Person: **MILLER, JEFFREY ALLEN** MRN: [redacted]
DOB/Age/Sex: [redacted] / **42 years** / **Male** CMRN: [redacted]

Address: **135 WILSON WAY**
PICKENS, SC 29671-8244

Home Phone: **(864) 507-0355**
Mobile Phone:
Work Phone: **(864) 507-0355**
Visit Date: **5/13/2015**

Language: **English**
Ethnicity: **Not Hispanic or Latino**
Email:
FIN/Visit#: **B2015050503783**

PCP:

Doc - Office-Clinic Notes

Document Type: Orthopedic Note
Document Title: Joint Aspiration/ Injection Procedure *, Upper Extremity Pain *
Document Date/Time: 5/13/2015 10:53 EDT

Joint Aspiration/ Injection Procedure *, Upper Extremity Pain *

Patient: MILLER, JEFFREY ALLEN **MRN:** 1102987 **FIN:** B2015050503783
Age: 42 years **Sex:** Male **DOB:** [redacted]
Associated Diagnoses: Elbow pain; Right tennis elbow
Author: Boyer MD, David M

Visit Information

Date of Service: 05/13/2015 10:23 am **Performing Location:** Upstate Bone and Joint **Encounter#:** B2015050503783

Chief Complaint
5/13/2015 10:34 AM EDT Right elbow pain that hurts into shoulder and wrist

History of Present Illness
42-year-old white male. Here for 1-2 months of right lateral elbow pain as well as shoulder pain and right wrist pain. His job includes gripping and twisting. He is right-hand dominant. Today is 7 out of 10. Quality is throbbing. Ice did not help. He reports swelling. Pain is worsening. He denies prior injury. Ibuprofen did not help.

Review of Systems

Constitutional: Other: Fatigue, decreased activity.
HEENT: Within normal limits.
Respiratory: Within normal limits.
Cardiovascular: Within normal limits.
Gastrointestinal: Within normal limits.
Genitourinary: Within normal limits.
Hematology/Lymphatics: Within normal limits.
Endocrine: Within normal limits.
Immunologic: Within normal limits.
Musculoskeletal: Other: Back, neck, joint, muscle pain. Leg pain while walking. Decreased ROM. Trauma.
Integumentary: Within normal limits.
Neurologic: Other: Numbness, tingling.
Psychiatric: Other: anxiety.

Health Status
Allergies:
Allergic Reactions (Selected)
No known allergies
Medications: (Selected)
Prescriptions
Prescribed

Doc - Office-Clinic Notes

Mobic 15 mg oral tablet: 1 tab(s) (15 mg), po, daily, Instructions: With food. Do not take with other NSAIDs., # 10 tab(s), 0 Refill(s), Type: Maintenance, Pharmacy: Wal-Mart Pharmacy 3191, 1 tab(s) po daily,x10 day(s),Instr:With food. Do not take with other NSAIDs.

Prozac 20 mg oral capsule: 1 cap(s) (20 mg), PO, Daily, # 30 cap(s), 1 Refill(s), Type: Maintenance, Pharmacy: Wal-Mart Pharmacy 3191, 1 cap(s) po daily

Vistaril 25 mg oral capsule: 1 cap(s) (25 mg), PO, tid, PRN: for anxiety, # 30 cap(s), 0 Refill(s), Type: Maintenance, Pharmacy: Wal-Mart Pharmacy 3191, 1 cap(s) po tid,PRN:for anxiety

Zocor 20 mg oral tablet: 1 tab(s) (20 mg), PO, Once a day (at bedtime), # 30 tab(s), 5 Refill(s), Type: Maintenance, Pharmacy: Wal-Mart Pharmacy 3191, 1 tab(s) po hs

Documented Medications

Documented

nitroglycerin 0.4 mg sublingual tablet: 1 tab(s), SL, q5min, PRN: for chest pain, # 100 tab(s), 0 Refill(s), Type: Maintenance

Problem list:

All Problems

Obesity / SNOMED CT 2535065012 / Probable
Hyperlipidemia / SNOMED CT 92826017 / Confirmed
Hypercholesterolemia / SNOMED CT 5CC3DE7A-7CE6-4506-9C4B-83BA5CEBA21A / Confirmed
Anxiety / SNOMED CT 81133019 / Confirmed
Anxiety / SNOMED CT FF68A870-2C00-4C77-8112-D3320B346FF4 / Confirmed

Histories

Past Medical History:

Active

Hypercholesterolemia (5CC3DE7A-7CE6-4506-9C4B-83BA5CEBA21A)
Anxiety (FF68A870-2C00-4C77-8112-D3320B346FF4)

Family History:

Diabetes Mellitus
Father
Heart Disease
Father

Procedure history:

RT. ANKLE SURGERY WITH PIN.

Social History:

Alcohol Assessment: No Risk
Tobacco Assessment: Denies Tobacco Use
Substance Abuse Assessment: Denies Substance Abuse
Employment and School Assessment: No Risk
Employed
Comments:
02/11/2015 - Russell LPN, Glenda
EMPLOYED WITH ALICE MANF.
Home and Environment Assessment: No Risk
Marital status: Life Partner.

Physical Examination

Vital Signs

5/13/2015 10:34 AM EDT	Temperature Oral	98.4 DegF
	Peripheral Pulse Rate	82 bpm
	Pulse Site	Radial artery
	Respiratory Rate	14 br/min
	Systolic Blood Pressure	120 mmHg
	Diastolic Blood Pressure	80 mmHg
	Mean Arterial Pressure	93 mmHg
	BP Site	Left arm

Measurements from flowsheet : Measurements

5/13/2015 10:34 AM EDT	Height	68 in
	Weight	214.6 lb
	BSA	2.16 m2
	Body Mass Index	32.63 kg/m2

Doc - Office-Clinic Notes

Pleasant white male in no apparent distress. Well dressed well groomed well-nourished. Appropriate affect. Accompanied by his wife. Negative cervical axial load test. Normal sensation light touch. 2+ radial pulse. No right axillary lymphadenopathy. Negative Hawkins test. Forward flexion of the right shoulder is limited to approximately 110 because of right elbow pain. The right shoulder is not frozen. He is very tender over the radial head of the right elbow. He is also tender over the ulnar nerve. He has mild tenderness of the flexor bundle of the right forearm and very tender over the common extensor origin of the right elbow. He has decreased grip strength secondary to pain at the lateral elbow. He has a positive tennis elbow test.

Procedure

Joint aspiration/ injection procedure (Ultrasound-guided common extensor tendon tenotomy.)

Date: 5/13/2015.
Confirmed: patient, procedure, side, site, safety procedures followed.
Performed by: self.
Informed consent: signed by patient.
Indication: symptomatic relief.
Location: the right elbow, Common extensor tendon bundle..
Preparation and technique: skin prep (alcohol, povidone iodine (Betadine)), local anesthesia Ethyl chloride cold spray., sterile needle used (size #22 gauge, length 1.5 inch).
Joint injected: with 1% plain lidocaine. 3 ml.
Procedure tolerated: well.
The patient was seated in a chair next to the exam table. The elbow was placed on the table in 90° of flexion. Ultrasound was used to identify the area of hypo-echogenicity. After the skin was cleansed the needle was introduced and under ultrasound guidance was passed several times through the area of tendinosis. The needle was removed, the skin was cleansed, and a clean dry bandage applied..

Review / Management

Radiology results

X-ray

Prior radiographs of the right shoulder right elbow and right wrist reveal no definitive acute bony change. The right shoulder would indicate downsloping acromion with possible bony impingement.

Impression and Plan

Diagnosis

Elbow pain (ICD9 729.5).
Right tennis elbow (ICD9 726.32).

Orders

Orders
Pharmacy:
tramadol 50 mg oral tablet (Prescribe): 1 tab(s) (50 mg), PO, q8 hrs, Instructions: Do not drive after taking medicine., PRN: for pain, # 30 tab(s), 0 Refill(s), Type: Maintenance
nitroglycerin 0.2 mg/hr transdermal film, extended release (Prescribe): 1 patch(es), TOP, Daily, # 30 patch(es), 0 Refill(s), Type: Maintenance.
Orders
Pharmacy:
nitroglycerin 0.2 mg/hr transdermal film, extended release (Prescribe): 1 patch(es), TOP, Daily, Instructions: Apply one half patch to right lateral elbow at bed time. maintain a nitrate-free interval of 10 to 12 hours, # 30 patch(es), 0 Refill(s), Type: Maintenance
nitroglycerin 0.2 mg/hr transdermal film, extended release (Modify): 1 patch(es), TOP, Daily, # 30 patch(es), 0 Refill(s), Type: Hard Stop.
Orders
Pharmacy:
lidocaine 1% injectable solution (Order): 3 mL, subcutaneous, once
Requests (Return to Office):
Return to Clinic (Request) (Order): Return in 3 weeks
Charges:
20550 injection of single tendon sheath (Charge) (Order): Quantity: 1, Modifier(s): 25
J2001 lidocaine injection, 10 mg (Charge) (Order): Quantity: 3
76942 us guidance needle placement rs+i (Charge) (Order): Quantity: 1, Modifier(s): 26.

Right lateral elbow pain. Most consistent with lateral epicondylitis. Ultrasound in the office today corroborates hypoechogenicity and calcific tendinitis. He elected for ultrasound-guided tenotomy. He tolerated the procedure well. He felt slightly better afterwards. He was given a stretch of rubber band and shown how to do extension strengthening. I'll give him a prescription for tramadol and have him start nitroglycerin patches. I've asked that he avoid nonsteroidals. He'll be given a work note until follow-up in 3 weeks.

Signed and Authored by David Boyer MD on 05/13/2015 12:17 PM EDT

Orthopedic Note MILLER, JEFFREY ALLEN - [redacted]

Joint Aspiration/ Injection Procedure *, Upper Extremity Pain *

Patient: MILLER, JEFFREY ALLEN MRN: 1102987 FIN: B2015060503783
Age: 42 years Sex: Male DOB: [redacted]
Associated Diagnoses: Elbow pain; Right tennis elbow
Author: Boyer MD, David M

Visit Information

Date of Service: 05/13/2015 10:23 am Performing Location: Upstate Bone and Joint Encounter#: B2015060503783

Chief Complaint
5/13/2015 10:34 AM EDT Right elbow pain that hurts into shoulder and wrist

History of Present Illness
42-year-old white male. Here for 1-2 months of right lateral elbow pain as well as shoulder pain and right wrist pain. His job includes gripping and twisting. He is right-hand dominant. Today is 7 out of 10. Quality is throbbing. Ice did not help. He reports swelling. Pain is worsening. He denies prior injury. Ibuprofen did not help.

Review of Systems

Constitutional: Other: Fatigue, decreased activity.
HEENT: Within normal limits.
Respiratory: Within normal limits.
Cardiovascular: Within normal limits.
Gastrointestinal: Within normal limits.
Genitourinary: Within normal limits.
Hematology/Lymphatics: Within normal limits.
Endocrine: Within normal limits.
Immunologic: Within normal limits.
Musculoskeletal: Other: Back, neck, joint, muscle pain. Leg pain while walking. Decreased ROM. Trauma.
Integumentary: Within normal limits.
Neurologic: Other: Numbness, tingling.
Psychiatric: Other: anxiety.

Health Status
Allergies:
Allergic Reactions (Selected)
No known allergies
Medications: (Selected)
Prescriptions
Prescribed
Mobic 15 mg oral tablet: 1 tab(s) (15 mg), po, daily, Instructions: With food. Do not take with other NSAIDs., # 10 tab(s), 0 Refill(s), Type: Maintenance, Pharmacy: Wal-Mart Pharmacy 3191, 1 tab(s) po daily,x10 day(s),Instr:With food. Do not take with other NSAIDs.
Prozac 20 mg oral capsule: 1 cap(s) (20 mg), PO, Daily, # 30 cap(s), 1 Refill(s), Type: Maintenance, Pharmacy: Wal-Mart Pharmacy 3191, 1 cap(s) po daily
Vistaril 25 mg oral capsule: 1 cap(s) (25 mg), PO, tid, PRN: for anxiety, # 30 cap(s), 0 Refill(s), Type: Maintenance, Pharmacy: Wal-Mart Pharmacy 3191, 1 cap(s) po tid,PRN:for anxiety
Zocor 20 mg oral tablet: 1 tab(s) (20 mg), PO, Once a day (at bedtime), # 30 tab(s), 5 Refill(s), Type: Maintenance, Pharmacy: Wal-Mart Pharmacy 3191, 1 tab(s) po hs
Documented Medications
Documented
nitroglycerin 0.4 mg sublingual tablet: 1 tab(s), SL, q5min, PRN: for chest pain, # 100 tab(s), 0 Refill(s), Type: Maintenance
Problem list:
All Problems
Obesity / SNOMED CT 2535085012 / Probable

Hyperlipidemia / SNOMED CT 92826017 / Confirmed
Hypercholesterolemia / SNOMED CT 5CC3DE7A-7CE6-4506-9C4B-83BA5CEBA21A / Confirmed
Anxiety / SNOMED CT 81133019 / Confirmed
Anxiety / SNOMED CT FF68A870-2C00-4C77-8112-D3320B346FF4 / Confirmed

Histories

Past Medical History:

Active

Hypercholesterolemia (5CC3DE7A-7CE6-4506-9C4B-83BA5CEBA21A)
Anxiety (FF68A870-2C00-4C77-8112-D3320B346FF4)

Family History:

Diabetes Mellitus
Father
Heart Disease
Father

Procedure history:

RT. ANKLE SURGERY WITH PIN.

Social History:

Alcohol Assessment: No Risk
Tobacco Assessment: Denies Tobacco Use
Substance Abuse Assessment: Denies Substance Abuse
Employment and School Assessment: No Risk
Employed
Comments:
02/11/2015 - Russell LPN, Glenda
EMPLOYED WITH ALICE MANF.
Home and Environment Assessment: No Risk
Marital status: Life Partner.

Physical Examination

Vital Signs

5/13/2015 10:34 AM EDT	Temperature Oral	98.4 DegF
	Peripheral Pulse Rate	82 bpm
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	Mean Arterial Pressure	93 mmHg
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	Weight	214.6 lb
	BSA	2.16 m2
	Body Mass Index	32.63 kg/m2

Pleasant white male in no apparent distress. Well dressed well groomed well-nourished. Appropriate affect. Accompanied by his wife. Negative cervical axial load test. Normal sensation light touch. 2+ radial pulse. No right axillary lymphadenopathy. Negative Hawkins test. Forward flexion of the right shoulder is limited to approximately 110 because of right elbow pain. The right shoulder is not frozen. He is very tender over the radial head of the right elbow. He is also tender over the ulnar nerve. He has mild tenderness of the flexor bundle of the right forearm and very tender over the common extensor origin of the right elbow. He has decreased grip strength secondary to pain at the lateral elbow. He has a positive tennis elbow test.

Procedure

Joint aspiration/ injection procedure (Ultrasound-guided common extensor tendon tenotomy.)
Date: 5/13/2015.
Confirmed: patient, procedure, side, site, safety procedures followed.
Performed by: self.
Informed consent: signed by patient.

Indication: symptomatic relief.
Location: the right elbow, Common extensor tendon bundle..
Preparation and technique: skin prep (alcohol, povidone iodine (Betadine)), local anesthesia Ethyl chloride cold spray., sterile needle used (size #22 gauge, length 1.5 inch).
Joint injected: with 1% plain lidocaine. 3 ml.
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The patient was seated in a chair next to the exam table. The elbow was placed on the table in 90° of flexion. Ultrasound was used to identify the area of hypo-echogenicity. After the skin was cleansed the needle was introduced and under ultrasound guidance was passed several times through the area of tendinosis. The needle was removed, the skin was cleansed, and a clean dry bandage applied..

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Radiology results

X-ray

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Impression and Plan

Diagnosis

Elbow pain (ICD9 729.5).
Right tennis elbow (ICD9 726.32).

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Orders
Pharmacy:
tramadol 50 mg oral tablet (Prescribe): 1 tab(s) (50 mg), PO, q8 hrs, Instructions: Do not drive after taking medicine., PRN: for pain, # 30 tab(s), 0 Refill(s), Type: Maintenance
nitroglycerin 0.2 mg/hr transdermal film, extended release (Prescribe): 1 patch(es), TOP, Daily, # 30 patch(es), 0 Refill(s), Type: Maintenance.

Orders
Pharmacy:
nitroglycerin 0.2 mg/hr transdermal film, extended release (Prescribe): 1 patch(es), TOP, Daily, Instructions: Apply one half patch to right lateral elbow at bed time. maintain a nitrate-free interval of 10 to 12 hours, # 30 patch(es), 0 Refill(s), Type: Maintenance
nitroglycerin 0.2 mg/hr transdermal film, extended release (Modify): 1 patch(es), TOP, Daily, # 30 patch(es), 0 Refill(s), Type: Hard Stop.

Orders
Pharmacy:
lidocaine 1% injectable solution (Order): 3 mL, subcutaneous, once
Requests (Return to Office):
Return to Clinic (Request) (Order): Return in 3 weeks
Charges:
20550 injection of single tendon sheath (Charge) (Order): Quantity: 1, Modifier(s): 25
J2001 lidocaine injection, 10 mg (Charge) (Order): Quantity: 3
76942 us guidance needle placement rsrl (Charge) (Order): Quantity: 1, Modifier(s): 26.

Right lateral elbow pain. Most consistent with lateral epicondylitis. Ultrasound in the office today corroborates hypoechogenicity and calcific tendinitis. He elected for ultrasound-guided tenotomy. He tolerated the procedure well. He felt slightly better afterwards. He was given a stretch of rubber band and shown how to do extension strengthening. I'll give him a prescription for tramadol and have him start nitroglycerin patches. I've asked that he avoid nonsteroidals. He'll be given a work note until follow-up in 3 weeks.

Signature Line

Signed and Authored by David Boyer MD on 05/13/2015 12:17 PM EDT

Orthopedic Note

MILLER, JEFFREY ALLEN - 1102987

Charted Date: May 13, 2015 10:53 AM EDT
Subject / Title: Joint Aspiration/ Injection Procedure *, Upper Extremity Pain *
Performed By: Boyer MD, David M on May 13, 2015 11:01 AM EDT
Electronically Signed By: Boyer MD, David M on May 13, 2015 12:17 PM EDT
Visit Information: B2015050503783, Upstate Bone & Joint, Outpatient, 5/13/2015 - 5/15/2015

Work/School Note MILLER, JEFFREY ALLEN - 1102987

BAPTIST EASLEY
PHYSICIAN PRACTICES
caring is our calling

Upstate Bone and Joint
112 John Street, Suite 201, Easley, SC 29640
Office: 864.850.2663 Fax: 864.306.0012
Dr. Boyer, MD
Dr. Finley, MD
Dr. Roberson, MD
Jason Looper, PA-C
Sean Irvin, PA-C

Patient Demographics
Name: MILLER, JEFFREY ALLEN
Address: 135 WILSON WAY, PICKENS, SC 29671-8244
DOB: [redacted]
Sex: Male

CERTIFICATE TO RETURN TO SCHOOL OR WORK

Jeffrey has been under the care of Dr. Boyer and was seen in office today 5/13/15.

Limitations/Remarks: pt to be out of work until follow-up with Dr. Boyer in 3 weeks.

Charted Date:	May 13, 2015 11:57 AM EDT
Subject / Title:	work note
Performed By:	Mchenry , Kimberly on May 13, 2015 11:58 AM EDT

Printed by: Turner, Dena
Printed on: 5/27/2015 9:13 AM EDT

Work/School Note

MILLER, JEFFREY ALLEN - 1102987

Electronically Signed By: Mchenry , Kimberly on May 13, 2015 11:58 AM EDT
Visit Information: B2015050503783, Upstate Bone & Joint, Outpatient, 5/13/2015 - 5/15/2015

Printed by: Turner, Dena
Printed on: 5/27/2015 9:13 AM EDT

General Radiography Report MILLER, JEFFREY ALLEN - 1102987

Findings:
HISTORY: Elbow pain.

AP, LATERAL, AND OBLIQUE VIEWS RIGHT ELBOW - 04/20/15

FINDINGS: I do not see a fracture or other acute bony abnormality. Bony structures appear intact.

IMPRESSION:

NO ACUTE FINDINGS. NO FRACTURES ARE SEEN.

Result Comment by Generated Domain User for 3926863 on April 20, 2015 3:02 PM EDT
*** Final *** Trans On: 04/20/2015 11:19 by:
DDB
Read by: Cooper MD, John A
Released By: Cooper MD. John A
Released on: 04/20/2015 15:02

Charted Date:	April 20, 2015 10:56 AM EDT
Subject / Title:	CR Elbow 3 Views Minimum Right
Visit Information:	HUB - PHAE, Outpatient, 4/20/2015 - 4/20/2015
Contributor system:	PHA_PHAE_SC_INOP_SYS

Printed by: Turner, Dena
Printed on: 5/27/2015 9:18 AM EDT

General Radiography Report MILLER, JEFFREY ALLEN - 1102987

Findings:
HISTORY: Wrist pain.

AP, LATERAL AND OBLIQUE VIEWS RIGHT WRIST - 05-04-15:

FINDINGS: I do not see a fracture. No acute bony abnormalities are evident.

IMPRESSION: NORMAL EXAM.

Result Comment by Generated Domain User for 3928863 on May 04, 2015 2:17 PM EDT
*** Final *** Trans On: 05/04/2015 13:36 by: KDB
Read by: Cooper MD, John A
Released By: Cooper MD, John A
Released on: 05/04/2015 14:17 Technologist: Smith RT, R, Christa L

Charted Date:	May 04, 2015 12:05 PM EDT
Subject / Title:	CR Wrist 3 Views Minimum Right
Visit Information:	HUB - PHAE, Outpatient, 5/4/2015 - 5/4/2015
Contributor system:	PHA_PHAE_SC_INOP_SYS

Printed by: Turner, Dena
Printed on: 5/27/2015 9:19 AM EDT

General Radiography Report MILLER, JEFFREY ALLEN - 1102987

Findings:
HISTORY: Right shoulder pain.

AP AND AXILLARY VIEWS RIGHT SHOULDER (THREE VIEWS) - 05/04/15

FINDINGS: The glenohumeral joint appears unremarkable. I do not see a fracture. Humeral head is smooth.

IMPRESSION: NORMAL EXAM.

Result Comment by Generated Domain User for 3926863 on May 04, 2015 2:17 PM EDT
*** Final *** Trans On: 05/04/2015 13:34 by: DDB
Read by: Cooper MD, John A
Released By: Cooper MD, John A
Released on: 05/04/2015 14:17 Technologist: Smith RT, R, Christa L

Charted Date:	May 04, 2015 12:05 PM EDT
Subject / Title:	CR Shoulder 2 Views Minimum Right
Visit Information:	HUB - PHAE, Outpatient, 5/4/2015 - 5/4/2015
Contributor system:	PHA_PHAE_SC_INOP_SYS

HUB - Palmetto Health Easley

Person:	**MILLER, JEFFREY ALLEN**	MRN:	**98764; 1102987**
DOB/Age/Sex:	[redacted] / **42 years** / **Male**	CMRN:	**1266294**

Address:	**135 WILSON WAY** **PICKENS, SC 29671-8244**	Home Phone:	**(864) 507-0355**	Language:	**English**
		Mobile Phone:		Ethnicity:	**Not Hispanic or Latino**
		Work Phone:	**(864) 507-0355**	Email:	
PCP:		Visit Date:	**5/4/2015**	FIN/Visit#:	

Rad - Interfaced

General Radiography Report
HISTORY: Wrist pain.

AP, LATERAL AND OBLIQUE VIEWS RIGHT WRIST - 05-04-15:

FINDINGS: I do not see a fracture. No acute bony abnormalities are evident.

IMPRESSION: NORMAL EXAM.

HUB - Palmetto Health Easley

Person: **MILLER, JEFFREY ALLEN** MRN: **98764; 1102987**
DOB/Age/Sex: [redacted] / **42 years** / **Male** CMRN: **1266294**

Address: **135 WILSON WAY**
PICKENS, SC 29671-8244

Home Phone: **(864) 507-0355**
Mobile Phone:
Work Phone: **(864) 507-0355**
Visit Date: **4/20/2015**

Language: **English**
Ethnicity: **Not Hispanic or Latino**
Email:
FIN/Visit#:

PCP:

Rad - Interfaced

General Radiography Report
HISTORY: Elbow pain.

AP, LATERAL, AND OBLIQUE VIEWS RIGHT ELBOW - 04/20/15

FINDINGS: I do not see a fracture or other acute bony abnormality.
Bony structures appear intact.

IMPRESSION:

NO ACUTE FINDINGS. NO FRACTURES ARE SEEN.

HUB - Palmetto Health Easley

Person: **MILLER, JEFFREY ALLEN** MRN: **98764; 1102987**
DOB/Age/Sex: [redacted] / **42 years** / **Male** CMRN: **1266294**

Address: **135 WILSON WAY**
PICKENS, SC 29671-8244

Home Phone: **(864) 507-0355**
Mobile Phone:
Work Phone: **(864) 507-0355**
Visit Date: **5/4/2015**

Language: **English**
Ethnicity: **Not Hispanic or Latino**
Email:
FIN/Visit#:

PCP:

Rad - Interfaced

General Radiography Report
HISTORY: Right shoulder pain.

AP AND AXILLARY VIEWS RIGHT SHOULDER (THREE VIEWS) - 05/04/15

FINDINGS: The glenohumeral joint appears unremarkable. I do not see a fracture. Humeral head is smooth.

IMPRESSION: NORMAL EXAM.

Easley Family Practice/Internal Medicine

106 John Street
Easley, SC 29640-
(864) 859-2220

Person: **MILLER, JEFFREY ALLEN** MRN: **98764; 1102987**
DOB/Age/Sex: [redacted] / **42 years** / **Male** CMRN: **1266294**

Address: **135 WILSON WAY**
PICKENS, SC 29671-8244

Home Phone: **(864) 507-0355**
Mobile Phone:
Work Phone: **(864) 507-0355**

Language: **English**
Ethnicity: **Not Hispanic or Latino**
Email:

PCP:
Visit Date: **4/20/2015**
FIN/Visit#: **B2015042000209**

Doc - Office-Clinic Notes

Document Type: Family Practice Note
Document Title: Anxiety/Elbow Pain
Document Date/Time: 4/20/2015 10:28 EDT

Anxiety/Elbow Pain

Patient: MILLER, JEFFREY ALLEN MRN: 1102987 FIN: B2015042000209
Age: 42 years Sex: Male DOB: [redacted]
Associated Diagnoses: Anxiety State, Unspecified; Elbow pain, right
Author: Watson FNP, Apryl M

Visit Information

Date of Service: 04/20/2015 09:53 am **Performing Location:** Easley Family Practice/Internal Medicine **Encounter#:** B2015042000209

Primary Care Provider (PCP): 0046279 -NATIONS, JEFFREY D

Chief Complaint
4/20/2015 10:22 AM EDT Lots of stress at home and work, right elbow pain

History of Present Illness
42 year old male presents to office with complaints of uncontrolled anxiety. He scored 20 on GAD-7 today. Was seen in February 2015 by Dr.Nations and was started on prozac. Is tolerating prozac well without side effects. Has a lot of home stressors and is currently in the process of moving out of his mother-in-law's home, which is a source of a lot of the stress. Denies suicidal/homicidal ideations.
Has had a 1 month history of right lateral elbow pain that occurs when lifting heavy weights only. Improves with rest. He has taken ibuprofen without relief. At times, the elbow swells. He has full range of motion. Denies numbness or tingling. No known injury.He does a lot of heavy lifting at work.

Review of Systems
Constitutional: No fever, No chills.
Respiratory: No shortness of breath.
Cardiovascular: No palpitations.
Gastrointestinal: No nausea, No vomiting.
Musculoskeletal: right elbow pain, No decreased range of motion.
Neurologic: No numbness, No tingling.
Psychiatric: Anxiety, Irritability, Not suicidal.

Health Status
Allergies:
Allergic Reactions (Selected)
No known allergies
Medications: (Selected)
Prescriptions
Prescribed
Zocor 20 mg oral tablet: 1 tab(s) (20 mg), PO, Once a day (at bedtime), # 30 tab(s), 5 Refill(s), Type: Maintenance, Pharmacy: Wal-Mart Pharmacy 3191, 1 tab(s) po hs
fluoxetine 10 mg oral tablet: 1 tab(s) (10 mg), PO, Daily, Instructions: Start after weaning the Paxil, # 30 tab(s), 5 Refill(s), Type: Maintenance, Pharmacy: Wal-Mart Pharmacy 3191, 1 tab(s) po daily,Instr:Start after weaning the Paxil
Documented Medications
Documented
nitroglycerin 0.4 mg sublingual tablet: 1 tab(s), SL, q5min, PRN: for chest pain, # 100 tab(s), 0 Refill(s), Type: Maintenance

Doc - Office-Clinic Notes

Problem list:

All Problems

Anxiety / SNOMED CT 81133019 / Confirmed
Anxiety / SNOMED CT FF68A870-2C00-4C77-8112-D3320B346FF4 / Confirmed
Hypercholesterolemia / SNOMED CT 5CC3DE7A-7CE6-4506-9C4B-83BA5CEBA21A / Confirmed
Hyperlipidemia / SNOMED CT 92826017 / Confirmed
Obesity / SNOMED CT 2535065012 / Probable

Histories

Past Medical History:

Active

Hypercholesterolemia (5CC3DE7A-7CE6-4506-9C4B-83BA5CEBA21A)
Anxiety (FF68A870-2C00-4C77-8112-D3320B346FF4)

Physical Examination

Vital Signs

4/20/2015 10:22 AM EDT		
	Temperature Oral	97.7 DegF
	Peripheral Pulse Rate	80 bpm
	Pulse Site	Radial artery
	Respiratory Rate	16 br/min
	Systolic Blood Pressure	128 mmHg
	Diastolic Blood Pressure	86 mmHg
	Mean Arterial Pressure	100 mmHg
	BP Site	Left arm

Measurements from flowsheet : Measurements

4/20/2015 10:22 AM EDT		
	Height	68 in
	Weight	206.6 lb
	BSA	2.12 m2
	Body Mass Index	31.41 kg/m2

General: Alert and oriented, No acute distress.
Respiratory: Lungs are clear to auscultation.
Cardiovascular: Normal rate.
Musculoskeletal: Upper extremity exam: Elbow (Right, Lateral, No erythema, No ecchymosis, No swelling, Tenderness, Strength 5/5, Normal range of motion).
Integumentary: Warm, Dry.
Cognition and Speech: Oriented, Speech clear and coherent.
Psychiatric: Cooperative, Appropriate mood & affect, Normal judgment, Non-suicidal.

Impression and Plan

Diagnosis

Anxiety State, Unspecified (ICD9 300.00).
Elbow pain, right (ICD9 719.42).

Plan: Follow-up: Return to clinic, As needed or sooner if symptoms worsen, In 4 weeks.
Patient Instructions: Counseled: Patient, Regarding diagnosis, Regarding treatment, Regarding medications, Verbalized understanding.
Summary: Anxiety-increase prozac to 20mg daily. He will follow up in 4 weeks for re-evaluation.
Elbow Pain-check xray. I will call with results. Further workup/treatment pending xray results.
Can contact his wife, Darla, with results at 864-207-1157..

Orders

Orders
Pharmacy:
Prozac 20 mg oral capsule (Prescribe): 1 cap(s) (20 mg), PO, Daily, # 30 cap(s), 1 Refill(s), Type: Maintenance, Pharmacy: Wal-Mart Pharmacy 3191
fluoxetine 10 mg oral tablet (Discontinue)
Requests (Return to Office):
Return to Clinic (Request) (Order): Return in 4 weeks.
Orders (Selected)
Outpatient Orders
Completed
73080 radex elbow complete minimum 3 views (Task/Charge): Quantity: 1, Modifier(s): TC.

Doc - Office-Clinic Notes

Signed and Authored by Apryl Watson FNP on 04/20/2015 12:54 PM EDT

Doc - Progress Notes

* Auth (Verified) *

Jeffrey Miller
DOB: [redacted]

GAD-7

Over the last 2 weeks, how often have you been bothered by the following problems? (Use ✓ to indicate your answer)	Not at all	Several days	More than half the days	Nearly every day
1. Feeling nervous, anxious or on edge	0	1	2	3
2. Not being able to stop or control worrying	0	1	2	3
3. Worrying too much about different things	0	1	2	3
4. Trouble relaxing	0	1	2	3
5. Being so restless that it is hard to sit still	0	1	2	3
6. Becoming easily annoyed or irritable	0	1	2	3
7. Feeling afraid as if something awful might happen	0	1	2	3

(For office coding: Total Score T 20 = 0 + 2 + 18

Developed by Dr. Robert L. Spitzer, Janet B.W. Williams, Kurt Kroenke and colleagues with an educational grant from Pfizer Inc. No permission required to reproduce, translate, display or distribute.

4/20/15 Apryl Watson, FNP-BC

HUB - Palmetto Health Easley

Person: **MILLER, JEFFREY ALLEN** MRN: **98764; 1102987**
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Work Phone: **(864) 507-0355**
Visit Date: **4/20/2015**

Language: **English**
Ethnicity: **Not Hispanic or Latino**
Email:
FIN/Visit#:

PCP:

Rad - Interfaced

General Radiography Report
HISTORY: Elbow pain.

AP, LATERAL, AND OBLIQUE VIEWS RIGHT ELBOW - 04/20/15

FINDINGS: I do not see a fracture or other acute bony abnormality.
Bony structures appear intact.

IMPRESSION:

NO ACUTE FINDINGS. NO FRACTURES ARE SEEN.

Easley Family Practice/Internal Medicine

106 John Street
Easley, SC 29640-
(864) 859-2220

Person: **MILLER, JEFFREY ALLEN** MRN: **98764; 1102987**
DOB/Age/Sex: [redacted] / **42 years** / **Male** CMRN: **1266294**

Address: **135 WILSON WAY**
PICKENS, SC 29671-8244

Home Phone: **(864) 507-0355**
Mobile Phone:
Work Phone: **(864) 507-0355**
Visit Date: **5/4/2015**

Language: **English**
Ethnicity: **Not Hispanic or Latino**
Email:
FIN/Visit#: **B2015050400152**

PCP:

Doc - Office-Clinic Notes

Document Type: Family Practice Note
Document Title: Anxiety/Wrist and Shoulder Pain
Document Date/Time: 5/4/2015 10:08 EDT

Anxiety/Wrist and Shoulder Pain

Patient: **MILLER, JEFFREY ALLEN** **MRN: 1102987** **FIN: B2015050400152**
Age: **42 years** Sex: **Male** DOB: [redacted]
Associated Diagnoses: **Acute pain of right shoulder; Wrist pain, right; Anxiety**
Author: **Watson FNP, Apryl M**

Visit Information

Date of Service: 05/04/2015 09:47 am **Performing Location:** Easley Family Practice/Internal Medicine **Encounter#:** B2015050400152

Primary Care Provider (PCP): 0048279 -NATIONS, JEFFREY D

Chief Complaint
5/4/2015 10:00 AM EDT **Anxiety and right arm pain**

History of Present Illness
42-year-old male presents to office for right arm pain. He was last seen in office on 04/20/2015 and had a negative x-ray of the right elbow. His elbow continues to be painful, but his pain has now radiated up into the right shoulder and down into the right wrist. He also has intermittent numbness and tingling of the thumb and fingers 3, 4 and 5 on the right hand. Meloxicam had been prescribed, but he has yet to take. Instead, he is been taking intermittent doses of ibuprofen and applying ice to his elbow with short-term relief for about 15-20 minutes after application of ice. He is also wearing a brace on the right elbow. His range of motion of the right shoulder is restricted due to pain. Also has restricted range of motion of the wrist due to pain. At his job, he does a lot has heavy lifting and repetitive motions. He has had some mild swelling of the right elbow and wrist, but no erythema or increased warmth.
Is still having difficulty with anxiety. On 04/20/2015, Prozac was increased to 20 mg per day. His main complaint is that he is easily irritated.

Review of Systems
Constitutional: No fever, No chills.
Respiratory: No shortness of breath.
Cardiovascular: No chest pain.
Musculoskeletal: Joint pain, Decreased range of motion, No trauma.
Neurologic: Alert and oriented X4, Numbness, Tingling.
Psychiatric: Anxiety, No depression, Not suicidal.

Health Status
Allergies:
Allergic Reactions (Selected)
No known allergies
Medications: (Selected)
Prescriptions
Prescribed
Mobic 15 mg oral tablet: 1 tab(s) (15 mg), po, daily, Instructions: With food. Do not take with other NSAIDs., # 10 tab(s), 0 Refill(s), Type: Maintenance, Pharmacy: Wal-Mart Pharmacy 3191, 1 tab(s) po daily,x10 day(s),Instr:With food. Do not take with other NSAIDs.

Doc - Office-Clinic Notes

Prozac 20 mg oral capsule: 1 cap(s) (20 mg), PO, Daily, # 30 cap(s), 1 Refill(s), Type: Maintenance, Pharmacy: Wal-Mart Pharmacy 3191, 1 cap(s) po daily
Zocor 20 mg oral tablet: 1 tab(s) (20 mg), PO, Once a day (at bedtime), # 30 tab(s), 5 Refill(s), Type: Maintenance, Pharmacy: Wal-Mart Pharmacy 3191, 1 tab(s) po hs

Documented Medications
Documented
nitroglycerin 0.4 mg sublingual tablet: 1 tab(s), SL, q5min, PRN: for chest pain, # 100 tab(s), 0 Refill(s), Type: Maintenance

Problem list:
All Problems
Anxiety / SNOMED CT 81133019 / Confirmed
Anxiety / SNOMED CT FF68A870-2C00-4C77-8112-D3320B346FF4 / Confirmed
Hypercholesterolemia / SNOMED CT 5CC3DE7A-7CE6-4506-9C4B-83BA5CEBA21A / Confirmed
Hyperlipidemia / SNOMED CT 92826017 / Confirmed
Obesity / SNOMED CT 2535065012 / Probable

Histories
Past Medical History:
Active
Hypercholesterolemia (5CC3DE7A-7CE6-4506-9C4B-83BA5CEBA21A)
Anxiety (FF68A870-2C00-4C77-8112-D3320B346FF4)
Procedure history:
RT. ANKLE SURGERY WITH PIN.

Physical Examination
Vital Signs

5/4/2015 10:00 AM EDT		
	Temperature Oral	98.5 DegF
	Peripheral Pulse Rate	86 bpm
	Pulse Site	Radial artery
	Respiratory Rate	16 br/min
	Systolic Blood Pressure	128 mmHg
	Diastolic Blood Pressure	78 mmHg
	Mean Arterial Pressure	95 mmHg
	BP Site	Left arm

Measurements from flowsheet : Measurements

5/4/2015 10:00 AM EDT		
	Height	68 in
	Weight	214.6 lb
	BSA	2.16 m2
	Body Mass Index	32.63 kg/m2

General: Alert and oriented, No acute distress.
HENT: Normocephalic.
Musculoskeletal: Upper extremity exam: Shoulder (Right, Acromial clavicular, No erythema, No swelling, Tenderness, Strength 4 /5, Range of motion: Extension restricted to 25°, flexion restricted to 100°), Wrist (Right, No erythema, No swelling, Tenderness, ventral side of wrist with generalized tenderness, positive Phalen's and Tinel's, flexion of wrist restricted to 40°; grip strength decreased to 3/5).
Integumentary: Warm, Dry.
Cognition and Speech: Oriented, Speech clear and coherent.
Psychiatric: Cooperative, Appropriate mood & affect, Normal judgment.

Impression and Plan
Diagnosis
Acute pain of right shoulder (ICD9 719.41).
Wrist pain, right (ICD9 719.43).
Anxiety (ICD9 300.00).
Plan: Follow-up: Return to clinic, As needed or sooner if symptoms worsen, In 2 weeks.
Patient Instructions: Counseled: Patient, Regarding diagnosis, Regarding treatment, Regarding medications, Verbalized understanding.
Summary: Shoulder Pain-will check xray.
Wrist Pain-wear wrist splint at bedtime and during the day as needed. He has been given a work excuse. Continue to apply ice for 20 minutes at least 4 times daily. Start the mobic as previously prescribed. Also checking xray of wrist. I will call with results. Further treatment/workup pending xray results.
Anxiety-continue prozac. Vistaril added for prn use. .
Orders
Orders

Doc - Office-Clinic Notes

Pharmacy:
Vistaril 25 mg oral capsule (Prescribe): 1 cap(s) (25 mg), PO, tid, PRN: for anxiety, # 30 cap(s), 0 Refill(s), Type: Maintenance, Pharmacy: Wal-Mart Pharmacy 3191
Requests (Radiology):
XR Wrist Complete Right (Request) (Order): Instructions: Has intermittent numbness/tingling of fingers
XR Shoulder Complete Right (Request) (Order)
Requests (Return to Office):
Return to Clinic (Request) (Order): Return in 2 weeks.

Signed and Authored by Apryl Watson FNP on 05/04/2015 01:07 PM EDT

HUB - Palmetto Health Easley

Person: **MILLER, JEFFREY ALLEN**
DOB/Age/Sex: [redacted] / **42 years** / **Male**

MRN: **98764; 1102987**
CMRN: **1266294**

Address: **135 WILSON WAY**
PICKENS, SC 29671-8244

Home Phone: **(864) 507-0355**
Mobile Phone:
Work Phone: **(864) 507-0355**
Visit Date: **5/4/2015**

Language: **English**
Ethnicity: **Not Hispanic or Latino**
Email:
FIN/Visit#:

PCP:

Rad - Interfaced

General Radiography Report
HISTORY: Right shoulder pain.

AP AND AXILLARY VIEWS RIGHT SHOULDER (THREE VIEWS) - 05/04/15

FINDINGS: The glenohumeral joint appears unremarkable. I do not see a fracture. Humeral head is smooth.

IMPRESSION: NORMAL EXAM.

HUB - Palmetto Health Easley

Person: **MILLER, JEFFREY ALLEN** MRN: **98764; 1102987**
DOB/Age/Sex: [redacted] / **42 years** / **Male** CMRN: **1266294**

Address: **135 WILSON WAY**
PICKENS, SC 29671-8244

Home Phone: **(864) 507-0355**
Mobile Phone:
Work Phone: **(864) 507-0355**
Visit Date: **5/4/2015**

Language: **English**
Ethnicity: **Not Hispanic or Latino**
Email:
FIN/Visit#:

PCP:

Rad - Interfaced

General Radiography Report
HISTORY: Wrist pain.

AP, LATERAL AND OBLIQUE VIEWS RIGHT WRIST - 05-04-15:

FINDINGS: I do not see a fracture. No acute bony abnormalities are evident.

IMPRESSION: NORMAL EXAM.

Person: **MILLER, JEFFREY ALLEN** MRN: **98764; 1102987**
DOB/Age/Sex: [redacted] / **42 years** / **Male** CMRN: **1266294**

Address: **135 WILSON WAY**
PICKENS, SC 29671-8244
Home Phone: **(864) 507-0355**
Mobile Phone:
Work Phone: **(864) 507-0355**
Visit Date: **5/26/2015**
Language: **English**
Ethnicity: **Not Hispanic or Latino**
Email:
FIN/Visit#: **B2015042001758**
PCP:

Doc - Office-Clinic Notes

Document Type: Family Practice Note
Document Title: OV - Anxiety
Document Date/Time: 5/26/2015 14:56 EDT

OV - Anxiety

Patient: **MILLER, JEFFREY ALLEN** **MRN: 1102987** **FIN: B2015042001758**
Age: **42 years** Sex: **Male** DOB: [redacted]
Associated Diagnoses: **Anxiety; Hypercholesterolemia**
Author: **Nations MD, Jeffrey**

Visit Information

Date of Service: 05/26/2015 02:20 pm **Performing Location:** Easley Family Practice/Internal Medicine **Encounter#:** B2015042001758

Primary Care Provider (PCP): 0048279 -NATIONS, JEFFREY D

Chief Complaint
5/26/2015 2:38 PM EDT 6 WK. FOLLOW-UP ON ANXIETY

History of Present Illness
The patient is here today for follow-up regarding anxiety. He is also being treated for right elbow pain by Dr. Boyer. He has now been on the Prozac since February, with a dosage increase about four weeks ago. Instead of feeling more calm, he is feeling more agitated. He is having more difficulty controlling his temper. He currently smokes about 2 cigarettes per day. He denies any recent illnesses.

Review of Systems
Constitutional: Negative except as documented in history of present illness.
Ear/Nose/Mouth/Throat: Negative except as documented in history of present illness.
Respiratory: Negative except as documented in history of present illness.
Cardiovascular: Negative except as documented in history of present illness.
Musculoskeletal: Negative except as documented in history of present illness.
Psychiatric: Negative except as documented in history of present illness.

Doc - Office-Clinic Notes

Health Status

Allergies:

Allergic Reactions (Selected)

No known allergies

Medications: (Selected)

Prescriptions

Prescribed

Prozac 20 mg oral capsule: 1 cap(s) (20 mg), PO, Daily, # 30 cap(s), 1 Refill(s), Type: Maintenance, Pharmacy: Wal-Mart Pharmacy 3191, 1 cap(s) po daily

Vistaril 25 mg oral capsule: 1 cap(s) (25 mg), PO, tid, PRN: for anxiety, # 30 cap(s), 0 Refill(s), Type: Maintenance, Pharmacy: Wal-Mart Pharmacy 3191, 1 cap(s) po tid,PRN:for anxiety

Zocor 20 mg oral tablet: 1 tab(s) (20 mg), PO, Once a day (at bedtime), # 30 tab(s), 5 Refill(s), Type: Maintenance, Pharmacy: Wal-Mart Pharmacy 3191, 1 tab(s) po hs

nitroglycerin 0.2 mg/hr transdermal film, extended release: 1 patch(es), TOP, Daily, Instructions: Apply one half patch to right lateral elbow at bed time. maintain a nitrate-free interval of 10 to 12 hours, # 30 patch(es), 0 Refill(s), Type: Maintenance

tramadol 50 mg oral tablet: 1 tab(s) (50 mg), PO, q8 hrs, Instructions: Do not drive after taking medicine., PRN: for pain, # 30 tab(s), 0 Refill(s), Type: Maintenance

Documented Medications

Documented

nitroglycerin 0.4 mg sublingual tablet: 1 tab(s), SL, q5min, PRN: for chest pain, # 100 tab(s), 0 Refill(s), Type: Maintenance

Physical Examination

Vital Signs

5/26/2015 2:38 PM EDT	Temperature Oral	98.1 DegF
	Peripheral Pulse Rate	76 bpm
	Pulse Site	Radial artery
	Respiratory Rate	16 br/min
	Systolic Blood Pressure	120 mmHg
	Diastolic Blood Pressure	84 mmHg
	Mean Arterial Pressure	96 mmHg
	BP Site	Left arm

Measurements from flowsheet : Measurements

5/26/2015 2:38 PM EDT	Height	68 in
	Weight	222.0 lb
	BSA	2.2 m2
	Body Mass Index	33.75 kg/m2

Doc - Office-Clinic Notes

General: Alert and oriented, No acute distress.
Neck: Supple, Non-tender, No lymphadenopathy.
Respiratory: Lungs are clear to auscultation, Breath sounds are equal.
Cardiovascular: Normal rate, Regular rhythm, No murmur.
Neurologic: Alert, Oriented.
Cognition and Speech: Oriented, Speech clear and coherent.
Psychiatric: Cooperative, Appropriate mood & affect.

Impression and Plan

Diagnosis

Anxiety (ICD9 300.00).
Hypercholesterolemia (ICD9 272.4).

Plan: 1. Discontinue the Prozac and start venlafaxine ER 37.5 mg daily. The dose may need to be titrated.
2. Continue other medications as prescribed.
3. Return to clinic in 1 months or sooner if needed..

Patient Instructions: Counseled: Patient, Spouse, Regarding diagnosis, Regarding treatment, Regarding medications, Verbalized understanding.

Orders

Orders (Selected)

Outpatient Orders

Ordered

Return to Clinic (Request): Return in 1 month

Prescriptions

Prescribed

venlafaxine 37.5 mg oral capsule, extended release: 1 cap(s) (37.5 mg), PO, Daily, # 30 cap(s), 1 Refill(s), Type: Maintenance, Pharmacy: Wal-Mart Pharmacy 3191, 1 cap(s) po daily.

Signed and Authored by Jeffrey Nations MD on 05/26/2015 09:29 PM EDT

Visit Summary (Verified)

Visit Summary for JEFFREY MILLER

We would like to thank you for allowing us to assist you with your healthcare needs. Our entire staff strives to provide an excellent experience for our patients and their families. The following includes information regarding your visit.

Age: 42 years **Sex:** Male **DOB:** [redacted] **MRN:** 1102987
Address: 135 WILSON WAY PICKENS, SC 29671-8244
Home: (864) 650-0618 **Work:** (864) 507-0355 **Mobile:** --
Primary Care Provider: 0048279 -NATIONS, JEFFREY D
Race: White **Ethnicity:** Not Hispanic or Latino
Preferred Language: English
Health Plan: 1°BLUE CROSS BS PPC/Preferred Blue-3707

Visit Information

Easley Family Practice/Internal Medicine
106 John Street Easley, SC, 29640
Phone: (864) 859-2220 **Fax:** (864) 859-5744

Visit Date: 05/04/2015 10:00 am
Scheduled Provider: Watson, Apryl
Visit Provider: Watson FNP, Apryl M
Referring Provider: --
Reason for Visit: Anxiety and right arm pain

Future Appointments

Appt. Date: 05/26/2015 02:20:00 pm
Scheduled Provider: Nations MD, Jeffrey
Location: Easley Family Practice/Internal Medicine

Problems and Health Issues

Anxiety
Anxiety
Hypercholesterolemia
Hyperlipidemia
Obesity

Allergies

No known allergies

All Known Current Prescriptions and Reported Medications

<u>Prescriptions</u>

Mobic 15 mg oral tablet (meloxicam)
Take 1 tab(s)(15 Milligram) oral daily for 10 Days, 0 refills authorized
Instructions: With food. Do not take with other NSAIDs.

Prozac 20 mg oral capsule (fluoxetine)
Take 1 cap(20 Milligram) oral daily, 1 refills authorized

Vistaril 25 mg oral capsule (hydrOXYzine)
Take 1 cap(25 Milligram) oral 3 times a day for anxiety, 0 refills authorized

Zocor 20 mg oral tablet (simvastatin)
Take 1 tab(s)(20 Milligram) oral once a day (at bedtime), 5 refills authorized

Other Reported Medications

nitroglycerin 0.4 mg sublingual tablet (nitroglycerin)

Take 1 tab(s) sublingual every 5 minutes for chest pain

New Medications this Visit

New Prescriptions

Vistaril 25 mg oral capsule (hydrOXYzine)

Take 1 cap(25 Milligram) oral 3 times a day for anxiety, 0 refills authorized

Vitals and Measurements this Visit (last charted value for your 05/04/2015 visit)

Height:: 68 in
Weight:: 214.6 lb
Body Mass Index:: 32.63 kg/m2
BSA: 2.16 m2
Temperature Oral: 98.5 DegF
Systolic Blood Pressure: 128 mmHg
Diastolic Blood Pressure: 78 mmHg
Mean Arterial Pressure: 95 mmHg
Peripheral Pulse Rate: 86 bpm
Respiratory Rate: 16 br/min
Allergies Verified?: Yes
Medication History Verified?: Yes
Medical History Verified?: Yes

Laboratory and Radiology this Visit (last charted value for your 05/04/2015 visit)

No Laboratory and Radiology documented

Orders this Visit

Requests (Radiology)

XR Shoulder Complete Right **Requested Date:** 05/04/2015
XR Wrist Complete Right **Requested Date:** 05/04/2015

Requests (Return to Office)

Return to Clinic **Requested Date:** 05/04/2015
Return in 2 weeks

Diagnoses this Visit

Acute pain of right shoulder (719.41)
Wrist pain, right (719.43)

Referral and Consult Requests this Visit

No Referral or Consults documented

Procedures Documented this Visit

No Procedures documented

Smoking Status

No Smoking Status documented

Patient Education Materials Provided this Visit

No Patient Education documented

Additional Visit Comments:

Easley Family Practice and Internal Medicine
106 John Street
Easley SC 29640
Phone: (864) 859-2220 Fax: (864)859-5744

Date:4/20/15

CERTIFICATE TO RETURN TO SCHOOL OR WORK

Jeffrey Miller has been under the care of Apryl Watson, FNP from 4/20/15 to 4/23/15 and is able to return to work/school on 4/24/15.

Limitations/Remarks: none

Apryl Watson, FNP

POA

Easley Family Practice and Internal Medicine
106 John Street
Easley SC 29640
Phone: (864) 859-2220 Fax: (864)859-5744

Date:4/24/15

CERTIFICATE TO RETURN TO SCHOOL OR WORK

Jeffrey Miller has been under the care of Apryl Watson, FNP from 4/23/15 to 4/24/15 and is able to return to work/school on 4/27/15.

Limitations/Remarks: none

Apryl Watson, FNP

PCA

Easley Family Practice and Internal Medicine
106 John Street
Easley SC 29640
Phone: (864) 859-2220 Fax: (864)859-5744

Date:4/27/15

CERTIFICATE TO RETURN TO SCHOOL OR WORK

Jeffrey Miller has been under the care of Apryl Watson, FNP from 4/24/15 to 4/27/15 and is able to return to work/school on 4/28/15.

Limitations/Remarks: No lifting anything greater that 10 pounds from 4/28/15-5/4/15.

Apryl Watson, FNP

POA

Easley Family Practice and Internal Medicine
106 John Street
Easley SC 29640
Phone: (864) 859-2220 Fax: (864)859-5744

Date:5/4/15

CERTIFICATE TO RETURN TO SCHOOL OR WORK

Jeffrey Miller has been under the care of Apryl Watson, FNP from 5/4/15 to 5/9/15 and is able to return to work/school on 5/10/15.

Limitations/Remarks: none

Apryl Watson, FNP

POA

1 BAPTIST EASLEY HOSPITAL	2 BAPTIST EASLEY HOSPITAL	3a PAT. CNTL # H1512401942	4 TYPE OF BILL
200 FLEETWOOD DR	PO BOX 281595	b. MED. REC. # 000098764	0131
EASLEY SC 296402022		5 FED. TAX NO.	6 STATEMENT COVERS PERIOD FROM THROUGH 7
8644427323	ATLANTA GA 303841595	352363050	050415 050415

8 PATIENT NAME: a. b. MILLER, JEFFREY A

9 PATIENT ADDRESS: a. 135 WILSON WAY b. PICKENS c. SC d. [redacted]

10 BIRTHDATE	11 SEX	12 ADMISSION DATE	13 HR	14 TYPE	15 SRC	16 DHR	17 STAT	18	19	20	21	CONDITION CODES 22	23	24	25	26	27	28	29 ACCT STATE	30
[redacted]	M			3	1		01													

31 OCCURRENCE CODE	DATE	32 OCCURRENCE CODE	DATE	33 OCCURRENCE CODE	DATE	34 OCCURRENCE CODE	DATE	35 OCCURRENCE SPAN CODE	FROM	THROUGH	36 OCCURRENCE SPAN CODE	FROM	THROUGH	37
11	050415	B1	102072											
A1	102072													

38 THE GROUP
910 EAST WASHINGTON ST

GREENVILLE, SC 29601

	39 VALUE CODES CODE	AMOUNT	40 VALUE CODES CODE	AMOUNT	41 VALUE CODES CODE	AMOUNT
a						
b						
c						
d						

42 REV. CD.	43 DESCRIPTION	44 HCPCS/ RATE/ HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
0320	DX X-RAY	73030RT	050415	1	302 00		
0320	DX X-RAY	73110RT	050415	1	277 00		
0001	TOTAL CHARGES				579 00		
0001	PAGE 1 OF 1		CREATION DATE	062215	TOTALS	579 00	

50 PAYER NAME	51 HEALTH PLAN ID	52 REL. INFO	53 ASG. BEN.	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56 NPI	
199 THE CAROLINA LAW G		Y	Y				1912139643
401 BCBS PPCPREFERRED		Y	Y			57 OTHER PRV ID	352363050000
							352363050000

58 INSURED'S NAME	59 P.REL	60 INSURED'S UNIQUE ID	61 GROUP NAME	62 INSURANCE GROUP NO.
MILLER, JEFFREY A	18	248593215		999
MILLER, JEFFREY A	18	ZCW106861778584	UNK	

63 TREATMENT AUTHORIZATION CODES	64 DOCUMENT CONTROL NUMBER	65 EMPLOYER NAME
		ALICE MANUFACTURING
		ALICE MANUFACTURING

66 DX: 71941 71943 | 67 | 68 | 69

67 ADMIT DX: 71941 | 70 PATIENT REASON DX: 71941 71943 | 71 PPS CODE | 72 ECI | 73

74 PRINCIPAL PROCEDURE CODE DATE | a. OTHER PROCEDURE CODE DATE | b. OTHER PROCEDURE CODE DATE | 75

c. OTHER PROCEDURE CODE DATE | d. OTHER PROCEDURE CODE DATE | e. OTHER PROCEDURE CODE DATE

76 ATTENDING NPI 1447592472 QUAL LAST WATSON FIRST APRYL

77 OPERATING NPI QUAL LAST FIRST

78 OTHER NPI QUAL LAST FIRST

79 OTHER NPI QUAL LAST FIRST

80 REMARKS

81CC a ZZ282N00000X b c d

THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF.

1 BAPTIST EASLEY HOSPITAL	2 BAPTIST EASLEY HOSPITAL	3a PAT. CNTL # H1513000520	4 TYPE OF BILL
200 FLEETWOOD DR	PO BOX 281595	b. MED. REC. # 000098764	0131
EASLEY SC 296402022		5 FED. TAX NO.	6 STATEMENT COVERS PERIOD FROM 051015 THROUGH 051015
8644427323	ATLANTA GA 303841595	352363050	

8 PATIENT NAME: a. MILLER, JEFFREY A

9 PATIENT ADDRESS: a. 135 WILSON WAY; b. PICKENS; c. SC; d. 296718244

10 BIRTHDATE	11 SEX	12 ADMISSION DATE	13 HR	14 TYPE	15 SRC	16 DHR	17 STAT	18	19	20	21	22	23	24	25	26	27	28	29 ACDT STATE	30
[redacted]	M			1	1		01													

31 OCCURRENCE CODE	DATE	32 OCCURRENCE CODE	DATE	33 OCCURRENCE CODE	DATE	34 OCCURRENCE CODE	DATE	35 OCCURRENCE SPAN CODE	FROM	THROUGH	36 OCCURRENCE SPAN CODE	FROM	THROUGH	37
a. 11	051015	B1	102072											
b. A1	102072													

38 THE GROUP
910 EAST WASHINGTON ST

GREENVILLE, SC 29601

	39 VALUE CODES CODE	AMOUNT	40 VALUE CODES CODE	AMOUNT	41 VALUE CODES CODE	AMOUNT
a						
b						
c						
d						

42 REV. CD.	43 DESCRIPTION	44 HCPCS/RATE/HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
0450	EMERGENCY ROOM	9928325	051015	1	545:00		
0637	SELF ADMIN DRUGS		051015	4	59:00		
0001	TOTAL CHARGES				604:00		
0001	PAGE 1 OF 1		CREATION DATE	062215	TOTALS	604:00	

50 PAYER NAME	51 HEALTH PLAN ID	52 REL. INFO	53 ASG. BEN.	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56 NPI	
A 199 THE CAROLINA LAW G		Y	Y				1912139643
B 401 BCBS PPCPREFERRED		Y	Y			57 OTHER PRV ID	352363050000 352363050000

58 INSURED'S NAME	59 P.REL	60 INSURED'S UNIQUE ID	61 GROUP NAME	62 INSURANCE GROUP NO.
A MILLER, JEFFREY A	18	248593215		9999
B MILLER, JEFFREY A	18	ZCW106861778584		99999

63 TREATMENT AUTHORIZATION CODES	64 DOCUMENT CONTROL NUMBER	65 EMPLOYER NAME
		ALICE MANUFACTURING ALICE MANUFACTURING

66 DX									67
	7262	72610	3051	V5866	V5869				
9									

68 ADMIT DX	69 PATIENT REASON DX			70 PPS CODE	71 ECI	72	73
71941	7262	71941	72610				

74 PRINCIPAL PROCEDURE CODE	DATE	a. OTHER PROCEDURE CODE	DATE	b. OTHER PROCEDURE CODE	DATE	75
c. OTHER PROCEDURE CODE	DATE	d. OTHER PROCEDURE CODE	DATE	e. OTHER PROCEDURE CODE	DATE	

76 ATTENDING: NPI 1871542167 QUAL 1G D18231
LAST WORSHAM FIRST JOHN

77 OPERATING: NPI QUAL
LAST FIRST

78 OTHER: DN NPI 1043263718 QUAL 1G D05601
LAST CARVER FIRST DAVID

79 OTHER: NPI QUAL
LAST FIRST

80 REMARKS

81 CC: a. ZZ282N00000X; b; c; d

UB-04 CMS-1450 © 2005 NUBC APPROVED OMB NO. 0938-0997 NUBC LIC9213257

THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF.

0195 75

BAPTIST EASLEY
HOSPITAL
PO BOX 281696
ATLANTA, GA 30384-1396 (866) 442-7200

06/19/15

MILLER, JEFFREY ALLEN 1513000520 05/10/15 05/10/15 001
D1
302

JEFFREY ALLEN MILLER
135 WILSON WAY
PICKENS SC 29671-8244 05/14/15 ERH

700380 BCBS PPC/PREFERRED BLUE
700381 1500 BCBS PPC

05/10/15	4	1003	ER LEVEL 3	1	545.00	545.00
			TOTAL EMERGENCY ROOM			545.00
05/10/15	1	23294	CYCLOBENZAPRINE 10MG TAB	1	20.00	20.00
05/10/15	2	24098	HYDROCODONE 7.5MG-ACETAMINO	1	22.00	22.00
05/10/15	3	25492	PREDNISONE 20MG TAB	2	8.50	17.00
			TOTAL SELF ADMINISTERED DRUGS			59.00
			TOTAL CHARGES			604.00
05/27/15	891	I3501	BLUE CROSS PAYMENT 700380		0.00	
05/15/15	918	A8604	PATHWAYS CONTRACT MANAGEMENT700380		80.99CR	
			TOTAL PAYMENTS/ADJUSTMENTS			80.99CR
			ESTIMATED PATIENT BALANCE DUE			523.01

523.01

BAPTIST EASLEY
HOSPITAL
PO BOX 201586
ATLANTA, GA 30384-1595 (864) 442-7200

06/19/15

MILLER,JEFFREY ALLEN 1512401942 05/04/15 05/04/15 001
D1
302

JEFFREY ALLEN MILLER
135 WILSON WAY
PICKENS SC 29671-8244 05/08/15 OPH

700380 BCBS PPC/PREFERRED BLUE
700381 1500 BCBS PPC

05/04/15	1	11329	CR SHOULDER 2 VIEWS MINIMUM	1	302.00	302.00
05/04/15	2	11339	CR WRIST 3 VIEWS MINIMUM RIG	1	277.00	277.00
			TOTAL DX X-RAY			579.00
			TOTAL CHARGES			579.00
05/19/15	657	I3501	BLUE CROSS PAYMENT 700380		0.00	
05/09/15	859	A8604	PATHWAYS CONTRACT MANAGEMENT700380		228.46CR	
			TOTAL PAYMENTS/ADJUSTMENTS			228.46CR
			ESTIMATED PATIENT BALANCE DUE			350.54

350.54

PALMETTO HEALTH BAPTIST

EMERGENCY DEPARTMENT RECORD

DISPOSITION _____

TIME: _____

PATIENT ACCOUNT NUMBER	FORM PRINT DATE & TIME	REG. BY	DATE OF SERVICE	REG TYPE	BY CODE	COLR EMS	FIN CLASS	TIME OF ARRIVAL	MEDICAL RECORD NO
0336500042	12/31/0308:58	KMD	12/31/03	EQE	EMS		01	08:58am	000098764

NAME AND ADDRESS	SOCIAL SECURITY NUMBER	GUARANTOR	SOCIAL SECURITY NUMBER	REL.
MILLER,JEFFREY A 105 BLUE YONDER RD	248-59-3215	MILLER,JEFFREY A 105 BLUE YONDER RD	248-59-3215	Q
PICKENS SC 29671	PHONE (864)878-1015	PICKENS SC 29671	PHONE (864)878-1015	

SEX	RACE	MS	DATE OF BIRTH	AGE	EMPLOYER	OCCUPATION
M	W	S	[redacted]	31Y	STONE LOGGING	

SS#:

LIVING WILL NO

CHIEF COMPLAINT: GOT HIT WITH TREE AT WORK

PHYSICIAN: BANKS,RICHARD

ACCIDENT	ACCIDENT TYPE	ACCIDENT DATE AND TIME	REFERRING PHYSICIAN
NO			COMMENT

ARRIVED BY: | ACCOMPANIED BY: | LAST T.T.: | CURRENT MEDICATIONS:

PATIENT HISTORY	TRIAGE	TEMP.	PULSE	RESP.	B/P	ALLERGIES	NOTIFIED	AT	HOSP.

Hx + Px (TIME:) ☐ Dictated

DIAGNOSTICS ORDERS: 789.09 DG 12/6/4
599.9
922.2 / E916
E849.3

- ☐ OLD RECORDS
- ☐ EKG
- ☐ CBC
- ☐ SMA 7
- ☐ SMA 26
- ☐ PT / PTT
- ☐ MI INJURY PROFIL
- ☐ BLOOD CULT. X
- ☐ HCG (SERUM)
- ☐ HCG (URINE)
- ☐ CCUA
- ☐ CATH UA
- ☐ GEN PROBE
- ☐ WET PREP
- ☐ ABG
- ☐ CXR (PORT)
- ☐ CXR (PA+LAT)
- ☐ CT HEAD
- ☐ CT RENAL BED
- ☐ CT ABD
- ☐ CT
- ☐ IVP
- ☐ U.S. _____
- ☐ C-SPINE
- ☐ CROSS TABLE C-SP
- ☐ X-RAY

DIAGNOSIS

PHYSICIAN'S SIGNATURE | DATE

CONDITION AT DISCHARGE: ☐ IMPROVED ☐ OTHER ☐ TH-STABLE ☐ SATISFACTORY

DC VIA: ☐ AMBULATORY ☐ CRUTCHES ☐ OTHER ☐ WHEELCHAIR

DISCHARGE DATE | DISCHARGE TIME AM PM

FINAL DISPOSITION OF PATIENT: ☐ TREATED AND RELEASED ☐ ADMITTED TO ☐ TRANSFERRED T

PALMETTO BAPTIST MEDICAL CENTER, Easley, S.C. 29640
EMERGENCY DEPARTMENT FORM

MILLER,JEFFREY A
0338600042
MR 000088764 BANKS,RICHARD
[redacted] 31Y M
[redacted]

DATE: 12-31-a TIME: 0902 AGE: 31 RACE: C SEX: M BROUGHT BY: ☐ AMBULANCE ☐ AMBULATORY ☐ CAR ☐ POLICE

RAPID VITALS: T: 98.4 P: 84 R: 16 BP: 137 PAIN SCALE 1-10

Accompanied By: family CONTACTED: ☐ POLICE ☐ ENVIRONMENTAL HEALTH

Chief Complaint: Sp MVA To (R) flank
Lost Friday

Miller Jeffrey
ADDRESS/CHART#

Personal Physician: 0 | RM#: 9 | CATEGORY: II
Seen by MD: BANKS | ☐ Job related ☐ Auto related

☐ WEIGHT (< 11 YRS): Lbs: Kg: O_2 Sat:

ADMIT ASSESSMENT: (Time): 0904 NURSING SIGNATURE: (R)

Allergies: NKA

Current Meds.: None

Doc

Immunization Status: ☐ UTD ☐ Not UTD ☐ Education sheet given

NURSING SIGNATURE R.N.

LMP: Last Hospital: Tetanus:

PHYSICIAN'S REPORT: Time: ☐ Discharged at:

PM Hx: 0

CC: (L) flank pain
HPI: hit by a tree ~10 days ago
hit (R) shoulder & back
FH: Shoulder better but (L) flank
SH: very tender Pain ↑'d c̄ movement
ROS: ↓ walk
Exam: Normal (R) BM, ambulatory, appetite

3.6 x 8.0 cm hematoma
adjacent to (L) paraspinous muscle (R)

FH:
SH: NKA

TB Risk: Cough ≥ 2 weeks ☐ Yes ☐ No If yes, see below.
Fever ☐ Yes ☐ No | Bloody Sputum ☐ Yes ☐ No
Night Sweats ☐ Yes ☐ No | Weight Loss ☐ Yes ☐ No

Time	Nsg. order: ☐ Flowsheet ☐ Nsg. Notes ☐ Valuables ☐
1030	Dnt #20 (L) ac VPY / Prep for CT — Katacs
1250	Discharge instructions provided to pt and family including understanding of pt care Supp — [illegible]

Consult Dr.: Time: Time call returned: (R)

Secretary Orders: RESULTS

	TIME	TIME		RESULTS
☐ CBC			ECG	☐
☐ BMP			PT/PTT	☐
☐ UA			PREG. TEST	☐
☐ ABG			AMYLASE	☐
☐ CARDIAC PROFILE			LIPASE	☐
☐ LIVER PANEL			MDA	☐
☐ Workers Comp. ☐ Medical ☐ UDS			OLD RECORDS	☐

Neg [illegible]

X-Ray: CT of abd c̄ contrast [illegible]
hx of injury to (L) flank

Diagnosis: (L) Flank hematoma

DISCHARGE CONDITION: Stable DISCHARGE VIS: WAS APPROPRIATE T: P: R: BP: PAIN SCALE 1-10: 0

DISCHARGED: 1250 A TIME ADMITTED: ROOM NO: TRANS. TO: BMP: REPORT CALLED TO:

Rx: Lortab 7.5 20
Rx:
Rx:

☐ COMPUTER GENERATED DISCHARGE INSTRUCTIONS ☐ COMPUTER GENERATED MEDICATION INSTRUCTIONS

ADDITIONAL INSTRUCTIONS:

I HAVE READ AND UNDERSTAND THE INSTRUCTIONS GIVEN TO ME.
X

DISCHARGE NURSE: [illegible] RN R.N. PHYSICIAN SIGNATURE: [illegible] M.D.

CHART

PALMETTO HEALTH BAPTIST EASLEY
200 FLEETWOOD DRIVE, EASLEY, S.C. 29641 864-552-7694
Scott M. Parker, M.D., Director of Laboratory

NAME: MILLER,JEFFREY A
DOB: [redacted] AGE: 31Y SEX: M LOCATION: ERE
SS#: [redacted] MR#: 000098764
ACCT: 0336500042 DR: BANKS, RICHARD

URINALYSIS MACROSCOPIC

DATE:	12/31/03		
TIME:	*0926	NORMAL	UNITS
COLOR/APPR	YELLOW CLEAR		
GLUCOSE	NEGATIVE	NEG	
BILIRUBIN	NEGATIVE	NEG	
KETONES	NEGATIVE	NEG	
SP GRAVITY	1.015	1.010-1.025	
BLOOD	NEGATIVE	NEG	
PH	7.0	5.0-7.5	
PROTEIN	NEGATIVE	NEG	
UROBILIN	0.2 EHRLICH UNITS	0.2-1.0	
NITRITE	NEGATIVE	NEG	
QUAL LEUKO	NEGATIVE	NEG	

URINALYSIS MICROSCOPIC

DATE:	12/31/03		
TIME:	*0926	NORMAL	UNITS
WBC	NONE SEEN	NO WBC	/HPF
RBC	NONE SEEN	NO RBC	/HPF
BACTERIA	NONE SEEN	NO BACT	/HPF

END OF REPORT

PALMETTO HEALTH

Palmetto Health Baptist Easley
200 Fleetwood Drive
Easley, SC 29604

Patient Name: MILLER, JEFFREY A
Patient Address:105 BLUE YONDER RD
PICKENS, SOUTH CAROLINA 29671
Patient Telephone: (864) 878-1015

Banks MD, Richard
106 JOHN ST

EASLEY, SC 29640

Date of Birth: [redacted]
SSN: [redacted]
Medical Record Number: 000098764
Account Number: 0336500042
Location: E Emergency Rm, Patient Type: ERE-Emergency Room
Room Number:
Ordering Physician: Banks MD, Richard
CC:

RADIOLOGY SERVICES

Exam:	Exam Date/Time:	Accession Number:	Ordering Physician:
CT Abdomen/Pelvis W/ Contrast	12/31/2003 10:46:35	CT-03-056135	Banks MD, Richard

Reason for Exam:

789.00-ABDMNAL PAIN UNSPCF SITE

Findings:

CT OF THE ABDOMEN WITH CONTRAST, CT OF THE PELVIS WITH CONTRAST

CLINICAL HISTORY: INJURY TO LEFT FLANK, RULE OUT HEMATOMA OR RENAL INJURY

The patient was given no oral contrast. 5mm axial images of the abdomen and pelvis were reconstructed from a volume data set obtained with a multidetector CT Scanner during the infusion of 100ccs of Optiray 320.

CT ABDOMEN:

The liver and spleen are normal in size. There is a solitary 1cm hypodensity in the inferior tip of the spleen. A small cyst is suspected. It is possible that could represent a hematoma but I feel that is much less likely. The pancreas, adrenal glands and kidneys are normal. There is no evidence for renal injury. There is no fluid in the abdomen. The GI tract is normal. There is no free air. No fractures of the spine are identified.

CT PELVIS:

There is an approximately 3.6 x 8.0cm hematoma located in the deep subcutaneous fat. It is adjacent to the left paruspinous muscle bundle. It contains a fluid-fluid level. This is consistent with an organizing hematoma. There are air bubbles to suggest abscess. I do not see any intrapelvic masses. There is no evidence of a pelvic fracture. The exam is otherwise normal.

RADIOLOGY SERVICES

Exam:	Exam Date/Time:	Accession Number:	Ordering Physician:
CT Abdomen/Pelvis W/ Contrast	12/31/2003 10:46:35	CT-03-056135	Banks MD, Richard

IMPRESSION:

1. 1CM HYPODENSITY INFERIOR TIP OF THE SPLEEN. A CYST IS SUSPECTED. THE ABDOMEN IS OTHERWISE NORMAL.
2. 3.6 X 8.0CM HEMATOMA LOCATED IN THE DEEP SOFT TISSUES OVERLYING THE LEFT LOWER BACK. IT IS ADJACENT TO THE PARASPINOUS MUSCLES AND THE SUPERIOR PORTION OF THE LEFT ILIAC CREST. NO FRACTURES ARE NOTED. THE PELVIS IS
3. OTHERWISE UNREMARKABLE.

*** Final ***
Read by: Fulcher MD, John H
Released By: John H. Fulcher
on: 12/31/2003 14:35

Transcriptionist: THR
Trans Date/Time: 12/31/2003 11:41
Technologist: Mullins, Cheryl D,Jenkins, Donna M

MOLLER,JEFFREY A
0396500042
MR 000093764 BANKS,RICHARD
31Y M
Addressograph

PALMETTO BAPTIST MEDICAL CENTER EASLEY
POINT OF ENTRY LATEX SCREENING TOOL

1. Do you have or think you have an allergy to natural rubber latex (examples: balloons, condoms, pacifiers, etc)?

   NO; go to number 2 ↓ YES; go to History → → → →

2. Do you have spina bifida** or bowel/bladder problems that have required you to have any surgeries or procedures?

   **all patients with spina bifida are high risk

   NO; go to number 3 ↓ YES; go to History → → → →

3. If your work requires you to wear rubber gloves or to handle rubber products, have you had any problems?

   NO; go to number 4 ↓ YES; go to History → → → →

4. Did you have more than three operations or medical procedures before you were one year old?

   NO; go to number 5 ↓ YES; go to History → → → →

5. Have you ever had an allergic reaction during a medical or dental procedure?

   NO; go to number 6 ↓ YES; go to History → → → →

6. Do you have an allergic reaction to any of the following foods: avocado, banana, tomato, potato, kiwi, chestnut, peaches?

   NO; end of tool YES; go to History → → → →

**If patient answers no to all of the above questions, the patient is not at risk for latex sensitivity or allergy

***If patient answers yes to any of the above questions, the patient should be referred to a Nurse or Clinician

Referred To _____ Date/Time _____

Completed By _____ Date/Time 12-31-03

PALMETTO HEALTH BAPTIST EASLEY

EMERGENCY DEPARTMENT

MILLER,JEFFREY A
0338500042
MR 000098764 BANKS,RICHARD
[redacted] 31Y M

GENERAL INSTRUCTIONS:

- [X] Call the next business day and make an appointment to see: Dr Banks 859-2220
  Be sure to tell them you were seen in our Emergency Department and the caregiver feels you need a follow up visit in ____days, or sooner if your symptoms persist. Go to the Radiology Department to pick up any needed X-rays before your appointment.
- [ ] Have your blood pressure checked at doctor's office/ _____Clinic within _____days.
- [ ] Return to the Emergency Department in ____days between 10 AM and 2 PM for suture removal / dressing change / recheck / or immediately after tests such as ultrasounds to receive results.
- [ ] Give Tylenol (acetaminophen) and/or Motrin (ibuprofen) as directed for three days as needed for pain or fever. See FEVER instruction sheet for dosing. **BE SURE TO USE ALL MEDICINES AS DIRECTED.**
- [ ] Work / school excuse from _____ through _____. You must follow up with your assigned physician for any extension of this excuse.
- [ ] See your company doctor per your company's policy. Light duty until _____.
  (No use of _____. No lifting over _____ pounds.)
- [ ] _____ _____
  _____ _____

Your diagnosis was: Hematoma to back

INSTRUCTION SHEETS (You may receive one or more of the following):

Abdominal (Green)
() Abdominal Pain
() Gastritis
() Vomiting /Diarrhea in Children
() Nausea/Vomiting/Diarrhea in Adults
() Kidney Stones

OB/GYN (Pink)
() Dysfunctional Uterine Bleeding
() Bacterial Vaginosis
() Ovarian Cyst
() Threatened Miscarriage

Environmental (Grey)
() Bugs Bites or Stings
() Allergic Reactions/Hives

Other
() _____
() _____
() _____

Orthopedics (White)
() Sprains and Strains
() Splints and Casts
() Neck Strain
() Walking with Crutches
() Bursitis
() Nursemaid's Elbow
() Low Back Pain

Trauma (Red)
() Head Injury
() Wound Care
() Burns
() Corneal Abrasion
() Animal Bite

General (Orange)
() Medicine Precautions
() Antibiotics
() Vaccines
() Test Results

Respiratory (Blue)
() Upper Respiratory Infection
() Sinusitis
() Sore Throat
() Bronchitis
() Bronchiolitis
() Pneumonia
() Nosebleed

Infection (Yellow)
() Otitis Media
() Otitis External
() Conjunctivitis (Pink Eye)
() Fever in Children
() Skin Infection/Abscess
() Urinary Tract Infection
() Dental Caries

Follow Up (Lavender)
() Pediatrics
() Blood/Body Fluid Exposures

IMPORTANT: (Please read carefully before signing. Do not leave if you have unanswered questions)

1. I realize the care I received in the Emergency Department was intended to rule out emergencies and not to be a substitute or replacement of my routine and complete care. I will arrange for follow-up care.
2. I realize that all illnesses change with time, so I will return to the Emergency Department if I think something has gone wrong or if unexpected symptoms occur.
3. The Emergency Department DOES NOT REFILL PRESCRIPTIONS. This must be done through my regular physician or health care provider.
4. I must go to the Radiology Department to get copies of any X-rays before my follow up appointments.
5. Palmetto Health Baptist Easley Emergency Department obtains a second reading on X-rays. You may be called after the Radiologist reads your X-rays.
6. I may receive separate bills from the Radiologist or Pathologist who reviews my tests.
7. I will receive a separate bill from United Emergency Services for physician, physician's assistant or nurse practitioner services I received during my visit.
8. I hereby authorize Palmetto Health Baptist Easley to release today's Emergency Department medical record to my follow-up physician.
9. Call your follow-up physician for any test results (cultures, blood work, x-rays, etc.) not received or completed during your stay in the Emergency Department.
10. The Health Information department is open Monday-Friday; 8:00 a.m. to 4:30 p.m. to obtain any needed copies of my medical record.

Physician/Provider/Nurse _____ Date _____ Patient or Responsible Person _____

Form ER-191

WHITE--HEALTH INFORMATION CANARY--PATIENT PINK--EMERGENCY DEPARTMENT

PALMETTO HEALTH

MILLER,JEFFREY A
0336500642
MR 004008784 BANKS,RICHARD
[redacted] 31Y M
[redacted]

Acknowledgment of Notice of Privacy Practices

My signature acknowledges my receipt of the Notice of Privacy Practices from Palmetto Health.

Jeffrey A Miller
Signature of Patient or Designee

12-31-03
Date

Follow Up Documentation:

Directory Inclusion/Exclusion

✓ I choose to be included in the Palmetto Health Directory.

___ I choose to be excluded from the Palmetto Health Directory: **Choosing to be excluded from the Directory means that no information will be given out regarding my hospital stay – i.e. if someone calls and requests my room number, the caller will be told "we do not have any information regarding that person".**

JAM
Signature of Patient or Designee

12-31-03
Date

Palmetto Health: CONSENT FOR EXAMINATIONS, TREATMENTS AND OPERATIONS

Consent for Examinations, Treatments, and Operations: I hereby consent to and authorize Palmetto Health and the physician or surgeon in charge of my case to perform such examinations, treatments, operations, diagnostic procedures, administration of blood and blood products and necessary anesthetics which may in his/her opinion be necessary.

Permission is also granted to dispose of any tissue or amputated parts. To protect myself and others, I also give permission to have blood drawn and tested for infectious diseases including, but not limited to, HIV (AIDS virus) and Hepatitis

MILLER,JEFFREY A
0336500042
MR [redacted]784 BANKS,RICHARD
[redacted] 31Y M

Date: 12-31-03 Time: _____ Signature _____ Witness _____

*If patient is a minor then a parent, guardian or patient representative must sign.

HOSPITAL RELEASE

TO WHOM IT MAY CONCERN: DATE_____ TIME_____

I understand that I currently am a patient under treatment in Palmetto Health and that I am leaving the hospital against the advice of attending physicians. Therefore, I do hereby release the hospital and attending physicians of all responsibility.

Signed_____ Witness 1._____

Address_____ 2._____

GUARANTY AND ASSIGNMENT OF INSURANCE BENEFITS

I hereby guaranty payment to Palmetto Health Alliance d/b/a Palmetto Health Richland, d/b/a Palmetto Health Baptist, d/b/a Palmetto Health Easley and my attending and consulting physician(s) (including, but not limited to, pathologists, radiologists and anesthesiologists), for all charges and services incurred for th account(s) of the patient from date of admission until discharge. I do hereby assign to Palmetto Health Alliance and/or my attending and consulting physician(s) (including, but not limited to, pathologists, radiologists, and anesthesiologists), any and all medical insurance, health benefits, hospital benefits, sick benefits, injur benefits and settlement proceeds due or payable because of liability of a third party, payable by any party, organization or insurance company, or other sources o payment, unless I pay the account(s) in full upon discharge, (the "Assignment").

If I fail to pay all charges when due I agree to pay all costs of collection, including attorneys fees, collection costs and court costs.

I hereby authorize and request Palmetto Health Alliance and/or my attending and consulting physician(s) (including, but not limited to, pathologists, radiologists and anesthesiologists) to release and furnish medical information, necessary to support claims submitted, to any entities for payment, pursuant to the abov Assignment.

In the event the undersigned is entitled to health care or medical benefits of any type whatsoever, arising out of any policy of insurance insuring the patient or any party liable to the patient, said benefits are hereby assigned to Palmetto Health Alliance and/or my attending and consulting physician(s) (including, but not limited pathologists, radiologists, and anesthesiologists), for application to the patient account(s) for services rendered.

I do hereby appoint and assign to Palmetto Health Alliance and/or my attending and consulting physician(s) (including, but not limited to, pathologists, radiologists, and anesthesiologists) as my true and lawful attorneys in fact, to act on my behalf, with the full power and authority to collect any and all charges incurred for the benefit of the patient pursuant to the assignment of benefits set forth above.

I authorize a copy of this assignment to be used in place of the original.

Date: 12-31-03 _____ Patient (Parent or Guardian in case of minor)

Witness: _____ _____ Spouse or Insured if other than Patient

PERSONAL VALUABLES RELEASE

understand that Palmetto Health maintains an area for storage and safekeeping of my money, valuables and personal property, and that I may deposit such items with Palmetto Health for safekeeping. I further, understand that the hospital will not be responsible or liable for the loss or damage to any money, valuable and personal property, which I do not deposit with the Hospital. I have voluntarily chosen not to deposit my money, valuables and personal property with th hospital and assume full responsibility for any and all loss of or damage to my money, valuables and personal property and I further agree that Palmetto Healt shall be held harmless for any and all such loss or damage.

certify that I have read the foregoing Release and that I fully understand its provisions.

ACKNOWLEDGEMENT OF RECEIPT OF MEDICARE/TRICARE MEDICAL INFORMATION

, the undersigned acknowledge that if I am a Medicare/TRICARE beneficiary, I have been provided with a notice from Medicare/TRICARE regarding my rights as Medicare/TRICARE patient and the rights form has not been altered.

Date: 12-31-03 _____ Patient (Parent or Guardian in case of minor)

Witness: _____ _____ Spouse or Insured if other than Patient

you have a LIVING WILL? ___ Yes ___ No Organ Donor? ___Yes ___No Do you have a HEALTHCARE POWER of ATTORNEY? ___ Yes ___ No

Would you (the patient) like assistance or more information regarding Advance Directives? ___Yes ___No Patient's/Rep. Initials _____

☐ Please check the box to the left if you are interested in receiving information about the Palmetto Health Foundation

ED Documentation

DOCUMENT NAME:	Emergency Dept
SERVICE DATE/TIME:	1/3/2004 10:38 EST
RESULT STATUS:	Auth (Verified)
PERFORM INFORMATION:	(1/3/2004 10:38 EST)
ELECTRONICALLY SIGNED BY:	

Transcription

PERSONAL PHYSICIAN: NO LOCAL
HISTORY OF PRESENT ILLNESS: 31 -year-old white male presents with complaints of pain in the left flank. States he was hit by a tree approximately 10 days ago. Initially hit left shoulder and upper back and also his lower back. He was pushed to the ground face first. States most of his injuries have resolved but he still continues to have increased pain with movement in the lower back, especially with walking. There is tenderness to palpation.
REVIEW OF SYSTEMS: Normal bowel movements, normal urination, normal appetite.
MEDICATION: Aleve over the counter
ALLERGIES: No known drug allergies.
PAST MEDICAL HISTORY: Negative
SOCIAL HISTORY: Does not smoke or drink.
PHYSICAL EXAM: Well developed mildly obese white male in no acute distress. Temperature 98.4, pulse 84, respirations 16, blood pressure 132/87.
HEENT: Normal.
NECK: Supple. Full range of motion.
LUNGS: Clear.
HEART: Regular rate and rhythm.
ABDOMEN: Benign. Left flank area with no obvious ecchymosis but there is a fullness in the lumbar paraspinous area compared to the right.
CT: Abdomen and pelvis CT with IV contrast due to injury; 3.6 x 8cm hematoma adjacent to the left paraspinous muscle with no fractures. Small splenic cyst also noted incidentally.

IMPRESSION: HEMATOMA TO LEFT FLANK STATUS-POST INJURY

PLAN: PATIENT IS GIVEN PRESCRIPTION FOR LORTAB 7.5 1 PO Q4H PRN PAIN #20. CONTINUE ALEVE AS NEEDED. USE ICE ALTERNATING WITH MOIST HEAT. FOLLOW-UP IN MY OFFICE NEXT WEEK.

Emergency Room Note

RICHARD BANKS,
M.D./dp
Transcription Date/Time: 01/03/2004
10:38 A
Job #: Doc #: 399748

ED Documentation

cc: RICHARD BANKS, M.D.

Surgical Documentation

DOCUMENT NAME: Emergency Dept
SERVICE DATE/TIME: 1/3/2004 10:38 EST
RESULT STATUS: Auth (Verified)
PERFORM INFORMATION: (1/3/2004 10:38 EST)
ELECTRONICALLY SIGNED BY:

Transcription

PERSONAL PHYSICIAN: NO LOCAL
HISTORY OF PRESENT ILLNESS: 31 -year-old white male presents with complaints of pain in the left flank. States he was hit by a tree approximately 10 days ago. Initially hit left shoulder and upper back and also his lower back. He was pushed to the ground face first. States most of his injuries have resolved but he still continues to have increased pain with movement in the lower back, especially with walking. There is tenderness to palpation.
REVIEW OF SYSTEMS: Normal bowel movements, normal urination, normal appetite.
MEDICATION: Aleve over the counter
ALLERGIES: No known drug allergies.
PAST MEDICAL HISTORY: Negative
SOCIAL HISTORY: Does not smoke or drink.
PHYSICAL EXAM: Well developed mildly obese white male in no acute distress. Temperature 98.4, pulse 84, respirations 16, blood pressure 132/87.
HEENT: Normal.
NECK: Supple. Full range of motion.
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HEART: Regular rate and rhythm.
ABDOMEN: Benign. Left flank area with no obvious ecchymosis but there is a fullness in the lumbar paraspinous area compared to the right.
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IMPRESSION: HEMATOMA TO LEFT FLANK STATUS-POST INJURY

PLAN: PATIENT IS GIVEN PRESCRIPTION FOR LORTAB 7.5 1 PO Q4H PRN PAIN #20. CONTINUE ALEVE AS NEEDED. USE ICE ALTERNATING WITH MOIST HEAT. FOLLOW-UP IN MY OFFICE NEXT WEEK.

Emergency Room Note

Surgical Documentation

RICHARD BANKS,

M.D./dp
Transcription Date/Time: 01/03/2004
10:38 A
Job #: Doc #: 399748

cc: RICHARD BANKS, M.D.

Allergies

Substance	Updated Date/Time	Updated By	Allergy Type	Allergy Category	Severity	Recorded On Behalf Of	Reaction Status	Reaction Symptom	Information Source	Estimated Onset	Reviewed Date/Time	Reviewed By	Data Source
NKA	5/27/2010 19:59 EDT	Stegall RN,Anna B	Allergy	Drug Allergy		Stegall RN,Anna B	Active				5/10/2015 19:56 EDT	Harmon PA, Daniela S	

Allergy History

Substance: NKA Recorded Date/Time	Recorded By	
5/27/2010 19:59 EDT	Stegall RN,Anna B	Allergy Type: Allergy; Recorded On Behalf Of: Stegall RN,Anna B; Reaction Status: Active; Reviewed Date/Time: 5/10/2015 19:56 EDT; Reviewed By: Harmon PA,Daniela S; Category Drug Allergy;

Non Medication Orders

Order: CT ABDOMEN PELVIS (CT ABDOMEN AND PELVIS)
Order Start Date/Time: 12/31/2003 10:01 EST
Order Date/Time: 12/31/2003 10:02 EST
Order Status: Canceled | Department Status: Exam Replaced | Catalog Type: Radiology | Activity Type: Radiology
End-state Date/Time: 12/31/2003 10:15 EST | End-state Reason: Exam Replaced
Ordered and Electronically Signed By: Banks MD,Richard | Consulting Physician:
Entered By: on 12/31/2003 10:02 EST
Order Details: 12/31/03 10:01:00 AM EST, Stat, 789.00-ABDMNAL PAIN UNSPCF SITE, Reason: 789.00-ABDMNAL PAIN UNSPCF SITE, Transport Mode: 1^STRETCHER^ERA, ERE
Order Comment: ER9 INJ TO LT FLANK

Action Type: Order | Action Date/Time: 12/31/2003 10:02 EST | Action Personnel:
Responsible Provider: Banks MD,Richard | Supervising Provider: | Communication Type: ESI Default
Order Details: 12/31/03 10:01:00, Stat, 789.00-ABDMNAL PAIN UNSPCF SITE, Reason: 789.00-ABDMNAL PAIN UNSPCF SITE, Transport Mode: 1^STRETCHER^ERA, Rad Type, ERE
Review Information:
Doctor Cosign: Not Required
Order Comment: ER9 INJ TO LT FLANK

Action Type: Cancel | Action Date/Time: 12/31/2003 10:15 EST | Action Personnel: Mullins,Cheryl D
Responsible Provider: Banks MD,Richard | Supervising Provider: | Communication Type: Verbal/VORB
Order Details: 12/31/03 10:01:00, Stat, 789.00-ABDMNAL PAIN UNSPCF SITE, Reason: 789.00-ABDMNAL PAIN UNSPCF SITE, Transport Mode: 1^STRETCHER^ERA, Rad Type, ERE
Review Information:
Doctor Cosign: Not Required
Order Comment:

Non Medication Orders

Order: CT Abdomen Pelvis W/Contrast
Order Start Date/Time: 12/31/2003 10:01 EST
Order Date/Time: 12/31/2003 10:02 EST
Order Status: Completed | Department Status: Completed | Catalog Type: Radiology | Activity Type: Radiology
End-state Date/Time: 12/31/2003 14:40 EST | End-state Reason:
Ordered and Electronically Signed By: Banks MD,Richard | Consulting Physician:
Entered By: Mullins,Cheryl D on 12/31/2003 10:02 EST
Order Details: 12/31/03 10:01:00 AM EST, Stat, 789.00-ABDMNAL PAIN UNSPCF SITE, Reason: 789.00-ABDMNAL PAIN UNSPCF SITE, Transport Mode: 1^STRETCHER^ERA, ERE
Order Comment: ER9 INJ TO LT FLANK

Action Type: Order | Action Date/Time: 12/31/2003 10:15 EST | Action Personnel: Mullins,Cheryl D
Responsible Provider: Banks MD,Richard | Supervising Provider: | Communication Type: Verbal/VORB
Order Details: 12/31/03 10:01:00, Stat, 789.00-ABDMNAL PAIN UNSPCF SITE, Reason: 789.00-ABDMNAL PAIN UNSPCF SITE, Transport Mode: 1^STRETCHER^ERA, Rad Type, ERE
Review Information:
Doctor Cosign: Not Required
Order Comment:

Action Type: Status Change | Action Date/Time: 12/31/2003 10:26 EST | Action Personnel: Mullins,Cheryl D
Responsible Provider: Banks MD,Richard | Supervising Provider: | Communication Type:
Order Details: 12/31/03 10:01:00, Stat, 789.00-ABDMNAL PAIN UNSPCF SITE, Reason: 789.00-ABDMNAL PAIN UNSPCF SITE, Transport Mode: 1^STRETCHER^ERA, Rad Type, ERE
Review Information:
Doctor Cosign: Not Required
Order Comment:

Action Type: Status Change | Action Date/Time: 12/31/2003 10:46 EST | Action Personnel: Mullins,Cheryl D
Responsible Provider: Banks MD,Richard | Supervising Provider: | Communication Type:
Order Details: 12/31/03 10:01:00, Stat, 789.00-ABDMNAL PAIN UNSPCF SITE, Reason: 789.00-ABDMNAL PAIN UNSPCF SITE, Transport Mode: 1^STRETCHER^ERA, Rad Type, ERE
Review Information:
Doctor Cosign: Not Required
Order Comment:

Action Type: Complete | Action Date/Time: 12/31/2003 14:40 EST | Action Personnel: Fulcher MD,John H
Responsible Provider: Banks MD,Richard | Supervising Provider: | Communication Type:
Order Details: 12/31/03 10:01:00, Stat, 789.00-ABDMNAL PAIN UNSPCF SITE, Reason: 789.00-ABDMNAL PAIN UNSPCF SITE, Transport Mode: 1^STRETCHER^ERA, Rad Type, ERE
Review Information:
Doctor Cosign: Not Required
Order Comment:

Immunizations

Vaccine:	Date Given:	Age:
diphtheria/pertussis,acel/tetanus adult (3)	11/6/2013 17:54 EST	41 years

Admin Person:		Data Source:	
Childress RN,Hannah S		PowerChart	
Site:	**Route:**	**Amount:**	**Manufacturer:**
Right Deltoid	IM	0.5mL	GlaxoSmithKline
Expiration Date:		**Lot Number:**	
2/19/2016		c3774	

Order Comments
O1: diphtheria/pertussis, acel/tetanus adult (Tdap)
Nursing Comment: document manufacturer, lot number, and exp date on Immunization Tab after administration

Immunizations

Vaccine:	Date Given:	Age:
pneumococcal 23-valent vaccine 02	8/17/2014 01:52 EDT	41 years

Admin Person:	Data Source:
Holbrooks RN,Donald G	PowerChart

Site:	Route:	Amount:	Manufacturer:
Left Deltoid	IM	0.5mL	MERCK & CO., INC.

Expiration Date:	Lot Number:
3/22/2015	X004281

Order Comments
02: pneumococcal 23-valent vaccine (pneumococcal vaccine injectable solution)
For patients greater than or equal to 2 years old.
Dose available in Pyxis upon Pharmacy profiling on Day 1 of admission or within 24 hours.
x 1 dose only! Be sure not given previously
Remove from McCravey Pyxis

Radiology

ACCESSION	EXAM DATE/TIME	PROCEDURE	ORDERING PROVIDER	STATUS
CT-03-0056135	12/31/2003 10:46 EST	CT Abdomen Pelvis W/ IV+Oral Contrast	Banks MD,Richard	Auth (Verified)

Reason For Exam
(CT Abdomen Pelvis W/ IV+Oral Contrast) 789.00-ABDMNAL PAIN UNSPCF SITE

Findings:
CT OF THE ABDOMEN WITH CONTRAST, CT OF THE PELVIS WITH CONTRAST

CLINICAL HISTORY: INJURY TO LEFT FLANK, RULE OUT HEMATOMA OR RENAL INJURY

The patient was given no oral contrast. 5mm axial images of the abdomen and pelvis were reconstructed from a volume data set obtained with a multidetector CT Scanner during the infusion of 100ccs of Optiray 320.

CT ABDOMEN:

The liver and spleen are normal in size. There is a solitary 1cm hypodensity in the inferior tip of the spleen. A small cyst is suspected. It is possible that could represent a hematoma but I feel that is much less likely. The pancreas, adrenal glands and kidneys are normal. There is no evidence for renal injury. There is no fluid in the abdomen. The GI tract is normal. There is no free air. No fractures of the spine are identified.

CT PELVIS:

There is an approximately 3.6 x 8.0cm hematoma located in the deep subcutaneous fat. It is adjacent to the left paraspinous muscle bundle. It contains a fluid-fluid level. This is consistent with an organizing hematoma.

Radiology

ACCESSION	EXAM DATE/TIME	PROCEDURE	ORDERING PROVIDER	STATUS
CT-03-0056135	12/31/2003 10:46 EST	CT Abdomen Pelvis W/ IV+Oral Contrast	Banks MD,Richard	Auth (Verified)

Findings:
There are air bubbles to suggest abscess. I do not see any intrapelvic masses. There is no evidence of a pelvic fracture. The exam is otherwise normal.

IMPRESSION:

1. 1CM HYPODENSITY INFERIOR TIP OF THE SPLEEN. A CYST IS SUSPECTED. THE ABDOMEN IS OTHERWISE NORMAL.
2. 3.6 X 8.0CM HEMATOMA LOCATED IN THE DEEP SOFT TISSUES OVERLYING THE LEFT LOWER BACK. IT IS ADJACENT TO THE PARASPINOUS MUSCLES AND THE SUPERIOR PORTION OF THE LEFT ILIAC CREST. NO FRACTURES ARE NOTED. THE PELVIS IS OTHERWISE UNREMARKABLE.

**** Final ****
Read by: Fulcher MD, John H
Released By: John H. Fulcher
on: 12/31/2003 14:35

Transcriptionist: THR
Trans Date/Time: 12/31/2003 11:41
Technologist: Mullins, Cheryl D,Jenkins, Donna M

Laboratory Results

Urinalysis

Collected Date	12/31/2003		
Collected Time	09:26 EST		
Procedure		Units	Reference Range
Appearance	YELLOW CLEAR		
Specific Gravity,Urine	1.015		[1.010-1.025]
Urine pH	7.0		[5.0-7.5]
Urine Protein	NEGATIVE		[NEG]
Urine Glucose	NEGATIVE		[NEG]
Urine Ketone	NEGATIVE		[NEG]
Urine Bilirubin	NEGATIVE		[NEG]
Blood Urine	NEGATIVE		[NEG]
Urine Nitrite	NEGATIVE		[NEG]
Urine Urobilinogen	0.2 EHRLICH UNITS		[0.2-1.0]
Leukocyte Esterase	NEGATIVE		[NEG]
Urine RBC's	NONE SEEN	/hpf	[NO RBC]
Urine WBC's	NONE SEEN	/hpf	[NO WBC]
Urine Bacteria	NONE SEEN	/hpf	[NO BACT]

Social History

Tobacco

Detail: Current every day smoker (Last Update: 8/17/2014 00:43 EDT by Holbrooks RN,Donald G)
Comment: 8/17/2014 00:43 EDT; Holbrooks RN,Donald G;
Patient smokes a pack of cigarettes a week

Family History

Last Update: 8/17/2014 00:46 EDT by Holbrooks RN,Donald G

Mother: Alive

Condition		Age of Onset	Life Cycle	Severity
Hypertension	Positive			
Stroke	Positive			

Father: Alive

Condition		Age of Onset	Life Cycle	Severity
Acute myocardial infarction	Positive			
Diabetes mellitus type 2	Positive			
Hypertension	Positive			
Stroke	Positive			

PALMETTO HEALTH HARVEST FAMILY

DISPOSITION _____

TIME _____

EMERGENCY DEPARTMENT RECORD

PATIENT ACCOUNT NUMBER	FORM PRINT DATE & TIME	REG. BY	DATE OF SERVICE	REG TYPE	SV CODE	COUR DIS	FIN CLASS	TIME OF ARRIVAL	MEDICAL RECORD NO.
0429800057	10/24/04 17:05	KDW	10/24/04	ERE	EMS		01	17:05pm	000098764

NAME AND ADDRESS: MILLER,JEFFREY ALLEN
105 BLUE YONDER RD
PICKENS SC 29671
SOCIAL SECURITY NUMBER: [redacted]
PHONE: (864)878-1015

GUARANTOR: MILLER,JEFFREY ALLEN
105 BLUE YONDER RD
PICKENS SC 29671
SOCIAL SECURITY NUMBER: 248-59-3215
REL: Q
PHONE: (864)878-1015

SEX	RACE	MS	DATE OF BIRTH	AGE	EMPLOYER	OCCUPATION
M	W	S	[redacted]	32Y	;STONE LOGGING	

SELF-PAY

248593215 [redacted]

LIVING WILL: NO

3rd NS.

CHIEF COMPLAINT: CHEST PAINS X 2 WEEKS,ARMS NUMB

PHYSICIAN: OLIVER,MARCIA A Joller

ACCIDENT	ACCIDENT TYPE	ACCIDENT DATE AND TIME	REFERRING PHYSICIAN
NO			COMMENT

ARRIVED BY: | ACCOMPANIED BY: | LAST T.T. | CURRENT MEDICATIONS

PATIENT HISTORY	TIME	TEMP.	PULSE	RESP.	BP	ALLERGIES	NOTIFIED	AT	RESP.

Rx + Px (TIME) ☐ Dictated NURSE

PATIENT ORDERS

786.50

305.1

- ☐ OLD RECORDS
- ☐ EKG
- ☐ CBC
- ☐ SMA 7
- ☐ SMA 28
- ☐ PT / PTT
- ☐ MI INJURY PROFIL
- ☐ BLOOD CULT. x
- ☐ HCG (SERUM)
- ☐ HCG (URINE)
- ☐ CCUA
- ☐ CATH UA
- ☐ GEN PROBE
- ☐ WET PREP
- ☐ ABG
- ☐ CXR (PORT)
- ☐ CXR (PA+LAT)
- ☐ CT HEAD
- ☐ CT RENAL BED
- ☐ CT ABD
- ☐ CT
- ☐ IVP
- ☐ U.S. _____
- ☐ C-SPINE
- ☐ CROSS TABLE C-SP
- ☐ X-RAY

DIAGNOSIS

PHYSICIAN'S SIGNATURE | DATE

CONDITION AT DISCHARGE: ☐ IMPROVED ☐ OTHER ☐ TX-STABLE ☐ SATISFACTORY

DC VIA: ☐ AMBULATORY ☐ CRUTCHES ☐ OTHER ☐ WHEELCHAIR

DISCHARGE DATE | DISCHARGE TIME AM PM

FINAL DISPOSITION OF PATIENT: ☐ TREATED AND RELEASED ☐ ADMITTED TO ☐ TRANSFERRED T

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PALMETTO HEALTH BAPTIST EASLEY

EMERGENCY NURSING RECORD
Chest Pain Complaints

OCT 2 4 2004

MILLER,JEFFREY ALLEN
0429800057
MR 000096784 OLIVER,MARCIA A
32Y M

TIME TO ROOM: 1756

TRIAGE DATE ____ TIME 1722
emergent urgent non-urgent

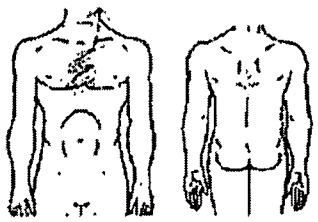
NAME: [illegible]
D.O.B ____ AGE: [illegible] M / F
HISTORIAN: __patient __paramedics __family ____
ARRIVAL MODE: __car __EMS __police ____
PCP: __none ____
IMMUNIZATIONS: current / *not current / referral ____

TREATMENT PTA __see EMS report __IV __O_2

CHIEF COMPLAINT [illegible]
started ____ min / hrs ago ____
[illegible]
__nausea / vomiting x ____ __shortness of breath ____
__chemical exposure ____ __diaphoresis ____

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

location of pain:



__radiation (show radiation: ____)

PAIN LEVEL current: 7 /10 maximum: ____ /10

VITALS time: ____
BP [illegible] / [illegible] P [illegible] RR [illegible] temp [illegible] TM O R Ax
Height ____ Weight ____ kg
O_2 Sat% 97 RA / O_2 ____

ALLERGIES __NKDA / PCN / ASA / sulfa / latex

MEDS __none __see med list

PAST HX __negative
__heart disease / HTN / diabetes insulin ____
__family history of heart disease ____
__past surgeries none ____
__smoker / drugs / alcohol ____
__*TB exposure / symptoms 3 mo. hamphetamine
__*has been physically hurt or threatened by someone close ____

LNMP ____ G ____ P ____ Ab ____ pregnant / postmenopausal

RN Signature [illegible]

INITIAL ASSESSMENT TIME: ____ ROOM: 1

GENERAL APPEARANCE
✓ no acute distress __mild / moderate / severe distress ____
✓ alert __anxious / decreased LOC ____

FUNCTIONAL / NUTRITIONAL ASSESSMENT
✓ appears well nourished __*obese / malnourished ____
✓ independent ADL __*assisted / total care ____

RESPIRATORY
__no resp distress __mild / moderate / severe distress ____
✓ nml breath sounds __wheezing / crackles / stridor ____
__decreased breath sounds ____
__retractions / accessory muscle use ____
Yo mild SOB

CVS
✓ regular rate __tachycardia / bradycardia / irrg rhythm ____
✓ pulses strong / equal __pulse deficit ____
✓ skin warm & dry __cool / diaphoretic ____
__pale / cyanotic ____

ABDOMEN
__nml inspection __tenderness / guarding / rebound ____
✓ non-tender __bowel sounds hypoactive / hyperactive ____
__bowel sounds present ____

NEURO
✓ oriented x3 __disoriented to person / place / time ____
✓ moves all extremities __confused ____
__weakness / sensory loss ____

ADDITIONAL FINDINGS
Pain mid-sternal that comes and goes. Comes wakes him up. Pain lasts 4-5 hrs. Hx of lows and diseases on 12 pressure. 20 a pm ∅ N/V.

Nurse Signature [illegible]

* protocol available

OCT 2 4 2004

MILLER,JEFFREY ALLEN
0429800057
MR 000000764 OLIVER,MARCIA A
32Y M

ACTIONS

TIME		INIT
	O_2 ____ L via	
1735	pulse oximeter 78 99% RA	
1735	cardiac monitor NSR	
	Accu-Chek	
	__bed low position __side rails up x1 x2	
	__call light in reach __head of bed elevated	
	__ready for Dr eval. / notified doctor	
	restraints see documentation	

PAIN REASSESS

Time	Descri	T
2052	0	0/10

ADDITIONAL NOTE

1740 INT started (R) hand
2000 U/Tech labs drawn
Short time
1835 Apo - wd - NSR - 0 resolved
on EXA - ↑ CPE DB, movement
2000 POC ay pd and - VSS
1725 Alt UDS & lab

IV RECORD

Time	Solution	Site	Ga	Rate	Amt in	Dc'd	INIT
1740	INT 2000 (R) hand						

MEDICATIONS

Time	Medication	Dose	Rte	Site	INIT
1850	Esi 325 mg	PO			
	Response:				
2024	NTG	1 tab		SL	
2032	Response: ↓ pain				
	Response:				
	Response:				

__IV/ saline lock discontinued Time_____ Initials

INTAKE / OUTPUT

INTAKE	OUTPUT
IV:	Urine:
PO:	Emesis:
Other:	Blood-Approx:
Total:	Total:

PROPERTY TO:

__patient __family __security __safe __see patient belongings list

PROCEDURES

Time		INIT
1735	12 lead EKG performed X 2	
	__notified	
	V/Q	
	duplex U/S	
	echocardiogram	
	Bronchodilator treatment updraft inhaler	
	chest tube inserted	
	external pacer applied	
	Foley fr. mL return	
1740	lab drawn / sent	
	results back	
	awaiting physician review	
	to Xray w monitor / nurse / O_2 / tech	

DISPOSITION

__discharged home police nursing home ME funeral home
__verbal / written instructions / Rx given to: patient
__verbalized understanding
__^learning barriers addressed
__accompanied by / driver
__pain level at discharge 0 / 10
__admitted / transferred to
__report to time
__transfer documentation completed
__notified family / police / ME
__left AMA / LWBS signed AMA sheet refused
__physician notified of

CONDITION

__unchanged __improved __stable __other

Depart Time 2050 Mode: walk W/C stretcher ambulance
NSR 74/min VSS - 0 pain

Discharge Nurse Signature

VITAL SIGNS

Time	BP	P	RR	T	O_2sat	Rhythm	INIT
1857	179/91	78	16				
1933	165/91	70	16				
2003	173/96	90	16				
2028	146/86	80	16				

SIGNATURE	INITIAL

^ protocol available

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PALMETTO HEALTH BAPTIST EASLEY

EMERGENCY PHYSICIAN RECORD

Chest Pain (5)

MILLER, JEFFREY ALLEN
0429800087
MR [redacted]8764 OLIVER, MARCIA A
32Y M

OCT 9 4 2004

DATE: 10/24/04 TIME: 1708 ROOM: 1 EMS Arrival
HISTORIAN: patient spouse paramedics
AGE 32 (M) / F RACE white
__HX / __EXAM LIMITED BY:

HPI

chief complaint: chest pain / discomfort

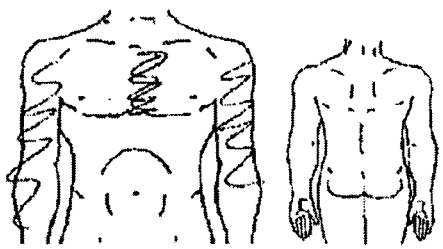
started: 2 wks

time course: still present better gone now lasted resolved on arrival in ED

constant "waxing & waning" intermittent episodes lasting upto 2-3 min. worse / persistent since

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

location of pain:



radiation: none diagrammed above B/L arms

associated symptoms: nausea - 1 episode vomiting shortness of breath 6 wks sweating

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

relieved by: sitting up rest antacids nothing nitroglycerin 1 2 3 patient's own supply given by paramedics relief - none / partial / complete / transient

Oxygen NRB L

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

severity: maximum: (1-10) 7 mild moderate severe

when seen in ED: (1-10) 7 gone almost gone mild moderate severe residual discomfort in arm (R+L)

Similar symptoms previously 2 wks ago - off & on + worsening B/L arm numbness

Recently seen / treated by doctor Dr. David Friday

ROS

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

FEMALE REPRODUCTIVE: LNMP, vaginal discharge, abnormal bleeding

"excessive dizziness"

NEURO: headache, blackouts

EYES / ENT: blurred vision, sore throat

GI / GU: abdominal pain GERD, black / bloody stools, problems urinating

SKIN / LYMPH / MS: skin rash / swelling, joint pain

☑ all systems neg. except as marked

PAST HX

negative * = All risk factors

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

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

Surgeries / Procedures none non-contributory

cardiac bypass, cardiac cath, angioplasty, thrombolytics, pacemaker, ankle repair

tonsillectomy, cholecystectomy, appendectomy, hysterectomy

Medications none see nurses note

ASA NSAID acetaminophen BCP's

Allergies NKDA see nurses note

SOCIAL HX *smoker 1 PPD 2 d *drugs alcohol (recent / heavy / occasional) occasional

Denies use of cocaine, or other illicit drugs

FAMILY HX *CAD (less than 55yo / greater than 55yo) GF - 2 w/ 52 GM - 2 w/ 52

☑ Nursing Assessment Reviewed ☑ Vitals Reviewed

V/S BP 140/81 HR 83 RR 22 Temp 97.9

MILLER,JEFFREY ALLEN
0429800057
MR 0700086764 OLIVER,MARCIA A
[redacted] 32Y M

OCT 24 2004

PHYSICAL EXAM

General Appearance
- no acute distress — mild / moderate / severe distress
- alert — anxious / lethargic
- IV

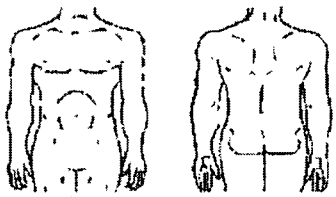
EENT
- eyes nml inspection — scleral icterus / pale conjunctivae
- ENT nml inspection — pharyngeal erythema
- pharynx nml — abnml TM / hearing deficit

NECK
- nml inspection — thyromegaly
- lymphadenopathy (R / L)

RESPIRATORY
- no resp. distress — see diagram
- chest non-tender — respiratory distress
- nml breath sounds — manifests distinct pain on movement of (R / L) arm of trunk
- splinting / decr air mvmnt
- rales
- rhonchi
- wheezing

CVS
- regular rate, rhythm — irregularly irregular rhythm
- no murmur — extrasystoles (occasional / frequent)
- no gallop — tachycardia / bradycardia
- no friction rub — PMI displaced laterally
- JVD present
- murmur grade /6 sys / dias cresc / cresc-decresc / decresc
- gallop (S3 / S4)
- friction rub
- decreased pulse(s)
  - R carotid 2 fem dors ped 2
  - L carotid 2 fem dors ped 2

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



ABDOMEN
- non-tender — tenderness
- no organomegaly — guarding — Epigastric pain
- rebound
- abnml bowel sounds
- hepatomegaly / splenomegaly / mass

RECTAL
- non-tender — black / bloody / heme pos. stool
- heme neg stool — tenderness

SKIN
- color nml, no rash — cyanosis / diaphoresis / pallor
- warm, dry — skin rash

EXTREMITIES
- non-tender — pedal edema — bilateral
- normal ROM — calf tenderness — Homans sign
- no pedal edema — clubbing
- no calf tenderness

NEURO / PSYCH
- oriented x3 — disoriented to: person / place / time
- mood / affect nml — depressed affect
- CN's nml as tested — facial droop / EOM palsy / anisocoria
- no motor / snsry deficit — weakness / sensory loss

LABS, EKG & XRAYS:

CBC (normal / except)	Chemistries (normal / except)		UA (normal / except)
WBC	Na	CK 99	WBC
Hgb	K	CKMB 2.1	RBC's
Hct	Cl	Troponin 0	bacteria
Platelets	CO2		dip:
segs	BUN		
bands	Cr		
lymphs	Glu	PT	CXR — nml
monos	Ca	PTT	
eos		INR	D-Dimer — normal

EKG MONITOR STRIP — NSR — Rate

EKG — nml — interp. by me — Reviewed by me — Rate 89
NSR — nml intervals — nml axis — nml QRS — nml ST/T

not / changed from:
Repeat EKG — unchanged
CXR — interp. by me — Reviewed by me — Discsd w/ radiologist
nml / NAD — no infiltrates — nml heart size — nml mediastinum

not / changed from:
Pulse Ox 99 % on RA / L / % at (time)

PROGRESS:

Time — unchanged — improved — re-examined

Discussed w/ Dr [illegible] & asked re: admission. He feels pt can be seen in office tomorrow

Rx given
Discussed with Dr [illegible] Time: 2023
will see patient in: office / ED / hospital tomorrow

Counseled patient / family regarding: lab results diagnosis need for follow-up
Admit orders written
Prior records ordered

CRIT CARE: 30-74 min / 75-104 min / min
Additional history from: family caretaker paramedics

CLINICAL IMPRESSION:

- Chest Pain — acute — precordial
- Chest Wall Pain - acute
- Dyspnea - acute
- Costochondritis - acute
- Myofascial Strain - acute
- Viral Syndrome - acute
- Bronchitis - acute
- Viral Pleuritis (Pleurisy)
- Abnormal EKG
- GERD
- Acute MI
- Unstable Angina
- Pericarditis - acute
- Acute Aortic Dissection
- Pulmonary Embolism
- Acute Pulmonary Edema / CHF
- Atrial Fibrillation - rapid vent. response — controlled — uncontrolled — new-onset — chronic
- Pneumonia
- Pneumothorax

(T)

DISPOSITION: ☐ home ☐ admitted ☐ transferred
Time 2023
CONDITION: ☐ unchanged ☐ improved ☐ stable
☐ EMTALA EMC present ☐ EMTALA EMC absent

NP (PA)

MD

☐ Dictated Addendum

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PALMETTO HEALTH BAPTIST EASLEY

EMERGENCY DEPARTMENT RECORD
Physician Order Sheet

MILLER,JEFFREY ALLEN
0429800057
MR 0000998764 OLIVER,MARCIA A
[redacted] 32Y M
[redacted]

Date: OCT 2 4 2004

LABS
- CBC / diff
- BMP
- UA
  clean cath dip blood
- urine preg
- serum preg
- Quant HCG
- PT / PTT
- Amylase
- Lipase
- MBA
- Drug Levels: digoxin dilantin acetaminophen ASA
- UDS
- D dimer
- B Nap
- Rapid Strep Screen
- Influenza

STANDARD PANELS
- Cardiac
- Liver
- Thyroid
  TSH

X-RAYS
- CXR port PA / LAT
- C-Spine / x table
- LS-Spine / x table
- Abdominal series
- CT head / abdomen appendix protocol kidney stone protocol
- Ultrasound abdomen pelvis OB

CARDIORESPIRATORY
- EKG
- aerosol protocol with _____
- aerosol with _____
- Peak Flows
- ABG

- Culture urine blood x___
- wound
- GC
- Chlamydia

CSF
- Tube _____ hold
- Tube _____ Glucose, Protein
- Tube _____ GS, C&S
- Tube _____ Cell Count & Diff.

Time	Nursing Orders	Noted
	Cardiac Monitor	
	Pulse Oximeter	
	Oxygen ____ L NC ___titrate to keep sat >95%	
	Fully Disrobe / Gown	
	Postural Vitals	
	Neuro checks q_____	
	IV ___saline lock_____mL/hr	
	Foley	
	Post void residual	
	May be off cardiac monitor for radiology studies or transport.	

Nursing Orders

Time	Orders	Noted/
	☐ Please repeat: BP HR RR Temp_____	
	☐ Height_____ Weight_____ kg	
1745	ASA 325 mg PO	
~~1755~~	~~Nitro SL x 1~~	
2000	Nitro SL x 1 2007	
2000	Repeat EKG	

DISPOSITION

☐ADMIT ☐OBS ☐DISCHARGE

___med / surg ___telemetry ___icu ___L & D

Dr._____

☐TRANSFER to :_____ Care of Dr. _____

Condition: ☐improved ☐stable ☐other:_____

PHYSICIAN SIGNATURES

1 _____ 2 _____

Flowsheet Print Request

Patient: MILLER, JEFFREY ALLEN
MRN: E000098764

Date Range: 10/24/2004 3:15 PM - 10/27/2004 3:15 PM

Printed by: Whitlock, Jessica R
Printed on: 10/26/2004 3:15 PM

Date/Time	Event	Result	Flag	Ref Range	Status
10/24/2004 5:40 PM	Absolute Baso	0.05		(0.00 - 0.10)	
	Absolute Eosinophils	0.11		(0.00 - 0.50)	
	Absolute Lymph	1.85		(1.00 - 4.80)	
	Absolute Monocytes	0.57		(0.00 - 1.00)	
	Absolute Neutrophil	3.85		(1.80 - 7.50)	
	AG Ratio	1.23		(1.0 - 3.5)	
	Albumin	4.3		(3.5 - 5.0)	
	Alkaline Phos	63		(38 - 126)	
	ALT (SGPT)	L 16		(21 - 72)	
10/24/2004 7:20 PM	Amphetamines	NEGATIVE			
10/24/2004 5:40 PM	Anion Gap	15		(6 - 17)	
10/24/2004 7:20 PM	Appearance	YELLOW CLEAR			
10/24/2004 5:40 PM	AST (SGOT)	35		(1 - 59)	
	Auto Lymph	30		(14.0 - 40.0)	
	Auto Neutrophil	58		(50.0 - 80.0)	
	Auto Basophil	1		(0.0 - 2.0)	
	Auto Eos	2		(0.0 - 5.0)	
	Auto Monocyte	9		(4.0 - 12.0)	
10/24/2004 7:20 PM	Barbiturates	NEGATIVE			
	Benzodiazepines	NEGATIVE			
10/24/2004 5:40 PM	Bilirubin, Direct	0.4		(0 - 0.4)	
	Bilirubin, Total	0.7		(0.2 - 1.3)	
10/24/2004 7:20 PM	Blood Urine	NEGATIVE		(NEG -)	
10/24/2004 5:40 PM	BUN	10		(9 - 20)	
	BUN/Creat Ratio	12.5		(7 - 25)	
	Calcium	8.9		(8.4 - 10.4)	
	Chloride	104		(98 - 107)	
	CO2	24		(22 - 30)	
10/24/2004 7:20 PM	Cocaine Metabolites	NEGATIVE			
10/24/2004 5:40 PM	Cpk	99		(55 - 170)	
10/24/2004 8:30 PM	CR Chest 1 View Portable	* CR Chest 1 View Portable			
10/24/2004 5:40 PM	Creatinine	0.8		(0.7 - 1.2)	
	D-Dimer	* 144		(<500)	
10/24/2004 7:20 PM	Drug Screen Comment	* VALID PLEASE BE ADVISED			
	Drug Screen Result	NEGATIVE			
10/24/2004 5:40 PM	GFR African American	* 144			
	GFR Non-African American	119			
	Glucose	H 101		(75 - 100)	
	Hematocrit	42.3		(40.0 - 54.0)	
	Hemoglobin	15.4		(14.0 - 18.0)	
	INR	* 1.0			
10/24/2004 7:20 PM	Leukocyte Esterase	NEGATIVE		(NEG -)	
10/24/2004 5:40 PM	MCH	30.5		(26.0 - 33.0)	
	MCHC	H 36.4		(31.0 - 36.0)	
	MCV	83.8		(80 - 94)	
10/24/2004 7:20 PM	Methaqualone	NEGATIVE			
10/24/2004 5:40 PM	MPV	10.7		(8.7 - 12.3)	
	Myocard Prof Hour	ADMISSION			
	Myoglobin	21		(0 - 109)	
10/24/2004 7:20 PM	Opiates	NEGATIVE			

Flowsheet Print Request

Patient: MILLER, JEFFREY ALLEN
MRN: E00009764

Date Range: 10/24/2004 3:15 PM - 10/27/2004 3:15 PM

Printed by: Whitlock, Jessica R
Printed on: 10/26/2004 3:15 PM

Reading Date	Test	Result	Ref Range
	Phencyclidine	NEGATIVE	
10/24/2004 5:40 PM	Platelet Count	209	(150 - 450)
	Potassium	4.0	(3.6 - 5.0)
	Protime	14.6	(10.8 - 13.2)
	PTT	28.3	(20 - 34)
	RBC Count	5.05	(4.60 - 6.20)
	RDW	L 31.4	(35.9 - 50.8)
	Sodium	139	(137 - 145)
10/24/2004 7:20 PM	Specific Gravity, Urine	1.020	(1.010 - 1.025)
	THC	NEGATIVE	
10/24/2004 5:40 PM	Total Protein	7.8	(6.3 - 8.2)
	Troponin I	0.0	(0 - <0.2)
10/24/2004 7:20 PM	Urine Bacteria	NONE SEEN	(NO BACT -)
	Urine Bilirubin	NEGATIVE	(NEG -)
	Urine Glucose	NEGATIVE	(NEG -)
	Urine Ketone	NEGATIVE	(NEG -)
	Urine Nitrite	NEGATIVE	(NEG -)
	Urine pH	7.0	(5.0 - 7.5)
	Urine Protein	NEGATIVE	(NEG -)
	Urine RBC's	NONE SEEN	(NO RBC -)
	Urine Urobilinogen	0.2 EHRLICH UNITS	(0.2 - 1.0)
	Urine WBC's	RARE	(NO WBC -)
10/24/2004 5:40 PM	WBC Count	6.5	(4.3 - 11.0)

CR Chest 1 View Portable MILLER, JEFFREY ALLEN - E000098764

Result Type:	CR Chest 1 View Portable
Result Date:	Sunday, October 24, 2004 6:30 PM
Result Status:	Auth (Verified)
Performed By:	Jones, Wesley A on Sunday, October 24, 2004 6:30 PM
Verified By:	David MD, Hamer E on Monday, October 25, 2004 2:22 PM
Encounter info:	E0429800057, Easley, ERE-Emergency Room, 10/24/2004 - 10/24/2004

* Final Report *

Reason For Exam
chest pains

Finding:
INDICATIONS FOR STUDY: CHEST PAIN.

AP PORTABLE CHEST: 10-20-04 AT 18:48 HOURS.

The lungs are well expanded. Pulmonary vessels are normal. Costophrenic angles are clear. No infiltrates are present. The heart is normal.

IMPRESSION:

NORMAL PORTABLE CHEST.

Signature Line
*** Final ***
Read by: David MD, Hamer E
Released By: Hamer E. David
on: 10/25/2004 14:22

Transcriptionist: JLL
Trans Date/Time: 10/25/2004 09:19
Technologist: Jones, Wesley A, Fox, Troy A

Completed Action List:
* Perform by Jones, Wesley A on 10/24/2004 6:30 PM
* Assist by Fox, Troy A on 10/24/2004 6:30 PM
* VERIFY by David MD, Hamer E on 10/25/2004 2:22 PM

OCT 2 4 2004

MILLER,JEFFREY ALLEN
0429800057
MR 000098784 OLIVER,MARCIA A
[redacted] 32Y M

PALMETTO HEALTH BAPTIST EASLEY
Emergency Department Initial X-ray Interpretation

Patient Name: Miller, Jeffrey

Date: 10/24/04 **ER Physician:** [illegible]

History/Interpretation: Chest pn

Procedure(s) PCXR

Interpretation:

Normal

ER Physician Signature: [illegible]

ER 200 3/98

MILLER, JEFFREY ID: 000098764 24-Oct-2004 17:36:37 PALMETTO BAPTIST HEALTH_EASLEY

32years
Male Caucasian
Room: 1

Vent. rate 89 bpm
PR interval 142 ms
QRS duration 76 ms
QT/QTc 334/406 ms
P-R-T axes 67 52 62

Sinus rhythm with sinus arrhythmia
Normal ECG

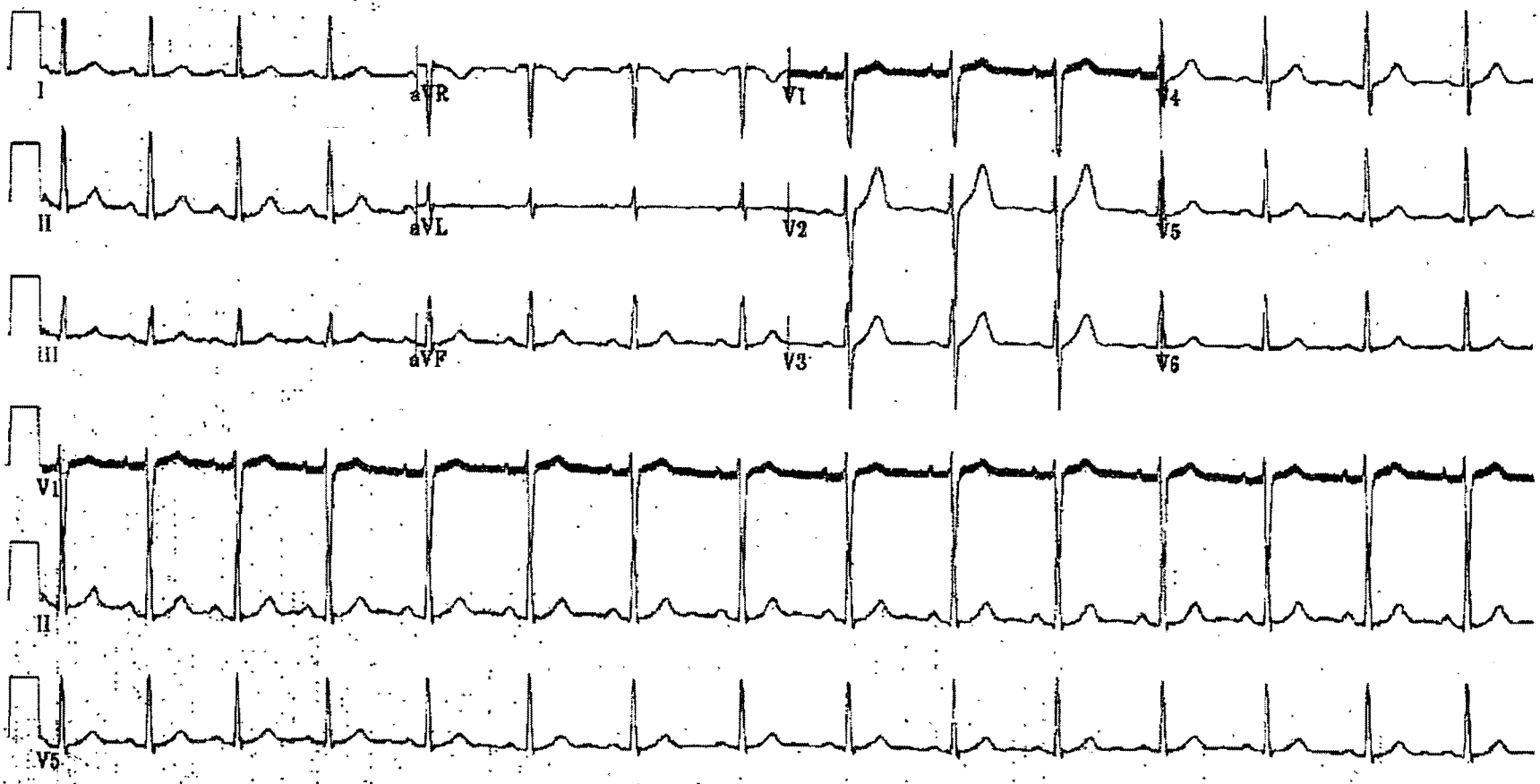
OCT 24 2004

MILLER,JEFFREY ALLEN
0429800057
MR 000098764 OLIVER,MARCIA A
32Y M

Technician:
Test ind:

Referred by:

Unconfirmed



160 Hz 25.0 mm/s 10.0 mm/mV 4 by 2.5s + 3 rhythm lds MAC5K 002A 12SL™v254

MILLER, JEFFERY ID: 999999999 24-Oct-2004 20:30:16 PALMETTO BAPTIST HEALTH_BASLEY

32years
Male Caucasian
Room:

Vent. rate 81 bpm
PR interval 134 ms
QRS duration 80 ms
QT/QTc 348/404 ms
P-R-T axes 28 26 39

Normal sinus rhythm
Normal ECG

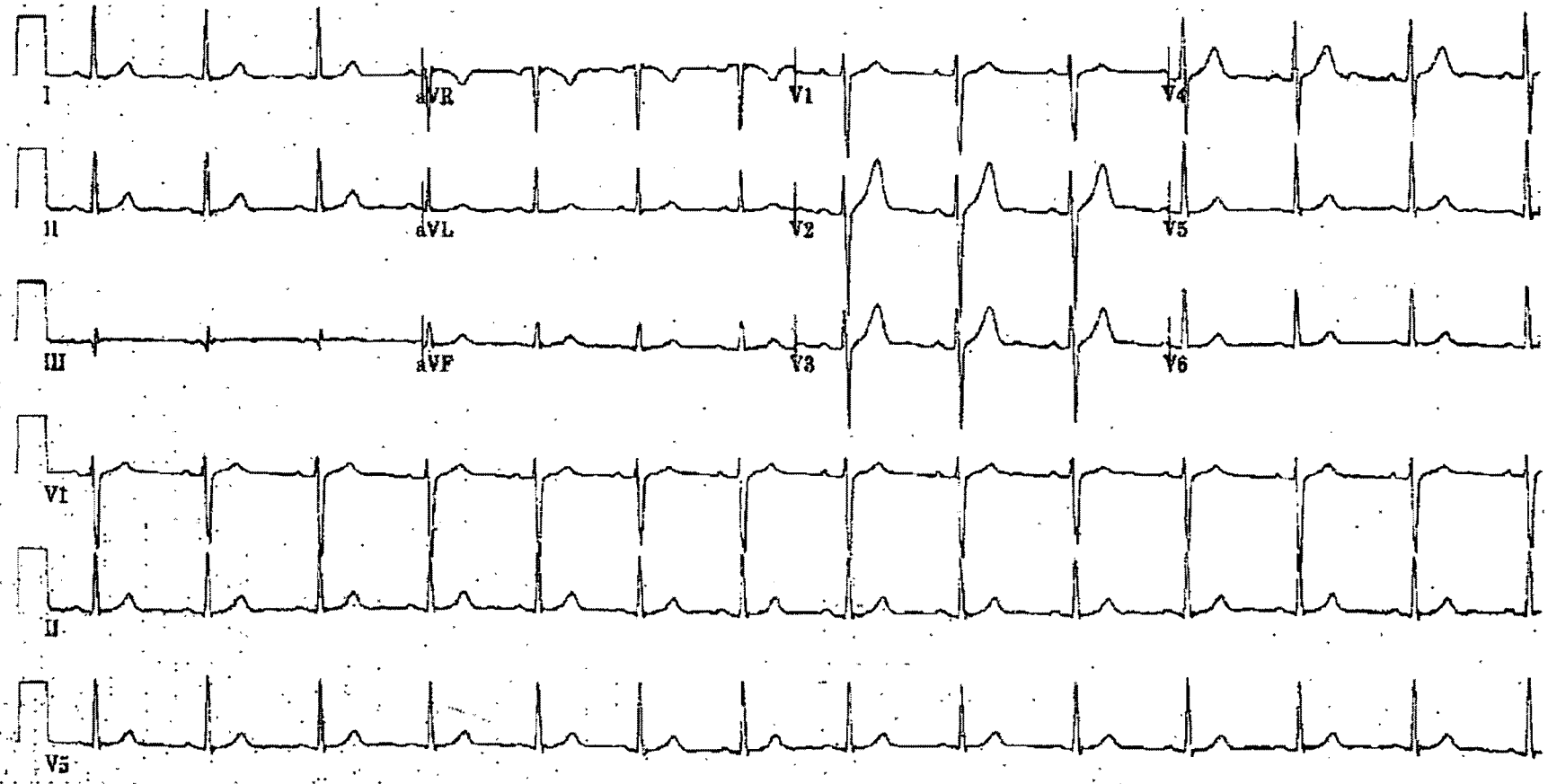
OCT 2 4 2004

MILLER,JEFFREY ALLEN
0429800057
MR 000098764 OLIVER,MARCIA A
32Y M

Technician: RG
Test ind:

Repeat

Referred by: Unconfirmed



100 Hz 25.0 mm/s 10.0 mm/mV 4 by 2.5s + 3 rhythm lds MAC5K 002A 12SL™v254

PALMETTO HEALTH BAPTIST EASLEY
EMERGENCY DEPARTMENT

OCT 24 2004

MILLER,JEFFREY ALLEN
0429800057
MR 000089764 ,OLIVER,MARCIA A
[redacted] 32Y M
[redacted]

GENERAL INSTRUCTIONS:

- ☑ Call the next business day and make an appointment to see: Dr Lerch call in am to schedule appt. Be sure to tell them you were seen in our Emergency Department and the caregiver feels you need a follow up visit in ____days, or sooner if your symptoms persist. Go to the Radiology Department to pick up any needed X-rays before your appointment.
- ☐ Have your blood pressure checked at doctor's office/ _____Clinic within _____days.
- ☐ Return to the Emergency Department in ____days between 10 AM and 2 PM for suture removal / dressing change / recheck / or immediately after tests such as ultrasounds to receive results.
- ☐ Give Tylenol (acetaminophen) and/or Motrin (ibuprofen) as directed for three days as needed for pain or fever. See FEVER instruction sheet for dosing. **BE SURE TO USE ALL MEDICINES AS DIRECTED.**
- ☐ Work / school excuse from _____ through _____. You must follow up with your assigned physician for any extension of this excuse.
- ☐ See your company doctor per your company's policy. Light duty until _____. (No use of _____. No lifting over _____ pounds.)
- ☐ _____

Your diagnosis was: Chest pain

INSTRUCTION SHEETS (You may receive one or more of the following):

Abdominal (Green)
() Abdominal Pain
() Gastritis
() Vomiting /Diarrhea in Children
() Nausea/Vomiting/Diarrhea in Adults
() Kidney Stones

OB/GYN (Pink)
() Dysfunctional Uterine Bleeding
() Bacterial Vaginosis
() Ovarian Cyst
() Threatened Miscarriage

Environmental (Grey)
() Bugs Bites or Stings
() Allergic Reactions/Hives

Other
() _____
() _____
() _____

Orthopedics (White)
() Sprains and Strains
() Splints and Casts
() Neck Strain
() Walking with Crutches
() Bursitis
() Nursemaid's Elbow
() Low Back Pain

Trauma (Red)
() Head Injury
() Wound Care
() Burns
() Corneal Abrasion
() Animal Bite

General (Orange)
() Medicine Precautions
() Antibiotics
() Vaccines
() Test Results

Respiratory (Blue)
() Upper Respiratory Infection
() Sinusitis
() Sore Throat
() Bronchitis
() Bronchiolitis
() Pneumonia
() Nosebleed

Infection (Yellow)
() Otitis Media
() Otitis Externa
() Conjunctivitis (Pink Eye)
() Fever in Children
() Skin Infection/Abscess
() Urinary Tract Infection
() Dental Caries

Follow Up (Lavender)
() Pediatrics
() Blood/Body Fluid Exposures

IMPORTANT! (Please read carefully before signing. Do not leave if you have unanswered questions)

1. I realize the care I received in the Emergency Department was intended to rule out emergencies and not to be a substitute or replacement of my routine and complete care. I will arrange for follow-up care.
2. *I realize that all illnesses change with time, so I will return to the Emergency Department if I think something has gone wrong or if unexpected symptoms occur.*
3. The Emergency Department DOES NOT REFILL PRESCRIPTIONS. This must be done through my regular physician or health care provider.
4. I must go to the Radiology Department to get copies of any X-rays before my follow up appointments.
5. Palmetto Health Baptist Easley Emergency Department obtains a second reading on X-rays. You may be called after the Radiologist reads your X-rays.
6. I may receive separate bills from the Radiologist or Pathologist who reviews my tests.
7. I will receive a separate bill from United Emergency Services for physician, physician's assistant or nurse practitioner services I received during my visit.
8. I hereby authorize Palmetto Health Baptist Easley to release today's Emergency Department medical record to my follow-up physician.
9. Call your follow-up physician for any test results (cultures, blood work, x-rays, etc.) not received or completed during your stay in the Emergency Department.
10. The Health Information department is open Monday-Friday; 8:00 a.m. to 4:30 p.m. to obtain any needed copies of my medical record.

Physician/Provider/Nurse — Date 10/24/04 — Patient or Responsible Person

WHITE—HEALTH INFORMATION CANARY—PATIENT PINK—EMERGENCY DEPARTMENT

Form ER-191

PALMETTO HEALTH

MILLER,JEFFREY ALLEN
0429800057
MR 000098764 OLIVER,MARCIA A
[redacted] 32Y M

Acknowledgment of Notice of Privacy Practices

My signature acknowledges my receipt of the Notice of Privacy Practices from Palmetto Health.

Signature of Patient or Designee _____ Date 10/24/04

Follow Up Documentation:

Directory Inclusion/Exclusion

✓ I choose to be included in the Palmetto Health Directory.

___ I choose to be excluded from the Palmetto Health Directory:

Choosing to be excluded from the Directory means that no information will be given out regarding my hospital stay - i.e. if someone calls and requests my room number, the caller will be told "we do not have any information regarding that person".

Signature of Patient or Designee _____ Date 10/24/04

CONSENT FOR EXAMINATIONS, TREATMENTS AND OPERATIONS

Consent for Examinations, Treatments, and Operations: I hereby consent to and authorize Palmetto Health and the physician or surgeon in charge of my case to perform such examinations, treatments, operations, diagnostic procedures, administration of blood and blood products and necessary anesthetics which may in his/her opinion be necessary.
Permission is also granted to dispose of any tissue or amputated parts. To protect myself and others, I also give permission to have blood drawn and tested for infectious diseases including, but not limited to, HIV (AIDS virus) and Hepatitis.

Date: 10/24/04 Time: 1705 Signature: [signature] Witness: [signature]

*If patient is a minor then a parent, guardian or patient representative must sign.

HOSPITAL RELEASE

TO WHOM IT MAY CONCERN: DATE_____ TIME_____

I understand that I currently am a patient under treatment in Palmetto Health and that I am leaving the hospital against the advice of attending physicians. Therefore, I do hereby release the hospital and attending physicians of all responsibility.

Signed_____ **Witness 1.**_____

Address_____ **2.**_____

GUARANTY AND ASSIGNMENT OF INSURANCE BENEFITS

I hereby guaranty payment to Palmetto Health Alliance d/b/a Palmetto Health Richland, d/b/a Palmetto Health Baptist, d/b/a Palmetto Health Easley and my attending and consulting physician(s) (including, but not limited to, pathologists, radiologists and anesthesiologists), for all charges and services incurred for the account(s) of the patient from date of admission until discharge. I do hereby assign to Palmetto Health Alliance and/or my attending and consulting physician(s) (including, but not limited to, pathologists, radiologists, and anesthesiologists), any and all medical insurance, health benefits, hospital benefits, sick benefits, injury benefits and settlement proceeds due or payable because of liability of a third party, payable by any party, organization or insurance company, or other sources of payment, unless I pay the account(s) in full upon discharge, (the "Assignment").

If I fail to pay all charges when due I agree to pay all costs of collection, including attorneys fees, collection costs and court costs.

I hereby authorize and request Palmetto Health Alliance and/or my attending and consulting physician(s) (including, but not limited to, pathologists, radiologists and anesthesiologists) to release and furnish medical information, necessary to support claims submitted, to any entities for payment, pursuant to the above Assignment.

In the event the undersigned is entitled to health care or medical benefits of any type whatsoever, arising out of any policy of insurance insuring the patient or any party liable to the patient, said benefits are hereby assigned to Palmetto Health Alliance and/or my attending and consulting physician(s) (including, but not limited to, pathologists, radiologists, and anesthesiologists), for application to the patient account(s) for services rendered.

I do hereby appoint and assign to Palmetto Health Alliance and/or my attending and consulting physician(s) (including, but not limited to, pathologists, radiologists, and anesthesiologists) as my true and lawful attorneys in fact, to act on my behalf, with the full power and authority to collect any and all charges incurred for the benefit of the patient pursuant to the assignment of benefits set forth above.

I authorize a copy of this assignment to be used in place of the original.

Date: 10/24/04 [signature]
Patient (Parent or Guardian in case of minor)

Witness: [signature]
Spouse or Insured if other than Patient

PERSONAL VALUABLES RELEASE

I understand that Palmetto Health maintains an area for storage and safekeeping of my money, valuables and personal property, and that I may deposit such items with Palmetto Health for safekeeping. I further, understand that the hospital will not be responsible or liable for the loss or damage to any money, valuables and personal property, which I do not deposit with the Hospital. I have voluntarily chosen not to deposit my money, valuables and personal property with the Hospital and assume full responsibility for any and all loss of or damage to my money, valuables and personal property and I further agree that Palmetto Health shall be held harmless for any and all such loss or damage.

I certify that I have read the foregoing Release and that I fully understand its provisions.

ACKNOWLEDGEMENT OF RECEIPT OF MEDICARE/TRICARE MEDICAL INFORMATION

I, the undersigned, acknowledge that if I am a Medicare/TRICARE beneficiary, I have been provided with a notice from Medicare/TRICARE regarding my rights as a Medicare/TRICARE patient and the rights form has not been altered.

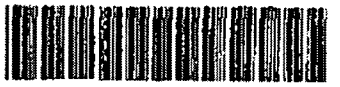
Date: 10/24/04 [signature]
Patient (Parent or Guardian in case of minor)

Witness: [signature]
Spouse or Insured if other than Patient

Do you have a LIVING WILL? __Yes __ No Organ Donor? __Yes __ No
Do you have a HEALTHCARE POWER OF ATTORNEY? __Yes __ No
Would you (the patient) like assistance or more information regarding Advance Directives? ___Yes ___No Patient's/Rep. Initials_____

MILLER,JEFFREY ALLEN
0429800057
MR 000098764 OLIVER,MARCIA A
[redacted] 32Y M

☐ Please check the box to the left if you are interested in receiving information about the Palmetto Health Foundation



Facility Info: Baptist Easley Hospital
PO Box 2129
Easley, SC 29641-2129

Attending Physician: Campbell MD,Kenneth Stephen
Admitting Physician: Campbell MD,Kenneth Stephen

Patient Info: MILLER, JEFFREY ALLEN
135 WILSON WAY
PICKENS, SC 29671-8244

Pt. Age: 42 years
Date of Birth: [redacted]
CMRN: 001266294

MRN: E000090764; H000090764
FIN: H1014701927

Facesheet

* Auth (Verified) *

Baptist Easley Hospital

100 Lewis Drive
Easley, SC 29640

EMERGENCY DEPARTMENT RECORD

DISPOSITION
TIME

PATIENT ACCOUNT NUMBER	FORM PRINT DATE & TIME	DATE OF SERVICE	REG TYPE	BY CODE	PT CLASS	TIME OF ARRIVAL	MEDICAL RECORD NO.
101470 1927	05/27/10 20:39	05/27/2010	ERH	EMS	D1	19:47	000098764

NAME AND ADDRESS: MILLER, JEFFREY ALLEN
103 CARTWRIGHT TRAIL
PICKENS SC 29671
SOCIAL SECURITY NUMBER: [redacted]
PHONE: (864)207-0215

GUARANTOR: MILLER, JEFFREY ALLEN
103 CARTWRIGHT TRAIL,
PICKENS SC 29671
SOCIAL SECURITY NUMBER: [redacted]
RELATIONSHIP: Self
PHONE: (864)207-0215

SEX	RACE	MARITAL STATUS	DATE OF BIRTH	AGE	EMPLOYER	OCCUPATION	LIVING WILL
M	60	X	[redacted]	37Y	STONE LOGGING		No

EMERGENCY CONTACT: SHIRLING, DAWN
RELATIONSHIP: Other
PHONE: (864)207-0215

INSURANCE 1: SELF-PAY
MILLER, JEFFREY A
248593215
INSURED DOB: 10/20/1972

INSURANCE 2:
INSURED DOB:

INSURANCE 3:
INSURED DOB:

INSURANCE 4:
INSURED DOB:

CHIEF COMPLAINT: CHEST PAIN,DIZZY
DATE OF LAST VISIT:
ADMITTING PHYSICIAN: 70224 CAMPBELL, KENNETH S
ADM PHY PHONE:

ACCIDENT TYPE:
ACCIDENT DATE AND TIME:
REFERRING PHYSICIAN: 7954 SCOTT, WILLIAM M

ARRIVED BY:
ACCOMPANIED BY:
LAST T.T.
CURRENT MEDICATIONS

PATIENT HISTORY	TIME	TEMP	PULSE	RESP	BP	ALLERGIES	NO NURO	AT	PERR

Hx + Px. TIME: ☐ Dictated
NURSE

MEDICATIONS ORD
PATIENT ORDERS

- ☐ OLD RECORDS
- ☐ EKG
- ☐ CBC
- ☐ SMA 7
- ☐ SMA 20
- ☐ PT / PTT
- ☐ MI INJURY PROFIL
- ☐ BLOOD CULT. x
- ☐ HCG (SERUM)
- ☐ HCG (URINE)
- ☐ CDUA
- ☐ CATH UA
- ☐ GEN PROBE
- ☐ WET PREP
- ☐ ABG
- ☐ CXR (PORT)
- ☐ CXR (PA+LAT)
- ☐ CT HEAD
- ☐ CT RENAL BED
- ☐ CT ABD
- ☐ CT
- ☐ IVP
- ☐ U.S.
- ☐ C-SPINE
- ☐ CROSS TABLE C-SPIN
- ☐ X-RAY

DIAGNOSIS

PHYSICIAN'S SIGNATURE
DATE

Printed on 05/27/2010 08:59 PM

CONDITION AT DISCHARGE: ☐ IMPROVED ☐ UNSTABLE ☐ SATISFACTORY ☐ OTHER
D/C VIA: ☐ AMBULATORY ☐ WHEELCHAIR ☐ CRUTCHES ☐ OTHER
DISCHARGE DATE
DISCHARGE TRIAL FINAL DISPOSITION OF PATIENT: ☐ TREATED AND RELEASED ☐ ADMITTED TO: ☐ TRANSFERRED TO

MRP Clinical Documentation

* Auth (Verified) *

PALMETTO HEALTH BAPTIST EASLEY

MILLER, JEFFREY ALLEN
H1014701927
MR 000098764 EMS, EMS
[redacted] 37Y M

200 FLEETWOOD DRIVE
EASLEY, SC 29640
SCOTT M. PARKER, MD DIRECTOR OF LABORATORY

MEDICAL RECORD # : 9876499764
NAME (Last,First) : MILLER, JEFFREY A
DATE/TIME DRAWN : 05/27/2010 21:00
DATE/TIME ANALYZED: 05/27/2010 21:12
SAMPLE TYPE : Arterial
SAMPLE SITE : Right Radial
ALLEN TEST : Positive
PATIENT TEMP. : 98.6 F

ANALYZER : 302443
LOCATION : ER 6
AGE : 37 Years (M)
ORDERING MD : CAMPBELL,
DRAWN/ANALYZED BY : PV
Approved By : PV

Parameter	Results	Reference Range Upto 150 Years Arterial
pH(T)	7.380	7.350 - 7.450
pCO_2(T)	42.0	35.0 - 45.0
pO_2(T)	91.0	80.0 - 100.0
$cHCO_3^-$(P)	24.3	-
cBase(B)	-0.4	-
sO_2	98.4	94.0 - 100.0
tHb	13.4	12.0 - 16.0
FO_2Hb	94.8	88.0 - 95.0
FCOHb	2.8	0.0 < 3.0
FMetHb	0.9	0.0 < 1.0
$AaDO_2$		<
a/A Ratio		-
a-vDO_2		-
Vd/Vt		-
Qs/Qt		-
O_2 Index		-

DEVICE :
FIO2 : 21.0 %
LITER FLOW:

CRITICAL VALUES
CALLED TO : DR CAMPBELL
DATE NOTIFIED: 05/27/2010
TIME NOTIFIED: 21:14
NOTIFIED BY : PV

VENTILATOR PARAMETERS

SIMV	:	PEEP	:	I TIME	:	PT. RR	:	APRV	:
CONTROL	:	PS	:	PAWP	:	VT	:		
CPAP	:	PIP	:	I:E RATIO:		PC	:		

COMMENTS : "No Complications."*Results called/repeated back.

SUMMARY OF MOST RECENT BLOOD GASES

Drawn		pH(T)	pCO_2(T)	pO_2(T)	$cHCO_3^-$(P)	cBase(B)	sO_2	tHb	FO_2Hb	FCOHb	FMetHb	$AaDO_2$	a/A Ratio	a-vDO_2
05/27/2010	21:00	7.380	42.0	91.0	24.3	-0.4	98.4	13.4	94.8	2.8	0.9			91.0

‡ = Critical Low
‡ = Critical High
↓ = Low
↑ = High

? = Invalid result DO NOT USE for clinical interpretation. Repeat recommended.

Nursing Documentation

DOCUMENT NAME:	Triage PHED
SERVICE DATE/TIME:	5/27/2010 19:55 EDT
RESULT STATUS:	Auth (Verified)
PERFORM INFORMATION:	Stegall RN,Anna B (5/27/2010 19:55 EDT)
ELECTRONICALLY SIGNED BY:	Stegall RN,Anna B (5/27/2010 19:55 EDT)

Triage PHED Entered On: 05/27/10 20:01
Performed On: 05/27/10 19:55 by Stegall RN, Anna B

Chief Complaint PHED
ED Mode of Arrival : Ambulatory
ED Chief Complaint : Chest Pain
Chief Complaint : Off/On all week. Worse today. With shortness of breath. Left sided chest pain radiating to the left neck. Altered mental status in triage.
Accompanied by-ED : Significant Other
Information Obtained From : Patient, Significant Other
Temperature : 97.9DegF(Converted to: 36.6DegC)
Temperature Route : Oral
Pulse : 92
Resp. Rate : 18
Systolic : 158mmHg
Diastolic : 94mmHg
NIBP Mean Calculated : 115mmHg
Pulse Ox Sat : 96%
Pregnant : N/A
Gynecological Status : N/A
ED Pain Screen : Yes
Chronic Conditions : None
Surgical History : Other: Ankle
Implantable Devices : Other: Hardware in ankle.
Communicable Disease Exposure : None
Foreign Travel : None
Abuses : Alcohol, Tobacco
Tobacco Use : Current Use - Within the last 12 months
Abuse Signs Yes/No : No
Tobacco Use Packs per Day : 0.5
Alcohol Amount per Day : Daily
Risk for Harm to Self or Others : No
Last Tetanus PHA : Unknown
Influenza History : Off Season April-August
Pneumovax History : No
Communication Barriers : None
Home Meds Listed : Open
Allergies Screen : Open
Latex Allergy Screen : Open
ED Private Physician : No doctor
ED Triage Nurse : Stegall RN, Anna B

Stegall RN, Anna B - 05/27/10 19:55

Nursing Documentation

DCP GENERIC CODE
ED Tracking Acuity : 2
H Tracking Group : H Tracking Group

Stegall RN, Anna B - 05/27/10 19:55

Triage Date-Time : 05/27/2010 19:55

Stegall RN, Anna B - 05/27/10 19:55

Home Medications
Home Medication Information : Home Medication Information Complete

Stegall RN, Anna B - 05/27/10 19:55

Medication List
No Known Home Medications

Stegall RN, Anna B - 05/27/10 19:58:59

Oxygen Modality-ED
Oxygen Modality : Room Air

Stegall RN, Anna B - 05/27/10 19:55

Pain Management PHED
Pain Intensity : 10
Patient's Goal Score : 2
Location : Medial, Chest
Pain Quality-Character : Aching
Onset : Sudden
Time Pattern : Acute
Nonverbal Pain Cues : None
Aggravating Factors : None
Alleviating Factors : None
Pain Negatively Impacts : Daily Life
Interventions : Emotional Support

Stegall RN, Anna B - 05/27/10 19:55

Latex Screen
Diagnosed as Latex Allergic : No

Stegall RN, Anna B - 05/27/10 19:55

Allergies
Allergy Information : Allergy Information Complete

Nursing Documentation

Stegall RN, Anna B - 05/27/10 19:55

Allergies (Active)

NKA

Estimated Onset Date: Unspecified ; *Created By:* Stegall RN, Anna B; *Reaction Status:* Active ; *Category:* Drug Allergy ; *Substance:* NKA ; *Type:* Allergy ; *Updated By:* Stegall RN, Anna B; *Reviewed Date:* 05/27/10 19:59

Nursing Direct Charting

Vital Signs

Procedure	Units	Reference Range	Recorded Time: 22:05 EDT Recorded By: Bittle RN,Jennifer B Recorded Date: 5/27/2010	21:10 EDT Bittle RN,Jennifer B 5/27/2010	19:55 EDT Stegall RN,Anna B 5/27/2010
Temperature	DegF	[96.0-102.0]	-	-	97.9
Pulse Rate		[60-100]	83	82	92
Respiratory Rate			14	14	18
Pulse Ox Sat	%		-	-	96
Oxygen Modality			-	-	Room Air
NIBP Systolic	mmHg		154	158	158
NIBP Diastolic	mmHg		88	88	94
NIBP Mean Calculated	mmHg		-	-	115
Temperature Route			-	-	Oral

Invasive Lines

Procedure	Units	Reference Range	Recorded Time: 23:15 EDT Recorded By: Bittle RN,Jennifer B Recorded Date: 5/27/2010	21:10 EDT Bittle RN,Jennifer B 5/27/2010	21:00 EDT Bittle RN,Jennifer B 5/27/2010
# of Attempts			1	1	1
Labs Obtained Via			Drawn off INT	By straight stick	By straight stick
Blood Culture-gold			-	x 1, Sent To Lab	x 1, Sent To Lab
Blood Culture-blue			-	x 1, Sent To Lab	x 1, Sent To Lab
Green			x 1, Sent To Lab	-	-
Procedure Tolerated-Phlebotomy			Well	Well	Well
Peripheral Line Size			-	-	20 gauge
Line Type			-	-	Over the needle catheter
Location of PIV			-	-	Left, Forearm
Site Description-PIV			-	-	No Redness, No Edema
Dressing-Peripheral Line			-	-	Dry, Intact, Taped, Transparent
Interventions-Invasive Lines			-	-	Flushed, Inserted
Procedure Tolerated-PIV			-	-	Well

Neuro

Procedure	Units	Reference Range	Recorded Time: 23:15 EDT Recorded By: Bittle RN,Jennifer B Recorded Date: 5/27/2010	22:05 EDT Bittle RN,Jennifer B 5/27/2010	21:10 EDT Bittle RN,Jennifer B 5/27/2010
Pupils			Both Pupils	Both Pupils	Both Pupils

Nursing Direct Charting

Neuro

Procedure	Units	Reference Range	Recorded Time / Recorded By / Recorded Date: 23:18 EDT, Billie RN,Jennifer B, 5/27/2010	22:05 EDT, Billie RN,Jennifer B, 5/27/2010	20:10 EDT, Billie RN,Jennifer B, 5/27/2010
Pupil Size	mm		2	2	2
Pupil Reaction			Equal, Reactive, Brisk	Equal, Reactive, Sluggish	Equal, Reactive, Sluggish
Pupil Description			Regular, Round	Regular, Round	Regular, Round
Neuro Checks Comment			See Below T2	-	-
Eye Opening Response			Spontaneous	Spontaneous	Spontaneous
Motor Response			Obeys commands appropriately	Localizes to painful stimuli	Localizes to painful stimuli
Verbal Response			Oriented and converses	Disoriented and converses	Inappropriate words
Glasgow Coma Score			15	13	12
Stimulation Required			Voice	Voice	Voice

Textual Results
T2: 5/27/2010 23:18 EDT (Neuro Checks Comment)
Pt A&Ox3. Pt able to tell me where he is, what year it is, what his name is.

Procedure	Units	Reference Range	Recorded Time / Recorded By / Recorded Date: 20:10 EDT, Billie RN,Jennifer B, 5/27/2010
Orientation-LOC			See Below T1
Pupils			Both Pupils
Pupil Size	mm		2
Pupil Reaction			Equal, Reactive, Sluggish
Pupil Description			Regular, Round
Symmetry of Face			Symmetrical
Swallowing Difficulty			None
Verbal Communication			Inappropriate speech, Slurred
Neurological Symptoms			Decreased LOC
Neurological Extremities			All Extremities
Strength			Strong
Tone			Normal
Sensation			Present
Neurological Comment			See Below T3
Neuro Interventions			Decrease Stimuli
Neurological Documentation			Neuro Documentation
Eye Opening Response			Spontaneous
Motor Response			Localizes to painful stimuli
Verbal Response			Inappropriate words
Glasgow Coma Score			12
Stimulation Required			Voice

Textual Results
T1: 5/27/2010 20:10 EDT (Orientation-LOC)
Alert, Arouses easily, Confused, Disoriented, Lethargic
T3: 5/27/2010 20:10 EDT (Neurological Comment)
Per fiance, pt called from work at approx 1330 and said he didn't feel well. fiance went to work site to monitor pt and pt's LOC continued to decrease. At present, pt unable to answer judgement questions, sts he is at Wal-Mart, and does not know his

Result Comments
R1: Neurological Comment
name or fiance's name. Fiance denies fall, drug use, illness.

Nursing Direct Charting

Risk Precautions

Procedure	Units	Reference Range	Recorded Time: 20:10 EDT Recorded By: Bittle RN,Jennifer B Recorded Date: 5/27/2010	Recorded Time: 19:55 EDT Recorded By: Stegall RN,Anna B Recorded Date: 5/27/2010
Safety			ID Band Checked, ID Band on	-
Risk for Harm to Self or Others			-	No
Abuse Signs Yes/No			-	No

Patient Activity

Procedure	Units	Reference Range	Recorded Time: 10:03 EDT Recorded By: Balkevitz RN,Pamela D Recorded Date: 6/2/2010	Recorded Time: 00:23 EDT Recorded By: Bittle RN,Jennifer B Recorded Date: 5/28/2010	Recorded Time: 19:55 EDT Recorded By: Stegall RN,Anna B Recorded Date: 5/27/2010
Accompanied By			-	Spouse	Significant Other
Other Response Details			See Below T4	-	-

Textual Results
T4: 6/2/2010 10:03 EDT (Other Response Details)
Pt called stating that Dr. Scott refused to see him as a follow. Dr. Berksdale's office called and appt. made for 6/3/10 @ 8:30am.

Direct Charting View

General Information

Recorded By	Recorded Date/Time	Procedure Units Reference Range	Private Physician	Mode of Arrival	Chief Complaint	ED Chief Complaint	Acuity
Stegall RN,Anna B	5/27/2010 19:55 EDT		No doctor	Ambulatory	See Below T5	Chest Pain	2
Garrick,Donna A	5/28/2010 23:59 EDT		-	Ambulatory	-	Chest Pain	-

Textual Results
T5: 5/27/2010 19:55 EDT (Chief Complaint)
Off/On all week. Worse today. With shortness of breath. Left sided chest pain radiating to the left neck. Altered mental status in triage.

Recorded By	Recorded Date/Time	Procedure Units Reference Range	Information Obtained from
Stegall RN,Anna B	5/27/2010 19:55 EDT		Patient, Significant Other

Pain Management

Pain

Recorded Date	Procedure: ED Pain Screen / Units / Reference Range / Recorded By	Patient's Goal Score	Current Pain Score	Pain Location	Pain Time Pattern
5/27/2010	Stegall RN,Anna B	Yes	2	10	Medial, Chest	Acute

Recorded Date	Procedure: Pain Onset / Units / Reference Range / Recorded By	Pain Quality Character	Pain Aggravating Factors	Pain Alleviating Factors
5/27/2010	Stegall RN,Anna B	Sudden	Aching	None	None

Recorded Date	Procedure: Pain Negatively Impacts / Units / Reference Range / Recorded By	Nonverbal Pain Cues	Pain Interventions
5/27/2010	Stegall RN,Anna B	Daily Life	None	Emotional Support

ED Documentation

DOCUMENT NAME:	Triage PHED
SERVICE DATE/TIME:	5/27/2010 19:55 EDT
RESULT STATUS:	Auth (Verified)
PERFORM INFORMATION:	Stegall RN,Anna B (5/27/2010 19:55 EDT)
ELECTRONICALLY SIGNED BY:	Stegall RN,Anna B (5/27/2010 19:55 EDT)

Triage PHED Entered On: 05/27/10 20:01
Performed On: 05/27/10 19:55 by Stegall RN, Anna B

Chief Complaint PHED
ED Mode of Arrival : Ambulatory
ED Chief Complaint : Chest Pain
Chief Complaint : Off/On all week. Worse today. With shortness of breath. Left sided chest pain radiating to the left neck. Altered mental status in triage.
Accompanied by-ED : Significant Other
Information Obtained From : Patient, Significant Other
Temperature : 97.9DegF(Converted to: 36.6DegC)
Temperature Route : Oral
Pulse : 92
Resp. Rate : 18
Systolic : 158mmHg
Diastolic : 94mmHg
NIBP Mean Calculated : 115mmHg
Pulse Ox Sat : 96%
Pregnant : N/A
Gynecological Status : N/A

ED Documentation

ED Pain Screen : Yes
Chronic Conditions : None
Surgical History : Other: Ankle
Implantable Devices : Other; Hardware in ankle.
Communicable Disease Exposure : None
Foreign Travel : None
Abuses : Alcohol, Tobacco
Tobacco Use : Current Use - Within the last 12 months
Abuse Signs Yes/No : No
Tobacco Use Packs per Day : 0.5
Alcohol Amount per Day : Daily
Risk for Harm to Self or Others : No
Last Tetanus PHA : Unknown
Influenza History : Off Season April-August
Pneumovax History : No
Communication Barriers : None
Home Meds Listed : Open
Allergies Screen : Open
Latex Allergy Screen : Open
ED Private Physician : No doctor
ED Triage Nurse : Stegall RN, Anna B

Stegall RN, Anna B - 05/27/10 19:55

DCP GENERIC CODE
ED Tracking Acuity : 2
H Tracking Group : H Tracking Group

Stegall RN, Anna B - 05/27/10 19:55

Triage Date-Time : 05/27/2010 19:55

Stegall RN, Anna B - 05/27/10 19:55

Home Medications
Home Medication Information : Home Medication Information Complete

Stegall RN, Anna B - 05/27/10 19:55

Medication List
No Known Home Medications

Stegall RN, Anna B - 05/27/10 19:58:59

ED Documentation

Oxygen Modality-ED
Oxygen Modality : Room Air

Stegall RN, Anna B - 05/27/10 19:55

Pain Management PHED
Pain Intensity : 10
Patient's Goal Score : 2
Location : Medial, Chest
Pain Quality-Character : Aching
Onset : Sudden
Time Pattern : Acute
Nonverbal Pain Cues : None
Aggravating Factors : None
Alleviating Factors : None
Pain Negatively Impacts : Daily Life
Interventions : Emotional Support

Stegall RN, Anna B - 05/27/10 19:55

Latex Screen
Diagnosed as Latex Allergic : No

Stegall RN, Anna B - 05/27/10 19:55

Allergies
Allergy Information : Allergy Information Complete

Stegall RN, Anna B - 05/27/10 19:55

Allergies (Active)
NKA

Estimated Onset Date: Unspecified ; *Created By:* Stegall RN, Anna B; *Reaction Status:* Active ; *Category:* Drug Allergy ; *Substance:* NKA ; *Type:* Allergy ; *Updated By:* Stegall RN, Anna B; *Reviewed Date:* 05/27/10 19:59

DOCUMENT NAME:	Patient Activity PHED
SERVICE DATE/TIME:	5/27/2010 20:40 EDT
RESULT STATUS:	Auth (Verified)
PERFORM INFORMATION:	Bittle RN,Jennifer B (5/27/2010 20:40 EDT)
ELECTRONICALLY SIGNED BY:	

Patient Activity PHED
05/27/10 08:40 pm Performed by Bittle RN, Jennifer B
Entered on 05/27/10 09:26 pm

Patient Activity PHED

ED Patient Location	To CT
ED Mode of Transport	Stroller

ED Documentation

DOCUMENT NAME: Patient Activity PHED
SERVICE DATE/TIME: 5/27/2010 20:55 EDT
RESULT STATUS: Auth (Verified)
PERFORM INFORMATION: Bittle RN,Jennifer B (5/27/2010 20:55 EDT)
ELECTRONICALLY SIGNED BY:

Patient Activity PHED
05/27/10 08:55 pm Performed by Bittle RN, Jennifer B
Entered on 05/27/10 09:26 pm

Patient Activity PHED

Comments-Patient Activity RT in to do ABG

DOCUMENT NAME: Phlebotomy-PIV PHED
SERVICE DATE/TIME: 5/27/2010 21:00 EDT
RESULT STATUS: Auth (Verified)
PERFORM INFORMATION: Bittle RN,Jennifer B (5/27/2010 21:00 EDT)
ELECTRONICALLY SIGNED BY:

Phlebotomy-PIV PHED
05/27/10 09:00 pm Performed by Bittle RN, Jennifer B
Entered on 05/27/10 09:24 pm

Peripheral Lines PHED

Peripheral Line Size	20 gauge
Line Type	Over the needle catheter
Location of PIV	Left, Forearm
Site Description-PIV	No Redness, No Edema
Dressing-Peripheral Line	Dry, Intact, Taped, Transparent
Line Status-Peripheral	Patent
Interventions-Invasive Lines	Flushed, Inserted
Procedure Tolerated-PIV	Well

DOCUMENT NAME: Phlebotomy-PIV PHED
SERVICE DATE/TIME: 5/27/2010 21:00 EDT
RESULT STATUS: Auth (Verified)
PERFORM INFORMATION: Bittle RN,Jennifer B (5/27/2010 21:00 EDT)
ELECTRONICALLY SIGNED BY:

Phlebotomy-PIV PHED
05/27/10 09:00 pm Performed by Bittle RN, Jennifer B
Entered on 05/27/10 09:23 pm

Phlebotomy-PIV

ED Documentation

Phlebotomy Grid
Blood Culture-blue: x 1, Sent To Lab
Blood Culture- gold: x 1, Sent To Lab
Labs Obtained Via By straight stick
# of Attempts 1
Procedure Tolerated-Phlebotomy Well

DOCUMENT NAME: Neuro Checks PHED
SERVICE DATE/TIME: 5/27/2010 21:10 EDT
RESULT STATUS: Auth (Verified)
PERFORM INFORMATION: Bittle RN,Jennifer B (5/27/2010 21:10 EDT)
ELECTRONICALLY SIGNED BY:

Neuro Checks PHED
05/27/10 09:10 pm Performed by Bittle RN, Jennifer B
Entered on 05/27/10 09:55 pm

Neuro Checks PHED

Pulse Rate	82
Respiratory Rate	14
NIBP Systolic	158 mmHg
NIBP Diastolic	88 mmHg
Pupils Grid	
1. Pupils	Both Pupils
Pupil Size	2 mm
Pupil Reaction	Equal, Reactive, Sluggish
Pupil Description	Regular, Round
Eye Opening Response	Spontaneous
Motor Response	Localizes to painful stimuli
Verbal Response	Inappropriate words
Glasgow Coma Score	12
Stimulation Required	Voice
Stimulation Required	Voice

DOCUMENT NAME: Phlebotomy-PIV PHED
SERVICE DATE/TIME: 5/27/2010 21:10 EDT
RESULT STATUS: Auth (Verified)
PERFORM INFORMATION: Bittle RN,Jennifer B (5/27/2010 21:10 EDT)
ELECTRONICALLY SIGNED BY:

Phlebotomy-PIV PHED
05/27/10 09:10 pm Performed by Bittle RN, Jennifer B
Entered on 05/27/10 09:23 pm

ED Documentation

Phlebotomy-PIV

Phlebotomy Grid
Blood Culture-blue: x 1, Sent To Lab
Blood Culture- gold: x 1, Sent To Lab
Labs Obtained Via By straight stick
# of Attempts 1
Procedure Tolerated-Phlebotomy Well

DOCUMENT NAME: Neuro Checks PHED
SERVICE DATE/TIME: 5/27/2010 22:05 EDT
RESULT STATUS: Auth (Verified)
PERFORM INFORMATION: Bittle RN,Jennifer B (5/27/2010 22:05 EDT)
ELECTRONICALLY SIGNED BY:

Neuro Checks PHED
05/27/10 10:05 pm Performed by Bittle RN, Jennifer B
Entered on 05/27/10 10:25 pm

Neuro Checks PHED

Pulse Rate	83
Respiratory Rate	14
NIBP Systolic	154 mmHg
NIBP Diastolic	88 mmHg
Pupils Grid	
1. Pupils	Both Pupils
Pupil Size	2 mm
Pupil Reaction	Equal, Reactive, Sluggish
Pupil Description	Regular, Round
Eye Opening Response	Spontaneous
Motor Response	Localizes to painful stimuli
Verbal Response	Disoriented and converses
Glasgow Coma Score	13
Stimulation Required	Voice
Stimulation Required	Voice

DOCUMENT NAME: Phlebotomy-PIV PHED
SERVICE DATE/TIME: 5/27/2010 23:15 EDT
RESULT STATUS: Auth (Verified)
PERFORM INFORMATION: Bittle RN,Jennifer B (5/27/2010 23:15 EDT)
ELECTRONICALLY SIGNED BY:

Phlebotomy-PIV PHED
05/27/10 11:15 pm Performed by Bittle RN, Jennifer B
Entered on 05/27/10 11:17 pm

ED Documentation

Phlebotomy-PIV

Phlebotomy Grid
Green: x 1, Sent To Lab
Labs Obtained Via Drawn off INT
# of Attempts 1
Procedure Tolerated-Phlebotomy Well

DOCUMENT NAME: Neuro Checks PHED
SERVICE DATE/TIME: 5/27/2010 23:18 EDT
RESULT STATUS: Auth (Verified)
PERFORM INFORMATION: Bittle RN,Jennifer B (5/27/2010 23:18 EDT)
ELECTRONICALLY SIGNED BY:

Neuro Checks PHED
05/27/10 11:18 pm Performed by Bittle RN, Jennifer B
Entered on 05/27/10 11:19 pm

Neuro Checks PHED

Pupils Grid
1. Pupils Both Pupils
Pupil Size 2 mm
Pupil Reaction Equal, Reactive, Brisk
Pupil Description Regular, Round
Eye Opening Response Spontaneous
Motor Response Obeys commands appropriately
Verbal Response Oriented and converses
Glasgow Coma Score 15
Stimulation Required Voice
Stimulation Required Voice
Neuro Checks Comment Pt A&Ox3. Pt able to tell me where he is, what year it is, what his name is.

DOCUMENT NAME: Notifications-Consults PHED
SERVICE DATE/TIME: 6/2/2010 10:03 EDT
RESULT STATUS: Auth (Verified)
PERFORM INFORMATION: Belkevitz RN,Pamela D (6/2/2010 10:03 EDT)
ELECTRONICALLY SIGNED BY:

Notifications-Consults PHED
06/02/10 10:03 am Performed by Belkevitz RN, Pamela D
Entered on 06/02/10 10:04 am

ED Documentation

Notifications-Consults PHED

Other Response Details: Pt called stating that Dr. Scott refused to see him as a follow. Dr. Barksdale's office called and appt. made for 6/3/10 @ 8:30am.

DOCUMENT NAME:	ED Visit Note
SERVICE DATE/TIME:	5/27/2010 20:09 EDT
RESULT STATUS:	Auth (Verified)
PERFORM INFORMATION:	Campbell MD,Kenneth Stephen (5/27/2010 20:14 EDT)
ELECTRONICALLY SIGNED BY:	Campbell MD,Kenneth Stephen (5/28/2010 00:16 EDT)

Altered mental status, Chest pain

Patient: **MILLER, JEFFREY ALLEN** **MRN: H000098764** **FIN: H1014701927**
Age: **37 years** Sex: **Male** DOB: [redacted]
Associated Diagnoses: **Alcohol intoxication 303.00; Chest pain 786.5**
Author: **Campbell MD, Kenneth Stephen**

Basic Information

Additional information:: Chief Complaint from Nursing Triage Note : Chief Complaint.

```
05/27/10 19:55          Chief Complaint          Off/On all week. Worse today.
  With shortness of breath. Left sided chest pain radiating to the left neck.
  Altered mental status in triage.
```

History of Present Illness

The patient presents with altered mental status. The onset was just prior to arrival. The course/duration of symptoms is constant. The character of symptoms is disoriented. The degree at onset was moderate. The degree at present is moderate. Baseline status: alert and oriented X 4.

Review of Systems

Constitutional symptoms: Unobtainable.
Skin symptoms: Unobtainable.
Eye symptoms: Unobtainable.
ENMT symptoms: Unobtainable.
Respiratory symptoms: Unobtainable.
Cardiovascular symptoms: Unobtainable.
Gastrointestinal symptoms: Unobtainable.
Genitourinary symptoms: Unobtainable.
Musculoskeletal symptoms: Unobtainable.
Neurologic symptoms: Unobtainable.
ROS Info Unable to obtain due to: Clinical condition.
Additional review of systems information: Unable to obtain due to: Clinical condition.

Health Status

Allergies:.

Allergic Reactions (All)
NKA

Past Medical/ Family/ Social History

ED Documentation

Medical history
Negative.
Surgical history: Reviewed as documented in chart.
Family history: Reviewed as documented in chart.
Social history: Reviewed as documented in chart, Alcohol use: Regularly, Tobacco use: Smokes 0.5 pack(s) per day.

Physical Examination
Vital signs: Vital Signs.

05/27/10 19:55	Temperature	97.9 DegF
	Pulse Rate	92
	Respiratory Rate	18
	Pulse Ox Sat	96 %
	NIBP Systolic	158 mmHg
	NIBP Diastolic	94 mmHg
	NIBP Mean Calculated	115 mmHg
	Temperature Route	Oral

General: Mild distress. Appearance: well nourished. Behavior: uncooperative. signs of distress.
Skin: Warm. dry. pink. intact.
Head: Normocephalic. atraumatic.
Neck: Supple. trachea midline.
Eye: Pupils are equal, round and reactive to light. extraocular movements are intact.
Ears, nose, mouth and throat: Oral mucosa moist. No pharyngeal erythema or exudate.
Cardiovascular: Regular rate and rhythm. No murmur. Normal peripheral perfusion. No edema.
Respiratory: Lungs are clear to auscultation. respirations are non-labored. breath sounds are equal. Symmetrical chest wall expansion.
Chest wall: No tenderness
Back: Nontender. Normal range of motion. Normal alignment.
Musculoskeletal: Normal ROM. normal strength. no tenderness.
Gastrointestinal: Soft. Nontender. Non distended. Normal bowel sounds. No organomegaly.
Neurological: Alert and oriented to person, place, time, and situation. No focal neurological deficit observed. CN II-XII intact. normal sensory observed, normal motor observed. normal speech observed. normal coordination observed.
Psychiatric: Cooperative. appropriate mood & affect. normal judgment.

Medical Decision Making
Differential Diagnosis: Confusion, alcohol intoxication.
Documents reviewed: Emergency department nurses' notes.
Orders Launch Orders,
Laboratory:
Myocardial Profile, Admission (Ordered): 05/27/10 20:14, Stat, OT, Specimen: Blood
CBC W/Diff, Easley ED (Ordered): 05/27/10 20:12, Stat, OT, Blood Specimen:
CMP Easley ED (Ordered): 05/27/10 20:12, Stat, OT, Specimen: Blood
Ammonia Level (Ordered): 05/27/10 20:13, Stat, OT, Specimen: Blood
PT INR (Ordered): 05/27/10 20:13, Stat, OT, Blood Specimen:
PTT (Ordered): 05/27/10 20:13, Stat, OT, Blood Specimen:
Alcohol/Ethanol Level (Ordered): 05/27/10 20:13, Stat, OT, Specimen: Blood
Acetaminophen Level (Ordered): 05/27/10 20:13, Stat, OT, Specimen: Blood
Salicylate Level (Ordered): 05/27/10 20:13, Stat, OT, Specimen: Blood
Culture Blood Careset (Ordered)
Culture Blood 1 (Ordered): 05/27/10 20:14, Stat, OT, Specimen: Blood
Culture Blood 2 (Ordered): 05/27/10 20:14, Stat, OT, Specimen: Blood
Urine Culture (Ordered): 05/27/10 20:13, ASAP, OT, Specimen: Urine, Nurse To Collect
Drug Screen, Urine Medical (Ordered): 05/27/10 20:13, Stat, OT, Specimen: Urine, Nurse To Collect
Patient Care:
INT (Ordered): 05/27/10 20:14
Cardiac Monitor (Ordered): 05/27/10 20:14, daily
Neuro Checks (Ordered): 05/27/10 20:14, q1hrs, until stable
Oxygen-Nsg (Ordered): 05/27/10 20:14, Routine
Pulse Ox-Nsg (Ordered): 05/27/10 20:14, Continuous; Maintain Sats greater than 95%.

ED Documentation

Foley (Ordered): 05/27/10 20:13, Insert
Pharmacy:
NS 0.9% Bolus (Ordered): 1,000 mL, IV, OT, ***BOLUS***, NOW, Start Date: 05/27/10 20:14, Stop date 05/27/10 20:14, 999 mL/hr
Radiology:
CR Chest 1 View Portable (Ordered): 05/27/10 20:13, Stat, Reason: Altered Mental Status, Transport: Portable, OT 1 days
Respiratory Care Services:
Blood Gas, Arterial (Ordered): 05/27/10 20:13, Stat, OT
Cardiac Services:
EKG 12 Lead Easley ED (Ordered): 05/27/10 20:13, Stat, OT
Order Sets:
Altered Mental Status-ED, 6021 (Ordered)Launch Orders,
Radiology:
CT Head W/O Contrast (Ordered): 05/27/10 20:20, Stat, Reason: ams, Transport: StretcherLaunch Orders,
Pharmacy:
Sodium Chloride 0.9% Bolus (Ordered): 1,000 mL, IV, OT, ***BOLUS OVER***, Routine, Start Date: 05/27/10 23:00, Stop date 05/27/10 23:00, 999 mL/hrLaunch Orders,
Pharmacy:
potassium chloride (Ordered): 40 mEq, Pwd, PO, OT, NOW, Start Date: 05/27/10 22:33, Stop date 05/27/10 22:33
Results review: Lab results : Lab View.

05/27/10 20:15

WBC Count	6.8 K/uL	
RBC Count	4.89 M/uL	
Hemoglobin	15.1 g/dL	
Hematocrit	42.0 %	
MCV	85.9 fL	
MCH	30.9 pg	
MCHC	36.0 g/dL	
RDW	39.4 fL	
Platelet Count	201 K/uL	
MPV	10.8 fL	
Auto Neutrophil	**46 %**	**LOW**
Auto Lymph	**42 %**	**HIGH**
Auto Monocyte	8 %	
Auto Eos	2 %	
Auto Basophil	1 %	
Auto Immature Grans	0	
Absolute Neutrophil	3.16 K/uL	
Absolute Lymph	2.87 K/uL	
Absolute Monocytes	0.55 K/uL	
Absolute Eosinophils	0.14 K/uL	
Absolute Baso	0.07 K/uL	
Absolute Immature Grans	0.02 K/uL	
Protime	11.3 SEC	
INR	0.9	
PTT	23.9 SEC	
Sodium	137 mmol/L	
Potassium	**3.4 mmol/L**	**LOW**
Chloride	102 mmol/L	
CO2	27 mmol/L	
Anion Gap	11	
Glucose Level	80 mg/dL	
BUN	**5 mg/dL**	**LOW**

ED Documentation

	Creatinine	0.9 mg/dL	
	GFR Non-African American	95 ml/min/1.73 sq meter	
	GFR African American	115 ml/min/1.73 sq meter	
	BUN/Creat Ratio	**5.6**	**LOW**
	Calcium	8.9 mg/dL	
	Total Protein	7.2 g/dL	
	AG Ratio	1.25 RATIO	
	Albumin	4.0 g/dL	
	Bilirubin, Total	0.4 mg/dL	
	Alkaline Phos	68 U/L	
	AST (SGOT)	38 U/L	
	ALT (SGPT)	25 U/L	
05/27/10 21:00	Ammonia, Plasma	29 UMOL/L	
05/27/10 20:15	Troponin I	<0.01 ng/mL	
	Myoglobin	44 ng/mL	
	Cpk	121 U/L	
	Myocard Prof Hour	ADMISSION	
	Acetaminophen Level	**<10 ug/mL**	
	Salicylate	<1 mg/dL	
	Ethyl Alcohol	**167 mg/dl**	**HIGH**
05/27/10 20:30	Amphetamines	NEGATIVE	
	Barbiturates	NEGATIVE	
	Benzodiazepines	NEGATIVE	
	THC	NEGATIVE	
	Cocaine Metabolites	NEGATIVE	
	Opiates	NEGATIVE	
	Phencyclidine	NEGATIVE	
	Methadone Level	NEGATIVE	
	Drug Screen Comment	INVALID	
	Drug Screen Result	NO DRUGS OF ABUSE DETECTED	
05/27/10 21:00	Culture, Blood 1	Partial Results	(Partial Results)
05/27/10 21:10	Culture, Blood 2	Partial Results	(Partial Results)

Impression and Plan

Diagnosis
Alcohol Intoxication 303.00 (ICD9 303.00, Discharge, Emergency medicine, Medical)

Diagnosis
Chest pain 786.5 (ICD9 786.50, Discharge, Emergency medicine, Medical)

Hypokalemia

Discharge plan

Condition: Improved, Stable.
Dispositioned: Time 05/28/10 00:07:00, To home.
Patient was given the following educational materials: ALCOHOL INTOXICATION, HYPOKALEMIA.
Follow up with: ; William Scott Within 2 to 4 days Alternate motrin/tylenol every 3 hours
Call/follow up with primary physician
Continue your current medications
Drink 8 - 10 glasses of water daily
Drink plenty of fluids
Expect to be stiff & sore

ED Documentation

Fever over 24hrs, see primary MD again
Limit alcohol intake, Return to Emergency Department.
Counseled: Patient, Family, Regarding diagnosis, Regarding diagnostic results, Regarding treatment plan, Regarding prescription, Patient indicated understanding of instructions.

ED Discharge Summary

DOCUMENT NAME:	Discharge Summary PHED
SERVICE DATE/TIME:	5/28/2010 00:23 EDT
RESULT STATUS:	Auth (Verified)
PERFORM INFORMATION:	Bittle RN,Jennifer B (5/28/2010 00:23 EDT)
ELECTRONICALLY SIGNED BY:	

Discharge Summary PHED
05/28/10 00:23 am Performed by Bittle RN, Jennifer B
Entered on 05/28/10 00:24 am

Discharge Summary PHED

Patient Disposition	Home or Self Care
Mode of Discharge	Ambulatory
Assisted By	Nurse
Accompanied By	Spouse
Reassessment of Chief Complaint-ED	Improved
Current Pain-Yes-No	No
IV/INT Discontinued	Yes, Catheter Intact
Valuable-Belonging Return-ED	None taken
Discharge Instructions ED	Instructions Given, Patient Verbalizes Understanding

Patient & Family Education

Quality Indicators	Disease/Diagnosis, Follow-up Appt., Worsening Symptoms, Referral Information Provided, Verbal Counseling Provided, Written Information Provided

Discharge Information

****

DISCHARGE CALL MANAGER SURVEY

****

Patient ID: 000098764
Acct #: 1014701927
Patient Name: JEFFREY MILLER
Address: 103 CARTWRIGHT TRAIL EDGEFIELD, SC 29671
Phone: (864)207-0215
Admit / Discharge Date: 05/27/2010 19:47:00 / 05/28/2010 00:24:00
martha [illegible] holcombe

Primary Questions:

We care about your comfort. Are you in any discomfort or pain?
Yes

P_58.0
P_2.00
P_62.0

Unit Specific Questions for ERH - ERH:

Which staff member would like to recognize?

Allergies

Substance	Updated Date/Time	Updated By	Allergy Type	Allergy Category	Severity	Recorded On Behalf Of	Reaction Status	Reaction Symptom	Information Source	Estimated Onset	Reviewed Date/Time	Reviewed By	Data Source
NKA	5/27/2010 19:59 EDT	Stegall RN,Anna B	Allergy	Drug Allergy		Stegall RN,Anna B	Active				5/10/2015 19:56 EDT	Harmon PA, Daniela S	

Allergy History

Substance: NKA Recorded Date/Time	Recorded By	
5/27/2010 19:59 EDT	Stegall RN,Anna B	**Allergy Type:** Allergy; **Recorded On Behalf Of:** Stegall RN,Anna B; **Reaction Status:** Active; **Reviewed Date/Time:** 5/10/2015 19:56 EDT; **Reviewed By:** Harmon PA,Daniela S; **Category** Drug Allergy;

Non Medication Orders

Order: Acetaminophen Level
Order Start Date/Time: 5/27/2010 20:13 EDT
Order Date/Time: 5/27/2010 20:12 EDT
Order Status: Completed | Department Status: Completed | Catalog Type: Laboratory | Activity Type: General Lab
End-state Date/Time: 5/27/2010 21:05 EDT | End-state Reason:
Ordered and Electronically Signed By: Campbell MD,Kenneth Stephen | Consulting Physician:
Entered By: Campbell MD,Kenneth Stephen on 5/27/2010 20:12 EDT
Order Details: 5/27/10 8:13:00 PM EDT, Stat, OT, Specimen: Blood, Stop 5/27/10 8:05:42 PM EDT
Order Comment:

Action Type: Order	Action Date/Time: 5/27/2010 20:14 EDT	Action Personnel: Campbell MD,Kenneth Stephen
Responsible Provider: Campbell MD,Kenneth Stephen	Supervising Provider:	Communication Type: Written (includes fax)

Order Details: 05/27/10 20:13:00, Stat, OT, Specimen: Blood, Stop 05/27/10 20:13:00
Review Information:
Nurse Review: Electronically Signed, Battle RN,Jennifer B on 5/27/2010 20:19 EDT
Doctor Cosign: Not Required
Order Comment:

Action Type: Status Change	Action Date/Time: 5/27/2010 20:43 EDT	Action Personnel: Contributor_system,MISYSLAB
Responsible Provider: Campbell MD,Kenneth Stephen	Supervising Provider:	Communication Type: ESI Default

Order Details: 05/27/10 20:13:00, Stat, OT, Specimen: Blood, Stop 05/27/10 20:13:00
Review Information:
Doctor Cosign: Not Required
Order Comment:

Action Type: Complete	Action Date/Time: 5/27/2010 21:05 EDT	Action Personnel: Contributor_system,MISYSLAB
Responsible Provider: Campbell MD,Kenneth Stephen	Supervising Provider:	Communication Type: ESI Default

Order Details: 05/27/10 20:13:00, Stat, OT, Specimen: Blood, Stop 05/27/10 20:13:00
Review Information:
Doctor Cosign: Not Required
Order Comment:

Non Medication Orders

Order: Alcohol/Ethanol Level
Order Start Date/Time: 5/27/2010 20:13 EDT
Order Date/Time: 5/27/2010 20:12 EDT
Order Status: Completed | Department Status: Completed | Catalog Type: Laboratory | Activity Type: General Lab
End-state Date/Time: 5/27/2010 21:05 EDT | End-state Reason:
Ordered and Electronically Signed By: Campbell MD,Kenneth Stephen | Consulting Physician:
Entered By: Campbell MD,Kenneth Stephen on 5/27/2010 20:12 EDT
Order Details: 5/27/10 8:13:00 PM EDT, Stat, OT, Specimen: Blood, Stop 5/27/10 9:05:36 PM EDT
Order Comment:

Action Type: Order	Action Date/Time: 5/27/2010 20:14 EDT	Action Personnel: Campbell MD,Kenneth Stephen
Responsible Provider: Campbell MD,Kenneth Stephen	Supervising Provider:	Communication Type: Written (Includes fax)

Order Details: 05/27/10 20:13:00, Stat, OT, Specimen: Blood, Stop 05/27/10 20:13:00
Review Information:
Nurse Review: Electronically Signed, Bittle RN,Jennifer B on 5/27/2010 20:19 EDT
Doctor Cosign: Not Required
Order Comment:

Action Type: Status Change	Action Date/Time: 5/27/2010 20:43 EDT	Action Personnel: Contributor_system,MISYSLAB
Responsible Provider: Campbell MD,Kenneth Stephen	Supervising Provider:	Communication Type: ESI Default

Order Details: 05/27/10 20:13:00, Stat, OT, Specimen: Blood, Stop 05/27/10 20:13:00
Review Information:
Doctor Cosign: Not Required
Order Comment:

Action Type: Complete	Action Date/Time: 5/27/2010 21:05 EDT	Action Personnel: Contributor_system,MISYSLAB
Responsible Provider: Campbell MD,Kenneth Stephen	Supervising Provider:	Communication Type: ESI Default

Order Details: 05/27/10 20:13:00, Stat, OT, Specimen: Blood, Stop 05/27/10 20:13:00
Review Information:
Doctor Cosign: Not Required
Order Comment:

Non Medication Orders

Order: Ammonia Level
Order Start Date/Time: 5/27/2010 20:13 EDT
Order Date/Time: 5/27/2010 20:12 EDT
Order Status: Completed | Department Status: Completed | Catalog Type: Laboratory | Activity Type: General Lab
End-state Date/Time: 5/27/2010 21:27 EDT | End-state Reason:
Ordered and Electronically Signed By: Campbell MD,Kenneth Stephen | Consulting Physician:
Entered By: Campbell MD,Kenneth Stephen on 5/27/2010 20:12 EDT
Order Details: 5/27/10 8:13:00 PM EDT, Stat, OT, Specimen: Blood, Stop 5/27/10 9:27:42 PM EDT
Order Comment:

Action Type: Order	Action Date/Time: 5/27/2010 20:14 EDT	Action Personnel: Campbell MD,Kenneth Stephen
Responsible Provider: Campbell MD,Kenneth Stephen	Supervising Provider:	Communication Type: Written (Includes fax)

Order Details: 05/27/10 20:13:00, Stat, OT, Specimen: Blood, Stop 05/27/10 20:13:00
Review Information:
Nurse Review: Electronically Signed, Bittle RN,Jennifer B on 5/27/2010 20:19 EDT
Doctor Cosign: Not Required
Order Comment:

Action Type: Status Change	Action Date/Time: 5/27/2010 21:14 EDT	Action Personnel: Contributor_system,MISYSLAB
Responsible Provider: Campbell MD,Kenneth Stephen	Supervising Provider:	Communication Type: ESI Default

Order Details: 05/27/10 20:13:00, Stat, OT, Specimen: Blood, Stop 05/27/10 20:13:00
Review Information:
Doctor Cosign: Not Required
Order Comment:

Action Type: Complete	Action Date/Time: 5/27/2010 21:27 EDT	Action Personnel: Contributor_system,MISYSLAB
Responsible Provider: Campbell MD,Kenneth Stephen	Supervising Provider:	Communication Type: ESI Default

Order Details: 05/27/10 20:13:00, Stat, OT, Specimen: Blood, Stop 05/27/10 20:13:00
Review Information:
Doctor Cosign: Not Required
Order Comment:

Non Medication Orders

Order: Blood Gas,Arterial
Order Start Date/Time: 5/27/2010 20:13 EDT
Order Date/Time: 5/27/2010 20:12 EDT

Order Status: Completed	Department Status: Completed	Catalog Type: Respiratory Care Services	Activity Type: Adult Resp Care Tx/Proc

End-state Date/Time: 5/27/2010 22:57 EDT
End-state Reason:
Ordered and Electronically Signed By: Campbell MD,Kenneth Stephen
Consulting Physician:
Entered By: Campbell MD,Kenneth Stephen on 5/27/2010 20:12 EDT
Order Details: 5/27/10 8:13:00 PM EDT, Stat, OT, Stop 5/27/10 10:57:39 PM EDT
Order Comment:

Action Type: Order	Action Date/Time: 5/27/2010 20:14 EDT	Action Personnel: Campbell MD,Kenneth Stephen
Responsible Provider: Campbell MD,Kenneth Stephen	Supervising Provider:	Communication Type: Written (includes fax)

Order Details: 05/27/10 20:13:00, Stat, OT, Stop 05/27/10 20:13:00
Review Information:
Nurse Review: Electronically Signed, Bittle RN,Jennifer B on 5/27/2010 21:25 EDT
Doctor Cosign: Not Required
Order Comment:

Action Type: Complete	Action Date/Time: 5/27/2010 22:57 EDT	Action Personnel: Vickery RCP,Penny H
Responsible Provider: Campbell MD,Kenneth Stephen	Supervising Provider:	Communication Type:

Order Details: 05/27/10 20:13:00, Stat, OT, Stop 05/27/10 20:13:00
Review Information:
Doctor Cosign: Not Required
Order Comment:

Non Medication Orders

Order: CBC W/Diff (CBC W/Diff,Easley ED)
Order Start Date/Time: 5/27/2010 20:12 EDT
Order Date/Time: 5/27/2010 20:12 EDT
Order Status: Completed | Department Status: Completed | Catalog Type: Laboratory | Activity Type: General Lab
End-state Date/Time: 5/27/2010 20:53 EDT | End-state Reason:
Ordered and Electronically Signed By: Campbell MD,Kenneth Stephen | Consulting Physician:
Entered By: Campbell MD,Kenneth Stephen on 5/27/2010 20:12 EDT
Order Details: 5/27/10 8:12:00 PM EDT, Stat, OT, Blood Specimen:, Stop 5/27/10 8:53:39 PM EDT
Order Comment:

Action Type: Order	Action Date/Time: 5/27/2010 20:14 EDT	Action Personnel: Campbell MD,Kenneth Stephen
Responsible Provider: Campbell MD,Kenneth Stephen	Supervising Provider:	Communication Type: Written (Includes fax)

Order Details: 05/27/10 20:12:00, Stat, OT, Blood Specimen:, Stop 05/27/10 20:12:00
Review Information:
Nurse Review: Electronically Signed, Bittle RN,Jennifer B on 5/27/2010 20:19 EDT
Doctor Cosign: Not Required
Order Comment:

Action Type: Status Change	Action Date/Time: 5/27/2010 20:43 EDT	Action Personnel: Contributor_system,MISYSLAB
Responsible Provider: Campbell MD,Kenneth Stephen	Supervising Provider:	Communication Type: ESI Default

Order Details: 05/27/10 20:12:00, Stat, OT, Blood Specimen:, Stop 05/27/10 20:12:00
Review Information:
Doctor Cosign: Not Required
Order Comment:

Action Type: Status Change	Action Date/Time: 5/27/2010 20:53 EDT	Action Personnel: Contributor_system,MISYSLAB
Responsible Provider: Campbell MD,Kenneth Stephen	Supervising Provider:	Communication Type: ESI Default

Order Details: 05/27/10 20:12:00, Stat, OT, Blood Specimen:, Stop 05/27/10 20:12:00
Review Information:
Doctor Cosign: Not Required
Order Comment:

Action Type: Complete	Action Date/Time: 5/27/2010 20:53 EDT	Action Personnel: Contributor_system,MISYSLAB
Responsible Provider: Campbell MD,Kenneth Stephen	Supervising Provider:	Communication Type: ESI Default

Order Details: 05/27/10 20:12:00, Stat, OT, Blood Specimen:, Stop 05/27/10 20:12:00
Review Information:
Doctor Cosign: Not Required
Order Comment:

Non Medication Orders

Order: Collection Fee: Blood (COLB)
Order Start Date/Time: 5/27/2010 20:15 EDT
Order Date/Time: 5/28/2010 10:04 EDT
Order Status: Completed | Department Status: Completed | Catalog Type: Laboratory | Activity Type: General Lab
End-state Date/Time: 5/28/2010 10:04 EDT | End-state Reason:
Ordered and Electronically Signed By: Campbell MD,Kenneth Stephen | Consulting Physician:
Entered By: Contributor_system,MISYSLAB on 5/28/2010 10:04 EDT
Order Details: 5/27/10 8:15:00 PM EDT, Stat, OT, Specimen: Blood, Stop 5/28/10 10:04:14 AM EDT
Order Comment:

Action Type: Order	Action Date/Time: 5/28/2010 10:04 EDT	Action Personnel: Contributor_system,MISYSLAB
Responsible Provider: Campbell MD,Kenneth Stephen	Supervising Provider:	Communication Type: ESI Default

Order Details: 05/27/10 20:15:00, Stat, OT, Specimen: Blood, Stop 05/27/10 20:15:00
Review Information:
Doctor Cosign: Not Required
Order Comment:

Action Type: Complete	Action Date/Time: 5/28/2010 10:04 EDT	Action Personnel: Contributor_system,MISYSLAB
Responsible Provider: Campbell MD,Kenneth Stephen	Supervising Provider:	Communication Type: ESI Default

Order Details: 05/27/10 20:15:00, Stat, OT, Specimen: Blood, Stop 05/27/10 20:15:00
Review Information:
Doctor Cosign: Not Required
Order Comment:

Non Medication Orders

Order: Comprehensive Metabolic Profile (CMP Easley ED)
Order Start Date/Time: 5/27/2010 20:12 EDT
Order Date/Time: 5/27/2010 20:12 EDT
Order Status: Completed | Department Status: Completed | Catalog Type: Laboratory | Activity Type: General Lab
End-state Date/Time: 5/27/2010 21:05 EDT | End-state Reason:
Ordered and Electronically Signed By: Campbell MD,Kenneth Stephen | Consulting Physician:
Entered By: Campbell MD,Kenneth Stephen on 5/27/2010 20:12 EDT
Order Details: 5/27/10 8:12:00 PM EDT, Stat, OT, Specimen: Blood, Stop 5/27/10 9:05:32 PM EDT
Order Comment:

Action Type: Order	Action Date/Time: 5/27/2010 20:14 EDT	Action Personnel: Campbell MD,Kenneth Stephen
Responsible Provider: Campbell MD,Kenneth Stephen	Supervising Provider:	Communication Type: Written (includes fax)

Order Details: 05/27/10 20:12:00, Stat, OT, Specimen: Blood, Stop 05/27/10 20:12:00
Review Information:
Nurse Review: Electronically Signed, Bitts RN,Jennifer B on 5/27/2010 20:19 EDT
Doctor Cosign: Not Required
Order Comment:

Action Type: Status Change	Action Date/Time: 5/27/2010 20:43 EDT	Action Personnel: Contributor_system,MISYSLAB
Responsible Provider: Campbell MD,Kenneth Stephen	Supervising Provider:	Communication Type: ESI Default

Order Details: 05/27/10 20:12:00, Stat, OT, Specimen: Blood, Stop 05/27/10 20:12:00
Review Information:
Doctor Cosign: Not Required
Order Comment:

Action Type: Complete	Action Date/Time: 5/27/2010 21:05 EDT	Action Personnel: Contributor_system,MISYSLAB
Responsible Provider: Campbell MD,Kenneth Stephen	Supervising Provider:	Communication Type: ESI Default

Order Details: 05/27/10 20:12:00, Stat, OT, Specimen: Blood, Stop 05/27/10 20:12:00
Review Information:
Doctor Cosign: Not Required
Order Comment:

Non Medication Orders

Order: CR Chest 1 View Portable
Order Start Date/Time: 5/27/2010 20:13 EDT
Order Date/Time: 5/27/2010 20:12 EDT
Order Status: Completed | Department Status: Completed | Catalog Type: Radiology | Activity Type: Radiology
End-state Date/Time: 5/28/2010 00:50 EDT | End-state Reason:
Ordered and Electronically Signed By: Campbell MD,Kenneth Stephen | Consulting Physician:
Entered By: Campbell MD,Kenneth Stephen on 5/27/2010 20:12 EDT
Order Details: 5/27/10 8:13:00 PM EDT, Stat, Reason: Altered Mental Status, Transport: Portable, OT 1 days
Order Comment:

Action Type: Order	Action Date/Time: 5/27/2010 20:14 EDT	Action Personnel: Campbell MD,Kenneth Stephen
Responsible Provider: Campbell MD,Kenneth Stephen	Supervising Provider:	Communication Type: Written (Includes fax)

Order Details: 05/27/10 20:13:00, Stat, Reason: Altered Mental Status, Transport: Portable, OT 1 days
Review Information:
Nurse Review: No Longer Needing Review, SYSTEM,SYSTEM on 6/11/2010 23:12 EDT
Doctor Cosign: Not Required
Order Comment:

Action Type: Status Change	Action Date/Time: 5/27/2010 20:53 EDT	Action Personnel: Wetmore RT,R,M,CT,Kylie J
Responsible Provider: Campbell MD,Kenneth Stephen	Supervising Provider:	Communication Type: Written (Includes fax)

Order Details: 05/27/10 20:13:00, Stat, Reason: Altered Mental Status, Transport: Portable, OT 1 days
Review Information:
Doctor Cosign: Not Required
Order Comment:

Action Type: Status Change	Action Date/Time: 5/27/2010 20:54 EDT	Action Personnel: Wetmore RT,R,M,CT,Kylie J
Responsible Provider: Campbell MD,Kenneth Stephen	Supervising Provider:	Communication Type: Written (Includes fax)

Order Details: 05/27/10 20:13:00, Stat, Reason: Altered Mental Status, Transport: Portable, OT 1 days
Review Information:
Doctor Cosign: Not Required
Order Comment:

Action Type: Complete	Action Date/Time: 5/28/2010 00:50 EDT	Action Personnel: Chase US/NT,Sheila M
Responsible Provider: Campbell MD,Kenneth Stephen	Supervising Provider:	Communication Type:

Order Details: 05/27/10 20:13:00, Stat, Reason: Altered Mental Status, Transport: Portable, OT 1 days
Review Information:
Nurse Review: No Longer Needing Review, SYSTEM,SYSTEM on 6/11/2010 23:12 EDT
Doctor Cosign: Not Required
Order Comment:

Non Medication Orders

Order: CT Head W/O Contrast
Order Start Date/Time: 5/27/2010 20:20 EDT
Order Date/Time: 5/27/2010 20:20 EDT

Order Status: Completed	Department Status: Completed	Catalog Type: Radiology	Activity Type: Radiology
End-state Date/Time: 5/28/2010 16:24 EDT		End-state Reason:	
Ordered and Electronically Signed By: Campbell MD,Kenneth Stephen		Consulting Physician:	

Entered By: Campbell MD,Kenneth Stephen on 5/27/2010 20:20 EDT
Order Details: 5/27/10 8:20:00 PM EDT, Stat, Reason: ams, Transport: Stretcher
Order Comment:

Action Type: Order	Action Date/Time: 5/27/2010 20:21 EDT	Action Personnel: Campbell MD,Kenneth Stephen
Responsible Provider: Campbell MD,Kenneth Stephen	Supervising Provider:	Communication Type: Written (includes fax)

Order Details: 05/27/10 20:20:00, Stat, Reason: ams, Transport: Stretcher
Review Information:
Nurse Review: Electronically Signed, Bittle RN,Jennifer B on 5/27/2010 21:25 EDT
Doctor Cosign: Not Required
Order Comment:

Action Type: Status Change	Action Date/Time: 5/27/2010 20:40 EDT	Action Personnel: Surett,Stephen A RT,R
Responsible Provider: Campbell MD,Kenneth Stephen	Supervising Provider:	Communication Type: Written (includes fax)

Order Details: 05/27/10 20:20:00, Stat, Reason: ams, Transport: Stretcher
Review Information:
Doctor Cosign: Not Required
Order Comment:

Action Type: Status Change	Action Date/Time: 5/27/2010 20:40 EDT	Action Personnel: Surett,Stephen A RT,R
Responsible Provider: Campbell MD,Kenneth Stephen	Supervising Provider:	Communication Type: Written (includes fax)

Order Details: 05/27/10 20:20:00, Stat, Reason: ams, Transport: Stretcher
Review Information:
Doctor Cosign: Not Required
Order Comment:

Action Type: Complete	Action Date/Time: 5/28/2010 16:24 EDT	Action Personnel: Patil MD,Naveen Nath
Responsible Provider: Campbell MD,Kenneth Stephen	Supervising Provider:	Communication Type: Written (includes fax)

Order Details: 05/27/10 20:20:00, Stat, Reason: ams, Transport: Stretcher
Review Information:
Doctor Cosign: Not Required
Order Comment:

Non Medication Orders

Order: Culture Blood 1
Order Start Date/Time: 5/27/2010 20:14 EDT
Order Date/Time: 5/27/2010 20:12 EDT
Order Status: Completed | Department Status: Completed | Catalog Type: Laboratory | Activity Type: Micro
End-state Date/Time: 6/2/2010 05:43 EDT | End-state Reason:
Ordered and Electronically Signed By: Campbell MD,Kenneth Stephen | Consulting Physician:
Entered By: Campbell MD,Kenneth Stephen on 5/27/2010 20:12 EDT
Order Details: 5/27/10 8:14:00 PM EDT, Stat, OT, Specimen: Blood, Stop 6/2/10 5:43:28 AM EDT
Order Comment:

Action Type: Order	Action Date/Time: 5/27/2010 20:14 EDT	Action Personnel: Campbell MD,Kenneth Stephen
Responsible Provider: Campbell MD,Kenneth Stephen	Supervising Provider:	Communication Type: Written (includes fax)

Order Details: 05/27/10 20:14:00, Stat, OT, Specimen: Blood, Stop 05/27/10 20:14:00
Review Information:
Nurse Review: Electronically Signed, Bittle RN,Jennifer B on 5/27/2010 21:25 EDT
Doctor Cosign: Not Required
Order Comment:

Action Type: Status Change	Action Date/Time: 5/27/2010 21:14 EDT	Action Personnel: Contributor_system,MISYSLAB
Responsible Provider: Campbell MD,Kenneth Stephen	Supervising Provider:	Communication Type: ESI Default

Order Details: 05/27/10 20:14:00, Stat, OT, Specimen: Blood, Stop 05/27/10 20:14:00
Review Information:
Doctor Cosign: Not Required
Order Comment:

Action Type: Status Change	Action Date/Time: 5/27/2010 21:14 EDT	Action Personnel: Contributor_system,MISYSLAB
Responsible Provider: Campbell MD,Kenneth Stephen	Supervising Provider:	Communication Type: ESI Default

Order Details: 05/27/10 20:14:00, Stat, OT, Specimen: Blood, Stop 05/27/10 20:14:00
Review Information:
Doctor Cosign: Not Required
Order Comment:

Action Type: Status Change	Action Date/Time: 5/27/2010 21:14 EDT	Action Personnel: Contributor_system,MISYSLAB
Responsible Provider: Campbell MD,Kenneth Stephen	Supervising Provider:	Communication Type: ESI Default

Order Details: 05/27/10 20:14:00, Stat, OT, Specimen: Blood, Stop 05/27/10 20:14:00
Review Information:
Doctor Cosign: Not Required
Order Comment:

Action Type: Status Change	Action Date/Time: 5/28/2010 08:23 EDT	Action Personnel: Contributor_system,MISYSLAB
Responsible Provider: Campbell MD,Kenneth Stephen	Supervising Provider:	Communication Type: ESI Default

Order Details: 05/27/10 20:14:00, Stat, OT, Specimen: Blood, Stop 05/27/10 20:14:00
Review Information:
Doctor Cosign: Not Required
Order Comment:

Action Type: Complete	Action Date/Time: 6/2/2010 05:43 EDT	Action Personnel: Contributor_system,MISYSLAB
Responsible Provider: Campbell MD,Kenneth Stephen	Supervising Provider:	Communication Type: ESI Default

Order Details: 05/27/10 20:14:00, Stat, OT, Specimen: Blood, Stop 05/27/10 20:14:00
Review Information:
Doctor Cosign: Not Required
Order Comment:

Non Medication Orders

Order: Culture Blood 2
Order Start Date/Time: 5/27/2010 20:14 EDT
Order Date/Time: 5/27/2010 20:12 EDT
Order Status: Completed | Department Status: Completed | Catalog Type: Laboratory | Activity Type: Micro
End-state Date/Time: 6/2/2010 05:43 EDT | End-state Reason:
Ordered and Electronically Signed By: Campbell MD,Kenneth Stephen | Consulting Physician:
Entered By: Campbell MD,Kenneth Stephen on 5/27/2010 20:12 EDT
Order Details: 5/27/10 8:14:00 PM EDT, Stat, OT, Specimen: Blood, Stop 6/2/10 5:43:29 AM EDT
Order Comment:

Action Type: Order	Action Date/Time: 5/27/2010 20:14 EDT	Action Personnel: Campbell MD,Kenneth Stephen
Responsible Provider: Campbell MD,Kenneth Stephen	Supervising Provider:	Communication Type: Written (Includes fax)

Order Details: 05/27/10 20:14:00, Stat, OT, Specimen: Blood, Stop 05/27/10 20:14:00
Review Information:
Nurse Review: Electronically Signed, Bittle RN,Jennifer B on 5/27/2010 21:25 EDT
Doctor Cosign: Not Required
Order Comment:

Action Type: Status Change	Action Date/Time: 5/27/2010 21:14 EDT	Action Personnel: Contributor_system,MISYSLAB
Responsible Provider: Campbell MD,Kenneth Stephen	Supervising Provider:	Communication Type: ESI Default

Order Details: 05/27/10 20:14:00, Stat, OT, Specimen: Blood, Stop 05/27/10 20:14:00
Review Information:
Doctor Cosign: Not Required
Order Comment:

Action Type: Status Change	Action Date/Time: 5/27/2010 21:14 EDT	Action Personnel: Contributor_system,MISYSLAB
Responsible Provider: Campbell MD,Kenneth Stephen	Supervising Provider:	Communication Type: ESI Default

Order Details: 05/27/10 20:14:00, Stat, OT, Specimen: Blood, Stop 05/27/10 20:14:00
Review Information:
Doctor Cosign: Not Required
Order Comment:

Action Type: Status Change	Action Date/Time: 5/27/2010 21:14 EDT	Action Personnel: Contributor_system,MISYSLAB
Responsible Provider: Campbell MD,Kenneth Stephen	Supervising Provider:	Communication Type: ESI Default

Order Details: 05/27/10 20:14:00, Stat, OT, Specimen: Blood, Stop 05/27/10 20:14:00
Review Information:
Doctor Cosign: Not Required
Order Comment:

Action Type: Status Change	Action Date/Time: 5/28/2010 08:23 EDT	Action Personnel: Contributor_system,MISYSLAB
Responsible Provider: Campbell MD,Kenneth Stephen	Supervising Provider:	Communication Type: ESI Default

Order Details: 05/27/10 20:14:00, Stat, OT, Specimen: Blood, Stop 05/27/10 20:14:00
Review Information:
Doctor Cosign: Not Required
Order Comment:

Action Type: Complete	Action Date/Time: 6/2/2010 05:43 EDT	Action Personnel: Contributor_system,MISYSLAB
Responsible Provider: Campbell MD,Kenneth Stephen	Supervising Provider:	Communication Type: ESI Default

Order Details: 05/27/10 20:14:00, Stat, OT, Specimen: Blood, Stop 05/27/10 20:14:00
Review Information:
Doctor Cosign: Not Required
Order Comment:

Non Medication Orders

Order: Culture Urine (Urine Culture)
Order Start Date/Time: 5/27/2010 20:13 EDT
Order Date/Time: 5/27/2010 20:12 EDT
Order Status: Completed | Department Status: Completed | Catalog Type: Laboratory | Activity Type: Micro
End-state Date/Time: 5/29/2010 07:39 EDT | End-state Reason:
Ordered and Electronically Signed By: Campbell MD,Kenneth Stephen | Consulting Physician:
Entered By: Campbell MD,Kenneth Stephen on 5/27/2010 20:12 EDT
Order Details: 5/27/10 8:13:00 PM EDT, ASAP, OT, Specimen: Urine, Nurse To Collect, Stop 5/29/10 7:39:18 AM EDT
Order Comment:

Action Type: Order	Action Date/Time: 5/27/2010 20:14 EDT	Action Personnel: Campbell MD,Kenneth Stephen
Responsible Provider: Campbell MD,Kenneth Stephen	Supervising Provider:	Communication Type: Written (includes fax)

Order Details: 05/27/10 20:13:00, ASAP, OT, Specimen: Urine, Nurse To Collect, Stop 05/27/10 20:13:00
Review Information:
Nurse Review: Electronically Signed, Bittle RN,Jennifer B on 5/27/2010 21:25 EDT
Doctor Cosign: Not Required
Order Comment:

Action Type: Status Change	Action Date/Time: 5/27/2010 20:44 EDT	Action Personnel: Contributor_system,MISYSLAB
Responsible Provider: Campbell MD,Kenneth Stephen	Supervising Provider:	Communication Type: ESI Default

Order Details: 05/27/10 20:13:00, ASAP, OT, Specimen: Urine, Nurse To Collect, Stop 05/27/10 20:13:00
Review Information:
Doctor Cosign: Not Required
Order Comment:

Action Type: Status Change	Action Date/Time: 5/27/2010 20:44 EDT	Action Personnel: Contributor_system,MISYSLAB
Responsible Provider: Campbell MD,Kenneth Stephen	Supervising Provider:	Communication Type: ESI Default

Order Details: 05/27/10 20:13:00, ASAP, OT, Specimen: Urine, Nurse To Collect, Stop 05/27/10 20:13:00
Review Information:
Doctor Cosign: Not Required
Order Comment:

Action Type: Status Change	Action Date/Time: 5/27/2010 20:44 EDT	Action Personnel: Contributor_system,MISYSLAB
Responsible Provider: Campbell MD,Kenneth Stephen	Supervising Provider:	Communication Type: ESI Default

Order Details: 05/27/10 20:13:00, ASAP, OT, Specimen: Urine, Nurse To Collect, Stop 05/27/10 20:13:00
Review Information:
Doctor Cosign: Not Required
Order Comment:

Action Type: Status Change	Action Date/Time: 5/28/2010 08:23 EDT	Action Personnel: Contributor_system,MISYSLAB
Responsible Provider: Campbell MD,Kenneth Stephen	Supervising Provider:	Communication Type: ESI Default

Order Details: 05/27/10 20:13:00, ASAP, OT, Specimen: Urine, Nurse To Collect, Stop 05/27/10 20:13:00
Review Information:
Doctor Cosign: Not Required
Order Comment:

Action Type: Complete	Action Date/Time: 5/29/2010 07:39 EDT	Action Personnel: Contributor_system,MISYSLAB
Responsible Provider: Campbell MD,Kenneth Stephen	Supervising Provider:	Communication Type: ESI Default

Order Details: 05/27/10 20:13:00, ASAP, OT, Specimen: Urine, Nurse To Collect, Stop 05/27/10 20:13:00
Review Information:
Doctor Cosign: Not Required
Order Comment:

Non Medication Orders

Order: Discharge
Order Start Date/Time: 5/28/2010 00:16 EDT
Order Date/Time: 5/28/2010 00:16 EDT
Order Status: Discontinued | Department Status: Discontinued | Catalog Type: Patient Care | Activity Type: Communication Orders
End-state Date/Time: 5/29/2010 03:09 EDT | End-state Reason:
Ordered and Electronically Signed By: SYSTEM,SYSTEM | Consulting Physician:
Entered By: SYSTEM,SYSTEM on 5/28/2010 00:16 EDT
Order Details: 5/28/10 12:16:39 AM EDT, 5/29/10 3:09:36 AM EDT
Order Comment:

Action Type: Order | Action Date/Time: 5/28/2010 00:16 EDT | Action Personnel: SYSTEM,SYSTEM
Responsible Provider: SYSTEM,SYSTEM | Supervising Provider: | Communication Type: Discern Expert
Order Details: 05/28/10 0:16:39, 05/28/10 0:16:39
Review Information:
Doctor Cosign: Not Required
Order Comment:

Action Type: Discontinue | Action Date/Time: 5/29/2010 03:09 EDT | Action Personnel: SYSTEM,SYSTEM
Responsible Provider: SYSTEM,SYSTEM | Supervising Provider: | Communication Type:
Order Details: 05/28/10 0:16:39, 05/28/10 0:16:39
Review Information:
Doctor Cosign: Not Required
Order Comment:

Non Medication Orders

Order: Drug Screen,Urine Medical
Order Start Date/Time: 5/27/2010 20:13 EDT
Order Date/Time: 5/27/2010 20:12 EDT
Order Status: Completed | Department Status: Completed | Catalog Type: Laboratory | Activity Type: General Lab
End-state Date/Time: 5/27/2010 21:24 EDT | End-state Reason:
Ordered and Electronically Signed By: Campbell MD,Kenneth Stephen | Consulting Physician:
Entered By: Campbell MD,Kenneth Stephen on 5/27/2010 20:12 EDT
Order Details: 5/27/10 8:13:00 PM EDT, Stat, OT, Specimen: Urine, Nurse To Collect, Stop 5/27/10 9:24:24 PM EDT
Order Comment:

Action Type: Order	Action Date/Time: 5/27/2010 20:14 EDT	Action Personnel: Campbell MD,Kenneth Stephen
Responsible Provider: Campbell MD,Kenneth Stephen	Supervising Provider:	Communication Type: Written (includes fax)

Order Details: 05/27/10 20:13:00, Stat, OT, Specimen: Urine, Nurse To Collect, Stop 05/27/10 20:13:00
Review Information:
Nurse Review: Electronically Signed, Bittle RN,Jennifer B on 5/27/2010 21:25 EDT
Doctor Cosign: Not Required
Order Comment:

Action Type: Status Change	Action Date/Time: 5/27/2010 20:44 EDT	Action Personnel: Contributor_system,MISYSLAB
Responsible Provider: Campbell MD,Kenneth Stephen	Supervising Provider:	Communication Type: ESI Default

Order Details: 05/27/10 20:13:00, Stat, OT, Specimen: Urine, Nurse To Collect, Stop 05/27/10 20:13:00
Review Information:
Doctor Cosign: Not Required
Order Comment:

Action Type: Status Change	Action Date/Time: 5/27/2010 21:24 EDT	Action Personnel: Contributor_system,MISYSLAB
Responsible Provider: Campbell MD,Kenneth Stephen	Supervising Provider:	Communication Type: ESI Default

Order Details: 05/27/10 20:13:00, Stat, OT, Specimen: Urine, Nurse To Collect, Stop 05/27/10 20:13:00
Review Information:
Doctor Cosign: Not Required
Order Comment:

Action Type: Status Change	Action Date/Time: 5/27/2010 21:24 EDT	Action Personnel: SYSTEM,SYSTEM
Responsible Provider: Campbell MD,Kenneth Stephen	Supervising Provider:	Communication Type: ESI Default

Order Details: 05/27/10 20:13:00, Stat, OT, Specimen: Urine, Nurse To Collect, Stop 05/27/10 20:13:00
Review Information:
Doctor Cosign: Not Required
Order Comment:

Action Type: Complete	Action Date/Time: 5/27/2010 21:24 EDT	Action Personnel: SYSTEM,SYSTEM
Responsible Provider: Campbell MD,Kenneth Stephen	Supervising Provider:	Communication Type: ESI Default

Order Details: 05/27/10 20:13:00, Stat, OT, Specimen: Urine, Nurse To Collect, Stop 05/27/10 20:13:00
Review Information:
Doctor Cosign: Not Required
Order Comment:

Non Medication Orders

Order: EKG(ER) (EKG 12 Lead Easley ED)
Order Start Date/Time: 5/27/2010 20:13 EDT
Order Date/Time: 5/27/2010 20:12 EDT
Order Status: Completed | Department Status: Completed | Catalog Type: Cardiac Services | Activity Type: EKG Services
End-state Date/Time: 5/28/2010 00:50 EDT | End-state Reason:
Ordered and Electronically Signed By: Campbell MD,Kenneth Stephen | Consulting Physician:
Entered By: Campbell MD,Kenneth Stephen on 5/27/2010 20:12 EDT
Order Details: 5/27/10 8:13:00 PM EDT, Stat, OT, Stop 5/28/10 12:50:53 AM EDT
Order Comment:

Action Type: Order	Action Date/Time: 5/27/2010 20:14 EDT	Action Personnel: Campbell MD,Kenneth Stephen
Responsible Provider: Campbell MD,Kenneth Stephen	Supervising Provider:	Communication Type: Written (includes fax)

Order Details: 05/27/10 20:13:00, Stat, OT, Stop 05/27/10 20:13:00
Review Information:
Nurse Review: No Longer Needing Review, SYSTEM,SYSTEM on 6/11/2010 23:12 EDT
Doctor Cosign: Not Required
Order Comment:

Action Type: Complete	Action Date/Time: 5/28/2010 00:50 EDT	Action Personnel: Chase US/NT,Sheila M
Responsible Provider: Campbell MD,Kenneth Stephen	Supervising Provider:	Communication Type:

Order Details: 05/27/10 20:13:00, Stat, OT, Stop 05/27/10 20:13:00
Review Information:
Nurse Review: No Longer Needing Review, SYSTEM,SYSTEM on 6/11/2010 23:12 EDT
Doctor Cosign: Not Required
Order Comment:

Order: Facility Charge Ticket
Order Start Date/Time: 5/27/2010 19:48 EDT
Order Date/Time: 5/27/2010 19:48 EDT
Order Status: Completed | Department Status: Completed | Catalog Type: Health Information Management | Activity Type: Health Information Management
End-state Date/Time: 5/31/2010 09:35 EDT | End-state Reason:
Ordered and Electronically Signed By: SYSTEM,SYSTEM | Consulting Physician:
Entered By: SYSTEM,SYSTEM on 5/27/2010 19:48 EDT
Order Details: 5/27/10 7:48:56 PM EDT, Stop 5/31/10 9:35:48 AM EDT
Order Comment:

Action Type: Order	Action Date/Time: 5/27/2010 19:48 EDT	Action Personnel: SYSTEM,SYSTEM
Responsible Provider: SYSTEM,SYSTEM	Supervising Provider:	Communication Type: Discern Expert

Order Details: 05/27/10 19:48:56, Stop 05/27/10 19:48:56
Review Information:
Doctor Cosign: Not Required
Order Comment:

Action Type: Complete	Action Date/Time: 5/31/2010 09:35 EDT	Action Personnel: Garrick,Donna A
Responsible Provider: SYSTEM,SYSTEM	Supervising Provider:	Communication Type:

Order Details: 05/27/10 19:48:56, Stop 05/27/10 19:48:56
Review Information:
Doctor Cosign: Not Required
Order Comment:

Non Medication Orders

Order: Foley
Order Start Date/Time: 5/27/2010 20:13 EDT
Order Date/Time: 5/27/2010 20:12 EDT
Order Status: Discontinued | Department Status: Discontinued | Catalog Type: Patient Care | Activity Type: Asmt/Tx/Monitoring
End-state Date/Time: 5/27/2010 20:38 EDT | End-state Reason:
Ordered and Electronically Signed By: Campbell MD,Kenneth Stephen | Consulting Physician:
Entered By: Campbell MD,Kenneth Stephen on 5/27/2010 20:12 EDT
Order Details: 5/27/10 8:13:00 PM EDT, Insert
Order Comment:

Action Type: Order	Action Date/Time: 5/27/2010 20:14 EDT	Action Personnel: Campbell MD,Kenneth Stephen
Responsible Provider: Campbell MD,Kenneth Stephen	Supervising Provider:	Communication Type: Written (includes fax)

Order Details: 05/27/10 20:13:00, Insert
Review Information:
Nurse Review: Electronically Signed, Bittle RN,Jennifer B on 5/27/2010 21:25 EDT
Doctor Cosign: Not Required
Order Comment:

Action Type: Discontinue	Action Date/Time: 5/27/2010 20:38 EDT	Action Personnel: Bittle RN,Jennifer B
Responsible Provider: Campbell MD,Kenneth Stephen	Supervising Provider:	Communication Type: Inbox VORB

Order Details: 05/27/10 20:13:00, Insert
Review Information:
Nurse Review: Electronically Signed, Bittle RN,Jennifer B on 5/27/2010 21:25 EDT
Doctor Cosign: Electronically Signed, Campbell MD,Kenneth Stephen on 5/27/2010 22:32 EDT
Order Comment:

Order: Infusion Stop Time
Order Start Date/Time: 5/27/2010 20:14 EDT
Order Date/Time: 5/27/2010 20:14 EDT
Order Status: Completed | Department Status: Completed | Catalog Type: Patient Care | Activity Type: Patient Care
End-state Date/Time: 5/27/2010 22:23 EDT | End-state Reason:
Ordered and Electronically Signed By: SYSTEM,SYSTEM | Consulting Physician:
Entered By: SYSTEM,SYSTEM on 5/27/2010 20:14 EDT
Order Details: 05/27/10 20:14:48
Order Comment: 875117154.0___Sodium Chloride 0.9%

Action Type: Order	Action Date/Time: 5/27/2010 20:14 EDT	Action Personnel: SYSTEM,SYSTEM
Responsible Provider: SYSTEM,SYSTEM	Supervising Provider:	Communication Type: Discern Expert

Order Details: 05/27/10 20:14:48
Review Information:
Doctor Cosign: Not Required
Order Comment: 875117154.0___Sodium Chloride 0.9%

Action Type: Complete	Action Date/Time: 5/27/2010 22:23 EDT	Action Personnel: Bittle RN,Jennifer B
Responsible Provider: SYSTEM,SYSTEM	Supervising Provider:	Communication Type:

Order Details: 05/27/10 20:14:48
Review Information:
Doctor Cosign: Not Required
Order Comment:

Non Medication Orders

Order: Infusion Stop Time
Order Start Date/Time: 5/27/2010 22:32 EDT
Order Date/Time: 5/27/2010 22:32 EDT
Order Status: Completed | Department Status: Completed | Catalog Type: Patient Care | Activity Type: Patient Care
End-state Date/Time: 5/28/2010 00:55 EDT | End-state Reason:
Ordered and Electronically Signed By: SYSTEM,SYSTEM | Consulting Physician:
Entered By: SYSTEM,SYSTEM on 5/27/2010 22:32 EDT
Order Details: 05/27/10 22:32:37
Order Comment: 875176322.0___Sodium Chloride 0.9%

Action Type: Order | Action Date/Time: 5/27/2010 22:32 EDT | Action Personnel: SYSTEM,SYSTEM
Responsible Provider: SYSTEM,SYSTEM | Supervising Provider: | Communication Type: Discern Expert
Order Details: 05/27/10 22:32:37
Review Information:
Doctor Cosign: Not Required
Order Comment: 875176322.0___Sodium Chloride 0.9%

Action Type: Complete | Action Date/Time: 5/28/2010 00:55 EDT | Action Personnel: Bittle RN,Jennifer B
Responsible Provider: SYSTEM,SYSTEM | Supervising Provider: | Communication Type:
Order Details: 05/27/10 22:32:37
Review Information:
Doctor Cosign: Not Required
Order Comment:

Order: Intermittent IV (INT)
Order Start Date/Time: 5/27/2010 20:14 EDT
Order Date/Time: 5/27/2010 20:12 EDT
Order Status: Discontinued | Department Status: Discontinued | Catalog Type: Patient Care | Activity Type: Infusion Therapy
End-state Date/Time: 5/28/2010 03:11 EDT | End-state Reason:
Ordered and Electronically Signed By: Campbell MD,Kenneth Stephen | Consulting Physician:
Entered By: Campbell MD,Kenneth Stephen on 5/27/2010 20:12 EDT
Order Details: 5/27/10 8:14:00 PM EDT
Order Comment:

Action Type: Order | Action Date/Time: 5/27/2010 20:14 EDT | Action Personnel: Campbell MD,Kenneth Stephen
Responsible Provider: Campbell MD,Kenneth Stephen | Supervising Provider: | Communication Type: Written (Includes fax)
Order Details: 05/27/10 20:14:00
Review Information:
Nurse Review: Electronically Signed, Bittle RN,Jennifer B on 5/27/2010 20:19 EDT
Doctor Cosign: Not Required
Order Comment:

Action Type: Discontinue | Action Date/Time: 5/28/2010 03:11 EDT | Action Personnel: SYSTEM,SYSTEM
Responsible Provider: Campbell MD,Kenneth Stephen | Supervising Provider: | Communication Type:
Order Details: 05/27/10 20:14:00
Review Information:
Doctor Cosign: Not Required
Order Comment:

Non Medication Orders

Order: Myocardial Profile,3Hr
Order Start Date/Time: 5/27/2010 23:15 EDT
Order Date/Time: 5/27/2010 21:21 EDT
Order Status: Completed | Department Status: Completed | Catalog Type: Laboratory | Activity Type: General Lab
End-state Date/Time: 5/27/2010 23:51 EDT | End-state Reason:
Ordered and Electronically Signed By: Campbell MD,Kenneth Stephen | Consulting Physician:
Entered By: Blanton,David R on 5/27/2010 21:21 EDT
Order Details: 5/27/10 11:15:00 PM EDT, Timed, OT, Specimen: Blood, Stop 5/27/10 11:51:00 PM EDT
Order Comment:

Action Type: Order	Action Date/Time: 5/27/2010 21:22 EDT	Action Personnel: Blanton,David R
Responsible Provider: Campbell MD,Kenneth Stephen	Supervising Provider:	Communication Type: Sig Not Required

Order Details: 05/27/10 23:15:00, Timed, OT, Specimen: Blood, Stop 05/27/10 23:15:00
Review Information:
Doctor Cosign: Not Required
Order Comment:

Action Type: Status Change	Action Date/Time: 5/27/2010 23:19 EDT	Action Personnel: Contributor_system,MISYSLAB
Responsible Provider: Campbell MD,Kenneth Stephen	Supervising Provider:	Communication Type: ESI Default

Order Details: 05/27/10 23:15:00, Timed, OT, Specimen: Blood, Stop 05/27/10 23:15:00
Review Information:
Doctor Cosign: Not Required
Order Comment:

Action Type: Status Change	Action Date/Time: 5/27/2010 23:31 EDT	Action Personnel: Contributor_system,MISYSLAB
Responsible Provider: Campbell MD,Kenneth Stephen	Supervising Provider:	Communication Type: ESI Default

Order Details: 05/27/10 23:15:00, Timed, OT, Specimen: Blood, Stop 05/27/10 23:15:00
Review Information:
Doctor Cosign: Not Required
Order Comment:

Action Type: Status Change	Action Date/Time: 5/27/2010 23:31 EDT	Action Personnel: SYSTEM,SYSTEM
Responsible Provider: Campbell MD,Kenneth Stephen	Supervising Provider:	Communication Type: ESI Default

Order Details: 05/27/10 23:15:00, Timed, OT, Specimen: Blood, Stop 05/27/10 23:15:00
Review Information:
Doctor Cosign: Not Required
Order Comment:

Action Type: Complete	Action Date/Time: 5/27/2010 23:51 EDT	Action Personnel: Contributor_system,MISYSLAB
Responsible Provider: Campbell MD,Kenneth Stephen	Supervising Provider:	Communication Type: ESI Default

Order Details: 05/27/10 23:15:00, Timed, OT, Specimen: Blood, Stop 05/27/10 23:15:00
Review Information:
Doctor Cosign: Not Required
Order Comment:

Non Medication Orders

Order: Myocardial Profile,6Hr

Order Start Date/Time: 5/28/2010 02:15 EDT
Order Date/Time: 5/27/2010 23:32 EDT
Order Status: Canceled | Department Status: Canceled | Catalog Type: Laboratory | Activity Type: General Lab
End-state Date/Time: 5/28/2010 02:07 EDT | End-state Reason:
Ordered and Electronically Signed By: Campbell MD,Kenneth Stephen | Consulting Physician:
Entered By: Carroll MLT I,Michelle K on 5/27/2010 23:32 EDT
Order Details: 5/28/10 2:15:00 AM EDT, Timed, OT, Specimen: Blood, Stop 5/28/10 2:07:00 AM EDT
Order Comment:

Action Type: Order	Action Date/Time: 5/27/2010 23:32 EDT	Action Personnel: Carroll MLT I,Michelle K
Responsible Provider: Campbell MD,Kenneth Stephen	Supervising Provider:	Communication Type: Sig Not Required

Order Details: 05/28/10 2:15:00, Timed, OT, Specimen: Blood, Stop 05/28/10 2:15:00
Review Information:
Doctor Cosign: Not Required
Order Comment:

Action Type: Cancel	Action Date/Time: 5/28/2010 02:07 EDT	Action Personnel: Carroll MLT I,Michelle K
Responsible Provider: Campbell MD,Kenneth Stephen	Supervising Provider:	Communication Type: Sig Not Required

Order Details: 05/28/10 2:15:00, Timed, OT, Specimen: Blood, Stop 05/28/10 2:15:00
Review Information:
Doctor Cosign: Not Required
Order Comment:

Non Medication Orders

Order: Myocardial Profile,Admission
Order Start Date/Time: 5/27/2010 20:14 EDT
Order Date/Time: 5/27/2010 20:12 EDT
Order Status: Completed | Department Status: Completed | Catalog Type: Laboratory | Activity Type: General Lab
End-state Date/Time: 5/27/2010 21:22 EDT | End-state Reason:
Ordered and Electronically Signed By: Campbell MD,Kenneth Stephen | Consulting Physician:
Entered By: Campbell MD,Kenneth Stephen on 5/27/2010 20:12 EDT
Order Details: 5/27/10 8:14:00 PM EDT, Stat, OT, Specimen: Blood, Stop 5/27/10 9:22:21 PM EDT
Order Comment:

Action Type: Order	Action Date/Time: 5/27/2010 20:14 EDT	Action Personnel: Campbell MD,Kenneth Stephen
Responsible Provider: Campbell MD,Kenneth Stephen	Supervising Provider:	Communication Type: Written (includes fax)

Order Details: 05/27/10 20:14:00, Stat, OT, Specimen: Blood, Stop 05/27/10 20:14:00
Review Information:
Nurse Review: Electronically Signed, Bittle RN,Jennifer B on 5/27/2010 20:19 EDT
Doctor Cosign: Not Required
Order Comment:

Action Type: Status Change	Action Date/Time: 5/27/2010 20:43 EDT	Action Personnel: Contributor_system,MISYSLAB
Responsible Provider: Campbell MD,Kenneth Stephen	Supervising Provider:	Communication Type: ESI Default

Order Details: 05/27/10 20:14:00, Stat, OT, Specimen: Blood, Stop 05/27/10 20:14:00
Review Information:
Doctor Cosign: Not Required
Order Comment:

Action Type: Status Change	Action Date/Time: 5/27/2010 21:05 EDT	Action Personnel: Contributor_system,MISYSLAB
Responsible Provider: Campbell MD,Kenneth Stephen	Supervising Provider:	Communication Type: ESI Default

Order Details: 05/27/10 20:14:00, Stat, OT, Specimen: Blood, Stop 05/27/10 20:14:00
Review Information:
Doctor Cosign: Not Required
Order Comment:

Action Type: Status Change	Action Date/Time: 5/27/2010 21:05 EDT	Action Personnel: SYSTEM,SYSTEM
Responsible Provider: Campbell MD,Kenneth Stephen	Supervising Provider:	Communication Type: ESI Default

Order Details: 05/27/10 20:14:00, Stat, OT, Specimen: Blood, Stop 05/27/10 20:14:00
Review Information:
Doctor Cosign: Not Required
Order Comment:

Action Type: Complete	Action Date/Time: 5/27/2010 21:22 EDT	Action Personnel: Contributor_system,MISYSLAB
Responsible Provider: Campbell MD,Kenneth Stephen	Supervising Provider:	Communication Type: ESI Default

Order Details: 05/27/10 20:14:00, Stat, OT, Specimen: Blood, Stop 05/27/10 20:14:00
Review Information:
Doctor Cosign: Not Required
Order Comment:

Non Medication Orders

Order: Oxygen-Nsg
Order Start Date/Time: 5/27/2010 20:14 EDT
Order Date/Time: 5/27/2010 20:12 EDT
Order Status: Discontinued | Department Status: Discontinued | Catalog Type: Patient Care | Activity Type: Asmt/Tx/Monitoring
End-state Date/Time: 5/28/2010 03:11 EDT | End-state Reason:
Ordered and Electronically Signed By: Campbell MD,Kenneth Stephen | Consulting Physician:
Entered By: Campbell MD,Kenneth Stephen on 5/27/2010 20:12 EDT
Order Details: 5/27/10 8:14:00 PM EDT, Routine
Order Comment:

Action Type: Order	Action Date/Time: 5/27/2010 20:14 EDT	Action Personnel: Campbell MD,Kenneth Stephen
Responsible Provider: Campbell MD,Kenneth Stephen	Supervising Provider:	Communication Type: Written (includes fax)

Order Details: 05/27/10 20:14:00, Routine
Review Information:
Nurse Review: Electronically Signed, Bittle RN,Jennifer B on 5/27/2010 20:19 EDT
Doctor Cosign: Not Required
Order Comment:

Action Type: Discontinue	Action Date/Time: 5/28/2010 03:11 EDT	Action Personnel: SYSTEM,SYSTEM
Responsible Provider: Campbell MD,Kenneth Stephen	Supervising Provider:	Communication Type:

Order Details: 05/27/10 20:14:00, Routine
Review Information:
Doctor Cosign: Not Required
Order Comment:

Order: Pneumovax Evaluation
Order Start Date/Time: 5/27/2010 20:01 EDT
Order Date/Time: 5/27/2010 20:01 EDT
Order Status: Discontinued | Department Status: Discontinued | Catalog Type: Patient Care | Activity Type: Communication Orders
End-state Date/Time: 5/29/2010 03:08 EDT | End-state Reason:
Ordered and Electronically Signed By: SYSTEM,SYSTEM | Consulting Physician:
Entered By: SYSTEM,SYSTEM on 5/27/2010 20:01 EDT
Order Details: 5/27/10 8:01:06 PM EDT
Order Comment: From Admission Form

Action Type: Order	Action Date/Time: 5/27/2010 20:01 EDT	Action Personnel: SYSTEM,SYSTEM
Responsible Provider: SYSTEM,SYSTEM	Supervising Provider:	Communication Type: Discern Expert

Order Details: 05/27/10 20:01:06
Review Information:
Doctor Cosign: Not Required
Order Comment: From Admission Form

Action Type: Discontinue	Action Date/Time: 5/29/2010 03:08 EDT	Action Personnel: SYSTEM,SYSTEM
Responsible Provider: SYSTEM,SYSTEM	Supervising Provider:	Communication Type:

Order Details: 05/27/10 20:01:06
Review Information:
Doctor Cosign: Not Required
Order Comment:

Non Medication Orders

Order: Prothrombin Time with INR (PT/INR)
Order Start Date/Time: 5/27/2010 20:13 EDT
Order Date/Time: 5/27/2010 20:12 EDT
Order Status: Completed | Department Status: Completed | Catalog Type: Laboratory | Activity Type: General Lab
End-state Date/Time: 5/27/2010 21:04 EDT | End-state Reason:
Ordered and Electronically Signed By: Campbell MD,Kenneth Stephen | Consulting Physician:
Entered By: Campbell MD,Kenneth Stephen on 5/27/2010 20:12 EDT
Order Details: 5/27/10 8:13:00 PM EDT, Stat, OT, Blood Specimen:, Stop 5/27/10 8:04:08 PM EDT
Order Comment:

Action Type: Order	Action Date/Time: 5/27/2010 20:14 EDT	Action Personnel: Campbell MD,Kenneth Stephen
Responsible Provider: Campbell MD,Kenneth Stephen	Supervising Provider:	Communication Type: Written (includes fax)

Order Details: 05/27/10 20:13:00, Stat, OT, Blood Specimen:, Stop 05/27/10 20:13:00
Review Information:
Nurse Review: Electronically Signed, Bittle RN,Jennifer B on 5/27/2010 20:19 EDT
Doctor Cosign: Not Required
Order Comment:

Action Type: Status Change	Action Date/Time: 5/27/2010 20:43 EDT	Action Personnel: Contributor_system,MISYSLAB
Responsible Provider: Campbell MD,Kenneth Stephen	Supervising Provider:	Communication Type: ESI Default

Order Details: 05/27/10 20:13:00, Stat, OT, Blood Specimen:, Stop 05/27/10 20:13:00
Review Information:
Doctor Cosign: Not Required
Order Comment:

Action Type: Complete	Action Date/Time: 5/27/2010 21:04 EDT	Action Personnel: SYSTEM,SYSTEM
Responsible Provider: Campbell MD,Kenneth Stephen	Supervising Provider:	Communication Type: ESI Default

Order Details: 05/27/10 20:13:00, Stat, OT, Blood Specimen:, Stop 05/27/10 20:13:00
Review Information:
Doctor Cosign: Not Required
Order Comment:

Non Medication Orders

Order: PTT
Order Start Date/Time: 5/27/2010 20:13 EDT
Order Date/Time: 5/27/2010 20:12 EDT
Order Status: Completed | Department Status: Completed | Catalog Type: Laboratory | Activity Type: General Lab
End-state Date/Time: 5/27/2010 21:04 EDT | End-state Reason:
Ordered and Electronically Signed By: Campbell MD,Kenneth Stephen | Consulting Physician:
Entered By: Campbell MD,Kenneth Stephen on 5/27/2010 20:12 EDT
Order Details: 5/27/10 8:13:00 PM EDT, Stat, OT, Blood Specimen:, Stop 5/27/10 9:04:09 PM EDT
Order Comment:

Action Type: Order	Action Date/Time: 5/27/2010 20:14 EDT	Action Personnel: Campbell MD,Kenneth Stephen
Responsible Provider: Campbell MD,Kenneth Stephen	Supervising Provider:	Communication Type: Written (includes fax)

Order Details: 05/27/10 20:13:00, Stat, OT, Blood Specimen:, Stop 05/27/10 20:13:00
Review Information:
Nurse Review: Electronically Signed, Bittle RN,Jennifer B on 5/27/2010 20:19 EDT
Doctor Cosign: Not Required
Order Comment:

Action Type: Status Change	Action Date/Time: 5/27/2010 20:43 EDT	Action Personnel: Contributor_system,MISYSLAB
Responsible Provider: Campbell MD,Kenneth Stephen	Supervising Provider:	Communication Type: ESI Default

Order Details: 05/27/10 20:13:00, Stat, OT, Blood Specimen:, Stop 05/27/10 20:13:00
Review Information:
Doctor Cosign: Not Required
Order Comment:

Action Type: Complete	Action Date/Time: 5/27/2010 21:04 EDT	Action Personnel: SYSTEM,SYSTEM
Responsible Provider: Campbell MD,Kenneth Stephen	Supervising Provider:	Communication Type: ESI Default

Order Details: 05/27/10 20:13:00, Stat, OT, Blood Specimen:, Stop 05/27/10 20:13:00
Review Information:
Doctor Cosign: Not Required
Order Comment:

Non Medication Orders

Order: Pulse Ox-Nsg
Order Start Date/Time: 5/27/2010 20:14 EDT
Order Date/Time: 5/27/2010 20:12 EDT
Order Status: Discontinued | Department Status: Discontinued | Catalog Type: Patient Care | Activity Type: Asmt/Tx/Monitoring
End-state Date/Time: 5/28/2010 03:11 EDT | End-state Reason:
Ordered and Electronically Signed By: Campbell MD,Kenneth Stephen | Consulting Physician:
Entered By: Campbell MD,Kenneth Stephen on 5/27/2010 20:12 EDT
Order Details: 5/27/10 8:14:00 PM EDT, Continuous; Maintain Sats greater than 95%.
Order Comment:

Action Type: Order	Action Date/Time: 5/27/2010 20:14 EDT	Action Personnel: Campbell MD,Kenneth Stephen
Responsible Provider: Campbell MD,Kenneth Stephen	Supervising Provider:	Communication Type: Written (includes fax)

Order Details: 05/27/10 20:14:00, Continuous; Maintain Sats greater than 95%.
Review Information:
Nurse Review: Electronically Signed, Battle RN,Jennifer B on 5/27/2010 20:19 EDT
Doctor Cosign: Not Required
Order Comment:

Action Type: Discontinue	Action Date/Time: 5/28/2010 03:11 EDT	Action Personnel: SYSTEM,SYSTEM
Responsible Provider: Campbell MD,Kenneth Stephen	Supervising Provider:	Communication Type:

Order Details: 05/27/10 20:14:00, Continuous; Maintain Sats greater than 95%.
Review Information:
Doctor Cosign: Not Required
Order Comment:

Non Medication Orders

Order: Salicylate Level
Order Start Date/Time: 5/27/2010 20:13 EDT
Order Date/Time: 5/27/2010 20:12 EDT
Order Status: Completed | Department Status: Completed | Catalog Type: Laboratory | Activity Type: General Lab
End-state Date/Time: 5/27/2010 21:05 EDT | End-state Reason:
Ordered and Electronically Signed By: Campbell MD,Kenneth Stephen | Consulting Physician:
Entered By: Campbell MD,Kenneth Stephen on 5/27/2010 20:12 EDT
Order Details: 5/27/10 8:13:00 PM EDT, Stat, OT, Specimen: Blood, Stop 5/27/10 9:05:42 PM EDT
Order Comment:

Action Type: Order	Action Date/Time: 5/27/2010 20:14 EDT	Action Personnel: Campbell MD,Kenneth Stephen
Responsible Provider: Campbell MD,Kenneth Stephen	Supervising Provider:	Communication Type: Written (Includes fax)

Order Details: 05/27/10 20:13:00, Stat, OT, Specimen: Blood, Stop 05/27/10 20:13:00
Review Information:
Nurse Review: Electronically Signed, Bitto RN,Jennifer B on 5/27/2010 20:19 EDT
Doctor Cosign: Not Required
Order Comment:

Action Type: Status Change	Action Date/Time: 5/27/2010 20:43 EDT	Action Personnel: Contributor_system,MISYSLAB
Responsible Provider: Campbell MD,Kenneth Stephen	Supervising Provider:	Communication Type: ESI Default

Order Details: 05/27/10 20:13:00, Stat, OT, Specimen: Blood, Stop 05/27/10 20:13:00
Review Information:
Doctor Cosign: Not Required
Order Comment:

Action Type: Complete	Action Date/Time: 5/27/2010 21:05 EDT	Action Personnel: Contributor_system,MISYSLAB
Responsible Provider: Campbell MD,Kenneth Stephen	Supervising Provider:	Communication Type: ESI Default

Order Details: 05/27/10 20:13:00, Stat, OT, Specimen: Blood, Stop 05/27/10 20:13:00
Review Information:
Doctor Cosign: Not Required
Order Comment:

Order: Smoking Cessation
Order Start Date/Time: 5/27/2010 20:01 EDT
Order Date/Time: 5/27/2010 20:01 EDT
Order Status: Discontinued | Department Status: Discontinued | Catalog Type: Patient Care | Activity Type: Communication Orders
End-state Date/Time: 5/28/2010 03:11 EDT | End-state Reason:
Ordered and Electronically Signed By: SYSTEM,SYSTEM | Consulting Physician:
Entered By: SYSTEM,SYSTEM on 5/27/2010 20:01 EDT
Order Details: 5/27/10 8:01:06 PM EDT, Routine
Order Comment: From Admission Referral Form

Action Type: Order	Action Date/Time: 5/27/2010 20:01 EDT	Action Personnel: SYSTEM,SYSTEM
Responsible Provider: SYSTEM,SYSTEM	Supervising Provider:	Communication Type: Discern Expert

Order Details: 05/27/10 20:01:06, Routine
Review Information:
Doctor Cosign: Not Required
Order Comment: From Admission Referral Form

Action Type: Discontinue	Action Date/Time: 5/28/2010 03:11 EDT	Action Personnel: SYSTEM,SYSTEM
Responsible Provider: SYSTEM,SYSTEM	Supervising Provider:	Communication Type:

Order Details: 05/27/10 20:01:06, Routine
Review Information:
Doctor Cosign: Not Required
Order Comment:

Medication Orders

Order: aspirin
Order Start Date/Time: 5/27/2010 20:02 EDT
Order Date/Time: 5/27/2010 20:02 EDT
Order Status: Completed | Clinical Category: Medications | Medication Type: Inpatient
End-state Date/Time: 5/27/2010 20:02 EDT | End-state Reason:
Ordered and Electronically Signed By: Campbell MD,Kenneth Stephen | Consulting Physician:
Entered By: Stegall RN,Anna B on 5/27/2010 20:02 EDT
Order Details: 324 mg, Chew tab, PO, OT, NOW, Start Date: 5/27/10 8:02:00 PM EDT, Stop date 5/27/10 8:02:47 PM EDT
Order Comment: Give with food if upsets stomach.

Order: Sodium Chloride 0.9% (NS 0.9% Bolus)
Order Start Date/Time: 5/27/2010 20:14 EDT
Order Date/Time: 5/27/2010 20:12 EDT
Order Status: Completed | Clinical Category: Continuous Solutions | Medication Type: Inpatient
End-state Date/Time: 5/27/2010 21:25 EDT | End-state Reason:
Ordered and Electronically Signed By: Campbell MD,Kenneth Stephen | Consulting Physician:
Entered By: Campbell MD,Kenneth Stephen on 5/27/2010 20:12 EDT
Order Details: 1,000 mL, IV, OT, ***BOLUS***, NOW, Start Date: 5/27/10 8:14:00 PM EDT, Stop date 5/27/10 9:25:41 PM EDT, 999 mL/hr
Order Comment:

Order: potassium chloride
Order Start Date/Time: 5/27/2010 22:33 EDT
Order Date/Time: 5/27/2010 22:33 EDT
Order Status: Completed | Clinical Category: Medications | Medication Type: Inpatient
End-state Date/Time: 5/27/2010 22:44 EDT | End-state Reason:
Ordered and Electronically Signed By: Campbell MD,Kenneth Stephen | Consulting Physician:
Entered By: Campbell MD,Kenneth Stephen on 5/27/2010 22:33 EDT
Order Details: 40 mEq, Pwd, PO, OT, NOW, Start Date: 5/27/10 10:33:00 PM EDT, Stop date 5/27/10 10:44:34 PM EDT
Order Comment: Take with Food Mix each packet in 4 ounces of water.

Order: Sodium Chloride 0.9% (Sodium Chloride 0.9% Bolus)
Order Start Date/Time: 5/27/2010 23:00 EDT
Order Date/Time: 5/27/2010 22:32 EDT
Order Status: Completed | Clinical Category: Continuous Solutions | Medication Type: Inpatient
End-state Date/Time: 5/27/2010 22:38 EDT | End-state Reason:
Ordered and Electronically Signed By: Campbell MD,Kenneth Stephen | Consulting Physician:
Entered By: Campbell MD,Kenneth Stephen on 5/27/2010 22:32 EDT
Order Details: 1,000 mL, IV, OT, ***BOLUS OVER***, Routine, Start Date: 5/27/10 11:00:00 PM EDT, Stop date 5/27/10 10:38:42 PM EDT, 999 mL/hr
Order Comment:

Immunizations

Vaccine:	Date Given:	Age:
diphtheria/pertussis,acel/tetanus adult [1]	11/6/2013 17:54 EST	41 years

Admin Person:		Data Source:	
Childress RN,Hannah S		PowerChart	
Site:	**Route:**	**Amount:**	**Manufacturer:**
Right Deltoid	IM	0.5mL	GlaxoSmithKline
Expiration Date:		**Lot Number:**	
2/19/2016		c3774	

Order Comments
01: diphtheria/pertussis, acel/tetanus adult (Tdap)
Nursing Comment: document manufacturer, lot number, and exp date on immunization Tab after administration

Immunizations

Vaccine:	Date Given:	Age:
pneumococcal 23-valent vaccine O2	8/17/2014 01:52 EDT	41 years

Admin Person:	Data Source:
Holbrooks RN,Donald G	PowerChart

Site:	Route:	Amount:	Manufacturer:
Left Deltoid	IM	0.5mL	MERCK & CO., INC.

Expiration Date:	Lot Number:
3/22/2015	k004281

Order Comments
O2: pneumococcal 23-valent vaccine (pneumococcal vaccine injectable solution)
For patients greater than or equal to 2 years old.
Dose available in Pyxis upon Pharmacy profiling on Day 1 of admission or within 24 hours.
x 1 dose only! Be sure not given previously
Remove from McCravey Pyxis

Respiratory

DOCUMENT NAME: Adult Blood Gas
SERVICE DATE/TIME: 5/27/2010 21:00 EDT
RESULT STATUS: Auth (Verified)
PERFORM INFORMATION: Vickery RCP,Penny H (5/27/2010 21:00 EDT)
ELECTRONICALLY SIGNED BY:

Adult Blood Gas
05/27/10 09:00 pm Performed by Vickery RCP, Penny H
Entered on 05/27/10 10:57 pm

ABG Attempt/Obtain Site

ABG Obtain Site Right Radial
ABG Collection Time 05/27/10 21:00
ABG Allen's Test Positive
ABG Site Condition No Hematoma
ARC Reportable Range Sample Type Arterial
Blood Gas Charge ARC Analysis with Measured SaO2, Arterial Puncture

Arterial Blood Gas Adult

Non Critical Notification Arterial MD Notified, Per Parameters, Posted on Chart
Critical Value Arterial No
ARC Arterial Reference Range Arterial pH Normal Range 7.35 - 7.45, Arterial PaCO2 Normal Range 35mmHg - 45mmHg, Arterial PaO2 Normal Range 80mmHg - 100mmHg, Arterial HCO3 Normal Range 22 - 24 meq/liter, Arterial Base Normal Range +2 - -2, Total Hgb Normal Range 11 - 17 g/dl,

Respiratory

CO Hgb Normal Range 0 - 5%, MET Hgb Normal Range 0 - 2%, Whole Blood Potasssium Normal Range 3.5 - 5.1 meq/liter, Lactate Normal Range 0.5-2.2mmol/L, Calcium Normal Range 1.16-1.32 mmol/L, Glucose Normal Range 70-99 mg/dl, Sodium Normal Range 136-145 mmol/L, Chloride Normal Range 99-110 mmol/L

* Auth (Verified) *

PALMETTO HEALTH BAPTIST EASLEY

MILLER, JEFFREY ALLEN
H1014701827
[redacted] EMS, EMS
37Y M

200 FLEETWOOD DRIVE
EASLEY, SC 29640
SCOTT M. PARKER, MD DIRECTOR OF LABORATORY

MEDICAL RECORD # : 9876498764
NAME (Last,First) : MILLER, JEFFREY A
DATE/TIME DRAWN : 05/27/2010 21:00
DATE/TIME ANALYZED: 05/27/2010 21:12
SAMPLE TYPE : Arterial
SAMPLE SITE : Right Radial
ALLEN TEST : Positive
PATIENT TEMP. : 98.6 F

ANALYZER : 302443
LOCATION : ER 6
AGE : 37 Years (M)
ORDERING MD : CAMPBELL,
DRAWN/ANALYZED BY : PV
Approved By : PV

Parameter	Results	Reference Range Upto 150 Years Arterial
pH(T)	7.380	7.350 - 7.450
pCO_2(T)	42.0	35.2 - 45.0
pO_2(T)	91.0	80.0 - 100.0
$cHCO_3^-$(P)	24.3	-
cBase(B)	-0.4	-
sO_2	98.4	94.0 - 100.0
tHb	13.4	12.0 - 16.0
FO_2Hb	94.8	88.0 - 95.0
FCOHb	2.8	0.0 < 3.0
FMetHb	0.9	0.0 < 1.0
$AaDO_2$		<
a/A Ratio		-
a-vDO_2		-
Vd/Vt		-
Qs/Qt		-
O_2 Index		-

DEVICE :
FIO2 : 21.0 %
LITER FLOW:

CRITICAL VALUES
CALLED TO : DR CAMPBELL
DATE NOTIFIED: 05/27/2010
TIME NOTIFIED: 21:14
NOTIFIED BY : PV

VENTILATOR PARAMETERS

SIMV	:	PEEP	:	I TIME	:	FI. RR	:	APRV	:
CONTROL	:	PS	:	PAWP	:	VT	:		
CPAP	:	PIP	:	I:E RATIO:		PC	:		

COMMENTS : *No Complications.**Results called/repeated back.

SUMMARY OF MOST RECENT BLOOD GASES

Drawn		pH(T)	pCO_2(T)	pO_2(T)	$cHCO_3^-$(P)	cBase(B)	sO_2	tHb	sO_2Hb	FCOHb	FMetHb	Hct	$AaDO_2$	a/A Ratio	FiO_2
05/27/2010	21:00	7.380	42.0	91.0	24.3	-0.4	98.4	13.4	94.8	2.8	0.9				21.0

↓ = Critical Low
↑ = Critical High
↓ = Low
↑ = High

? = Invalid result DO NOT USE for clinical interpretation. Repeat recommended.

Respiratory Therapy Direct Charting

Arterial Blood Gas

Recorded Date	Procedure / Units / Reference Range / Recorded By	Non Critical Notification Arterial	Critical Value Arterial	ARC Arterial Reference Range
5/27/2010	Vickery RCP,Penny H	See Below [T6]	No	See Below [T7]

Textual Results

T6: 5/27/2010 21:00 EDT (Non Critical Notification Arterial)
MD Notified, Per Parameters, Posted on Chart

T7: 5/27/2010 21:00 EDT (ARC Arterial Reference Range)
Arterial pH Normal Range 7.35 - 7.45, Arterial PaCO2 Normal Range 35mmHg - 45mmHg, Arterial PaO2 Normal Range 80mmHg - 100mmHg, Arterial HCO3 Normal Range 22 - 24 meq/liter, Arterial Base Normal Range +2 - -2, Total Hgb Normal Range 11 - 17 g/dl, CO Hgb Normal Range 0 - 5%, MET Hgb Normal Range 0 - 2%, Whole Blood Potassium Normal Range 3.5 - 5.1 meq/liter, Lactate Normal Range 0.5-2.2mmol/L, Calcium Normal Range 1.16-1.32 mmol/L, Glucose Normal Range 70-99 mg/dl, Sodium Normal Range 136-145 mmol/L, Chloride Normal Range 99-110 mmol/L

Blood Gas Assessment- Charges

Recorded Date	Procedure / Units / Reference Range / Recorded By	ABG Obtain Site	ABG Allen's Test	ABG Collection Time	ABG Site Condition
5/27/2010	Vickery RCP,Penny H	Right Radial	Positive	5/27/2010 21:00 EDT	No Hematoma

Recorded Date	Procedure / Blood Gas Charge ARC / Units / Reference Range / Recorded By	
5/27/2010	Vickery RCP,Penny H	See Below [T8]

Textual Results

T8: 5/27/2010 21:00 EDT (Blood Gas Charge ARC)
Analysis with Measured SaO2, Arterial Puncture

Radiology

ACCESSION	EXAM DATE/TIME	PROCEDURE	ORDERING PROVIDER	STATUS
CR-10-0082822	5/27/2010 20:39 EDT	CR Chest 1 View Portable	Campbell MD,Kenneth Stephen	Auth (Verified)

Reason For Exam
(CR Chest 1 View Portable) Altered Mental Status

Findings:
AP CHEST, 5/27/10:

INDICATION: Altered mental status.

Radiology

ACCESSION	EXAM DATE/TIME	PROCEDURE	ORDERING PROVIDER	STATUS
CR-10-0082822	5/27/2010 20:39 EDT	CR Chest 1 View Portable	Campbell MD,Kenneth Stephen	Auth (Verified)

Findings:
Single AP view of the chest was obtained in a somewhat lordotic position. Heart size is upper normal, likely exaggerated by AP lordotic technique. There is no free air beneath the hemidiaphragm and no evidence for pneumothorax. Osseous structures appear generally intact. The lungs show no consolidation, edema or effusion.

CONCLUSION:

NO DEFINITE ACTIVE PROCESS.

**** Final **** *Trans On: 05/28/2010 10:0by: JIE*
Read by: Saunders MD, Stuart
Released By: Saunders MD, Stuart
Released on: 05/28/2010 11:12 *Technologist: Rogers RT,R,M, Hope S,Wetmore RT,R,*

ACCESSION	EXAM DATE/TIME	PROCEDURE	ORDERING PROVIDER	STATUS
CT-10-0030524	5/27/2010 20:40 EDT	CT Head W/O IV Contrast	Campbell MD,Kenneth Stephen	Auth (Verified)

Reason For Exam
(CT Head W/O IV Contrast) ams

Findings:
CT HEAD WITHOUT CONTRAST, 5/27/10:

INDICATION: 37-YEAR-OLD WITH ALTERED MENTAL STATUS, DIZZINESS AND MEMORY LOSS.

TECHNIQUE:
Standard noncontrast head CT obtaining 5 mm axial images from the skull base to the skull vertex.

FINDINGS:
There is no extra-axial collection or evidence of intracranial hemorrhage. No mass effect, midline shift, or hydrocephalus. Normal gray/white matter differentiation of brain parenchyma is maintained. The ventricles have normal size and configuration. The basilar cisterns are patent. Visualized brain stem and posterior fossa structures are normal.

Visualized portions of the orbits, paranasal sinuses, and mastoid air cells are normal. Bone windows demonstrate no calvarial abnormality.

Radiology

ACCESSION	EXAM DATE/TIME	PROCEDURE	ORDERING PROVIDER	STATUS
CT-10-0030524	5/27/2010 20:40 EDT	CT Head W/O IV Contrast	Campbell MD,Kenneth Stephen	Auth (Verified)

Findings:

IMPRESSION:

NO ACUTE INTRACRANIAL PROCESS.

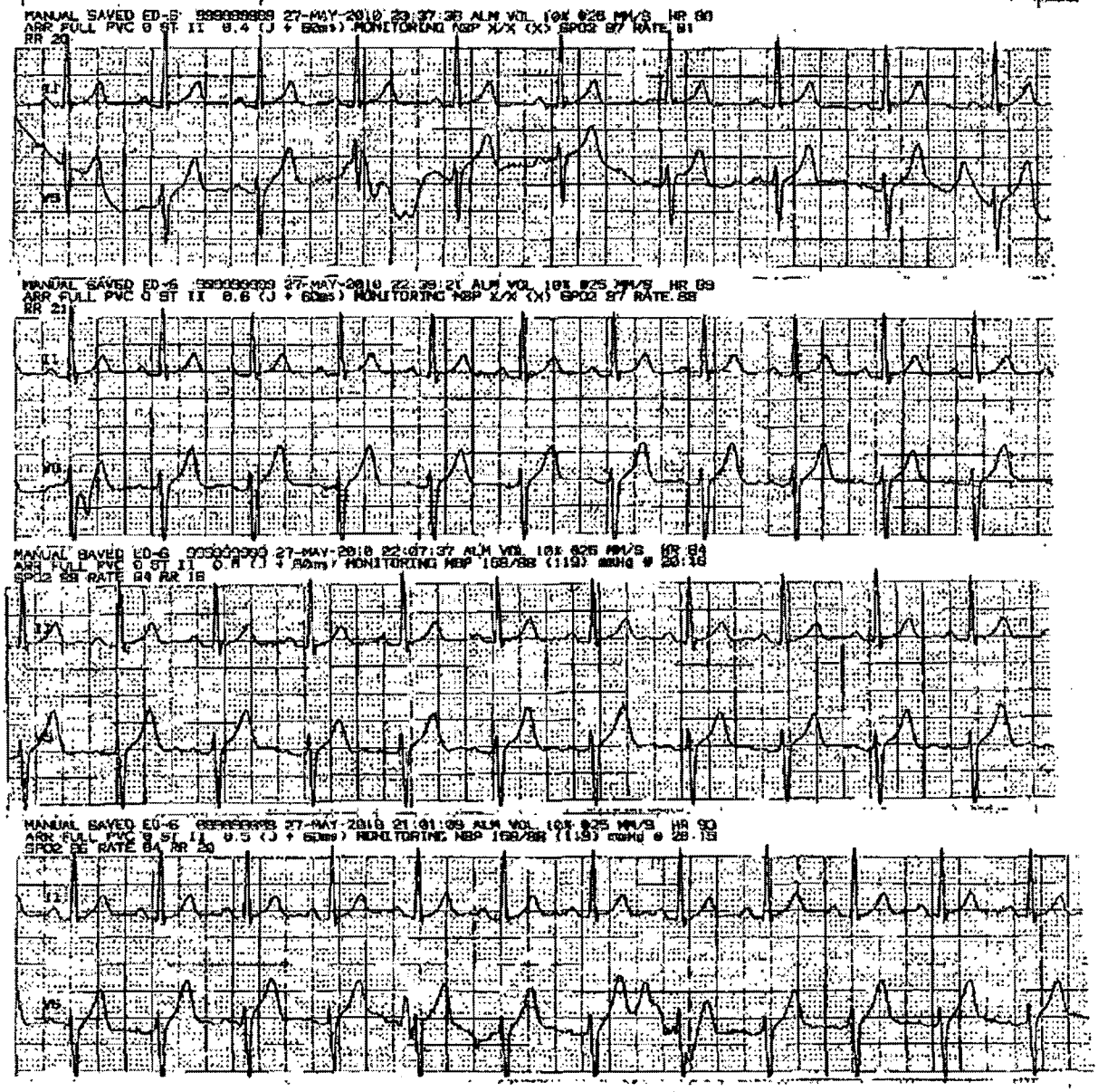
*** Final *** Trans On: 05/27/2010 21:3by: SEE
Read by: Parti MD, Naveen Nath
Released By: Parti MD, Naveen Nath
Released on: 05/28/2010 16:24 Technologist: Chase RT,R, Deborah A

Cardiac Services

MILLER, JEFFREY ALLEN
H1014701927
MR 000098764 CAMPBELL, KENNETH S
[redacted] 37Y M

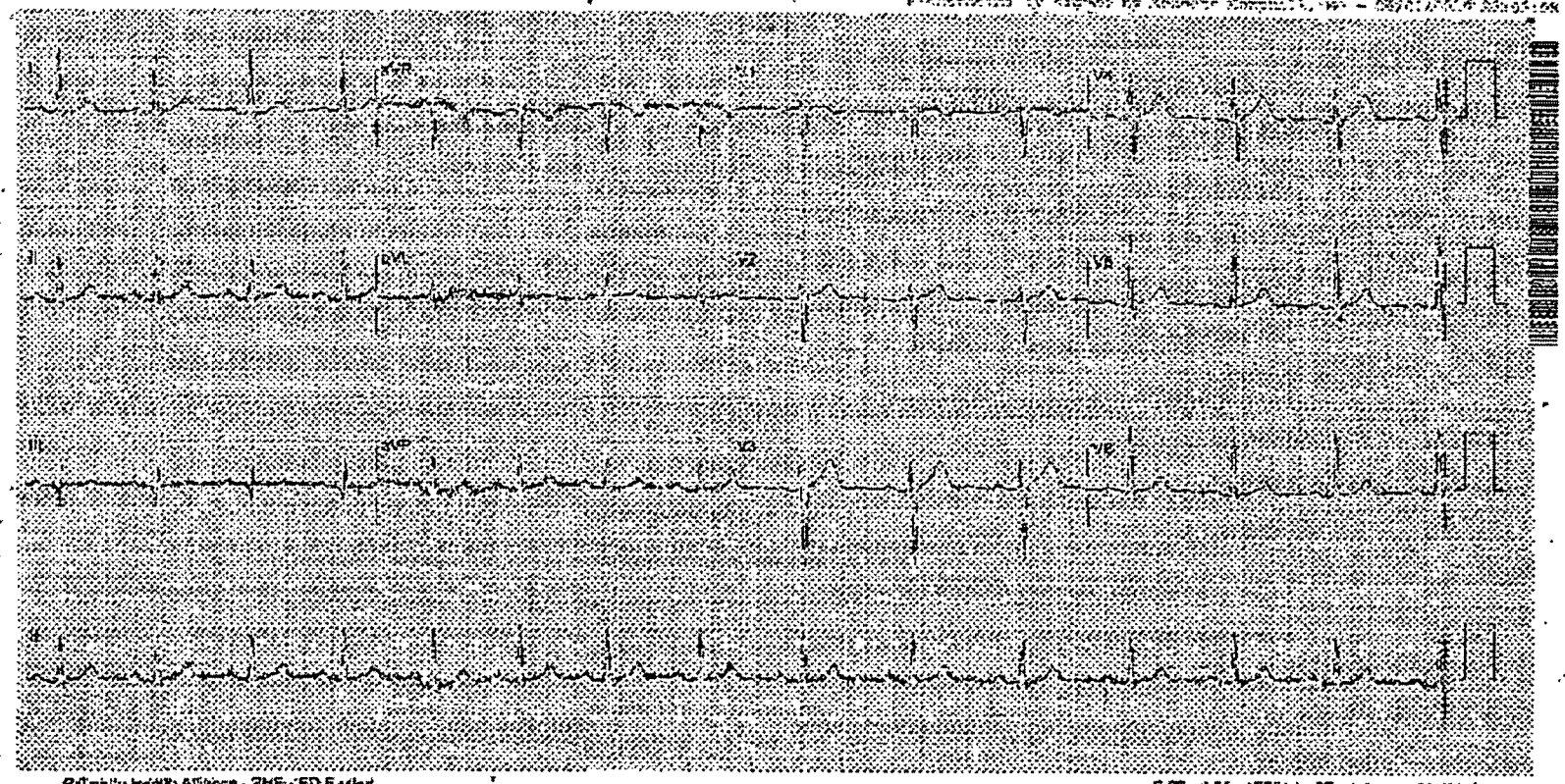
PALMETTO HEALTH
Patient Rhythm Record

Date:



J000165C70mm Original 12/12/07

* Auth (Verified) *



Palmetto Health Alliance - PHE - ED Easley

P 60~0.05 - 150Hz 25 mm/sec 10 mm/mV

Medication Administration

Medications

Admin Date/Time: 5/27/2010 19:58 EDT
Medication Name: aspirin
Charted Date/Time: 5/27/2010 20:02 EDT
Ingredients: aspirin 324 mg
Admin Details: (Auth) PO
Action Details: Order: Campbell MD,Kenneth Stephen 5/27/2010 20:02 EDT; Perform: Stegall RN,Anna B 5/27/2010 20:02 EDT; VERIFY: Stegall RN, Anna B 5/27/2010 20:02 EDT

Admin Date/Time: 5/27/2010 21:00 EDT
Medication Name: Sodium Chloride 0.9% (NS 0.9% Bolus)
Charted Date/Time: 5/27/2010 21:25 EDT
Ingredients: NS 0.9% Bolus 1000 mL
Admin Details: (Auth) IV, Left Upper Forearm
Action Details: Order: Campbell MD,Kenneth Stephen 5/27/2010 20:12 EDT; Perform: Bittle RN,Jennifer B 5/27/2010 21:25 EDT; VERIFY: Bittle RN, Jennifer B 5/27/2010 21:25 EDT

Admin Date/Time: 5/27/2010 22:35 EDT
Medication Name: Sodium Chloride 0.9% (Sodium Chloride 0.9% Bolus)
Charted Date/Time: 5/27/2010 22:38 EDT
Ingredients: Sodium Chloride 0.9% Bolus 1000 ml
Admin Details: (Auth) IV, Right Upper Forearm
Action Details: Order: Campbell MD,Kenneth Stephen 5/27/2010 22:32 EDT; Perform: Bittle RN,Jennifer B 5/27/2010 22:38 EDT; VERIFY: Bittle RN, Jennifer B 5/27/2010 22:38 EDT

Admin Date/Time: 5/27/2010 22:43 EDT
Medication Name: potassium chloride
Charted Date/Time: 5/27/2010 22:44 EDT
Ingredients: potassium chloride 40 mEq
Admin Details: (Auth) PO
Action Details: Order: Campbell MD,Kenneth Stephen 5/27/2010 22:33 EDT; Perform: Bittle RN,Jennifer B 5/27/2010 22:44 EDT; VERIFY: Bittle RN, Jennifer B 5/27/2010 22:44 EDT

Education

* Auth (Verified) *

Name: JEFFREY MILLER MRN: H000098764

MILLER, JEFFREY ALLEN
H1014701927
[redacted] 37Y. M CAMPBELL, KENNETH S

I, JEFFREY MILLER, have received the Physician's Discharge Summary, my patient education materials, and have verbalized understanding:

Patient Signature	Date	Provider Signature	Date
	5/28/10		5/28/10

MRN: H000098764 FIN: H1014701927

Infusion Stop Time

DOCUMENT NAME: Infusion Stop Time Documentation
SERVICE DATE/TIME: 5/27/2010 20:14 EDT
RESULT STATUS: Auth (Verified)
PERFORM INFORMATION: Bittle RN,Jennifer B (5/27/2010 20:14 EDT)
ELECTRONICALLY SIGNED BY:

Infusion Stop Time Documentation
05/27/10 08:14 pm Performed by Bittle RN, Jennifer B
Entered on 05/27/10 10:23 pm

Infusion Stop Time Capture

Infusion Stop Time RTF — Order Name: Sodium Chloride 0.9%
Order_id: 875117154
Patient Name: MILLER, JEFFREY ALLEN
Patient MRN: 98764
Patient FIN: 1014701927

Admin Date/Time: 05-27-2010 21:00
Charted By: Bittle RN, Jennifer B
Site: Left Upper Forearm
Route of Administration: IV

Bag 1 Stop Date and Time: 05/27/10 22:23
Infusion Stop Time Doc Complete: Yes

DOCUMENT NAME: Infusion Stop Time Documentation
SERVICE DATE/TIME: 5/27/2010 22:32 EDT
RESULT STATUS: Auth (Verified)
PERFORM INFORMATION: Bittle RN,Jennifer B (5/27/2010 22:32 EDT)
ELECTRONICALLY SIGNED BY:

Infusion Stop Time Documentation
05/27/10 10:32 pm Performed by Bittle RN, Jennifer B
Entered on 05/28/10 00:55 am

Infusion Stop Time Capture

Infusion Stop Time RTF — Order Name: Sodium Chloride 0.9%
Order_id: 875176322
Patient Name: MILLER, JEFFREY ALLEN
Patient MRN: 98764
Patient FIN: 1014701927

Admin Date/Time: 05-27-2010 22:36
Charted By: Bittle RN, Jennifer B
Site: Right Upper Forearm
Route of Administration: IV

Infusion Stop Time

Bag 1 Stop Date and Time	05/28/10 00:20
Infusion Stop Time Doc Complete	Yes

Administrative

* Auth (Verified) *

MILLER, JEFFREY ALLEN
H1014701927
MR 000098764
[redacted] 37Y M CAMPBELL, KENNETH S

CONSENT FOR EXAMINATIONS, TREATMENTS AND OPERATIONS

Consent for Examinations, Treatments, and Operations: I hereby consent to and authorize Palmetto Health and the physician or surgeon in charge of my case to perform such examinations, treatments, operations, diagnostic procedures, administration of blood and blood products and necessary anesthetics which may in his/her opinion be necessary.

I consent to the disposal by hospital authorities of any tissue or members which may be removed during the course of my treatment. I further understand if my tissue is used rather than destroyed, it will not be linked to my name or any other identifier that could be traced to me.

To protect myself and others, I also give permission to have blood drawn and tested for infectious diseases including, but not limited to, HIV (AIDS virus) and Hepatitis.

Palmetto Health is a medical teaching institution; therefore, residents and other health providers in training may be involved in my care under the supervision of an attending physician, proctor or preceptor. I further understand that video cameras may be used in patient rooms for observation purposes and pictures may be taken for treatment and diagnosis.

PERSONAL VALUABLES RELEASE

I understand that Palmetto Health maintains an area for storage and safekeeping of my money and valuables, and that I may deposit such items with Palmetto Health for safekeeping. I further understand that the hospital will not be responsible or liable for the loss or damage to any money and valuables, which I do not deposit with the Hospital. I have voluntarily chosen not to deposit my money and valuables with the Hospital and assume full responsibility for any and all loss of or damage to my money and valuables and I further agree that Palmetto Health shall be held harmless for any and all such loss or damage.

I certify that I have read the foregoing Release and that I fully understand its provisions.

Acknowledgment of Notice of Privacy Practices

My signature acknowledges my receipt of the Notice of Privacy Practices from Palmetto Health.

Acknowledgement of Patient's Bill of Rights

My signature acknowledges the availability of the Patient's Bill of Rights (which includes provisions of the Lewis Blackman Patient Safety Act).

Directory Inclusion/Exclusion

I have chosen to opt out of the Palmetto Health directory: _____

I have been offered information or assistance regarding Advanced Directives: Patient's Initials

I certify that I have read the Personal Valuables Release and fully understand its provisions: Patient's Initials

I have received a copy of the Lewis Blackman Patient Safety Act Letter Patient's Initials

Advanced Directives

Do you have an Advanced Directive?
(Living Will or Healthcare Power of Attorney).

Are you an Organ Donor.

Patient or Patient Designee/Representative Date

Witness Signature Date 5-27-10

* Auth (Verified) *

MILLER, JEFFREY ALLEN
H101470 1927
[redacted] 37Y M CAMPBELL, KENNETH J.

GUARANTY AND ASSIGNMENT OF INSURANCE BENEFITS

I hereby guaranty payment to Palmetto Health Alliance d/b/a Palmetto Health Richland, d/b/a Palmetto Health Baptist, d/b/a Palmetto Health Easley and my attending and consulting physician(s) (including, but not limited to, pathologists, radiologists and anesthesiologists), for all charges and services incurred for the account(s) of the patient from date of admission until discharge. I do hereby assign to Palmetto Health Alliance and/or my attending and consulting physician(s) (including, but not limited to, pathologists, radiologists, and anesthesiologists), any and all medical insurance, health benefits, hospital benefits, sick benefits, injury benefits and settlement proceeds due or payable because of liability of a third party, payable by any party, organization or insurance company, or other sources of payment, unless I pay the account(s) in full upon discharge, (the "Assignment").

If I fail to pay all charges when due I agree to pay all costs of collection, including attorneys fees, collection costs and court costs.

I hereby authorize and request Palmetto Health Alliance and/or my attending and consulting physician(s) (including, but not limited to, pathologists, radiologists and anesthesiologists) to release and furnish medical information, necessary to support claims submitted, to any entities for payment, pursuant to the above Assignment.

In the event the undersigned is entitled to health care or medical benefits of any type whatsoever, arising out of any policy of insurance insuring the patient or any party liable to the patient, said benefits are hereby assigned to Palmetto Health Alliance and/or my attending and consulting physician(s) (including, but not limited to, pathologists, radiologists, and anesthesiologists), for application to the patient account(s) for services rendered.

I do hereby appoint and assign to Palmetto Health Alliance and/or my attending and consulting physician(s) (including, but not limited to, pathologists, radiologists, and anesthesiologists) as my true and lawful attorneys in fact, to act on my behalf, with the full power and authority to collect any and all charges incurred for the benefit of the patient pursuant to the assignment of benefits set forth above.

ACKNOWLEDGEMENT OF RECEIPT OF MEDICARE/TRICARE MEDICAL INFORMATION

I, the undersigned acknowledge that if I am a Medicare/TRICARE beneficiary, I have been provided with a notice from Medicare/TRICARE regarding my rights as a Medicare/TRICARE patient and the rights form has not been altered.

I authorize a copy of this assignment to be used in place of the original.

Patient or Patient Designee/Representative — Date — Witness Signature — Date 5-27-10

Ancillary Notes

* Auth (Verified) *

Fax sent by : 8642422366 GREENVILLE RADIOLOGY 05-27-10 07:41p Pg: 1/1

RADIOLOGY BAPTIST EASLEY HOSPITAL
PRELIMINARY REPORT

ER FAX # 442-7887
FIRE ER PHONE # 442-7769
PRINT LINE # [illegible]
RADIOLOGY WORK AREA 442-7238
RADIOLOGY BEEPER 442-7588, DIAL [illegible]
ULTRASOUND 442-7691

MILLER, JEFFREY ALLEN
H101470 1927
[redacted] 37Y M
CAMPBELL, KENNETH S

POOR ORIGINAL

NAME: Miller, Jeffrey 37yr
DATE: 5-27-10
MRN: 98764 ACCESSION# 030524
FACS ID # [redacted]

PROCEDURE REQUESTED: CT Head
REFERRING PHYSICIAN: Campbell
REASON FOR EXAM: AMS, Dizzy, Memory loss (Short & long term)

PREVIOUS CT STUDIES — YES NO
IMAGES SENT ☐ REPORTS ☐

100 CC OPTIRAY 350 150 CC OPTIRAY 350 OTHER:

PRELIMINARY REPORT:

(—) HD CT

RADIOLOGIST: Pool

FINAL REPORT DICTATED YES NO

DRS: ALLEN, BRANNON, CARSON, COOPER, CURLEY, DAVID, DIETER, DEVANE, EVERT, FARNSWORTH, FULCHER, GALBREATH, JOHN GILPIN, LEWIS GILPIN, GRAY, HANNA, HAYDEN, HINES, LAWHAM, LEE, LOWE, MASTERS, MADELINE, MAMRICK, MCMANUS, MILAM, OANER, PARTI, REEVARZ, ROGERS, SAUNDERS, MACK THOMASON, MIKE THOMASON, WILLIAMS, [illegible]

IN ACCORDANCE WITH FEDERAL PRIVACY LAWS, THE INFORMATION CONTAINED IN THIS FAX IS CONFIDENTIAL AND IS INTENDED ONLY FOR THE RECIPIENT NAMED ABOVE. IF YOU HAVE RECEIVED THIS FAX IN ERROR, PLEASE CALL THE SENDER IDENTIFIED ABOVE AND RETURN THE FAXED PAGES TO GREENVILLE RADIOLOGY, P.A. FOR APPROPRIATE DISPOSITION.

Facility Info: Baptist Easley Hospital
PO Box 2129
Easley, SC 29641-2129

Patient Info: MILLER, JEFFREY ALLEN
135 WILSON WAY
PICKENS, SC 29671-8244

MRN: E000098764; H000098764
FIN: H1014701927

Attending Physician: Campbell MD,Kenneth Stephen
Admitting Physician: Campbell MD,Kenneth Stephen

Pt. Age: 42 years
Date of Birth: [redacted]
CMRN: 001266294

Clinical Diagnoses

Diagnosis: Altered mental status (Qualifier:)
Secondary Description:
Last Reviewed Date: 5/27/2010 20:10 EDT; Campbell MD,Kenneth Stephen
Responsible Provider:
Diagnosis Date: 5/27/2010
Status: Active
Clinical Service: Emergency medicine; **Classification:** Medical; **Confirmation:** Confirmed; **Code:** 0048084F-1C9E-401C-BBFC-480A8CB4F817 (PNED); **Ranking:** ; **Severity:** ; **Severity Class:**

Diagnosis: Chest pain (Qualifier:)
Secondary Description:
Last Reviewed Date: 5/27/2010 20:10 EDT; Campbell MD,Kenneth Stephen
Responsible Provider:
Diagnosis Date: 5/27/2010
Status: Active
Clinical Service: Emergency medicine; **Classification:** Medical; **Confirmation:** Confirmed; **Code:** 8E095FBB-BBCA-40DB-90A7-E93D6615CA20 (PNED); **Ranking:** ; **Severity:** ; **Severity Class:**

Diagnosis: Alcohol intoxication 303.00 (Qualifier:)
Secondary Description:
Last Reviewed Date: 5/28/2010 00:07 EDT; Campbell MD,Kenneth Stephen
Responsible Provider: Campbell MD,Kenneth Stephen
Diagnosis Date: 5/28/2010
Status: Active
Clinical Service: Emergency medicine; **Classification:** Medical; **Confirmation:** Confirmed; **Code:** 303.00 (ICD-9-CM); **Ranking:** ; **Severity:** ; **Severity Class:**

Diagnosis: Chest pain 786.5 (Qualifier:)
Secondary Description:
Last Reviewed Date: 5/28/2010 00:07 EDT; Campbell MD,Kenneth Stephen
Responsible Provider: Campbell MD,Kenneth Stephen
Diagnosis Date: 5/28/2010
Status: Active
Clinical Service: Emergency medicine; **Classification:** Medical; **Confirmation:** Confirmed; **Code:** 786.50 (ICD-9-CM); **Ranking:** ; **Severity:** ; **Severity Class:**

Laboratory Results

Hematology

Collected Date: 5/27/2010
Collected Time: 20:15 EDT

Procedure		Units	Reference Range
WBC Count	6.8	K/uL	[4.3-11.0]
RBC Count	4.89	M/uL	[4.60-6.20]
Hemoglobin	15.1	g/dL	[14.0-18.0]
Hematocrit	42.0	%	[40.0-54.0]
MCV	85.9	fL	[80-94]
MCH	30.9	pg	[26.0-33.0]
MCHC	36.0	g/dL	[31.0-36.0]
RDW	39.4	fL	[35.9-50.8]
Platelet Count	201	K/uL	[150-450]
MPV	10.8	fL	[8.7-12.3]
Auto Neutrophil	46*	%	[50.0-80.0]
Auto Lymph	42*	%	[14.0-40.0]
Auto Monocyte	8	%	[4.0-12.0]
Auto Eos	2	%	[0.0-5.0]

Laboratory Results

Hematology

Collected Date: 5/27/2010
Collected Time: 20:15 EDT

Procedure		Units	Reference Range
Auto Basophil	1	%	[0.0-2.0]
Auto Immature Grans	0		[0-0.5]
Absolute Neutrophil	3.16	K/uL	[1.80-7.50]
Absolute Lymph	2.87	K/uL	[1.00-4.80]
Absolute Monocytes	0.55	K/uL	[0.00-1.00]
Absolute Eosinophils	0.14	K/uL	[0.00-0.50]
Absolute Baso	0.07	K/uL	[0.00-0.10]
Absolute Immature Grans	0.02	K/uL	[0-0.05]

Coagulation

Collected Date: 5/27/2010
Collected Time: 20:15 EDT

Procedure		Units	Reference Range
Protime	11.3	SEC	[10.8-13.2]
INR	0.9 R2		
PTT	23.9 R3	SEC	[20-36]

Result Comments

R2: INR
RECOMMENDED THERAPEUTIC RANGES FOR INR BY INDICATION:
PROPHYLAXIS/TREATMENT OF VENOUS THROMBOSIS 2.0-3.0
TREATMENT OF PULMONARY EMBOLISM 2.0-3.0
PREVENTION OF SYSTEMIC EMBOLISM FROM:
-TISSUE HEART VALVES 2.0-3.0
-ACUTE MYOCARDIAL INFARCTION 2.0-3.0
-VALVULAR HEART DISEASE 2.0-3.0
-ATRIAL FIBRILLATION 2.0-3.0
PREVENTION OF RECURRENT MYOCARDIAL INFARCTION 2.5-3.5
MECHANICAL PROSTETHIC VALVES (HIGH RISK) 2.5-3.5

R3: PTT
FOR HEPARIN REGULATION,SEE HEPARIN PROTOCOL.

Chemistry

Collected Date	5/27/2010	5/27/2010	5/27/2010		
Collected Time	20:15 EDT	21:00 EDT	23:15 EDT		
Procedure				Units	Reference Range
Sodium	137	-	-	mmol/L	[134-145]
Potassium	3.4 L	-	-	mmol/L	[3.6-5.0]
Chloride	102	-	-	mmol/L	[98-107]
CO2	27	-	-	mmol/L	[22-32]
Anion Gap	11	-	-		[6-17]
Glucose Level	80	-	-	mg/dL	[75-100]
BUN	5 L	-	-	mg/dL	[8-21]
Creatinine	0.9	-	-	mg/dL	[0.7-1.3]
GFR Non-African American	95 R4	-	-	ml/min/1.73 sq meter	
GFR African American	115 R4	-	-	ml/min/1.73 sq meter	
BUN/Creat Ratio	5.6 L	-	-		[7-25]
Calcium	8.9	-	-	mg/dL	[8.4-10.4]

Laboratory Results

Chemistry

Collected Date / Collected Time / Procedure	5/27/2010 20:15 EDT	5/27/2010 21:00 EDT	5/27/2010 23:15 EDT	Units	Reference Range
Total Protein	7.2	-	-	g/dL	[6.3-8.2]
AG Ratio	1.25	-	-	ratio	[1.0-3.5]
Albumin	4.0	-	-	g/dL	[3.5-5.0]
Bilirubin, Total	0.4	-	-	mg/dL	[0.2-1.3]
Alkaline Phos	68	-	-	U/L	[38-126]
AST (SGOT)	38	-	-	U/L	[11-59]
ALT (SGPT)	25	-	-	U/L	[21-72]
Ammonia, Plasma	-	29	-	UMOL/L	[9-33]
Troponin I	<0.01 R5	-	<0.01 R5	ng/mL	[0.00-0.03]
Myoglobin	44	-	34	ng/mL	[0-109]
CPK	121	-	103	U/L	[55-170]
Myocard Prof Hour	ADMISSION	-	3 HOUR		
Acetaminophen Level	<10 L	-	-	ug/mL	[10.0-30.0]
Salicylate	<1	-	-	mg/dL	[<20]
Ethyl Alcohol	167 R6	-	-	mg/dl	[<10]

Result Comments

R4: GFR African American, GFR Non-African American
Avg GFR for 30-39 yrs = 107 ml/min/1.73
Kidney failure = <15 ml/min/1.73 sqm.
Chronic Kidney Disease = <60

R5: Troponin I
Troponin I levels greater than 0.03 are
indicative of Myocyte Necrosis.
Troponin I levels greater than 0.11 are
indicative of Acute Myocardial Infarction.

R6: Ethyl Alcohol
FOR MEDICAL PURPOSES ONLY (PLASMA).

Toxicology

Collected Date / Collected Time / Procedure	5/27/2010 20:30 EDT	Units	Reference Range
Amphetamines	NEGATIVE		
Barbiturates	NEGATIVE		
Benzodiazepines	NEGATIVE		
THC	NEGATIVE		
Cocaine Metabolites	NEGATIVE		
Opiates	NEGATIVE		
Phencyclidine	NEGATIVE		
Methadone Level	NEGATIVE		
Drug Screen Comment	INVALID R7		
Drug Screen Result	NO DRUGS OF ABUSE DETECTED		

Result Comments

R7: Drug Screen Comment
PLEASE BE ADVISED
THE SPECIMEN INTEGRITY CHECKS PERFORMED ON
THE URINE SUBMITTED TO THE LABORATORY
ARE NOT CONSISTENT WITH AN UNADULTERATED
URINE SPECIMEN.

Laboratory Results

Toxicology

Result Comments
R7: Drug Screen Comment
****

SUGGEST RECOLLECTION AND RETESTING
****

DETECTION LIMIT FOR AMPHETAMINES 500 ng/mL.
DETECTION LIMIT FOR BARBITURATES AND
BENZODIAZEPINES IS 200 ng/ml.
DETECTION LIMIT FOR COCAINE IS 150 ng/mL.
DETECTION LIMIT FOR METHADONE IS 300 ng/mL.
DETECTION LIMIT FOR OPIATE IS 2000 ng/ml.
DETECTION LIMIT FOR PHENCYCLIDINE IS 25 ng/ml.
DETECTION LIMIT FOR THC IS 50 ng/ml.

*** DUE TO A SAMHSA REVISION, THE CUTOFF
OF AMPH & COC WAS ADJUSTED. ***

Microbiology

PROCEDURE:	Culture Urine	ACCESSION:	H23932
SOURCE:	zzVOD	BODY SITE:	
COLLECTED DATE/TIME:	5/27/2010 20:30 EDT	RECEIVED DATE/TIME:	5/27/2010 20:44 EDT
START DATE/TIME:	5/27/2010 20:30 EDT	FREE TEXT SOURCE:	

INTERFACED REPORTS
Culture Urine
Verified Date/Time/Personnel: 5/27/2010 20:44 EDT
SPECIMEN DESCRIPTION: URINE,VOID
SPECIAL REQUESTS: NONE
CULTURE: NEGATIVE AT 48 HOURS
REPORT STATUS: FINAL 05292010

PROCEDURE:	Culture Blood 1	ACCESSION:	H23928
SOURCE:	Blood Specimen	BODY SITE:	
COLLECTED DATE/TIME:	5/27/2010 21:00 EDT	RECEIVED DATE/TIME:	5/27/2010 21:13 EDT
START DATE/TIME:	5/27/2010 21:00 EDT	FREE TEXT SOURCE:	

INTERFACED REPORTS
Culture, Blood 1
Verified Date/Time/Personnel: 5/27/2010 21:14 EDT
SPECIMEN DESCRIPTION: BLOOD
SPECIAL REQUESTS: NONE
CULTURE: NO GROWTH AT 5 DAYS (FINAL REPORT)
REPORT STATUS: FINAL 06022010

Microbiology

PROCEDURE:	Culture Blood 2	ACCESSION:	H23929
SOURCE:	Blood Specimen	BODY SITE:	
COLLECTED DATE/TIME:	5/27/2010 21:10 EDT	RECEIVED DATE/TIME:	5/27/2010 21:14 EDT
START DATE/TIME:	5/27/2010 21:10 EDT	FREE TEXT SOURCE:	

INTERFACED REPORTS
Culture, Blood 2
Verified Date/Time/Personnel: 5/27/2010 21:14 EDT

SPECIMEN DESCRIPTION: BLOOD
SPECIAL REQUESTS: NONE
CULTURE: NO GROWTH AT 5 DAYS (FINAL REPORT)
REPORT STATUS: FINAL 06022010

Social History

Tobacco
Detail: Current every day smoker (Last Update: 8/17/2014 00:43 EDT by Holbrooks RN,Donald G)
Comment: 8/17/2014 00:43 EDT; Holbrooks RN,Donald G;
Patient smokes a pack of cigarettes a week

Family History

Last Update: 8/17/2014 00:46 EDT by Holbrooks RN,Donald G

Mother: Alive

Condition		Age of Onset	Life Cycle	Severity
Hypertension	Positive			
Stroke	Positive			

Father: Alive

Condition		Age of Onset	Life Cycle	Severity
Acute myocardial infarction	Positive			
Diabetes mellitus type 2	Positive			
Hypertension	Positive			
Stroke	Positive			

Facility Info: Baptist Easley Hospital
PO Box 2129
Easley, SC 29641-2129

Attending Physician: Worsham MD,John W
Admitting Physician: Worsham MD,John W

Patient Info: MILLER, JEFFREY ALLEN
135 WILSON WAY
PICKENS, SC 29671-0244

Pt. Age: 42 years
Date of Birth: [redacted]
CMRN: 001266294

MRN: E000098764; H000098764
FIN: H1205802438

Facesheet

* Auth (Verified) *

NH

Baptist Easley Hospital

200 FLORENCE AVE.
EASLEY, SC 29640

EMERGENCY DEPARTMENT RECORD

DISPOSITION _____
TIME _____

PATIENT ACCOUNT NUMBER	7 DAY PRINT DATE & TIME	DATE OF SERVICE	REG. TYPE	BY CODE	PIN CLASS	TIME OF ARRIVAL	MEDICAL RECORD NO
1205802438	02/27/12 16:45	02/27/2012	ERH	EMS	01	16:39	000098764

NAME AND ADDRESS: MILLER, JEFFREY ALLEN
135 WILSON LANE
PICKENS SC 29671

SOCIAL SECURITY NUMBER: 248593215

PHONE: (864)507-0236

GUARANTOR: MILLER, JEFFREY ALLEN
135 WILSON LANE
PICKENS SC 29671

SOCIAL SECURITY NUMBER: [redacted]

RELATIONSHIP: Self

PHONE: (864)507-0236

SEX	RACE	MARITAL STATUS	DATE OF BIRTH	AGE	EMPLOYER	OCCUPATION	LIVING WILL
M	80	X	[redacted]	39Y	WILBERT PLASTICS		No

EMERGENCY CONTACT: SHIRLING, DAWN
RELATIONSHIP: Other
PHONE: (864)207-0215

INSURANCE 1: SELF-PAY
MILLER, JEFFREY A
248593215

INSURANCE 2

INSURANCE 3

INSURANCE 4

INSURED DOB: [redacted]

INSURED DOB

INSURED DOB

INSURED DOB

CHIEF COMPLAINT: RT ARM NUMBNESS/FACIAL NUMBNESS

DATE OF LAST VISIT: 05/27/2010

ADMITTING PHYSICIAN: 43701 KHOSROWPOUR, SAIED

NON PAY PHONE

ACCIDENT TYPE

ACCIDENT DATE AND TIME

REFERRING PHYSICIAN: 70039 BOATWRIGHT, ROGER

ARRIVED BY: Self Driven

ACCOMPANIED BY:

LAST T.E.

CURRENT MEDICATIONS

PATIENT HISTORY	TIME	TEMP	PULSE	RESP.	BP	ALLERGIES	NOTIFIED	AT	RESP.

HX & Px (TIME:) ☐ Dictated

NURSE

HX RESIDENT ORD

PATIENT ORDERS

- ☐ OLD RECORDS
- ☐ EKG
- ☐ CBC
- ☐ SMA 7
- ☐ SMA 28
- ☐ PT / PTT
- ☐ MI INJURY PROFIL
- ☐ BLOOD CULT. x
- ☐ HCG (SERUM)
- ☐ HCG (URINE)
- ☐ CCUA
- ☐ CATH UA
- ☐ GEN PROBE
- ☐ WET PREP
- ☐ ABG
- ☐ CXR (PORT)
- ☐ CXR (PA+LAT)
- ☐ CT HEAD
- ☐ CT RENAL BED
- ☐ CT ABD
- ☐ CT
- ☐ IVP
- ☐ U.S.
- ☐ C-SPINE
- ☐ CROSS TABLE C-SPIN
- ☐ X-RAY

DIAGNOSIS

PHYSICIAN'S SIGNATURE

DATE

Printed on 02/27/2012 04:45 PM

CONDITION AT DISCHARGE: ☐ IMPROVED ☐ OTHER ☐ TX STABLE ☐ HOSPITALIZATION

DC VIA: ☐ AMBULATORY ☐ CRUTCHES ☐ OTHER ☐ WHEELCHAIR

DISCHARGE DATE

DISCHARGE TIME AM PM

FINAL DISPOSITION OF PATIENT: ☐ TREATED AND RELEASED ☐ ADMITTED TO ☐ TRANSFERRED TO

Nursing Documentation

DOCUMENT NAME:	Triage PHED
SERVICE DATE/TIME:	2/27/2012 16:40 EST
RESULT STATUS:	Auth (Verified)
PERFORM INFORMATION:	Scruggs RN,Jennifer L (2/27/2012 16:40 EST)
ELECTRONICALLY SIGNED BY:	Scruggs RN,Jennifer L (2/27/2012 16:40 EST)

Triage PHED Entered On: 02/27/12 16:44
Performed On: 02/27/12 16:40 by Scruggs RN, Jennifer L

Chief Complaint PHED
ED Mode of Arrival : Ambulatory
ED Chief Complaint : Dizziness
Chief Complaint : c/o right arm numbness, right facial numbness onset with dizziness and headache onset 0400 this am. c/o pain in right side of chest only without movement of right arm .states pain is relieved with movement of arm
Information Obtained From : Patient
Temperature Oral : 98.4DegF
Peripheral Pulse Rate : 79bpm
Resp. Rate : 16br/min
Systolic : 168mmHg
Diastolic : 89mmHg
NIBP Mean Calculated : 115mmHg
Pregnant : N/A
Gynecological Status : N/A
ED Pain Screen : No
Open Past Medical History : Open
Surgical History : Other: right Ankle
Implantable Devices : Other: Hardware in ankle.
Communicable Disease Exposure : None
Foreign Travel : no
Abuses : Tobacco
Smoking Status : Current every day smoker
Cigarette Smoking Last 365 Days : Yes
Abuse Signs Yes/No : No
Risk for Harm to Self or Others : No
Influenza Vaccine Status : Not received
Pneumococcal Vaccine Status : Not received
Home Meds Listed : Open
Allergies Screen : Open
Latex Allergy Screen : Open
ED Private Physician : No doctor

Scruggs RN, Jennifer L - 02/27/12 16:40

DCP GENERIC CODE
ED Tracking Acuity : 3
H Tracking Group : H Tracking Group

Scruggs RN, Jennifer L - 02/27/12 16:40

ED Triage Nurse : Scruggs RN, Jennifer L
Triage Date-Time : 02/27/2012 16:40

Scruggs RN, Jennifer L - 02/27/12 16:40

Nursing Documentation

Past Medical History
Past Medical History

Home Medications
Home Medication Information : Home Medication Information Complete

Scruggs RN, Jennifer L - 02/27/12 16:40

Medication List

Latex Screen
Diagnosed as Latex Allergic : No
Problem-Allergic Rxn to Rubber? : No

Scruggs RN, Jennifer L - 02/27/12 16:40

Allergies
Allergy Information : Allergy Information Complete

Scruggs RN, Jennifer L - 02/27/12 16:40

Allergies (Active).
NKA

Estimated Onset Date: Unspecified ; *Created By:* Stegall RN, Anna B; *Reaction Status:* Active ; *Category:* Drug Allergy ; *Substance:* NKA ; *Type:* Allergy ; *Updated By:* Stegall RN, Anna B; *Reviewed Date:* 02/27/12 16:42

DOCUMENT NAME:	Patient Activity
SERVICE DATE/TIME:	2/27/2012 17:56 EST
RESULT STATUS:	Auth (Verified)
PERFORM INFORMATION:	Hart,Stacy L (2/27/2012 17:56 EST)
ELECTRONICALLY SIGNED BY:	

Patient Activity
02/27/12 05:56 pm Performed by Hart, Stacy L
Entered on 02/27/12 06:05 pm

Patient Activity

Nursing Documentation

Patient Activity: In bed, Other: Checked on patient in room. Patient denied complaints.

Nursing Direct Charting

Vital Signs

Procedure	Units	Reference Range	Recorded Time 15:40 EST; Recorded By Scrugge RN,Jennifer L; Recorded Date 2/27/2012
Temperature Oral	DegF	[96-102]	98.4
Peripheral Pulse Rate	bpm	[60-100]	79
Respiratory Rate	br/min	[12-20]	18
NIBP Systolic	mmHg		168
NIBP Diastolic	mmHg		89
NIBP Mean Calculated	mmHg		115

Invasive Lines

Procedure	Units	Reference Range	Recorded Time 17:27 EST; Recorded By Matthews RN,Carrie L; Recorded Date 2/27/2012
Labs Obtained Via			With IV Insertion
Blue-large			x 1, Sent To Lab
Green			x 1, Sent To Lab
Lavender (Tube)			x 1, Sent To Lab
Red-large			x 1, Sent To Lab
Over the needle 20 gauge Left Antecubital 02/27/2012			
Peripheral IV Activity:			Inserted, Flushed
Peripheral IV Number of Attempts:			1
Peripheral IV Patency:			Patent, Blood return
Peripheral IV Dressing:			Occlusive, Transparent

Musculoskeletal System

Procedure	Units	Reference Range	Recorded Time 17:27 EST; Recorded By Matthews RN,Carrie L; Recorded Date 2/27/2012
Musculoskeletal Documentation			Musculoskeletal Documentation
Musculoskeletal Condition:			Numbness, Painful, Tingling
Musculoskeletal Site:			Right, Arm, Neck, Shoulder

Risk Precautions

Procedure	Units	Reference Range	Recorded Time 15:40 EST; Recorded By Scrugge RN,Jennifer L; Recorded Date 2/27/2012
Risk for Harm to Self or Others			No

Nursing Direct Charting

Risk Precautions

Procedure	Units	Reference Range	Recorded Time 16:40 EST Recorded By Scruggs RN,Jennifer L Recorded Date 2/27/2012
Abuse Signs Yes/No			No

Patient Activity

Procedure	Units	Reference Range	Recorded Time 17:56 EST Recorded By Hart,Stacy L Recorded Date 2/27/2012
Patient Activity			See Below T1

Textual Results
T1: 2/27/2012 17:56 EST (Patient Activity)
In bed, Other: Checked on patient in room. Patient denied complaints.

Direct Charting View

General Information

Recorded By	Recorded Date/Time	Procedure Units Reference Range	Private Physician	Mode of Arrival	Chief Complaint	ED Chief Complaint
Scruggs RN,Jennifer L	2/27/2012 16:40 EST		No doctor	Ambulatory	See Below T2	Dizziness
Tobino,Judith E	2/27/2012 18:41 EST		-	Ambulatory	-	Dizziness

Textual Results
T2: 2/27/2012 16:40 EST (Chief Complaint)
c/o right arm numbness, right facial numbness onset with dizziness and headache onset 0400 this am. c/o pain in right side of chest only without movement of right arm .states pain is relieved with movement of arm

Recorded By	Recorded Date/Time	Procedure Units Reference Range	Accompanied by	ED Acuity	Information Obtained from
Scruggs RN,Jennifer L	2/27/2012 16:40 EST		-	3	Patient
Stewart RN,Rachel A	2/27/2012 18:40 EST		Family	-	-

Pain Management

Pain

Recorded Date	Recorded By	Procedure Units Reference Range	ED Pain Screen
2/27/2012	Scruggs RN,Jennifer L		No

ED Documentation

DOCUMENT NAME:	Triage PHED
SERVICE DATE/TIME:	2/27/2012 16:40 EST
RESULT STATUS:	Auth (Verified)
PERFORM INFORMATION:	Scruggs RN,Jennifer L (2/27/2012 16:40 EST)
ELECTRONICALLY SIGNED BY:	Scruggs RN,Jennifer L (2/27/2012 16:40 EST)

Triage PHED Entered On: 02/27/12 16:44
Performed On: 02/27/12 16:40 by Scruggs RN, Jennifer L

Chief Complaint PHED
ED Mode of Arrival : Ambulatory
ED Chief Complaint : Dizziness
Chief Complaint : c/o right arm numbness, right facial numbness onset with dizziness and headache onset 0400 this am. c/o pain in right side of chest only without movement of right arm ,states pain is relieved with movement of arm
Information Obtained From : Patient
Temperature Oral : 98.4DegF
Peripheral Pulse Rate : 79bpm
Resp. Rate : 16br/min
Systolic : 168mmHg
Diastolic : 89mmHg
NIBP Mean Calculated : 115mmHg
Pregnant : N/A
Gynecological Status : N/A
ED Pain Screen : No
Open Past Medical History : Open
Surgical History : Other: right Ankle
Implantable Devices : Other: Hardware in ankle.
Communicable Disease Exposure : None
Foreign Travel : no
Abuses : Tobacco
Smoking Status : Current every day smoker
Cigarette Smoking Last 365 Days : Yes
Abuse Signs Yes/No : No
Risk for Harm to Self or Others : No
Influenza Vaccine Status : Not received
Pneumococcal Vaccine Status : Not received
Home Meds Listed : Open
Allergies Screen : Open
Latex Allergy Screen : Open
ED Private Physician : No doctor

Scruggs RN, Jennifer L - 02/27/12 16:40

DCP GENERIC CODE
ED Tracking Acuity : 3
H Tracking Group : H Tracking Group

Scruggs RN, Jennifer L - 02/27/12 16:40

ED Triage Nurse : Scruggs RN, Jennifer L
Triage Date-Time : 02/27/2012 16:40

Scruggs RN, Jennifer L - 02/27/12 16:40

ED Documentation

Past Medical History
Past Medical History

Home Medications
Home Medication Information : Home Medication Information Complete

Scruggs RN, Jennifer L - 02/27/12 16:40

Medication List

Latex Screen
Diagnosed as Latex Allergic : No
Problem-Allergic Rxn to Rubber? : No

Scruggs RN, Jennifer L - 02/27/12 16:40

Allergies
Allergy Information : Allergy Information Complete

Scruggs RN, Jennifer L - 02/27/12 16:40

Allergies (Active)
NKA *Estimated Onset Date:* Unspecified ; *Created By:* Stegall RN, Anna B; *Reaction Status:* Active ; *Category:* Drug Allergy ; *Substance:* NKA ; *Type:* Allergy ; *Updated By:* Stegall RN, Anna B; *Reviewed Date:* 02/27/12 16:42

DOCUMENT NAME: Patient Activity PHED
SERVICE DATE/TIME: 2/27/2012 17:29 EST
RESULT STATUS: Auth (Verified)
PERFORM INFORMATION: Matthews RN,Carree L (2/27/2012 17:29 EST)
ELECTRONICALLY SIGNED BY:

Patient Activity PHED
02/27/12 05:29 pm Performed by Matthews RN, Carree L
Entered on 02/27/12 05:29 pm

Patient Activity PHED

ED Patient Location To CT

ED Documentation

ED Mode of Transport	Wheelchair
ED Accompanied By	Nurse Tech

DOCUMENT NAME:	ED Visit Note
SERVICE DATE/TIME:	2/27/2012 17:08 EST
RESULT STATUS:	Auth (Verified)
PERFORM INFORMATION:	Worsham MD,John W (2/27/2012 17:11 EST)
ELECTRONICALLY SIGNED BY:	Worsham MD,John W (2/27/2012 18:28 EST)

Paresthesia

Patient: MILLER, JEFFREY ALLEN **MRN: H000098764** **FIN: H1205802438**
Age: 39 years Sex: Male DOB: [redacted]
Associated Diagnoses: Paresthesia 782.0
Author: Worsham MD, John W

Basic Information
Time seen: Date & time 02/27/12 17:08:00.
History source: Patient.
Arrival mode: Private vehicle, walking.
History limitation: None.

History of Present Illness
The patient presents with right and paresthesia. The onset was 13 hours ago. The course/duration of symptoms is constant. Location: Right face upper extremity. The character of symptoms is altered sensation and tingling. The degree at onset was moderate. The degree at maximum was moderate. The degree at present is moderate. Risk factors consist of smoking. The dominant hand is unknown. Prior episodes: none. Therapy today: none. Associated symptoms: headache. Baseline status: ambulatory.
Additional history: none.

Review of Systems
Constitutional symptoms: Negative except as documented in HPI.
Skin symptoms: Negative except as documented in HPI.
Eye symptoms: Negative except as documented in HPI.
ENMT symptoms: Negative except as documented in HPI.
Respiratory symptoms: Negative except as documented in HPI.
Cardiovascular symptoms: Negative except as documented in HPI.
Gastrointestinal symptoms: Negative except as documented in HPI.
Genitourinary symptoms: Negative except as documented in HPI.
Musculoskeletal symptoms: Negative except as documented in HPI.
Neurologic symptoms: Negative except as documented in HPI.
Psychiatric symptoms: Negative except as documented in HPI.
Endocrine symptoms: Negative except as documented in HPI.

Health Status
Allergies:
Allergic Reactions (All)
NKA

Past Medical/ Family/ Social History

Medical history
Negative.
Surgical history: Reviewed as documented in chart.
Family history: Not significant.

ED Documentation

Social history: Tobacco use, Family/social situation: Married.

Physical Examination

Vital Signs
Vital Signs.

02/27/12 16:40	Temperature Oral	98.4 DegF
	Peripheral Pulse Rate	79 bpm
	Respiratory Rate	16 br/min
	NIBP Systolic	168 mmHg
	NIBP Diastolic	89 mmHg
	NIBP Mean Calculated	115 mmHg

General: Alert, no acute distress.
Skin: Warm, dry.
Head: Normocephalic.
Neck: Supple.
Eye: Extraocular movements are intact, normal conjunctiva.
Ears, nose, mouth and throat: Oral mucosa moist.
Cardiovascular: Regular rate and rhythm, No murmur.
Respiratory: Lungs are clear to auscultation, respirations are non-labored, breath sounds are equal.
Chest wall: No tenderness.
Back: Nontender, Normal range of motion.
Musculoskeletal: Normal ROM.
Gastrointestinal: Soft, Nontender, Non distended, Normal bowel sounds, No organomegaly.
Neurological: Alert and oriented to person, place, time, and situation, No focal neurological deficit observed, CN II-XII intact, normal sensory observed, normal motor observed, normal speech observed, normal coordination observed.
Psychiatric: Appropriate mood & affect.

Medical Decision Making
Differential Diagnosis: Paresthesia.
Documents reviewed: None available.
Orders Launch Orders.
Laboratory:
Comprehensive Metabolic Profile (Ordered): 02/27/12 17:10, Stat, OT, Specimen: Blood
CBC W/Diff, Easley ED (Ordered): 02/27/12 17:10, Stat, OT, Blood Specimen:
Patient Care:
Saline Lock IV (Ordered): 02/27/12 17:10
Radiology:
CT Head W/O IV Contrast (Ordered): 02/27/12 17:11, Stat, Reason: Right sided paresthesias, Transport: Stretcher
Results review: Lab results : Lab View.

02/27/12 17:26	WBC Count	5.7 K/uL	
	RBC Count	4.98 M/uL	
	Hemoglobin	14.8 g/dL	
	Hematocrit	40.7 %	
	MCV	81.7 fL	
	MCH	29.7 pg	
	MCHC	**36.4 g/dL**	**HIGH**
	RDW	37.2 fL	
	Platelet Count	179 K/uL	
	MPV	10.2 fL	
	Auto Neutrophil	51 %	
	Auto Lymph	38 %	
	Auto Monocyte	7 %	

ED Documentation

	Auto Eos	2 %
	Auto Basophil	1 %
	Auto Immature Grans	0 %
	Absolute Neutrophil	2.93 K/uL
	Absolute Lymph	2.17 K/uL
	Absolute Monocytes	0.42 K/uL
	Absolute Eosinophils	0.14 K/uL
	Absolute Baso	0.06 K/uL
	Absolute Immature Grans	0.01 K/uL
	Sodium	139 mmol/L
	Potassium	4.0 mmol/L
	Chloride	104 mmol/L
	CO2	23 mmol/L
	Anion Gap	16
	Glucose Level	77 mg/dL
	BUN	10 mg/dL
	Creatinine	0.7 mg/dL
	GFR Non-African American	126 ml/min/1.73 sq meter
	GFR African American	152 ml/min/1.73 sq meter
	BUN/Creat Ratio	14.3
	Calcium	9.1 mg/dL
	Total Protein	7.9 g/dL
	AG Ratio	1.14 RATIO
	Albumin	4.2 g/dL
	Bilirubin, Total	0.4 mg/dL
	Alkaline Phos	62 U/L
	AST (SGOT)	27 U/L
	ALT (SGPT)	**17 U/L LOW**
02/27/12 16:45	Appearance	STRAW CLEAR
	Specific Gravity, Urine	**1.002 LOW**
	Urine pH	6.0
	Urine Protein	NEGATIVE
	Urine Glucose	NEGATIVE
	Urine Ketone	NEGATIVE
	Urine Bilirubin	NEGATIVE
	Blood Urine	NEGATIVE
	Urine Nitrite	NEGATIVE
	Urine Urobilinogen	0.2 EHRLICH UNITS
	Leukocyte Esterase	NEGATIVE
	Urine Microscopic	MICROSCOPIC NOT INDICATED

Head Computed Tomography: No acute disease process.

Impression and Plan

Diagnosis

Paresthesia 782.0 (ICD9 782.0, Discharge, Emergency medicine, Medical)

Plan

Condition: Stable.

Disposition: Discharged: Time 02/27/12 18:27:00, to home.

Patient was given the following educational materials: PARAESTHESIAS.

ED Documentation

Follow up with: Return to Emergency Department Within 2 to 4 days.
Counseled: Patient, Regarding diagnosis, Regarding treatment plan.

ED Discharge Summary

DOCUMENT NAME: Discharge Summary PHED
SERVICE DATE/TIME: 2/27/2012 18:40 EST
RESULT STATUS: Auth (Verified)
PERFORM INFORMATION: Stewart RN,Rachel A (2/27/2012 18:40 EST)
ELECTRONICALLY SIGNED BY:

Discharge Summary PHED
02/27/12 06:40 pm Performed by Stewart RN, Rachel A
Entered on 02/27/12 06:40 pm

Discharge Summary PHED

Patient Disposition: Home or Self Care
Mode of Discharge: Ambulatory
Assisted By: Nurse
Accompanied by-ED: Family
Reassessment of Chief Complaint-ED: Improved
Current Pain-Yes-No: No
Valuable-Belonging Return-ED: None taken
Discharge Instructions ED: Instructions Given, Patient Verbalizes Understanding, Caregiver Verbalizes Understanding

Allergies

Substance	Updated Date/Time	Updated By	Allergy Type	Allergy Category	Severity	Recorded On Behalf Of	Reaction Status	Reaction Symptom	Information Source	Estimated Onset	Reviewed Date/Time	Reviewed By	Data Source
NKA	5/27/2010 19:59 EDT	Stegall RN,Anna B	Allergy	Drug Allergy		Stegall RN,Anna B	Active				5/10/2015 19:56 EDT	Harmon PA, Daniela S	

Allergy History

Substance: NKA Recorded Date/Time	Recorded By	
5/27/2010 19:59 EDT	Stegall RN,Anna B	**Allergy Type:** Allergy; **Recorded On Behalf Of:** Stegall RN,Anna B; **Reaction Status:** Active; **Reviewed Date/Time:** 5/10/2015 19:56 EDT; **Reviewed By:** Harmon PA,Daniela S; **Category** Drug Allergy;

Non Medication Orders

Order: CBC W/Diff (CBC W/Diff,Easley ED)
Order Start Date/Time: 2/27/2012 17:10 EST
Order Date/Time: 2/27/2012 17:10 EST
Order Status: Completed | Department Status: Completed | Catalog Type: Laboratory | Activity Type: General Lab
End-state Date/Time: 2/27/2012 17:34 EST | End-state Reason:
Ordered and Electronically Signed By: Worsham MD,John W | Consulting Physician:
Entered By: Worsham MD,John W on 2/27/2012 17:10 EST
Order Details: 2/27/12 5:10:00 PM EST, Stat, OT, Blood Specimen:, Stop 2/27/12 5:34:20 PM EST
Order Comment:

Action Type: Order	Action Date/Time: 2/27/2012 17:11 EST	Action Personnel: Worsham MD,John W
Responsible Provider: Worsham MD,John W	Supervising Provider:	Communication Type: CPOE

Order Details: 02/27/12 17:10:00, Stat, OT, Blood Specimen:, Stop 02/27/12 17:10:00
Review Information:
Nurse Review: No Longer Needing Review, SYSTEM,SYSTEM on 3/12/2012 23:05 EDT
Doctor Cosign: Not Required
Order Comment:

Action Type: Status Change	Action Date/Time: 2/27/2012 17:30 EST	Action Personnel: Contributor_system,MISYSLAB
Responsible Provider: Worsham MD,John W	Supervising Provider:	Communication Type: ESI Default

Order Details: 02/27/12 17:10:00, Stat, OT, Blood Specimen:, Stop 02/27/12 17:10:00
Review Information:
Doctor Cosign: Not Required
Order Comment:

Action Type: Complete	Action Date/Time: 2/27/2012 17:34 EST	Action Personnel: Contributor_system,MISYSLAB
Responsible Provider: Worsham MD,John W	Supervising Provider:	Communication Type: ESI Default

Order Details: 02/27/12 17:10:00, Stat, OT, Blood Specimen:, Stop 02/27/12 17:10:00
Review Information:
Doctor Cosign: Not Required
Order Comment:

Order: Collection Fee-Blood (COLB)
Order Start Date/Time: 2/27/2012 17:26 EST
Order Date/Time: 2/28/2012 12:24 EST
Order Status: Completed | Department Status: Completed | Catalog Type: Laboratory | Activity Type: General Lab
End-state Date/Time: 2/29/2012 12:24 EST | End-state Reason:
Ordered and Electronically Signed By: Worsham MD,John W | Consulting Physician:
Entered By: Contributor_system,MISYSLAB on 2/28/2012 12:24 EST
Order Details: 2/27/12 5:26:00 PM EST, Stat, OT, Specimen: Blood, Stop 2/28/12 12:24:16 PM EST
Order Comment:

Action Type: Order	Action Date/Time: 2/28/2012 12:24 EST	Action Personnel: Contributor_system,MISYSLAB
Responsible Provider: Worsham MD,John W	Supervising Provider:	Communication Type: ESI Default

Order Details: 02/27/12 17:26:00, Stat, OT, Specimen: Blood, Stop 02/27/12 17:26:00
Review Information:
Doctor Cosign: Not Required
Order Comment:

Action Type: Complete	Action Date/Time: 2/28/2012 12:24 EST	Action Personnel: Contributor_system,MISYSLAB
Responsible Provider: Worsham MD,John W	Supervising Provider:	Communication Type: ESI Default

Order Details: 02/27/12 17:26:00, Stat, OT, Specimen: Blood, Stop 02/27/12 17:26:00
Review Information:
Doctor Cosign: Not Required
Order Comment:

Non Medication Orders

Order: Comprehensive Metabolic Profile
Order Start Date/Time: 2/27/2012 17:10 EST
Order Date/Time: 2/27/2012 17:10 EST
Order Status: Completed | Department Status: Completed | Catalog Type: Laboratory | Activity Type: General Lab
End-state Date/Time: 2/27/2012 17:43 EST | End-state Reason:
Ordered and Electronically Signed By: Worsham MD,John W | Consulting Physician:
Entered By: Worsham MD,John W on 2/27/2012 17:10 EST
Order Details: 2/27/12 5:10:00 PM EST, Stat, OT, Specimen: Blood, Stop 2/27/12 5:43:19 PM EST
Order Comment:

Action Type: Order | Action Date/Time: 2/27/2012 17:11 EST | Action Personnel: Worsham MD,John W
Responsible Provider: Worsham MD,John W | Supervising Provider: | Communication Type: CPOE
Order Details: 02/27/12 17:10:00, Stat, OT, Specimen: Blood, Stop 02/27/12 17:10:00
Review Information:
Nurse Review: No Longer Needing Review, SYSTEM,SYSTEM on 3/12/2012 23:05 EDT
Doctor Cosign: Not Required
Order Comment:

Action Type: Status Change | Action Date/Time: 2/27/2012 17:30 EST | Action Personnel: Contributor_system,MISYSLAB
Responsible Provider: Worsham MD,John W | Supervising Provider: | Communication Type: ESI Default
Order Details: 02/27/12 17:10:00, Stat, OT, Specimen: Blood, Stop 02/27/12 17:10:00
Review Information:
Doctor Cosign: Not Required
Order Comment:

Action Type: Complete | Action Date/Time: 2/27/2012 17:43 EST | Action Personnel: Contributor_system,MISYSLAB
Responsible Provider: Worsham MD,John W | Supervising Provider: | Communication Type: ESI Default
Order Details: 02/27/12 17:10:00, Stat, OT, Specimen: Blood, Stop 02/27/12 17:10:00
Review Information:
Doctor Cosign: Not Required
Order Comment:

Non Medication Orders

Order: CT Head W/O IV Contrast
Order Start Date/Time: 2/27/2012 17:11 EST
Order Date/Time: 2/27/2012 17:11 EST
Order Status: Completed | Department Status: Completed | Catalog Type: Radiology | Activity Type: Radiology
End-state Date/Time: 3/1/2012 17:09 EST | End-state Reason:
Ordered and Electronically Signed By: Worsham MD,John W | Consulting Physician:
Entered By: Worsham MD,John W on 2/27/2012 17:11 EST
Order Details: 2/27/12 5:11:00 PM EST, Stat, Reason: Right sided paresthesias, Transport: Stretcher
Order Comment:

Action Type: Order | Action Date/Time: 2/27/2012 17:11 EST | Action Personnel: Worsham MD,John W
Responsible Provider: Worsham MD,John W | Supervising Provider: | Communication Type: CPOE
Order Details: 02/27/12 17:11:00, Stat, Reason: Right sided paresthesias, Transport: Stretcher
Review Information:
Nurse Review: No Longer Needing Review, SYSTEM,SYSTEM on 3/12/2012 23:05 EDT
Doctor Cosign: Not Required
Order Comment:

Action Type: Status Change | Action Date/Time: 2/27/2012 18:06 EST | Action Personnel: Hall RT,R,Kelly G
Responsible Provider: Worsham MD,John W | Supervising Provider: | Communication Type: CPOE
Order Details: 02/27/12 17:11:00, Stat, Reason: Right sided paresthesias, Transport: Stretcher
Review Information:
Doctor Cosign: Not Required
Order Comment:

Action Type: Complete | Action Date/Time: 3/1/2012 17:09 EST | Action Personnel: Mamrick MD,Richard A
Responsible Provider: Worsham MD,John W | Supervising Provider: | Communication Type: CPOE
Order Details: 02/27/12 17:11:00, Stat, Reason: Right sided paresthesias, Transport: Stretcher
Review Information:
Doctor Cosign: Not Required
Order Comment:

Order: Discharge
Order Start Date/Time: 2/27/2012 18:28 EST
Order Date/Time: 2/27/2012 18:28 EST
Order Status: Discontinued | Department Status: Discontinued | Catalog Type: Patient Care | Activity Type: Communication Orders
End-state Date/Time: 2/28/2012 03:26 EST | End-state Reason:
Ordered and Electronically Signed By: SYSTEM,SYSTEM | Consulting Physician:
Entered By: SYSTEM,SYSTEM on 2/27/2012 18:28 EST
Order Details: 2/27/12 6:28:08 PM EST, Referral No, 2/28/12 3:28:35 AM EST
Order Comment:

Action Type: Order | Action Date/Time: 2/27/2012 18:28 EST | Action Personnel: SYSTEM,SYSTEM
Responsible Provider: SYSTEM,SYSTEM | Supervising Provider: | Communication Type: Discern Expert
Order Details: 02/27/12 18:28:08, Referral No, 02/27/12 18:28:08
Review Information:
Doctor Cosign: Not Required
Order Comment:

Action Type: Discontinue | Action Date/Time: 2/28/2012 03:26 EST | Action Personnel: SYSTEM,SYSTEM
Responsible Provider: SYSTEM,SYSTEM | Supervising Provider: | Communication Type:
Order Details: 02/27/12 18:28:08, Referral No, 02/27/12 18:28:08
Review Information:
Doctor Cosign: Not Required
Order Comment:

Non Medication Orders

Order: Facility Charge Ticket
Order Start Date/Time: 2/27/2012 16:40 EST
Order Date/Time: 2/27/2012 16:40 EST

Order Status: Completed	Department Status: Completed	Catalog Type: Health Information Management	Activity Type: Health Information Management

End-state Date/Time: 2/28/2012 13:52 EST | End-state Reason:
Ordered and Electronically Signed By: SYSTEM,SYSTEM | Consulting Physician:
Entered By: SYSTEM,SYSTEM on 2/27/2012 16:40 EST
Order Details: 2/27/12 4:40:04 PM EST, Stop 2/28/12 1:52:03 PM EST
Order Comment:

Action Type: Order | Action Date/Time: 2/27/2012 16:40 EST | Action Personnel: SYSTEM,SYSTEM
Responsible Provider: SYSTEM,SYSTEM | Supervising Provider: | Communication Type: Discern Export
Order Details: 02/27/12 16:40:04, Stop 02/27/12 16:40:04
Review Information:
Doctor Cosign: Not Required
Order Comment:

Action Type: Complete | Action Date/Time: 2/28/2012 13:52 EST | Action Personnel: Tobine,Judith E
Responsible Provider: SYSTEM,SYSTEM | Supervising Provider: | Communication Type:
Order Details: 02/27/12 16:40:04, Stop 02/27/12 16:40:04
Review Information:
Doctor Cosign: Not Required
Order Comment:

Order: Influenza Evaluation
Order Start Date/Time: 2/27/2012 16:44 EST
Order Date/Time: 2/27/2012 16:44 EST

Order Status: Discontinued	Department Status: Discontinued	Catalog Type: Patient Care	Activity Type: Communication Orders

End-state Date/Time: 2/28/2012 03:26 EST | End-state Reason:
Ordered and Electronically Signed By: SYSTEM,SYSTEM | Consulting Physician:
Entered By: SYSTEM,SYSTEM on 2/27/2012 16:44 EST
Order Details: 2/27/12 4:44:13 PM EST
Order Comment: Order created by result of Influenza Vaccine not received or unknown.

Action Type: Order | Action Date/Time: 2/27/2012 16:44 EST | Action Personnel: SYSTEM,SYSTEM
Responsible Provider: SYSTEM,SYSTEM | Supervising Provider: | Communication Type: Discern Export
Order Details: 02/27/12 16:44:13
Review Information:
Doctor Cosign: Not Required
Order Comment: Order created by result of Influenza Vaccine not received or unknown.

Action Type: Discontinue | Action Date/Time: 2/28/2012 03:26 EST | Action Personnel: SYSTEM,SYSTEM
Responsible Provider: SYSTEM,SYSTEM | Supervising Provider: | Communication Type:
Order Details: 02/27/12 16:44:13
Review Information:
Doctor Cosign: Not Required
Order Comment:

Non Medication Orders

Order: Intermittent IV (Saline Lock IV)
Order Start Date/Time: 2/27/2012 17:10 EST
Order Date/Time: 2/27/2012 17:10 EST
Order Status: Discontinued | Department Status: Discontinued | Catalog Type: Patient Care | Activity Type: Infusion Therapy
End-state Date/Time: 2/28/2012 01:32 EST | End-state Reason:
Ordered and Electronically Signed By: Worsham MD,John W | Consulting Physician:
Entered By: Worsham MD,John W on 2/27/2012 17:10 EST
Order Details: 2/27/12 5:10:00 PM EST
Order Comment:
Action Type: Order | Action Date/Time: 2/27/2012 17:11 EST | Action Personnel: Worsham MD,John W
Responsible Provider: Worsham MD,John W | Supervising Provider: | Communication Type: CPOE
Order Details: 02/27/12 17:10:00
Review Information:
Nurse Review: No Longer Needing Review, SYSTEM,SYSTEM on 3/12/2012 23:05 EDT
Doctor Cosign: Not Required
Order Comment:
Action Type: Discontinue | Action Date/Time: 2/28/2012 01:32 EST | Action Personnel: SYSTEM,SYSTEM
Responsible Provider: Worsham MD,John W | Supervising Provider: | Communication Type:
Order Details: 02/27/12 17:10:00
Review Information:
Doctor Cosign: Not Required
Order Comment:

Order: Pneumovax Evaluation
Order Start Date/Time: 2/27/2012 16:44 EST
Order Date/Time: 2/27/2012 16:44 EST
Order Status: Discontinued | Department Status: Discontinued | Catalog Type: Patient Care | Activity Type: Communication Orders
End-state Date/Time: 2/28/2012 03:26 EST | End-state Reason:
Ordered and Electronically Signed By: SYSTEM,SYSTEM | Consulting Physician:
Entered By: SYSTEM,SYSTEM on 2/27/2012 16:44 EST
Order Details: 2/27/12 4:44:13 PM EST
Order Comment: Order created by Pneumococcal Vaccine status Received prior to admission, greater than 5 years, Not received, or Unknown
Action Type: Order | Action Date/Time: 2/27/2012 16:44 EST | Action Personnel: SYSTEM,SYSTEM
Responsible Provider: SYSTEM,SYSTEM | Supervising Provider: | Communication Type: Discern Expert
Order Details: 02/27/12 16:44:13
Review Information:
Doctor Cosign: Not Required
Order Comment: Order created by Pneumococcal Vaccine status Received prior to admission, greater than 5 years, Not received, or Unknown
Action Type: Discontinue | Action Date/Time: 2/28/2012 03:26 EST | Action Personnel: SYSTEM,SYSTEM
Responsible Provider: SYSTEM,SYSTEM | Supervising Provider: | Communication Type:
Order Details: 02/27/12 16:44:13
Review Information:
Doctor Cosign: Not Required
Order Comment:

Non Medication Orders

Order: Smoking Cessation
Order Start Date/Time: 2/27/2012 16:44 EST
Order Date/Time: 2/27/2012 16:44 EST
Order Status: Discontinued | Department Status: Discontinued | Catalog Type: Patient Care | Activity Type: Communication Orders
End-state Date/Time: 2/28/2012 01:32 EST | End-state Reason:
Ordered and Electronically Signed By: SYSTEM,SYSTEM | Consulting Physician:
Entered By: SYSTEM,SYSTEM on 2/27/2012 16:44 EST
Order Details: 2/27/12 4:44:14 PM EST, Routine
Order Comment: From Admission Referral Form

Action Type: Order | Action Date/Time: 2/27/2012 16:44 EST | Action Personnel: SYSTEM,SYSTEM
Responsible Provider: SYSTEM,SYSTEM | Supervising Provider: | Communication Type: Discern Expert
Order Details: 02/27/12 16:44:14, Routine
Review Information:
Doctor Cosign: Not Required
Order Comment: From Admission Referral Form

Action Type: Discontinue | Action Date/Time: 2/28/2012 01:32 EST | Action Personnel: SYSTEM,SYSTEM
Responsible Provider: SYSTEM,SYSTEM | Supervising Provider: | Communication Type:
Order Details: 02/27/12 16:44:14, Routine
Review Information:
Doctor Cosign: Not Required
Order Comment:

Order: Urinalysis,Chemical Screen w/Microscopic If Indicated
Order Start Date/Time: 2/27/2012 16:45 EST
Order Date/Time: 2/27/2012 16:45 EST
Order Status: Completed | Department Status: Completed | Catalog Type: Laboratory | Activity Type: General Lab
End-state Date/Time: 2/27/2012 17:17 EST | End-state Reason:
Ordered and Electronically Signed By: Khosrowpour MD,Saied | Consulting Physician:
Entered By: Scruggs RN,Jennifer L on 2/27/2012 16:45 EST
Order Details: 2/27/12 4:45:00 PM EST, Stat, OT, Specimen: Urine, Nurse To Collect, Stop 2/27/12 5:17:43 PM EST
Order Comment:

Action Type: Order | Action Date/Time: 2/27/2012 16:45 EST | Action Personnel: Scruggs RN,Jennifer L
Responsible Provider: Khosrowpour MD,Saied | Supervising Provider: | Communication Type: Sig Required
Order Details: 02/27/12 16:45:00, Stat, OT, Specimen: Urine, Nurse To Collect, Stop 02/27/12 16:45:00
Review Information:
Nurse Review: No Longer Needing Review, SYSTEM,SYSTEM on 3/12/2012 23:05 EDT
Doctor Cosign: Electronically Signed, Worsham MD,John W on 2/27/2012 16:59 EST
Order Comment:

Action Type: Status Change | Action Date/Time: 2/27/2012 16:56 EST | Action Personnel: Contributor_system,MISYSLAB
Responsible Provider: Khosrowpour MD,Saied | Supervising Provider: | Communication Type: ESI Default
Order Details: 02/27/12 16:45:00, Stat, OT, Specimen: Urine, Nurse To Collect, Stop 02/27/12 16:45:00
Review Information:
Doctor Cosign: Not Required
Order Comment:

Action Type: Complete | Action Date/Time: 2/27/2012 17:17 EST | Action Personnel: Contributor_system,MISYSLAB
Responsible Provider: Khosrowpour MD,Saied | Supervising Provider: | Communication Type: ESI Default
Order Details: 02/27/12 16:45:00, Stat, OT, Specimen: Urine, Nurse To Collect, Stop 02/27/12 16:45:00
Review Information:
Doctor Cosign: Not Required
Order Comment:

Non Medication Orders

Order: Urine Auto w/o Micro (URMB1)
Order Start Date/Time: 2/27/2012 16:45 EST
Order Date/Time: 2/27/2012 17:17 EST
Order Status: Completed | Department Status: Completed | Catalog Type: Laboratory | Activity Type: General Lab
End-state Date/Time: 2/27/2012 17:17 EST | End-state Reason:
Ordered and Electronically Signed By: Khosrowpour MD,Saied | Consulting Physician:
Entered By: Contributor_system,MISYSLAB on 2/27/2012 17:17 EST
Order Details: 2/27/12 4:45:00 PM EST, Stat, OT, Specimen: Urine, Stop 2/27/12 5:17:48 PM EST
Order Comment:

Action Type: Order | Action Date/Time: 2/27/2012 17:17 EST | Action Personnel: Contributor_system,MISYSLAB
Responsible Provider: Khosrowpour MD,Saied | Supervising Provider: | Communication Type: ESI Default
Order Details: 02/27/12 16:45:00, Stat, OT, Specimen: Urine, Stop 02/27/12 16:45:00
Review Information:
Doctor Cosign: Not Required
Order Comment:

Action Type: Complete | Action Date/Time: 2/27/2012 17:17 EST | Action Personnel: Contributor_system,MISYSLAB
Responsible Provider: Khosrowpour MD,Saied | Supervising Provider: | Communication Type: ESI Default
Order Details: 02/27/12 16:45:00, Stat, OT, Specimen: Urine, Stop 02/27/12 16:45:00
Review Information:
Doctor Cosign: Not Required
Order Comment:

Immunizations

Vaccine:	Date Given:	Age:
diphtheria/pertussis,acel/tetanus adult [01]	11/6/2013 17:54 EST	41 years

Admin Person:	Date Source:
Childress RN,Hannah S	PowerChart

Site:	Route:	Amount:	Manufacturer:
Right Deltoid	IM	0.5mL	GlaxoSmithKline

Expiration Date:	Lot Number:
2/19/2016	c3774

Order Comments
01: diphtheria/pertussis, acel/tetanus adult (Tdap)
Nursing Comment: document manufacturer, lot number, and exp date on immunization Tab after administration

Vaccine:	Date Given:	Age:
pneumococcal 23-valent vaccine [02]	8/17/2014 01:52 EDT	41 years

Admin Person:	Date Source:
Holbrooks RN,Donald G	PowerChart

Site:	Route:	Amount:	Manufacturer:
Left Deltoid	IM	0.5mL	MERCK & CO., INC.

Expiration Date:	Lot Number:
3/22/2015	k004201

Order Comments
02: pneumococcal 23-valent vaccine (pneumococcal vaccine injectable solution)
For patients greater than or equal to 2 years old.
Dose available in Pyxis upon Pharmacy profiling on Day 1 of admission or within 24 hours.
x 1 dose only! Be sure not given previously
Remove from McCravey Pyxis

Radiology

ACCESSION	EXAM DATE/TIME	PROCEDURE	ORDERING PROVIDER	STATUS
CT-12-0011413	2/27/2012 18:05 EST	CT Head W/O IV Contrast	Worsham MD,John W	Auth (Verified)

Reason For Exam
(CT Head W/O IV Contrast) Right sided paresthesias

Findings:
CT OF THE HEAD WITHOUT CONTRAST:

HISTORY: Right side arm and facial numbness. Headache. Dizziness.

CT images were carried out from the skull base through the vertex without intravenous contrast enhancement. There is no evidence of intracranial hemorrhage, midline shift, or mass effect. Lateral ventricles and peripheral sulci are normal in size.

IMPRESSION:

NORMAL APPEARING CT OF THE HEAD. IF SYMPTOMS PERSIST, FOLLOW UP MRI MAY BE CONSIDERED IN 24-48 HOURS.

**** Final **** *Trans On: 02/27/2012 18:1by: PCE*
Read by: Mamrick MD, Richard A
Released By: Mamrick MD, Richard A
Released on: 03/01/2012 17:09

Education

* Auth (Verified) *

I, JEFFREY MILLER, have received the Physician's Discharge Summary, my patient education materials, and have verbalized understanding:

Patient Signature _____ Date _____ Provider Signature _____ Date _____

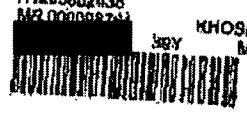
MRN: H000098764 FIN: H1205802438

MILLER, JEFFREY ALLEN
H1205802438
MR [redacted] 39Y M KHOSROWPOUR, SAID

Administrative

* Auth (Verified) *

MILLER, JEFFREY ALLEN
H1205802438
M2 000098764
[redacted] 36Y KHOSROWPOUR, SAIEI
M



CONSENT FOR EXAMINATIONS, TREATMENTS AND OPERATIONS

Consent for Examinations, Treatments, and Operations: I hereby consent to and authorize Baptist Easley Hospital and the physician or surgeon in charge of my case to perform such examinations, treatments, operations, diagnostic procedures, administration of blood and blood products and necessary anesthetics which may in his/her opinion be necessary.

I consent to the disposal by hospital authorities of any tissue or members which may be removed during the course of my treatment. I further understand if my tissue is used rather than destroyed, it will not be linked to my name or any other identifier that could be traced to me.

To protect myself and others, I also give permission to have blood drawn and tested for infectious diseases including, but not limited to, HIV (AIDS virus) and Hepatitis.

PERSONAL VALUABLES RELEASE

I understand that Baptist Easley Hospital maintains an area for storage and safekeeping of my money and valuables, and that I may deposit such items with Baptist Easley Hospital for safekeeping. I further understand that the hospital will not be responsible or liable for the loss or damage to any money and valuables, which I do not deposit with the Hospital. I have voluntarily chosen not to deposit my money and valuables with the Hospital and assume full responsibility for any and all loss of or damage to my money and valuables and I further agree that Baptist Easley Hospital shall be held harmless for any and all such loss or damage.

I certify that I have read the foregoing Release and that I fully understand its provisions.

Acknowledgment of Notice of Privacy Practices

My signature acknowledges my receipt of the Notice of Privacy Practices from Baptist Easley Hospital.

Acknowledgement of Patient's Bill of Rights

My signature acknowledges the availability of the Patient's Bill of Rights (which includes provisions of the Lewis Blackman Patient Safety Act).

Directory Inclusion/Exclusion

I have chosen to opt out of the Baptist Easley Hospital directory.

I have been offered information or assistance regarding Advanced Directives. Patient's Initials JAM

I certify that I have read the Personal Valuables Release and fully understand its provisions. Patient's Initials JAM

I have received a copy of the Lewis Blackman Patient Safety Act Letter Patient's Initials JAM

Advanced Directives

Do you have an Advanced Directive?
(Living Will or Healthcare Power of Attorney)

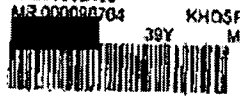
Are you an Organ Donor:

Patient or Patient Designee/Representative Date Time

Witness Signature Date Time 2/27/12

* Auth (Verified) *

MILLER, JEFFREY ALLEN
H1205802438
MR 000098764 KHOSROWPOUR, SAIE
[redacted] 39Y M



GUARANTY AND ASSIGNMENT OF INSURANCE BENEFITS

I hereby guaranty payment to d/b/a Baptist Easley Hospital and my attending and consulting physician(s) (including, but not limited to, pathologists, radiologists and anesthesiologists), for all charges and services incurred for the account(s) of the patient from date of admission until discharge. I do hereby assign to Baptist Easley Hospital and/or my attending and consulting physician(s) (including, but not limited to, pathologists, radiologists and anesthesiologists), any and all medical insurance, health benefits, hospital benefits, sick benefits, injury benefits and settlement proceeds due or payable because of liability of a third party, payable by any party, organization or insurance company, or other sources of payment, unless I pay the account(s) in full upon discharge, (the "Assignment").

If I fail to pay all charges when due I agree to pay all costs of collection, including attorneys fees, collection costs and court costs.

I hereby authorize and request Baptist Easley Hospital and/or my attending and consulting physician(s) (including, but not limited to, pathologists, radiologists and anesthesiologists) to release and furnish medical information, necessary to support claims submitted, to any entities for payment, pursuant to the above Assignment.

In the event the undersigned is entitled to health care or medical benefits of any type whatsoever, arising out of any policy of insurance insuring the patient or any party liable to the patient, said benefits are hereby assigned to Baptist Easley Hospital and/or my attending and consulting physician(s) (including, but not limited to, pathologists, radiologists and anesthesiologists), for application to the patient account(s) for services rendered.

I do hereby appoint and assign to Baptist Easley Hospital and/or my attending and consulting physician(s) (including, but not limited to, pathologists, radiologists, and anesthesiologists) as my true and lawful attorneys in fact, to act on my behalf, with the full power and authority to collect any and all charges incurred for the benefit of the patient pursuant to the assignment of benefits set forth above. I further authorize and appoint Baptist Easley Hospital as my agent to appeal any denial of insurance coverage by a third party. I understand that Baptist Easley Hospital does not accept responsibility for collecting any insurance proceeds or negotiating a settlement on a disputed claim nor is Baptist Easley Hospital required to appeal any denial of insurance benefits.

ACKNOWLEDGEMENT OF RECEIPT OF MEDICARE/TRICARE MEDICAL INFORMATION

I, the undersigned acknowledge that if I am a Medicare/TRICARE beneficiary, I have been provided with a notice from Medicare/TRICARE regarding my rights as a Medicare/TRICARE patient and the rights form has not been altered.

Date Time Patient (Parent or Guardian in case of minor)

2/27/12

Witness Signature Spouse or Insured if other than Patient

Ancillary Notes

* Auth (Verified) *

Feb 27 2012 06:58pm P001

Feb. 27. 2012 6:01PM
02/27/2012 17:43 10645528100 CT

MILLER, JEFFREY ALLEN
H1205802438
MR [redacted] 39Y M KHOSROWPOUR, SAIE

BAPTIST EASLEY HOSPITAL
PRELIMANARY REPORT

E.R. FAX:	442-7801	RAD. WORK AREA	442-7538
BEH ER PHONE:	442-7708	RAD. BEEPER:	442-7588 (085)
REPORT LINE:	552-7764	CT DEPT.	442-7683

NAME: Miller, Jeffrey 39 y m PT.RM # ER

DATE: 2/27/12

MRN: 98764

PACS ID # 11465677 ACCESSION# CT 12 01049

EXAM: CT head w/o

REFERRING PHYSICIAN: Wachsman, John

REASON FOR EXAM: Rt. sided paresthesias to face and arm, dizziness, H/A since 4 Am this morning

PREVIOUS CT STUDIES: YES ✓ NO: 6-27-10 IMAGES SENT ✓ REPORTS ✓

☐ 100 ML Oxilan 350 ☐ 150 ML Oxilan 350 Other:

PRELIMINARY REPORT:

Normal Exam.
F/U MRI in 24-48hrs if symptoms persist.

Poor Original

RADIOLOGIST: [signature] FINAL REPORT DICTATED: YES ✓ NO

DRS. ALLEN, BRANNON, CARSON, COOPER, COWLEY, DAVID, DEKTER, DEVANE, EVERT, FARNSWORTH, FULCHER, GALBREATH, JOHN GILPIN, LEWIS GILPIN, GRAY, HANNA, HAYDEN, HINES, LAWDAHL, LEE, LOWE, MASTERS, MADELINE, MAMRICK, MCMANUS, MILAM, OXNER, PARTI, REINARZ, ROGERS, SAUNDERS, MACKTHEMASON, MIKE THOMASON, WILLIAMS, WIENKIE

IN ACCORDANCE WITH FEDERAL PRIVACY LAWS, THE INFORMATION CONTAINED IN THIS FAX IS CONFIDENTIAL AND IS INTENDED ONLY FOR THE RECIPIENT NAMED ABOVE. IF YOU HAVE RECEIVED THIS FAX IN ERROR, PLEASE CALL THE SENDER SPECIFIED ABOVE AND RETURN THE FAXED PAGES TO GREENVILLE RADIOLOGY, P.A. FOR APPROPRIATE DISTRIBUTION.

Facility Info: Baptist Easley Hospital
PO Box 2129
Easley, SC 29641-2129

Attending Physician: Worsham MD,John W
Admitting Physician: Worsham MD,John W

Patient Info: MILLER, JEFFREY ALLEN
135 WILSON WAY
PICKENS, SC 29671-8244

Pt. Age: 42 years
Date of Birth: [redacted]
CMRN: 001266294

MRN: E000098764; H000098764
FIN: H1205602439

Clinical Diagnoses

Diagnosis: Paresthesia (Qualifier:)
Secondary Description:
Last Reviewed Date: 2/27/2012 17:08 EST; Worsham MD,John W
Responsible Provider:
Diagnosis Date: 2/27/2012
Status: Active
Clinical Service: Emergency medicine; **Classification:** Medical; **Confirmation:** Confirmed; **Code:** 261FD488-3275-4BE8-9F9C-7460C9327327 (PNED); **Ranking:** ; **Severity:** ; **Severity Class:**

Diagnosis: Paresthesia 782.0 (Qualifier:)
Secondary Description:
Last Reviewed Date: 2/27/2012 16:27 EST; Worsham MD,John W
Responsible Provider: Worsham MD,John W
Diagnosis Date: 2/27/2012
Status: Active
Clinical Service: Emergency medicine; **Classification:** Medical; **Confirmation:** Confirmed; **Code:** 782.0 (ICD-9-CM); **Ranking:** ; **Severity:** ; **Severity Class:**

Laboratory Results

Hematology

Collected Date: 2/27/2012
Collected Time: 17:26 EST

Procedure		Units	Reference Range
WBC Count	5.7	K/uL	[4.3-11.0]
RBC Count	4.08	M/uL	[4.60-6.20]
Hemoglobin	14.0	g/dL	[14.0-18.0]
Hematocrit	40.7	%	[40.0-54.0]
MCV	81.7	fL	[80-94]
MCH	29.7	pg	[26.0-33.0]
MCHC	36.2 H	g/dL	[31.0-36.0]
RDW	37.2	fL	[35.9-50.8]
Platelet Count	179	K/uL	[150-450]
MPV	10.2	fL	[8.7-12.3]
Auto Neutrophil	51	%	[50.0-80.0]
Auto Lymph	38	%	[14.0-40.0]
Auto Monocyte	7	%	[4.0-12.0]
Auto Eos	2	%	[0.0-5.0]
Auto Basophil	1	%	[0.0-2.0]
Auto Immature Grans	0	%	[0-0.5]
Absolute Neutrophil	2.93	K/uL	[1.80-7.50]
Absolute Lymph	2.17	K/uL	[1.00-4.80]
Absolute Monocytes	0.42	K/uL	[0.00-1.00]
Absolute Eosinophils	0.14	K/uL	[0.00-0.50]
Absolute Baso	0.06	K/uL	[0.00-0.10]
Absolute Immature Grans	0.01	K/uL	[0-0.05]

Urinalysis

Collected Date: 2/27/2012
Collected Time: 16:45 EST

Procedure		Units	Reference Range
Appearance	STRAW CLEAR		
Specific Gravity,Urine	1.012		[1.010-1.025]
Urine pH	6.0		[5.0-7.5]
Urine Protein	NEGATIVE		[NEG]

Facility Info: Baptist Easley Hospital
PO Box 2129
Easley, SC 29641-2129

Attending Physician: Worsham MD,John W
Admitting Physician: Worsham MD,John W

Patient Info: MILLER, JEFFREY ALLEN
135 WILSON WAY
PICKENS, SC 29671-0244

Pt. Age: 42 years
Date of Birth: [redacted]
CMRN: 001266294

MRN: E000098764; H000098764
FIN: H1205802430

Laboratory Results

Urinalysis

Collected Date	2/27/2012		
Collected Time	16:45 EST		
Procedure		**Units**	**Reference Range**
Urine Glucose	NEGATIVE		[NEG]
Urine Ketone	NEGATIVE		[NEG]
Urine Bilirubin	NEGATIVE		[NEG]
Blood Urine	NEGATIVE		[NEG]
Urine Nitrite	NEGATIVE		[NEG]
Urine Urobilinogen	0.2 EHRLICH UNITS		[0.2-1.0]
Leukocyte Esterase	NEGATIVE		[NEG]
Urine Microscopic	MICROSCOPIC NOT INDICATED		

Chemistry

Collected Date	2/27/2012		
Collected Time	17:26 EST		
Procedure		**Units**	**Reference Range**
Sodium	139	mmol/L	[134-145]
Potassium	4.0	mmol/L	[3.6-5.0]
Chloride	104	mmol/L	[98-107]
CO2	23	mmol/L	[22-32]
Anion Gap	16		[6-17]
Glucose Level	77	mg/dL	[75-100]
BUN	10	mg/dL	[9-21]
Creatinine	0.7	mg/dL	[0.7-1.3]
GFR Non-African American	126 R1	ml/min/1.73 sq meter	
GFR African American	152 R1	ml/min/1.73 sq meter	
BUN/Creat Ratio	14.3		[7-25]
Calcium	9.1	mg/dL	[8.4-10.4]
Total Protein	7.9	g/dL	[6.3-8.2]
AG Ratio	1.14	ratio	[1.0-3.5]
Albumin	4.2	g/dL	[3.5-5.0]
Bilirubin,Total	0.4	mg/dL	[0.2-1.3]
Alkaline Phos	62	U/L	[38-126]
AST (SGOT)	27	U/L	[1-59]
ALT (SGPT)	77	U/L	[21-72]

Result Comments
R1: GFR African American, GFR Non-African American
Avg GFR for 30-39 yrs = 107 ml/min/1.73
Kidney failure = <15 ml/min/1.73 sqm.
Chronic Kidney Disease = <60

Social History

Tobacco
Detail: Current every day smoker (Last Update: 8/17/2014 00:43 EDT by Holbrooks RN,Donald G)
Comment: 8/17/2014 00:43 EDT; Holbrooks RN,Donald G;
Patient smokes a pack of cigarettes a week

Family History

Last Update: 8/17/2014 00:46 EDT by Holbrooks RN,Donald G

Mother: Alive

Condition		Age of Onset	Life Cycle	Severity
Hypertension	Positive			
Stroke	Positive			

Father: Alive

Condition		Age of Onset	Life Cycle	Severity
Acute myocardial infarction	Positive			
Diabetes mellitus type 2	Positive			
Hypertension	Positive			
Stroke	Positive			

Facility Info: Baptist Easley Hospital
PO Box 2129
Easley, SC 29641-2129

Attending Physician: Campbell MD,Kenneth Stephen
Admitting Physician: Campbell MD,Kenneth Stephen

Patient Info: MILLER, JEFFREY ALLEN
135 WILSON WAY
PICKENS, SC 29671-8244

Pt. Age: 42 years
Date of Birth: [redacted]
CMRN: 001266294

MRN: E000098764; H000098764
FIN: H1331002595

Faceshoot

* Auth (Verified) *

EMERGENCY DEPARTMENT RECORD

DISPOSITION _____
TIME: _____

PATIENT ACCOUNT NUMBER	FORM PRINT DATE & TIME	DATE OF SERVICE	REG TYPE	BY CODE	FIN CLASS	TIME OF ARRIVAL	MEDICAL RECORD NO
1513000520	05/10/15 19:30	05/10/2015	ERH	EMS	72	19:11	000098764

NAME AND ADDRESS: MILLER, JEFFREY ALLEN
135 WILSON WAY
PICKENS SC 29671-8244

SOCIAL SECURITY NUMBER: 248503215

GUARANTOR: MILLER, JEFFREY ALLEN
135 WILSON WAY
PICKENS SC 29671-8244

SOCIAL SECURITY NUMBER: [redacted]

RELATIONSHIP: Self

PHONE: (864)507-0355

SEX	RACE	MARITAL STATUS	DATE OF BIRTH	AGE	EMPLOYER	OCCUPATION	DRIVING WILL
M	80	D	[redacted]	42Y	ALICE MANUFACTURING		No

PHONE: (864)607-8356

EMERGENCY CONTACT: DORN, DARLA
RELATIONSHIP: Friend
PHONE: (864)507-0355

INSURANCE 1	INSURANCE 2	INSURANCE 3	INSURANCE 4
BCBS PPO/PREFERRED BLUE MILLER, JEFFREY ALLEN ZCW106861778584 PO BOX 100300 COLUMBIA SC 29202 INSURED DOB: [redacted]	1500 BCBS PPO MILLER, JEFFREY ALLEN ZCW106861778584 PO BOX 100300 COLUMBIA SC 29202 INSURED DOB: [redacted]	INSURED DOB	INSURED DOB

CHIEF COMPLAINT: EXTREMITY PAIN
DATE OF LAST VISIT: 05/04/2015
ADMITTING PHYSICIAN: 70213 CARVER, DAVID FRANKLIN
ADMITTING PHONE: (864)442-7200

ACCIDENT TYPE:
ACCIDENT DATE AND TIME:
REFERRING PHYSICIAN: 70213 CARVER, DAVID FRANKLIN

ARRIVED BY: Self Driven
ACCOMPANIED BY:
CASE #:
CURRENT MEDICATIONS:

PATIENT HISTORY: TIME | DATE | PLACE | REASON | DOT | ALLERGIES | NOTIFIED | AT | REGP.

Hx + Px: TIME ☐ Disinfect
NURSE:

EXAMINING MD:
Chief Complaint/Hx/Dx:
PATIENT ORDERS:

- ☐ OLD RECORDS
- ☐ EKG
- ☐ CBC
- ☐ SMA 7
- ☐ SMA 28
- ☐ PT / PTT
- ☐ MI INJURY PROFIL
- ☐ BLOOD CULT
- ☐ HCG (SERUM)
- ☐ HCG (URINE)
- ☐ CCUA
- ☐ CATH U/A
- ☐ GEN PROBE
- ☐ WET PREP
- ☐ ABG
- ☐ CXR (PORT)
- ☐ CXR (PA+LAT)
- ☐ CT HEAD
- ☐ CT RENAL BED
- ☐ CT ABD
- ☐ CT
- ☐ IVP
- ☐ U.S.
- ☐ C-SPINE
- ☐ CROSS TABLE C-SPIN
- ☐ X-RAY

DIAGNOSIS:

PHYSICIAN SIGNATURE: DATE:

Printed on 05/10/15 07:30 PM

DISPOSITION AT DISCHARGE: ☐ IMPROVED ☐ OTHER ☐ STABLE ☐ UNSTABLE ☐ DEPARTED

DISCHARGE VIA: ☐ AMBULANCE ☐ CRUTCHES ☐ OTHER ☐ WHEELCHAIR

DISCHARGE DATE: DISCHARGE TIME: AM PM

FINAL DISPOSITION OF PATIENT: ☐ TREATED AND RELEASED ☐ ADMITTED TO ☐ TRANSFERRED TO

Nursing Documentation

DOCUMENT NAME:	Triage PHED
SERVICE DATE/TIME:	5/10/2015 19:13 EDT
RESULT STATUS:	Auth (Verified)
PERFORM INFORMATION:	McCreary RN,Carmen M (5/10/2015 19:13 EDT)
ELECTRONICALLY SIGNED BY:	McCreary RN,Carmen M (5/10/2015 19:13 EDT)

Triage PHED Entered On: 05/10/2015 19:18
Performed On: 05/10/2015 19:13 by McCreary RN, Carmen M

Chief Complaint PHED
ED Mode of Arrival : Ambulatory
ED Chief Complaint : Extremity Pain
Chief Complaint : rt elbow and shoulder pain from work injury 1 month ago. Ortho appt this wed. "they told me my joint split" today reinjured arm.
Temperature Oral : 98.0 DegF
Heart Rate Monitored : 71 bpm
Resp. Rate : 20 br/min
Pulse Ox Sat : 98 %
Height in feet : 5 ft
Height in : 8 inch
Height cm Calculated : 172.72 cm
ED Pain Screen : Yes
Latex Allergy Screen : Open
Allergies Screen : Open

McCreary RN, Carmen M - 05/10/2015 19:13

DCP GENERIC CODE
ED Tracking Acuity : 4
ED Tracking Group : H Tracking Group

McCreary RN, Carmen M - 05/10/2015 19:13

ED Triage Nurse : McCreary RN, Carmen M
Foreign Travel : none
Triage Date-Time : 05/10/2015 19:13
Accompanied by-ED : Spouse
Information Obtained From : Patient
Home Meds Listed : Open
Open Past Medical History : Open
Open Procedure History : Yes
Pregnant : N/A
Gynecological Status : N/A
Implantable Devices : Other: Hardware in ankle.
Communicable Disease Exposure : None
Communication Barriers : None
Abuses : None
Abuse Signs Yes/No : No
Risk for Harm to Self or Others : No
Primary Care Physician : Watson NP, Apryl M

McCreary RN, Carmen M - 05/10/2015 19:13

Social History

Nursing Documentation

(As Of: 05/10/2015 19:18:45 EDT)

Tobacco:

Current every day smoker Comments: 08/17/2014 00:43 - Holbrooks RN, Donald G: Patient smokes a pack of cigarettes a week (Last Updated: 08/17/2014 0:43:26 EDT by Holbrooks RN, Donald G)

Past Medical History

(As Of : 05/10/2015 19:18:45 EDT)

Past Medical History

None

Name of Problem: None ; *Recorder:* Calvert RN, Sheila C; *Confirmation:* Confirmed ; *Classification:* Medical ; *Code:* 387958016 ; *Contributor System:* PowerChart ; *Last Updated:* 11/06/2013 17:14 ; *Life Cycle Date:* 11/06/2013 ; *Life Cycle Status:* Active ; *Vocabulary:* SNOMED CT

Angina

Name of Problem: Angina ; *Recorder:* Thompson RN, Keindra D; *Confirmation:* Confirmed ; *Classification:* Medical ; *Code:* 299755016 ; *Contributor System:* PowerChart ; *Last Updated:* 08/16/2014 21:42 ; *Life Cycle Status:* Resolved ; *Vocabulary:* SNOMED CT

Migraine headache

Name of Problem: Migraine headache ; *Recorder:* Thompson RN, Keindra D; *Confirmation:* Confirmed ; *Classification:* Medical ; *Code:* EC445FBB-FAEC-4904-94A6-A908D9598B75 ; *Contributor System:* PowerChart ; *Last Updated:* 08/16/2014 21:43 ; *Life Cycle Status:* Resolved ; *Vocabulary:* SNOMED CT

HTN (hypertension)

Name of Problem: HTN (hypertension) ; *Recorder:* Belkevitz RN, Pamela D; *Confirmation:* Confirmed ; *Classification:* Medical ; *Code:* 5976FA7F-5083-4170-8151-AEC713AD8320 ; *Contributor System:* PowerChart ; *Last Updated:* 12/02/2014 00:08 ; *Life Cycle Status:* Resolved ; *Vocabulary:* SNOMED CT

Hyperlipidemia

Name of Problem: Hyperlipidemia ; *Recorder:* Belkevitz RN, Pamela D; *Confirmation:* Confirmed ; *Classification:* Medical ; *Code:* A8E4DE54-E840-4EE7-BB91-1C267549EB5A ; *Contributor System:* PowerChart ; *Last Updated:* 12/02/2014 00:08 ; *Life Cycle Status:* Resolved ; *Vocabulary:* SNOMED CT

Nursing Documentation

ADD (attention deficit disorder) *Name of Problem:* ADD (attention deficit disorder) ; *Recorder:* McCreary RN, Carmen M; *Confirmation:* Confirmed ; *Classification:* Medical ; *Code:* 434B4C0E-8351-4E2B-9711-C67AE64C57DB ; *Contributor System:* PowerChart ; *Last Updated:* 12/02/2014 00:25 ; *Life Cycle Status:* Resolved ; *Vocabulary:* SNOMED CT

Anxiety *Name of Problem:* Anxiety ; *Recorder:* McCreary RN, Carmen M; *Confirmation:* Confirmed ; *Classification:* Medical ; *Code:* 81133019 ; *Contributor System:* PowerChart ; *Last Updated:* 12/02/2014 00:26 ; *Life Cycle Status:* Resolved ; *Vocabulary:* SNOMED CT

Leg pain *Name of Problem:* Leg pain ; *Recorder:* McCreary RN, Carmen M; *Confirmation:* Confirmed ; *Classification:* Medical ; *Code:* 81D9AD3E-1746-4AD0-BC23-C3157BB89E41 ; *Contributor System:* PowerChart ; *Last Updated:* 12/02/2014 00:26 ; *Life Cycle Status:* Resolved ; *Vocabulary:* SNOMED CT

Procedure History

Procedure History

(As Of: 05/10/2015 19:18:45 EDT)

Anesthesia Minutes: 0 ; *Procedure Name:* right foot surgery ; *Procedure Minutes:* 0 ; *Last Reviewed Dt/Tm:* 05/10/2015 19:15:05 EDT

Home Medications

Home Medication Information : Home Medication Information Complete

McCreary RN, Carmen M - 05/10/2015 19:13

Medication List

(As Of: 05/10/2015 19:18:45 EDT)

Home Meds

aspirin : aspirin ; *Status:* Discontinued ; *Ordered As Mnemonic:* aspirin 81 mg oral tablet, disintegrating ; *Simple Display Line:* 1 tab, PO, daily ; *Catalog Code:* aspirin ; *Order Dt/Tm:* 12/02/2014 0:27:29

Nursing Documentation

atomoxetine : atomoxetine ; *Status:* Discontinued ; *Ordered As Mnemonic:* Strattera ; *Simple Display Line:* 40 mg, PO, qAM ; *Catalog Code:* atomoxetine ; *Order Dt/Tm:* 12/02/2014 0:27:01

fluoxetine : fluoxetine ; *Status:* Documented ; *Ordered As Mnemonic:* Prozac ; *Simple Display Line:* PO, daily ; *Catalog Code:* fluoxetine ; *Order Dt/Tm:* 05/10/2015 19:17:22

meloxicam : meloxicam ; *Status:* Documented ; *Ordered As Mnemonic:* meloxicam ; *Simple Display Line:* 15 mg, PO, daily ; *Catalog Code:* meloxicam ; *Order Dt/Tm:* 12/02/2014 0:26:48

paroxetine : paroxetine ; *Status:* Discontinued ; *Ordered As Mnemonic:* paroxetine ; *Simple Display Line:* 40 mg, PO, 2xdaily ; *Catalog Code:* paroxetine ; *Order Dt/Tm:* 12/02/2014 0:27:08

propranolol : propranolol ; *Status:* Discontinued ; *Ordered As Mnemonic:* propranolol 20 mg oral tablet ; *Simple Display Line:* 20 mg, 1 tab, PO, 2xdaily, 180 tab ; *Catalog Code:* propranolol ; *Order Dt/Tm:* 08/16/2014 21:41:40

simvastatin : simvastatin ; *Status:* Documented ; *Ordered As Mnemonic:* simvastatin ; *Simple Display Line:* 20 mg, PO, HS ; *Catalog Code:* simvastatin ; *Order Dt/Tm:* 12/02/2014 0:27:37

Oxygen Modality-ED
Oxygen Modality : Room Air

McCreary RN, Carmen M - 05/10/2015 19:13

Pain Evaluation
Primary Pain Location : Shoulder
Laterality : Right
Primary Pain Time Pattern : Constant
Quality : Throbbing
Self Report Pain Tool : Numeric rating scale
Numeric Rating at Rest : 8
Numeric Rating With Activity : 9
Numeric Rating Score at Rest : 8
Numeric Rating Score With Activity : 9

McCreary RN, Carmen M - 05/10/2015 19:13

Nursing Documentation

Image 3 - Images currently included in the form version of this document have not been included in the text rendition version of the form.

Latex Screen
Diagnosed as Latex Allergic : No
Problem-Allergic Rxn to Rubber? : No
Allergic Rxn to any foods : None listed below
Hx of Spina Bifida : No

McCreary RN, Carmen M - 05/10/2015 19:13

Allergies
Allergy Information : Allergy Information Complete

McCreary RN, Carmen M - 05/10/2015 19:13
(As Of: 05/10/2015 19:18:45 EDT)

Allergies (Active)
NKA — *Estimated Onset Date:* Unspecified ; *Created By:* Stegall RN, Anna B; *Reaction Status:* Active ; *Category:* Drug Allergy ; *Substance:* NKA ; *Type:* Allergy ; *Updated By:* Stegall RN, Anna B; *Reviewed Date:* 05/10/2015 19:14

Nursing Direct Charting

Vital Signs

Procedure	Units	Reference Range	Recorded Time: 19:13 EDT Recorded By: McCreary RN,Carmen M Recorded Date: 5/10/2015
Clinical Height cm	cm		172.72
Temperature Oral	DegF	[96-102]	98.0
Heart Rate Monitored	bpm	[60-100]	71
Respiratory Rate	br/min	[12-20]	20
Pulse Ox Sat	%		98
Oxygen Modality			Room Air

Musculoskeletal System

Procedure	Units	Reference Range	Recorded Time: 19:55 EDT Recorded By: Strickland RN,Nona G Recorded Date: 5/10/2015
Musculoskeletal Documentation			Musculoskeletal Documentation
Musculoskeletal Condition:			Painful
Musculoskeletal Site:			Right, Elbow, Shoulder

Risk Precautions

Procedure	Units	Reference Range	Recorded Time: 19:55 EDT Recorded By: Strickland RN,Nona G Recorded Date: 5/10/2015	Recorded Time: 19:13 EDT Recorded By: McCreary RN,Carmen M Recorded Date: 5/10/2015
Safety			See Below[1]	

Nursing Direct Charting

Risk Precautions

Procedure	Units	Recorded Time Recorded By Recorded Date Reference Range	19:55 EDT Strickland RN,Nona G 5/10/2015	19:13 EDT McCreary RN,Carmen M 5/10/2015
Risk for Harm to Self or Others			-	No
Suicide Risk			No	-
Abuse Signs Yes/No			-	No
Abuse Signs			No Indications	-
History of Fall In Last 3 Months Morse			Yes	-
Presence of Secondary Diagnosis Morse			No	-
Use of Ambulatory Aid Morse			None, bedrest, wheelchair, nurse	-
IV/INT Fall Risk Morse			No	-
Gait Weak or Impaired Fall Risk Morse			Normal, bedrest, immobile	-
Mental Status Fall Risk Morse			Oriented to own ability	-
Morse Fall Risk Score			25	-
Participative In Fall Prevention			Yes	-

Textual Results
T1: 5/10/2015 19:55 EDT (Safety)
Bed Low/Brakes Locked, Call device within reach, ID Band Checked, ID Band on, Instruct to Call

Direct Charting View

General Information

Recorded By	Recorded Date/Time	Procedure Units Reference Range	Mode of Arrival	Chief Complaint	ED Chief Complaint	Accompanied by ED	Acuity
McCreary RN,Carmen M	5/10/2015 19:13 EDT		Ambulatory	See Below T2	Extremity Pain	Spouse	4
Strickland RN,Nona G	5/10/2015 20:04 EDT		-	-	-	Child, Spouse	-
Bayne,Lori E	5/10/2015 20:05 EDT		Ambulatory	-	Extremity Pain	-	-

Textual Results
T2: 5/10/2015 19:13 EDT (Chief Complaint)
rt elbow and shoulder pain from work injury 1 month ago. Ortho appt this wed. "they told me my joint split" today reinjured arm.

Recorded By	Recorded Date/Time	Procedure Units Reference Range	Information Obtained from
McCreary RN,Carmen M	5/10/2015 19:13 EDT		Patient

Pain Management

Pain

Recorded Date	Procedure / Units / Reference Range / Recorded By	ED Pain Screen	Preferred Pain Tool	Numeric Rating at Rest	Numeric Rating Score Rest
5/10/2015	McCreary RN,Carmen M	Yes	Numeric rating scale	8	8

Recorded Date	Procedure / Units / Reference Range / Recorded By	Numeric Rating With Activity	Numeric Rating Score With Activity	Primary Pain Location
5/10/2015	McCreary RN,Carmen M	9	9	Shoulder

Recorded Date	Procedure / Units / Reference Range / Recorded By	Primary Pain Laterality	Primary Pain Time Pattern	Primary Pain Quality
5/10/2015	McCreary RN,Carmen M	Right	Constant	Throbbing

ED Documentation

DOCUMENT NAME:	Triage PHED
SERVICE DATE/TIME:	5/10/2015 19:13 EDT
RESULT STATUS:	Auth (Verified)
PERFORM INFORMATION:	McCreary RN,Carmen M (5/10/2015 19:13 EDT)
ELECTRONICALLY SIGNED BY:	McCreary RN,Carmen M (5/10/2015 19:13 EDT)

Triage PHED Entered On: 05/10/2015 19:18
Performed On: 05/10/2015 19:13 by McCreary RN, Carmen M

Chief Complaint PHED
ED Mode of Arrival : Ambulatory
ED Chief Complaint : Extremity Pain
Chief Complaint : rt elbow and shoulder pain from work injury 1 month ago. Ortho appt this wed. "they told me my joint split" today reinjured arm.
Temperature Oral : 98.0 DegF
Heart Rate Monitored : 71 bpm
Resp. Rate : 20 br/min
Pulse Ox Sat : 98 %
Height in feet : 5 ft
Height in : 8 inch
Height cm Calculated : 172.72 cm
ED Pain Screen : Yes
Latex Allergy Screen : Open
Allergies Screen : Open

McCreary RN, Carmen M - 05/10/2015 19:13

DCP GENERIC CODE
ED Tracking Acuity : 4

ED Documentation

ED Tracking Group : H Tracking Group

McCreary RN, Carmen M - 05/10/2015 19:13

ED Triage Nurse : McCreary RN, Carmen M
Foreign Travel : none
Triage Date-Time : 05/10/2015 19:13
Accompanied by-ED : Spouse
Information Obtained From : Patient
Home Meds Listed : Open
Open Past Medical History : Open
Open Procedure History : Yes
Pregnant : N/A
Gynecological Status : N/A
Implantable Devices : Other: Hardware in ankle.
Communicable Disease Exposure : None
Communication Barriers : None
Abuses : None
Abuse Signs Yes/No : No
Risk for Harm to Self or Others : No
Primary Care Physician : Watson NP, Apryl M

McCreary RN, Carmen M - 05/10/2015 19:13

Social History

(As Of: 05/10/2015 19:18:45 EDT)

Tobacco:

Current every day smoker Comments: 08/17/2014 00:43 - Holbrooks RN, Donald G: Patient smokes a pack of cigarettes a week (Last Updated: 08/17/2014 0:43:26 EDT by Holbrooks RN, Donald G)

Past Medical History

(As Of : 05/10/2015 19:18:45 EDT)

Past Medical History

None

Name of Problem: None ; *Recorder:* Calvert RN, Sheila C; *Confirmation:* Confirmed ; *Classification:* Medical ; *Code:* 387958016 ; *Contributor System:* PowerChart ; *Last Updated:* 11/06/2013 17:14 ; *Life Cycle Date:* 11/06/2013 ; *Life Cycle Status:* Active ; *Vocabulary:* SNOMED CT

Angina

Name of Problem: Angina ; *Recorder:* Thompson RN, Keindra D; *Confirmation:* Confirmed ; *Classification:* Medical ; *Code:* 299755016 ; *Contributor System:* PowerChart ; *Last Updated:* 08/16/2014 21:42 ; *Life Cycle Status:* Resolved ; *Vocabulary:* SNOMED CT

ED Documentation

Migraine headache	*Name of Problem:* Migraine headache ; *Recorder:* Thompson RN, Keindra D; *Confirmation:* Confirmed ; *Classification:* Medical ; *Code:* EC445FBB-FAEC-4904-94A6-A908D9598B75 ; *Contributor System:* PowerChart ; *Last Updated:* 08/16/2014 21:43 ; *Life Cycle Status:* Resolved ; *Vocabulary:* SNOMED CT
HTN (hypertension)	*Name of Problem:* HTN (hypertension) ; *Recorder:* Belkevitz RN, Pamela D; *Confirmation:* Confirmed ; *Classification:* Medical ; *Code:* 5976FA7F-5083-4170-8151-AEC713AD8320 ; *Contributor System:* PowerChart ; *Last Updated:* 12/02/2014 00:08 ; *Life Cycle Status:* Resolved ; *Vocabulary:* SNOMED CT
Hyperlipidemia	*Name of Problem:* Hyperlipidemia ; *Recorder:* Belkevitz RN, Pamela D; *Confirmation:* Confirmed ; *Classification:* Medical ; *Code:* A8E4DE54-E840-4EE7-BB91-1C267549EB5A ; *Contributor System:* PowerChart ; *Last Updated:* 12/02/2014 00:08 ; *Life Cycle Status:* Resolved ; *Vocabulary:* SNOMED CT
ADD (attention deficit disorder)	*Name of Problem:* ADD (attention deficit disorder) ; *Recorder:* McCreary RN, Carmen M; *Confirmation:* Confirmed ; *Classification:* Medical ; *Code:* 434B4C0E-8351-4E2B-9711-C67AE64C57D8 ; *Contributor System:* PowerChart ; *Last Updated:* 12/02/2014 00:25 ; *Life Cycle Status:* Resolved ; *Vocabulary:* SNOMED CT
Anxiety	*Name of Problem:* Anxiety ; *Recorder:* McCreary RN, Carmen M; *Confirmation:* Confirmed ; *Classification:* Medical ; *Code:* 81133019 ; *Contributor System:* PowerChart ; *Last Updated:* 12/02/2014 00:26 ; *Life Cycle Status:* Resolved ; *Vocabulary:* SNOMED CT
Leg pain	*Name of Problem:* Leg pain ; *Recorder:* McCreary RN, Carmen M; *Confirmation:* Confirmed ; *Classification:* Medical ; *Code:* 81D9AD3E-1746-4AD0-BC23-C3157BB89E41 ; *Contributor System:* PowerChart ; *Last Updated:* 12/02/2014 00:26 ; *Life Cycle Status:* Resolved ; *Vocabulary:* SNOMED CT

Procedure History

Procedure History

ED Documentation

(As Of: 05/10/2015 19:18:45 EDT)

Anesthesia Minutes: 0 ; *Procedure Name:* right foot surgery ; *Procedure Minutes:* 0 ; *Last Reviewed Dt/Tm:* 05/10/2015 19:15:05 EDT

Home Medications

Home Medication Information : Home Medication Information Complete

McCreary RN, Carmen M - 05/10/2015 19:13

Medication List

(As Of: 05/10/2015 19:18:45 EDT)

Home Meds

aspirin : aspirin ; *Status:* Discontinued ; *Ordered As Mnemonic:* aspirin 81 mg oral tablet, disintegrating ; *Simple Display Line:* 1 tab, PO, daily ; *Catalog Code:* aspirin ; *Order Dt/Tm:* 12/02/2014 0:27:29

atomoxetine : atomoxetine ; *Status:* Discontinued ; *Ordered As Mnemonic:* Strattera ; *Simple Display Line:* 40 mg, PO, qAM ; *Catalog Code:* atomoxetine ; *Order Dt/Tm:* 12/02/2014 0:27:01

fluoxetine : fluoxetine ; *Status:* Documented ; *Ordered As Mnemonic:* Prozac ; *Simple Display Line:* PO, daily ; *Catalog Code:* fluoxetine ; *Order Dt/Tm:* 05/10/2015 19:17:22

meloxicam : meloxicam ; *Status:* Documented ; *Ordered As Mnemonic:* meloxicam ; *Simple Display Line:* 15 mg, PO, daily ; *Catalog Code:* meloxicam ; *Order Dt/Tm:* 12/02/2014 0:26:48

paroxetine : paroxetine ; *Status:* Discontinued ; *Ordered As Mnemonic:* paroxetine ; *Simple Display Line:* 40 mg, PO, 2xdaily ; *Catalog Code:* paroxetine ; *Order Dt/Tm:* 12/02/2014 0:27:08

propranolol : propranolol ; *Status:* Discontinued ; *Ordered As Mnemonic:* propranolol 20 mg oral tablet ; *Simple Display Line:* 20 mg, 1 tab, PO, 2xdaily, 180 tab ; *Catalog Code:* propranolol ; *Order Dt/Tm:* 08/16/2014 21:41:40

simvastatin : simvastatin ; *Status:* Documented ; *Ordered As Mnemonic:* simvastatin ; *Simple Display Line:* 20 mg, PO, HS ; *Catalog Code:* simvastatin ; *Order Dt/Tm:* 12/02/2014 0:27:37

Oxygen Modality-ED
Oxygen Modality : Room Air

McCreary RN, Carmen M - 05/10/2015 19:13

Pain Evaluation
Primary Pain Location : Shoulder
Laterality : Right
Primary Pain Time Pattern : Constant
Quality : Throbbing
Self Report Pain Tool : Numeric rating scale
Numeric Rating at Rest : 8
Numeric Rating With Activity : 9
Numeric Rating Score at Rest : 8
Numeric Rating Score With Activity : 9

McCreary RN, Carmen M - 05/10/2015 19:13

Image 3 - Images currently included in the form version of this document have not been included in the text rendition version of the form.

Latex Screen
Diagnosed as Latex Allergic : No
Problem-Allergic Rxn to Rubber? : No
Allergic Rxn to any foods : None listed below
Hx of Spina Bifida : No

McCreary RN, Carmen M - 05/10/2015 19:13

Allergies
Allergy Information : Allergy Information Complete

McCreary RN, Carmen M - 05/10/2015 19:13
(As Of: 05/10/2015 19:18:45 EDT)

Allergies (Active)
NKA

Estimated Onset Date: Unspecified ; *Created By:* Stegall RN, Anna B; *Reaction Status:* Active ; *Category:* Drug Allergy ; *Substance:* NKA ; *Type:* Allergy ; *Updated By:* Stegall RN, Anna B; *Reviewed Date:* 05/10/2015 19:14

ED Documentation

DOCUMENT NAME:	ED Visit Note
SERVICE DATE/TIME:	5/10/2015 19:56 EDT
RESULT STATUS:	Auth (Verified)
PERFORM INFORMATION:	Harmon PA,Daniela S (5/10/2015 20:01 EDT)
ELECTRONICALLY SIGNED BY:	Worsham MD,John W (5/10/2015 21:33 EDT); Harmon PA, Daniela S (5/10/2015 20:37 EDT)

Elbow pain-swelling

Patient: **MILLER, JEFFREY ALLEN** **MRN: H000098764** **FIN: H1513000520**
Age: **42 years** Sex: **Male** DOB: [redacted]
Associated Diagnoses: **None**
Author: **Harmon PA, Daniela S**

Basic Information

Additional Information: Chief Complaint from Nursing Triage Note : Chief Complaint
05/10/15 19:13 Chief Complaint rt elbow and shoulder pain from work injury 1 month ago. Ortho appt this wed. "they told me my joint split" today reinjured arm. .

History of Present Illness

The patient presents with chronic right shoulder discomfort related to the pts work in construction. the pt reports that he is scheduled to see upstate bone and joint in three days. today, his pain became worse after he felt a popping sensation in the right shoulder while rotating his shoulder, and since then he has had tingling into fingers 3-4 and has had pain with abduction. he denies trauma. .

Review of Systems

Constitutional symptoms: Negative except as documented in HPI.
Skin symptoms: Negative except as documented in HPI.
Musculoskeletal symptoms: Joint pain.
Neurologic symptoms: No numbness, no tingling.

Health Status

Allergies:
Allergic Reactions (Selected)
NKA.
Medications: Per nurse's notes.
Immunizations: Per nurse's notes.
Menstrual history: Per nurse's notes.

Past Medical/ Family/ Social History

Medical history
Reviewed as documented in chart.
Surgical history: Procedure history includes:.
Family history: Reviewed as documented in chart.
Social history: Reviewed as documented in chart.
Problem list: Per nurse's notes.

Physical Examination

Vital Signs
Vital Signs

05/10/15 19:13		
	Clinical Height cm	172.72 cm
	Temperature Oral	98.0 DegF Normal
	Heart Rate Monitored	71 bpm Normal
	Respiratory Rate	20 br/min Normal

ED Documentation

Pulse Ox Sat	98 %
Oxygen Modality	Room Air

General: Alert, no acute distress, pt is calm, has a pleasant demeanor throughout thier examination, answers all questions articulately and appropriately.
Skin: Warm, dry, pink, intact, no pallor, no rash.
Head: Normocephalic, atraumatic.
Neck: Supple, trachea midline, no JVD.
Eye: Extraocular movements are intact, normal conjunctiva.
Ears, nose, mouth and throat: Oral mucosa moist.
Cardiovascular: Normal peripheral perfusion.
Respiratory: Respirations are non-labored.
Chest wall: chest rise symmetrical.
Musculoskeletal: mild-moderate generalized right shoulder discomfort is present. ROM is full.
Neurological: Alert and oriented to person, place, time, and situation, normal sensory observed, normal speech observed, normal coordination observed.
Lymphatics: No lymphadenopathy.
Psychiatric: Cooperative, appropriate mood & affect.

Medical Decision Making
Orders Launch Orders
Pharmacy:
Flexeril (Order): 10 mg, Tab, PO, OT, Routine, Start Date: 05/10/15 20:00, Stop date 05/10/15 20:00
prednISONE (Order): 40 mg, Tab, PO, OT, NOW, Start Date: 05/10/15 19:59, Stop date 05/10/15 19:59
Lortab 7.5 (Order): 1 tab, PO, OT, NOW, Start Date: 05/10/15 19:59, Stop date 05/10/15 19:59.

Impression and Plan
(1) Impingement syndrome (2) rotator cuff syndrome
Plan
Condition: Stable.
Disposition: Medically cleared, Discharged: Time 05/10/15 20:00:00, to home.
Prescriptions: Launch prescriptions
Pharmacy:
baclofen 10 mg oral tablet (Prescribe): 10 mg = 1 tab, PO, 3xdaily, X 7 days, # 21 tab, 0 Refill(s)
prednISONE 20 mg oral tablet (Prescribe): 40 mg = 2 tab, PO, daily, X 4 days, # 8 tab, 0 Refill(s)
Ultram 50 mg oral tablet (Prescribe): 50 mg = 1 tab, PO, q4hr(s), X 5 days, # 30 tab, 0 Refill(s).
Patient was given the following educational materials: SHOULDER IMPINGEMENT SYNDROME, Understanding Rotator Cuff Injuries.
Follow up with: " UPSTATE BONE AND JOINT Within 2 to 4 days.
Counseled: Patient, Regarding diagnosis, Regarding diagnostic results, Regarding treatment plan, Regarding prescription, Patient indicated understanding of instructions.

Electronically Signed & Verified on 05/10/2015 20:37
by Harmon PA, Daniela S

Electronically Signed & Verified on 05/10/15 21:33
by Worsham MD, John W

ED Discharge Summary

DOCUMENT NAME:	Discharge Summary PHED
SERVICE DATE/TIME:	5/10/2015 20:04 EDT
RESULT STATUS:	Auth (Verified)
PERFORM INFORMATION:	Strickland RN,Nona G (5/10/2015 20:04 EDT)
ELECTRONICALLY SIGNED BY:	

ED Discharge Summary

Discharge Summary PHED
05/10/15 08:04 pm Performed by Strickland RN, Nona G
Entered on 05/10/15 08:05 pm

Discharge Summary PHED

Patient Disposition	Home or Self Care
Mode of Discharge	Ambulatory
Assisted By	Nurse
Accompanied by-ED	Child, Spouse
Reassessment of Chief Complaint-ED	No Change
Current Pain-Yes-No	Yes
error	8
IV/INT Discontinued	NA
Valuable-Belonging Return-ED	None taken
Discharge Instructions ED	Instructions Given, Patient Verbalizes Understanding
Comments-ED Discharge	driven home by wife

Patient & Family Education

Charting Department	ED
Able to Read	Yes
Patient Learning Preferences	Verbal, Written
Patient Willingness To Learn	Consents to Education
Patient Readiness to Learn	No Barriers
Patient Outcomes-Participation	Verbalized Understanding
Education Method	Verbal, Written
Patient Follow Up Needed	None Needed

Nursing-Nutrition-Surginet-L&D Pt-Fam Ed

Information Provided	Discharge Instructions, Patient Responsibilites, Patient Safety

Vital Signs/Respiratory

Vital Signs RTF	Vital Signs Temperature Oral: 98.0 DegF 05/10/2015 19:13 Respiratory Rate: 20 br/min 05/10/2015 19:13
Pain Management RTF	Pain Assessment Primary Pain Location: Shoulder 05/10/2015 19:13 Laterality: Right 05/10/2015 19:13 Quality: Throbbing 05/10/2015 19:13 Preferred Pain Tool: Numeric

ED Discharge Summary

rating scale 05/10/2015 19:13
Numeric Rating Score Rest: 8
05/10/2015 19:13
Numeric Rating Score, Activity:
9 05/10/2015 19:13

Allergies

Substance	Updated Date/Time	Updated By	Allergy Type	Allergy Category	Severity	Recorded On Behalf Of	Reaction Status	Reaction Symptom	Information Source	Estimated Onset	Reviewed Date/Time	Reviewed By	Data Source
NKA	5/27/2010 19:59 EDT	Stegall RN,Anna B	Allergy	Drug Allergy		Stegall RN,Anna B	Active				5/10/2015 19:56 EDT	Harmon PA, Daniela S	

Allergy History

Substance: NKA Recorded Date/Time	Recorded By	
5/27/2010 19:59 EDT	Stegall RN,Anna B	**Allergy Type:** Allergy; **Recorded On Behalf Of:** Stegall RN,Anna B; **Reaction Status:** Active; **Reviewed Date/Time:** 5/10/2015 19:56 EDT; **Reviewed By:** Harmon PA,Daniela S; **Category** Drug Allergy;

Non Medication Orders

Order: Discharge
Order Start Date/Time: 5/10/2015 20:01 EDT
Order Date/Time: 5/10/2015 20:01 EDT
Order Status: Discontinued | Department Status: Discontinued | Catalog Type: Patient Care | Activity Type: Communication Orders
End-state Date/Time: 5/12/2015 01:29 EDT | End-state Reason:
Ordered and Electronically Signed By: SYSTEM,SYSTEM | Consulting Physician:
Entered By: SYSTEM,SYSTEM on 5/10/2015 20:01 EDT
Order Details: 5/10/15 8:01:45 PM EDT, 5/12/15 1:29:50 AM EDT
Order Comment:

Action Type: Order | Action Date/Time: 5/10/2015 20:01 EDT | Action Personnel: SYSTEM,SYSTEM
Responsible Provider: SYSTEM,SYSTEM | Supervising Provider: | Communication Type: Discern Expert
Order Details: 05/10/15 20:01:45, 05/10/15 20:01:45
Review Information:
Doctor Cosign: Not Required
Order Comment:

Action Type: Discontinue | Action Date/Time: 5/12/2015 01:29 EDT | Action Personnel: SYSTEM,SYSTEM
Responsible Provider: SYSTEM,SYSTEM | Supervising Provider: | Communication Type:
Order Details: 05/10/15 20:01:45, 05/10/15 20:01:45
Review Information:
Doctor Cosign: Not Required
Order Comment:

Non Medication Orders

Order: Facility Charge Ticket
Order Start Date/Time: 5/10/2015 19:11 EDT
Order Date/Time: 5/10/2015 19:11 EDT
Order Status: Completed | Department Status: Completed | Catalog Type: Health Information Management | Activity Type: Health Information Management
End-state Date/Time: 5/12/2015 16:41 EDT | End-state Reason:
Ordered and Electronically Signed By: SYSTEM,SYSTEM | Consulting Physician:
Entered By: SYSTEM,SYSTEM on 5/10/2015 19:11 EDT
Order Details: 5/10/15 7:11:58 PM EDT, Stop 5/12/15 4:41:19 PM EDT
Order Comment:
Action Type: Order | Action Date/Time: 5/10/2015 19:11 EDT | Action Personnel: SYSTEM,SYSTEM
Responsible Provider: SYSTEM,SYSTEM | Supervising Provider: | Communication Type: Discern Expert
Order Details: 05/10/15 19:11:58, Stop 05/10/15 19:11:58
Review Information:
Doctor Cosign: Not Required
Order Comment:
Action Type: Complete | Action Date/Time: 5/12/2015 16:41 EDT | Action Personnel: Bayne,Lori E
Responsible Provider: SYSTEM,SYSTEM | Supervising Provider: | Communication Type:
Order Details: 05/10/15 19:11:58, Stop 05/10/15 19:11:58
Review Information:
Doctor Cosign: Not Required
Order Comment:

Medication Orders

Order: fluoxetine (Prozac)
Order Start Date/Time: 5/10/2015 19:17 EDT
Order Date/Time: 5/10/2015 19:17 EDT
Order Status: Documented | Clinical Category: Medications | Medication Type: Documented
End-state Date/Time: 6/9/2015 19:17 EDT | End-state Reason:
Ordered and Electronically Signed By: | Consulting Physician:
Entered By: McCreary RN,Carmen M on 5/10/2015 19:17 EDT
Order Details: PO, daily, 0 Refill(s)
Order Comment:

Order: acetaminophen-hydrocodone (Lortab 7.5)
Order Start Date/Time: 5/10/2015 19:59 EDT
Order Date/Time: 5/10/2015 19:59 EDT
Order Status: Completed | Clinical Category: Medications | Medication Type: Inpatient
End-state Date/Time: 5/10/2015 20:04 EDT | End-state Reason:
Ordered and Electronically Signed By: Harmon PA,Daniela S | Consulting Physician:
Entered By: Harmon PA,Daniela S on 5/10/2015 19:59 EDT
Order Details: 1 tab, Tab, PO, QT, NOW, Start Date: 5/10/15 7:59:00 PM EDT, Stop date 5/10/15 8:04:08 PM EDT
Order Comment: Hydrocodone 7.5mg-APAP 325mg substituted for Lortab 7.5 per P&T approval. Acetaminophen adult maximum dose = 4 grams per day.

Medication Orders

Order: prednisONE
Order Start Date/Time: 5/10/2015 19:59 EDT
Order Date/Time: 5/10/2015 19:59 EDT
Order Status: Completed | Clinical Category: Medications | Medication Type: Inpatient
End-state Date/Time: 5/10/2015 20:04 EDT | End-state Reason:
Ordered and Electronically Signed By: Harmon PA,Daniela S | Consulting Physician:
Entered By: Harmon PA,Daniela S on 5/10/2015 19:59 EDT
Order Details: 40 mg, = 2 tab, Tab, PO, OT, NOW, Start Date: 5/10/15 7:59:00 PM EDT, Stop date 5/10/15 8:04:09 PM EDT
Order Comment: Take with food or milk.

Order: cyclobenzaprine (Flexeril)
Order Start Date/Time: 5/10/2015 20:00 EDT
Order Date/Time: 5/10/2015 20:00 EDT
Order Status: Completed | Clinical Category: Medications | Medication Type: Inpatient
End-state Date/Time: 5/10/2015 20:04 EDT | End-state Reason:
Ordered and Electronically Signed By: Harmon PA,Daniela S | Consulting Physician:
Entered By: Harmon PA,Daniela S on 5/10/2015 20:00 EDT
Order Details: 10 mg, = 1 tab, Tab, PO, OT, Routine, Start Date: 5/10/15 8:00:00 PM EDT, Stop date 5/10/15 8:04:10 PM EDT
Order Comment:

Order: tramadol (Ultram 50 mg oral tablet)
Order Start Date/Time: 5/10/2015 20:00 EDT
Order Date/Time: 5/10/2015 20:00 EDT
Order Status: Completed | Clinical Category: Medications | Medication Type: Prescription
End-state Date/Time: 5/15/2015 20:00 EDT | End-state Reason:
Ordered and Electronically Signed By: Harmon PA,Daniela S | Consulting Physician:
Entered By: Harmon PA,Daniela S on 5/10/2015 20:00 EDT
Order Details: 50 mg = 1 tab, PO, q4hr(s), X 5 days, # 30 tab, 0 Refill(s)
Order Comment:

Order: baclofen (baclofen 10 mg oral tablet)
Order Start Date/Time: 5/10/2015 20:01 EDT
Order Date/Time: 5/10/2015 20:01 EDT
Order Status: Prescribed | Clinical Category: Medications | Medication Type: Prescription
End-state Date/Time: 5/17/2015 20:01 EDT | End-state Reason:
Ordered and Electronically Signed By: Harmon PA,Daniela S | Consulting Physician:
Entered By: Harmon PA,Daniela S on 5/10/2015 20:01 EDT
Order Details: 10 mg = 1 tab, PO, 3xdaily, # 21 tab, 0 Refill(s)
Order Comment:

Order: prednisONE (prednisONE 20 mg oral tablet)
Order Start Date/Time: 5/10/2015 20:01 EDT
Order Date/Time: 5/10/2015 20:01 EDT
Order Status: Completed | Clinical Category: Medications | Medication Type: Prescription
End-state Date/Time: 5/14/2015 20:01 EDT | End-state Reason:
Ordered and Electronically Signed By: Harmon PA,Daniela S | Consulting Physician:
Entered By: Harmon PA,Daniela S on 5/10/2015 20:01 EDT
Order Details: 40 mg = 2 tab, PO, daily, X 4 days, # 8 tab, 0 Refill(s)
Order Comment:

Immunizations

Vaccine:	Date Given:	Age:	
diphtheria/pertussis,acel/tetanus adult [O1]	11/6/2013 17:54 EST	41 years	
Admin Person: Childress RN,Hannah S		**Data Source:** PowerChart	
Site: Right Deltoid	**Route:** IM	**Amount:** 0.5mL	**Manufacturer:** GlaxoSmithKline
Expiration Date: 2/19/2016		**Lot Number:** c3774	

Order Comments
O1: diphtheria/pertussis, acel/tetanus adult (Tdap)
Nursing Comment: document manufacturer, lot number, and exp date on immunization Tab after administration

Vaccine:	Date Given:	Age:	
pneumococcal 23-valent vaccine [O2]	8/17/2014 01:52 EDT	41 years	
Admin Person: Holbrooks RN,Donald G		**Data Source:** PowerChart	
Site: Left Deltoid	**Route:** IM	**Amount:** 0.5mL	**Manufacturer:** MERCK & CO.,INC.
Expiration Date: 3/22/2015		**Lot Number:** k004281	

Order Comments
O2: pneumococcal 23-valent vaccine (pneumococcal vaccine injectable solution)
For patients greater than or equal to 2 years old.
Dose available in Pyxis upon Pharmacy profiling on Day 1 of admission or within 24 hours.
x 1 dose only! Be sure not given previously
Remove from McCravey Pyxis

Medication Administration

Medications

Admin Date/Time: 5/10/2015 20:04 EDT
Medication Name: acetaminophen-hydrocodone (Lortab 7.5)
Charted Date/Time: 5/10/2015 20:04 EDT
Ingredients: Lortab 7.5 1 tab
Admin Details: (Auth) PO
Action Details: Order: Harmon PA,Daniela S 5/10/2015 19:59 EDT; Perform: Strickland RN,Nona G 5/10/2015 20:04 EDT; VERIFY: Strickland RN, Nona G 5/10/2015 20:04 EDT

Admin Date/Time: 5/10/2015 20:04 EDT
Medication Name: prednISONE
Charted Date/Time: 5/10/2015 20:04 EDT
Ingredients: prednISONE 40 mg 2 tab
Admin Details: (Auth) PO
Action Details: Order: Harmon PA,Daniela S 5/10/2015 19:59 EDT; Perform: Strickland RN,Nona G 5/10/2015 20:04 EDT; VERIFY: Strickland RN, Nona G 5/10/2015 20:04 EDT

Admin Date/Time: 5/10/2015 20:04 EDT
Medication Name: cyclobenzaprine (Flexeril)
Charted Date/Time: 5/10/2015 20:04 EDT
Ingredients: Flexeril 10 mg 1 tab
Admin Details: (Auth) PO
Action Details: Order: Harmon PA,Daniela S 5/10/2015 20:00 EDT; Perform: Strickland RN,Nona G 5/10/2015 20:04 EDT; VERIFY: Strickland RN, Nona G 5/10/2015 20:04 EDT

Education

* Auth (Verified) *

I, JEFFREY MILLER, have received the Physician's Discharge Summary, my patient education materials, and have verbalized understanding.

Patient Signature	Date	Provider Signature	Date
	5-10		5-10

MRN: H000098764 FIN: H1513000520

MILLER, JEFFREY ALLEN
H1513000520
MR 000098764 EMS, EMS
[redacted] 4ZY M

Administrative

* Auth (Verified) *

BAPTIST EASLEY
HOSPITAL

MILLER, JEFFREY ALLEN
H1513000520
MR E000098764 CARVER, DAVID FRANKLIN
[redacted] 42Y M

GUARANTY AND ASSIGNMENT OF INSURANCE BENEFITS

I hereby guaranty payment to d/b/a Baptist Easley Hospital and my attending and consulting physician(s) (including, but not limited to, pathologists, radiologists and anesthesiologists), for all charges and services incurred for the account(s) of the patient from date of admission until discharge. I do hereby assign to Baptist Easley Hospital and/or my attending and consulting physician(s) (including, but not limited to, pathologists, radiologists, and anesthesiologists), any and all medical insurance, health benefits, hospital benefits, sick benefits, injury benefits and settlement proceeds due or payable because of liability of a third party, payable by any party, organization or insurance company, or other sources of payment, unless I pay the account(s) in full upon discharge. (the "Assignment").

If I fail to pay all charges when due I agree to pay all costs of collection, including attorneys fees, collection costs and court costs.

I hereby authorize and request Baptist Easley Hospital and/or my attending and consulting physician(s) (including, but not limited to, pathologists, radiologists and anesthesiologists) to release and furnish medical information, necessary to support claims submitted, to any entities for payment, pursuant to the above Assignment.

In the event the undersigned is entitled to health care or medical benefits of any type whatsoever, arising out of any policy of insurance insuring the patient or any party liable to the patient, said benefits are hereby assigned to Baptist Easley Hospital and/or my attending and consulting physician(s) (including, but not limited to, pathologists, radiologists, and anesthesiologists), for application to the patient account(s) for services rendered.

I do hereby appoint and assign to Baptist Easley Hospital and/or my attending and consulting physician(s) (including, but not limited to, pathologists, radiologists, and anesthesiologists) as my true and lawful attorneys in fact, to act on my behalf, with the full power and authority to collect any and all charges incurred for the benefit of the patient pursuant to the assignment of benefits set forth above. I further authorize and appoint Baptist Easley Hospital as my agent to appeal any denial of insurance coverage by a third party. I understand that Baptist Easley Hospital does not accept responsibility for collecting any insurance proceeds or negotiating a settlement on a disputed claim nor is Baptist Easley Hospital required to appeal any denial of insurance benefits.

ACKNOWLEDGEMENT OF RECEIPT OF MEDICARE/TRICARE MEDICAL INFORMATION

I, the undersigned acknowledge that if I am a Medicare/TRICARE beneficiary, I have been provided with a notice from Medicare/TRICARE regarding my rights as a Medicare/TRICARE patient and the rights form has not been altered.

05/10/2015 19:29
Jeffrey miller
Date Time

Patient (Parent or Guardian in case of minor)

Witness Signature

Spouse or Insured if other than Patient

* Auth (Verified) *

MILLER, JEFFREY ALLEN
H1513000520
MR 000090764 CARVER, DAVID FRANKLIN
[redacted] 42Y M

Baptist Easley General Consent

All Patients I consent to and authorize Baptist Easley to perform as applicable:

Blood Draws	Medications	Tissues Disposal/Donation
Examinations	Procedures	Treatments
Lab Tests	Therapy	Transportation

These activities may be performed by authorized Baptist Easley or affiliated physicians and/or clinicians, including appropriately supervised students and residents.

DO YOU WANT TO DESIGNATE A FAMILY MEMBER OR OTHER INDIVIDUAL WITH WHOM THE PROVIDER MAY DISCUSS YOUR MEDICAL CONDITION? DORN, DARLA (864)507-0355

My photograph may be taken for identification purposes and is the property of Baptist Easley unless I withdraw my consent in writing. If I have provided my e-mail address, I am requesting the ability to access my medical information through the Baptist Easley on-line Patient Portal.

I give permission to share my electronic medical record among my health providers and obtain medication history through a Provider Health Information Exchange (HIE). Baptist Easley will not provide sensitive information such as behavioral health, substance abuse treatment, sexual abuse, genetic test results, HIV/STD status and adoption records unless mandatory disclosure is required by state or federal law. I may opt out of the HIE and continue to receive care.

I provided the following information:

I have requested to not be listed in the Baptist Easley Patient Directory	YES DIRECTORY
I am an organ donor	N
I have an Advance Directive	N
I would like information about Advance Directives	N
I was given a Privacy Practices Notice on	20150501

Hospital Patients Only

If I signed a general consent form at my physician's office today, it is not necessary to sign another copy.

I understand video cameras may be used in some hospital rooms for observation purposes and additional photographs may be taken for medical purposes.

If I bring money and valuables to the hospital, I am responsible for any loss or damage for items not sent home or deposited with Baptist Easley.

I was shown/provided a copy of the Lewis Blackman Hospital Patient Safety Act Letter. I understand that the Patient Bill of Rights notice is posted in the public lobbies, printed in Patient Guides and available through the hospital's website @ www.BaptistEasley.org.

If applicable, I consent to the disposal by Baptist Easley authorities of any tissue or body part which may be removed during the course of my treatment. I further understand if my tissue is used rather than destroyed, it will not be linked to my name or any other identifier that could be traced to me. To protect myself and others, I also give permission to have blood drawn and tested for infectious diseases including, but not limited to, HIV (AIDS virus) and Hepatitis. I further understand that certain circumstances require mandatory disclosure to organizations such as the state health department.

05/10/2015 10:29

Patient or Patient Designee Representative — Date — Time

Witness Signature

Clinical Diagnoses

Diagnosis: Elbow pain-swelling (Qualifier:)
Secondary Description:
Last Reviewed Date: 5/10/2015 19:56 EDT; Harmon PA,Daniela S **Responsible Provider:**
Diagnosis Date: 5/10/2015 **Status:** Active
Clinical Service: Emergency medicine; **Classification:** Medical **Confirmation:** Confirmed; **Code:** 1746FEBC-0636-4A05-9579-DD43F0343C57 (PNED); **Ranking:** ; **Severity:** ; **Severity Class:**

Social History

Tobacco
Detail: Current every day smoker (Last Update: 8/17/2014 00:43 EDT by Holbrooks RN,Donald G)
Comment: 8/17/2014 00:43 EDT; Holbrooks RN,Donald G;
Patient smokes a pack of cigarettes a week

Family History

Last Update: 8/17/2014 00:46 EDT by Holbrooks RN,Donald G

Mother: Alive

Condition		Age of Onset	Life Cycle	Severity
Hypertension	Positive			
Stroke	Positive			

Father: Alive

Condition		Age of Onset	Life Cycle	Severity
Acute myocardial infarction	Positive			
Diabetes mellitus type 2	Positive			
Hypertension	Positive			
Stroke	Positive			

BAPTIST EASLEY
HOSPITAL

Easley Family Practice and Internal Medicine
106 John St.
Easley, SC 29640
P: 864-859-2220 F: 864-859-5744

CERTIFICATE TO RETURN TO SCHOOL OR WORK

Jeffrey Miller has been under the care of Apryl Watson, FNP from 05/10/2015 to 05/15/2015 and is able to return to work on 05/18/2015.

Limitations/Remarks:Out of work 05/10/15-05/15/15.

Apryl Watson FNP-BC

Apryl Watson, FNP

S.C. WORKERS' COMPENSATION COMMISSION – FIRST REPORT OF INJURY OR ILLNESS

EMPLOYER (NAME & ADDRESS INCL ZIP) ALICE MANUFACTURING CO., INC. - WC 6172098 P.O. BOX 369 EASLEY SC 29641	CARRIER/ADMINISTRATOR CLAIM NUMBER	OSHA LOG NUMBER	REPORT PURPOSE CODE
	JURISDICTION SC	JURISDICTION CLAIM NUMBER	
	INSURED REPORT NUMBER		
	EMPLOYER'S LOCATION ADDRESS (IF DIFFERENT)		LOCATION # WC 6172098
INDUSTRY CODE 2259 / EMPLOYER FEIN 570516664			PHONE #

CARRIER/CLAIMS ADMINISTRATOR

CARRIER (NAME, ADDRESS, & PHONE #) GREAT AMERICAN ALLIANCE INS	POLICY PERIOD 11/01/2014 TO 11/01/2015 CHECK IF APPROPRIATE ☐ SELF INSURANCE	CLAIMS ADMINISTRATOR (NAME, ADDRESS & PHONE NO)
CARRIER FEIN	POLICY/SELF-INSURED NUMBER WC 6172098 1004	ADMINISTRATOR FEIN 36-3365500
AGENT NAME & CODE NUMBER		

EMPLOYEE/WAGE

NAME (LAST, FIRST, MIDDLE) MILLER, JEFFERY A	DATE OF BIRTH [redacted]	SOCIAL SECURITY NUMBER [redacted]	DATE HIRED 03/11/2014 SC	STATE OF HIRE
ADDRESS (INCL ZIP) 1325 WILSON WAY PICKENS, SC 29671 USA	SEX ☑ Male ☐ Female ☐ Unknown	MARITAL STATUS ☑ Unmarried/Single/Divorced ☐ Married ☐ Separated ☐ Unknow	OCCUPATION/JOB TITLE TIE-IN CUT OFF HELPER EMPLOYMENT STATUS ACTIVE NCCI CLASS CODE	
PHONE (864)507-0355	# OF DEPENDENTS 0			
RATE PER: $11.27 ☐ DAY ☐ MONTH ☐ WEEK ☑ OTHER HOURLY	DAYS WORKED/WEEK 5	FULL PAY FOR DAY OF INJURY? ☑ YES ☐ NO DID SALARY CONTINUE? ☑ YES ☐ NO		

OCCURRENCE/TREATMENT

TIME EMPLOYEE BEGAN WORK 07:00 ☑ AM ☐ PM	DATE OF INJURY/ILLNESS 03/17/2015	TIME OF OCCURRENCE (☐) CANNOT BE DETERMINED 12:00 ☐ AM ☑ PM	LAST WORK DATE 04/17/2015	DATE EMPLOYER NOTIFIED 06/01/2015 DATE DISABILITY BEGAN 04/18/2015
CONTACT NAME/PHONE NUMBER STAN BROOKS (864)306-2136	TYPE OF INJURY/ILLNESS MULTIPLE INJURIES - MULTIPLE PHYSICAL INJURIES ONLY			PART OF BODY AFFECTED UPPER EXTREMITIES - MULTIPLE
DID INJURY/ILLNESS/EXPOSURE OCCUR ON EMPLOYER'S PREMISES? ☐ YES ☐ NO	TYPE OF INJURY/ILLNESS CODE 90			PART OF BODY AFFECTED CODE 30
DEPARTMENT OR LOCATION WHERE ACCIDENT OR ILLNESS EXPOSURE OCCURRED ELLISON PLANT - 1859 DACUSVILLE HWY - EASLEY - SC	ALL EQUIPMENT, MATERIALS, OR CHEMICALS EMPLOYEE WAS USING WHEN ACCIDENT OR ILLNESS EXPOSURE OCCURRED Unknown			
SPECIFIC ACTIVITY THE EMPLOYEE WAS ENGAGED IN WHEN THE ACCIDENT OR ILLNESS EXPOSURE OCCURRED Unknown	WORK PROCESS THE EMPLOYEE WAS ENGAGED IN WHEN ACCIDENT OR ILLNESS EXPOSURE OCCURRED Unknown			
HOW INJURY OR ILLNESS/ABNORMAL HEALTH CONDITION OCCURRED. DESCRIBE THE SEQUENCE OF EVENTS AND INCLUDE ANY OBJECTS OR SUBSTANCES THAT DIRECTLY INJURED THE EMPLOYEE OR MADE THE EMPLOYEE ILL Employer received copy of Form 50 prepared and submitted on 05/20/2015 by claimant's attorney claiming right shoulder, right				CAUSE OF INJURY CODE 99
DATE RETURNED TO WORK	IF FATAL, GIVE DATE OF DEATH	WERE SAFEGUARDS OR SAFETY EQUIPMENT PROVIDED? ☐ YES ☐ NO WERE THEY USED? ☐ YES ☐ NO		
PHYSICIAN/HEALTH CARE PROVIDER (NAME & ADDRESS)	HOSPITAL OR OFF SITE TREATMENT (NAME & ADDRESS)	INITIAL TREATMENT 0 ☐ No Medical Treatment 1 ☐ MINOR BY EMPLOYER 2 ☐ MINOR CLINIC/HOSP 3 ☐ EMERGENCY CARE 4 ☐ HOSPITALIZED > 24 HOURS 5 ☐ FUTURE MAJOR MEDICAL/ LOST TIME ANTICIPATED		

OTHER

WITNESSES (NAME & PHONE #)			
DATE ADMINISTRATOR NOTIFIED	DATE PREPARED 06/22/2015	PREPARER'S NAME & TITLE STAN BROOKS via Internet (DIRECTOR HUMAN RESOURCES)	PHONE NUMBER (864)306-2136

WCC FORM 12A
REV. DATE 04/08

SEE INSTRUCTIONS FOR IMPORTANT INFORMATION

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121642557 06/22/2015

South Carolina Workers' Compensation Commission
WCC File # 1505905

Jeffrey Allen Miller, Employee, Claimant, vs. Alice Manufacturing Company, Employer, Great American Alliance Insurance Company, Carrier, Defendants.	)	Deposition of **Jeffrey Allen Miller**

Deposition of Jeffrey Allen Miller, taken pursuant to the South Carolina Rules of Civil Procedure and the Administrative Procedures Act, commencing at the hour of 10:31 a.m., Wednesday, October 21, 2015, at The Carolina Law Group, 910 East Washington Street, Greenville, South Carolina.

COPY

Reported by
Barbara P. Scott, CVR-M

Appearances

For the Employee/
Claimant: Monty D. Desai, Esquire
The Carolina Law Group
910 East Washington Street
Greenville, SC 29601

For the Employer/
Carrier: E. Ros Huff, Jr., Esquire
Huff & Hapeshis, LLC
7244 Woodrow Street
P.O. Box 1935
Irmo, SC 29063

Reported By: Barbara P. Scott, CVR-M

Also Present: Kim LeCroy

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Exhibits

No exhibits marked.

Court Reporter's Note: This transcript may contain quoted material. Such material is reproduced as read or quoted by the speaker. Double hyphens (--) denote interruption of speech, incomplete sentence/phrase, or trailing off. [ph] denotes phonetically written. [sic] denotes written as spoken. Social Security number, if present, has been partially or fully redacted or blacked out.

1 Stipulations

2 The reading and signing of this deposition is
3 waived by the deponent and counsel for the
4 respective parties.

5 Whereupon,

6 Jeffrey Allen Miller, being duly sworn and
7 cautioned to speak the truth, the whole truth,
8 and nothing but the truth, testified and
9 deposed as follows:

10 The Court Reporter: State your name for
11 the record.

12 The Deponent: Jeffrey Allen Miller.

13 Examination

14 By Mr. Huff:

15 Q Mr. Miller, my name is Ros Huff. I'm an attorney,
16 and I have been practicing law for 40 years and
17 been doing workers' comp for about 35. I know your
18 attorney. I -- I'll say it on the record, I
19 highly respect him. You couldn't have picked a
20 better attorney. He's knowledgeable with what he
21 does. He's a very fair and honest person. I'm not
22 here to trick you. He'll tell you that. I'm just
23 here to find out facts about your case. Then once
24 I find out the facts, I'll report them back to my
25 client, and they make the decisions. I don't make

1 them. So, today, if I ask you any question that
2 you don't understand, don't answer it. Just say
3 Mr. Huff, -- or just say I don't understand it.
4 I'll repeat it, and I'll keep repeating it till you
5 understand it, okay?
6 A Mm-hmm.
7 Q Now, you need to say yes or no.
8 A Oh. Yes.
9 Q That's okay. I'm going to instruct you, because,
10 you know, in the south, we have a tendency to say
11 uh-huh and uh-uh, and they sound a lot a like,
12 don't they?
13 A Yep.
14 Q So, just give me a yes/no. Now, if the yes/no
15 answer you don't think is a complete answer, you
16 can give me any answer you want to. I don't put
17 any limits. You can tell me. Like I could say did
18 you drive in your car here today. You can say yep,
19 I drove a 2010 Ford Expedition. That's fine. I
20 don't care what your answer is. If at any time you
21 need to take a break, to go to the bathroom, to get
22 water, or you're in pain and you need to take a
23 break, we'll take a break. If you need to stand up
24 and move around, stand up and move around. Okay?
25 A (Nods head.)

1 Q Is that okay with you?
2 A Yes.
3 Q All right. You'll see I've got different colored
4 pens over here, and it's just a way I can make my
5 notes as I'm -- as I'm writing things down. And
6 the lights are not the brightest in here for me,
7 but I think -- and I didn't bring my magnifying
8 glass, but let's just do this here.
9 Mr. Desai: I can turn the blinds up a
10 little bit so we can get some light in here.
11 Mr. Huff: Yes, if we could.
12 Mr. Desai: Sure.
13 [Off the record briefly at
14 10:35 a.m.]
15 Examination Continues
16 By Mr. Huff:
17 Q Can you give me your date of birth?
18 A [redacted]
19 Q I was already out of college. All right. How old
20 are you right now?
21 A Forty-three.
22 Q Forty-three. Are you married?
23 A No.
24 Q Have you ever been married?
25 A Yes.

1 Q Are you divorced or separated?
2 A Separated.
3 Q Separated. So, technically, you're still married?
4 A Yes.
5 Q All right. How long have you been separated,
6 approximately? Five? Ten? How long?
7 A Fifteen.
8 Q Fifteen. Do you have any children?
9 A Yes.
10 Q How many?
11 A Four.
12 Q Way to go. I would say one of each, but since
13 there's four, there's got to be a combination.
14 What's your combination? How many boys and girls?
15 A Four girls.
16 Q Four girls. Ooh, baby. I've got one girl. I'm
17 thinking about paying for one wedding. Four is a
18 lot. Just give me their ages. I don't need their
19 names because that's private.
20 A Let me think on that. Twenty-four; --
21 Q Yeah.
22 A -- twenty-two; --
23 Q Yeah.
24 A -- nineteen; --
25 Q Mm-hmm.

A -- seventeen.
Q Started off with two of them that are odds and two of them that are -- Okay. Can you give me your address?
A It's 135 Wilson Way.
Q All right. And what is 135 Wilson Way, apartment, mobile home, home?
A It's a home.
Q Home. Okay. Who lives there with you?
A My mother-in-law and father-in-law.
Q All right. Could you, please, give me your height and your weight?
A Five-foot-six. 220.
Q 220. I used to be bigger than you. I used to be 230. Yeah. I just learned how to eat. It took me two years, but I got rid of it. Okay. I'm going to ask you your Social Security number, but once you give it to me, it will be redacted. I won't have it where anybody can find it. What's your Social?
A XXX-XX-XXXX.
Q XXXX. So, you're a native South Carolinian?
A Yes.
Q All right. And what city were you born in?
A Pickens.

Q Pickens. My best friend used to play football for Pickens back in the '70s, a long time ago. Okay. Home of the Blue Flame. Beautiful place. All right. Do you own any vehicles?

A No.

Q All right. How did you get here today?

A Girlfriend.

Q Do you have a valid South Carolina driver's licence?

A No.

Q Has it been suspended?

A Yes.

Q Can you tell me the reason for the suspension?

A DUI.

Q Have you had more than one? Two? Three?

A Two.

Q Two. When was the last one?

A I think about six years ago.

Q Six years ago. Okay. Since we're talking about vehicles, have you ever been involved in a motor vehicle accident where you were either the driver or passenger?

A Yes.

Q How many?

A One.

1 Q What year was that? Do you remember?
2 A '91.
3 Q All right. Tell me about that accident. What
4 happened?
5 A A man pulled out in front of me.
6 Q So, the other driver was at fault?
7 A Mm-hmm.
8 Q As a result of that accident, did you have any
9 injuries?
10 A No.
11 Q All right. Did you get any type of a settlement?
12 A No.
13 Q Did you have an attorney represent you?
14 A No.
15 Q Your attorney today, I know him very well. You
16 chose a very good person. He knows what he's
17 doing. Have you ever had any other occasion to
18 have an attorney to represent you in any matter?
19 A No.
20 Q When this accident occurred, I'm showing -- What
21 date are you saying you were injured?
22 A I can't remember exactly when it was.
23 Q What year was it?
24 A It was last year.
25 Q Last year?

1 A I mean -- It was 2014.
2 Q What month? Do you know?
3 A Um, --
4 Q Take your time. We're in no hurry.
5 A I think it was March, --
6 Q All right.
7 A -- I think.
8 Q I'm showing a date of injury being March of 2015,
9 this year.
10 A Yeah.
11 Q Plus, I read medicals. There may have been more
12 than one accident on the job while working for
13 Alice Manufacturing. Do you think that could be
14 true?
15 A No.
16 Q All right. Just one accident for Alice; is that
17 correct?
18 A Yes.
19 Q All right. Like I said, I'm not here to trick you.
20 I'm just -- I'm just trying to find the facts out.
21 Your attorney has indicated, by filing paperwork on
22 your behalf, that you're claiming that you were
23 injured on March 17th of 2015. Do you think that
24 could be right?
25 A Yes.

1 Q Okay. Tell me how you got hurt on that day.
2 A Me and the coworker was pulling off the warps, and
3 we were having to do so many, and as we was pulling
4 them off, I felt something start burning in my arm.
5 Q Which arm?
6 A The right arm.
7 Q All right. Where in the right arm?
8 A From my wrist and my elbow. Then it went from the
9 elbow up to the shoulder.
10 Q So, started wrist, elbow, then elbow to shoulder,
11 right?
12 A Yes.
13 Q Are you wearing any type of item on your right arm
14 presently, any type of stocking or stretch --
15 A Yes.
16 Q What have you got on your arm?
17 A It's just a brace, arm -- just a arm band to hold
18 it tight.
19 Mr. Huff: Monty, can we describe that?
20 Would you like to describe that for the
21 record?
22 Mr. Desai: Go ahead.
23 Q Describe that. It's like an elastic --
24 A Yes, elastic --
25 Q -- strap?

1 A Yeah. Just to hold it tight.
2 Q All right. Did a doctor prescribe that for you, or
3 did you go to the drugstore to get it? How did you
4 get that?
5 A I went and got this and started using it, and it
6 seemed like that it helped it a little.
7 Q All right. Did any doctor write you a prescription
8 for that? I didn't see a prescription --
9 A No.
10 Q So, you got it on your own to help?
11 A Yes.
12 Q And you think it helps?
13 A To a point, yes.
14 Q All right. I'm going to go back on some other
15 subjects in a minute, but I'm going to stay on the
16 injury we have here. Today, as we sit here, you're
17 claiming that you sustained an injury to your right
18 arm?
19 A Yes.
20 Q All right. And the injury to the right arm is
21 located -- I want you to say it in your own words
22 again. It looks like it's -- You tell me where it
23 is exactly.
24 A It's on the elbow and --
25 Q Right elbow. Okay. Continue.

1 A And it's in my shoulder.
2 Q Your shoulder. Does it go above the shoulder, in
3 the back, or does it just stop at the shoulder?
4 A It -- Sometimes in the morning it's up into my
5 shoulder into my -- toward my back.
6 Q When you say up toward the back, do you mean down
7 into the shoulder blade area or over the shoulder?
8 This is your time to tell me.
9 A It's up over the back -- back side of my shoulder.
10 Q Tell me what problems you're having or what
11 symptoms. You can say, for an example, I have
12 pain, I have numbness, I have tingling. Just use
13 your words.
14 A Pain. Numbness.
15 Q All right.
16 A I have tingling. And I can't put my arm straight
17 up.
18 Q Are you currently working?
19 A No.
20 Q When's the last time you worked?
21 A I believe it's right around March 17th.
22 Q Of 2015?
23 A Yes.
24 Q Why are you not working? Did someone send you home
25 or did a doctor write you out? Tell me why you're

1 not working.
2 A The doctor wrote me a light-duty paper, --
3 Q Uh-huh.
4 A -- and the mill said they didn't have light duty,
5 so the doctor just pulled me out of work.
6 Q Have you made any attempts to try to apply for work
7 anywhere since you left the mill?
8 A No.
9 Q All right. What source of income do you have right
10 now?
11 A None.
12 Q After you got out of high school, -- Did you
13 graduate?
14 A No.
15 Q How far did you go in school? Like the last grade
16 that you completed, what grade was that?
17 A Seventh grade.
18 Q Did you go to work?
19 A Yes.
20 Q Where was your first job that you can remember?
21 A Logging.
22 Q All right. Do you remember who the employer was
23 maybe? If you can't, --
24 A I just -- My daddy.
25 Q All right. How long did you do logging work?

A Twenty-one, 22 years.
Q Did you work for more than one employer during that 21, 22 years? Like other than your father, did you work for anybody else?
A Yes.
Q Give me the employers that you worked for doing logging work.
A Lavern Stone.
Q All right. How long did you work for Lavern Stone?
A Probably 19 years.
Q Where was he located?
A Six Mile.
Q I know where Six Mile is. What did you do for Lavern Stone?
A Cut the trees; topped the trees; drove the skidder.
Q Why did you quit doing work for Lavern Stone?
A He passed away.
Q Okay. Where did you go to work after that?
A I'm trying to think.
Q Take your time.
A McKechnie Plastic.
Q Pardon?
A McKechnie Plastic.
Q McKechnie. Where are they located?
A In Easley.

1 Q How long did you work for them?
2 A Probably seven months.
3 Q What type of work did you do for them?
4 A I was over the cleanup crew.
5 Q All right. Why did you leave?
6 A Job wasn't going nowhere.
7 Q Did you leave?
8 A Yeah.
9 Q Where did you work after that?
10 A Ellison.
11 Q At the plant, my plant?
12 A Yes.
13 Q How long have you worked for Ellison? More than
14 one occasion? One time? How many times?
15 A For the whole --
16 Q Yeah. I'm trying to find out how many times you've
17 worked for Alice Manufacturing at the Ellison
18 plant.
19 A I worked at Elljean when I was about seventeen,
20 eighteen, something like that.
21 Q So, the last time I'm showing that you came to work
22 there was in March of this year. Right? Last --
23 '14. Excuse me. You were there one year before
24 you had this accident?
25 A Yes.

1 Q All right. Where did you work before you came to
2 us in March of '14?
3 A McKechnie Plastic.
4 Q All right. And when you came to the Ellison Plant
5 in March of '14, what was your job title?
6 A Cloth doffer.
7 Q Cloth docker?
8 A Doffer.
9 Q Doffer. Okay. What does that require you to do?
10 A You take the rolls of cloth off the machine.
11 Q What time would you come in?
12 A It was seven.
13 Q A.m.?
14 A Yes.
15 Q What time would you get off?
16 A Three.
17 Q How many days a week did you work?
18 A It varied. Sometimes it was five, and sometimes it
19 was six.
20 Q So, five to six days, depending?
21 A Yes.
22 Q And who is your immediate supervisor?
23 A Kim LeCroy.
24 Q All right. On the day that you said that you were
25 injured, which was March 17th of 2015, tell me one

more time -- I'm just going to write it down again. You were moving cloth, right? Tell me what happened.

A We was pulling -- pulling the beam thing, pulling the waste off of it.

Q Say that again.

A Pulling the waste off of the beam.

Q All right. And who was standing next to you when this happened?

A Scott Ramey.

Q Did anyone else other than Scott Ramey witness what happened to you?

A I can't remember exactly.

Q All right. And then you reported it to your supervisor, correct?

A Yeah.

Q And your supervisor again was?

A Kim LeCroy.

Q All right. Tell me how you went about telling her you were injured. Where were you standing? What did you tell her? What did you show her?

A I just told her I'd done something to my arm.

Q Did you send someone to go get her or was she standing by when it happened? I'm trying to see -- How did you get together with her?

1 A She was walking across the weaving.
2 Q All right. Tell me what -- Did you tell her to
3 come over? I need to know --
4 A Yes.
5 Q Well, tell me exactly how you gave notice. You got
6 hurt. You had your -- You had your witness there.
7 Kim's your boss. I want to know how you got
8 together with Kim and told her this happened.
9 A We hollered -- I hollered to her, and then I
10 walked down toward her.
11 Q Okay. All right. Tell me what happened.
12 A I told her I just hurt my arm pulling off the beam.
13 Q And what did she tell you?
14 A I don't really recall.
15 Q That's a good answer. If you don't recall, you
16 don't -- I don't want you to give me an answer you
17 don't know. Did she ask you if you -- Just take
18 your time and remember. If you can, you can. If
19 you can't, you can't. Did she say do you want to
20 go to the doctor, do you want to go to the first
21 aid room, do you want to see a nurse? I'm just
22 trying to see what you can possibly remember to the
23 best that you can. If you can't, you can't.
24 A I went out to the mill nurse --
25 Q Who is that, if you remember?

1 A Mm-mm.
2 Q Okay. Go ahead.
3 A And she said it might be a pull or a sprain or
4 something in my muscle.
5 Mr. Huff: Excuse me. Can we take a
6 break for just a minute?
7 Mr. Desai: Sure.
8 [Off the record at 10:53 a.m.;
9 back on the record at 10:57
10 a.m.]
11 Examination Continues
12 By Mr. Huff:
13 Q We went off the record for a minute, and while we
14 were off the record, Mr. Miller, did I ask you any
15 questions about your claim?
16 A No.
17 Q All right. You didn't volunteer any information to
18 me, did you?
19 A No.
20 Q So, this is our first conversation since we went
21 off the record and came back?
22 A Yes.
23 Q I like to do that to protect the record for both of
24 us. Thank you very much. So, when you went to the
25 mill nurse and you told them what happened, did

1 anybody at the employer indicate to you that they
2 would refer you to anybody to be seen, anything
3 like that?
4 A No.
5 Q Can you tell me when you first received any type of
6 medical treatment because of the injuries that
7 you're claiming? Was it like the next day, the
8 next week?
9 A It would've been the next -- the following Monday.
10 Q Following Monday. Tell me -- Tell me how that
11 came about.
12 A All weekend my arm was hurting --
13 Q Thank you.
14 A -- even worser [sic].
15 Q Which arm again? I want to be --
16 A Right.
17 Q Right arm hurting over the weekend.
18 A Mm-hmm.
19 Q Keep going.
20 A And I went to the doctor on Monday.
21 Q Did someone send you to the doctor?
22 A No. I went on my own.
23 Q All right. So, on Monday, you went to see the
24 doctor, right?
25 A Yes.

1 Q Who did you see?
2 A Dr. Nations.
3 Q Who is Dr. Nations, family doctor or what?
4 A Yes.
5 Q All right. Did you tell your employer that you
6 were going to go see Dr. Nations, or tell anybody
7 about it?
8 A I don't recall. I think -- I think so.
9 Q All right. Did you ask your employer to send you
10 to a doctor? And, if so, who did you ask?
11 A No. I told Kim that I needed to go to the doctor.
12 Q And what did Kim say?
13 A "If you go out the door, you're fired."
14 Q What is Kim's last name again?
15 A LeCroy.
16 Q Okay. And she said to you, "If you go out the
17 door, you're fired"?
18 A Yes.
19 Q Did you go out the door?
20 A No.
21 Q So, you didn't leave?
22 A No.
23 Q But you did go to the doctor?
24 A Yes, the following Monday.
25 Q Following Monday. So, when did she tell you if you

1 go out the door you'll be fired?
2 A That was on the Friday.
3 Q Friday. And when you went to the doctor on Monday,
4 that was after work?
5 A No. The start of my shift.
6 Q So, how did you get there? Did you go back to the
7 employer and ask to be sent to the doctor? That's
8 what I'm trying to find out.
9 A No. I went to the doctor.
10 Q You just went to the doctor before you went to
11 work?
12 A Yes.
13 Q After you went to the doctor, did you then go to
14 work?
15 A She gave me a work note, and I turned it in to Stan
16 Brooks, and he said they don't have light-duty
17 work.
18 Q Did he send you home then?
19 A Yes.
20 Q For this injury that we're talking about today,
21 which is your right arm area, can you give me the
22 names of the doctors -- I'm going to -- that you
23 may have seen because of the injury? I'm showing
24 that you may have been seen at Baptist Medical
25 Center Easley. Does that sound correct?

1 A Yes.
2 Q I'm showing that you may have seen Easley Family
3 Practice. Does that sound correct?
4 A Yes.
5 Q All right. I've seen that you've been to, it looks
6 like, Upstate Bone and Joint, Dr. Boyer. Does that
7 sound right?
8 A Yes.
9 Q I'm showing that you were seen at Carolina
10 Neurology Associates, a Dr. Thomas Fox. Does that
11 sound correct?
12 A Yes.
13 Q And I'm showing that you were seen by Dwight
14 Jacobus at Oaktree Orthopaedics. Does that sound
15 correct?
16 A Yes.
17 Q Is there anybody else that you may have seen?
18 A Nuh-uh.
19 Q Is that a no?
20 A No.
21 Q All right. Who sent you to Dr. Jacobus?
22 A I was referred by -- I think it was Easley Upstate
23 Bone and Joint.
24 Q Okay. Did your attorney refer you to see anybody?
25 A Yes.

Q Who were you referred to see?
A Upstate Bone and Joint.
Q Which would be Dr. Boyer?
A Yes.
Q All right. Did anybody -- Did your attorney refer you to Dr. Jacobus or anybody like that?
A Yes.
Q Okay. Are you scheduled to see anybody else?
A I've got -- Let me think. Yes.
Q Who are you scheduled to see?
A I'm supposed to having a follow-up with Dr. Jacobus.
Q Dr. Jacobus?
A Yes.
Q When is that scheduled?
A I don't recall.
Q Okay. Could you tell me, what is a typical -- typical day for you? And by that I mean -- I want you to say something like this. I normally get up at 6:30 or I get up at 8:15, I take a shower, I make a bowl of cereal, I watch a little TV, I go to the drugstore or I go to the grocery store or I sit out on the porch or I have lunch around noontime, I go visit a friend. I want you just to tell me. What is a typical day for you right now?

1 A I get up around six, 6:30.
2 Q Six to 6:30 a.m.?
3 A Yes.
4 Q All right. Tell me what -- Keep going.
5 A I take a shower and --
6 Q All right.
7 A -- just sit around the house.
8 Q Does your mother or father work?
9 A No.
10 Q Is there a reason why they don't work?
11 A Mother is disabled, and father is, too.
12 Q Are they disabled from work by accident, or how --
13 What do you mean by disabled?
14 A My daddy, he had a stroke.
15 Q All right. How old is your dad?
16 A Hmm?
17 Q How old, approximately, is your daddy?
18 A Seventy, seventy-one.
19 Q All right. All right. How about your mom?
20 A She fell and hurt her back.
21 Q Was that work-related?
22 A No.
23 Q How old is she?
24 A Sixty-eight.
25 Q All right. Since this accident occurred in March

of 2015, -- so, during this calendar year -- have you left South Carolina?

A No.

Q Been to North Carolina or Georgia, anything like that?

A Oh. Yes.

Q Okay. That's fine. I'm not here to trick you. I'm trying to find out. So, the answer is you have left South Carolina, then?

A Yes.

Q All right. Where have you gone?

A To North Carolina.

Q Where in North Carolina?

A Brevard.

Q Why?

A I have a friend up there.

Q Did you go visit somebody?

A Yes.

Q How long were you there, approximately? A week? A day or two?

A Probably about an hour and a half.

Q All right. Did anybody go with you?

A Yes.

Q Who went with you?

A My girlfriend.

1 Q All right. What's her name?
2 A Darla Dorn.
3 Q Darla Dorn?
4 A Dorn. Mm-hmm.
5 Q D-o-r-n?
6 A Yes.
7 Q Okay. Did she drive?
8 A Yes.
9 Q And you told me, I think, earlier that there's been
10 -- you've been in one car wreck before?
11 A Yes.
12 Q And you hit -- What did you hit?
13 A Another car.
14 Q Another car. Okay. Have you ever been in any car
15 wreck where you may have hit a house, a tree, a
16 wall, a -- anything like that?
17 A No.
18 Q All right. Okay. All right. Before this accident
19 of 3/17/15, have you ever had any -- any problems
20 with your right or left shoulder, any problems
21 right or left shoulder?
22 A No.
23 Q So, if you've had no right or left shoulder
24 problems, you've had no right or left shoulder
25 medical treatment; is that true?

1 A Yes.
2 Q All right. Have you ever been diagnosed with any
3 heart problems?
4 A No.
5 Q All right. And because of this accident that
6 occurred in March of this year, you're not claiming
7 any injury to any body part below the waist, are
8 you, like legs, feet, toes, knees?
9 A No.
10 Q Okay. And you're not claiming any injury to the
11 left side, like the left shoulder, arm, elbow,
12 fingers, --
13 A No.
14 Q -- wrist? Okay. It's just strictly the right
15 side?
16 A Yes.
17 Q And prior to this accident I'm looking at right
18 here in March 17th of 2015, you've never had any
19 right arm numbness or facial numbness or neck
20 numbness or pain or anything like that?
21 A No.
22 Q So, that's a true statement, no prior problems?
23 A Yes.
24 Q Okay. Was there a time in your life that you used
25 illegal drugs?

1 A No.
2 Q Before this accident occurred to you on -- occurred
3 on 3/17 of 2015, your job, was it manual labor?
4 A Yes.
5 Q All right. And tell me about -- whether it --
6 whether it was mild manual labor, moderate manual
7 labor, extra duty heavy manual labor. Just tell me
8 what you would do in your normal job when you were
9 doing your normal job.
10 A It just depends on how many looms was standing or
11 coming off.
12 Q All right. And your job was what to do with the
13 looms?
14 A We took and pulled the waste off the beams, --
15 Q All right. Just tell me about it.
16 A -- and we'd rack them --
17 Q Mm-hmm.
18 A -- and tie them in, come around and tie them in.
19 Q In a given day, did you do two, would you do 200,
20 would you do 20? Just tell me, what is a normal
21 day for you? You'd come in and -- Tell me your
22 job duties and what you would do.
23 A I believe it's about five, six.
24 Q All right. You'd get them ready to run and run
25 them?

1 A Yes.
2 Q And what would you do while they're running, stand
3 there?
4 A Go to the next one.
5 Q Next one. Okay. And when one finished running,
6 what would you do?
7 A We would pull the waste off, take the beam out, get
8 a full beam, put back in it.
9 Q Did it always take two people to do it or just one
10 person?
11 A Yes, two.
12 Q Two. And your coworker doing that was who?
13 A Scott Ramey.
14 Q And y'all worked together as a team every day?
15 A Yes.
16 Q This material that you had to pull or push or lift
17 or move, about what did it weigh?
18 A I think I've seen on the beam head, it's about
19 5,000 pounds, --
20 Q So, how did you move --
21 A -- or 4500.
22 Q All right. How would you move 5,000 pounds? Would
23 you --
24 A You had a jack and then a crane.
25 Q All right. Tell me about how you would use the

1 jack and crane.
2 A You would set it down at the end of the aisle with
3 the jack, onto the floor, and you would take the
4 crane and hook it to the ends and take it up the
5 aisle.
6 Q Did you have to crank it up or down?
7 A No.
8 Q So, you hooked the crane up to it?
9 A Yes.
10 Q Tell me how you hooked it up.
11 A You put the cables on each end of it and lift it
12 up, take it up to the machine, lower it, put it in
13 and pull the waste off to get down to the good
14 yarn.
15 Q So, when you hooked it up to the machine, did you
16 crank something or push a button to lift or lower?
17 That's what I'm trying to find out.
18 A When you put it on the machine, you had to pull it
19 by hand.
20 Q And it took two people?
21 A Yes.
22 Q Did your employer eventually refer you for an
23 evaluation?
24 A No.
25 Q Okay. Has any doctor said you need surgery?

A No.
Q Do you take any type of mental medication for mental stress, depression, anxiety, anything like that?
A No.
Q Has your weight changed any in the last six or seven months?
A No.
Q I'm showing that when this accident occurred that you were making about $11 an hour, 11.50 an hour, somewhere in that range. Is that --
A Yes.
Q All right. Did you have any other employment anywhere else other than Alice at the time of the accident?
A No.
Q What do you want -- You're claiming you got hurt. What do want out of this?
A My arm fixed, better.
Q And that's your right arm?
A Yes.
Q Anything else? I'm trying to find out. What do you want us to do? I've got to report back to my client.
A I just want my arm fixed, the pain.

1 Q If you had to rate the pain from zero pain to ten
2 -- ten out of ten, where would your pain level be?
3 A Nine.
4 Q Where is the pain exactly?
5 A In my elbow and my shoulder and --
6 Q Right elbow, right shoulder?
7 A Yes.
8 Q All right. Anything else?
9 A And my wrist.
10 Q Tell me about what problem you have -- And that's
11 right wrist?
12 A Yes.
13 Q Tell me what problem, if any, you're having with
14 the right wrist.
15 A It's just -- just pain.
16 Q How can you describe the pain for me? I mean,
17 different levels of pain. I mean, it can be sharp,
18 it can be coming and going, it can be constant, it
19 could be like --
20 A It's like a toothache.
21 Q Like a toothache. That's good. Anything else you
22 want to -- because I've got to go back to my client
23 and tell them how you described it. You're saying
24 it's like a toothache.
25 A It's just -- It's numb and tingling all the time.

1 Q All right. When you're talking about right wrist,
2 -- and I'm trying to get as specific as I can so I
3 can report to them -- you can have pain on the top,
4 you can have it on the bottom, you can have it on
5 the inside toward the body or outside away from the
6 body. Try to describe for me, when you're saying
7 -- It could be the whole wrist. I don't know.
8 How can you describe that for me?
9 A Like the inside of it, and it's sort of like a --
10 like a broke bone.
11 Q Okay. That's good. Does it come and go? Is it
12 constant? What would be --
13 A It's constant.
14 Q Constant pain. And you never had that problem
15 before?
16 A No.
17 Q All right. Where else are you having problems?
18 You said the elbow area.
19 A Elbow.
20 Q All right. How about between the wrist and the
21 elbow? Any problem with the bone itself?
22 A Yes.
23 Q All right. Tell me what problem you're having
24 between the elbow -- I mean the wrist and elbow.
25 A The bone hurts.

1 Q All right. What do you mean by hurts? If you had
2 to grade it, say four or five or sharp or dull, --
3 A It's like a sharp pain coming up my bone.
4 Q Okay. All right. Tell me what problems you're
5 having, again, with the elbow itself. Can you bend
6 the elbow? Can you turn the elbow? Just tell me.
7 A No, I can't -- I can't turn my arm.
8 Q All right. Anything else you want to describe the
9 elbow? It's your time to do it.
10 A No. It's just the pain's there.
11 Q Always there? Comes and goes?
12 A It's -- It's always there.
13 Q All right. All right. Let's talk about from the
14 elbow up to the shoulder. Any problem between the
15 elbow and the shoulder, or just in the shoulder?
16 A It's in, like, my muscle up there on my shoulder
17 and then in my nerves in it.
18 Q What about them?
19 A It just hurts, like burning.
20 Q And you've never had these symptoms before?
21 A No.
22 Q Since you have left Alice Manufacturing, have you
23 had any communication with Kim LeCroy? Have you
24 talked to her on the phone, seen her in person, any
25 way at all?

1 A No.
2 Q How many times have you had a conversation with Kim
3 regarding this accident?
4 A Just when it happened.
5 Q One time, right?
6 A Yes.
7 Q And on the date that this accident occurred, she
8 told you if you left you would be fired?
9 A Yes.
10 Q Prior to this date of accident, did you have a good
11 working relationship with Kim?
12 A Yes.
13 Q Why would she fire you if you got hurt on the job?
14 Mr. Desai: I'm going to object to that.
15 Q Okay. He objects. The commissioner will rule.
16 But -- And I'm going to phrase the question again,
17 and -- subject to his objection. Why would she
18 fire you?
19 A Short of help. I mean, I don't know.
20 Q Did you ask her why are you doing this to me?
21 A She wouldn't talk.
22 Q What do you mean she wouldn't talk?
23 A She wouldn't talk after that. She walked off.
24 Q Prior to this notice of this accident to Kim, did
25 y'all have a good working relationship?

A Yes, I guess.
Q All right. Did you make any inquiry to her, like why are you treating me like this or --
A No. Most the time when she done it, I just left her alone.
Q Okay. Was anybody present that could be a witness to this -- that this conversation occurred?
A Yes.
Q Who was there?
A Scott Ramey.
Q Did you talk to Scott after she walked away, like what the heck's going on here or anything? What conversation at all did you have with Scott?
A He said if it was me, he'd have just walked out.
Q So, Scott said if it was me, I'd -- I'd walk out of the plant?
A Yeah. Yes.
Q How many times after this accident occurred did you have a conversation with human resources? What was that man's name again?
A Stan Brooks.
Q Yeah. How many times did you talk to Stan?
A Quite a few.
Q Tell me about the conversations you had with Stan Brooks.

A It was over my insurance, him stopping my insurance --

Q All right.

A -- when it -- when all this first started. Then one time he was trying to fire me.

Q All right. Tell me what happened there.

A He -- I took him doctor's statements.

Q What did he say, if anything?

A He couldn't fire me.

Q He said I can't fire you because you've got doctor's statements, or what --

A Not them exact words, but --

Q Okay. But he didn't fire you?

A No, he didn't.

Q Tell me any other conversations you had with Stan. I have stopped the insurance, he talked to you about -- tried to fire you but he didn't, you took him doctor's statements. Tell me any other --

A I think one of them he said that -- I took him one down there, and he said Kim had fired me. Then he had to call her and straighten all that out.

Q Have you had any communications with anybody other than Stan or Kim or this other guy, Scott -- Have you talked to anybody else about this claim?

A No.

1 Q And do you happen to remember when your next
2 appointment is?
3 A No. I can't recall.
4 Q Okay. That's fine. And there's no doubt that as
5 you were pulling the rack off the machine, you felt
6 immediate pain in the arm?
7 A Yes.
8 Q And you reported it to your coworker?
9 A Yes.
10 Q And his name was?
11 A Scott.
12 Q And then you reported it to your supervisor?
13 A Yes.
14 Q And the supervisor's name was?
15 A Kim.
16 Q And nobody sent you anywhere?
17 A No.
18 Q You went to the doctor the following Monday?
19 A Yes.
20 Q And you haven't worked since then?
21 A No.
22 Q What source of income is in the household right
23 now, to your knowledge?
24 A Just my mother-in-law and father-in-law.
25 Q Have you gone by any other name other than Jeffrey

1 Miller?
2 A No.
3 Q And I think earlier you did testify that you have
4 been arrested?
5 A Yes.
6 Q How many times have you been arrested?
7 A About seven, eight.
8 Q Tell me what you've been arrested for.
9 A DUI.
10 Q All right. More than one time, right?
11 A Yes.
12 Q You told me at least two times?
13 A Yes.
14 Q All right. What else?
15 A Driving under suspension.
16 Q All right.
17 A I think CDV.
18 Q Criminal domestic violence?
19 A Yes.
20 Q How many times for that, once, twice?
21 A Two, I think.
22 Q Two times. Anything else? I've got two DUIs, two
23 criminal domestic violence, driving under
24 suspension.
25 A I think that's it.

1 Q When was the last time you were arrested? Five
2 years ago? Two years --
3 A Yeah.
4 Q Pardon?
5 A About five years ago.
6 Q Are there any pending charges against you now?
7 A Not that I know of.
8 Q All right. When you applied for work at Alice
9 Manufacturing, you had to fill out certain
10 documents, like an application for employment; is
11 that correct?
12 A Yes.
13 Q All right. Also, they asked you medical history,
14 questionnaire, about any prior problems you may or
15 may not have had; is --
16 A Yes.
17 Q -- that correct?
18 A Yes.
19 Q Did you give any false answers on any of those
20 statements?
21 A No.
22 Q All of your answers to those statements were
23 truthful?
24 A Yes.
25 Q All right. They ask those questions of you so they

1 can rely on them in the hiring process, correct?
2 A Yes.
3 Q Okay. Can you read and write?
4 A Yes.
5 Q When you went to work with my employer, -- And I'm
6 showing your -- you were hired in March of '14, and
7 you're saying this accident occurred in March of
8 '15. You were there for about a year, correct?
9 A Yes.
10 Q During that year that you worked for my employer,
11 did you have to miss any time from work because of
12 any medical conditions or injuries, if you can
13 remember?
14 A I think once for stress.
15 Q What type of stress were you under?
16 A Just work and at home.
17 Q All right. What type of stress at home were you
18 having?
19 A Family stress.
20 Q All right. Due to your children, your --
21 A Yes.
22 Q -- ex-wife? Okay. You're not claiming your family
23 stress is any way related to your work, are you?
24 A No.
25 Q Okay. Are there any legal actions against you for

1 child support or anything like that?
2 A No.
3 Q Do you know an employee at Alice Manufacturing by
4 the name of Derek or Dirk?
5 A No.
6 Q Have you ever been self-employed?
7 A Yes.
8 Q What were you doing as self-employed?
9 A I tried to log.
10 Q All right. And you're familiar with Stone Logging?
11 A Mm-hmm.
12 Q And who is that again?
13 A Lavern Stone.
14 Q And he's deceased now?
15 A Yes.
16 Q So, would it be a true statement that Stone Logging
17 was basically your employer for most of your adult
18 life --
19 A Yes.
20 Q -- until you came -- Okay. Have you had dizziness
21 problems?
22 A Yes.
23 Q Have you ever fainted?
24 A No.
25 Q Is there any doubt in your mind that the problems

1 you're having on your right upper extremity is
2 related to the job?
3 A No.
4 Q Have you ever told anybody that the problems you're
5 having with your right arm is unknown whether it's
6 work-related or not, whether you did it in writing
7 or verbally or talking?
8 A No.
9 Q So, you've never told anybody --
10 A No.
11 Q It's clear in your mind it's work-related?
12 A Yes.
13 Q Alrighty. Is there anything else you want to tell
14 me about your claim or why you think it's related
15 or why we should accept it?
16 A No.
17 Q Have all your answers been truthful today?
18 A Yes.
19 Q Have you given any false answers?
20 A No.
21 Q Did you answer any question that you did not
22 understand?
23 A No.
24 Q So, if you answered the question, you're indicating
25 you understood the question and gave a truthful

1 response, correct?
2 A Yes.
3 Mr. Huff: With that, I have nothing
4 further. Your attorney may. If he does, then
5 I may have more. Otherwise, that's it.
6 Mr. Desai: I don't.
7 Mr. Huff: I appreciate it. Thank you
8 very much.
9 (Whereupon the deposition was concluded at
10 11:36 a.m.)
11 **(Deponent has waived reading and signing.)**

State of South Carolina)
) Certificate
County of Richland)

Be it known that the foregoing deposition of Jeffrey Allen Miller was taken before me;

That I was then and there a Notary Public in and for the State of South Carolina-At-Large;

That by virtue thereof I was duly authorized to administer an oath;

That the witness was by me first duly sworn to testify the truth, the whole truth, and nothing but the truth concerning the matter in controversy aforesaid;

That the foregoing transcript of 46 typewritten pages represents a true, accurate and complete transcription of the testimony so given at the time and place aforesaid to the best of my skill and ability;

That I am not related to nor an employee of any of the parties hereto, nor a relative or employee of any attorney or counsel employed by the parties hereto, nor interested in the outcome of this action.

Signed this 1st day of November 2015.

Barbara P. Scott

Notary Public for South Carolina
My commission expires April 9, 2017.

Note: Recordings are retained for twelve (12) months from date of certification.

THE STATE OF SOUTH CAROLINA
In The Court of Appeals

APPEAL FROM THE WORKERS COMPENSATION COMMISSION
Susan S. Barden, Commissioner
T. Scott Beck, Commissioner
Melody James, Commissioner

RECEIVED
APR 03 2017
SC Court of Appeals

WCC File No. 1505905

Appellate Case No. 2016-002486

Jeffrey Miller, Employee, Claimant, Respondent

v.

Alice Manufacturing Co. and Great American Alliance Insurance Company, Appellants

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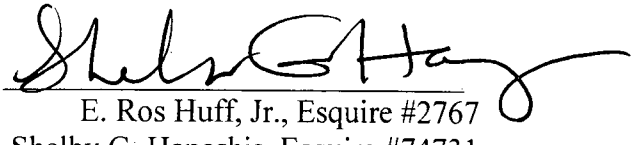
Certificate of Counsel

The undersigned hereby certifies that the *Record on Appeal* contains all material proposed to be included by any of the parties and not any other material.

Respectfully Submitted,

March 16th, 2017



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