

THE STATE OF SOUTH CAROLINA
In The Court of Appeals

APPEAL FROM SPARTANBURG COUNTY
Court of Common Pleas

R. Keith Kelly, Circuit Court Judge

Appellate Case No. 2017-002522
Case No. 2010-CP-5743

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Gregory J. Feldman, MD, Joseph A. Boscia, III, MD, and
Upstate Lung & Critical Care Specialists, PC,

Appellants,

v.

Ray E. "Chuck" Thompson, and Charles M. Fogarty, MD,

Respondents.

**RECORD ON APPEAL
VOLUME VIII**

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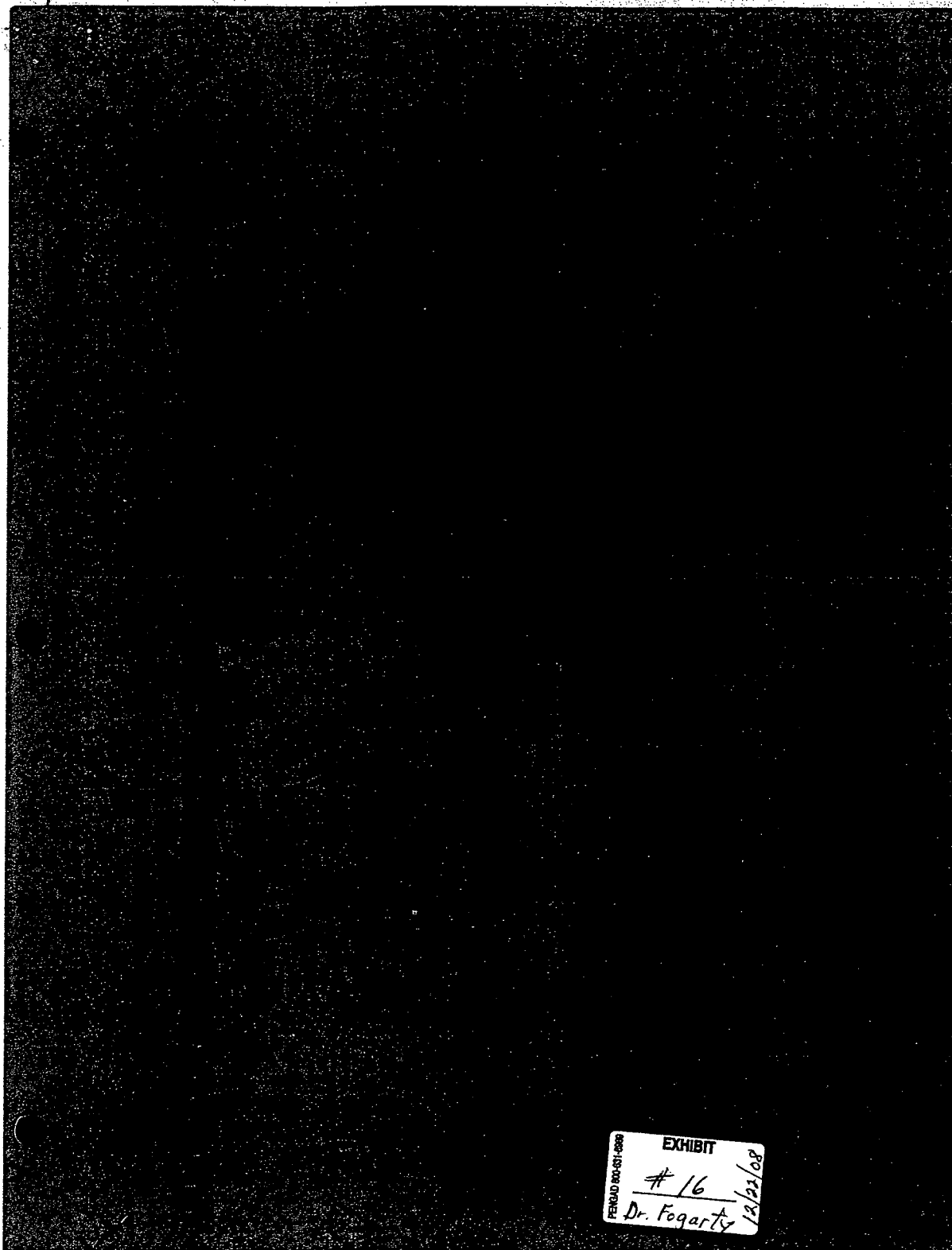


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Systemic air embolism in laser operations.

Stoneback K.

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[Endoscopic laser operations on the trachea and bronchi]. [Klin Wochenschr. 1996]

Systemic air embolism during laser bronchoplasty. [Br J Anaesth. 1989]

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1: Eur Radiol. 1997;7(2):173-5.

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Systemic arterial air embolism and tension pneumothorax: two complications of trans thoracic percutaneous thin-needle biopsy in the same patient.

Regge D, Gallo T, Galli J, Bertinetti A, Gallino C, Scappaticci E.

Institute of Radiology, University of Turin, Molinette Hospital, Via Genova 3, I-10126 Torino, Italy.

Systemic arterial air embolism and tension pneumothorax are two rare and severe complications of trans thoracic fine-needle biopsy. We report on a patient who developed both complications during the same procedure and recovered successfully after resuscitation and hyperbaric oxygen therapy. Favourable outcome of systemic air arterial embolism has been reported infrequently in the literature. In our case tension pneumothorax may have influenced favourably the course of the illness due to collapse of distal airways and the reduction of the venous return to the heart from the affected side.

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- [Systemic air embolism after CT-guided trans thoracic biopsy using a cutting needle]. [J Radiol. 2004]
- An embolism detected during computed tomography fluoroscopy-guided percutaneous trans thoracic biopsy. [J Radiol. 2004]
- Fatal systemic arterial embolism following lung needle aspiration. [Radiology. 1987]
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Pathogenesis of systemic air embolism during bronchoscopic Nd:YAG laser operations.

Tellides G, Ugurlu BS, Kim RW, Hammond GL.

Department of Surgery, Yale University School of Medicine, New Haven, Connecticut 06510, USA. george.tellides@yale.edu

BACKGROUND: The occurrence of systemic air embolism during bronchoscopic neodymium:yttrium-aluminum garnet laser operations has been suspected. Here we describe its mechanism. **METHODS:** Two patients with embolic cardiac and neurologic complications after bronchoscopic neodymium: yttrium-aluminum garnet laser tumor ablation are described. A subsequent third patient was monitored for intracardiac and aortic air by transesophageal echocardiography. A review of the literature and safety recommendations are discussed. **RESULTS:** The appearance of systemic air emboli was related to the use of the laser fiber air coolant at high flow and resolved by decreasing the air flow. The presence of intracardiac and aortic air was associated with hypotension and inferior ischemic electrocardiographic changes. **CONCLUSIONS:** Systemic air embolism during bronchoscopic laser operations is a potentially catastrophic complication and is related to the use of gas-cooled laser fibers and contact probes. We recommend using the noncontact mode whenever possible and maintaining the coaxial coolant air flow at the minimum level or using a fluid coolant if contact is necessary.

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- Systemic air embolism as a possible cause of barotrauma during bronchoscopic treatment of pulmonary hamangioma using a phase II laser. [Semin Surg Oncol. 1999]
- Systemic air embolism during laser bronchoplasty. [Anesth Analg. 1998]
- Neodymium:yttrium-aluminum garnet contact laser ablation of Barrett's high-grade dysplasia and early adenocarcinoma. [Am J Gastroenterol. 2002]

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1: [Can J Anaesth](#). 2002 Jan;49(1):96-9.

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Cerebral arterial gas embolism following diagnostic bronchoscopy: delayed treatment with hyperbaric oxygen.

Wherrett CG, Mehran RJ, Beaulieu MA.

Department of Anesthesiology, Ottawa Hospital Hyperbaric Unit, Ottawa, Ontario, Canada.
wherrett@magma.ca

PURPOSE: To describe a clinical scenario consistent with the diagnosis of cerebral arterial gas embolism (CAGE) acquired during an outpatient bronchoscopy. Our discussion explores the mechanisms and diagnosis of CAGE and the role of hyperbaric oxygen therapy. **CLINICAL FEATURES:** A diagnostic bronchoscopy was performed on a 70-yr-old man who had had a lobectomy for bronchogenic carcinoma three months earlier. During the direct insufflation of oxygen into the right middle lobe bronchus, the patient became unresponsive and developed subcutaneous emphysema. Immediately, an endotracheal tube and bilateral chest tubes were placed with resultant improvement in his oxygen saturation. However, he remained unresponsive with extensor and flexor responses to pain. Later, in the intensive care unit, he exhibited seizure activity requiring anticonvulsant therapy. Sedation was utilized only briefly to facilitate controlled ventilation. Investigations revealed a negative computerized tomography (CT) scan of the head, a normal cerebral spinal fluid examination, a CT chest that showed evidence of barotrauma, and an abnormal electroencephalogram. Fifty-two hours after the event, he was treated for presumed CAGE with hyperbaric oxygen using a modified United States Navy Table 6. Twelve hours later he had regained consciousness and was extubated. He underwent two more hyperbaric treatments and was discharged from hospital one week after the event, fully recovered. **CONCLUSION:** A patient with presumed CAGE made a complete recovery following treatment with hyperbaric oxygen therapy even though it was initiated after a significant time delay.

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Systemic air embolism in experimental penetrating lung injuries.

Ponn RB, Zatarain G, Gerzberg L, Hottinger GF, Haase W, Nelsen TS.

Several reports have described systemic air embolism in association with penetrating lung injuries. We produce lung lacerations in 18 dogs ventilated with air containing charcoal powder. An ultrasonic bubble detector was positioned over the carotid artery in six dogs. Evidence of arterial air embolism was found in every case of pulmonary laceration in open-chest, tension pneumothorax, and hypovolemic preparations. The quantity of air was small, producing only transient arrhythmias. No air was detected under control conditions. We conclude that systemic air embolism is a frequent accompaniment of penetrating lung injuries, that it is rarely recognized clinically because of its generally small quantity and minor, nonspecific effects, but that the potential for dangerous air embolism does exist with lung wounds and warrants precautions in management.

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- Systemic air embolism following penetrating trauma to the lung. [Chest. 1977]
- Systemic air embolization from penetrating lung injury. [Ann Thorac Surg. 1979]
- Systemic air embolization: factors involved in its production following penetrating lung injury. [J Surg Res. 1978]
- Systemic arterial air embolism in penetrating lung injury. [Ann Thorac Surg. 1960]

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1: Clin Physiol Funct Imaging. 2003 Sep;23(5):237-46.

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Gas embolism: pathophysiology and treatment.

van Hulst RA, Klein J, Lachmann B.

Department of Anesthesiology, Erasmus Medical Center, Rotterdam, The Netherlands.

Based on a literature search, an overview is presented of the pathophysiology of venous and arterial gas embolism in the experimental and clinical environment, as well as the relevance and aims of diagnostics and treatment of gas embolism. The review starts with a few historical observations and then addresses venous air embolism by discussing pulmonary vascular filtration, entrapment, and the clinical occurrence of venous air emboli. The section on arterial gas embolism deals with the main mechanisms involved, coronary and cerebral air embolism (CAE), and the effects of bubbles on the blood-brain barrier. The diagnosis of CAE uses various techniques including ultrasound, perioperative monitoring, computed tomography, brain magnetic resonance imaging and other modalities. The section on therapy starts by addressing the primary treatment goals and the risks of adequate oxygenation and ventilation. Then the rationale for hyperbaric oxygen as a therapy for CAE based on its physiological mode of action is discussed, as well as some aspects of adjuvant drug therapy. A few animal studies are presented, which emphasize the importance of the timing of therapy, and the outcome of patients with air embolism (including clinical patients, divers and submariners) is described.

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- Venous air embolism [Medical Journal. 2002]
- Venous air embolism: clinical and experimental considerations [Crit Care Med. 1992]
- Arterial gas embolism treated with hyperbaric oxygen: a case report and a review of the literature [J Clin Anesth. 2003]
- Gas embolism and hyperbaric oxygen treatment during pregnancy: a case report and a review of the literature [J Clin Anesth. 2003]

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1: J Neurosurg Nurs. 1985 Jun;17(3):164-8.

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Air embolism in the operating room.

Little VM, Little JR.

If left undetected and untreated in the operating room, air embolism can be a potentially lethal event. It is important to be aware of the specific positions and surgical procedures that put a patient at risk for air emboli. This article will define air embolism, discuss its occurrence and effects on the body, review specific monitoring techniques used to detect intravascular air, and present techniques used for prevention and treatment by the operating room staff.

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Air embolism: a potentially lethal surgical complication
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Diagnosis and treatment of vascular air embolism
[Anesthesiology. 2001;]

Venous air embolism: a review
[J Clin Anesth. 1997;]

Rapid recognition and treatment of cerebral air embolism: the role of the anesthesiologist
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Air embolism in neurosurgical interventions
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[Arterial gas embolism originating from the lung in anaesthesia and intensive care]

[Article in French]

Lion F, Cochard G, Arvieux J, Arvieux CC.

Département d'anesthésie-réanimation, unité de médecine hyperbare, hôpital de la Cavale-Blanche, CHU de Brest, boulevard Tanguy-Prigent, 29609 Brest cedex, France.

We report seven cases of arterial gas embolism originating from the lung that occurred in anaesthesia and intensive care in a tertiary hospital where our regional hyperbaric oxygen facility is. They complicated lung surgery or trauma and/or followed a support by positive-pressure ventilation. Diagnosis was most often delayed, because of some scepticism of the physicians confronted with a variety of clinical features. The prognosis was bad with four deaths, despite treatment with hyperbaric oxygen in three cases.

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Systemic air embolism following induction of anaesthesia: pneumothorax under anaesthesia with successful management. [Br J Anaesth. 1979]

[Arterial gas embolism during CT-guided lung biopsy: treatment with hyperbaric oxygen therapy]. [Radio. 2003]

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1: Ann Thorac Surg. 1990 Aug;50(2):257-61. [Links](#)

Systemic arterial air embolism in penetrating lung injury.

Estrella AS, Pass LJ, Platt MR.

Division of Thoracic and Cardiovascular Surgery, University of Texas Southwestern Medical Center, Parkland Memorial Hospital, Dallas.

Systemic arterial air embolism is frequently unrecognized as a cause of death among patients with isolated penetrating lung injury. Between 1975 and 1983 at Parkland Memorial Hospital, the complication of systemic arterial air embolism developed in 9 patients with penetrating lung injury (six gunshots and three stab wounds). Eight patients were either in profound shock or experienced cardiac arrest and all were intubated and on positive-pressure ventilation, frequently on a manual resuscitator bag before or at the time of diagnosis. The diagnosis was made by direct visualization of air in the coronary vessels in all 9 patients, and in 3 air was also aspirated from the left ventricular apex and aortic root. In addition, 5 patients had clinically significant hemoptysis. At operation, only an isolated injury to the lung was found in 7 of the 9 patients. Arterial air embolism is a highly lethal complication; 6 of our patients died, a mortality rate of 66%. Thus, it clearly behooves us to be more alert to the possible occurrence of this complication among all victims of penetrating chest trauma. We must accept that systemic arterial air embolism is an established complication of penetrating lung injury and must recognize that it occurs much more frequently than has been previously reported. Prompt diagnosis coupled with aggressive efforts at cardiopulmonary resuscitation is crucial for successful management of patients with air embolism.

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1: Anaesthesist. 1987 Mar;36(3):111-5.

[The so-called venous air embolism: historical aspects and current diagnosis, prophylaxis and therapy]

[Article in German]

Panning B.

The so called venous air embolism is known as a complication not only of surgical operations but also of other procedures. Two conditions must be fulfilled: a lesion of a non collapsible vein; and a pressure gradient from outside to inside the vein, as occurs for instance during puncture of a large vein in a hypovolemic patient. Air entry into veins is a frequent occurrence during neurosurgery in sitting patients, and thus most diagnostic, prophylactic, and therapeutic innovations were proposed by neuroanesthetists. Due to advances in technique, truly dangerous cases of so-called venous air embolism during neurosurgery in patients in the sitting position are very rare.

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(1) lesion of a non collapsible vein

(2) pressure gradient from outside to inside the vein.

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1: Anesthesiology. 1999 Feb;90(2):564-75.

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Systemic air embolism after lung trauma.

Ho AM, Ling E.

Department of Anaesthesia and Intensive Care, Faculty of Medicine, The Chinese University of Hong Kong, Shatin, NT. hoamh@hotmail.com

Systemic air or gas embolism has been increasingly recognized as a complication of serious chest trauma and often presents with catastrophic circulatory and cerebral events. The classic findings are hemoptysis, sudden cardiac or cerebral dysfunction after initiation of PPV, air in retinal vessels, and air in arterial aspirations. The clinician must be wary of more subtle presentations. Several diagnostic tools (TEE, Doppler, CT) can detect intracardiac and cerebral air, but they may not be necessary to confirm the diagnosis of SAE. Cessation of SAE is essential for successful resuscitation. In those with unilateral lung injury, this can theoretically be achieved by isolating and ventilating the noninjured lung. Sole reliance on immediate thoracotomy for hilar clamping to stem the flow of gas emboli is a concept that needs to be challenged. Whether airway and ventilation interventions will eliminate, delay, or decrease the need for thoracotomy and improve the prognosis of SAE remains to be seen. There is little reported in the literature regarding such interventions. Airway management of a patient at risk for SAE should include a technique that can selectively ventilate each lung. Patients with bilateral sources of SAE may benefit from the avoidance of high airway pressures. Regional anesthesia should be considered when appropriate. HBOT is useful in managing cerebral air embolism and should be incorporated as soon as possible. Clinicians involved in trauma care must be familiar with SAE. By adopting a problem-based solution through innovative airway and ventilation management, anesthesiologists may significantly alter and improve the morbidity and mortality rate of SAE resulting from chest trauma.

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Systemic air embolism after intercostal chest drain insertion and positive pressure ventilation in chest trauma. [Anesth Analg. 1998]

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1: Crit Care Nurs Q. 2005 Jan-Mar;28(1):22-40.

Thoracic trauma: the deadly dozen.**Yamamoto L, Schroeder C, Morley D, Beliveau C.**Critical Care Services, Scripps Mercy Hospital, San Diego, California, 92103, USA.
yamamoto.linda@scrippshealth.org

Deadly Dozen ... Lethal Six ... Hidden Six ... Major thoracic injuries are known as the Deadly Dozen. The Lethal Six (airway obstruction, tension pneumothorax, cardiac tamponade, open pneumothorax, massive hemothorax, and flail chest) are immediate, life-threatening injuries that require evaluation and treatment during primary survey. The Hidden Six (thoracic aortic disruption, tracheobronchial disruption, myocardial contusion, traumatic diaphragmatic tear, esophageal disruption, and pulmonary contusion) are potentially life-threatening injuries that should be detected during secondary survey. Each of these may present as immediately life-threatening or potentially life-threatening events. This article provides an overview of these 12 injuries and appropriate management for each. Case studies are included.

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4 William M. Casey

5 77168

6 20 December 2 008

7 Report for William M. Casey deposition scheduled for 22 December 2008

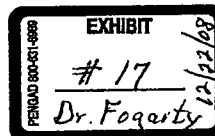
8 I saw Mr. Casey as a patient on July 21, 2005 for follow up on a July 19, 2005 visit.

9 He had been initially seen by Dr. Wilson Smith at Lung and Chest Medical Associates on July 14, 2004 for
10 problems following a rigid bronchoscopy with YAG laser by Dr. Feldman on June 3, 2004. During the
11 bronchoscopy procedure Mr. Casey had a perforation of the bronchial wall which resulted in a
12 pneumomediastinum and bilateral pneumothoraces with marked respiratory distress requiring
13 intubation and mechanical ventilation. Although Mr. Casey recovered enough to be discharged home on
14 June 6, 2004, he saw Dr. Smith because of continued chest pain, shortness of breath, and a change in his
15 ability to cope with his daily routine. Dr. Smith's evaluation showed a normal physical exam and lung
16 function tests. Dr. Smith did not find any evidence for airway obstruction to account for Mr. Casey's
17 symptoms but wondered if he was suffering from a posttraumatic stress disorder related to his injury
18 and intensive care unit experience.

19 On subsequent office visits despite interval evaluation by psychiatry and treatment with medications
20 such as Strattera and Cymbalta Mr. Casey continued to have difficulties with concentrating, handling
21 stress etc. On a July 19, 2005 visit he had been having vomiting and dry heaves for about a week. Since
22 the Strattera and Cymbalta did not appear to be helping him subjectively and it was felt these medicines
23 might have been contributing to his GI symptoms we advised Mr. Casey to discontinue them.

24 When I saw Mr. Casey for follow-up on July 21, his GI symptoms were essentially resolved but he was
25 still having chest pain and difficulties with concentrating, sleep disturbance, constant restlessness,
26 anxiety, and constant pacing. He He was concerned that he had been unable to return to work since his
27 June 3, 2004 bronchoscopy and would probably lose his job and be out of health insurance. He asked me
28 for my opinion as to why he was still having ongoing difficulties and what his future prognosis would be.

29 With reference to Mr. Casey's chest pain, chart review and further discussion with the patient indicated
30 that the chest pain had been a pre-existing although intermittent problem going back at least to 2000.
31 While it had increased in frequency in June of 2004 it had not kept him from working and he had had a
32 previous cardiac catheterization which showed normal coronary arteries. While he did have risk factors
33 such as continued cigarette smoking, hyperlipidemia, and a family history of heart disease, the character
34 of his pain was similar to the previous pain and we concluded that the pain was still most likely chest



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35 wall in etiology and could be managed with continued attention to reducing coronary disease risk
36 factors, periodic monitoring of lung function, and pain medication.

37 With reference to Mr. Casey's problem of mental difficulties and performing such simple tasks as
38 organizing his day, choosing an item from a restaurant menu, staying focused on the task at hand etc.,
39 the patient did not feel he was making any progress towards getting back to work. For example, he
40 wondered if he could not stay on track to play his usual game of golf, how he could work with his team
41 on the production line.

42 As we talked, the patient's symptoms struck me as being very similar to several other patients I had seen
43 who had had uneventful open heart surgery but ended up with a subtle neurocognitive impairment
44 where they never got back to their previous level of mental functioning. This problem of neurocognitive
45 impairment had been described in the literature as a not infrequent complication of procedures such as
46 open heart surgery, hemodialysis and other procedures with the potential for a breaching the vascular
47 wall.

48 Given that air emboli had been previously described as a complication of YAG laser bronchoscopy and
49 that Mr. Casey had had a perforation in his left bronchus significant enough to cause a
50 pneumomediastinum, bilateral pneumothoraces, extensive subcutaneous emphysema, and require
51 emergency intubation, mechanical ventilation, and left chest tube insertion, I advised Mr. Casey that
52 more likely than not some small bubbles of air had entered into his lung veins and that these small air
53 bubbles could then have travelled to small blood vessels in parts of his brain with resultant blockage of
54 blood flow. Because these air bubbles were small he would not have had damage to a large part of his
55 brain with an immediately obvious problem such as a stroke or paralysis; however, damage to smaller
56 areas of the brain involved with memory and concentration could have occurred without any gross
57 findings at the time.

58 Later in the year 2005 Mr. Casey, still unable to return to work, sought legal counsel and his attorneys
59 asked me if I would be of assistance. I then reviewed Mr. Casey's medical record in more depth and
60 conducted additional review of the medical literature. More recently, I have reviewed depositions of
61 the defendants and fact witnesses. The following is a summary of my findings and conclusions.

62 On the morning of 5/28/04 William Mark Casey (date of birth [REDACTED]/68) told the plant nurse at Michelin
63 that he was having chest pain. Although he had had chest pain before and had actually had a normal
64 cardiac catheterization on 7/20/00, he had been having more than the usual chest pain for the last 2
65 weeks and was concerned about his heart. He was given an aspirin, started on oxygen, and EMS was
66 called. When EMS arrived at 9:10 AM they gave the patient nitroglycerin, with some relief of his chest
67 pain, started IV access, and transported the patient to Spartanburg Regional Healthcare System (SRHS)
68 emergency room.

69 At 9:45 AM the patient arrived at SRHS. The triage nurse noted the patient's past history of smoking and
70 a high cholesterol; Mr. Casey's chronic medicines included Lipitor, Ultram, and Lortab. Clear breath
71 sounds bilaterally were noted on auscultation. The protocol for potential acute coronary syndrome
72 patients was started.

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73 At 9:50 AM Dr. Leshman noted Mr. Casey's chest pain was associated with nausea and worse with
74 exertion. The patient did not have any history of cough, shortness of breath, or wheezing. On physical
75 exam, the blood pressure was 154/106, pulse 85, respirations 20; lung exam did not show any
76 respiratory distress, chest tenderness, or abnormal breath sounds; cardiac exam showed a regular rate
77 and rhythm with no murmur, gallop or rub. Dr. Leshman ordered per chest pain pathway 12-lead EKG,
78 cardiac monitoring, oxygen at 2 L per minute, cardiac enzymes, IV access, portable chest film, aspirin
79 325 mg, and nitroglycerin.

80 At 9:53 AM an AP portable chest film was taken in the emergency room; the subsequent interpretation
81 by the radiologist, Dr. Ryan, was "small metallic foreign body over aortopulmonary window; artifact
82 versus foreign body; clinical correlation suggested; no active cardiopulmonary disease"

83 At 10:27 AM the patient reported that his chest pain had resolved. His cardiac enzymes were
84 unremarkable. His cardiogram showed only nonspecific ST T changes and an acute infarct appeared less
85 likely. However the patient still had the risk factors of smoking, hyperlipidemia, hypertension, and family
86 history of heart disease and in addition, the portable chest film showed the metallic fragment projecting
87 over the aortopulmonary window. Therefore, in view of the unusual and is in a in and nature of the case,
88 the internal medicine service, Dr. Paladuga, was called to evaluate Mr. Casey for admission.

89 At 1:20 PM Dr. Paladuga saw the patient. At this point the patient's chest pain had resolved and his
90 cardiac workup was negative and the main problem of concern was the metallic foreign body vs. artifact
91 overlying the aortopulmonary window. Dr. Paladuga's history was negative for any cough, wheezing, or
92 shortness of breath. The exam of the chest showed the lungs were clear to auscultation bilaterally. In his
93 13:31 dictated note Dr. Paladuga felt the noncardiac chest pain was most likely secondary to the
94 metallic foreign body which he mistakenly thought was in the left main bronchus. He requested a
95 pulmonary consultation. Although Dr. Feldman was in the emergency room at the time he was not on
96 call and Dr. Boscia was asked to perform the pulmonary consult.

97 At 1:49 PM the emergency room nurse noted "patient informed of bronch." The patient was then
98 transported to the endoscopy suite which is in a separate connected building.

99

100 At 2 PM the patient arrived in the endoscopy suite and the endoscopy nurse started the preoperative
101 assessment/moderate anesthesia sedation record. The preprinted consent form kept in the endoscopy
102 suite was signed by Mr. Casey. This form has Dr. Feldman, Boscia, and Erb's names pre-typed on
103 paragraph line 1 as the doctors authorized to do the procedure of "tube in lungs to obtain specimens as
104 needed". It also has pre-typed in the section describing the operation in the language of laymen "tube
105 in lungs to help make a diagnosis of lung problems or clear airways, with possible biopsy". The line
106 providing for the time of the consent is blank. Paragraph 2, providing for the name of the Dr. explaining
107 the procedure, is blank. There is no documentation of any explanation of the risks of the bronchoscopy,
108 or alternatives to the bronchoscopy on the consent form.

09

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110 At 2:20 PM the patient received an initial dose of Versed and fentanyl. Additional Versed was given at
111 2:25 PM for a total of 10 mg Versed and 100 mcg of fentanyl. The bronchoscope was inserted into the
112 right nostril at 2:25 PM. Dr. Boscia's bronchoscopy report (which was dictated at 14:37) states "The
113 bronchoscope was advanced to the trachea without difficulty.... Upon entering the left main stem
114 bronchus, the distal end where the takeoff of the left upper lobe starts on the medial wall, there is a
115 very erythematous area that was easily friable. No observable foreign body was noted.... the
116 bronchoscope was withdrawn" at 2:28 PM.

117 After performing the bronchoscopy, Dr. Boscia then dictated the history and physical exam. In the
118 history, Dr. Boscia reported the "patient complains of pain in his chest that is sharp that goes directly
119 straight to his back. There is a history of cough." There is no mention of any aspiration of a foreign body,
120 seizure, loss of a dental filling, wheezing, shortness of breath, or acute cough. In the physical exam, Dr.
121 Boscia noted the patient appeared "well in no acute distress.... oral mucosa is moist.... lungs are clear
122 bilaterally... joints are not inflamed.... cranial nerves II through XII are intact". There is no mention at the
123 time of the exam that the patient was in any pain or had any lost dental filling or crown. Although the
124 portable chest film showed the foreign body to project over the aortopulmonary window rather than
125 the left main stem bronchus Dr. Boscia states that his summary " 46-year-old gentleman with what
126 appears to be a foreign body in the left mainstem bronchus. He has consented to fiberoptic
127 bronchoscopy which would be the most reasonable next step. Will perform fiberoptic bronchoscopy to
128 see if this foreign body is removable. If it is not removable or granulated in, then rigid bronchoscopy in
129 the operating room will be performed. Risks, benefits, and alternatives were discussed with Mr. Casey
130 and he agrees to proceed with bronchoscopy."

131 At 6 PM that evening a CT scan of the lungs which Dr. Boscia had ordered was performed. The CT scan
132 report by Dr. Ryan stated "there are no metallic foreign bodies evident other than snaps and monitoring
133 leads on the patient's skin. The lungs are free of nodules and infiltrates."

134 The next day, May 29, after Mr. Casey had been discharged from the hospital but while the chart was
135 still on the floor, Dr. Boscia wrote "patient will require rigid bronch. OK for D/C. F/U with Dr. Feldman as
136 outpatient."

137 Based on the above summary, it is my opinion that

138 Dr. Boscia failed to perform a proper preoperative evaluation prior to starting the bronchoscopy

139 Dr. Boscia failed to obtain proper informed consent

140 Dr. Boscia performed an unnecessary flexible bronchoscopy and failed to properly document and
141 communicate the findings of the bronchoscopy

142 Dr. Boscia failed to properly interpret the CT scan, the CT scan report, and communicate the results of
143 the negative CT scan to Mr. Casey as well as the doctors providing his care

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144 Dr. Boscia ordered a rigid bronchoscopy with YAG laser without confirming the nature of the
145 erythematous friable lesion before scheduling the rigid bronchoscopy for removal of the purported
146 metallic foreign body in the left upper bronchus.

147 Dr. Boscia failed to perform a proper preoperative evaluation prior to starting the bronchoscopy

148 The history that Dr. Boscia obtained did not provide any evidence for aspiration of the metallic foreign
149 body which is an admittedly rare occurrence in conscious middle-aged subjects. While there was a
150 history of pain, there are no pain receptors in the tracheal bronchial tree; even if Mr. Casey had
151 aspirated a metallic foreign body into his mainstem bronchus this would not have accounted for the
152 patient's complaint of sharp pain going straight through to the back. While Dr. Boscia stated there was a
153 history of cough, the patient did not have any cough at the time of his ER presentation as evidenced by
154 the histories obtained by the emergency room nurse, Dr. Leshman, and Dr. Paladuga.

155 The physical exam did not show any evidence of acute respiratory distress or localized findings to
156 support aspiration of metallic foreign body.

157 The chest film showed the apparent metallic foreign body to project over the aortopulmonary window
158 which is in a separate location from the left mainstem bronchus. Thus the statement that the foreign
159 body appeared to be in the left mainstem bronchus was a misinterpretation of the chest film. If the
160 chest film had been properly interpreted, it would have been apparent that even if there was a metallic
161 foreign body inside Mr. Casey's chest that this foreign body was still outside of the left mainstem
162 bronchus and would not be visible on bronchoscopy.

163 Also the preoperative evaluation is misleading in that the history and physical was dictated after the
164 bronchoscopy had been done and yet discusses the need for bronchoscopy and possible bronchoscopic
165 findings as future events when in fact at the time the history and physical was dictated Dr. Boscia knew
166 that the flexible bronchoscopy did not show a foreign body.

167 Given that the history and physical did not show any supporting evidence for aspiration of metallic
168 foreign body and that the portable chest film showed that if there was a foreign body in the chest it was
169 outside of the tracheobronchial tree, the appropriate preoperative evaluation would have been to
170 obtain a lateral chest film. This chest film would've shown that the metallic foreign body was an artifact
171 and not inside the chest. This would have eliminated any need for a bronchoscopy and the patient could
172 have been discharged to home at that point.

173 Dr. Boscia failed to obtain a proper informed consent.

174 In explaining the need for the bronchoscopy to Mr. Casey, Dr. Boscia led Mr. Casey to believe that there
175 was definitely a foreign body in his chest and that this was somehow connected to his chest pain. He did
176 not explain that the metallic foreign body on the portable chest film was most likely an artifact and that
177 as an alternative to the bronchoscopy a lateral chest film would confirm whether or not the foreign
178 body was inside the chest.

79 Dr. Boscia performed an unnecessary bronchoscopy.

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180 In so far as there was no metallic foreign body in the left bronchus there was no likelihood that a
181 bronchoscopy would be able to visualize such a metallic foreign body. Even if we grant that a metallic
182 foreign body was present in the left mainstem or left upper lobe bronchus there was not adequate
183 preparation to identify and remove such a foreign body. Current literature indicates that the vast
184 majority of foreign bodies can be identified and removed with a flexible fiberoptic bronchoscope.
185 However, since these foreign bodies cannot be pulled through the lumen of the fiberscope and since the
186 nasal passageways could impede the removal of the foreign body behind the bronchoscope, flexible
187 bronchoscopy to remove a foreign body should be performed by inserting the bronchoscope through
188 the mouth rather than through the nose.

189 In addition, a large channel fiberscope, as well as a variety of instruments with which to retrieve the
190 foreign body, as well as a camera to document any findings, should have been on hand prior to the start
191 of the bronchoscopy. In the case of Mr. Casey's bronchoscopy, the bronchoscope was inserted via the
192 right nostril, no attempt was made to take any biopsies or samples and no photographs were taken to
193 provide guidance to future bronchoscopists. With the use of topical epinephrine, even apparently friable
194 areas can be biopsied without undue risk. The fact that the bronchoscope was inserted through the nose
195 and the total time of the procedure was 3 minutes raises the question of whether or not there was ever
196 any persistent attempt to diagnose or remove the suspected foreign body.

197 Dr. Boscia failed to properly interpret the CT scan that he had ordered, to review the report of the CT
198 scan, and to properly communicate the results of the CT scan to the patient and the doctors caring for
199 him.

200 Dr. Boscia's note written in the chart after the patient had been discharged from the hospital indicating
201 that a rigid bronchoscopy would be needed, was misleading in that it conveyed to Dr. Paladuga and to
202 anyone else reading the chart that there was indeed a metallic foreign body when in fact the CT scan of
203 the chest showed that there was no foreign body consistent with the findings on bronchoscopy of no
204 foreign body visualized. Also, there was never any communication to Mr. Casey that the CT scan of the
205 lungs had not shown a metallic foreign body

206 Dr. Boscia ordered a rigid bronchoscopy to be performed by Dr. Feldman to remove the presumed
207 metallic foreign body underneath the friable mucosa without confirmatory evidence.

208 Dr. Boscia's history did not reveal any evidence for aspiration, his physical exam did not show any
209 localized findings to support a metallic foreign body, the chest film showed the foreign body versus
210 artifact was not even inside the left bronchus, the bronchoscopy did not show a metallic foreign body,
211 and the CT scan of the lungs showed there was no metallic foreign body. Given that aspiration of a
212 foreign body in otherwise healthy conscious adults is a very rare occurrence and that there was no
213 objective evidence for a metallic foreign body in the left bronchus Dr. Boscia still scheduled the patient
214 for a rigid bronchoscopy with Dr. Feldman.

215

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218

219 Dr. Paladuga's discharge note indicated that the patient was to call Dr. Feldman on Monday and make a
220 follow-up appointment in one week. However, rather than seeing Dr. Feldman in the office to again go
221 over the history, physical exam, CT scan of the lungs, and prior bronchoscopy, Mr. Casey was scheduled
222 to report directly to the hospital for the rigid bronchoscopy without any interval office visit or outpatient
223 followup.

224 At 9:07 AM on 6/02/04 Mr. Casey reported to Spartanburg Regional pre-procedures where he was
225 interviewed and scheduled to report at 9:15 AM the next day for the rigid bronchoscopy procedure to
226 be done at 11:45 AM in the Main OR.

227 At 9:29 AM on 6/03/04 the patient had reported back and had his preoperative patient assessment
228 completed. The nursing notes indicated that Dr. Feldman's office was called and that Dr. Feldman would
229 do the history and physical and consent in the OR.

230 At 11 AM Dr. Shantha in his preoperative assessment noted that the CT of the chest was negative for a
231 foreign body and that the physical exam was remarkable for a chipped left upper incisor. There was no
232 note of an absent crown or dental filling on exam of the teeth.

233 At 11:25 AM the history and physical which had been previously dictated by Dr. Boscia on May 28 was
234 transcribed by medical records and thus would not have been available to Dr. Feldman prior to this time.

235 At 11:50 AM the anesthesia record indicates "anesthesia start ". At 11:57 AM the record indicates the
236 patient was transported him to the main operating room and the surgeon, Dr. Feldman was present.

237 The informed consent for the bronchoscopy is dated 6-3-04 but the time the consent was actually
238 obtained is blank. The line specifying the name of the doctor explaining the consent is also blank. The
239 line describing the operation in language of laymen states "rigid bronchoscopy + laser + removal of
240 foreign body". There is no documentation on the consent form of an explanation of the risks of the rigid
241 bronchoscopy, the risks of YAG laser, or alternative procedures

242 At 12:01 PM IV anesthesia induction was initiated and ventilation started by anesthesia. At 12:06 PM the
243 rigid bronchoscope was inserted by Dr. Feldman

244 At 1:56 PM the record indicates the bronchoscopy procedure was completed. At 2:19 PM the patient
245 was in the postanesthesia care unit and noted to be very restless and combative with marked
246 respiratory distress, increased pulse, blood pressure and subcutaneous air in the face and neck.

247 At 2:25 PM the patient was intubated by Dr. Shantha to prevent upper respiratory obstruction and
248 potential respiratory arrest due to rapidly progressing subcutaneous air. Mechanical ventilation was
249 initiated. At the same time Dr. Feldman ordered a consult with Dr. Nguyenduy for chest tube insertion.
50 At 2:30 PM Dr. Nguyenduy inserted a 32 French trocar /chest tube in the left pleural space and "good air

THOMPSON 018199

251 returned which fogged the chest tube." The postoperative diagnosis was "possible left tension
252 pneumothorax".

253 At 4:02 PM Dr. Feldman dictated the rigid bronchoscopy with laser operative note which stated the
254 indication for the rigid bronchoscopy was "attempt to remove chest x-ray abnormality suggestive of a
255 crown; the patient does have a history of a missing crown." His note then goes on to say "the entire
256 tracheobronchial tree was examined, there was no finding of a foreign body, however, a quite abnormal
257 sub segment in the left upper lobe which appeared to be a pouch/granulation tissue has been identified.
258 Laser of the area has been done with 45 W over a 2 second. Granulation tissue has been vaporized with
259 the appearance of what appeared to be crown lying on the surface. With using 35 W energy of the laser,
260 there was no possibility of removal of the crown because it was deeply embedded, and laser energy was
261 applied to the center of the crown and it has been vaporized. However below the surface there has
262 been no further foreign body seen. The assumption was made that the entire crown other than on the
263 surface had been vaporized, and attempt to pull it with a biopsy forceps and passage of the basket was
264 unsuccessful. The washings were done of the area and the procedure was terminated. The patient was
265 extubated in recovery. Although the patient did quite well during the procedure, he suddenly developed
266 considerable pneumomediastinum....." Dr. Feldman's impression was "it is unclear to me at this point
267 whether the laser went through the cartilage, and since I have not identified or pulled a crown itself, if in
268 fact there was a crown it has been vaporized and is no longer seen on x-ray.... It is uncertain to me at
269 this time whether the crown was vaporized or essentially the laser went through the highly abnormal
270 area of the lung suggestive of a closed congenital pouch rather than a foreign body, and significant
271 eructation from previous bronchoscopy."

272 Based on the above sequence and additional review of the chart it is my opinion that

273 Dr. Feldman failed to perform a proper pre-operative evaluation

274 Dr. Feldman failed to obtain proper informed consent

275 Dr. Feldman performed an unnecessary bronchoscopy and then when he did not see the expected
276 metallic foreign body he still knowingly attempted to vaporize what was thought to be tissue over a
277 foreign body and then attempted to vaporize what was thought to be crown with associated risks of
278 fire, tissue destruction and perforation.

279 Dr. Feldman failed to properly follow the hospital this mandated policies and procedures for
280 standards of care including a "time out"

281 As a result of this unnecessary rigid bronchoscopy with YAG laser to remove a nonexistent metallic
282 foreign body there was trauma and perforation of the left upper lobe bronchus and adjacent vascular
283 tissue. This perforation allowed air at atmospheric or higher pressure to penetrate through the
284 bronchus into the adjacent tissues including the mediastinum and associated vasculature, the left and
285 right pleural cavities, and extend upward through the subcutaneous tissues past the neck and even
286 past the eyes. Since air under high pressure moves to areas of lower pressure and since the pressure
287 in the pulmonary veins is lower than the pressure in the airways this set the stage for small bubbles of

THOMPSON 018200

288 air to enter into the pulmonary veins , go through the left heart and move through the aorta into
289 blood vessels going to the rest of the body starting with the blood vessels going to the brain. In
290 addition, given the close proximity of the pulmonary vein to the area of tissue destroyed by the laser,
291 it is possible that some particulate tissue may have entered the vein. Regardless of the exact
292 mechanism, this trauma resulted in a life-threatening situation requiring intubation and insertion of a
293 chest tube. Although the patient recovered physically from this complication he has incurred
294 neurocognitive impairment.

295 **Dr. Feldman failed to perform a proper preoperative evaluation**

296 Dr. Feldman failed to properly communicate with Dr. Boscia who was the physician ordering the rigid
297 bronchoscopy. Had he done so he would've known that the CT scan of the lungs was done and he would
298 have found that it did not show a foreign body; he would also have learned that the patient did not have
299 any history of a missing crown. However, his initial paragraph in the dictated bronchoscopy note
300 incorrectly states the patient does have a history of a missing crown.

301 Dr. Feldman failed to review Mr. Casey's medical records from the May 28/29 hospital admission; these
302 records showed that the main reason for the emergency room visit was the patient's chest pain and
303 there was no history obtained by any of the staff of any aspiration of a metallic foreign body. Dr.
304 Feldman failed to properly review and interpret the portable chest film and associated report showing
305 that the metallic foreign body was projecting over the aortopulmonary window and hence either an
306 artifact or if in the chest still outside of the left main bronchus. Dr. Feldman failed to document prior to
307 starting the bronchoscopy that he had either performed his own history and physical or updated Dr.
308 Boscia's history and physical and reviewed interval studies such as the CT scan. If Dr. Feldman had
309 performed a proper preoperative evaluation he would've known that there was no metallic foreign body
310 in Mr. Casey's chest and therefore no indication to proceed with a rigid bronchoscopy.

311 **Dr. Feldman failed to obtain a proper informed consent.**

312 On the informed consent document obtained by Dr. Feldman the reason given for the operation is the
313 removal of a foreign body. However, in so far as the previous histories, physical exam, portable chest
314 film, fiberoptic bronchoscopy, and CT scan of the lungs all did not show any foreign body, it does not
315 appear appropriate to be asking Mr. Casey for consent for rigid bronchoscopy to remove a foreign body.

316 In addition, given Dr. Feldman's belief that there was a substantial metallic foreign body or crown, the
317 use of a YAG laser to vaporize or melt such a substantial metallic object would require very high
318 temperatures (in the range of 1000° or more) with the risk of significant adjacent tissue destruction and
319 even fire. There is no documentation that these specific risks of prolonged high-energy YAG laser were
320 discussed.

321 In addition since it is well documented that metallic foreign bodies are well tolerated in the
322 tracheobronchial tree, there is no documentation that the option of not doing any procedure and simply
323 leaving the apparent foreign body alone was offered as an alternative.

THOMPSON 018201

324 Dr. Feldman performed an unnecessary bronchoscopy and knowingly attempted to vaporize
325 granulation tissue without a tissue diagnosis and then subsequently vaporize what he thought was a
326 large metallic foreign body or crown

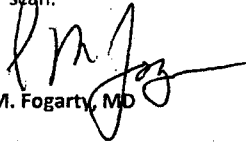
327 There was no documentation outside of Dr. Boscia's description of an erythematous friable area in the
328 left upper lobe of granulation tissue. Specifically, there was no description of any mucosal irregularity or
329 outward projection in Dr. Boscia's note and there was no tissue confirmation. Given that this apparent
330 area of friable mucosa could not have been due to the apparent metallic foreign body projecting over
331 the aortopulmonary window since this area is several centimeters away, there is the question of
332 whether the friable erythematous mucosa represented a significant abnormality or simply artifact from
333 the bronchoscopy per se. If it represented a significant abnormality then this might include possibilities
334 such as tuberculosis or even a malignancy. To and in in a use YAG laser 45 Watt pulses to vaporize this
335 area of apparent granulation tissue without any idea of the nature of the tissue is problematic. To
336 proceed to use 35 Watt pulses to vaporize what initially appeared to be a crown but then was thought
337 to be cartilage is problematic

338 Dr. Feldman failed to follow hospital mandated procedures with reference to an initial and then a
339 subsequent "timeout".

340 At the start of the procedure the anesthesiologist knew that there was no foreign body on the CT. A
341 timeout to review the indications for the procedure would have led to Dr. Feldman's becoming aware of
342 the CT scan findings limiting the need for the bronchoscopy. Subsequently, when Dr. Feldman did not
343 appear to be sure of what he was vaporizing and the procedure was extending well past an hour a
344 second time out would've again provided an opportunity to learn that there was indeed no foreign body
345 on the CT scan.

346

347 Charles M. Fogarty, MD



THOMPSON 018202

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SPARTANBURG, S.C. 29306

SAM BURTS (1907 - 1982)
NOEL TURNER
RICHARD M. RHODES
RAY E. THOMPSON, JR.
M. NOEL TURNER, III
WILLIAM H. RHODES

October 30
August 20, 2008

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VIA FAX and MAIL

208-0233

F. Milton Mann, Jr., Esq.
1089 Boiling Springs Rd.
Spartanburg, SC 29303

RE: William Mark Casey vs. Gregory J. Feldman, MD, Joseph A. Boscia,
III, Upstate Lung and Critical Care Specialists, PC and Devendra
Shantha, MD
C.A. No.: 2006-CP-42-1728

Gentlemen:

Enclosed please find the primary areas that Dr. Charles M. Fogarty is expected to testify
to at his deposition on November 14, 2008.

With kind regards,

Sincerely,

By:

M. Noel Turner, III
M. NOEL TURNER, III
Burt, Turner, Rhodes & Thompson

MNT:ar
Enclosures



THOMPSON 018203

Dr. Fogarty's Expert Testimony Regarding Dr. Boscia
October 30, 2008

Plaintiff anticipates that Dr. Fogarty will testify as an expert in the following areas, but is not limited to other areas within his expertise, which may arise from his review of the Defendants' depositions or other related medical testimony:

1. In failing to obtain a complete history and physical examination of Mr. Casey, to include any history of aspirating a radiopaque/metallic foreign body, onset and details of physical problems and symptoms supporting aspiration of metallic foreign body.
2. Failure to properly interpret the x-ray and failing to review radiology report and discuss with radiologist. In failing to obtain clinical correlation supporting ingestion of a metallic foreign body as recommended by the radiologist in his interpretation of the only x-ray taken prior to the flexible bronchoscopy.
3. In failing to obtain appropriate diagnostic studies to include a complete set of PA and lateral x-rays and/or CT scans, which would have involved minimal risk to Mr. Casey, and which would have confirmed or eliminated the presence of a radiopaque/metallic foreign body in Mr. Casey's lung prior to subjecting the patient to a flexible bronchoscopy on May 28, 2004.
4. Failure to obtain proper informed consent.
5. In engaging in unnecessary flexible bronchoscopy procedure on May 28, 2004, to remove a radiopaque/metallic foreign body from the lung without first confirming the presence of said foreign body in the lungs in non-emergency situation.
6. In failing to obtain washings, biopsies, or photographs of alleged friable erythematous area to confirm presence of alleged granuloma.
7. Failure to properly interpret findings of flexible bronchoscopy concerning the presence of a radiopaque/metallic body.
8. Failure to properly interpret CT scan that he ordered.
9. Failure to follow-up/review CT scan report.
10. In failing to communicate to the patient that no radiopaque/metallic foreign body was visualized during the flexible bronchoscopy procedure and that the CT scan on May 28, 2004 was also negative for the presence of a radiopaque/metallic foreign body in Mr. Casey's left upper lung or any area of his chest, and failing to communicate to Mr. Casey that x-ray was questionable as to existence and location of radiopaque/metallic foreign body.
11. Entering a misleading note in Mr. Casey's chart on May 29, 2004 which failed to properly/adequately communicate with Dr. Paladugu and Dr. Feldman that the bronchoscopy and CT scan performed on May 28, 2004, was negative for a radiopaque/metallic foreign body in Mr. Casey's lung.

THOMPSON 018204

12. Ordering an unnecessary procedure – rigid bronchoscopy with YAG laser without first diagnosing and biopsying alleged lesion before scheduling its removal.
13. In failing, prior to Mr. Casey's discharge on May 29, 2004, to cancel the rigid bronchoscopy scheduled for June 3, 2004, to be done by Gregory J. Feldman MD, for removal of the radiopaque/metallic foreign body.
14. In failing to properly follow Spartanburg Regional Medical Center's mandated Policies and Procedures for certain Standards of Care in place for the safety and proper treatment of the patient;
15. In failing to communicate the full extent of the errors and deviations of standard of care to Mr. Casey, and all appropriate Spartanburg Regional Medical Center officials and committees.

THOMPSON 018205

Dr. Fogarty's Expert Testimony Regarding Dr. Feldman
October 30, 2008

Plaintiff anticipates that Dr. Fogarty will testify as an expert in the following areas, but is not limited to other areas within his expertise, which may arise from his review of the Defendants' depositions or other related medical testimony:

1. Failure to properly/adequately communicate with Dr. Boscia, who was the physician ordering bronchoscopy.
2. Failure to review Mr. Casey's 5/28 and 5/29 medical records including history and physical, bronchoscopy, portable chest and CT scan results prior to the rigid bronchoscopy procedure.
3. Failure to perform proper history and physical or update Boscia's history and physical before rigid bronchoscopy with YAG laser.
4. In failing to obtain and review CT scan and report, and discuss the results with Mr. Casey prior to proceeding with rigid bronchoscopy.
5. Failure to obtain proper informed consent.
6. Failure to conduct proper pre-op "Time Out" with anesthesia and entire surgical team prior to the procedure.
7. Performance of unnecessary procedure (rigid bronchoscopy)
8. In continuing to use the rigid bronchoscope and associated instrumentation with YAG laser to remove tissue without previous biopsy that the alleged abnormal tissue required removal.
9. Failure to terminate unnecessary procedure and knowingly attempting to vaporize what was thought to be a substantial radiopaque foreign body with associated risks of tissue destruction and perforation.
10. In failing to properly follow Spartanburg Regional Medical Center's mandated Policies and Procedures for Standards of Care in place for the safety and proper treatment of the patient.
11. In failing to communicate the full extent of the errors and deviations of standard of care to Mr. Casey, and all appropriate Spartanburg Regional Medical Center officials and committees.

THOMPSON 018206

Dr. Fogarty's Expert Testimony Regarding Dr. Shantha
October 30, 2008

Plaintiff anticipates that Dr. Fogarty will testify as an expert in the following areas, but is not limited to other areas within his expertise, which may arise from his review of the Defendants' depositions or other related medical testimony:

1. In failing to conduct, participate, or adequately participate, in the mandated "Time Out" meeting of the entire surgical team prior to the June 3, 2004 procedure.
2. In failing to properly follow Spartanburg Regional Medical Center's mandated Policies and Procedures for Standards of Care in place for the safety and proper treatment of the patient.
3. In failing to communicate the full extent of the errors and deviations of standard of care to Mr. Casey, and all appropriate Spartanburg Regional Medical Center officials and committees.
4. Failure to communicate that the CT scan of May 28, 2004, was negative for radiopaque/metallic foreign body.
5. In administering anesthesia for an unnecessary procedure.
6. Failure to properly monitor Mr. Casey's vital signs for changes and/or destabilization during the June 3, 2004 procedure.
7. Failure to properly supervise/monitor the CRNA present during the June 3, 2004 procedure.

THOMPSON 018207

STATE OF SOUTH CAROLINA)
COUNTY OF SPARTANBURG)

IN THE COURT OF COMMON PLEAS
SEVENTH JUDICIAL CIRCUIT

William Mark Casey,)
Plaintiff,)

vs.)

Gregory J. Feldman MD, Joseph)
A. Boscia III, MD, Upstate Lung and)
Critical Care Specialists PC, and)
Devendra Shantha MD,)
Defendants.)

**AFFIDAVIT OF MAILING
AND FAXING**

C.A. No. 2006-CP-42-1728

This is to certify that on the 30th day of October, 2008, the undersigned served Dr. Charles M. Fogarty's Expected Testimony, by faxing and depositing a copy of the same into the United States Mail, postage pre-paid and in the correct amount to the following:

John Rogers, Esq.
H. Spencer King, Esq.
The Ward Law Firm, PA
P.O. Box 3188
Spartanburg, SC 29304

William U. Gunn, Esq.
P.O. Box 1897
Spartanburg, SC 29304

F. Milton Mann
1089 Boiling Springs Rd.
Spartanburg, SC 29303


ANGELA M. ROOPER
Legal Assistant to Noel Turner, III

SWORN to before me this 30th
day of October, 2008


(SEAL)
NOTARY PUBLIC FOR SOUTH CAROLINA

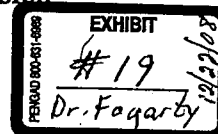
My Commission Expires: 10/29/17

Breach of Duty—DR B.

- ✓ Failure to obtain proper/appropriate history (H&P) and on chart before 6-3-04 surgery
- ✓ Failure to obtain proper/appropriate physical exam
- ? Failure to perform History and Physical before surgical procedure
- ✓ Failure to obtain proper operative consent (~~Informed Consent~~)
- Performance of unnecessary operative procedure (flex bronch)
- Failure to properly interpret negative findings of bronch (metal defying gravity in upper lobe covered up with tissue but no visible bump)
- Failure to follow up/review Chest CT results which he ordered
- ✓ Failure to inform patient of Chest CT results (risks & alternatives to Bronch)
- Failure to inform other physicians of Chest CT results
- Ordering an unnecessary procedure —rigid bronchoscopy
- Ordering a dangerous procedure laser to melt metal while in the lung
- ✓ Failure to schedule outpatient visit for pre-op evaluation before day of rigid bronch (no information while wait)
- Denial/cover-up of above errors ("something was there") to patient on subsequent patient visits

Breach of Duty—Dr. F.

- Failure to ^{properly/adequately} communicate with Dr. B.-physician ordering bronchoscopy
- ✓ Failure to review Chest CT results and knowledge of B ordering CT scan until PA in ORU
- Failure to schedule/perform evaluation (usually outpt.) prior to proceeding with rigid bronchoscopy
- ✓ Failure to obtain proper history (H&P → H/W notes post Rigid Bronch)
- combine Failure to obtain proper physical exam
- Failure to perform required H&P before rigid bronch with laser/surgical procedure
- ✓ Failure to obtain proper operative consent (~~Informed Consent~~)
- Failure to conduct proper pre-op "Time Out"
- Performance of unnecessary procedure (rigid bronch)
- Attempt to perform dangerous and contraindicated procedure (laser vaporization/melting of substantial metal object while still in lung)
- Failure to terminate unnecessary procedure and continuation of same for another 30 minutes after abrupt change in Vital Signs indicated patient deteriorating (tachycardia and hypertension) ^{based on info avail to F}
- Failure to perform required admission H&P at any time during admission
- Failure to communicate legibly in chart
- Failure to communicate/cover up of errors to patient
- Failure to report incident for review by Laser Safety Committee



THOMPSON 018209

Breach of Duty Dr. Shantha

- Failure to follow hospital policy of H&P in chart before operative procedure starts
- Failure to recognize grossly inadequate ^{Feldman}improperly executed operative consent
- Failure to personally conduct pre op "Time Out"
- ✓ Failure to communicate results of negative CT to surgeon (H/W note: CT neg.)
- Failure to recognize proposed operation (Laser melting/vaporization of metallic foreign body) lethal to patient if actually carried out
- Failure to recognize patient deteriorating and communicate same to surgeon for last 30 minutes of operation
- ✓ Failure to monitor for cerebral hypoxemia (oximeter on finger monitors O₂ levels in that extremity only, not brain)
- Failure to monitor CRNA in Rigid Bronchoscopy

Outcomes

- Patient underwent unnecessary flex bronch
- Patient underwent unnecessary general anesthesia and rigid bronch
- Patient underwent unnecessarily long general anesthesia with ^{increased} risk of anesthesia per se to brain function
- Patient underwent potentially lethal attempt to melt ^{identified} supposed metal object while still in patient's lung
- Rigid bronchoscope ^{VAB} and/or forceps ^{breach of communication to} laser tore hole thru bronchus (and into adjacent blood vessels)
- Patient developed life threatening respiratory distress, changes in vital signs, tension pneumothorax, confusion, agitation, altered brain function.
- Patient required insertion of endotracheal tube into lungs for life support, insertion of chest tube into pleural space for relief of tension pneumothorax, and intravenous medication for treatment of ^{coordination deficits} deteriorating vital signs and altered brain function.
- Instead of initially planned outpatient procedure, patient required admission to intensive care unit and 4 day hospital admission
- Patient's heart and lung function recovered to pre-op baseline.
- Patient's mental status and higher brain function has not recovered to baseline, and after two years time is judged permanently impaired neurocognitive function
- Patient is no longer able to carry on supervisory functions required by his previous job
- Patient's employment is limited at best to lower level, minimum wage work.
- Patient is less able to enjoy activities of daily living knowing that he has lost some of his mental ability to plan, organize, and remember.

THOMPSON 018210



Lung and Chest Medical Associates

Charles M. Fogarty, M.D.
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Rico V.I. Mendoza, M.D.
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WILLIAM CASEY
77168
07-21-05

OFFICE NOTE

Chief Complaint

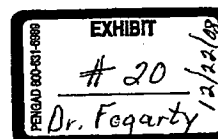
William Casey returns for follow up on his 7/19 visit. At that time he was having dry heaves and nausea and this was felt possibly to be an interaction between the Strattera and the Cymbalta and he was advised to discontinue these. Since then he is better. He continues to have chest pain, a squeezing sensation. This can be present without exercise although exacerbated by exercise.

We should note that it was this symptom that led him to go to the emergency room May 2004. Although the presenting complaint was chest pain, a chest film showed a metallic fragment overlying the chest. This was misinterpreted as being in the chest and the patient underwent bronchoscopy. And when the bronchoscopy did not show definite abnormality, but rather an area of erythema, he was scheduled for a laser bronchoscopy. He had the laser bronchoscopy complicated by pneumomediastinum with a lengthy two hour anesthesia. Since then, although the patient recovered from his pneumomediastinum and bilateral pneumothoraces with chest tubes, intubation and mechanical ventilation, since then he has had continued difficulties concentrating, staying focused and with his general energy.

He is not smoking.

Current Medicines

1. Advair 250/50 twice daily.
2. Combivent 1 puff four times daily as needed.
3. Ultram 50 mg four times daily as needed chest pain.
4. Lipitor 10 mg daily.
5. Lortab four times daily as needed.



Social History

He has been out of work now for a year and probably will be out of health insurance and probably lose his job since he has been unable to hold gainful employment in the interim in large part because of his difficulties with concentrating, staying focused. Although the issue of his chest pain still remains unresolved.

(Continued to next page)

000440

2030 North Church Place, Spartanburg, South Carolina 29303 (864) 582-6858

Pulmonary Medicine

Critical Care

Bronchoscopy

Asthma Therapy

Sleep Disorders

THOMPSON 018211

WILLIAM CASEY

77168

07-21-05

Page Two

Family History

Coronary artery disease and hyperlipidemia.

Review of Systems

He did have a cardiac catheterization several years back but his CT during the May 2004 admission prior to his laser bronchoscopy was normal range except for incidentally noted coronary calcification. No additional findings on cardiorespiratory, GI or GU review.

Physical Examination

Vital Signs: Wt. 176.6, BP 153/91, HR 78, RR 20 and SaO₂ is 98% on room air.

General: No acute distress.

Skin: Normal turgor.

HEENT: Pupils symmetric.

Neck: No jugular venous distention.

Chest: No wheezes, rales or rhonchi.

Cardiac: No murmur or gallop.

Abdomen: Bowel sounds present. The patient felt like he might have the heaves while in the office but no emesis. Bowel sounds present.

Extremities: No edema or clubbing.

Neurological: The patient had some readily apparent difficulty staying focused with answers to questions and had difficulties repeating numbers backward on a simple cognitive screen.

Laboratory Data

The vital capacity is 4.65 or 98% of predicted. The forced expiratory volume is 3.76 or 97% of predicted.

Today's cardiogram is normal range. Interestingly the cardiogram while he was in the hospital with his chest pain in May of last year showed nonspecific ST T-changes.

Impression

1. Chest pain.
2. Nausea and vomiting.
3. Persistent difficulty concentrating staying focused status post pneumomediastinum/pneumothorax complicating laser therapy in attempt for laser therapy for metallic artifact, which ultimately proved to be outside of chest.

(Continued to next page)

000439

THOMPSON 018212

WILLIAM CASEY

77168

07-21-05

Page Tree

Comment

With reference to the patient's GI symptoms they do seem improved since discontinuing the Strattera and this really did not help with his staying focused anyway. However he may still have some underlying pathology such as cholelithiasis or peptic ulcer disease and ultrasound of the gallbladder appears warranted. If symptoms persist we may consider an upper GI.

With reference to the patient's squeezing he does have risk factors for coronary artery disease in terms of his hyperlipidemia, family history and previous smoking and he did have coronary calcification incidentally noted on Spartanburg Regional Medical Center CT. A formal coronary calcium score may be indicated and if elevated may be an indication to proceed with more vigorous cardiac workup.

With reference to the patient's difficulty concentrating, he undoubtedly had air emboli given his lengthy duration of anesthesia and laser perforation of the endotracheal tree with resultant leakage of air into extra pleural and vascular extra pleural mediastinal and vascular spaces. Although he is fortunate not to have any gross motor deficit, he may well have a permanent neurologic deficit in which case the indication for taking medication may be moot and the patient may simply need to recognize that although he would like to go back to work, he may be chronically disabled by his neurologic impairment.

Plan

We will check back with the patient via phone with reference to his coronary calcium score and his gallbladder ultrasound. Further evaluation will proceed pending the results of above. Separately, we will review the patient's chart for him since he still has many questions about what happened during the hospital admission for his chest pain. We will review the patient's chart for him and try to put into lay language a summary of the chart with reference to what happened to him during the hospital admission for his chest pain last year.

Charles M. Fogarty, MD

CMF/ns

cc: Dr. Gonda

000438

THOMPSON 018213

Plaintiff's Exhibits

THOMPSON 018215



SPARTANBURG
Regional Healthcare System

☒ RMC ☐ SHRC ☐ BJW

ANESTHESIA PREOPERATIVE EVALUATION

Proposed Operation <i>YAG Laser</i>		Date of Surgery <i>06/03/04</i>				
Age <i>45</i>	Height <i>5'8"</i>	Weight <i>170 lb</i>	Blood Pressure (Range)	P	RR	T
Airway/Teeth/Head/Neck <i>Clear Throat with 3000</i>		☒ Good Airway		☐ HX Difficult Intubation		☐ Caps/Crows
Cardiovascular ☒ NEG POS		☐ Angina (Frequency)		☐ MI	☐ HTN	☐ Dysrhythmia
Respiratory ☐ NEG POS		☒ TOB Use (PPD)		☐ Asthma	☐ COPD	☐ Recent URI
Hepato/Renal <i>Hypertension</i>		☐ ETOH (Amount?)		☐ Hepatitis		☐ CRF (Last Dialysis Run)
Endocrine ☐ NEG POS		☐ Diabetes (Oral Agent / Insulin)		☐ Thyroid		
Neuro / Musculoskeletal <i>Arthritis</i>		☐ NEG POS		☐ Stroke	☐ Seizure	☐ Headaches
GI / Hematology ☒ NEG POS		☐ Hiatal Hernia		☐ PUD / GER	☐ Anemia	☐ Sickle Cell
				☐ Back Pain	☐ Neuromuscular DSE	☐ Bleeding

Studies

PT *12-3*
TT *9-1*
SCHO
12-8
368
57K
136
29
104
28
12
106
0.8
RKG
CXR *mobile*
ET *not*
Cath *not*

Prior Anesthetics / Operations ☐ None

*Propofol
Hypnotics
Heart Cath*

Current Medications ☐ None

*Lipitor
Bactra
Loraz
Ultram*



Family History of Anesthesia Complications ☒ Negative

Allergies (Type of Reaction) ☒ NKDA

Possibly Pregnant: ☐ Yes ☐ No ☐ LMP

☒ Patient Identification ☒ H & P Check ☒ Consent Check
☒ No interval change

Problem List

*Hypertension on / ongoing agent
Tox *was* hypod
Arthritis*

ASA
PS
1
2
3
4
5
E

Anesthetic Discussion / Plan
Discussed risks, benefits, complications and
Options for anesthesia. Plan *GETA*
and patient agrees to proceed.

NPO Status?

5:00 AM

Aspiration, tooth lip to endotracheal

☐ Consents to use of blood products if indicated

Post Anesthesia Note

☒ Postoperative patient is without complaints referable to anesthesia
☐ Other

Dr. [Signature]
Signature

PRINTED *06/03/04*
DATE *12/12/04*
Time/Date

Physician Time/Date CRNA Time/Date

Patient
0415400048 000-146220 06/02/04
CASEY, WILLIAM
ADM FELDMAN, GREGORY
REF FELDMAN, GREGORY



000129

THOMPSON 018216

OP REPORTS

PATIENT NAME: CASEY, WILLIAM
DOB: [REDACTED]/1958
MEDICAL RECORD #: 146220
PROCEDURE DATE: 5/28/2004
ACCOUNT NUMBER: 414900306
ROOM:

PROCEDURE (S) PERFORMED: Bronchoscopy.

REASON FOR PROCEDURE: 45 year-old male with what appears to be a foreign body.

MEDICATIONS: Versed 10 mg IV (intravenous), Fentanyl 100 mcg IV (intravenous), topical lidocaine.

DESCRIPTION OF PROCEDURE: After informed consent was obtained, the right nostril was anesthetized with topical lidocaine. The bronchoscope was advanced to the trachea without difficulty. Trachea as well as right segmental and subsegmental bronchi were normal, patent, without bronchial pathology. However, upon entering the left main stem bronchus, the distal end where the take off of the left upper lobe starts on the medial wall, there is a very erythematous area that was easily friable. No observable foreign body was noted. The airway post the erythematous take off of the left upper lobe was normal. The bronchoscope was withdrawn. The patient tolerated the procedure well.

Dictated By: JOSEPH A BOSCIA III, M.D.

D:05/28/2004 14:37:52
T:06/03/2004 21:43:08/1f
65517/64371

cc:
ANDRAS KOSER, M.D., Admitting Physician

OP REPORTS Page 1 of 1
CASEY, WILLIAM
146220



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Authenticated by Joseph A. Boscia, MD. On 6/07/04 5:08:47 PM

PRINTED BY: FM20261
DATE 11/22/2004

000067

THOMPSON 018217

SPARTANBURG REGIONAL HEALTHCARE SYSTEM
SPARTANBURG, SC 29303

CONSULT

PATIENT NAME: CASEY, WILLIAM
DOB: [REDACTED]/1958
MEDICAL RECORD #: 146220
ACCOUNT NUMBER: 414900306
DATE OF SERVICE:
ATTENDING PHYSICIAN: KOSER, ANDRAS
ROOM:

HISTORY OF PRESENT ILLNESS: This 46-year-old smoking male presented to the hospital for chest pain. An initial chest x-ray on admission showed what appears to be a foreign body in the left mainstem bronchus. I am being asked to comment on this. This patient complains of pain in his chest that is sharp that goes directly straight to his back. There is a history of cough. No history of hemoptysis.

PAST MEDICAL HISTORY: includes hypercholesterolemia. No history of hypertension or diabetes.

SOCIAL HISTORY: He has a 25 pack year smoking history. He works at Michelin.

FAMILY HISTORY: Is noncontributory.

REVIEW OF SYSTEMS: Includes all mentioned in history of present illness. Also, he has chronic back pain, occasional headaches, occasional constipation. All other review of systems are negative.

PHYSICAL EXAMINATION: He appears well in no acute respiratory distress. Blood pressure is 150/90, pulse is 84. Pupils react to light. The oral mucosa is moist without thrush. Neck is supple. Heart is regular. Lungs are clear bilaterally. Abdominal exam reveal no hepatosplenomegaly. Extremities are without clubbing, cyanosis or edema. Skin is intact with no rashes. Joints are not inflamed. Neurologically, cranial nerves II through XII are intact without focality.

Chest x-rays been reviewed in it does show what appears to be an irregular metallic foreign body in the left mainstem bronchus.

IN SUMMARY: 46-year-old gentleman with what appears to be a foreign body in the left mainstem bronchus. He has consented to fiber-optic bronchoscopy which would be the most reasonable next step. Will perform fiber-optic bronchoscopy to see if this foreign body is removable. If it is not removable or granulated in, than rigid bronchoscopy in the operating room

CONSULT
CASEY, WILLIAM
146220

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Page 1 of 2



000134

THOMPSON 018218

will be performed. Risks, benefits, and alternatives were discussed with Mr. Casey and he agrees to proceed with bronchoscopy.

Dictated by: JOSEPH A BOSCIA III, M.D.

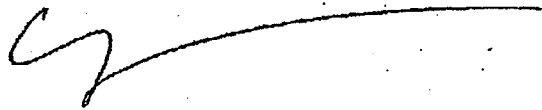
D:05/28/2004 14:26:33

T:06/03/2004 11:25:39/lb

65506/64110

cc: ANDRAS KOSER, M.D., Admitting Physician

2 @ procedure
CSF urinary excretion
D (for chest
rigid bleeding
bronchovascular
arteries



CONSULT
CASEY, WILLIAM
146220

Page 2 of 2

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Note: Document is draft unless signed.
DATE 11/22/2004

000133

THOMPSON 018219



SPARTANBURG
Regional Healthcare System

☐ SRMC ☐ SHRC ☐ BJW

CONSENT FOR
OPERATIONS AND ANESTHETICS / DIAGNOSTIC AND TREATMENT PROCEDURES

Date: 10-3-04 Time: _____ M

Name of Patient: William Casey

1. I authorize and direct Doctor(s) _____
and/or such assistants as may be selected by him/her to perform the following operation(s) upon me: _____

☐ MODERATE SEDATION ADMINISTRATION: I have been informed of the risks, benefits, potential complications and options for moderate sedation and I agree to proceed.

Description of operation in language of laymen: RIGID BPO or CNO

FEELING OF FOREIGN

2. Dr. FEELING has explained to me my condition and the procedures which will be used in the operation(s). No guarantee or assurance has been made as to the results that may be obtained, and he/she has advised me of the risks and consequences, including possible complications of doing this procedure as well as not doing this procedure. He/she has advised me of the other methods and procedures of treating my condition and has answered all my questions concerning these methods.
3. I recognize that during the course of the operation(s) unforeseen conditions may necessitate additional or different operations and procedures than described above. I authorize and request that the above named physician and/or his assistants perform such operations and procedures as are, in his/her professional judgment, necessary and desirable.
4. I consent to the administration of such anesthetics as may be considered advisable by the physician responsible for this service with the exception of: _____
State exception if desired: _____
The physician responsible will discuss all risks, benefits, complications and alternatives prior to the above procedure.
5. I consent to the disposition by hospital authorities of any tissues which may be removed during the course of the operations and procedures.
6. I DO, DO NOT consent to the taking of photographs of myself by hospital authorities for the purpose of medical study or research only, before, during or after the operations and procedures. (Please circle one)
7. I DO, DO NOT consent to the presence of medical observers before, during or after the operations and procedures. (Please circle one)
8. I, THE UNDERSIGNED, HAVE READ AND FULLY UNDERSTAND THIS CONSENT FORM AND IT HAS BEEN EXPLAINED TO ME, TO MY SATISFACTION.

Witness: FEELING S. FELDER, RN

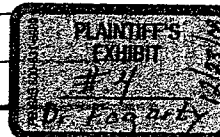
Patient: William M Casey

Physician Obtaining Consent

Person Authorized to Sign for Patient

Second Physician Obtaining Consent When Patient Incompetent

Relationship



FOR OPERATIONS INVOLVING STERILIZATION COMPLETE BELOW

I understand that as a result of the procedures described above, I may become permanently sterile. I know that the word "sterile" means that I may never be able to conceive or bear children, but no guarantee has been made as to the result.

Physician Obtaining Consent

Patient

Spouse: _____

Spouse: _____

Consent on
Reverse Side of Page

PRINTED BY: FEELING
DATE: 11/22/2004

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CASEY, WILLIAM
ADM FELDMAN, GREGORY
REP FELDMAN, GREGORY

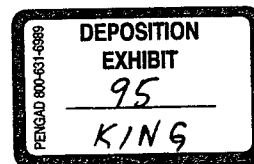


000132

1056 (REV. 02-03) Page

THOMPSON 018220

Lung and Chest



KING 002090

**Casey v. Feldman
26-0266
Lung & Chest Medical Summary**

Medical Records from Lung and Chest Medical Associates received in answer to subpoena.

**DOB: [REDACTED]/58
DOI: May 28, 2004**

KING 002091

Page	Date	Provider	Summary
Lung & Chest 1-2	7/14/04	Lung & Chest Medical Associates	Referring Physician: Self-referred. Hx: Mr. Casey is a 45 y/o male who presents for evaluation of chest difficulties that began in May of this year when he presented to the emergency room at Spartanburg Regional Medical Center with a complaint of chest pain. A PA chest X-ray taken at that time suggested the possibility of a foreign body. He works for Michelin Tire Company. He underwent a bronchoscopy, which was felt to be abnormal but no foreign body was identified. A subsequent CT scan done the same day did not confirm any abnormality. However it does mention that there is left anterior descending coronary calcifications. In 2000 he had a stress test and catheterization which was normal. Following this underwent a rigid bronchoscopy in attempt to identify foreign body and remove it. During that procedure he had a perforation of the bronchial wall by a laser which resulted in pneumomediastinum and respiratory distress. He required intubation and heavy sedation and was able to be extubated the following day. Since that time he notes fatigue during the day. He continues to have dyspnea and chest pain with exertion. He has become very anxious. His sister accompanying him for the interview notes that he seems to have experienced a change in his ability to tolerate stress and appears much more anxious and restless than she has known him to be in the past. He is a previous smoker for about 12 years but has not smoked in the past three weeks. He does snore but feels he sleeps well. He denies any hemoptysis, chronic cough or weight loss. He still has the chest pain. <u>PAST MEDICAL HISTORY:</u> Previous hemorrhoid surgery in 1994 and a hospitalization for evaluation of chest pain

KING 002092

Page	Date	Provider	Summary
Lung & Chest 1-2	7/14/04	Lung & Chest Medical Associates	<u>SOCIAL HISTORY:</u> He is divorced. He completed on year of college. He drinks occasional alcohol. He likes to play golf. He has been unable to play since his injury. <u>REVIEW OF SYSTEMS:</u> Shows some arthritis which he manages with the Bextra. He has an elevated cholesterol for which he is on the Lipitor. He had an episode of rectal bleeding 10 years ago. He notes that he gets up three to four times during the night for micturition. He has disk problems and arthritis in his lower back... <u>LABORATORY DATA:</u> Pulmonary function studies show normal vital capacity and flow rates with a vital capacity of 4.7 liters, which is 99% of predicted and forced expiratory volume that is 98% of predicted. There was no change with bronchodilator. Flow volume loop showed no evidence of upper airway obstruction. Maximum voluntary ventilation was reduced at about 70 to 77% of predicted. <u>IMPRESSION:</u> 1. His pulmonary function is normal and chest X-ray does not show any evidence of sequelae of his bronchial perforation. The patient did not bring a recent follow up film. Pulmonary function studies are normal. I do not find any evidence for airway obstruction that would account for his problems. But I wonder if he suffers from a posttraumatic stress disorder related to his injury and intensive care unit experience. I would like to refer him to a psychologist for further evaluation. On his return we will get a follow up chest X-ray and a diffusion capacity and in view of his CT scan suggesting left anterior descending coronary artery calcification I believe a repeat stress test might be in order. - Wilson P. Smith, Jr., MD

KING 002093

Page	Date	Provider	Summary
Lung & Chest 17	7/22/04	Lung & Chest Dr. Wilson Smith	Telephone Call From Mr. Casey: "Pt. started trying to do some things this morning "to build stamina" and started having some chest pain after about 1 hr., 15 minutes. Pt. talked for several minutes re: his inability to tolerate increased activity - not eve lifting heavy objects - pt. says with his chronic back pain and now pain I upper body. He's just upset - afraid he's going to do some damage to the injured lung." Refer to pulmonary rehab.
Lung and Chest 20	7/29/04	Lung & Chest Dr. Wilson Smith	Office Note: Mr. Casey returns for a follow up visit today. He is trying to resume activities. He has developed chest pain with exertion and so in view of the finding of coronary artery calcification on his CT scan and his exertional chest pain we will refer him for a Cardiolute stress test and consideration of pulmonary rehabilitation. EKG today is within normal limits and shows no acute changes.
Lung & Chest 21	7/29/04	Lung & Chest Dr. Wilson Smith	X-ray: PA & lateral of chest. Chest X-ray shows normal heart size and clear lung fields. IMPRESSION: Normal chest.
Lung & Chest 29	8/3/04	Lung & Chest Dr. Wilson Smith	Telephone Call From Mark Casey: Re: when is his appointment with Dr. Grace?
Lung & Chest 31	8/12/04	Lung & Chest Dr. Wilson Smith	+Present illness: Still gets tired with exertion...Dx: Chest pain; Plan: Neg stress.
Lung & Chest 35	11/10/04	Lung & Chest Dr. Wilson Smith	4-5 cigs/day; Chest pain only with exertion; no dyspnea; when in yard working or walking up steps and _____ is _____. Dr. Grace does not feel ready to work; does not want to go..._____; Dx: Post traumatic stress; costrochondritis as cause of chest pain;...
Lung & Chest 36	2/15/05	Lung & Chest	SC Voc Rehab request for information;

KING 002094

Page	Date	Provider	Summary
Lung & Chest 37-42	7/19/05	Lung & Chest Dr. Wilson Smith	Doesn't want to see Feldman; vomiting x 1 week; chest sore - tight; vomiting; dry heaves now; saw Dr. Fogarty with _____ several years ago - sister _____; pt. no longer smoking ...Dx: Nausea/vomiting; ? _____unreadable.

KING 002095

Page	Date	Provider	Summary
Lung & Chest 43-45	7/21/05	Lung & Chest Dr. Wilson Smith	Office note: <u>CHIEF COMPLAINT</u>: William Casey return for follow up on his 7/19 visit. At that time he was having dry heaves and nausea and this was felt possibly to be an interaction between the Strattera and the Cymbalta and he was advised to discontinue these. Since then he is better. He continues to have chest pain, a squeezing sensation, which can be present without exercise, although it is exacerbated by exercise. we should note that it was this symptom that led him to go to the emergency room May 2004. Although the presenting complaint was chest pain, a chest film showed a metallic fragment. This was interpreted as being in the chest by the treating physician and the patient was referred for pulmonary consult and underwent rigid bronchoscopy within hours of his presentation. The bronchoscopy did not show a foreign body, but rather an area of erythema, and he was scheduled for laser bronchoscopy the following week. The laser bronchoscopy was performed, with the patient under lengthy anesthesia for 1 hour and 50 minutes, and was complicated by pneumomediastinum. Since the procedure the patient has ultimately recovered from his pneumomediastinum, bilateral pneumothoraces requiring chest tubes, intubation and mechanical ventilation. However, he has been unable to work and is now depressed over his long-term outlook... <u>Social History</u>: He has been out of work now for a year and probably will be out of health insurance and a job, since he has been unable to hold gainful employment in the interim in large part because of his difficulties with concentrating and staying focused. The issue of his chest pain still remains unresolved. Cardiac evaluation

KING 002096

Page	Date	Provider	Summary
Lung & Chest 43-45	7/21/05	Lung &Chest Dr. Wilson Smith	CONTINUED: <u>Laboratory Data:</u> The vital capacity is 4.65 or 98% of predicted. The forced expiratory volume is 3.76 or 97% of predicted. Today's cardiogram is normal range. Interestingly the cardiogram while he was in the hospital with his chest pain in May of last year showed nonspecific ST T-changes. <u>IMPRESSION:</u> 1. Chest pain, probably chest wall. 2. Nausea and vomiting, improved. 3. Persistent difficulty concentrating staying focused. 4. Status post laser bronchoscopy complicated by pneumomediastinum and pneumothoraces. <u>Comment:</u> With reference to the patient's GI symptoms they do seem improved since discontinuing with Strattera and this really did not heap with his staying focused anyway. However, he may still have some underlying pathology such as cholelithiasis or peptic ulcer disease and ultrasoudn of the gallbladder appears warranted. If symptoms persist we may consider an upper GI. With reference to the patient's squeezing pain, he does have risk factors for coronary artery disease in termso this hyperlipidemia, family history, previous smoking and incidentally noted coronary calcification on SRMC CT. A formal coronary calcium score may be indicated and if elevated may be an indication to proceed with more vigorous cardiac workup. However, the chronicity increases the likelihood his chest pain is benign. With reference to the patient's difficulty concentrating, air emboli have been reported as a common complication when there is laser perforation of the endotracheal tree with resultant leakage of air into extra pleural, vascular and mediastinal spaces. Although he is fortunate not to have any gross motor deficit, he may well have a permanent

KING 002097

Page	Date	Provider	Summary
Lung & Chest 43-47	7/21/05	Lung &Chest Dr. Charles Fogarty	CONTINUED: the patient may simply need to recognize that although he would like to go back to work, he may be chronically disabled by his neurologic impairment/permanent brain damage. <u>Plan:</u> We will check back with the patient via phone with reference to his coronary calcium score and his gallbladder ultrasound. Further evaluation will proceed pending the results of above. Separately, we will review the patient's chart for him since he has many questions about the hospital admission for his chest pain, and try to put into lay language a summary of what happened during the hospital admission. He is to check back with Dr. Grace regarding the persistence of his neurological impairment.

KING 002098

Page	Date	Provider	Summary
Lung & Chest 48 - 50	7/28/05	Lung & Chest	SRMC US Gallbladder Report: Hx: Epigastric pain with nausea. Findings: Gallbladder is fluid filled. No stones are seen. Common duct is 5 mm which is normal. Pancreas and liver are unremarkable. Conclusion: Negative sonogram of the gallbladder. SRMC Double-contrast upper GI: Indication: Several week hx of nausea and vomiting. Findings: Under fluoroscopy the patient shows normal swallowing and esophageal motility. The esophagus distends normally. Note is made only of a single small distal esophageal mucosal cleft or diverticulum, this is only a few millimeteres in size. With valsalva no hiatal hernia is seen. During assessment of the stomach several episodes of mild reflux into the distal esophagus were seen. The stomach distends normally with no abnormal mass or impression and no mucosal irregularity. The duodenal bulb is somewhat irregular, I do not see a discrete ulcer but this could be deformed from peptic ulcer disease. Contrast does freely progress through this into the duodenum. In the third portion fo the duodenum there are 2 diverticula adjacent to one another. One is relatively prominent in size, equal to that of the duodenal bulb. No retrained material is seen within these and contrast freely progresses through this to the proximal small bowel. Impression: Small mucosal cleft or diverticulum noted in the distal esophagus. This is probably a normal variant although could represent focal change of mild esophagitis. A few episodes a very mild GE reflux were seen during this study. portion of the duodenum, one

KING 002099

Page	Date	Provider	Summary
Lung & Chest 48-50	7/28/05	Lung & Chest	CONTINUED: 2. Duodenal bulb somewhat deformed although no discrete ulcers seen. This could be change from peptic ulcer disease but there is no evidence of stricturing, contrast freely progresses into the proximal small bowel on this study. 3. 2 duodenal diverticula in the third portion of the duodenum, one of these is a giant diverticulum equal in size to the duodenal bulb. They otherwise appear unremarkable on this exam and are not likely of clinical significance.
Lung & Chest 52-53	8/4/05	Lung & Chest Dr. Charles Fogarty	Office Note: <u>Chief Complaint:</u> William Casey returns for follow up on his previous visit. Since we saw him he has had coronary calcium score and upper abdominal ultrasound. <u>Current Conditions:</u> 1. Chest pain. 2. Nausea and vomiting. 3. Persistent difficulty concentrating staying focused status post pneumomediastinum/pneumothorax complicating laser therapy in attempt for laser therapy for metallic artifact, which ultimately proved to outside of chest... <u>Neurological:</u> The patient had some readily apparent difficulty staying focused with answers to questions and had difficulties repeating numbers backward on a simple cognitive screen... <u>Impression/Discussion/Plan:</u> The patient has been instructed in optimal use of aerosol therapy. The patient was instructed on diet with attention at maintaining muscle mass and achieving an ideal body weight. The patient is instructed in exercise to promote mucous clearance, maintain balance and muscle mass. The patient was given our cell phone number to call any time any interval problems develop before the next visit. The patient is to continue his current regimen. He will check back with us this fall.

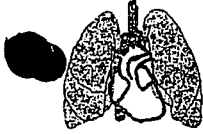
KING 002100

Page	Date	Provider	Summary
Lung & Chest 58-61	2/16/06	Lung & Chest Dr. Charles Fogarty	Office Note: <u>Chief Complaint:</u> William Casey continues to have difficulty concentrating/multitasking. He has not had any further problems with nausea and vomiting since cutting back on his medication. He is followed by Dr. Gonda who increased the Lipitor to 20 mg daily and added Tricor. He continues to need 203 Lortab a day for his pain which at this point appears to be chest wall in etiology. <u>Current Conditions:</u> 1. Difficulty with multitasking, concentrating, status post pneumomediastinum/pneumothorax. 2. Chest wall pain. 3. Hyperlipidemia.... <u>Social Hx:</u> The patient has been unable to work since his laser surgery and is applying for disability...Neurological: Difficulty staying focused and concentrating on our conversation evident. <u>Laboratory Data:</u> The vital capacity is 4.17, 88% of predicted. FEV¹ 3.46, 90% of predicted. <u>Impression/Discussion/Plan:</u> The patient's lung function remains stable. His dilemma is that mentally he is not up to snuff as far as returning to his old job or returning the skills for a new equivalent job. He is now approaching two years out and it appears likely he has achieved his maximum improvement, i.e. it is unlikely as time goes forward that he will have improvement in his ability to concentrate and recall/perform make "executive type decisions"/thinking. The patient's lung function is in a range where he probably does not need to use the Combivent although he still has it on hand. He was encouraged to continue to try to exercise to maintain muscle mass, balance and coordination. He was instructed in diet with attention to his cholesterol and salt intake. He will check back the end of this summer/fall as needed.

KING 002101

Page	Date	Provider	Summary
Lung & Chest 63-67	7/7/06	Lung & Chest	...Dx: Neurocognitive impairment; chest wall pain..

KING 002102



Lung and Chest Medical Associates

Charles M. Fogarty, M.D.
J. Douglas Clark, M.D.
Rico V. I. Mendoza, M.D.
J.P. Elm, F.N.P.

Fax: (864) 585 - 2102

Wilson P. Smith, Jr., M.D.
E. Bert Knight, III, M.D.
Mary Lou Applebaum, M.D.
Beth V. Edwards, PA-C
Cindy Edwards, F.N.P.

Fax: (864) 582-3750

WILLIAM CASEY
77168
07-14-04

dob: [REDACTED] /58
SS#: [REDACTED]

HISTORY AND PHYSICAL

REFERRING PHYSICIAN: Self-referred.

History Mr. Casey is a 45-year-old male who presents for evaluation of chest difficulties that began in May of this year when he presented to the emergency room at Spartanburg Regional Medical Center with a complaint of chest pain. A PA chest x-ray taken at that time suggested the possibility of a foreign body. He works for Michelin Tire Company. He underwent a bronchoscopy, which was felt to be abnormal but no foreign body was identified. A subsequent CT scan done the same day did not confirm any abnormality. However it does mention that there is left anterior descending coronary artery calcifications. In 2000 he had a stress test and catheterization which was normal. Following this underwent a rigid bronchoscopy in attempt to identify foreign body and remove it. During that procedure he had a perforation of the bronchial wall by a laser which resulted in pneumomediastinum and respiratory distress. He required intubation and heavy sedation and was able to be extubated the following day. Since that time he notes fatigue during the day. He continues to have dyspnea and chest pain with exertion. He has become very anxious. His sister accompanying him for the interview notes that he seems to have experienced a change in his ability to tolerate stress and appears much more anxious and restless than she has known him to be in the past. He is a previous smoker for about 12 years but has not smoked in the past three weeks. He does snore but feels he sleeps well. He denies any hemoptysis, chronic cough or weight loss. He still has the chest pain.

Past Medical History Previous hemorrhoid surgery in 1994 and a hospitalization for evaluation of chest pain in 2000 for which he underwent cardiac catheterization.

Current Medications

1. Lipitor 20 mgs a day.
2. Bextra 20 mgs daily.
3. Tramadol 50 mgs two tablets four times a day for pain.
4. Advair twice daily.
5. Combivent four times a day.

Allergies: No known drug allergies.

Family History His father died of a heart attack. He has a sibling who died of cancer.

Social History He is divorced. He completed one year of college. He drinks occasional alcohol. He likes to play golf. He has been unable to play since his injury.
(Continued to next page)

2030 North Church Place, Spartanburg, South Carolina 29303 (864) 582-6858

Pulmonary Medicine

Critical Care

Bronchoscopy

Asthma Therapy

Lung & Chest-1

KING 002103

WILLIAM CASEY

77168

07-14-04

Page Two

dob: [REDACTED]/58

SS#: [REDACTED]

Review of Systems Shows some arthritis which he manages with the Bextra. He has an elevated cholesterol for which he is on the Lipitor. He had an episode of rectal bleeding 10 years ago. He notes that he gets up three to four times during the night for micturition. He has disk problems and arthritis in his lower back.

Physical Examination

General: Middle-aged white male.

Vital Signs: BP 136/87, HR 100, Wt. 171, and SaO₂ is 95% on room air.

HEENT: Unremarkable. There is no jugular venous distention, cervical or supraclavicular adenopathy. The throat is clear.

Chest: Clear to auscultation.

Cardiac: Regular rate and rhythm without murmur or gallop.

Abdomen: Soft and nontender.

Extremities: No clubbing, cyanosis or edema.

Neurological: Motor strength appears 5/5 in all extremities. Cranial II through XII nerves are intact.

Laboratory Data

Pulmonary function studies show normal vital capacity and flow rates with a vital capacity of 4.7 liters, which is 99% of predicted and forced expiratory volume that is 98% of predicted. There was no change with bronchodilator. Flow volume loop showed no evidence of upper airway obstruction. Maximum voluntary ventilation was reduced at about 70 to 77% of predicted.

Impression

1. His pulmonary function is normal and chest x-ray does not show any evidence of sequelae of his bronchial perforation. The patient brought his outside films and he did not bring a recent follow up film. Pulmonary function studies are normal. I do not find any evidence for airway obstruction that would account for his problems. But I wonder if he suffers from a posttraumatic stress disorder related to his injury and intensive care unit experience. I would like to refer him to a psychologist for further evaluation. On his return we will get a follow up chest x-ray and a diffusion capacity and in view of his CT scan suggesting left anterior descending coronary artery calcification I believe a repeat stress test might be in order.

WPS

Wilson P. Smith Jr., MD
WPSjr/ns

cc: Dr. Joseph Grace

Lung & Chest-2

KING 002104

1975

NAME ALERT

NG & CHEST MEDICAL ASSOCIATION

#77108

PATIENT NAME William Casey

DATE 7/14/08

PHYSICAL EXAM:

TEMP _____ BP 136/87 Pulse 103 RESP _____ HT _____ WT 171 O₂SAT OXIMETER 95 %

HEENT:	<u>E</u>
SKIN:	
NECK:	
LUNGS:	<u>clear</u>
HEART:	<u>M/SO</u>
BREASTS:	
ABDOMEN:	<u>soft</u>
EXTREMITIES:	<u>E</u>
NEUROLOGICAL	<u>Motors 5/5</u>

LAB DATA:

X-RAYS: DATE _____ PFT'S: DATE _____ ABG'S: DATE _____

VALUE _____ VALUE _____

OTHER LABS: _____

IMPRESSION/DIAGNOSIS:

1.	<u>Hypertension</u>
2.	<u>Post traumatic stress</u>
3.	<u>Disorder</u>
4.	<u>Coronary artery disease</u>
5.	

PLAN:

1.	<u>Refer to Psychiatrist</u>
2.	<u>stress test</u>
3.	
4.	
5.	

NEWPT EXAM 8/19/97

DOCTOR WVZ

Lung & Chest-3

KING 002105

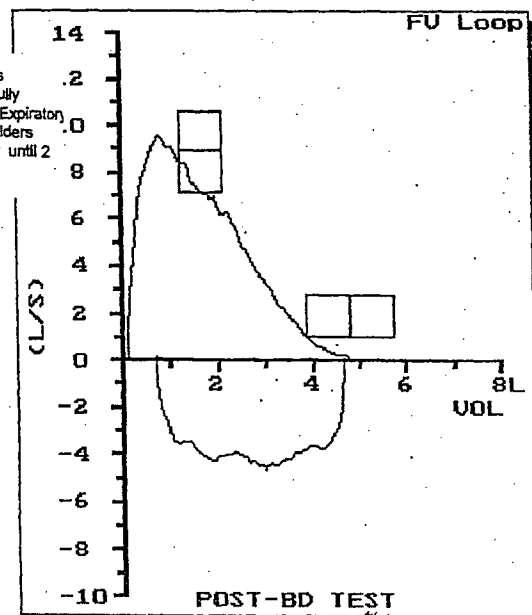
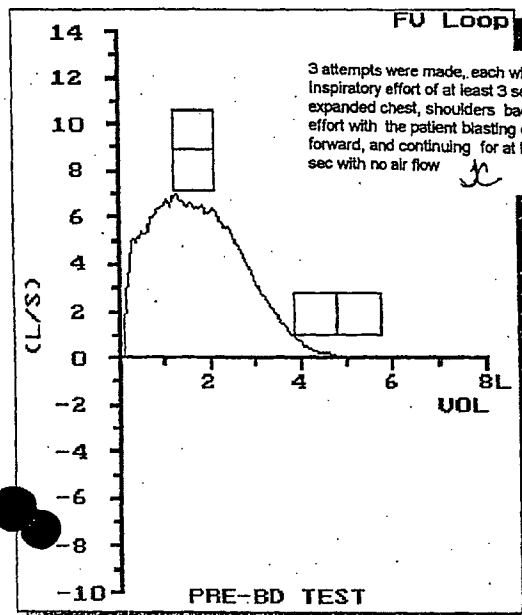
Lung and Chest Medical Associates
Multi Spiro B

I 7168 Casey, William
Ethnic: CAUCASIAN Height: 68.0 in. Sex: MALE Age: 45 Weight: 171.0 lb

COMMENTS:
PRE-BD COMMENTS:

LAST CALIBRATED: Wed Jul 14, 2004 7:53:26 am

Type	Test Date and Time		Exp.Time		Normals	Test#	
Pre-BD:	Wed Jul 14,2004 10:33:01 am		7.7 secs		KNUDSON/IMTS	1	
Post-BD:	Wed Jul 14,2004 10:45:34 am		6.0 secs		KNUDSON/IMTS	5	
INTERPRETATION Pre: NORMAL			Post: NORMAL				
Dilator: albuterol			Modifier: Not Clearly Improved				
Expire	Pre-Medication		Post-Medication		Pre-Post Change		Pred
	Actual	% Pred	Actual	% Pred	Actual	% Chg	Value
FVC	4.72 L	99.31%	4.74 L	99.79%	0.02 L	0.48%	4.75 L
FEV 0.5	2.93 L	95.93%	3.08 L	100.90%	0.15 L	5.18%	3.05 L
FEV 1.0	3.78 L	97.77%	3.85 L	99.59%	0.07 L	1.87%	3.87 L
FEV 3.0	4.41 L	97.71%	4.48 L	99.40%	0.08 L	1.73%	4.51 L
FEV0.5/FVC	62.08%	96.60%	64.98%	101.11%	2.90%	0.99%	64.27%
FEV1.0/FVC	80.11%	98.44%	81.22%	99.80%	1.11%	0.29%	81.38%
FEV3.0/FVC	93.40%	98.39%	94.57%	99.61%	1.16%	0.26%	94.94%
PEF	6.88 L/S	79.33%	9.46 L/S	109.14%	2.58 L/S	37.57%	8.67 L/S
FEF 25-75%	3.86 L/S	97.89%	3.92 L/S	99.41%	0.06 L/S	1.55%	3.95 L/S
FEF 75-85%	0.83 L/S	78.50%	0.90 L/S	84.56%	0.06 L/S	7.71%	1.06 L/S
FEF 25	6.88 L/S	86.29%	8.26 L/S	103.61%	1.38 L/S	20.08%	7.97 L/S
FEF 50	5.40 L/S	116.87%	5.31 L/S	114.90%	-0.09 L/S	-1.69%	4.62 L/S
FEF 75	1.37 L/S	74.79%	1.51 L/S	82.30%	0.14 L/S	10.03%	1.83 L/S
FEF 1.2-1.2	5.82 L/S	79.61%	8.48 L/S	116.03%	2.66 L/S	45.75%	7.31 L/S



Lung & Chest-4

KING 002106

Lung and Chest Medical Associates
Multi Spiro B

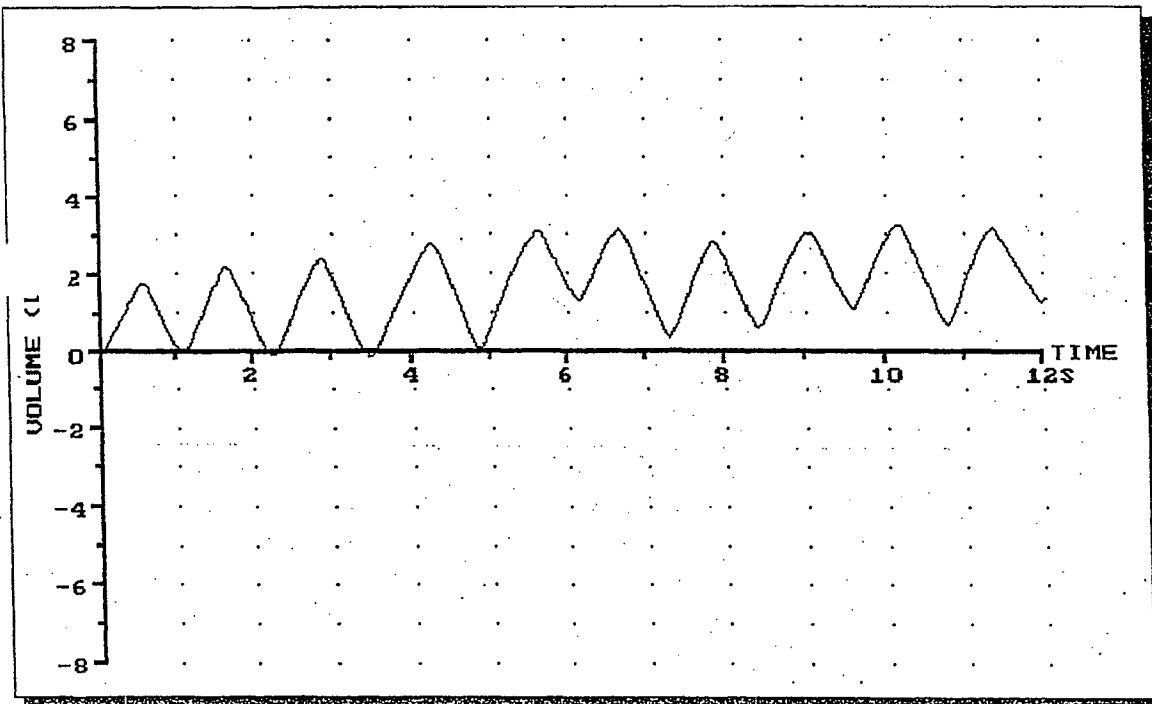
77168 Casey, William
Race: CAUCASIAN Height: 68.0 in. Sex: MALE Weight: 171.0 lb
Age: 45 Maximal Voluntary Ventilation Wed Jul 14, 2004

Page 1

TYPE	Test Date and Time	Exp. Time	Normals
Current:	Wed Jul 14, 2004 10:34:08 am	12.0 secs	KNUDSON/IMTS

Result	Rate	Total
Breaths	48.25 B/M	9.65 Breaths
MVV	117.79 L/M	4.74 L

Predicted MVV = 153.34 L/M
Percent of Predicted = 76.8 %



Lung & Chest-5

KING 002107

Lung and Chest Medical Associates
Multi Spiro B

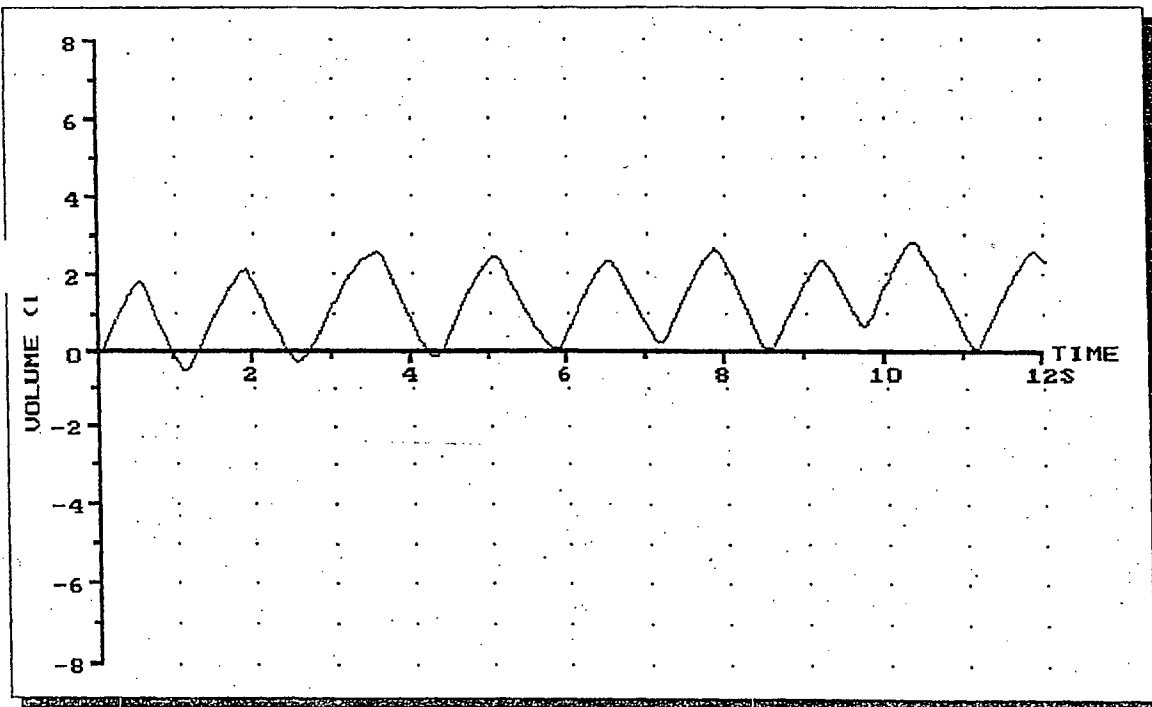
77168 Casey, William
c: CAUCASIAN Height: 68.0 in. Sex: MALE Weight: 171.0 lb
Age: 45 Maximal Voluntary Ventilation Wed Jul 14, 2004

Page 1

TYPE	Test Date and Time	Exp. Time	Normals
Current:	Wed Jul 14, 2004 10:46:34 am	12.0 secs	KNUDSON/IMTS

Result	Rate	Total
Breaths	41.53 B/M	8.31 Breaths
MVV	107.47 L/M	4.91 L

Predicted MVV = 153.34 L/M
Percent of Predicted = 70.1 %



Lung & Chest-6

KING 002108

Lung and Chest Medical Associates
MEDICAL HISTORY INFORMATION SHEET

CHART# 77168

DATE: July 14, 2004

Patient's Name William Mark Casey

Age 45 Sex m

How did you hear about us? _____

Who referred you to our office? _____

Who is your family doctor? Dr. Frank Gonda

I. Present Illness

1. What Health Problem has brought you to our office? not happy with current care provided - post operations for chest pain
2. How long have you had this problem? month Minibus accident
3. Does anything you do make the problem better or worse? exertion Sleguall
4. Have you lost weight recently? NO How much? _____ Were you trying to lose? _____

II. Medicines and Inhalers (MD See Blue Sheet)

1. Patient, bring all your medicines with you when you come to our office (include any inhalers and over-the-counter medicines)

2. Are you ALLERGIC to any medications or food? NO Please list: Fatigue
Michelle
swim shirt
very physical job

3. Check the space and enter date last received: PPD _____ Date _____, Tetnus _____ Date _____
Pneumonia vaccine _____ Date _____, Flu vaccine _____ Date _____
annual hygi

III. Lung History

1. Are you a smoker? NO How many packs per day? _____ How many years _____
2. If you have quit smoking, how many years did you smoke? 12 How many packs per day? _____
How long ago did you quit? 3 weeks
3. Do you have a chronic cough? NO How long? _____ Do you cough anything up? _____
If so what color? _____
4. Have you ever coughed up blood? NO
5. Do you get short of breath if you walk or climb steps? NO
6. Are you short of breath while you are resting? NO
7. Do you ever notice yourself wheezing? _____ What seems to make the wheezing worse? _____
2000 had a
stress test &
called NRE
8. Do you wake up tired? yes
9. Do you snore? yes
10. Do you have night sweats? some Fevers? _____
11. When was your last chest x-ray? June Where? Dr. Feldman
12. Potential Exposures:
 - a. Does anyone else in your home smoke? NO
 - b. Have you ever had a skin test for TB (tuberculosis)? NO When? _____
 - c. What were the results of the skin test, if you know? _____
 - d. Have you ever been exposed to TB? _____ When? _____

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KING 002109

- e. If you have been exposed to TB, have you had a skin test since then? _____
- f. Do you have indoor pets? _____ What kind? _____
- g. Have you been, or are you exposed to dust or fumes? _____ What kinds? _____
- h. Have you traveled out of the upstate area? _____

IV. Work History

1. What type of work do you do? production - 8 + 12 hr shifts (swing)
2. Have you done other types of work? yes Please list: paint shop - restaurant
3. Have you ever served in the military? no Where? _____

V. Past Medical History (Hospitalizations)

Have you ever been admitted to a hospital for an operation or illness? (Use Back of Page if necessary)

<u>Name of Hospital</u>	<u>When</u>	<u>Reason</u>
<u>May Block</u>	<u>1994?</u>	<u>hemorrhoid surgery</u>
<u>Regional</u>	<u>2000</u>	<u>chest pain</u>

VI. Family History (Use back of page if necessary)

1. Mother's Age? _____ Living? _____ Or died of _____
2. Father's Age? _____ Living? _____ Or died of Heart attack
3. Brother or Sister's Age? 44 Living? _____ Or died of Cancer
4. Brother or Sister's Age? 47 Living? ✓ Or died of _____
5. Brother or Sister's Age? 42 Living? ✓ Or died of _____

VII. Social History

1. Are you married? no Widowed? _____ Single? _____ Divorced? ✓
2. What was the highest grade you finished in school? 1 yr college
3. Do you drink alcoholic beverages (beer, wine, liquor)? yes How much? recreational
4. Have you ever used cocaine, marijuana or other street drugs? no How long has it been since you last used? _____
5. Have you ever received a blood transfusion? _____ When? _____
6. Do you have any hobbies (raising pigeons, woodwork shop, etc)? golf

VIII. Review of Systems

1. Do you wear glasses? yes
2. Do you have trouble hearing? no
3. Do you wear dentures? no
4. Do you have chest pain if you are just resting? _____ walking? _____ climbing steps? _____
5. What area of your chest hurts? _____
6. Have you ever been treated for heart trouble? _____
7. Have you ever been treated for high blood pressure? no
8. Do you have diabetes? no
9. Do you have a problem with nausea? _____ Vomiting? _____ Diarrhea? _____
Constipation? _____ Heartburn? _____
10. Have you ever vomited bright red blood? no

11. Have you ever had rectal bleeding? yes When? 10 yrs ago
12. Have you ever has a "stomach x-ray"? _____ When? _____
13. Have you ever had a change in your appetite? NO More? _____ Less? _____
14. Have you ever had stomach ulcers? NO
15. Do you have any pain when you urinate? NO
16. Female patients: When was your last menstrual period? _____ Pap smear? _____
Who is your gynecologist? _____
18. Male patients: When was your last prostate exam? Never
Do you have trouble starting your stream when you urinate? NO
How many times do you usually get up at night to urinate? 3 or 4
19. Do you have any numbness or tingling in your arms or legs? NO
20. Do you ever have swelling in your feet or legs? yes - feet sometimes

PLEASE COMPLETE THE FOLLOWING INFORMATION REGARDING PAST OR PRESENT CONDITIONS: Have you ever had or presently have any of the following:

MEDICAL CONDITION	NO	YES	WHEN DID YOU HAVE THIS	WHAT TREATMENT ARE YOU RECEIVING
ATHRITIS		☒	<u>current</u>	<u>Dextra</u>
ASTHMA	☒			
BLADDER INFECTION	☒			
BLOOD CLOTS IN LEGS	☒			
BLOOD CLOTS IN LUNGS	☒			
CANCER	☒			
CATARACTS	☒			
CHOLESTEROL (HIGH)		☒	<u>current</u>	<u>Lipitor</u>
CIRRHOSIS OF LIVER	☒			
COLON PROBLEMS	☒			
EMPHYSEMA	☒			
GLAUCOMA	☒			
HAY FEVER	☒			
HEPATITIS (YELLOW JAUNDICE)	☒			
KIDNEY FAILURE	☒			
KIDNEY STONES	☒			
PHLEBITIS	☒			
PNEUMONIA	☒			
PROSTATE PROBLEMS	☒			
RHEUMATIC FEVER	☒			
SEIZURES	☒			
SHINGLES	☒			
SINUS INFECTION	☒			
SKIN DISEASE	☒			
STROKE	☒			

Is there anything else you feel that the doctor needs to be aware of? (Use back of this page if necessary)

Have disc problems + arthritis in lower back

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KING 002111

Lung and Chest Medical Associates

Authorization of Use and Disclosure of Protected Health Information

(Page 1 of 2)

Appointment Reminders. Lung and Chest Medical Associates, Dr. Charles M. Fogarty, Dr. Wilson P. Smith, Dr. Mary Lou Applebaum, Dr. E. Bert Knight, Dr. J. Douglas Clark and/or Dr. Rico V. I. Mendoza may use your information to remind you about upcoming appointments. Typically, appointment reminders are made by a brief phone call, or non-specific message may be left on your answering machine. We may also use "appointment cards" to remind you about upcoming appointments. If you don't approve of these methods and would like alternative reminder methods (i.e. mail or e-mail) please indicate those methods in the space provided (samples of appointment reminders are available upon request):

How would you like to be contacted regarding appointments, treatment and/or other information pertinent to your healthcare and/or payment for your healthcare provided at Lung and Chest Medical Associates (Check all that apply)

☒ Regular Mail ☒ Home Telephone # 864 486-9131 ☒ Work Telephone # 864 680-5929

☐ Appointment Cards ☐ Email

Other:

If you have an answering machine, may we leave messages regarding appointments, treatment and/or other information pertinent to your healthcare and/or payment for your healthcare provided at Lung and Chest Medical Associates? (Check one)

☒ YES ☐ NO ☐ No Answering Machine Available

If "NO", how else may we contact you regarding this information?

- Are you interested in being made aware of the opportunity to participate in a research study that may apply to your case? ☒ Yes ☐ No
- Do you give your permission for your medical chart to be reviewed for consideration in research studies that apply to your case? ☒ Yes ☐ No
- Do you give your permission for your chart to be reviewed by staff from Spartanburg Pharmaceutical Research, Dr. Charles M. Fogarty, for consideration in research studies that apply to your case? ☒ Yes ☐ No

10/03

Lung & Chest-10

KING 002112

Lung and Chest Medical Associates

Authorization of Use and Disclosure of Protected Health Information

(Page 2 of 2)

Persons Authorized to Receive Information:

Health information Lung and Chest Medical Associates collects or receives about you may be disclosed to the following persons:

680-8648 476-5222
Name of Relatives Carole Lynne Casey (sister) Gregg Casey (brother)
Name of Physicians Dr. Frank Gorda
Name of Pharmacy CVS Other _____

Use and Disclosure of Information:

☒ I authorize the person(s) listed above to receive all health information about appointments, treatment and/or other information pertinent to my healthcare and/or payment for my healthcare provided at Lung and Chest Medical Associates

☐ I do not authorize the following information to be disclosed to any other parties except to me as the patient (Please specify):

Other Uses and Disclosures: Disclosure of your health information or its use for any purpose other than those listed in the "Notice of Privacy Policies and Practices" brochure and / or consent require your specific written authorization. If you change your mind after authorizing a use or disclosure of your information you may submit a written revocation of the authorization. However, your decision to revoke the authorization will not affect or undo any use or disclosure of information that occurred before you notified us of your decision. You have the right to request restrictions on use and disclosure of your health information.

☐ I would like the following restrictions regarding the use and disclosure of my health information:

Expiration Date of Authorization

This authorization is effective through unlimited unless revoked or terminated by the patient or patient's personal representative. You should contact the **PRIVACY OFFICER** or other authorized representative to terminate this authorization.

Potential for Re-disclosure

The person or organization to which health information is sent may repeatedly disclose health information that is identified by this authorization. The privacy of this information may not be protected under the federal privacy regulations.

Signature William Mark Casey Date July 14 2004 Name of Patient (Print or Type) William Mark Casey
Signature of Patient _____ Date _____ Name of Patient (Print or Type) _____

Signature of Patient Representative _____ Date _____ Relationship to Patient _____

10/03

Lung & Chest-11

KING 002113

LUNG AND CHEST MEDICAL ASSOCIATES

Dr. Charles M. Fogarty, Dr. Wilson P. Smith, Jr., Dr. Mary Lou Applebaum, Dr. E. Bert Knight, III, Dr. J. Douglas Clark, Dr. Rico Mendoza

ACKNOWLEDGMENT OF RECEIPT OF
NOTICE OF PRIVACY PRACTICES

I have received a copy of the Notice of Privacy Practices. The Notice describes how my health information may be used or disclosed. I understand that I should read it carefully. I am aware that the Notice may be changed at any time. I may obtain a revised copy of the Notice by calling 864-582-6858, on Lung and Chest's website at lungandchest.com, or by requesting one at the Lung and Chest offices.

July 14, 2004
(Date)

William Mark Casey
(Signature*)
William Mark Casey
(Print or Type Name)

* As the representative of the above individual, I acknowledge receipt of the Notice on his or her behalf.

Carole Lynne Casey
(Signature)

Sister
(Relationship)

July 14, 2004
(Date)

The patient _____ was provided with a Notice and Written Acknowledgment form by _____, who explained that signing the form merely indicates the patient's acknowledgment that he or she received the Notice, but the patient nonetheless refused to sign.

Staff signature

Date

12/11/03

Lung & Chest-12

KING 002114

PATIENT INFORMATION

NAME William MARK Casey CHART # 77168/WPS
 ing Address 240
 Street Address _____
 Date of Birth 1958 Age 45 Sex M Race W Marital Status DIVORCED
 Social security # _____ Tel. Home(_____ Business (or _____)
 Your Employer/School Michelin Tire Corp Address _____
 E-Mail address: MARKMARKKC@aol.com

Spouse's/Parent's Name _____ Spouse's/Parent's Employer _____
 Are you, the patient, covered by spouse's/ parent's insurance? _____ Spouse's/Parent's Date of Birth _____
 If yes, spouse's/parent's Social Security # _____

Family Physician Dr FRANK GONDE
 Referring Physician (if different) _____
 Emergency Contact CAROL LYNN CASEY



WILLIAM M CASEY
 ID: MIH251022977 ROUTINE \$20
 OV 20/35

In South Carolina 1-800-327-3238 PREADMISSION REVIEW REQUIRED Outside South Carolina 1-800-334-7287

LONG TERM INSURANCE AUTHORIZATION
 I request payment of authorized benefits be made on my behalf to Charles M. Fogarty, MD, PA, Wilson P. Smith, MD, PA, E. Bert Knight, MD, PC, Mary Lou Applebaum, MD, PC, J. Douglas Clark, MD, PC and/or Rico Vicente I. Mendoza, MD, PA for any healthcare services rendered to me by that physician. I authorize any holder of medical information about me to release to Health Care Financing Administration and/or my other insurance companies any information needed to determine benefits payable. I understand I am responsible for any amounts approved but not covered by my insurance.
William Mark Casey
 Patient's Signature)
July 14, 2004
 (Date)

(Relationship) Sister (Phone) 864 630-7428
 Providers: This plan requires predetermination review for all hospital inpatient admissions. Report emergency admissions within 24 hours. Benefits for elective admissions may be reduced unless predetermination review is obtained. See telephone numbers on the front of this card.
 Members and Providers for online service log into My Insurance Manager at www.SouthCarolinaBlues.com.
 Mental Health/Substance Abuse precertification and claims contact
 CopPsych at 1-800-537-5221
 Personnel Service Center (PSC): 1-877-435-7888
 BC/BS SC Customer Service: 1-888-773-3658
 First Advice Nurse Line: 1-888-521-2563 (anytime)
 Members: For information regarding PPO Network Providers, call 1-800-810-2583 (anytime)
 Hospital/Physician: Submit all claims to your local plan following standard procedure
 Employee submitted claims, including dental, should be filed to: BlueCross and BlueShield, Piedmont Service Center, P.O. Box 6000 Greenville, SC 29606-6000
 Plan (or Licensed Controlled Affiliate) provides administrative claims services only and does not assume any financial risk or obligations with respect to claims
 Blue Cross and Blue Shield of South Carolina
 An Independent Licensee of the Blue Cross and Blue Shield Association

SOUTH CAROLINA
 CASEY, WILLIAM MARK
 240 LIGHTWOOD FARM RD
 WOODRUFF SC 293887600
 DL#: _____
 Expires: _____
 Class: D Hgt: 5-08 Wgt: 165
 Sex: M DOB: 11/15/1958
 Issued: 10-15-2003 42079 R 4
 Restrictions: A
 Governor

NEW PATIENT APPOINTMENTS
LUNG AND CHEST MEDICAL ASSOCIATES
2030 NORTH CHURCH PLACE
SPARTANBURG SC 29303

CMF RVM JDC
WPS MLA EBK

DATE July 7, 2004

APPT DATE
<u>7/14</u>
APPT TIME
<u>10</u>

PT NAME William M. Casey
DOB: [REDACTED] 158 SS# 0

REFERRING DOCTOR Self
CONTACT 0 PH#

HOME # 186-9131 WK#

MAILING ADDRESS U 29389

REASON FOR VISIT Chest xray (not cardiac)
Went to ER - Felman, Sean - wants 2opine
FAMILY PHYSICIAN

INSURANCE BCBS REFERRAL Y N

MEDICAL RECORDS
CHEST XRAY OR CT SCANS
COMMENTS:

QUESTIONNAIRE MAILED (A) BY
FO LOGGED BY

Lung & Chest-14

KING 002116

Account : 77168
CASEY, WILLIAM M

RUFF SC 29388
: (864)
Work: (864) 680-5929
Empl: E MICHELIN TIRE CORP

E-Mail :
Soc Sec # :
Patient ID : MARK
Patient ID2:

D.O.B. : 1958 45yr Sex : M
Acct Date : 07/08/04 Status : 72
DOL Visit : 07/14/04 Marital : D
Bill Type : 11 Race : C
Ref Dr : 257 0 SELF REFERRAL
Doctor : 2 WILSON P SMITH, MD, PA
Last Diags : (1) 780.52 (2) 786.05
insomnia, other

Discount : 0 % Class:
Budget Pmt : 0.00 WP ID: wp77168.0
Collection : 0 days Priority : 0

Patient #: 77168.0 GUARANTOR INSURANCE COVERAGE [CASEY, WILLIAM]

Policyholder: WILLIAM M CASEY
Carrier : BCBS BCBS
Plan # : 1455 BCBS PPC
Dates-From: To :

SSN :
Policy # : MIH251022977
Managed Plan

Attn : PPC
Phone :
Fax :
Elig :
Auth :

Deductible : 0.00
Visit Copay : 0.00 [35]
Group : MICHELIN
Insured: WILLIAM M CASEY
User Note : PRI

Plan#	Plan Name	Effective Dates	Assign Note
1455.0	BCBS PPC	-	MY PRI

Lung & Chest-15

KING 002117



MICHELIN

MICHELIN TIRE MANUFACTURING

US-3 Facility Personnel

Post Office Box 5049

Spartanburg, SC 29304

864-599-3157, Office ~~599-3157~~ 599-3157

864-599-3222, Fax ~~599-3222~~ 599-3222

ATTENDING PHYSICIAN'S REPORT
(FOR EXTENDED LEAVES OF ABSENCE)

Date: 7/14/04

Employee's Name: William Casey

Address: Woodruff SC
29388

Date original medical leave of absence: 5/28/04

Expected date of return to work: August 17, 2004

Physical findings (diagnosis):

post traumatic stress disorder after
91. Se physically illness

Treatment and/or recommendation:

Refer to Psychologist for Evaluation

W.D. Lafferty M.D.

Address: 2030 N. Church Place

Spartanburg SC 29303

Telephone: 864-582-685

NOTE: Michelin employees may receive full or 60% pay during Medical Leave of Absence. Verification of information regarding this request for leave, would be greatly appreciated. To assure continuity in the employee's pay, this form must be returned promptly. Your cooperation would be appreciated.

Lung & Chest-16

KING 002118

TELEPHONE CALL BACK - LUNG & CHEST MEDICAL ASSOCIATES

Date: 7/29/04 Call Time: 1:17 am/pm am VM r'cvd time: 1:50 By: KB
 Chart #: 77168 Chart pull time: _____ Chart del. Time: _____ Callback time: _____
 Caller: ☒ PATIENT ☐ PT. FAMILY ☐ PHARMACY ☐ HOME HEALTH ☐ HOSPICE ☐ INS. CO. ☐ DME CO. ☐ SPR

Caller Name: "William" Mark Casey Patient Name: _____ Phone No. _____ Fax No. _____

Pt. of: CMF ☒ WBS ☐ EBK ☐ MLA ☐ JDC ☐ RVM Last Appt. 7/14/04 Next Appt. 7/29/04
 Pt. Address (Proximity to office): _____

#1: **DRUG REFILL** ☐ Yes- patient stable/routine medicine ☐ No - see #2 below

Rx CHARLES M. FOGARTY, MD 08691 • WILSON R. SMITH, MD 10510 • E. BERT KNIGHT III, MD 08397 MARY LOU APPLEBAUM, MD 12969 • J. DOUGLAS CLARK, MD 19596 • RICO VI. MENDOZA, MD 23156 BRENDA SPRINKLE, PA-C A144 • CHARLENE McCRAW, A.C.N.P.-C AC68077 • BETH V. EDWARDS, PA-C A465 2030 North Church Place, Spartanburg, SC 29303 Telephone 582-6858 FAX: Side A 582-3750 FAX: Side B: 585-2102	Pharmacy: _____ Phone #: _____ Fax #: _____ NAME: _____ DOB: _____ DATE: _____ ADDRESS: _____ LABEL DRUG NAME, STRENGTH & QUANTITY ☐ YES ☐ NO <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:5%;">1</th> <th style="width:65%;">Rx</th> <th style="width:15%;">STRENGTH</th> <th style="width:15%;">QUANTITY</th> <th style="width:10%;">REFILL</th> </tr> <tr> <td></td> <td>SIG _____</td> <td></td> <td></td> <td></td> </tr> </table> M.D. _____ Dispense as written _____ DEA: _____ Refer to <u>Dr. Dehul</u> M.D. _____ Substitution Permitted _____ DEA: _____	1	Rx	STRENGTH	QUANTITY	REFILL		SIG _____			
1	Rx	STRENGTH	QUANTITY	REFILL							
	SIG _____										

#2: **PROBLEM** ☐ COUGH ☐ SOB ☐ CHEST PAIN ☐ FEVER ☐ QUESTIONS ABOUT MEDS. ☐ NON-ROUTINE RX

Comment/Response: pt started trying to do some things this morning "to build stamina" and started having some chest pain after ~ 1hr 15 min -

pt talked for several minutes re: his inability to tolerate activity - not even lifting heavy objects - pt says with his chronic back pain and how pain in upper body, he's just upset - afraid he's going to do some damage to the injured lung

Appt. Made 9/1 w/L&C ☐ Call 911 ☐ Go to ER ☐ L&C MD on call notified ☐ Call Family Physician

Instructions accepted?: ☒ yes ☐ no

gf (Staff) W (Doctor) 7/27/04 (Date) 4:58 AM/PM **Lung & Chest-17**

KING 002119

TRANSMISSION VERIFICATION REPORT

TIME : 07/23/2004 15:05
NAME : LUNG&CHEST MEDICAL
FAX : 8645823750
TEL : 8645826858
SER.# : BROJ2N537248

DATE, TIME
FAX NO./NAME
DURATION
PAGE(S)
RESULT
MODE

07/23 15:05
5604245
00:00:28
02
OK
STANDARD
ECM

*ayed to
pul. robot*

Lung & Chest-18

KING 002120



PULMONARY REHABILITATION PROGRAM
PHYSICIAN REFERRAL

This patient is referred to the Spartanburg Regional Healthcare System Pulmonary Rehabilitation Program:

Name: William Mark Casey Referral Date: 7-23-04

Address: Woodruff, SC 29388

Home phone: _____ Work phone: 6 Date of Birth: 1-58

Diagnosis: Shortness of breath + chest pain MRN: _____

Cardiac Clearance: (To be completed by physician prior to beginning pulmonary rehab).

- ☐ Perform cardiopulmonary exercise stress test. Your patient will be scheduled to begin pulmonary rehab after receiving results of the exercise stress test.
- ☐ Do not perform cardiopulmonary exercise stress test. Attach documentation to support cardiac clearance.

Comments: _____

CONSULTS:

Physical Therapy

Reason for referral: Evaluation/Treatment of postural deficits, thoracic mobility deficits, musculoskeletal dysfunction and/or pain, gait deficits.

Evaluation/instruction in: proper body mechanics for ADL's and lifting, postural correction and strengthening techniques, therapeutic exercise, stretching, and osteoporosis education.

Occupational Therapy

Reason for referral: Evaluation of activities of daily living, functional training in self care and home management, training in energy conservation, work simplification, and adaptive techniques for daily living.

Respiratory Therapy

Reason for referral: Evaluation of Home and Exercise Oxygen System Requirements. Evaluation/instruction in: Breathing retraining, Airway Clearance Techniques, Proper use inhaled medications.

Education/Classes:

Anatomy & Physiology of COPD; Pursed Lip/Diaphragmatic breathing techniques; Respiratory medications; Infection control techniques; Effective coughing techniques; Panic control/relaxation techniques; Nutrition assessment.

DURATION/FREQUENCY: 3 Days per week for 6 Weeks

PROGRESS DOCUMENTATION/OUTCOME MEASURES:

- Pre and post program sub-maximal treadmill test, 6 minute walk, Dyspnea Index, Pulmonary Functional Status Scale (PFSS), Tennetti Assessment Tool.
- Monitoring: Pulse oximetry, blood pressure, heart rate, respiratory rate, Borg RPE, Pain scale, weight.
- Discharge summary with report to referring physician

POTENTIAL FOR REHABILITATION? (Please circle): Excellent Good Fair

ATTENDING PHYSICIAN: (print or type): Dr. William Smith

PHYSICIAN'S SIGNATURE William Smith

DATE: 7/23/04

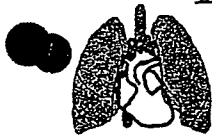
RETURN TO: Jack Robinson, RRT
Jenny Crocker, RRT
299 E. Pearl Street
Spartanburg, SC 29303

PHONE: (864) 560-4250
FAX: (864) 560-4245
email: jrobinson@srhs.com

Lung & Chest-19

101 EAST WOOD STREET • SPARTANBURG, SOUTH CAROLINA 29303 • 864-560-6000 FAX 864-560-6001

KING 002121



Lung and Chest Medical Associates

Charles M. Fogarty, M.D.
J. Douglas Clark, M.D.
Rico V. I. Mendoza, M.D.
J.P. Elm, F.N.P.

Fax: (864) 585 - 2102

Wilson P. Smith, Jr., M.D.
E. Bert Knight, III, M.D.
Mary Lou Applebaum, M.D.
Beth V. Edwards, PA-C
Cindy Edwards, F.N.P.

Fax: (864) 582-3750

WILLIAM CASEY.

7-29-04

77168

OFFICE NOTE

Mr. Casey returns for a follow up visit today. He is trying to resume activities. He has developed chest pain with exertion and so in view of the finding of coronary artery calcification on his CT scan and his exertional chest pain we will refer him for a Cardiolite stress test and consideration of pulmonary rehabilitation. EKG today is within normal limits and shows no acute changes.

WPS

Wilson P. Smith, Jr., M.D.

WPSjr/ns

cc: Dr. Gonda

AS
8-2-04

2030 North Church Place, Spartanburg, South Carolina 29303 (864) 582-6858

Pulmonary Medicine

Critical Care

Bronchoscopy

Asthma Therap

Lung & Chest-20

KING 002122



Lung and Chest Medical Associates

Charles M. Fogarty, M.D.
J. Douglas Clark, M.D.
Rico V. I. Mendoza, M.D.
J.R. Elm, F.N.P.

Fax: (864) 585 - 2102

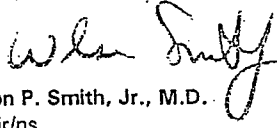
Wilson P. Smith, Jr., M.D.
E. Bert Knight, III, M.D.
Mary Lou Applebaum, M.D.
Beth V. Edwards, PA-C
Cindy Edwards, F.N.P.

Fax: (864) 582-3750

WILLIAM CASEY
77168
07-29-04

X-RAY: PA & lateral of chest. Chest x-ray shows normal heart size and clear lung fields.

IMPRESSION: Normal chest.


Wilson P. Smith, Jr., M.D.
WPSjr/ns

2030 North Church Place, Spartanburg, South Carolina 29303 (864) 582-6858

Pulmonary Medicine

Critical Care

Bronchoscopy

Asthma Therapy

Lung & Chest-21

KING 002123

CMF WPS MLA

EBK JDC RVM Beth

Darla Lab

Lung and Chest Medical Associates

Name: Wm Casey "Mark" Chart#: 77168 Date: 2/29/04Wt 175.4 Ht 5'9" B/P 139/86 H/R 93 RR 21 Temp 98.6 O2Sat 95% FiO2 21

Present Illness + reason for visit: Chest tightness
on exertion

☒ Cough ☒ Sputum ☒ Dyspnea ☒ Wheeze ☒ Edema ☒ Palpitations ☒ Oriented ☒ New Allergies

☒ Smoking ☒ Nausea/vomiting ☒ Diarrhea ☒ Chest Pain ☒ Pain ☒ ETOH ☒ Fever/chills

When was your last DEXA Bone Densometry Testing done? _____

Seeing new doctors? _____ For: _____

Hospitalizations or major life changes since last visit: _____

Meds. Review based on: _____ in bottle _____ on list _____ from memory

PHYSICAL EXAM: WNL/NEG ABN/POS

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

LAB ORDER: Spirometry _____ EKG _____ Sinus _____ CBC _____ Glu _____ PT _____ INR _____ O2Sat Rest _____
Lung Vol _____ DLCO _____ U/A _____ CXR _____ ABG's _____ Bun _____ Cre _____ K+ _____ Theo _____ O2Sat Exercise _____

Office Treatment:

Education: Does pt want to quit smoking? Yes/No Other: He does not smoke. quitMaterials/counseling given: 4 weeks Plan _____

Diagnosis: Chest pain → stress pain
anxiety

☐ Abn CXR (lung fluid), 793.1
☐ Anticoagulant Circulating, 28615
☐ COPD, 496
☐ Cough, 786.2
☐ Dyspnea, 786.09
☐ Fatigue (general), 780.79
☐ Fever, 780.6
☐ ILD, 515
☐ Monitoring (drug name _____), V48.6
☐ Rhinitis, 477.9
☐ Sleep Apnea/Disorders (nec), 780.53

Prescriptions:

Next appt: _____ Weeks _____ Months W/ CMF WPS EBK MLA JDC RVM PA NP Signature WPS Staff AP

Next Visit: Spiro L/V DLCO PA PAL Sinus DEXA BLDWK _____ Other _____

03/26/04

Lung & Chest-22

KING 002124

SPARTANBURG REGIONAL MEDICAL CENTER DEPARTMENT OF LABORATORY MEDICINE
101 E. WOOD STREET, SPARTANBURG, SOUTH CAROLINA 29303-3072/864-560-6212
DRS. DAVIS, LOWRY, WREN, NELSON, RAINBR, LAPHAM, MIMS, CALDWELL & BURKS

CASEY WILLIAM MR#: (0002)00014-62-20 Pin.No.:0421101061 Admitted: 29JUL04
45 YRS MALE DOB: 1/1958 Page: 1
DR. SMITH WILSON P INTERIM Printed: 04AUG04
Location: PRIVATE OUT PT VISIT ANEMIA NOS 0204

+ C H E M I S T R Y +

-----REFERENCE LAB TESTS-----

Procedure:	TIBC *	IRON *	% SATURATION *
Units:	ug/dL	ug/dL	%
29JUL04 1340	434 Hf	87 f	20 f
TIBC.....			Reference Range: 250-400
IRON.....			Reference Range: 40-130

TIBC should be ordered with iron for optimal utility.

% SATURATION.. Reference Range:
15-50

8/11/04
WV

Symbols:

H = High, f = Footnote

* = TIBC, IRON, % SATURATION Performed at QUEST DIAGNOSTIC LAB - 33608 ORTEGA HIGHWAY, SAN JUAN CAPISTRANO, CA. 92690

Patient Name: CASEY WILLIAM Location: PRIVATE OUT PT VISIT END OF CHART.

Send to: WILSON P SMITH MD
LUNG & CHEST
2030 NORTH CHURCH PLACE
SPARTANBURG

SC 293030000

Fax to: 864-582-3750

REVIEWED BY _____ DATE _____
(DO NOT FILE IF NOT COMPLETE)

Lung & Chest-23

KING 002125



MICHELIN TIRE MANUFACTURING
US.3 Facility Personnel
Post Office Box 5049
Spartanburg, SC 29304
864-599-3157, Office
864-599-3222, Fax

ATTENDING PHYSICIAN'S REPORT
(FOR EXTENDED LEAVES OF ABSENCE)

Date: July 29, 2004

Employee's Name: William Mark Casey

Address: _____

Date original medical leave of absence: May 28, 2004

Expected date of return to work: Aug 14, 2004

Physical findings (diagnosis): chest pain w. d. exertion
CT Scan chest show coronary artery
calcification

Treatment and/or recommendation: _____

Stress test
Absence for work until Aug 16, 2004
WJ [Signature] M.D.

Address: _____

Telephone: _____

NOTE: Michelin employees may receive full or 60% pay during Medical Leave of Absence. Verification of information regarding this request for leave would be greatly appreciated. To assure continuity in the employee's pay, this form must be returned promptly. Your cooperation would be appreciated.

LCF/SP/FORMS/DLEXTLV.DOC

Lung & Chest-24

KING 002126

LUNG AND CHEST MEDICAL ASSOCIATES

2030 North Church Place
Spartanburg, South Carolina 29303
Telephone: (864) 582-6858
Fax (864) 542-9043

Charles M. Fogarty MD
E. Bert Knight, III MD
Mary Lou Applebaum, MD

Wilson P. Smith, Jr., MD
J. Douglas Clark, MD
Rico V.I. Mendoza, MD

SCHEDULED PROCEDURES

DATE: 7/29/04
PATIENT NAME: Mark Casey
REFERRING DOCTOR: Wilson Smith
TYPE OF PROCEDURE: Cardiac catheterization
HOSPITAL/AGENCY: Cardiology Consultants 583-8647
DATE OF APPOINTMENT: Mon Aug 2, 2004 10¹⁵
DOCTOR TO DO PROCEDURE _____
TIME TO BE AT HOSPITAL/AGENCY _____ AM/PM
TIME OF PROCEDURE Aug 2 - 10¹⁵ AM/PM
INSTRUCTIONS No meals morning of stem-
nothing to eat or drink past midnight
the night before.
ANY QUESTIONS REGARDING THIS, PLEASE CALL OUR
OFFICE (864) 582-6858.

SIGNED _____

FORMS/SCHEDULED PROCEDURES 4/03

LC-1

Alman Printing Co., Inc.

Lung & Chest-25

KING 002127

CHARLES M. FOGARTY, MD 085917 WILSON P. SMITH, MD 10510 E. BERT KNIGHT III, MD 8397
 MARY LOU APPLEBAUM, MD 12969 J. DOUGLAS CLARK, MD 19596
 BRENDA SPRINKLE, PA-C A144 CHARLES MASON, PA-C A566
 CHARLENE McCRAW, A.C.N.P.-C AC68077
 2030 North Church Place, Spartanburg, SC 29303 Telephone 582-6858

NAME <i>William Cozey</i>		DATE <i>7/29/04</i>		
ADDRESS				
LABEL DRUG NAME, STRENGTH & QUANTITY ☐ YES ☐ NO				
1	Rx <i>Please excuse Mr</i>	STRENGTH	QUANTITY	REFILL
	SIG			
2	Rx <i>Cosy for water</i>	STRENGTH	QUANTITY	REFILL
	SIG			
3	Rx <i>med. for water</i>	STRENGTH	QUANTITY	REFILL
	SIG			
M.D. Dispense as Written		M.D. Substitution Permitted		
DEA		DEA		

LC-105

Alman Printing Co., Inc.

Lung & Chest-26

KING 002128

6670 N. CHURCH, ST

CMF WPS EBK RVH

LUNG AND CHEST MEDICAL

SPARTANBURG, SC, 29303

864:562-6858

Sample ID # 77168

Date: 07-29-04

Patient Name: William Casey

Time: 13:43

DOB: 1/1/ AGE: SEX:

OPR ID: 06

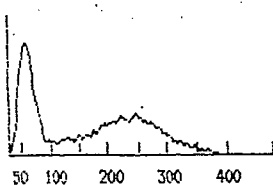
WPS

			Range #1				Range #1				Range #1
WBC	7.8	$\times 10^3/\mu\text{L}$	4.5-11.0	RBC	4.54	$\times 10^6/\mu\text{L}$	3.90-5.10	Pt	473. H	$\times 10^3/\mu\text{L}$	130.-400.
LY%	36.2	%	20.5-51.1	Hgb	14.2	g/dL	12.0-15.6	MPV	5.9 L	fL	7.4-10.4
MD%	4.2	%	1.7-9.3	Hct	43.2	%	36.0-46.0				
GR%	59.6	%	42.2-75.2	MCV	95.2	fL	85.0-98.0				
LY%	2.8	$\times 10^3/\mu\text{L}$	0.7-4.9	MCH	31.2	pg	28.0-33.0				
MD%	0.3	$\times 10^3/\mu\text{L}$	0.1-0.9	MCHC	32.8	g/dL	32.5-36.0				
GR%	4.6	$\times 10^3/\mu\text{L}$	1.5-7.2	RDW	12.2	%	11.5-14.5				

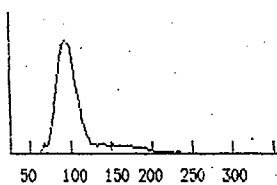
Sample ID # 77168

Analyzed Date & Time: 07-29-04 13:43

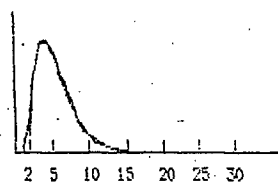
7/30/04
WPS



WBC HISTOGRAM



RBC HISTOGRAM



PLT HISTOGRAM

Sample ID # 77168

Analyzed Date & Time: 07-29-04 13:43

Microscopic Examination

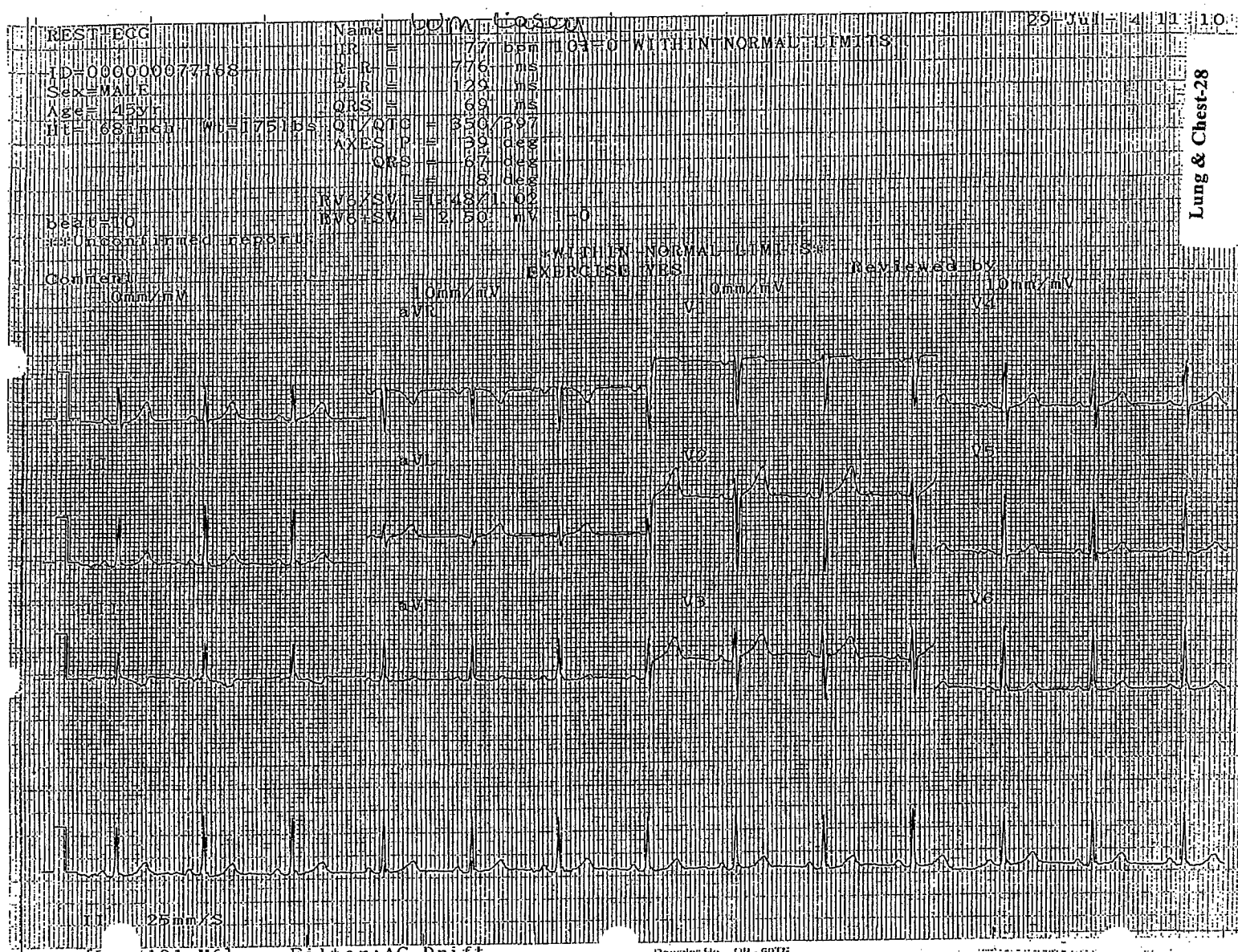
Neutrophil	_____	Metamyelocyte	_____	Anisocytosis	_____	Retics	_____
Band	_____	Myelocyte	_____	Hypochromia	_____	Sedimentation Rate	_____
Lymphocyte	_____	Promyelocyte	_____	Polychromasia	_____		
Monocyte	_____	Blast	_____	Poikilocytosis	_____		
Eosinophil	_____	Atypical Lymphocyte	_____	Macrocytosis	_____		
Basophil	_____	NRBCs	_____	Microcytosis	_____		

Comments:

Requested by: _____
Reviewed by: _____
date: _____

Lung & Chest-27

KING 002129



Lung & Chest-28

KING 002130

TELEPHONE CALL BACK - LUNG & CHEST MEDICAL ASSOCIATES

Date: 8.3.04 Call Time: 2:41 am/pm VM r'cvd time: 3:15 By: KB
 Art #: _____ Chart pull time: _____ Chart del. Time: _____ Callback time: _____
 Caller: ☒ PATIENT ☐ PT. FAMILY ☐ PHARMACY ☐ HOME HEALTH ☐ HOSPICE ☐ INS. CO. ☐ DME CO. ☐ SPR
 Caller Name: William Patient Name: Mark Casey Phone No. _____ Fax No. _____
 Pt. of: CMF WPS EBK MLA JDC RVM Last Appt. 1/1 Next Appt. 1/1
 Pt. Address (Proximity to office): _____

#1: **DRUG REFILL** ☐ Yes- patient stable/routine medicine ☐ No - see #2 below

Rx	Pharmacy: _____	Phone #: _____	Fax #: _____
CHARLES M. FOGARTY, MD 08691 • WILSON R. SMITH, MD 10510 • E. BERT KNIGHT III, MD 08397 MARY LOU APPLEBAUM, MD 12969 • J. DOUGLAS CLARK, MD 19596 • RICO VI. MENDOZA, MD 23156 BRENDA SPRINKLE, PA-C A144 • CHARLENE McCRAW, A.C.N.P.-C AC68077 • BETH V. EDWARDS, PA-C A465 2030 North Church Place, Spartanburg, SC 29303 Telephone 582-6858 FAX: Side A 582-3750 FAX: Side B: 585-2102			
NAME: _____	DOB: <u>58</u>	DATE: _____	
ADDRESS: _____			
LABEL DRUG NAME, STRENGTH & QUANTITY ☐ YES ☐ NO			
1	Rx _____	STRENGTH	QUANTITY
	SIG _____		REFILL
M.D. _____ Dispense as written DEA: _____		M.D. _____ Substitution Permitted DEA: _____	

#2: **PROBLEM** ☐ COUGH ☐ SOB ☐ CHEST PAIN ☐ FEVER ☐ QUESTIONS ABOUT MEDS. ☐ NON-ROUTINE RX

Comment/Response: when is his appt w/ Dr. Grace
Lmam for pt to R/S
KB

Appt. Made 1/1 w/L&C ☐ Call 911 ☐ Go to ER ☐ L&C MD on call notified ☐ Call Family Physician

Instructions accepted? yes ☒ yes ☐ no

(Staff) KB (Doctor) _____ (Date) 1/1 AM/PM
Lung & Chest-29

KING 002131

Office Visit Confirmation Sheet

!!! Please fill out all blanks each time you visit our office.

Patient Name William Mack Casey Today's Date Aug 12 04

Doctor Smith Appt. Time 11:45 Arrival Time 11:40

Reason for visit:(check one) ☐ Having problems ☒ Regular follow-up

Please confirm your personal information for our records:

Address _____

Home phone # _____ Work Phone # 404-127 Other Phone # _____

Emergency contact name: Carole Casey Phone # 6 ?

Type of Insurance: 1. B/C B/S 2. _____ 3. _____

E-mail address: _____

3413

KING 002132

Lung & Chest-30

10-2-18
10-2-18

CMF WPS MLA

EBK JDC RVM Beth

Darla Lab

Lung and Chest Medical Associates

ne: Wm. Casey Chart#: 77168 Date: 8/12/04
 Wt 175 Ht 5'8" B/P 128/80 H/R 82 RR 18 Temp 96.2 O2Sat 96% FiO2 .21
☒ Cough ☒ Smoking Present Illness + reason for visit: Still gets tired
☐ Sputum ☐ Nausea
☒ Dyspnea ☐ Vomiting
☐ Wheeze ☐ Diarrhea
☐ Edema ☐ Chest Pain exertion
☐ Palpitations ☐ Pain back
☒ Oriented ☐ ETOH No further chest pain
☐ New Allergies ☐ Fever/chills

When was your last DEXA Bone Densometry Testing done?

Seeing new doctors? For:

Hospitalizations or major life changes since last visit:

Meds. Review based on: 1600g/hr on list from memory

PHYSICAL EXAM: WNL/NEG ABN/POS

*General Appearance

*Skin Turgor

*ENT

*Mouth

*Sinus

*Neck

*Chest/Lungs: Breath Sounds

Wheezes

Rales

Effort

Symmetry

*Heart: Rhythm

Murmurs

Gallop

Tones

*Abdomen

*Extremities

*Mobility: Gait

Reflexes

Aides

*Mental Status

LAB ORDER: Spirometry EKG Sinus CBC Glu PT INR O2Sat RestLung Vol DLCO U/A CXR ABG's Bun Cre K+ Theo O2Sat Exercise

Office Treatment:

Education: Does pt want to quit smoking? Yes/No Other:

Materials/counseling given:

Diagnosis:

Abn CXR(lung fluid), 793.1

Anticoagulant Circulating, 286.15

COPD, 496

Cough, 786.2

Dyspnea, 786.09

Fatigue(general), 780.79

Fever, 780.6

ILD, 515

Monitoring(drug name), V48.6

Rhinitis, 477.9

Sleep Apnea/Disorders (nec), 780.53

Prescriptions:

Next appt: Weeks Months W/ CMF WPS EBK MLA JDC RVM PA NP Signature: WM Staff gc

Next Visit: Spiro L/V DLCO PA PAL Sinus DEXA BLDWK Other

03/26/04

Lung & Chest-31

KING 002133

366mm
573-6323



Lung and Chest Medical Associates

Charles M. Fogarty, M.D.
J. Douglas Clark, M.D.
Rico V. I. Mendoza, M.D.
J.R. Elm, F.N.P.

Fax: (864) 585 - 2102

Wilson R. Smith, Jr., M.D.
E. Bert Knight, III, M.D.
Mary Lou Applebaum, M.D.
Beth V. Edwards, PA-C
Cindy Edwards, F.N.P.

Fax: (864) 582-3750

Patient Authorization to Release Medical Information

560-6013
6220

I hereby authorize employees, Medical Staff Members or other agents of (name of organization)
Upstate Lung & Chest Medical Associates and Spartanburg Regional
to use or disclose the following information about me:

For the following purposes:

☒ At the request of the undersigned individual
☐ Other (describe)

The health information described above may be used or released to:
Lung & Chest Medical Associates fax to 542-9043

This Authorization expires:

☒ On the following date: 12/31/2009 unless otherwise revoked by the patient, which is their right.
☐ When the following event occurs:
☐ No expiration (permitted only for authorizations used to create or maintain research databases or repositories)

I understand the information disclosed by this authorization may be subject to re-disclosure by the recipient and will no longer be protected by the Health Insurance Portability and Accountability act of 1996. The facility, its employees, officers and physicians are hereby released from any legal responsibility or liability for disclosure of the above information to the extent indicated and authorized herein.

X William Mark Casey X 10-22-2004 X [redacted] - 1958 X [redacted]
Patient Signature Date Date of Birth Social Security Number
William Mark Casey Maria J. Kimbrell
Patient printed name Witness Signature

The above individual is unable to consent because:

☐ Minor
☐ Incompetent
☐ Other (explain):

I therefore consent on behalf of the individual named above.

Signature

Relationship

Witness Signature

Date

Upstate Lung

Spartanburg Regional

H&P, last office notes,
any diagnostics

ER, Admission, Discharge,
Diagnostic Info, Bronch Report,
Cytology

6-4-04 2030 North Church Place, Spartanburg, South Carolina 29303 (864) 582-6858

Pulmonary Medicine

Critical Care

Bronchoscopy

Asthma Therapy

Lung & Chest-32

KING 002134

TRANSMISSION VERIFICATION REPORT

TIME : 10/22/2004 13:32
NAME : LUNG&CHEST MEDICAL
FAX : 8645823750
TEL : 8645826858
SER. # : BROJ2N537248

DATE, TIME
FAX NO./NAME
DURATION
PAGE(S)
RESULT
MODE

10/22 13:32
5736323
00:00:21
01
OK
STANDARD
ECM

*faxed medical record
release to Dr. Feldman's -
re: William Mark Carey*

*Maria
Kinbull*

Lung & Chest-33

KING 002135

HP OfficeJet
Personal Printer/Fax/Copier

Fax Log Report

Oct-29-04 02:56 PM

<u>Identification</u>	<u>Result</u>	<u>Pages</u>	<u>Type</u>	<u>Date</u>	<u>Time</u>	<u>Duration</u>	<u>Diagnostic</u>
srnc med rec	OK	01	Sent	Oct-29	02:56P	00:00:36	0024c2030022

1.3.0 2.8

Jared Medical record
release to SRMC
re: William Mark Cargy
Marie Kinbree CNA
10/29/04

Lung & Chest-34

KING 002136

CMF (WPS) MLA

EBK JDC RVM Beth

Darla Lab

Lung and Chest Medical Associates

Name: Wm. Casey Chart#: 77168 Date: 11/10/04

Wt 180.6 Ht 5'10" B/P 163/97 H/R 92 RR 18 Temp 95 O2Sat 95 FiO2 .21

☒ Cough ☒ Smoking ☒ Present Illness + reason for visit: "4-5 cigs/day"

☒ Sputum ☒ Nausea ☒ Vomiting

☒ Dyspnea ☒ Wheeze ☒ Diarrhea ☒ Chest Pain only on exertion No dyspnea

☒ Edema ☒ Pain when yard working or

☒ Palpitations ☒ ETOH some walking 8 hrs 2 days

☒ Oriented ☒ Fever/chills is delirious

☒ New Allergies

When was your last DEXA Bone Densometry Testing done?

Seeing new doctors? 0 For:Hospitalizations or major life changes since last visit: 0Meds. Review based on: in bottle on list from memory

PHYSICAL EXAM: WNL/NEG ABN/POS

*General Appearance

*Skin Turgor

*ENT

*Mouth

*Sinus

*Neck

*Chest/Lungs: Breath Sounds

Wheezes

Rales

Effort

Symmetry

*Heart: Rhythm

Murmurs

Gallop

Tones

*Abdomen

*Extremities

*Mobility: Gait

Reflexes

Aides

*Mental Status

LAB ORDER: Spirometry EKG Sinus CBC Glu PT INR O2Sat Rest

Lung Vol DLCO U/A CXR ABG's Bun Cre K+ Theo O2Sat Exercise

Office Treatment:

Education: Does pt want to quit smoking? Yes/No Other:

Materials/counseling given:

Diagnosis:

Abn CXR (lung fluid), 793.1

Anticoagulant Circulating, 28815

COPD, 496

Cough, 786.2

Dyspnea, 786.09

Fatigue (general), 780.79

Fever, 780.6

ILD, 515

Monitoring (drug name), V48.6

Rhinitis, 477.9

Sleep Apnea/Disorders (nec), 780.53

Prescriptions:

Next appt: Weeks Months W/ CMF WPS EBK MLA JDC RVM PA NP Signature WPS Staff gfNext Visit: Spiro L/V DLCO PA PAL Sinus DEXA BLDWK WPS Other gf

09/29/04

Lung & Chest-35

KING 002137

SOUTH CAROLINA VOCATIONAL



REHABILITATION DEPARTMENT

Larry C. Bryant, Commissioner

Disability Determination Services - Greenville Regional Office
Post Office Box 3090 - Greenville, SC 29602 - (864) 282-4000 - 1-800-868-1950 - (864) 282-4473 FAX

February 15, 2005

LUNG & CHEST MEDICAL ASSOCS
2030 NORTH CHURCH PLACE
SPARTANBURG SC 29303RE: WILLIAM M CASEY
AKA:
ADD: WOODRUFF SC 29388
SSN: [REDACTED]
DOB: [REDACTED] 3/58

ATTN: MEDICAL RECORDS

Your patient has applied for disability benefits under the Social Security Act. We need the following information:

Treatment Records: 05/28/04 TO PRESENT

PLEASE SEND US COPIES OF YOUR RECORDS OR A NARRATIVE prepared in your office. In a narrative please describe the HISTORY, OBJECTIVE FINDINGS, SEVERITY, ONSET, AND DURATION of impairment. For adults note the individual's ability to perform work-related physical and mental activities. For children note the child's functional abilities in learning, motor functioning, communicating and socializing, performing self-care activities, and attending and completing tasks, and include the cumulative effects of treatment and therapy.

We pay S.C. physicians \$15.00 for a copy of treatment records, for a narrative submitted through our teledictation system or for a narrative prepared in a physician's office. Out of state physicians are paid according to the fee schedule effective in that state.

Is your patient capable of handling monthly benefits in his/her own best interest? ☒ YES ☐ NOPhysician's Signature W. J. [Signature]If a consultative examination is necessary, are you willing to perform the examination (including history, examination, and written report)? Yes ☐ No ☒

See the attached page for instructions on returning your report to the DDS. If you require payment and do not attach your invoice, sign on the line for "Provider's Signature" on that page. Please include that page as the TOR document with your report, with this letter underneath.

Sincerely,

Robert W. Heaton

Robert W. Heaton, Disability Examiner

PLEASE INCLUDE THIS LETTER AS PAGE 2 OF YOUR REPORT

ENC: Release, Envelope
KMM/473Claim No: D91109
L1 (1/04)
DMA: Y

OK per Dr.	_____
Date	_____
Fax ☒	Mail ☐
Date	_____ Lung & Chest-36
By	_____

KING 002138

LUNG AND CHEST MED ASSOCIATES
2030 N CHURCH PLACE
SPARTANBURG SC 29303 JDC RVM BE
864-582-6858 CMF WPS BBK MLA

William Casey

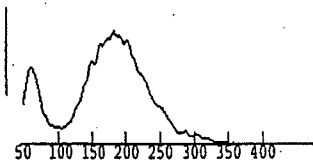
IL: 77168
CVWB

07-19-05
09:58

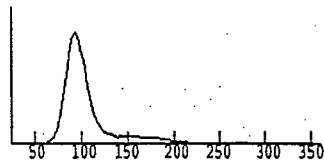
Patient

Limits 1

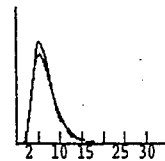
WBC	13.7	H	$\times 10^3/\mu\text{L}$	4.5	11.0
LY	17.5	*L	%	20.5	51.1
MO	5.9	*	%	1.7	9.3
GR	76.6	*H	%	42.2	75.2
LY#	2.4	*	$\times 10^3/\mu\text{L}$	1.2	3.4
MO#	0.8	*H	$\times 10^3/\mu\text{L}$	0.1	0.6
GR#	10.5	*H	$\times 10^3/\mu\text{L}$	1.4	6.5
RBC	4.68		$\times 10^6/\mu\text{L}$	3.90	5.10
Hgb	14.8		g/dL	12.0	15.6
Hct	43.5		%	36.0	46.0
MCV	93.0		fL	85.0	98.0
MCH	31.7		pg	28.0	33.0
MCHC	34.0		g/dL	32.5	36.0
RDW	12.1		%	11.6	13.7
Plt	677.	H	$\times 10^3/\mu\text{L}$	130.	400.
MPV	7.1	L	fL	7.8	11.0



WBC HISTOGRAM



RBC HISTOGRAM



PLT HISTOGRAM

Lung & Chest-38

KING 002140

LUNG AND CHEST MEDICAL ASSOCIATES

2030 North Church Place, Spartanburg, SC 29303

CMF WPS EBK MLA JDC RVM BE
LAB REQUISITION

PATIENT NAME William Casey CHART # 77168 DATE 7-19-08
SEX M RACE C B A H O
DIAGNOSIS _____

	DESCRIPTION	RESULTS	NORMAL VALUE	REPEATED VERIFIED RESULTS	INITIALS
	Theophylline		10-20 Mcg/dl		
	Glucose	<u>121</u>	70-110 Mg/dl		
	BUN	<u>29</u>	5-25 Mg/dl		
	Creatinine	<u>0.7</u>	0.5-1.4 Mg/dl		
	K+	<u>4.2</u>	3.5-5.1 Meq/dl		
	PT		14-18 sec		
	INR		2.0-3.0 Coumadin therapy		
			2.5-3.5 Prostatic Heart Valves		
	CBC				
	UA				
	HgbA1C	%	<7 %		
	Arterial Puncture				
	ABG's - FiO2				
	ABG's - PH		7.35-7.45		
	ABG's - PCO2		35-45 mmHg		
	AGG's - PO2		80-100 mmHg		
	AGG's - O2 Sat		95-98%		

URINALYSIS - MACROSCOPIC

COLOR	_____	Ph	_____
APPEARANCE	_____	PROTEIN	_____
GLUCOSE	_____	UROBILINOGEN	_____
BILIRUBIN	_____	NITRITE	_____
KETONES	_____	LEUKOCYTES	_____
SP. GR.	_____		

Rapid Strep Positive Negative

Z-Stat Flu Positive Negative

CMF _____ WPS _____ EBK _____ MLA _____ JDC _____ RVM _____ BE _____ Staff (Signature)

Lab Requisition, 12-23-03

Lung & Chest-39

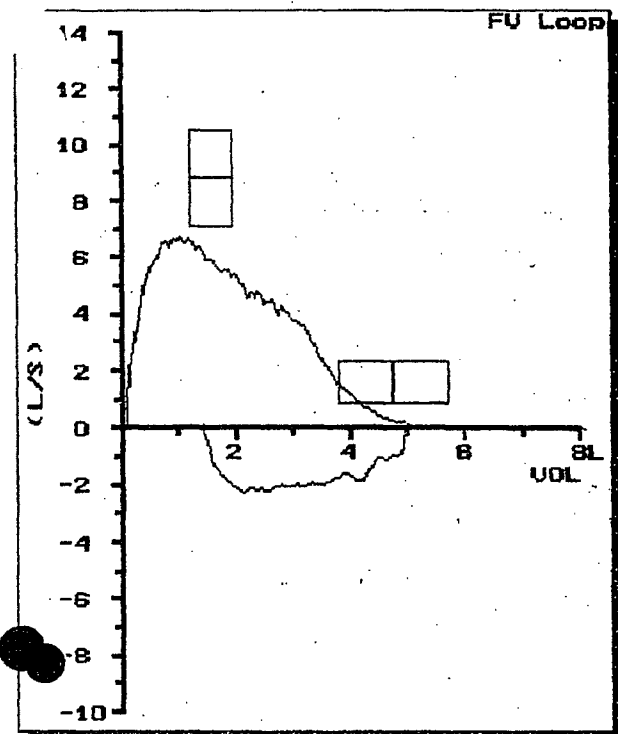
KING 002141

Lung and Chest Medical Associates Spiro A
 ID: 77168 Casey, William Mark
 Ethnic: CAUCASIAN Height: 68.0 in. Sex: MALE Age: 46 Weight: 174.0 lb

MENTS:
 -BD COMMENTS:

LAST CALIBRATED: Tue Jul 19, 2005 7:34:36 am

TYPE	Test Date and Time		Exp. Time	Normals	Test#
Pre-BD:	Tue Jul 19, 2005 11:57:55 am		6.3 secs	KNUDSON/IMTS	2
Expiratory	Actual	Predicted	% of pred	Inspiratory	Actual
FVC	5.02 L	4.73 L	106.19 %	IVC	3.61 L
FEV 0.5	2.75 L	3.04 L	90.50 %	FIV1	1.35 L
FEV 1.0	3.90 L	3.84 L	101.52 %	PIF	2.46 L/S
FEV 3.0	4.73 L	4.48 L	105.50 %	FIF50	2.20 L/S
				FEF50/FIF50	193.85 %
FEV 0.5/FVC	54.75 %	64.24 %	85.23 %	Interpretation:	
FEV 1.0/FVC	77.66 %	81.23 %	95.61 %		
FEV 3.0/FVC	94.18 %	94.79 %	99.35 %		
PEF	6.61 L/S	8.64 L/S	76.59 %	NORMAL	
FEF 25-75%	3.61 L/S	3.91 L/S	92.38 %	MAX FVC	= 5.02L TEST # 2
FEF 75-85%	0.90 L/S	1.04 L/S	87.31 %	MAX FEV-1	= 3.90L TEST # 2
FEF 25	6.15 L/S	7.95 L/S	77.37 %		
FEF 50	4.26 L/S	4.59 L/S	92.85 %		
FEF 75	1.40 L/S	1.81 L/S	77.15 %		
FEF 12-1.2	5.82 L/S	7.26 L/S	80.13 %		



Legend
 — Pre-BD Test
 Good effort

Lung & Chest-40

KING 002142

07/21/2005 07:28 FAX 864 560 6

SRHS LAB OFFICE

0009/011

SPARTANBURG REGIONAL MEDICAL CENTER DEPARTMENT OF LABORATORY MEDICINE
101 E. WOOD STREET, SPARTANBURG, SOUTH CAROLINA 29303-3072/864-560-6212
DRS. DAVIS, LOWRY, WREN, NELSON, RAINER, LAPHAM, MIMS, CALDWELL, BURKS & KIM

CASEY WILLIAM MR#: (0002)00014-62-20 Fin.No.:0520001651 Admitted: 19JUL05
46 YRS MALE DOB: [REDACTED] 1958 Page: 1
Dr. MENDOZA RICO INTERIM Printed: 21JUL05
Location: PRIVATE OUT PT VISIT ABDOMINAL PAIN UNSPEC SITE 0558

CHEMISTRY

HEPATIC PROFILES

Procedure:	TOT PROT	ALBUMIN	AST	ALT	ALK PHOS	BILI TOTAL	BILI DIR	BILI INDIR
Ref Range:	(6.1-8.0)	(3.5-4.9)	(12-33)	(8-39)	(36-108)	(.0-1.5)	(.0-.2)	(.2-1.4)
Units:	GM/DL	G/DL	IU/L	IU/L	IU/L	MG/DL	MG/DL	MG/DL
19JUL05 1600	6.9	4.4	14	18	80	.6	.1	.5

Patient Name:CASEY WILLIAM

Location:

PRIVATE OUT PT VISIT

END OF CHART.

Send to: DR RICO MENDOZA
2030 NORTH CHURCH AVE

Fax to: 864-585-2102

SPARTANBURG

SC 29303

Lung & Chest-41

(Lung)

KING 002143

William
Casey
#77168
updated
7/19/05
NA



SouthCarolinaBlue.com

380

WILLIAM M CASEY
ID: MIM852484753663
OV \$20/\$45
ROUTINE \$20

Important: Pre-authorization required for all hospital inpatient admissions or we may reduce benefits. Providers submit via SouthCarolinaBlue.com or call 1-800-334-7287.

For Online Service: Log into My Insurance Manager on SouthCarolinaBlue.com.
Mental Health & Substance Abuse Precertification/Claims: call CompPsych at 1-800-531-4221

Providers: Report emergency admissions within 24 hours. Submit claims to your local plan.

Members: Personnel Service Center: 1-877-434-7888

BlueCross Customer Service: 1-800-773-3688

PPO Network Provider Information: 1-800-810-2563

First Advice Nurse Line: 1-800-821-2583 (anytime)

File all claims to: BlueCross BlueShield of South Carolina, Piedmont Service Center,
P.O. Box 6000, Greenville, S.C. 29608-6000.

BlueCross BlueShield of South Carolina, an independent licensee of the Blue Cross and Blue Shield Association, provides administrative claims services only and does not assume any financial debt or obligation with respect to claims.

QL

Lung & Chest-42

KING 002144



Lung and Chest Medical Associates

Charles M. Fogarty, M.D.
J. Douglas Clark, M.D.
Rico V.I. Mendoza, M.D.
J.P. Elm, F.N.P.

Fax: (864) 585 - 2102

Wilson P. Smith, Jr., M.D.
E. Bert Knight, III, M.D.
Mary Lou Applebaum, M.D.
Beth V. Edwards, PA-C

Fax: (864) 582-3750

WILLIAM CASEY

77168
07-21-05

OFFICE NOTE

Chief Complaint

William Casey returns for follow up on his 7/19 visit. At that time he was having dry heaves and nausea and this was felt possibly to be an interaction between the Strattera and the Cymbalta and he was advised to discontinue these. Since then he is better. He continues to have chest pain, a squeezing sensation, which can be present without exercise, although it is exacerbated by exercise.

We should note that it was this symptom that led him to go to the emergency room May 2004. Although the presenting complaint was chest pain, a chest film showed a metallic fragment. This was interpreted as being in the chest by the treating physician and the patient was referred for pulmonary consult and underwent rigid bronchoscopy within hours of his presentation. The bronchoscopy did not show a foreign body, but rather an area of erythema, and he was scheduled for a laser bronchoscopy the following week. The laser bronchoscopy was performed, with the patient under lengthy anesthesia for 1 hour and 50 minutes, and was complicated by pneumomediastinum.

Since the procedure the patient has ultimately recovered from his pneumomediastinum, bilateral pneumothoraces requiring chest tubes, intubation and mechanical ventilation. However, he has been unable to work and is now depressed over his long-term outlook.

Current Medicines

1. Advair 250/50 twice daily.
2. Combivent 1 puff four times daily as needed.
3. Ultram 50 mg four times daily as needed chest pain.
4. Lipitor 10 mg daily.
5. Lortab four times daily as needed.

Social History

He has been out of work now for a year and probably will be out of health insurance and a job, since he has been unable to hold gainful employment in the interim in large part because of his difficulties with concentrating and staying focused. The issue of his chest pain still remains unresolved. Cardiac evaluation was negative and his chest pain may be benign chest wall. On the plus side, he has quit smoking.

Continued...

2030 North Church Place, Spartanburg, South Carolina 29303 (864) 582-6858

Pulmonary Medicine

Critical Care

Bronchoscopy

Asthma Thera

Lung & Chest-43

KING 002145

WILLIAM CASEY
77168
07-21-05
Page Two

Family History

Coronary artery disease and hyperlipidemia, as previously noted.

Review of Systems

A cardiac catheterization in 2000 did not show any critical narrowing. The CT prior to his laser bronchoscopy was normal range except for incidentally noted coronary calcification. No additional findings on cardiorespiratory, GI or GU review.

Physical Examination

Vital Signs: Wt. 176.6, BP 153/91, HR 78, RR 20 and SaO₂ is 98% on room air.

General: No acute distress.

Skin: Normal turgor.

HEENT: Pupils symmetric.

Neck: No jugular venous distention.

Chest: No wheezes, rales or rhonchi.

Cardiac: No murmur or gallop.

Abdomen: Bowel sounds present. The patient felt like he might have the heaves while in the office but no emesis.

Extremities: No edema or clubbing.

Neurological: The patient had difficulty staying focused with answers to questions and could not repeat five numbers backward on a simple cognitive screen, but could repeat four numbers.

Laboratory Data

The vital capacity is 4.65 or 98% of predicted. The forced expiratory volume is 3.76 or 97% of predicted.

Today's cardiogram is normal range. Interestingly the cardiogram while he was in the hospital with his chest pain in May of last year showed nonspecific ST T-changes.

Impression

1. Chest pain, probably chest wall.
2. Nausea and vomiting, improved.
3. Persistent difficulty concentrating staying focused.
4. Status post laser bronchoscopy complicated by pneumomediastinum and pneumothoraces.

Continued...

Lung & Chest-44

KING 002146

WILLIAM CASEY

77168

07-21-05

Page Three

Comment

With reference to the patient's GI symptoms they do seem improved since discontinuing the Strattera and this really did not help with his staying focused anyway. However, he may still have some underlying pathology such as cholelithiasis or peptic ulcer disease and ultrasound of the gallbladder appears warranted. If symptoms persist we may consider an upper GI.

With reference to the patient's squeezing pain, he does have risk factors for coronary artery disease in terms of his hyperlipidemia, family history, previous smoking and incidentally noted coronary calcification on Spartanburg Regional Medical Center CT. A formal coronary calcium score may be indicated and if elevated may be an indication to proceed with more vigorous cardiac workup. However, the chronicity increases the likelihood his chest pain is benign.

With reference to the patient's difficulty concentrating, air emboli have been reported as a common complication when there is laser perforation of the endotracheal tree with resultant leakage of air into extra pleural, vascular and mediastinal spaces. Although he is fortunate not to have any gross motor deficit, he may well have a permanent neurologic deficit in which case the indication for taking medication, such as Strattera, may be moot; the patient may simply need to recognize that although he would like to go back to work, he may be chronically disabled by his neurologic impairment/permanent brain damage.

Plan

We will check back with the patient via phone with reference to his coronary calcium score and his gallbladder ultrasound. Further evaluation will proceed pending the results of above.

Separately, we will review the patient's chart for him since he has many questions about the hospital admission for his chest pain, and try to put into lay language a summary of what happened during the hospital admission.

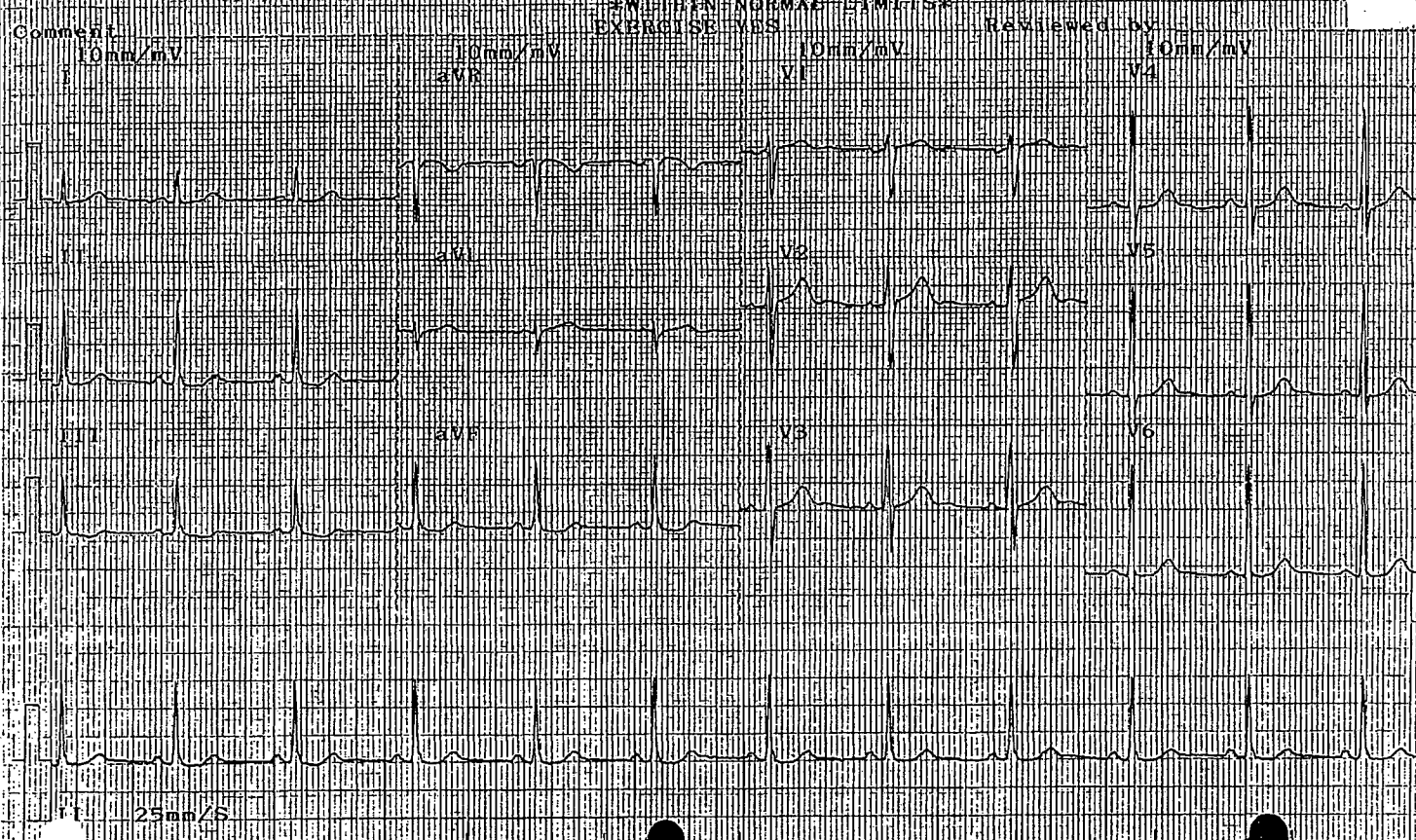
He is to check back with Dr. Grace regarding the persistence of his neurological impairment.


Charles M. Fogarty, MD
CMF/ns
cc: Dr. Gonda

Lung & Chest-45

KING 002147

REST ECG Name: WILSON, GARY Date: 21-Jul-5 14:38
 ID: 000077168 HR: 69 bpm 101-0 WITHIN NORMAL LIMITS
 Sex: MALE R-R: 858 ms
 Age: 46yr P-R: 185 ms
 Ht: 68inch Wt: 176lbs QRS: 86 ms
 QT/QTc: 380/413
 AXES P: 63 deg
 QRS: 67 deg
 T: 9 deg
 RV6/SVI: 1.97/0.85
 RV6-SVI: 2.82 RV 3-3: 1.9-4-1
 beat: 2
 **Unconfirmed report:



25mm/s
 GR410 b-M61 Filter: AC, Drift FU DENSEII

Lung & Chest-46

KING 002148

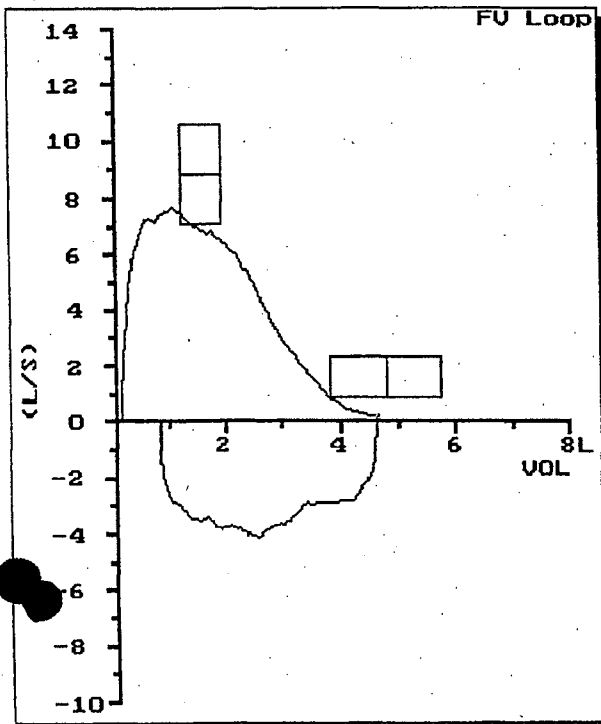
Lung and Chest Medical Associates
Multi Spiro B

77168 Casey, William
Race: CAUCASIAN Height: 68.0 in. Sex: MALE Age: 46 Weight: 171.0 lb

COMMENTS:
PRE-BD COMMENTS:

LAST CALIBRATED: Thu Jul 21, 2005 7:36:40 am

TYPE	Test Date and Time		Exp. Time	Normals	Test#
Pre-BD:	Thu Jul 21, 2005 3:52:12 pm		5.9 secs	KNUDSON/IMTS	1
Expiratory	Actual	Predicted	% of pred	Inspiratory	Actual
FVC	4.65 L	4.75 L	97.88 %	IVC	3.86 L
FEV 0.5	2.96 L	3.05 L	97.12 %	FIV1	2.95 L
FEV 1.0	3.76 L	3.87 L	97.21 %	PIF	4.26 L/S
FEV 3.0	4.40 L	4.51 L	97.51 %	FIF50	3.97 L/S
				FEF50/FIF50	135.01 %
FEV 0.5/FVC	63.77 %	64.27 %	99.22 %	Interpretation:	
FEV 1.0/FVC	80.82 %	81.38 %	99.31 %		
FEV 3.0/FVC	94.58 %	94.94 %	99.62 %		
NORMAL					
PEF	7.56 L/S	8.67 L/S	87.17 %	MAX FVC = 4.65L TEST # 1	
FEF 25-75%	3.91 L/S	3.95 L/S	99.06 %	MAX FEV-1 = 3.76L TEST # 1	
FEF 75-85%	0.86 L/S	1.06 L/S	81.57 %		
FEF 25	7.45 L/S	7.97 L/S	93.49 %		
FEF 50	5.37 L/S	4.62 L/S	116.05 %		
FEF 75	1.47 L/S	1.83 L/S	79.90 %		
FEF .2-1.2	7.00 L/S	7.31 L/S	95.75 %		



Legend

Pre-BD Test

Good Effort! (TB)

Lung & Chest-47

KING 002149

#7768
DOLV
7-21-05
no App.

SPARTANBURG REGIONAL HEALTHCARE SYSTEM
SPARTANBURG REGIONAL MEDICAL CENTER
Radiology Report

ACR Accredited Facility for Ultrasound

NAME: CASEY, WILLIAM

ORDERING PHYSICIAN: FOGARTY, CHARLES M

LOC: OPT

Pt. Type: OPT

DOB: [REDACTED] /58

UNIT #: 000146220

CI#: 1480525

AN#: S0520101451

Exam

80073 US GALLBLADDER
76705

Date: 07/28/05 0812

Ord Diag: 787.03-VOMITING ALONE

Sonogram of the gallbladder. 7/28/2005.

History: Epigastric pain with nausea.

Findings: Gallbladder is fluid filled. No stones are seen. Common duct is 5 mm which is normal. Pancreas and liver are unremarkable.

Conclusion: Negative sonogram of the gallbladder.

Read By: John HarrillMD
Released By: John HarrillMD

PL

FINAL

Page 1
Lung & Chest-48

KING 002150

SPARTANBURG REGIONAL MEDICAL CENTER
Radiology Report

NAME: CASEY, WILLIAM

ORDERING PHYSICIAN: FOGARTY, CHARLES M

C: OPT

C. Type: OPT

DOB: [REDACTED] 58

UNIT #: 000146220

CI#: 1480551

AN#: S0520101451

Exam

50041 XR G I SERIES
74246

Date: 07/28/05 0836
Ord Diag: 787.03-VOMITTING ALONE

Double-contrast upper GI, 7/28/2005

Indication: Several week history of nausea and vomiting

Findings: Under fluoroscopy the patient shows normal swallowing and esophageal motility. The esophagus distends normally. Note is made only of a single small distal esophageal mucosal cleft or diverticulum, this is only a few millimeters in size. With Valsalva no hiatal hernia is seen. During assessment of the stomach several episodes of mild reflux into the distal esophagus were seen.

The stomach distends normally with no abnormal mass or impression and no mucosal irregularity. The duodenal bulb is somewhat irregular, I do not see a discrete ulcer but this could be deformed from peptic ulcer disease. Contrast does freely progress through this into the duodenum. In the third portion of the duodenum there are 2 diverticula adjacent to one another. One is relatively prominent in size, equal to that of the duodenal bulb. No retained material is seen within these and contrast freely progresses through this to the proximal small bowel.

Impression: Small mucosal cleft or diverticulum noted in the distal esophagus. This is probably a normal variant although could represent focal change of mild esophagitis. A few episodes a very mild GE reflux were seen during this study.

2. Duodenal bulb somewhat deformed although no discrete ulcers seen. This could be change from peptic ulcer disease but there is no evidence of stricturing, contrast freely progresses into the proximal small bowel on this study.

2. 2 duodenal diverticula in the third portion of the duodenum, one of these is a giant diverticulum equal in size the duodenal bulb. They

FINAL

Page 1

SPARTANBURG REGIONAL HEALTHCARE SYSTEM
SPARTANBURG REGIONAL MEDICAL CENTER
Radiology Report

NAME: CASEY, WILLIAM

ORDERING PHYSICIAN: FOGARTY, CHARLES M

DOC: OPT

Pt. Type: OPT

DOB: [REDACTED] /58

UNIT #: 000146220

CI#: 1480551

AN#: S0520101451

Checkin-Exam Code Summary
1480551-50041

otherwise appear unremarkable on this exam and are not likely of
clinical significance.

Read By: William T JoycMD
Released By: William T JoycMD

n

FINAL

Page 2

Patient: CASEY, WILLIAM

MRN: 000146220 Encounter: 0520101451 Page 2 of 2

Lung & Chest-50

KING 002152

TELEPHONE CALL BACK LUNG & CHEST MEDICINE ASSOCIATES

to 8105 Call Time 1032 am/pm VM r'cvd time: 1035 By: AB
 Chart #: 77168 Chart pull time: _____ Chart del. Time: _____ Callback time: _____
 Caller: ☒ PATIENT ☐ PT. FAMILY ☐ PHARMACY ☐ HOME HEALTH ☐ HOSPICE ☐ INS. CO. ☐ DME CO. ☐ SPR

Caller Name: Vm Patient Name: Wm. Mark Coscy Phone No. _____ Fax No. _____

Pt. of: ☒ CMF ☐ WPS ☐ EBK ☐ MLA ☐ JDC ☐ RVM Last Appt. 7/19/05 Next Appt. 7-21-05 am
 Pt. Address (Proximity to office): _____

#1: ☒ Yes - patient stable/routine medicine ☐ No - see #2 below

Pharmacy: _____ Phone #: _____ Fax #: _____

CHARLES M. FOGARTY, MD 08691 • WILSON R. SMITH, MD 10510 • E. BERT KNIGHT III, MD 08397
 MARY LOU APPLEBAUM, MD 12969 • J. DOUGLAS CLARK, MD 19596 • RICO VI. MENDOZA, MD 23156
 BRENDA SPRINKLE, PA-C A144 • CHARLENE McCRAW, A.C.N.P.-C AC68077 • BETH V. EDWARDS, PA-C A465
 2030 North Church Place, Spartanburg, SC 29303 Telephone 582-6858
 FAX: Side A 582-3750 FAX: Side B: 585-2102

Rx

NAME: _____ DOB: _____ DATE: _____
 ADDRESS: _____
 LABEL DRUG NAME, STRENGTH & QUANTITY ☐ YES ☐ NO

	STRENGTH	QUANTITY	REFILL
1 Rx _____			
SIG _____			

M.D. _____ M.D. _____
 Dispense as written _____ Substitution Permitted _____
 DEA: _____ DEA: _____

#2: ☒ COUGH ☐ SOB ☐ CHEST PAIN ☐ FEVER ☐ QUESTIONS ABOUT MEDS. ☐ NON-ROUTINE RX
 Comment/Response: calling for test results - test last Thursday
copy of reports attached.
Made appt for Aug 4, 2005
I am w/ Bill to discuss test results per Teresa
CD 8/4/05
YI referral needed

Appt. Made ☒ w/L&C ☐ Call 911 ☐ Go to ER ☐ L&C MD on call notified ☐ Call Family Physician
 Instructions accepted?: ☐ yes ☐ no
 (Staff) _____ (Doctor) _____ (Date) 1/1 Lung & Chest-51

KING 002153



Lung and Chest Medical Associates

Charles M. Fogarty, M.D.
J. Douglas Clark, M.D.
Rico V. I. Mendoza, M.D.
J.P. Elm, F.N.P.

Fax: (864) 585 - 2102

Wilson P. Smith, Jr., M.D.
E. Bert Knight, III, M.D.
Mary Lou Applebaum, M.D.
Beth V. Edwards, PA-C

Fax: (864) 582-3750

WILLIAM CASEY

77168

08-04-05

OFFICE NOTE

Chief Complaint

William Casey returns for follow up on his previous visit. Since we saw him he has had coronary calcium score and upper abdominal ultrasound.

Current Conditions

1. Chest pain.
2. Nausea and vomiting.
3. Persistent difficulty concentrating staying focused status post pneumomediastinum/pneumothorax complicating laser therapy in attempt for laser therapy for metallic artifact, which ultimately proved to be outside of chest.

Current Medicines

1. Advair 250/50 twice daily.
2. Combivent 1 puff four times daily as needed.
3. Ultram 50 mg four times daily as needed chest pain.
4. Lipitor 10 mg daily.
5. Lortab four times daily as needed.

Social History

No tobacco or alcohol.

Review of Systems

No additional findings on cardiorespiratory, GI or GU review.

Physical Examination

Vital Signs: Wt. 178, BP 120/74, HR 75, RR 22 and SaO₂ is 98% on room air.

General: No acute distress.

Skin: Normal turgor.

HEENT: Pupils symmetric.

Neck: No jugular venous distention.

(Continued to next page)

2030 North Church Place, Spartanburg, South Carolina 29303 (864) 582-6858

Pulmonary Medicine

Critical Care

Bronchoscopy

Asthma Therapy

Lung & Chest-52

KING 002154

WILLIAM CASEY

77168

08-04-05

Page Two

Physical Examination (Continued)

Chest: No wheezes, rales or rhonchi.

Cardiac: No murmur or gallop.

Abdomen: Bowel sounds present. The patient felt like he might have the heaves while in the office but no emesis. Bowel sounds present.

Extremities: No edema or clubbing.

Neurological: The patient had some readily apparent difficulty staying focused with answers to questions and had difficulties repeating numbers backward on a simple cognitive screen.

Laboratory Data

The ultrasound showed no pathological findings.

Impression/Discussion/Plan

The patient has been instructed in optimal use of aerosol therapy. The patient was instructed on diet with attention at maintaining muscle mass and achieving an ideal body weight. The patient is instructed in exercise to promote mucous clearance, maintain balance and muscle mass. The patient was given our cell phone number to call any time any interval problems develop before the next visit.

The patient is to continue his current regimen. He will check back with us this fall.

Charles M. Fogarty, MD
CMF/ns

Lung & Chest-53

KING 002155

BURTS, TURNER, RHODES & THOMPSON

ATTORNEYS AT LAW
260 NORTH CHURCH STREET
SPARTANBURG, S.C. 29306

SAM BURTS (1907 - 1962)
NOEL TURNER
RICHARD M. RHODES
RAY E. THOMPSON, JR.
M. NOEL TURNER, III

August 8, 2005

MAILING ADDRESS
P.O. BOX 3408 29304
PHONE: 864-585-8188
FAX: 864-581-0127

VIA FAX ONLY
542-9043

Ms. Maria Kimbrell
Lungs and Chest Medical Associates
Office 2030 N. Church PI
Spartanburg, SC 29304

RE: William Mark Casey vs. Donna Lynn Haulbrook Casey
C.A. No.: 2004-DR-42-3758

Dear Maria:

Enclosed please find a Medical Authorization signed by Mark Casey. I would appreciate your forwarding me his updated medical records.

With kind regards,

Sincerely,

BURTS, TURNER, RHODES & THOMPSON

By:

Chuck Thompson
RAY E. THOMPSON, JR.

RET
Encl.

8/9/05 - faxed +
maria
requested 5/28/04, =

Lung & Chest-54

KING 002156

AUTHORIZATION TO RELEASE INFORMATION

Patient Identification

Patient Name: WILLIAM MARK CASEY Date of Birth: [REDACTED] 58
Address: 1, Woodruff, SC 29388
Social Security #: [REDACTED] Telephone:

Covering Dates of Health Care

From: May 28, 2004 To: Present Date

Information To Be Released

Any and all medical records, medical bills, etc., requested by my attorneys
who are representing me in regard to a possible medical malpractice claim.

Purpose of Request

Litigation and/or Settlement

Facility Authorized to Receive Information

RAY E. THOMPSON, JR., ESQ.
The Burts Law Firm PHONE: (864) 585-8166
P.O. Box 3408
Spartanburg, SC 29304 FAX: (864) 583-6927

Time Limit & Right to Revoke Authorization

Except to the extent that action has already been taken in reliance on this authorization, at any time I can revoke this authorization by submitting a notice in writing to the above-named facility. Unless revoked, this authorization will expire sixty (60) days from signature date.

Re-disclosure

I understand the information disclosed by this authorization may be subject to re-disclosure by the recipient and will no longer be protected by the Health Insurance Portability and Accountability Act of 1996. The facility, its employees, officers and physicians are hereby released from any legal responsibility or liability for disclosure of the above information to the extent indicated and authorized herein.

Signature of Patient or Personal Representative Requesting Disclosure

I authorize Lung and Chest Medical Associates to use and disclose the protected health information specified above to the authorized facility listed above.

Signature: William Mark Casey Date: 08/08/05
Relation If Not Patient:
Identity of Requester Verified by Matching Signature or Photo ID.
Verified by: [Signature]

Lung & Chest-55

KING 002157

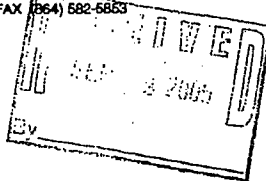
George H. Thomason
Robert S. French

Thomason & French

ATTORNEYS AT LAW
184 OAKLAND AVENUE
SPARTANBURG, SOUTH CAROLINA
TELEPHONE (864) 582-5657
FAX (864) 582-5653

MAILING ADDRESS:
POST OFFICE BOX 772
SPARTANBURG, SOUTH CAROLINA 29304

September 6, 2005



Dr. Wilson Smith
Lung & Chest Medical Associates
2030 N. Church Place
Spartanburg, S. C. 29303

Subject: William M. Casey

Woodruff, S. C. 29388
SSN [REDACTED]

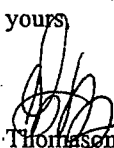
Dear Dr. Smith:

We represent Mr. Casey on a Social Security disability claim. He may be eligible for Social Security payments until, hopefully, he is able to return to work. Social Security has asked that we obtain updated information from your office. We have no information on Mr. Casey after March 15, 2005. Thank you for providing us with copies of records for any visits after that date.

If you require prepayment, give us call. If not, please send a bill with the records and we will promptly pay it. We can also handle prepayment by credit card over the phone if that makes it easier for processing this request. An authorization and return envelope are enclosed.

With kindest regards, I am

Very truly yours,


George H. Thomason
GHT/gl

ENCLOSURE: Authorization; Return envelope

cc: William M. Casey

OK per Dr. <u>WMT</u>	
Date _____	
Fax ☒	Mail ☐
Date <u>9/9/05</u>	
Lung & Chest-56	

KING 002158

Thomason & French

George H. Thomason
Robert S. French

Attorneys at Law
PO Box 772 - 164 Oakland Avenue
Spartanburg, South Carolina 29304
Telephone 864/582-5857
FAX 864/582-5853

HIPAA AUTHORIZATION AND MEDICAL RELEASE FORM

Claimant William Mark Casey SS # [REDACTED]

I hereby authorize use or disclosure of protected health information about me as described below:

1. The following specific person or class of persons or facility is authorized to make the requested use or disclosure: Dr. Wilson Smith
Lung & Chest Medical Associates
2030 N. Church Place
Spartanburg, SC 29303
2. The following person or class of persons may receive disclosure of protected health information about me:

George H. Thomason and/or Robert S. French
THOMASON & FRENCH
PO Box 772
Spartanburg, SC 29304 864/582-5857
3. The specific information that should be disclosed is:
All medical records for after March 15, 2005 to the present.
4. I understand that the information used or disclosed may be subject to re-disclosure by the person or class of persons of facility receiving it, and would then no longer be protected by federal privacy regulations.
5. I understand that the information used or disclosed may contain private information such as drug or alcohol use, hepatitis, HIV or AIDS, mental illness, sexual abuse, physical abuse, etc., and I specifically authorize the release of this private and sensitive information.
6. I may revoke this authorization by notifying Thomason & French in writing of my desire to revoke it. However, I understand that any action taken in reliance on this authorization cannot be reversed, and my revocation will not affect those actions. I understand that the medical provider to whom this authorization is furnished may not condition its treatment of me on whether or not I sign the authorization.
6. This authorization expires on 9/6/06 or upon occurrence of the following event that relates to me or to the purpose of the intended use or disclosure of information about me: None applicable

THIS FORM MUST BE FULLY COMPLETED BEFORE SIGNING

William Mark Casey 9/6/05; DOB: [REDACTED]/58
Signature of individual, date signed, date of birth or Social Security number
or, if applicable

Lung & Chest-57

Legal Guardian or person authorized to sign for claimant

KING 002159



Lung and Chest Medical Associates

Charles M. Fogarty, M.D.
Wilson P. Smith, Jr., M.D.
Mary Lou Applebaum, M.D.
Beth V. Edwards, PA-C

E. Bert Knight, III, M.D.
J. Douglas Clark, M.D.
Rico V. I. Mendoza, M.D.
J.P. Elm, F.N.P.
Cindy A. Edwards, F.N.P.

WILLIAM CASEY
77168
02-16-06

OFFICE NOTE

Chief Complaint

William Casey continues to have difficulty concentrating/multitasking. He has not had any further problems with nausea and vomiting since cutting back on his medication. He is followed by Dr. Gonda who increased the Lipitor to 20 mg daily and added Tricor. He continues to need two to three Lortab 5 a day for his pain which at this point appears to be chest wall in etiology.

Current Conditions

1. Difficulty with multitasking, concentrating, status post pneumomediastinum/pneumothorax.
2. Chest wall pain.
3. Hyperlipidemia.

Current Medicines

1. Combivent 1 puff four times daily as needed. (Rarely used since last visit.)
2. Lipitor 20 mg each evening.
3. Tricor each morning.
4. Ultram 50 mg four times daily as needed.
5. Lortab four times daily as needed.

Social History

The patient has been unable to work since his laser surgery and is applying for disability. No tobacco or alcohol.

Review of Systems

No additional findings on cardiorespiratory, GI or GU review.

Physical Examination

Vital Signs: Wt. 189.5, BP 136/72, HR 96, RR 20 and SaO₂ is 95% on room air.

General: No acute distress.

Skin: Normal turgor.

HEENT: Pupils symmetric.

Neck: No jugular venous distention.

(Continued to next page)

Pulmonary Medicine

Critical Care

Bronchoscopy

Asthma Therapy

Sleep Disorders

2030 North Church Place
Spartanburg, South Carolina 29303
Phone: (864) 582-6858 - Fax: (864) 542-9043

2755 South H
Greer,
Phone: (864) 849-9500

Lung & Chest-58
849-9501

KING 002160

WILLIAM CASEY
77168
02-16-06
Page Two

Physical Examination (Continued)

Chest: No wheezes, rales or rhonchi.

Cardiac: No murmur or gallop.

Abdomen: Not done.

Extremities: No edema or clubbing.

Neurological: Difficult staying focused and concentrating during our conversation evident.

Laboratory Data

The vital capacity is 4.17, 88% of predicted. FEV₁ 3.46, 90% of predicted.

Impression/Discussion/Plan

The patient's lung function remains stable. His dilemma is that mentally he is not up to snuff as far as returning to his old job or returning the skills for a new equivalent job. He is now approaching two years out and it appears likely he has achieved his maximum improvement, i.e. it is unlikely as time goes forward that he will have improvement in his ability to concentrate and recall/performance make "executive type decisions"/thinking.

The patient's lung function is in a range where he probably does not need to use the Combivent although he still has it on hand. He was encouraged to continue to try to exercise to maintain muscle mass, balance and coordination. He was instructed in diet with attention to his cholesterol and salt intake. He will check back the end of this summer/fall as needed.

Charles M. Fogarty, MD

Charles M. Fogarty, MD
CMF/ns

cc: Dr. Frank Gonda via fax 578-7098 (No hard copy will be sent)

Lung & Chest-59

KING 002161

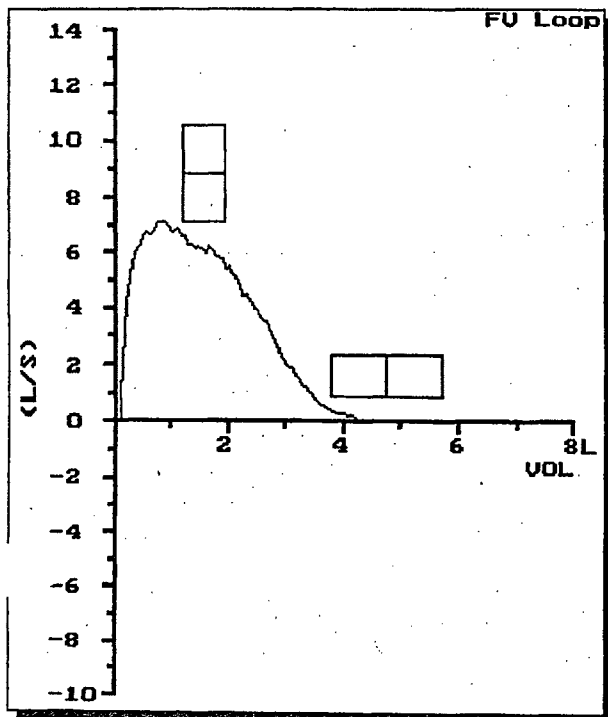
Lung and Chest Medical Associates
Multi Spiro B

77168 Casey, William
Ethnic: CAUCASIAN Height: 68.0 in. Sex: MALE Age: 47 Weight: 171.0 lb

COMMENTS:
PRE-BD COMMENTS:

LAST CALIBRATED: Thu Feb 16, 2006 7:29:47 am

TYPE	Test Date and Time		Exp. Time	Normals	Test#
Pre-BD:	Thu Feb 16, 2006 4:29:11 pm		4.9 secs	KNUDSON/IMTS	1
Expiratory	Actual	Predicted	% of pred	Inspiratory	Actual
FVC	4.17 L	4.73 L	88.18 %	IVC	0.00 L
FEV 0.5	2.73 L	3.04 L	89.76 %	FIV1	0.00 L
FEV 1.0	3.46 L	3.84 L	89.95 %	PIF	0.00 L/S
FEV 3.0	4.02 L	4.48 L	89.71 %	FIF50	0.00 L/S
				FEF50/FIF50	0.00 %
FEV 0.5/FVC	65.38 %	64.24 %	101.78 %	Interpretation:	
FEV 1.0/FVC	82.86 %	81.23 %	102.00 %		
FEV 3.0/FVC	96.43 %	94.79 %	101.73 %		
NORMAL					
PEF	7.00 L/S	8.64 L/S	81.01 %	MAX FVC = 4.17L TEST # MAX FEV-1 = 3.46L TEST #	
FEF 25-75%	3.86 L/S	3.91 L/S	98.71 %		
FEF 75-85%	0.94 L/S	1.04 L/S	90.83 %		
FEF 25	6.78 L/S	7.95 L/S	85.26 %		
FEF 50	4.79 L/S	4.59 L/S	104.45 %		
FEF 75	1.54 L/S	1.81 L/S	84.77 %		
FEF 2-1.2	6.54 L/S	7.26 L/S	90.15 %		



Legend
Pre-BD Test

Good effort TC

Lung & Chest-60

KING 002162

2030 N. Church Place, Spartanburg, SC 29303
(864) 582-6858

Lung & Chest Medical Associates

2755 S. Hwy. 14 Suite 2300 Greer, SC 29650
(864) 849-9500

Charles M. Fogarty, MD PA
P. Smith, Jr., MD PA
Insurance 585-0999

Mary Lou Applebaum, MD PC
E. Bert Knight, III, MD PC
J. Douglas Clark, MD PC

Rico V. Mendoza, MD PC
Beth V. Edwards, PA-C

Acct #	Voucher #	SSN #	DOB	AGE	Dr.	Appt Date & Time
77168	282505		/58	47	FOGARTY,	02/09/06 1:45
Patient		NEXT APPT _____ WKS MONTHS OTHER _____				
WILLIAM M CASEY		PROCEDURES AT NEXT APPT:				
WOODRUFF SC 29388						
Prev Dx Code	Description of Diagnosis Code	Insurance	Referring Dr.			
786.09	DYSPNEA - RESPIRATORY !!! GET DIAGNOSIS FR !!! GET DIAGNOSIS FR	BCBS PPC	PRI 0 SELF REFERRAL SEC COPAY: .00			
Balance on Account		Dr.'s Signature				CO-PAY \$45

Description	CPT	Description	CPT	Description	CPT (HCPCS)
LAB		OFFICE VISITS		OFFICE SURGERY Use 25 Mod	
Routine Venipuncture	36415	Consult, New, Estab.		Ear wax removal	69210
Theophylline Level	80198	Problem Focused	99241	Laryngoscopy	31575
Glucose	82947	Expanded	99242	Thoracentesis - simple	32000
HBG A1C	83036	Detailed	99243	w/ catheter	32002
BUN	84520	Moderate Comprehensive	99244	INJECTIONS - 90782 - Units	
Creatinine	82540	High Comprehensive	99245	Kefzol	J0690
K+	84133	New Patient		Gentamicin	J1580
HBG's	85018	Problem Focused	99201	Insulin, Reg	J1820
HCT	85014	Expanded	99202	Vitamin B12	J3420
	81002	Detailed	99203	Benadryl	J1200
	85610	Moderate Comprehensive	99204	Brethine	J3105
CBC-Automated	85025	High Comprehensive	99205	Decadron	J1100
ABG's, simultaneous	82883	IME non-treating	99456	Depo Medrol	J1030
Arterial Puncture	36600	IME non-treating, 2 areas	99457	Epinephrine	J0170
Blood Occult Stool	82270	Established Patient		Lasix	J1940
Rapid Strep	87081	Nurse Visit	99211	Phenergan	J2550
Z Stat Rapid Flu	87449QW	Problem Focused	99212	Cortisol Stimul.	J0835
		Expanded	99213	Triamin/Arist, 5mg	J3302
		Detailed	99214	Rocphin	J0696
		Comprehensive	99215	Xolair, 5mg	J2357
		Prolonged Attendance	99354/55		
		IME est. pt.	99455		
PFT's - 25 MODIFIER IN OFFICE		CARDIOLOGY		MISCELLANEOUS	
Pulse Oximetry	94760	EKG w/ interpretation	93000	SUPPLIES & MATERIALS	
Pulse Oximetry, multiple	94761	Pulse Ox during exercise	94761	Surgical tray	(A4550)
Spirometry	94010	Exercise w/ treadmill	93015	Duoderm	99070 (A4204)
Bronchospasm	94060	6 minute walk test	94620	Tegaderm	99070 (A4205)
Broncho Challenge	94070			Medical Testimony	99075
Lung Volumes:				Medical Conference	99155
Thoracic Gas Vol.	94260				
Airway Resistance	94360				
DLCO	94720				
X RAYS					
Sinus - 1-3 views	70210				
Chest - PA	71010				
PA & Lateral	71020	OFFICE THERAPY/IMMUNIZATIONS		Smoke Tobacco Counseling	
Chest Lateral-Decubitus	71035	Aerosol Instruction Init.	94664	3 - 10 min.	G0375
Rib - 2 Projections	71100	Nebulizer Tx. init & sub.	94640	greater than 10	G0376
Thoracic Spine-2 views	72070	Pneumo Vac 90471/G0009	90732		
Lumbar - Spine	72100	Flu Vac 90472/G0008	90658		
		PPD	86580		
		Tetanus Toxoid	90703		
				SNF HOSPICE	
		Allergy Shots - Single Ant.	95115		
		Allergy Shot - Multiple Ant.	95117	Yes	Yes No
		UNITS			
		Prolastin, 10mg	J0256	No	DR.
		IV Infusion - to 1 HR.	90780		

Lung & Chest-61

KING 002163

TRANSMISSION VERIFICATION REPORT

TIME : 03/09/2006 10:07
NAME : LUNG AND CHEST MED
FAX : 8645850999
TEL : 8645826858
SER.# : BRDD3J369422

DATE, TIME	03/09 10:06
FAX NO./NAME	5787098
DURATION	00:00:37
PAGE(S)	02
RESULT	OK
MODE	STANDARD
	ECM

Lung & Chest-62

KING 002164

CMF WPS MLA

EBK JDC RVM Beth

Daria

Lab

Lung and Chest Medical Associates

Name: Wm M. CaseyChart#: 77168Sptbg. ✓ GreerDate: 7/7/06

Wt _____ Ht _____ B/P _____ H/R _____ RR _____ Temp _____ O2Sat _____ FIO2 _____

Cough _____ Smoking _____ Present illness + reason for visit: moving furniture to new house
 Sputum _____ Nausea _____ continues chest wall pain and
 Dyspnea _____ Vomiting _____ trouble to take edge of pain and
 Wheeze _____ Diarrhea _____ allows pt keep active - to house
 Edema _____ Chest Pain _____ hold clothes.
 Palpitations _____ Pain _____ pt having difficulty planning day
 Oriented _____ ETOH _____ writes down notes to self
 New Allergies _____ Fever/chills _____ continue to forget what he knows
 Bone Densometry Testing done? _____ to remember what he needs
 Seeing new doctors? _____ in bottle on list from memory

Hospitalizations or major life changes since last visit: _____

Meds. Review based on: _____ in bottle _____ on list _____ from memory

PHYSICAL EXAM:

WNL/NEG

ABN/POS

*General Appearance _____

*Skin Turgor _____

*ENT _____

*Mouth _____

*Sinus _____

*Neck _____

*Chest/Lungs: Breath Sounds _____

Wheezes _____

Rales _____

Effort _____

Symmetry _____

*Heart: Rhythm _____

Murmurs _____

Gallop _____

Tones _____

*Abdomen _____

*Extremities _____

*Mobility: Gait _____

Reflexes _____

Aides _____

*Mental Status _____

LAB ORDER: Spirometry _____ EKG _____ Sinus _____ CBC _____ Glu _____ PT _____ INR _____ O2Sat Rest _____

Lung Vol _____ DLCO _____ U/A _____ CXR _____ ABG's _____ Bun _____ Cre _____ K+ _____ Theo _____ O2Sat Exercise _____

Office Treatment:

Education: Does pt want to quit smoking? Yes/No Other: _____

Materials/counseling given: _____

Diagnosis: Neurocognitive Impairment

Abx CXR (lung fluid) 793.0

Anticoagulant (clotting) 286.15

COPD 496

Cough 786.2

Dyspnea 786.09

Fatigue (general) 780.79

Fever 780.6

ILD 515

Monitoring (drug name) _____, V58.1

Rhinitis 477.9

Sleep Apnea/Disorders (nec) 780.53

Prescriptions:

Next appt: _____ Weeks _____ Months W/ CMF WPS EBK MLA JDC RVM PA NP Signature _____ Staff _____

Next Visit: Spiro LV DLCO PA PAL Sinus DEXA BLDWK _____ Other _____

Lung & Chest-63

KING 002165

CMP
7/7/68
7/17/04
②

  
South Carolina BlueCross.com 380

WILLIAM M CASEY
ID: MIH052484753663
OV \$20/\$45
ROUTINE \$20

Important: Pre-authorization required for all hospital inpatient admissions or we may reduce benefits. Providers submit via SouthCarolinaBlueCross.com or call 1-800-334-7287.

For Online Service: Log into My Insurance Manager on SouthCarolinaBlueCross.com.
Mental Health & Substance Abuse Precertification/Claims: call ComPsych at 1-800-637-5221

Providers: Report emergency admissions within 24 hours. Submit claims to your local plan.

Members: Personnel Service Center: 1-877-436-7868
BlueCross Customer Service: 1-888-773-3658
PPO Network Provider Information: 1-800-810-2563
First Advice Nurse Line: 1-888-521-2553 (anytime)
File all claims to: BlueCross BlueShield of South Carolina, Piedmont Service Center, P.O. Box 6000, Greenville, S.C. 29608-6000.

BlueCross BlueShield of South Carolina, an independent licensee of the Blue Cross and Blue Shield Association, provides administrative claims services only and does not assume any financial risk or obligation with respect to claims. GL

Lung & Chest-64

KING 002166

LUNG & CHEST MEDICAL ASSOCIATES
2030 North Church Place, Spartanburg South Carolina

ROUTINE MEDICATION LIST:

Date Reviewed and Updated/ By Whom

12/1/84	1	1	1	1
1/1/85	1	1	1	1
1/1/85	1	1	1	1
1/1/85	1	1	1	1
1/1/85	1	1	1	1

Lung & Chest-65

Lung & Chest-65

3448

File

File

1 TEL #800327-3238 P

Lung & Chest-66

KING 002168

3449

THE WARD LAW FIRM, P.A.

ATTORNEYS AT LAW
POST OFFICE BOX 3188
SPARTANBURG, SOUTH CAROLINA 29304
(864) 582-4365

JAMES W. HUGHES
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EDWARD R. COLE
CATHY HOEFER MCCABE
ROBERT E. DAVIS*
JASON M. IMHOFF

*ALSO MEMBER NORTH CAROLINA BAR

RUFUS M. WARD (1908-1988)
L. PAUL BARNES (1931-1986)

233 SOUTH PINE STREET
SPARTANBURG, S.C. 29302

FAX: No. (864) 583-8981
E-mail: sking@wardfirm.com

Direct No. 864-591-2364

June 16, 2006

Lung and Chest Medical Associates
Medical Records Custodian
2030 North Church Place
Spartanburg, SC 29303

Re: William Mark Casey v. Gregory J. Feldman, MD, Joseph A. Boscia, III,
MD, Upstate Lung and Critical Care Specialists, PC, and Devendra
Shantha, MD

CA No.: 2006-CP42-1728
Our File No.: 26-0266

Donna,
Invoice faxed 8-14-06.
Thanks,
Maria Kimbrell CMA

582-6703
ext. 502

Dear Records Custodian:

These medical records and billing records are being sought based on a medical malpractice lawsuit filed by William Mark Casey. A copy of this letter and subpoena are being sent to her attorney. Accordingly, I am providing notice under state and federal law that I am seeking the production of the information contained in the subpoena. The subpoena contains instructions for responding to it. Unless Plaintiff or her attorneys raise an objection within ten (10) days of the receipt of this subpoena, you should produce the records as specified in the subpoena.

We will, of course, pay reasonable costs for production of these documents.

I am

Very truly yours,

Donna C. Hill

Donna C. Hill, C.L.A.
Paralegal to H. Spencer King

/dch

Enclosure

cc: Chuck Thompson, Esquire w/enclosure
William U. Gunn, Esquire w/enclosure

Lung & Chest-67

KING 002169



Lung and Chest Medical Associates

Charles M. Fogarty, M.D.
J. Douglas Clark, M.D.
Rico V.L. Mendoza, M.D.
J.R. Blum, F.N.R.

Fax: (864) 585-2102

Wilson R. Smith, Jr., M.D.
E. Bert Knight, III, M.D.
Mary Lou Applebaum, M.D.
Beth V. Edwards, PA-C

Fax: (864) 582-3750

Facsimile Transmittal

Confidential Health Information Enclosed

Date: 8-24-05

Time: _____ AM PM

To: Chuck Thompson

Facility: Burt's Firm

Fax #: 583-6927

Total pages sent: 04

From: Maria Kimbrell CMA - mkatlands@bellsouth.net Phone#: (864) 582-8703 ext 502

RE: Mark Casey

The 7-21-05 note we discussed earlier to follow.

Dr. Fogarty made a few changes - nothing significant.

Please update your current copy.

Thanks,

Maria



This Facsimile contains protected health information that is of a sensitive and confidential nature. It is being faxed to you with the authorization of the patient or under circumstances where authorization is not required, and is intended for the use of the person or entity to which it is addressed. You are required to maintain this information in a secure and confidential manner and are prohibited from re-disclosing it without first obtaining the patient's consent or as otherwise permitted by law. Unauthorized re-disclosure may subject you to federal and state law penalties. If the reader of this message is not the intended recipient or if you have received this message in error, please notify us immediately by phone (collect if necessary) and return this message to us by mail.

2030 North Church Place, Spartanburg, South Carolina 29303 (864) 582-6858
~~Cefixime/fax cover chest genital~~
Pulmonary Medicine Critical Care Bronchoscopy Asthma Therapy Sleep Disorders

THOMPSON 000536



Lung and Chest Medical Associates

Charles M. Fogarty, M.D.
J. Douglas Clark, M.D.
Rico Y. L. Mendoza, M.D.
J.R. Pina, R.N.P.

Fax: (864) 585-2102

Wilson P. Smith, Jr., M.D.
E. Bert Knight, III, M.D.
Mary Lou Applebaum, M.D.
Beth V. Edwards, PA-C

Fax: (864) 582-3750

WILLIAM CASEY
77168
07-21-05

OFFICE NOTE

Chief Complaint

William Casey returns for follow up on his 7/19 visit. At that time he was having dry heaves and nausea and this was felt possibly to be an interaction between the Strattera and the Cymbalta and he was advised to discontinue these. Since then he is better. He continues to have chest pain, a squeezing sensation, which can be present without exercise, although it is exacerbated by exercise.

We should note that it was this symptom that led him to go to the emergency room May 2004. Although the presenting complaint was chest pain, a chest film showed a metallic fragment. This was interpreted as being in the chest by the treating physician and the patient was referred for pulmonary consult and underwent bronchoscopy within hours of his presentation. The bronchoscopy did not show a foreign body, but rather an area of erythema, and he was scheduled for a laser bronchoscopy the following week. The laser bronchoscopy was performed, with the patient under lengthy anesthesia for 1 hour and 50 minutes, and was complicated by pneumomediastinum.

Since the procedure the patient has ultimately recovered from his pneumomediastinum, bilateral pneumothoraces requiring chest tubes, intubation and mechanical ventilation. However, he has been unable to work and is now depressed over his long-term outlook.

Current Medicines

1. Advair 250/50 twice daily.
2. Combivent 1 puff four times daily as needed.
3. Ultram 50 mg four times daily as needed chest pain.
4. Lipitor 10 mg daily.
5. Lortab four times daily as needed.

Social History

He has been out of work now for a year and probably will be out of health insurance and a job, since he has been unable to hold gainful employment in the interim in large part because of his difficulties with concentrating and staying focused. The issue of his chest pain still remains unresolved. Cardiac evaluation was negative and his chest pain may be benign chest wall. On the plus side, he has quit smoking.

Continued...

2030 North Church Place, Spartanburg, South Carolina 29303 (864) 582-6858

Pulmonary Medicine

Critical Care

Bronchoscopy

Asthma Therapy

Sleep Disorders

THOMPSON 000537

WILLIAM CASEY
77168
07-21-05
Page Two

Family History

Coronary artery disease and hyperlipidemia, as previously noted.

Review of Systems

A cardiac catheterization in 2000 did not show any critical narrowing. The CT prior to his laser bronchoscopy was normal range except for incidentally noted coronary calcification. No additional findings on cardiorespiratory, GI or GU review.

Physical Examination

Vital Signs: Wt. 176.6, BP 153/91, HR 78, RR 20 and SaO₂ is 98% on room air.

General: No acute distress.

Skin: Normal turgor.

HEENT: Pupils symmetric.

Neck: No jugular venous distention.

Chest: No wheezes, rales or rhonchi.

Cardiac: No murmur or gallop.

Abdomen: Bowel sounds present. The patient felt like he might have the heaves while in the office but no emesis.

Extremities: No edema or clubbing.

Neurological: The patient had difficulty staying focused with answers to questions and could not repeat five numbers backward on a simple cognitive screen, but could repeat four numbers.

Laboratory Data

The vital capacity is 4.65 or 98% of predicted. The forced expiratory volume is 3.76 or 97% of predicted.

Today's cardiogram is normal range. Interestingly the cardiogram while he was in the hospital with his chest pain in May of last year showed nonspecific ST T-changes.

Impression

1. Chest pain, probably chest wall.
2. Nausea and vomiting, improved.
3. Persistent difficulty concentrating staying focused.
4. Status post laser bronchoscopy complicated by pneumomediastinum and pneumothoraces.

Continued...

THOMPSON 000538

WILLIAM CASEY
77168
07-21-05
Page Three

Comment

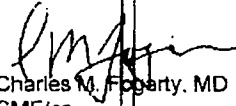
With reference to the patient's chronic squeezing chest pain, he does have risk factors for coronary artery disease in terms of his hyperlipidemia, family history, previous smoking and incidentally noted coronary calcification on Spartanburg Regional Medical Center CT. A formal coronary calcium score may be indicated and if elevated may be an indication to proceed with more vigorous cardiac workup. However, the chronicity increases the likelihood his chest pain is benign.

With reference to the patient's GI symptoms they do seem improved since discontinuing the Strattera and this really did not help with his staying focused anyway. However, he may still have some underlying pathology such as cholelithiasis or peptic ulcer disease and ultrasound of the gallbladder appears warranted. If symptoms persist we may consider an upper GI.

With reference to the patient's difficulty concentrating, air emboli have been reported as a complication of laser bronchoscopy even without perforation of the endotracheal tree with resultant leakage of air into extrapleural, vascular and mediastinal spaces. Although he is fortunate not to have any gross motor deficit, he may well have a permanent neurologic deficit in which case the indication for taking medication, such as Strattera, may be moot; the patient may simply need to recognize that although he would like to go back to work, he may be chronically disabled by his neurologic impairment/permanent brain damage.

Plan

We will check back with the patient with reference to his coronary calcium score and his gallbladder ultrasound. Further evaluation will proceed pending the results of above.


Charles M. Fogarty, MD
CMF/ns
cc: Dr. Gonda
Dr. Grace

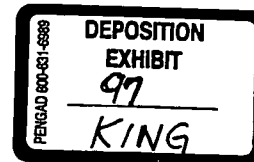
THOMPSON 000539

Breach of Duty—DR B.

- Failure to obtain proper/appropriate history
- Failure to obtain proper/appropriate physical exam
- Failure to perform History and Physical before surgical procedure
- Failure to obtain proper operative consent
- Performance of unnecessary operative procedure (flex bronch)
- Failure to properly interpret negative findings of bronch (metal defying gravity in upper lobe covered up with tissue but no visible bump)
- Failure to follow up/review Chest CT results which he ordered
- Failure to inform patient of Chest CT results
- Failure to inform other physicians of Chest CT results
- Ordering an unnecessary procedure –rigid bronchoscopy
- Ordering a dangerous procedure laser to melt metal while in the lung
- Failure to schedule outpatient visit for pre-op evaluation before day of rigid bronch
- Denial/cover-up of above errors (“something was there”) to patient on subsequent patient visits

Breach of Duty—Dr. F

- Failure to communicate with Dr. B.-physician ordering bronchoscopy
- Failure to review Chest CT results *Failure to review S&B Post-Op. Report, Boscia's H&P, + Boscia's Op. Report*
- Failure to schedule/perform evaluation (usually outpt.) prior to proceeding with rigid bronchoscopy
- Failure to obtain proper history
- Failure to obtain proper physical exam
- Failure to perform required H&P before rigid bronch with laser/surgical procedure
- Failure to obtain proper operative consent
- Failure to conduct proper pre-op “Time Out”
- Performance of unnecessary procedure (rigid bronch)
- Attempt to perform dangerous and contraindicated procedure (laser vaporization/melting of substantial metal object while still in lung)
- Failure to terminate unnecessary procedure and continuation of same for another 30 minutes after abrupt change in Vital Signs indicated patient deteriorating (tachycardia and hypertension)
- Failure to perform required admission H&P at any time during admission
- Failure to communicate legibly in chart
- Failure to communicate/cover up of errors to patient
- Failure to report incident for review by Laser Safety Committee



THOMPSON 046863

Breach of Duty Dr. Shantha

Failure to follow hospital policy of H&P in chart before operative procedure starts
Failure to recognize grossly inadequate improperly executed operative consent
Failure to personally conduct pre op "Time Out"
Failure to communicate results of negative CT to surgeon
Failure to recognize proposed operation (Laser melting/vaporization of metallic foreign body) lethal to patient if actually carried out
Failure to recognize patient deteriorating and communicate same to surgeon for last 30 minutes of operation
Failure to monitor for cerebral hypoxemia.

Outcomes

Patient underwent unnecessary flex bronch
Patient underwent unnecessary general anesthesia and rigid bronch
Patient underwent unnecessarily long general anesthesia with risk of anesthesia per se to brain function
Patient underwent potentially lethal attempt to melt supposed metal object while still in patient's lung
Rigid bronchoscope and laser tore hole thru bronchus (and into adjacent blood vessels)
Patient developed life threatening respiratory distress, changes in vital signs, tension pneumothorax, confusion, agitation, altered brain function.
Patient required insertion of ~~endotracheal~~ ^{tracheostomy} tube into lungs for life support, insertion of chest tube into pleural space for relief of tension pneumothorax, and intravenous medication for treatment of deteriorating vital signs and altered brain function.
Instead of initially planned outpatient procedure, patient required admission to intensive care unit and 4 day hospital admission
Patient's heart and lung function recovered to pre-op baseline.
Patient's mental status and higher brain function has not recovered to baseline, and after two years time is judged permanently impaired neurocognitive function
Patient is no longer able to carry on supervisory functions required by his previous job
Patient's employment is limited at best to lower level, minimum wage work.
Pt is less able to enjoy activities of daily living knowing that he has lost some of his mental ability to plan, organize, and remember.

THOMPSON 046864

CV- Bronchoscopy experience/credentials

On your CV in the section PRESENTATIONS (p6) you mention that you were an invited speaker at the 1997 Ponte-Vedra Tri-State Consecutive Case Conference on Lung Disease. Can you tell us about your presentation? (Seven Consecutive Cases of endobronchial management of airway obstruction)

Did the 7 cases you presented all do well?

Did any of them have complications or problems related to their bronchoscopies?

Have you been invited back again to speak at the Ponte-Vedra conference since your 1997 talk?

On your CV under Hospital Appointments (p5) are you listed as "Director, Interventional Bronchoscopy" ?

under Professional Experience (p 3) are you listed as "Medical Director, Interventional Bronchoscopy Program, Spartanburg Regional Medical Center,, 1992-present"?

Can you tell us what Interventional Bronchoscopy is? (Yag Laser, Stents, Brachytherapy)

Can you tell us about your work as the medical director of the Spartanburg Regional Medial Center Interventional Bronchoscopy Program?

Does the hospital provide you with an office?

Do you have any support or secretarial staff?

Do you have a quality assurance program? (if no, "isn't this generally recommended? If yes, tell us about the specifics of the Q/A)

Does the Interventional Bronchoscopy program have meetings? (how often, what is discussed?)

Does the program keep records, minutes of meetings?

Does the program make recommendations to the hospital? If yes, explain

Does Spartanburg Regional have a Laser safety committee?

THOMPSON 046866

How does your Interventional Bronchoscopy program interact with the Laser safety committee?

Granted that it is a long time since 1992 when you were initially appointed as Medical Director, do you member the process by which you got the appointment?

How are Spartanburg Regional Hospital appointments generally made?

Is there a process and chain of command or authority for hospital appointments? (Can anybody appoint themselves)

Once there is a recommendation for a hospital appointment by the appropriate bodies, is there a final approval by the Hospital administration and Board of Trustees?

As medical director, do you receive a salary?
Do you receive any other benefits such as reimbursement for attendance at Interventional Bronchoscopy meetings?

Is there a provision in your contract for annual review and renewal?

Do you have a contract?

Do you have records or documentation of your appointment in 1992?

Does the hospital administration and Board of Trustees know that you are holding yourself out to the public as the Medical director of the Spartanburg Regional Medical Center Interventional Bronchoscopy Program? (who knows, How?)

Does the Hospital Administration and Board of Trustees approve of your holding yourself out to the public as the Medical Director of this program? (documentation?)

THOMPSON 046867

CV-Research Experience

On your CV in the Board Certification section (p3) you are listed as a Certified Principal Investigator. Can you tell us what a principal investigator is? (Conducts clinical trials, is responsible for conduct of study and signatory on 1572 form—contract with FDA)

Is Dr. Boscia also a Certified Principal Investigator?

Can you tell us about the Board certification for principal investigators?

Can you tell us the name of the Board that certified you? (It was not a Board but the Association of Clinical Research Professionals—a professional society)

Did you receive a certificate from this Board documenting your Board certification?

Is this Board recognized or approved as such by the council on medical accreditation?

Is this a specialty or a subspecialty board?

What kind of residency or training is required to apply for certification?
(You need to be an investigator or subinvestigator for 2 years to take the exam which has a high pass rate)

Is there any mention on the certificate you received that you are board certified?

Do you have a copy of this certificate?

Given that Dr. Boscia is also a Certified Principal Investigator, do you think he should list this on his CV under Board Certification?

Are you aware that he has not listed this certification on his CV under Board Certification?

Do you think it is misleading to list your credentials as a Certified Principal Investigator under Board Certification if it turns out that your certificate does not say anything about Board certification?

THOMPSON 046868

On your CV under Research are you listed as a Principal Investigator/Subinvestigator at Lung and Chest Medical associates from 1996-2000?

Can you tell us about what you did at the Lung and Chest Medical research program?

On your CV under Research are you listed as a Sub-Investigator at Spartanburg Pharmaceutical Research from 1994 to 1998?

Can you tell us about what you did at the Spartanburg Pharmaceutical Research program?

Can you conduct clinical research for the pharmaceutical industry as an investigator or subinvestigator without your name being listed on FDA form 1572?

Can you tell us about FDA form 1572?

Is there a statement on the 1572 that says: WARNING: a willfully false statement is a criminal offense?

Would it be a problem if you conducted clinical research as an investigator or subinvestigator on a given study and your name was not on the 1572 for that study?

On p 7, Under Research Experience on your CV, are you listed as a Sub-Investigator on RWJohnson Levofloxacin Pneumonia Protocol M92-075?

Does the 1572 form for that study list you as a Sub-Investigator?

Do you have a copy of that form?

If that form did not show your name as a subinvestigator, might that indicate that you have mistakenly listed yourself as a subinvestigator for that study on your CV?

Going back to page 7, Under Research Experience, are you listed as a Sub-Investigator on RW Johnson Levofloxacin protocol LOFBIV-MULT-001?

Does the 1572 form for that study list you as a Sub-Investigator?

Do you have a copy of that form?

If that form did not show your name as a subinvestigator, might that indicate that you have mistakenly listed yourself as a subinvestigator for that study on your CV?

THOMPSON 046869

There are several other clinical trials listed on pages 7, 8, & 9 where you list your self as a subinvestigator.

Do you have copies of the 1572 forms for these specific clinical trials documenting that you were indeed a subinvestigator on these trials?

If you yourself don't have documentation that you were a subinvestigator on these trials, can you tell us how the accuracy of this information on your CV can be verified?

Could listing yourself on your CV as a Subinvestigator on a given study when it is not really clear that you were listed on the 1572 give a false impression that you had an active role in the study? (If he had an active role and is not on the 1572 this could be a criminal offense)

What was your intent putting this information on your CV that you cannot verify as accurate and might even be misleading?

Do you feel researchers have a responsibility to be sure they are providing accurate and verifiable information?

THOMPSON 046870

Background questions on chest films

Do you view yourself as knowledgeable in the interpretation of chest films?

Do you look at chest films in your office? At the hospital?

When you look at any film do you take a systematic approach such as first verifying that the name and date on the film are correct, right or left side is labeled, and the film is technically adequate?

Have you ever had occasion to repeat an Xray because there appeared to be a problem with the film?

What is a portable chest film?

How is the film taken?

Is the film protected by a cassette?

Is the cassette put in between the patient's back and the bed?

Does this look like the sort of cassette that might hold the film?

How is the cassette put together?

Are there small screws in this cassette?

Does this screw look loose?

What is a PA chest film?

Given a choice, is a PA chest film generally preferable to a portable film?

In trying to be sure of the location of a density on a film, is it helpful to get both a PA or front view and well as a Lat or side view film of the chest?

Do you see fairly sick patients in your office? Patients who are on oxygen, short of breath, having chest pain and so forth?

THOMPSON 046871

If a sick but ambulatory patient was in your office and needed a chest film, would you get a PA chest film or a portable film?

If there appeared to be an abnormality on the PA film but it was not clear just where it was, would you get a lateral film? (If no, why?)

Have you ever had occasion to take a second film, either a PA or a Lateral, because there was a problem or ambiguity with the first film?

Where is the aortopulmonary window?

Does the aortopulmonary window connect to the bronchi?

If a foreign body or dense object went thru the voice box and down the windpipe into the lungs, how would it get into the aortopulmonary window?

If something was in the aortopulmonary window and you looked for it through a bronchoscope, would you be able to see it?

Have there been any non-emergency cases where you had a patient in the office with an unusual appearing small density on the front or PA view?

Did some of these cases not have a lateral or side view? (if they all did this implies that a side view is standard of care)

On these cases without a side view, did you then proceed straight to a bronchoscopy to see where this density was located?

(Tell us more about this case where you didn't bother with a lateral chest film before bronchoscopy?)

THOMPSON 046872

FELDMAN involvement with Mark step by step

(SEE MARIA CHANGES)

Tell us how you came to be involved with Mark Casey's case in the Spartanburg regional ER on 5/28/04?

Were you asked to look at a film?

Who else looked at the film with you?

Was this an unusual film?

Did you look at the film with a radiologist?

Did you discuss the film with a radiologist?

Did you look at Mark the patient or just his film during this initial evaluation in the ER?

This is the actual portable chest film of Mark taken when he came into the ER on 5/28/04.

Is this the film that you looked at?

What do you see on this film?

What is the shape of the object or shadow marked by the crayon circle?

Do you know who drew the circle around the object?

Describe the shape and density of this object?

Please measure the size of the object?

What sorts of objects could make a shadow like this?

THOMPSON 046873

Would this shadow be consistent with something of metallic density?

How many times in the past year have you seen something like this on the film of another patient?

Can you tell from this film if the object that made this shadow was on the front side of Mark's chest, inside of Mark's chest, or on the back side of his chest?

If Mark was in your office and you had just taken this film, what would be your next step in determining if the metallic object making this shadow was on the front side of Mark's chest, inside his chest, or on the back side of his chest?

Where is the aortopulmonary window on this chest film?

Does the metallic object on this film appear to be overlying the aortopulmonary window?

Would it be possible for the metallic foreign body to be in the aorto pulmonary window and in the left bronchus at the same time?

Since Mark was trying to understand why the Drs felt there was something inside his chest that needed an urgent bronchoscopy to get it out and since the radiology report said the metallic density was **projecting** over the aorto pulmonary window, we took front and side view chest films with a metallic foreign body taped on the back side of Mark's chest, to show Mark how a metallic foreign body that is actually behind his chest might be mistakenly thought to be in the chest.

This is the front view we took on Jan 2, 2008. Would you agree that there appears to be a metallic foreign body in the left upper part of the film?

This is a chest film of Mark that we took a minute later with Mark turned sideways. Can you tell us where the metallic foreign body is located on this side view?

So, you would agree that taking a side view helps to show that the metallic foreign body that looks like it is in the chest on the front view, is actually behind the chest?

THOMPSON 046874

If Mark's chest film had been normal would there have been a reason for the DRS in the ER to have called you to look at the film?

With your group have been asked to consult on Mr. Casey, could you tell us step by step how you proceeded?

Given that Dr. Boscia performed the H&P and the bronchoscopy that afternoon, did he go over the case that evening or the next morning when he scheduled the patient to see you for a Rigid bronchoscopy with Laser?

Did he tell you that he didn't see any foreign body on the bronchoscopy?

Did he tell you that the portable chest film radiology report indicated that the foreign body was projecting over the aortopulmonary window and clinical correlation was indicated?

Did he tell you that the CT scan he ordered that afternoon did not show any foreign body in the chest?

If Dr. Boscia had told you that the radiology report indicated that the foreign body was projecting over the aortopulmonary window and the Chest CT didn't show any metallic foreign body in the chest at all, would you have proceeded to rigid bronchoscopy with laser to vaporize the foreign body?

Given that the hospital rules require operating physician to have an up to date H&P and an informed consent in the chart before proceeding to the OR for surgery, would it have been reasonable for Dr. Boscia to schedule Mark to see you in the office to give you time to get the required documents in the pre op chart?

Is this a fairly standard practice for you to wait until just before the operation to perform the H&P, review the labs, and obtain the informed consent?

On 6/3 when you received the call from the OR at ____, the schedule indicates 30 patient were scheduled to see you that morning.

How many patients did you end up seeing?

Who saw the rest of the patients?

At what time did you leave the office?

THOMPSON 046875

When you left your office were you wearing your usual clothes?

Did you feel you have to hurry to get to the OR?

How long did it take you to go from your office to your parking lot, thru the 4 or 5 stoplights (depending on your route) to the hospital parking lot to the OR?

Which hospital parking lot did you use/do you usually use?

When you got to the OR did go to the locker room to change from your street clothes to hospital scrubs?

About how long does this usually take?

Did you follow OR policy in terms of washing and scrubbing your hands?

About how long does this usually take?.

When you got to the OR holding area did you look at Mark's chart?

Did you find that Mark's chart was missing the pre op H&P and informed consent?

Did the chart have some nursing notes?

Did the chart have DR. Shanta's pre op anesthesia note completed at _____?

Did you look at the anesthesia note?

Did you see on the anesthesia note where it was written that the Chest CT was negative for a foreign body?

If the anesthesiologist had told you there was no foreign body on the CT or if you had read the anesthesia note indicating the CT was negative for a foreign body, would you still have proceeded to obtain the consent for rigid bronchoscopy with Yag laser for foreign body?

THOMPSON 046876

When you saw Mark was he in the OR holding area? (if not where was he?)

Did you take an updated history and perform a physical exam?

Had you already obtained the informed consent? Or did you do the updated history and physical first?

Had IV lines already been started in Mark's arms?

Had he received any sedation?

About what time did you perform the H&P?

About what time did you obtain the consent?

Was a witness present with you for the consent?

Was the witness present with you to witness the whole consent discussion or did the witness just witness the signature.

THOMPSON 046877

INFORMED CONSENT FROM MARK- Ideal

In your CV as we discussed earlier you have been conducting clinical trials for some time and passed the certification exam in clinical research.

Are you familiar with the concept of informed consent?

Have you ever undergone an FDA audit?

How did you do?

Are consent forms one of the things the FDA focuses on?

Is it important to put the time of the consent on the consent form?

Why is this important? (The time given on the consent should be before any procedures start, other wise pt could be sedated from pre meds and not fully competent to give consent?)

Should the consent form state the name of the **Dr. who is in charge** of doing the procedures?

Should the consent form describe the **procedures to be done in lay language**?

Should the consent form **describe the purpose of the procedures**?

Should the consent form state the **name of the person obtaining the consent**?

Should the consent form state the **risks of the procedure**?

Should the consent form state the **alternatives to the procedure**?

THOMPSON 046878

MARKS CONSENT--ACTUAL

On your consent form (132) can you tell me what time you wrote down on the line at the top of page that says time?

On the line where it says I authorize and direct doctors _____ can you tell me what name is listed as the DR selected to perform the procedure?

We will skip the next line about sedation administration since the anesthesiologist was responsible for this part.

On the next line where it says description of operation in language of layman did you write "Rigid bronchoscopy + laser + removal of foreign body"?

I would like you to reenact how you got the informed consent from Mark.

Please pretend I am Mark Casey.

I am now in the holding area prior to going in the OR.

You have just come in to explain the procedure and obtain my informed consent

Now if you could explain things to me and talk to me just as you think you talked to Mark on 6/3/08. Since I pretending I'm Mark I may ask you some questions along the way just as Mark would have done.

Even though you have obtained these consents hundred's of times and probably know it by heart, take your time to gather your thoughts and start any time you want.

(Dr. Feldman's reenactment of how he obtained consent for rigid bronchoscopy with laser to be done now --time with your watch)

? to remove metallic foreign body

THOMPSON 046879

Reason for procedure _____

Large metal tube ½ inch in diameter and 18 inches long

Expl of Rigid Scope _____

Mention comp from prev rigid –sore throat, chipped tooth, hoarseness

Expl of risks of rigid scope _____

Expl of Laser _____

Should mention complications from previous lasers he has done bleeding, fire, death

Expl of risks of laser _____

Expl of benefits _____

Expl of alternatives _____

Verification that all Mark's questions answered and he understands procedure

At the time you obtained Mark's consent

THOMPSON 046880

GENERAL LASER QUESTIONS

I would like to learn a little more about the laser bronchoscopy procedure and how it is done at Spartanburg Regional.

Can any Dr. go to the hospital and do a laser bronchoscopy or does it take special training?

Tell me about your training.

What attracted you to doing laser bronchoscopy

Is there a credentialing process for laser bronchoscopy?

What do you have to do to maintain your credentialing?

Tell me about the equipment?

How deep can a gas laser pulse penetrate - 75 mm
If the laser gives a pulse that is too strong or too long could that be a problem?

If too many pulses are given could that be a problem?

How do you check to be sure the equipment is operating properly?

Does the laser equipment have a way to keep track of the strength of the pulses? The duration of the pulses? The number of the pulses? Is this information useful to the Dr to help him keep track of what he has done?

Was the equipment operating properly when you used it in Mark's case?

Was the printer that records the number of pulses, duration of each pulse, strength of each pulse operating properly when you used it in Mark's case?

Was a recording or tape made of the pulses?

THOMPSON 046882

If not, was the number, strength, duration of each pulse recorded manually by one of the machine operators?

What happened to this tape or record?

Tell me about the safety issues

Is there a special room

Can anybody go in the room

Do you have to wear special goggles

Why

Have there been any cases of vision loss if the goggles weren't worn properly?

Do the people assisting have to have some special training?

Tell me about the Spartanburg Regional laser safety committee?

Do they have meetings? Take minutes? Submit recommendations?

Did you ever report Mark Casey's case to the laser committee?

Prior to Mark's rigid bronchoscopy

THOMPSON 046883

On the morning of 6/3 Prior to going into the OR for the Rigid Bronch, did you review Dr. Boscia's H&P?

Did you review his hand written and dictated 5/28 bronchoscopy notes?

Did you review any other materials such as photographs of the spot?

Did you talk with Dr. Boscia?

ON your 6/3 dictated bronchoscopy note under indication for procedure you state that Mark had "the finding of abnormal granulation tissue and abnormal subsegment in the left upper lobe corresponding to what appeared to be a crown foreign body on chest X-ray"

6/1
Subsequently in the hospital chart discharge summary (300) you state that the "Patient underwent initial bronchoscopy by Dr. Boscia with finding of quite irritated, blistered airway"

THOMPSON 046884

Was this finding of a quite irritated, blistered airway something that Dr. Boscia had written the chart? (Boscia makes no note of an irritated blistered airway)

Was it something he told you? (When and if so, why is this at odds with what he wrote?)

Did you believe the abnormal granulation tissue referred to the same area as the blistered airway?

Does granulation tissue usually have blisters?

Dr. Boscia wrote in his bronchoscopy note (67) that he saw "a very erythematous area that was easily friable" but he didn't say anything about irritated blisters. Did he show you any pictures to resolve the discrepancy over whether the area was blistered or whether it was erythematous and friable?

Does the bronchoscope have an adapter which allows for photographs to be taken?

Has Dr. Boscia shown you pictures of other bronchoscopy cases?

Do you know if Dr. Boscia took any pictures on this case?

Did Dr. Boscia show you any photographs on this case?

In your bronch note you refer to Mark's X-ray as showing "crown foreign body" and in the discharge summary as showing "missing dental material"

Were you referring to the X ray that you had looked at with Dr. Paladuga on 5/28?

In between the time that you looked at the X ray on 5/28 and the time that you dictated the bronchoscopy on 6/3 and the discharge summary of 6/6, who provided you with the information that there was "crown foreign body" or "missing dental material"?

Did Mr. Casey tell you he had recently lost dental material? Did Mr. Casey say he had any missing crowns?

Did Dr. Paluduga?

Did Dr. Boscia?

Does a crown usually cover the roof of an entire tooth?

Would a crown generally be large enough so that it's absence could be detected by the naked eye?

THOMPSON 046885

583-6927

Chuck
Thompson

Confidential



THOMPSON 046789

Could the oxygen be low in one blood vessel going to the brain, but still OK in other blood vessels? (This is what a micro embolus does—it blocks off blood flow and oxygen to the distal or back part of that one vessel while other adjacent vessels are unaffected)

- * How long would the oxygen have to be low for permanent damage to that part of the brain to occur? (5 minutes or less would be an appropriate answer)
In the course of your care of Mr. Casey you ordered an abdominal film?

Was one of the reasons for that film to see if the metallic foreign body was now in the abdomen?

At the time that you ordered this film did you know that the chest CT from five days previous did not show a metallic foreign body?

- * When did you learn that the chest CT was negative for a metallic FB?
* What was your reaction when you learned (now that you have learned) that the previous CT was negative for a large metallic foreign body?

- * When did you learn that the large metallic foreign body was not seen on the previous flexible bronchoscopy? *Did he ever learn Boschi's Flex. bron. who may? Did not observe foreign body.*
* When did you learn that the patient had not lost a dental bridge and in fact did not even have a dental bridge to start with?

What was your reaction when you learned (now that you've learned) that the patient did not have a dental bridge?

In your previous testimony (p11) you said that you had only done a few rigid bronchoscopies (1-2) in the past 10 years and that that rigid bronchoscopies are rarely done, since there are not that many cases that need rigid bronchoscopy. Would you have done a rigid bronchoscopy in this case?

THOMPSON 046788

* In your previous testimony (p84) you said that there could have a^A perforation of the small pulmonary blood vessels or capillaries but that you didn't see any evidence of this when you inserted the chest tube (since these low pressure blood vessels don't bleed very much.

You also mentioned that the pulmonary veins are very close to the left upper lobe bronchus, just on the out side of the bronchus. Given that the occurrence of the tension pneumothorax means that something (either the laser or a forceps) perforated or poked a hole in the bronchus, would it have been possible for a perforation or tiny hole to have gone on right thru into the pulmonary vein right next to the bronchus?

* Given that the tension pneumothorax air is under high pressure, if there was even a tiny hole or perforation poked in the pulmonary vein, would it be possible for some of the high pressure tension pneumothorax air to leak or get into the low pressure pulmonary vein?

Once a tiny air bubble gets into the pulmonary vein, can it go thru the left heart? Could it go into the blood vessels going to the brain? Could it end up blocking blood from flowing into tiny blood vessels in the brain

^{Stop}
As a cardiovascular surgeon are you familiar with the term "pump head"?
(during the surgery, possible from the cardiovascular pump, little tiny particles, platelet clumps, debris, "micro emboli" get into the blood vessels going to the brain. While there is no gross stroke, the patient may end up with subtle neurologic deficits which may be permanent. While the microemboli from heart surgery may be solid particles, anything, including a tiny air bubble, that keeps the blood from going thru the tiny vessels or capillaries to the brain can cause neurologic impairment.)

Can these patients who have had heart surgery end up with subtle mental or neurologic deficits even though they don't have any gross findings such as a stroke?

^{Start Back}
If the oxygen is low in a blood vessel going to a part of the brain, could this cause damage to that part of the brain?

If you do lasers, you stay away from left upper lobe. If you laser through left upper lobe.

THOMPSON 046787

Bosch

In your previous testimony, (p24) you mentioned that Bronchial trauma with perforation of the bronchus is a known complication of rigid bronchoscopy and that this can result in a tension pneumothorax.

According to Dr. N's medical records,
You also mentioned that Mr. Casey did indeed have a tension pneumothorax which you treated by inserting a tube into the left chest cavity.

To review, when you say tension pneumothorax, this means that there is air under increased pressure or high pressure outside the lungs but inside the chest?

Would this mean that the air in the chest is next to or close to other structures in the chest such as the heart and blood vessels?

And this air is under increased pressure or higher than the usual pressure in the lungs?

In your previous testimony (p69) you mentioned the pressure in the pulmonary veins is low. Would it be fair to say that the pressure in the pulmonary veins or blood vessels going to the left heart is in the order of a few millimeters of mercury? *(0-2.5 Mills. of Mercury)*

lower in upper part of chest
Given the effect of gravity, would it be normal for the pressure in the pulmonary veins in the upper part of the chest to be even lower relative to the veins in the bottom of the lungs? Would it be possible for the pressure in these veins in the upper part of the chest to be essentially close to zero mm Hg or even slightly lower?

THOMPSON 046786

Would it be unusual for a patient who had just come in to the ER with a foreign body this large in the left upper lung not to have any symptoms such as fever or wheezing or cough during the next 5 days?

* If you did proceed with the rigid bronchoscopy, given that the patient did not have any awareness of a large metallic object getting into his lungs, did not have any awareness of a loss of a dental bridge, did not have any ongoing symptoms of wheezing or cough, did not have any metallic object seen on a previous flexible bronchoscopy, and did not have any metallic object seen on the previous CT scan, ^{on informed consent} would it make sense to tell the patient that the purpose of the rigid bronchoscopy was to remove a foreign body?

THOMPSON 046785

- * Before proceeding to a bronchoscopy, would you consider asking the patient if he had any **awareness** of anything going down the wrong way into his lungs?
- * Would it be unusual for a substantial metallic object to go down into a patient's lungs **without the patient having any awareness** of symptoms such as coughing, choking, losing a dental bridge?
- * In your previous testimony you mentioned that if something did get into a patient's lung, that due to gravity it would be more likely to go into the lower lungs and that the pathway to the right lower lung is more of a straight connection. Would the **somewhat unusual location** of this large metallic object over the left upper lung field be an addition reason to consider that if there was no patient awareness, no visible metallic object on flexible bronchoscopy, no lesion seen on CT scan, that the object might be an artifact?
- *- When the radiology report says "**clinical correlation**" does this mean to see if the x ray finding correlates with the clinical picture?

If the x ray finding doesn't correlate with the clinical picture, **would it be possible that there was never a foreign body in the lungs in the first place?**

If 5 days had gone by since the initial portable chest film, would you want to reassess the patient, talk to the patient, and ask him about interval symptoms before proceeding with a bronchoscopy?

THOMPSON 046784

In obtaining the informed consent for a bronchoscopy, particularly a rigid bronchoscopy, is it customary to explain some of **the risks of the procedure?**

What sort of risks would you mention?

In obtaining the consent for a rigid bronchoscopy procedure, is it customary to mention the **reason for the rigid bronchoscopy?**

In Mr. Casey's case, where the portable chest film showed a substantial metallic density but a flexible bronchoscopy and a chest CT the same day did not show a foreign body, **what reason** would you give for proceeding with a **rigid bronchoscopy?**

If a flexible bronchoscopy and a chest CT did not show the substantial metallic foreign body seen on the AP portable chest, what possibilities would you consider? *Artifact? some on top of or below the chest.*

Would it be possible that the metallic Foreign Body seen on the AP portable chest film was an **artifact?**

Something on top of the chest or under the chest rather than actually inside the chest?

THOMPSON 046783

583-6927

Follow up questions—Dr. Tuan Nguyenduy—previous deposition Oct 19, 2007

With reference to your previous testimony (p21), you mentioned that there are several ways you can remove a foreign body **depending on where it is**.

Given Mr. Casey's situation where a portable AP chest film showed a substantial metallic density or foreign body in the left upper lung field, **can you tell us how you would determine where the foreign body is?**

Would it help to look at a **lateral** chest film?

Would it help to look at a **chest CT**?

Ordinarily, if you had time, would look at a lateral chest film or a chest CT **before proceeding** to a flexible bronchoscopy to find a foreign body?

If the flexible bronchoscopy **did not show** the large metallic foreign body seen on the portable AP chest film, would you consider looking at a chest CT?

You mentioned that you had done a couple of rigid bronchoscopies. Given that a rigid bronchoscopy involves inserting a large rigid tube into the patient with somewhat more risk than a flexible bronchoscope, would you consider looking at a chest CT before proceeding to a rigid bronchoscopy?

THOMPSON 046782

THE WARD LAW FIRM, P.A.

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E-mail: sking@wardfirm.com

Direct No. 864-591-2364

June 16, 2006

Lung and Chest Medical Associates
Medical Records Custodian
2030 North Church Place
Spartanburg, SC 29303

Re: William Mark Casey v. Gregory J. Feldman, MD, Joseph A. Boscia, III, MD, Upstate Lung and Critical Care Specialists, PC, and Devendra Shantha, MD
CA No.: 2006-CP42-1728
Our File No.: 26-0266

*Donna,
Invoice faxed 8-14-06.
Thanks,
Maria Kinbrace CMA*

*582-6703
ext. 502*

Dear Records Custodian:

These medical records and billing records are being sought based on a medical malpractice lawsuit filed by William Mark Casey. A copy of this letter and subpoena are being sent to her attorney. Accordingly, I am providing notice under state and federal law that I am seeking the production of the information contained in the subpoena. The subpoena contains instructions for responding to it. Unless Plaintiff or her attorneys raise an objection within ten (10) days of the receipt of this subpoena, you should produce the records as specified in the subpoena.

We will, or course, pay reasonable costs for production of these documents.

I am

Very truly yours,

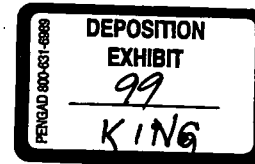
Donna C. Hill

Donna C. Hill, C.L.A.
Paralegal to H. Spencer King

/dch

Enclosure

cc: Chuck Thompson, Esquire w/enclosure
William U. Gunn, Esquire w/enclosure



Lung & Chest-67

KING 002169

1780

THE WARD LAW FIRM, P.A.

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*ALSO MEMBER NORTH CAROLINA BAR

MAIL ↑ BILL

RUFUS M. WARD (1906-1988)
L. PAUL BARNES (1931-1986)

233 SOUTH PINE STREET
SPARTANBURG, S.C. 29302

Fax No. (864) 583-8961
E-mail: sking@wardfirm.com

Direct No. 864-591-2364

June 16, 2006

Frank Gonda, MD
Medical Records Custodian
2212 Old Furnace Road
Spartanburg, SC 29216

Re: William Mark Casey v. Gregory J. Feldman, MD, Joseph A. Boscia, III,
MD, Upstate Lung and Critical Care Specialists, PC, and Devendra
Shantha, MD

CA No.: 2006-CP42-1728

Our File No.: 26-0266

Dear Records Custodian:

These **medical records and billing records** are being sought based on a medical malpractice lawsuit filed by William Mark Casey. A copy of this letter and subpoena are being sent to her attorney. Accordingly, I am providing notice under state and federal law that I am seeking the production of the information contained in the subpoena. The subpoena contains instructions for responding to it. Unless Plaintiff or her attorneys raise an objection within ten (10) days of the receipt of this subpoena, you should produce the records as specified in the subpoena.

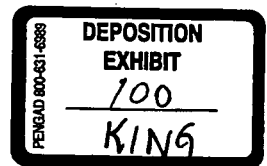
We will, of course, pay reasonable costs for production of these documents.

I am

Very truly yours,

Donna C. Hill

Donna C. Hill, C.L.A.
Paralegal to H. Spencer King



/dch

Enclosure

cc: Chuck Thompson, Esquire w/enclosure
William U. Gunn, Esquire w/enclosure

SDS
6/13/06
aw

THOMPSON 036469

William Mark Casey,
Plaintiff,

v.

C.A. No. 2006-CP-42-1728

Gregory J. Feldman, MD,
Joseph A. Boscia, III, MD, Upstate Lung and
Critical Care Specialists, PC, and
Devendra Shantha, MD,

Defendants.

TO: Medical Records Custodian, Frank E. Gonda, M.D., 2212 Old Furnace Road, Spartanburg, SC 29316.

☐ YOU ARE COMMANDED to appear in the above named court at the place, date, and time specified below to testify in the above case.

Place of Testimony -

Courtroom:

Date and Time:

☐ YOU ARE COMMANDED to appear at the place, date, and time specified below to testify at the taking of a deposition in the above case.

Place of Deposition:

Date and Time:

☒ YOU ARE COMMANDED to produce and permit inspection and copying of the following documents or objects in your possession, custody or control at the place, date and time below:

complete copy of your records of treatment at any time pertaining to William Mark Casey, SSN: 251-02-2977, OB: 11-3-58.

A complete copy of your billing records for treatment at any time pertaining to William Mark Casey, SSN: 251-02-2977, DOB: 11-3-58.

IN LIEU OF PERSONALLY APPEARING, THESE RECORDS MAY BE MAILED TO DONNA C. HILL, C.L.A., THE WARD LAW FIRM, P.A., PO BOX 3188, SPARTANBURG, SC 29304.

Place: 233 South Pine Street, Spartanburg, SC 29302

Date and Time: 3:00 pm on July 31, 2006

☐ YOU ARE COMMANDED to permit inspection of the following premises at the date and time specified below.

Premises

Date and Time

ANY SUBPOENAED ORGANIZATION NOT A PARTY TO THIS SUIT IS HEREBY DIRECTED PURSUANT TO RULE 30(b)(6), SOUTH CAROLINA RULES OF CIVIL PROCEDURE, TO FILE A DESIGNATION WITH THE COURT SPECIFYING ONE OR MORE OFFICERS, DIRECTORS, OR MANAGING AGENTS, OR OTHER PERSONS WHO CONSENT TO TESTIFY ON ITS BEHALF, AND SHALL SET FORTH, FOR EACH PERSON DESIGNATED, THE MATTERS ON WHICH HE WILL TESTIFY OR PRODUCE DOCUMENTS OR THINGS. THE PERSON SO DESIGNATED SHALL TESTIFY AS TO MATTERS KNOWN OR REASONABLY AVAILABLE TO THE ORGANIZATION.

ISSUING OFFICER'S NAME, ADDRESS AND PHONE NUMBER

H. Spencer King, Esq.,
The Ward Law Firm, P.A., 233 South Pine Street
PO Box 3188, Spartanburg, SC 29304-3188 (864/582-4366)

I CERTIFY THAT THE SUBPOENA IS ISSUED IN COMPLIANCE WITH RULE 45(b)(1) AND THAT NOTICE AS REQUIRED BY RULE 45(b)(1) HAS BEEN GIVEN TO ALL PARTIES.

ISSUING OFFICER'S SIGNATURE AND TITLE (INDICATE IF ATTORNEY FOR PLAINTIFF OR DEFENDANT)

DATE: June 16, 2006

Attorney for Defendants Gregory J. Feldman, MD, Joseph A. Boscia, MD, and Upstate Lung and Critical Care Specialists, PC

SCCA FORM 254 (7/93)

(See Rule 45, South Carolina Rules of Civil Procedure, Parts (c) & (d) on Reverse)

THOMPSON 036470

Billy

HOLCOMBE, BOMAR, GUNN AND BRADFORD, P.A.

Attorneys at Law
P.O. Drawer 1897
Spartanburg, SC 29304
(864) 585-4273

Federal I.D. No. 57-0903361

STATEMENT FOR LEGAL SERVICES RENDERED

TO: H. Spencer King, Esquire
The Ward Law Firm, P.A.
233 S. Pine Street
Spartanburg, SC

RE: Casey v Shantha, et al.

Date of Statement: July 7, 2006

Statement Number: 16806

File Number: 9077

Copy of medical chart (560 pages)

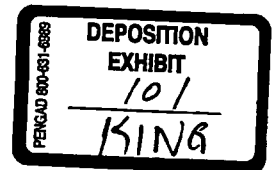
\$56.00

TOTAL STATEMENT

\$56.00

This statement includes all charges posted as of the date of this statement.
An additional statement will be rendered for any subsequent charges, if any.

With your payment please include our file number to assure proper credit.



RECEIVED
7/31/06
Ward Law
\$56.00

GUNN 000154

Casey v. Feldman
26-0266
Dr. Frank Gonda Medical Summary

Medical records of Boiling Springs Family Practice (Dr. Gonda) received in answer to subpoena.

DOB: [REDACTED]/58
DOI: May 28, 2004



KING 001853

Page	Date	Provider	Summary
Gonda 1-2.	9/21/92	Frank Gonda, M.D.	On call note from Dr. Cupstid: Received a call from Carol Casey this evening about 6:45. She says that 48 hrs. ago she witnessed her brother, Mark age 33, having a seizure episode. She was sitting with him on his deck when he seemed to fall asleep and slump in his chair. He then had projectile vomiting which was followed by a tensing of all his muscles and generalized shaking. He fell out of the chair and continued to have movements which by her description sound like a tonic/clonic seizure episode. Upon awakening sev. mins. later, he was transiently confused and drowsy. Soon felt back to normal although felt very fatigued. Pt did not seek.....that her brother reports that he is feeling well today. She set him up an appt. with Dr. Gonda for Wed, 9/23, but is concerned that he may need attention earlier, plus she wanted to describe the episode to me since she will not be able to accompany him to his appt. and will not be available at the time that he sees Dr. Gonda. Apparently there is no previous personal hx or family hx of seizure disorder. Mr. Casey is otherwise in good health and is very athletic. Told her I will speak with Dr. Gonda about the pt. and hopefully we can begin to arrange his work up before his appt. on Wed. Of course, if any changes in his condition occur prior to the Wed. appt., they should call immediately or have him come to the ER. Carol Casey's phone number is 587-1631. Mark Casey's phone number is 576-8269.

KING 001854

Page	Date	Provider	Summary
Gonda 1	9/23/92	Frank Gonda, MD	1. Syncope; 33 y/o white male comes in for the first time. Six days ago he was sitting on his deck talking to his sister. He had been working swing shifts and was very tired. He had had very little sleep. He had drank (sic) one beer. Also, he had taken a cold medicine a few days earlier and also a pain pill, which he does not know the name of, for some elbow pain. He was sitting there and he became rather nauseated, felt a little disoriented, and passed out. He does not recall anything else. His sister saw him slump over and thought he was joking. After about a minute he started gurgling and vomiting. He was unconscious for about 2 minutes and then came to. Sister said that his eyes did roll back in his head and his arms appeared stiff, but she did not see any jerking movements. He had no incontinence and did not bite his tongue. As soon as he came to he felt fine, was alert, oriented, no postictal state. He has no previous history of seizures. Pt. has no medical problems, is on no medication. Drinks a couple of beers maybe once or twice a month, and smokes less than 1/2 pack of cigarettes per day... ASSESSMENT: Syncopal episode. Differential diagnosis includes true syncope or fainting vs. a seizure. One could make a case for syncope based on a multitude of facts including lack of sleep, drinking one beer, cold medicine and a pain pill. I think seizure disorder needs to be ruled out despite that he had no incontinence and was not postictal. PLAN: Pt. is scheduled for EEG and a CT scan of the brain at Mary Black next week. Will not start him on medications at this time unless he has a recurrence. Precautions given concerning repeated episodes in dangerous places such as driving.

KING 001855

Page	Date	Provider	Summary
Gonda 1-2	9/23/92	Frank Gonda, MD	CONTINUED Profile III also drawn today. May need to follow up with a neurology consult for second opinion. NOTE: Pt. scheduled for CT scan of brain on Wed 9/30/92 at MBMH also scheduled for EEG at 10 that same morning.
Gonda 3	10/5/92	Frank Gonda, MD	Mark comes back for a follow up. Feeling quite well. Has had no further episodes. See previous note. Had a CT scan which was normal. Also, EEG was normal. Dr. Ringle recommended if seizure disorder is highly suspected, should do a sleep deprived study. I have discussed results with patient. He and I both feel that this episode was probably a syncopal episode due to lack of sleep, having taken a narcotic pain pill, having drank one beer, and having been on some cold medications. Do not feel that this is a seizure as he was not postictal. For the present time will do no further studies unless he has another episode....
Gonda 3	1/4/93	Frank Gonda, MD	Conjunctivitis; URI;
Gonda 3	11/14/97	Frank Gonda, MD	Pt. scheduled for L-S spine at MBMH...

KING 001856

Page	Date	Provider	Summary
Gonda 3-4	11/14/97	Frank Gonda, MD	39 y/o male comes in w/low back pain for 1 year. It typically hurts more on the rt. side, but occasionally he feels it in both legs. He denies any bowel or bladder problem. He has been going to a chiropractor for a year. He has been to several. They all say he is out of alignment. They adjust him and he feels good for a while, but it recurs. He has a real strenuous job at work. He builds tires at Michelin. There is lots of bending, stooping, lifting, pulling, etc. He always hurts more by the end of the week, but come Monday his back feels better. he also has lots of problems with joints in his hands, primarily the PIP-joints. Occasionally they feel swollen and tender. He denies any urethritis and no recent eye problems. There is no family history of arthritis. The patient has been taking Advil, 2-3 times a day. This does give him some relief, but it always comes back. PE: ...Back exam reveals full range of motion, no tenderness whatsoever to palpation. Straight leg raise is negative...Exam of the hands reveals no obvious swelling, redness, deformity, or heat. There is a little bit of tenderness in several of the PIP-joints in both hands. Rest of joint exam is normal. ASSESSMENT: Chronic back pain and also joint pains of the hands. PLAN: LS-spine X-rays. Arthritis profile, at his request. Samples and prescription of Ultram, 50 mg...Explained to pt. that I may add a second medicine, that being an anti-inflammatory. See him back in a mo...
Gonda 3	11/17/97	Frank Gonda, MD	Called pt. told him all labs normal limits. Continue Ultram. Proceed with X-rays.
Gonda 4	1/7/98	Frank Gonda, MD	TC: Mom passed away; stiff from sitting at hosp.; wants pain med (Norflex called in)

KING 001857

Page	Date	Provider	Summary
Gonda 5	1/21/98	Frank Gonda, MD	Health Maintenance exam. Chronic low back pain; in no apparent distress.
Gonda 4	1/26/98	Frank Gonda, MD	Pt. notified re lipid panel rpt...begin otc niacin.
Gonda 5	8/26/98	Frank Gonda, MD	In for meds refills. Still smoking 1/2 pack cigarettes per day...
Gonda 6	9/4/98	Frank Gonda, MD	TC regarding mail order Ultram;
Gonda 6	2/1/99	Frank Gonda, MD	Chronic back pain; comes in for checkup and med refill...PE reveals mild tenderness in the right lumbosacral area...Increase Ultram ...Add Darvocet-N 100...Precautions given concerning chronic use of this medicine...
Gonda 8	3/8/99	Frank Gonda, MD	TC wants to have Darvocet refilled at Patton Pharmacy;
Gonda 8	11/2/99	Frank Gonda, MD	Comes in for med refill; back is doing well; has cut down on Ultram, but is getting ready to go back to strenuous work at Michelin, so he will increase the dosage again. Plans to quit smoking tomorrow as he turns 41 tomorrow. Having intermittent troubles with erections...
Gonda 8	11/9/99	Frank Gonda, MD	TC from pharmacy re #720 Ultram; ok'ed.
Gonda 13	5/8/00	Frank Gonda, MD	Chronic low back pain. Darvocet does not help for this and he would to have Lortab. He has had it before with no troubles. Works 8 12-hour shifts per month, and he would only take the medicines during that time....Long discussion about narcotics. Have given him Lortab...Set him up for physical therapy. I would like for him to attend the rehabilitation program for the back.

KING 001858

Page	Date	Provider	Summary
Gonda 13	8/28/00	Frank Gonda, MD	Wrist pain for 2 mo. probably related to repetitive activity he does at Michelin...There is a little tenderness over a rather prominent distal ulna...X-ray negative for arthritic changes...He might need to come off of this job for a couple of weeks to let his wrist get better. If he needs to do this, he may have to go through Workman's Comp.
Gonda 13	8/29/00	Frank Gonda, MD	Can you call in pain meds; Lortab given....
Gonda 14	10/26/00	Frank Gonda, MD	Chronic low back pain; recheck and med refill...Renew Ultram, Lortab...This is supposed to last 6 months...Schedule for an MRI of his LS-spine. Schedule him for an appointment with the Chronic Pain Clinic...
Gonda 15	4/19/01	Frank Gonda, MD	In for med refill; had to increase Ultram because he was having increased back pain...
Gonda 9	9/7/01	Frank Gonda, MD	Follow up and med refill; added Zanaflex last time and helped dramatically...At times he has increased the dose of Ultram...I have warned him that the maximum dose is 400 mg per day and he is taking more than that...He has been smoking for 25 years. He has no interest in quitting...
Gonda 18	3/6/02	Frank Gonda, MD	Follow-up and med refills. In pain every day and again requesting Lortab. We have discussed Lortab before, and it is best that we stay away from this...PLAN: Counseled in detail. I still think it is a good idea to stay away from narcotics...

KING 001859

Page	Date	Provider	Summary
Gonda 34	6/29/04	Frank Gonda, MD	"This 44 y/o white male is in here today with his sister. He has recently been in the hospital. Apparently he was having some chest pain while at work and was taken to Spartanburg Regional. The chest X-ray revealed a foreign metallic body in his chest. They thought it was a screw. Bronchoscopy was done which was negative. A repeat bronchoscopy was done with some sort of a laser treatment which resulted in a pneumothorax. He ended up on a respiratory and with a chest tube. He still has chest pain. He has not been back to work. Ever since then he has been nervous and anxious. He cannot sit still. He is restless. He does not sleep well. Patient has been having chest pains for two months. It is worse with exertion. He feels it like a squeezing or a fullness in his left chest. It is always on the left side. There is no SOB, some nausea, some diaphoresis occasionally. Since he has been out of work, he has had very little pain. The pain can come on while at work. He does a very strenuous job at Michelin. He can hurt for the entire eight or twelve hours of his shift. On occasion he has stopped because of the pain. The pain gets better, but then it comes back when he goes back to work. He has seen a cardiology four years ago. He had a slightly abnormal stress test which led to a heart catheterization which was normal. Patient continues to smoke a pack of cigarettes per day. He continues on a lot of pain medicine for his low back pain. O. Patient is in no distress. Blood pressure is 126/94. Pulse is 100. Wt is 169. Neck is supple with no thyromegaly. Lungs are clear with no wheezes. Heart is regular with no murmur, no extrasystole. Abdomen is soft and non-tender. Left chest wall is exquisitely tender between two ribs, probably the sixth and seventh

KING 001860

Page	Date	Provider	Summary
Gonda 34	6/29/04	Frank Gonda, MD	CONTINUED ribs anteriorly just to the left of the sternum. Pressure reproduces his pain. Back reveals no CVA tenderness. Lower extremities reveal no edema. Straight leg raise is negative. A: Dx as above. I do not believe patient needs any cardiac evaluation or GI evaluation. He has no GI symptoms. I offered to set him up for gallbladder ultrasound or upper GI, but he declined at this time. P: He will continue current meds as listed in the chart. He will begin Zoloft, 50 mg one p.o.

KING 001861

Page	Date	Provider	Summary
Gonda 35	7/27/04	Frank Gonda, MD	S: This 44 y/o white male is in for follow up of the above problems and for medicine refill. He has been on Lipitor now for four weeks continuously and needs lab work done to see if it has helped. He has been on Zoloft about 3 weeks and he thinks that he has mellowed out a little bit and is feeling a little bit better. He just got his prescription filled. He continues on his chronic back pain medicines of Ultram and Zanaflex and Bextra. No refills on that are needed. Those are mail order. He needs a refill on Lortab. He has had no side effects from the Lipitor or the Zoloft. He continues to have chest pain from his recent bronchoscopy and pneumothoracic chest tube. He has an appointment in a couple of days with Dr. Wilson Smith, the pulmonologist. The patient says that he has changed lung doctors because the others did not seem concerned over his problems. O: Patient is in no acute distress. BP is 120/76. Pulse is 76. Wt 178. Neck is supple with no thyromegaly. Lungs are clear with no wheezes. Heart is regular with no murmur. Abdomen is soft and non-tender. Back reveals decreased range of motion. Straight leg raise is negative. Mental status examination is normal. He is alert, oriented and coherent. Speech is not rapid or pressured. A: Dx as above. He appears stable. Of note is that he has not returned to work yet. P: Check a lipid profile and an ALT. Renew Lipitor, 20 mg one p.o. q p.m. #90 with one refill. This is for mail order. Adjust medicine if needed. Renew Zoloft 50 mg. on q day #30 with 2 refills. No mail order for that at this time. We will see him back in 2 months to see how he is doing for that. Renew Lortab, 100/500 one p.o. b.i.d. for pain #60 with 2 refills. Continue Ultram, Zanaflex and Bextra.

KING 001862

Page	Date	Provider	Summary
Gonda 35	8/17/04	Frank Gonda, MD	Discussed with Dr. Jay Grace - been seeing Mark x 3 weeks. Better on Zoloft but wants to increase. Still lots of anxiety. Increase Zoloft 100 mg 1 qd #30/2. CVS Reidville Road;

KING 001863

Page	Date	Provider	Summary
Gonda 35	9/10/04	Frank Gonda, MD	S: This 45 y/o white male is in for follow up on the above problems. He has been to the Pain Clinic. He is not satisfied with them and is not going back. He has been seeing Jay Grace who is a psychologist. Jay recently called and asked if we could increase Zoloft to 100 mg per day. He has been on the higher dose for three weeks and thinks the medicine has helped. Mark is seen today at the request of Jay Grace who suggests we switch him to Cymbalta. This is a combination drug. I believe it is an antidepressant with a mood stabilizer. I have not used it before and I do not have any experience and have not read about it. Mark continues to have this chronic low back pain. He continues to have chest pain. He has seen the pulmonologist who says his lungs are fine. Jay Grace also wants him to see an orthopaedics to evaluate his back pain to see if he can return to work at the same level at exertion that he has been doing in the past. Currently he continues on Ultram, Zanaflex, Lortab and Bextra. O: Pt is in no distress. BP 136/94. Pulse is 100. Wt 180. Mental status exam is normal. PE not done today. A: As above. P: Continue current medications. Schedule him an appointment with orthopaedist Dr. Glenn Scott to evaluate his chronic low back pain and his work capacity. Will discuss with Dr. Jay Grace concerning switching his medicines. I personally think it is too early to switch since he has only been on the higher dose of Zoloft for 3 weeks. Nurse Note: Pt states he was sent here by Dr. Grace to discuss new med (Cymbalta) and ortho surg so pt can RTW; states 3 on pain scale - JOC Appt. made with Dr. Glenn Scott on 9/20/04 at 10 - D Hannon(?)

KING 001864

Page	Date	Provider	Summary
Gonda 37	9/22/04	Frank Gonda, MD	Telephone conversation with psychologist Dr. Jay Grace who is following patient for anxiety an depression. Dr. Grace sent a note suggesting increasing Zoloft or adding Cymbalta. We discussed this today. I have no experience with this new medicine, and I felt uncomfortable adding it to the Zoloft. Therefore when Dr. Grace sees Mark later this week if he has not shown further improvement, patient will call and I will increase Zoloft to 150 mg qd. If he does not respond to that, we could switch him to Cymbalta or we could have a psychiatrist see him who may feel comfortable using both meds together.
Gonda 36	9/23/04	Frank Gonda, MD	Telephone note: Pt calling to see if he can up his Zoloft dosage to 50 mg. Continue Zoloft 1000 mg qd and and Zoloft 50 mg qd.
Gonda 37	10/15/04	Frank Gonda, MD	Telephone note: Dr. Jay Grace called. Dr. has noticed that pt. has improved some in certain areas but feels that pt. needs to be referred to a psychologist. Want to know if you want to refer him or do you want him to. He suggests Dr. Jeff Smith or Dr. Tony Goodbar. Notified Dr. Grace he suggests to wait and discuss with Dr. Gonda on Monday due to Dr. Gonda being off.

KING 001865

Page	Date	Provider	Summary
Gonda 18	8/13/02	Frank Gonda, MD	Pt. here for refill on meds; he has run out of medication because his wife was sneaking some of his medicines. After 20 years of marriage they are separating and getting a divorce. She is being treated for depression...He still has back pain everyday. It does not keep him from working although it makes work difficult. It does not keep him from playing golf...Counseled in detail. Pt. never went for his MRI. He says he cannot afford it and his insurance will not pay for it at this time...
Gonda 19	1/23/03	Frank Gonda, MD	Follow up and med refills...he appears stable.
Gonda 24	6/23/03	Frank Gonda, MD	Depressed; stable chronic low back pain;
Gonda 25	8/27/03	Frank Gonda, MD	Depression in pt with chronic low back pain; says Paxil not improving him at all; he has been buying Percocet 10 mg from friends and could easily take 2-3/day and has no trouble working with it...
Gonda 25	9/23/03	Frank Gonda, MD	Needs percocet refill...
Gonda 27	10/20/03	Frank Gonda, MD	Depression better on Effexor...daily backpain continues....scheduling for MRI;
Gonda 27	11/4/03	Frank Gonda, MD	Note: Epidural at MBMH on 11/6/03; no auth per Christi at Cigna.
Gonda 27	11/5/03	Frank Gonda, MD	Pt. states Percocet helped more than Lortab-given 60 on 10/20/03 and has 14 left (46 in 15 days). Told him he not get Percocet decreased to take Lortab as instructed; no early refills.
Gonda 28	11/7/03	Frank Gonda, MD	Telephone note: c/o LBP-chronic; Lortab not helping; To ER tonight; to office Monday a.m.
Gonda 28	12/15/03	Frank Gonda, MD	Had one epidural which made his pain worse; he was out of work for several days...suggested we go see another anesthesiologist at Regional...he did not want to see the ones at MBH.

KING 001866

Page	Date	Provider	Summary
Gonda 29	1/20/04	Frank Gonda, MD	TC: Refill Lortab and Viagra; states cannot go back for another epidural now because he is trying to pay last one off... "How can we be so depressed, so much pain, going through divorce and still have sex 2-3 x/wk? Lortab keeps increasing. No refills."
Gonda 29	2/10/04	Frank Gonda, MD	Follow up and med refill; he discontinued his Effexor and does not feel depressed; refills given.
Gonda 30	2/18/04	Frank Gonda, MD	Pt. notified of lipids;...
Gonda 30	5/4/04	Frank Gonda, MD	Follow up low back pain; pain is well-controlled...
Gonda 30	5/20/04	Frank Gonda, MD	Pt. states he called about his mail order and states he should receive Ultram on Tues. and needs enough at local pharmacy until then;

KING 001867

Page	Date	Provider	Summary
Gonda 38	10/19/04	Frank Gonda, MD	S: This 45 y/o white male is in for follow up on the above problems and for medicine refill. His anxiety and depression are slightly improved on a higher dose of Zoloft. Psychologist Dr. Jay Grace has recommended a referral to a psychiatrist in Greenville. He continues with chronic low back pain. He has been out of work for about 5 months, but he is still in pain just about everyday, but not as bad. He does not feel he can return to work. He brings papers in for short-term disability. He saw orthopedist Dr Glenn Scott who felt that patient could proceed with his work. He had no problem with his returning to his current work, but he did recommend finding an alternative. Dr. Scott's dx was degenerative arthritis with bulging disks in the lumbosacral spine. Pt. does not believe that he can return to the work that he has been doing. O: Pt is in no acute distress. BP is 126/88. Pulse is 100. Wt is 177. Neck is supple with no thyromegaly. Lungs are clear with no wheezes. Heart is regular with no murmur. Abdomen is soft and non-tender. Back reveals decreased range of motion in all directions, no tenderness to palpation. Straight leg raises is weakly positive on the right. Strength in the lower extremities is normal. Deep tendon reflexes are 2+. A: As above. P: Renew medications which include ... Schedule appt with Dr. Tony Goodbar, psychiatrist in Greenville. Check a lipid profile and an ALT. Adjust meds as needed. Papers for short term disability completed. Will be out of work for another 3 mo.
Gonda 38	10/29/04	Frank Gonda, MD	I faxed referral form as well as records to Dr. Goodbar. I called pt to let him know what's going on and he states he already has appt w/Dr. Smith on 11/10 at 4:20.

KING 001868

Page	Date	Provider	Summary
Gonda 38	1/12/05	Frank Gonda, MD	This 46 y/o white male returns for follow up of the above problems. Since I saw him last he has seen a psychiatrist in Greenville by the name of Jeffrey Smith who has him on Cymbalta, 60 mg one a day. He is off of Zoloft. He does not think he is much better. He needs refills on his pain medicine and his Viagra. He still has back pain. He has not returned to work. He has seen several specialists for his pain and his lung problems. O: Pt is in no acute distress. BP is 116/84. Pulse 68. Wt 185. Lungs are clear with no wheezes. Heart is regular. Abdomen is soft and non-tender. Back reveals good range of motion. Straight leg raise is negative. \ A: As above. P: Continue follow ups with the specialists. Renew Lortab...See him back in 3 mo at which time he will be due his other medicines and lab updates.

KING 001869

Page	Date	Provider	Summary
Gonda 39	4/5/05	Frank Gonda, MD	S: This 46 y/o white male is in for follow up on the above problems and for medicine refill. He denies chest pain or SOB. His appetite is good, and he moves his bowels well. He continues on Cymbalta from his psychiatrist. He thinks the anxiety and depression are fairly stable. He continues with chronic low back pain. This has not changed. He has no problems with any of his medications. O: Pt is in no distress. BP is up a little at 156/86. Pulse 100. Wt 187. Neck is supple with no thyromegaly or carotid bruits. Lungs are clear with no wheezes. Heart is regular with no murmur. Abdomen is soft with no organomegaly. Lower extremities reveal no edema. Straight leg raise is negative. Deep tendon reflexes are 2+. Back reveals fairly good range of motion. There is no tenderness to palpation at this time. A: As above. P: Renew medications which include.... Will come back fasting in the morning for lipid profile and an ALT. Adjust medicines further as needed. Continue with psychiatrist. Follow up in three months or prn.
Gonda 39	5/16/05	Frank Gonda, MD	Pt. notified labs no improvement in trig and HDL. Go and do diet and exercise...

KING 001870

Page	Date	Provider	Summary
Gonda 39	6/28/05	Frank Gonda, MD	S: This 46 y/o white male is in for refill on medications. He continues to have chronic low back pain. He remains out of work. He wakes up every morning with the same amount of pain. Since he has not been working, he has overall less pain. If he does any kind of yard work or house work his pain returns. He was recently switched to Mobic since Bextra was unavailable. He was also started on Tricor, and his Lipitor was reduced in half because triglycerides remained markedly elevated. He has had no side effects from the medication. He continues to see the psychiatrist in Greenville who now has him on Cymbalta, 60 mg 2 a day and Adderal-SR 20 mg 2 a day. O: Pt is in no acute distress. Wt 184. BP 118/84. Pulse 68. Neck is supple with no thyromegaly. Lungs are clear with no wheezing. Heart is regular with no murmur. Abdomen is soft and non-tender. Back reveals mild tenderness in the lumbosacral area. There is discomfort with twisting and tilting. Straight leg raise is negative. Deep tendon reflexes are 2+. Motor and sensory are grossly intact. A: Chronic low back pain, stable. Really unchanged. P: Continue Mobic... No refills needed... A: Hyperlipidemia. P: Check lipid profile....Continue with the psychiatrist and his medications. See him back in 3 mo.
Gonda 40	8/16/05	Frank Gonda, MD	Telephone note: Pt. states he has disability form to be filled out; (Dr. Gonda writes a note that says, "I don't do disability forms.")
Gonda 41	8/17/05	Frank Gonda, MD	Telephone note re disability claim;

KING 001871

Page	Date	Provider	Summary
Gonda 41	9/28/05	Frank Gonda, MD	S: This 46 y/o white male is in for follow up on the above problems and for medicine refill. He denies chest pain or SOB. His appetite is good and he moves his bowels well. Recently a psychiatrist changed his meds. Strattera was added but within a few days he was throwing up. He has continued to throw up for over 2 weeks. Dr. Fogarty, a pulmonologist, ordered an upper GI. As far as the patient knows the X-ray was normal. He was started on Prilosec over the counter and he is better. He has not thrown up in several days. His back pain is stable. He has no trouble with his medication. He denies muscle aches from Lipitor. O: Patients is in no acute distress. BP is up today at 162/104. Repeat BP by me was 138/100. Pulse 100. Wt 182. Neck is supple with no thyromegaly. Lungs are clear w/no wheezes. Heart is regular with no murmur. Abdomen is soft and non-tender. Lower extremities reveal no edema. Back reveals decreased range of motion with discomfort with movement and tenderness to palpitation in both lumbosacral areas. Review of upper GI report shows mild reflux into the distal esophagus and duodenal bulb irregularly, which could be from a peptic ulcer, but an ulcer was not seen. A: As above. P: ...Follow up in a few weeks if he is still having problems.

KING 001872

Page	Date	Provider	Summary
Gonda 41	12/20/05	Frank Gonda, MD	S: This 47 y/o white male is in for refills and lab work. Back pain continues the same. He is having no troubles with any of his medication. The psychiatrist still has him on Remeron, and he thinks this has helped his depression. He is not worrying as much. I have told him today about potential increased risk of seizures when taking Ultram and antidepressants. He has been on both types of medicines for a long, long time and never had trouble. He understands that there is a risk, and he will consider stopping antidepressants. He will discuss with his psychiatrist. For the last several months, he has been on Tricor and Lipitor w/no side effects. His numbers have improved. O: Pt. is in no distress. BP is up a little at 134/96. Pulse is 100. Wt 184. Neck is supple with no thyromegaly. Lungs are clear w/no wheezes. Heart is regular w/o murmur.
Gonda 42	3/13/06	Frank Gonda, MD	Pt in for review; states 7 on pain scale...

KING 001873

Page	Date	Provider	Summary
Gonda 46	3/13/06	Frank Gonda, MD	This 47 y/o white male is in for follow up on the above problems and for medicine refill. He continues with the psychiatrist who has him on Adderall, Remeron and Ambien. He does not need a refill for his Lortab today because he says he got some from Dr. Fogarty. He does request a prescription for Norco. He says it is supposed to be safer on the liver. I told him I was not familiar with it and would have to read on it. Patients says he has increased stress, anxiety and depression because of pending law suit concerning the injury from when he had an endoscopy resulting in a pneumothorax. He has had problems ever since and he is waiting to go to trial. O: Pt. in no acute distress. Wt 185.5. BP 132/86. Pulse 88. Neck supple w/no thyromegaly. Lungs are clear w/no wheezes. Heart is regular w/no murmur. Abdomen is soft w/no organomegaly. Lower extremities reveal no edema. Back reveals full ROM and non tender. A: As above. P: Renew meds which include:...Continue meds from psychiatrist. Check the PDR. Norco is hydrocodone and Tylenol, same as Lortab. It does have a lower dose of Tylenol by 175 mg, which I think is insignificant. No rx for that given today. Check a lipid profile and ALT. FU 3 mo or prn.
Gonda 42	3/14/06	Frank Gonda, MD	Pt. notified labs: meds not working; continue Tricor; d/c Lipitor. Begin Vytorin ...
Gonda 46	3/16/06	Frank Gonda, MD	1/c records re mail-order forms;
Gonda 46	3/17/06	Frank Gonda, MD	Dr. Fogarty's office states pt. got Lortab 10 mg #150/5rf on 2/12/06 -
Gonda 55	4/14/06	Frank Gonda, MD	Pt. notified labs: lipids much better...

KING 001874

Page	Date	Provider	Summary
Gonda 55	6/13/06	Frank Gonda, MD	47 y/o white male is for follow up of the above problems. He has been on Vytorin along with Tricor for a couple of months w/no side effects. Lipids showed improvement. ALT was normal. He continues with chronic low back pain. He needs a refill on Lortab. He continues to have chest pains, no SOB. He is now involved in a lawsuit with the pulmonologist because of a collapsed lung. O: Pt. is in no distress. BP is 140/88. Pulse 80. Wt 188. Neck is supple, no thromegaly or carotid bruit. Lungs are clear, no wheezes. Heart is regular, no murmur. Abdomen is soft and non-tender. Back reveals fairly good range of motion, no tenderness. Straight leg raise is negative. A: As above. He appears stable. Lipids have improved. P: Renew Ultram...Lortab...FU 3 mo or prn.
Gonda 55	6/14/06	Frank Gonda, MD	Telephone note: Court date coming up - question regarding article in newspaper. Respects your opinion; has personal question. Requests you call. "5:45 pm no answer."

KING 001875

INITIAL VISIT

2: Wm Casey AGE 33 SEX M DATE 9/23/92
 HOSPITALIZATIONS: Hemorrhoid surgery x 2 yrs ago

ILLNESSES: X

MEDICATIONS: X

ALLERGIES: UNKA

SMOKE: 10²⁰/2PK per/d: pk yrs. ETOH 2-3 times DRUGS X
 SOCIAL: (M) S W D 2 CHILDREN OCCUPATION Michael's

FAMILY HX:

Father: Age: 69 DM HBP KIDNEY DIS
MI, DM TB CA HARD ART.
 Mother: Age: 67 HtD SCD OTHERS
 STROKE ALL
 Siblings: 2 brothers GOITER SEIZURE
1 sister

DT(UTD) PPD(UTD) IMMUN(UTD) Health Maintenance Discussed

PRESENT ILLNESS: Blackout

9-23-92- Pt scheduled for CT Scan of Brain on Wed. Sept 30, 1992
 @ MBH also scheduled for EEG @ 10:30 that same morning, JEG/
 P. Sawmup

Gonda - 2

9/21/92

MARK CASEY

BS Pt.

10967

Dr. Cupstid

On Call Note:

Received a call from Carol Casey this evening about 6:45. She says that 48 hrs. ago she witnessed her brother Mark, age 33, having a seizure episode. She was sitting with him on his deck when he seemed to fall asleep and slump in his chair. He then had projectile vomiting which was followed by a tensing of all his muscles and generalized shaking. He fell out of the chair and cont'd to have movements which by her description sound like tonic/clonic seizure episode. Upon awakening sev. mins. later, he was transiently confused and drowsy. Soon felt back to normal although felt very fatigued. Pt. did not seek

KING 001876

feeling well today. One set him up an appt. with Dr. Gonda for Wed., 9/23 but is concerned that he may need attention earlier, plus she wanted to describe the episode to me since she will not be able to accompany him to his appt. and will not be available at the time that he sees Dr. Gonda. Apparently there is no previous personal hx. of family hx. of seizure disorder. Mr. Casey is otherwise in good health and is very athletic. Told her I will speak with Dr. Gonda about the pt. and hopefully we can begin to arrange his workup before his appt. on Wed. Of course, if any changes in his condition occur prior to the Wed. appt., they should call immediately or have him come to the ER. Carol Casey's phone number is 587-1631. Mark Casey's telephone number is 576-8269. DNR:gc/da

9/23/92

MARK CASEY

10967

Dr. Gonda

1. Syncope

- S: 33 y/o, white male comes in for the first time. Six days ago he was sitting on his deck talking to his sister. He had been working swing shifts and was very tired. He had had very little sleep. He had drank one beer. Also, he had taken a cold medicine a few days earlier and also a pain pill, which he does not know the name of, for some elbow pain. He was sitting there and he became rather nauseated, felt a little disoriented, and passed out. He does not recall anything else. His sister saw him slump over and thought he was joking. After about a minute he started gurgling and vomiting. He was unconscious for about 2 minutes and then came to. Sister said that his eyes did roll back in his heads and his arms appeared stiff, but she did not see any jerking movements. He had no incontinence and did not bite his tongue. As soon as he came to he felt fine, was alert, oriented, no postictal state. He has no previous history of seizure or fainting spells and there is no family history of seizure. Patient has no medical problems, is on no medication. Drinks a couple of beers maybe once or twice a month, and smokes less than one-half pack of cigarettes per day.
- O: No distress. Weight is 170 3/4 pounds. B/P is 138/94. Temp is 98.8. HEENT: pupils are equal, round, reactive to light; extraocular movements are intact; discs are sharp; cranial nerves are grossly intact; TM's and throat are clear; neck is supple; thyroid is not enlarged; no carotid bruits; lungs are clear. Heart is regular. Normal S-1, S-2. No murmur or gallop. Abdomen is soft, non-tender, no organomegaly. Extremities reveal full range of motion. DTR's are 2+. Motor and sensory are grossly intact. EKG shows a normal sinus rhythm. No abnormalities. Urinalysis is normal.
- A: Syncope episode. Differential diagnosis includes true syncope or fainting vs. a seizure. One could make a case for syncope based on a multitude of facts including lack of sleep, drinking one beer, cold medicine and a pain pill. I think seizure disorder needs to be ruled out despite that he had no incontinence and was not postictal.
- P: Patient is scheduled for an EEG and a CT scan of the brain at Mary Black next week. Will not start him on medications at this time unless he has a recurrence. Precautions given concerning repeated episodes in dangerous places such as driving. Profile III also drawn today. May need to follow up with a neurology consult for second opinion.

/PG:al

Gonda -1

KING 001877

10/5/92

MARK CASEY

10967

Dr. Gonda

1. Syncopal episode

Mark comes back for a follow up. Feeling quite well. Has had no further episodes. See previous note. Had a CT scan which was normal. Also, EEG was normal. Dr. Ringle recommended if seizure disorder was highly suspected, should do a sleep deprived study. I have discussed results with patient. He and I both feel that this episode was probably a syncopal episode due to lack of sleep, having taken a narcotic pain pill, having drank one beer, and having been on some cold medications. Do not feel that this is a seizure as he was not postictal. For the present time will do no further studies unless he has another episode. Also discussed patient's cholesterol which was 233 with a triglyceride of 446. His HDL was low at 26. LDL could not be calculated due to high triglyceride. Have also discussed the cholesterol with patient. I have given him some literature. He will repeat a profile III in about 2-3 months.

/FG:al

1/4/93

MARK CASEY

10967

Dr. Gonda

2. Conjunctivitis3. URI

S: 34 y/o, white male with redness and drainage from left eye for about 3 days. No vision problems. Has also had a cold with cough and congestion.

Q: No distress. Pupils are equal, round, reactive to light. Extraocular movements are intact. Left eye reveals conjunctiva is a little inflamed. Minimal drainage is noted. Anterior chambers are clear. Fluorescein stain is negative. Throat is clear. TM's are clear. Neck is supple. Lungs are clear.

A: As above.

P: Ilotycin ophthalmic ointment 1/2 inch ribbon OS qid x 5-7 days; PV Tussin 1-2 tsp. q 4-6 hours for cough. Follow up prn.

/FG:al

11-93-Enter LA + bid #2017 for congestion. Called to K-Mart US!
11.14.97. il scheduled pt. for L-S spine @ NBRH, pt. can go
anytime = Drs. Order *Dr.*

11/17/97 called pt. told them all labs NC. continue
ultran. Processed 2 X rays. PBN

11/14/97

MARK CASEY

10967

Dr. Gonda

LOW BACK PAINJOINT PAINS

S: This 39-year-old white male comes in with low back pain for one year. It typically hurts more on the right side, but occasionally he feels it in both legs. He denies any bowel or bladder problem. He has been going to a chiropractor for a year. He has been to several. They all say he is out of alignment. They adjust him and he feels good for a while, but it recurs. He has a real strenuous job at work. He builds tires at Michelin. There is lots of bending, stooping, lifting, pulling, etc. He always hurts more by the end of the week, but come Monday his back feels better. He also has lots of problems with joints in his hands, primarily the PIP-joints. Occasionally they feel swollen and tender. He denies any urethritis and no recent eye problems. There is no family history of arthritis. The patient has been taking Advil, two and three times a day. This does give him some relief, but it always comes back.

Gonda - 3

over

KING 001878

- O: On physical examination, he is in no acute distress. Vitals are stable. Back exam reveals full range of motion, no tenderness whatsoever to palpation. Straight leg raise is negative. DTRs are 2+. Motor and sensory are grossly intact. Exam of the hands reveals no obvious swelling, redness, deformity, or heat. There may be a little bit of tenderness in several of the PIP-joints in both hands. Rest of joint exam is normal.
- A: Chronic back pain and also joint pains of the hands.
- P: LS-spine x-rays. Arthritis profile, at his request. Samples and prescription of Ultram, 50 mg, one q.i.d. Explained to patient that I may add a second medicine, that being an anti-inflammatory. See him back in a month after he has been on the medicine. DNR:FEG/dpp

10962

DATE	TIME	CALLER	PT. NAME - CHART #	PHONE #	ALL: P.S.C.O.	MD
1/20/98	1:00 PM	Mark Casey	10962	5768269		Gonda
AGE	WT.	T.	BY	RE		
			ME	Mom passed away today. has had to sit at hospital a lot of stuff. Can you call in something for this? has an appt. Jan. 21. Having a lot of pain. called a cab		
DISPOSITION				DRUG STORE	BY	TIME
100mg 1/20 bid				K-Mart		

#22/2

1/20/98 - St. notified re. lipid panel report. I informed pt. profile is abnormal. TTG, TT, Chol. VLDL, means risk of CAD. Begin OTC Nicotin, ply handout for Nicotin (ETD)

Gonda - 4

KING 001879

01/21/98

WILLIAM CASEY

10967

Dr. Gonda

A: HEALTH MAINTENANCE

B: FAMILY HISTORY OF CORONARY ARTERY DISEASE

C: FAMILY HISTORY OF DIABETES

S: This 39-year-old white male comes in for a physical. He is having no real problems today. Both parents just died within the last few months. His father died of a MI at age 73. He had his first MI at age 54. His mother died at age 72. She had heart disease, carotid artery disease, and diabetes. She had recently had bypass surgery. Patient smokes a half of a pack of cigarettes per day. He denies chest pain or shortness of breath. Appetite is good and he moves his bowels well. His back pain is doing very well on Ultram. He is up-to-date on his immunizations. He drinks, maybe, a six-pack of beer per month. He is married. He exercises regularly.

O: On physical examination, he is in no distress. Blood pressure is 120/78. Pulse is 88. HEENT is normal. Disks are sharp. Neck is supple, with no thyromegaly or carotid bruit. Lungs are clear. Heart is regular, with no murmur. Abdomen is soft, with no organomegaly. GU exam is normal, with no hernia. Rectal reveals normal sphincter tone. Prostate is smooth and nontender. Stool is hemoccult-negative. Extremities reveal full range of motion, with no edema of the lower legs. Distal pulses are 2+. Skin is without rash. Back exam reveals he has good range of motion and there is no tenderness today. DTRs are 2+. Urinalysis is negative. CBC shows a hemoglobin of 15.0 and hematocrit of 41.2%. Platelets are 400,000.

A: Diagnosis as above. Also, chronic low back pain.

P: Check a lipid profile, he is fasting. Encouraged to quit smoking. Renew Ultram, 50 mg, t.i.d. to q.i.d., #120 with five refills. Recommend a physical at least every two years.

DNR:FEG/dpp

240
720

08/26/98

MARK CASEY

10967

Dr. Gonda

E: CHRONIC LOW BACK PAIN

D: NICOTINE ABUSE

F: DYSLIPIDEMIA

S: This 39-year-old white male comes in for medicine refill. He is doing fairly well. Ultram has helped his back, usually takes three to four per day. He still smokes a half of a pack of cigarettes per day. He was taking Niacin for his lipids, but he quit about a month ago. He never came back to have labs rechecked.

O: On physical examination, he is in no acute distress. Blood pressure is 114/80. Pulse is 88. Weight is 175-pounds. Neck is supple. Lungs are clear. Heart is regular, with no murmur. Abdomen is soft and nontender. Back reveals fairly good range of motion. There is mild tenderness in the lumbosacral area. Lower extremities reveal no edema. He has crepitus in both knees. Review of chart shows he had a LS-spine, which was normal. An arthritis panel was normal. A lipid profile showed triglycerides of 299, cholesterol of 239, HDL of 22, and LDL of 157. Ratio was 10.8. Coronary risk factor was 2.0.

A: Diagnosis as above.

P: Renew Ultram, 50 mg, one p.o. t.i.d. to q.i.d., #120 with five refills. Encouraged him to go back on Niacin and increase up to 1000 mg b.i.d. One Aspirin with each dose to avoid the flushing. Once he has been on it three months, come back for a lipid profile.

DNR:FEG/dpp

Gonda - 5

KING 001880

DATE: 02/01/99		TIME: 1:25		CALLER: Mark Casey		PT. NAME - CHART #		PHONE #		ALL: P.S.C.O.		MD: Gonda	
AGE	WT.	T.	BY	MEDS.	RE:								
						Concerning							
						script Ultram (mail order), he said to call							
						them & they would give a form ~~for~~ about to script							
						would not give much info. He said you when							
						had talk about this & you know what he needed							
						... & 3 write # (mail order) for							
						DRUG STORE: 1-888-327-9797							
						TIME: A P							
godday supply, it's cheaper than ~~other~~ getting it @ no.													
AGE	WT.	T.	BY	MEDS.	RE:								
						He said you then							
						had discussed it being cheaper that way. For him to check							
						intent.							
						Ultram 50mg							
						i.e. 960 #360/T							
						for LBP							
						DRUG STORE:							
						BY:							
						TIME: A P							

02/01/99

MARK CASEY

10967

Dr. Gonda

E: CHRONIC LOW BACK PAIN

S: Patient is 40-year-old white male with chronic back pain who comes in for checkup and medicine refill. He has days when the Ultram and the Tylenol just do not help. He works at Michelin building tires. He does a lot of lifting, a lot of standing, and a lot of walking on the concrete. 12-hour days are murder. He currently is in the process of building a house. He will be moving soon. He will have an exercise room. He also applied for a different position at Michelin that would not require as much lifting. He has not been doing any back exercises.

O: On physical examination, patient is in no acute distress. Vitals are stable with a blood pressure of 96/68. Back examination reveals excellent range of motion. There is mild tenderness in the right lumbosacral area. The abdomen is soft and nontender. Str is negative. Deep tendon reflexes are 2+. Motor and sensory are grossly intact. Review of chart shows normal lumbosacral spine in 11/97 and normal arthritis profile in 11/97.

A: Chronic low back pain.

P: Back exercises provided again. Increase Ultram 50 mg one to two po t.i.d. to q.i.d. #720 with one refill. Also, a second prescription for local filling. Add Darvocet-N 100 one q.-four to six hours for moderate pain #60 with one refill. Precautions given concerning chronic use of this medicine. I wanted to set him up for physical therapy but patient declined. He wants to wait until after he moves and possibly changes his job and see if this helps. If it does not help, will then set him up for physical therapy. DNR:FEG/scs

Gonda - 6

KING 001881

New Patient Information Sheet

WELCOME TO OUR PRACTICE!

Please help us serve you better by taking a few minutes to provide the following information.

PATIENT INFORMATION

ACCOUNT # 10962	SOCIAL SECURITY NUMBER [REDACTED]	TITLE	LAST NAME CASEY	FIRST NAME William	M Mark
STREET ADDRESS (ROAD OR STREET)			(APARTMENT # OR SECOND ADDRESS LINE)		
ZIP CODE 29388	CITY Woodruff			STATE SC	
HOME PHONE		EMERGENCY CONTACT PHONE/NAME			
BIRTHDAY [REDACTED] - 58	SEX (M, F) M	RACE C			
MARITAL ☐ M-Married ☐ W-Widowed ☐ S-Single ☐ D-Divorced ☐ X-Separated		EMPLOYMENT ☐ R-Retired ☐ F-Full ☐ P-Part ☐ N-None		STUDENT ☐ P-Part ☐ F-Full ☐ N-None REL. TO INSURED ☐ SE-Self ☐ SP-Spouse ☐ CH-Child ☐ OT-Other	
EMPLOYER/SCHOOL NAME Michelin Tire					
STREET ADDRESS (ROAD OR STREET)			(APARTMENT # OR SECOND ADDRESS LINE)		
ZIP CODE	CITY	STATE	BUSINESS PHONE		
LIST NAMES AND AGES OF OTHER FAMILY MEMBERS LIVING IN YOUR HOUSEHOLD. ARE THEY FOOTHILLS PATIENTS? Rexia					

FINANCIALLY RESPONSIBLE PARTY (IF OTHER THAN PATIENT)

ACCOUNT #	SOCIAL SECURITY NUMBER	TITLE	LAST NAME	FIRST NAME	M
STREET ADDRESS (ROAD OR STREET)			(APARTMENT # OR SECOND ADDRESS LINE)		
ZIP CODE	CITY			STATE	
HOME PHONE		BIRTHDAY		SEX (M, F)	RACE
MARITAL ☐ M-Married ☐ W-Widowed ☐ S-Single ☐ D-Divorced ☐ X-Separated		EMPLOYMENT ☐ R-Retired ☐ F-Full ☐ P-Part ☐ N-None		STUDENT ☐ P-Part ☐ F-Full ☐ N-None REL. TO INSURED ☐ SE-Self ☐ SP-Spouse ☐ CH-Child ☐ OT-Other	
EMPLOYER/SCHOOL NAME					
STREET ADDRESS (ROAD OR STREET)			(APARTMENT # OR SECOND ADDRESS LINE)		
ZIP CODE	CITY	STATE	BUSINESS PHONE		
PRIMARY INSURANCE COMPANY NAME Clon		MAILING ADDRESS		ATTENTION	
TELEPHONE #	POLICY #	GROUP #	EXP. DATE		
SECONDARY INSURANCE COMPANY NAME		MAILING ADDRESS		ATTENTION	
TELEPHONE #	POLICY #	GROUP #	EXP. DATE		

I hereby authorize the release of any medical or other information necessary to process insurance claims and hereby authorize payment of benefits directly to this practice for medical service rendered to myself or my dependents. I understand that I am responsible for any amount not covered by insurance. A photostatic copy of this authorization shall be considered as effective and valid as the original.

SIGNATURE: **Mark Casey**

DATE: **2-1-99 Gonda - 7**

000NPL/97

KING 001882

DATE 3/8/99	TIME 2:00	CALLER Patterson Pharm	PT. NAME - CHART # Mark Casey	PHONE # 476 2112	ALL: P.S.C.O.	MD Gonda
AGE	WT.	T.	BY CL	MEDS.	RE: 10967	
Wants to have Darvocet refilled at Patterson Pharm.						
Got it filled first time at K-Mart.						
DISPOSITION Darvocet-N 100 #60 / p						
called to drug (EB) 4-6 pm						
DRUG STORE				BY:	TIME:	A P

11/4/99 - pharmacist (Wal-Mart) called to verify that pt. was to receive #720 pills of Ultram. I gave OK b/c that was his rx in Feb. (EB)

11/02/99

MARK CASEY

10967

Dr. Gonda

LOW BACK PAIN, CHRONIC

- S: Patient is a 40-year-old white male who comes in for medicine refill. He says his back is doing quite well. He has cut down on his Ultram, but he is getting ready to go back to his strenuous work at Michelin, so he will increase the dosage again. He plans to quit smoking tomorrow as he turns 41 tomorrow. He also states he is having intermittent troubles with erections. He still wakes up in the morning if he has to use the bathroom with an erection. It still works well at times but not all the time.
- O: On physical examination, patient is in no distress. Blood pressure is 125/75. Pulse is 72. Weight is 180-pounds. Back reveals full range of motion with no tenderness. Straight leg raise is negative. Deep tendon reflexes are 2+. Motor and sensory are intact.
- A: As above. His back pain seems to be stable.
- P: Renew Ultram 50 mg one to two p.o. t.i.d. to q.i.d. #720 with one refill. Darvocet-N 100 one q.-four to six hours p.r.n. pain #60 with one refill.
- A: Nicotine abuse.
- P: Congratulated him on his decision to quit. If he has any problems, he can check back with me and will try to help.
- A: Erectile dysfunction.
- P: Explained to patient that the most likely cause is the cigarette smoking. Did not do an examination today. Did not go into details. If after he quits smoking, the problem persists, come in for an evaluation. DNR:FEG/scs

Gonda - 8

KING 001883

1800- appt. @ mo for PT on 5/11/00 @ 9⁰⁰ AM — (L) (S)
order sent to pt.

5700- spoke to Susan @ Cigna - \$ auth. needed for PT — (S)

05/08/00

MARK CASEY

10967

Dr. Frank E. Gonda

D: CHRONIC LOW BACK PAIN

- S: This 41-year-old white male is in for medicine refill. He is having intermittent episodes of fairly significant back pain. It seems to be worse always after 12-hour shifts at Michelin Tire. Darvocet does not help for this, and he would like to have Lortab. He has had it before with no troubles. He works eight 12-hour shifts per month, and he would only take the medicines during that time. He continues to take the Ultram and this has worked fairly well except when he has the 12-hour shifts. The pain is concentrated in the lower back and is not radiating. He has no bowel or bladder problems.
- O: On physical examination, he is in no acute distress. Blood pressure is 110/80. Pulse is 76. Weight is 171-pounds. Back reveals good range of motion. There is no tenderness. Straight leg raising is negative. DTR's are 2+. Motor and sensory are intact.
- A: Chronic low back pain.
- P: Renew Ultram 50 mg, two p.o. q.i.d., #720 with one refill. Long discussion about narcotics. Have given him Lortab-5.0, one p.o. q. six to eight hours p.r.n. moderate pain, #20 with five refills. #20 pills should easily last him the entire month. Set him up for physical therapy. I would like for him to attend the rehabilitation program for the back.

DNR: Dr. Frank E. Gonda/jmm

7

2900
900 Wm. Casey

DATE	TIME	CALLER	PT. NAME - CHART #	PHONE #	ALL: P.S.G.O.
5/8/00	9:00	Wm. Casey		476-	Gonda
AGE	WT.	T.	BY	RE	
			ML		
can you call in some pain meds was given lortab. Pt knows you only give relafen which is Anti-inflammatory. Pt wanted to know if you would call in something for pain. You have given him lortab in the past and it has helped. Pt has been helped. Not done. Given #20/5 5/2000 to last 6mth					

Gonda - 13

KING 001884

08/28/00

MARK CASEY

10967

Dr. Frank E. Gonda

WRIST PAIN

- S: This 41-year-old white male is in with wrist pain for the last two months. He thinks it is probably related to the repetitive activity he does at Michelin building tires. He denies numbness, tingling, or burning in his fingers. He says he has pain at the wrist on the ulnar side. Sometimes it feels weak and just wants to give out. He has had no specific injury.
- O: On physical examination, he is in no distress. Blood pressure is 130/80. Pulse is 80. Weight is 182-pounds. The left wrist reveals excellent range of motion. There is no redness or swelling. There is a little tenderness over a rather prominent distal ulna. There is no crepitus. Pulses are 2+. Tinel sign and Phalen sign are negative. Hand grip is normal. Motor and sensory are grossly intact. X-ray of wrist is negative for arthritic changes.
- A: Wrist pain with a normal examination. Possibly related to repetitive activity at work. No sign of carpal tunnel syndrome.
- P: Reassurance. Moist heat. Relafen 500 mg, two p.o. q.-day, #60 with one refill. GI precautions given. He might need to come off of this job for a couple of weeks to let his wrist get better. If he needs to do this, he may have to go through Workman's Comp.
- DNR: Dr. Frank E. Gonda/ jmm

10/24/00 - appt. @ Gonda for LS spine met on 11/4/00 @ 9:00pm, over lunch + sub c pt - (21)
 10/24/00 - appt. @ Dr. Gonda on 11/4/00 @ 9:00pm - (22)
 7 - MRI auth. request sent to Med. Director - (23)

10/26/00

WILLIAM CASEY

10967

Dr. Frank E. Gonda

CHRONIC LOW BACK PAIN

- S: This 41-year-old white male is in for recheck and medicine refill. He thinks his back pain did improve a little bit with physical therapy. He still has pain everyday whether he is working or playing ball. He did increase the number of Lortab that he took and ran out early. He has not had any in a while. He thinks the Ultram also helps some. He has pain everyday, 24-hours a day in his lower back bilaterally. The pain is non-radiating. He has no bowel or bladder problems. He has no numbness, tingling, or weakness in his legs. X-rays in 1997 of the lumbar spine were negative.
- O: On physical examination, he is in no distress. Blood pressure is 130/80. Pulse is 80. Weight is 178.5-pounds. Back reveals no deformity and has excellent range of motion. There is discomfort with twisting, tilting, and forward bending. There is some tenderness to deep pressure bilaterally in the lower lumbar/upper sacral area. No muscle spasm is noted. Straight leg raising is negative. DTR's are 2+. Motor and sensory are intact.
- A: Chronic low back pain.
- P: Renew Ultram, 50 mg two p.o. q.i.d., #720 with one refill. Lortab-5.0, one q.-four to six hours for moderate pain, #20 with five refills. This is supposed to last six months. Schedule for an MRI of his LS-spine. Schedule him an appointment to the Chronic Pain Clinic. I am hoping that they will find him a candidate for some steroid injections.
- DNR: Dr. Frank E. Gonda/ jmm

10/31/00 - MRI auth. request sent to Med. Director for MRI - (24)
 Gonda - 14

KING 001885

DATE 11/18/01	TIME 1:25	CALLER Pain Center	PT. NAME - CHART # Wm. Casey	PHONE # 583-0053	ALL P.S.C.O. Gonda
AGE 42	WT. 190	T. M	BY ML	RE: 10967	
Mascan cyp 19:30 Att: Heather tomorrow, needs rec'd to faxed DISPOSITION 583-0370 Fax					
				Jured to Heather 11/19/01 BY: SJS TIME A P	
DRUG STORE:					

4/19/01 Date Samples given Zanaflex 4mg # 156
 Drug Name # Dispensed 63
 Lot Number: Initials:

Patient is educated regarding proper administration, drug interactions and possible side effects. Parent has been instructed to call our office with any questions or problems.

04/19/01

MARK CASEY

10967

Frank E. Gonda, M.D.

D: CHRONIC LOW BACK PAIN

- S: This 42-year-old white male is in for medicine refill. He had to increase recently the Ultram because he was having increased back pain. It is currently the only medicine he has been taking. He did go to the Pain Clinic, but he had not had his MRI, so they did not do much for him. He said that he had too many bills and was unable to afford getting the MRI done. Pain remains concentrated in his mid-lower back. It is non-radiating. There is no bowel or bladder problem. He denies numbness, tingling, or weakness in his legs.
- O: Patient is in no distress. Blood pressure is 120/90. Pulse is 76. Weight is 192-pounds. Back examination reveals excellent range of motion. There is mild tenderness in the mid-lumbosacral area. Paraspinal muscles have tenderness and maybe a little spasm. Straight leg raise is negative. Deep tendon reflexes are 2+. Motor and sensory are intact.
- A: Chronic low back pain.
- P: Ultram, 50 mg two p.o. q.i.d. #720 with one refill. Add Zanaflex, 4 mg. Start with a half a tablet q.-h.s., increase every three days by half a pill. Can potentially go up to 24 mg a day in a split dosage. Gave him samples #15, also a prescription for #60 with two refills. It turns out the chronic pain doctor had given him some Zanaflex, but the patient never increased the dosage and did not take it very long. Let me know how he does with this.
- DNR: Frank E. Gonda, M.D./ejb

Gonda - 15

KING 001886

**FOOTHILLS FAMILY
MARY BLACK HEALTH SYSTEM
OUTPATIENT QUESTIONNAIRE**

PATIENT NAME: William Mark Casey **DATE:** Oct 26, 2000

PHYSICAL

Please answer yes or no to the following questions:

	Yes	No
Do you have any new difficulty with daily living activities? (EG: stair climbing, easily tired)	_____	<u>✓</u>

Explain: _____

PATIENT/FAMILY EDUCATION/LEARNING

Circle all that apply to patient:

Non English Speaking: Needs an interpreter
Primary Language _____
Hearing Impairment
Visual Impairment
Deaf
Blind
Hearing Aids
Difficulty Reading

NUTRITIONAL SCREEN

Please answer yes or no to the following questions:

	Yes	No
1) I have an illness or condition that made me change the kind and/or amount of food I eat.	_____	<u>✓</u>
2) Unintentional weight loss or gain greater than 10 pounds over the last month.	_____	<u>✓</u>
3) Swallowing difficulty over the past 3 months.	_____	<u>✓</u>

REVIEWED BY: Andy Belin **DATE:** 10/26/00

Gonda - 16

980

KING 001887

10467

Zanoxles 4mg

Frank E. Gonda, MD

G: ERECTILE DYSFUNCTION

DNR: Frank E. Gonda, MD/ dlq

4/21- pt. notified re. Total + free testosterone level. Lab. pt. it shows low
test. level. of Viagra fails, cortisol hormone replacement. — G/N/M.

KING 001888

PERSONAL INFORMATION UPDATE

Please help us serve you better by taking time to review our information. Listed below is your account information. If any items are incorrect, please cross it out and write in the correct info on an add sheet, or file. Thank you.

PERSONAL INFORMATION

Name Wm William M Casey
Address 714 Three Wood Lane
City, State Zip Woodruff, SC 29386

Home Phone 864-476-9100
Work Phone 864-579-3000

Birthday 1/19/58 Age ... 42 Sex ... M
Social Security # .. [REDACTED]

SUBSCRIBER INFORMATION

Account # 00967
Name Wm William M Casey

INSURANCE INFORMATION

Primary CISNO
Patient Code WC
Policy # [REDACTED]
Insured Code WC
Group # 0000-0000

Secondary
Patient Code
Policy #
Insured Code
Group #

DECLARATION

- I authorize the release of any medical or other information to process insurance claims.
- I authorize payment of medical benefits directly to this practice for the services rendered.

Signed William Mark Casey Date Sept 7, 2001

Updated 09/07/01 User: ML Version: 6-6-98 HSC

Gonda - 10

KING 001889



CIGNA HealthCare
Formerly
Healthsource-Providence

PPN/PPO

Employee: WILLIAM M. CASEY

Social Security Number: [REDACTED]

Employer: MICHELIN NORTH AMERICA

Group Plan Number: 9503-ASD

This card does not guarantee coverage or confirm eligibility.

6-9010
RECEIVED

MAY 05 2000

BY: [Signature]

RECEIVED

SEP 07 2001

BY: [Signature]

To obtain PPO benefits, you must inform your PPO physician that you are a PPO patient, submit a claim form to the physician, and pay the costs indicated by that provider.

Certification is required before any elective hospital admission or within two working days after an Emergency or Maternity admission. Failure to do so will affect benefits.

For certification call: 1-800-621-4309

These group benefits are administered by CONNECTICUT GENERAL LIFE INSURANCE COMPANY.

Claim Office Address:
Greenville Claim Office
Station B, P.O. Box 6185
Greenville, SC 29606-6185

Claim Office Phone Number:
1-800-544-4534

DC-6123

Gonda - 11

KING 001890

264 599-3499

Mark Casey

5-8-00

Gonda - 12

KING 001891

**FOOTHILLS FAMILY MEDICINE
MARY BLACK HEALTH SYSTEM
OUTPATIENT QUESTIONNAIRE**

PATIENT NAME: William Mark Casey **DATE:** March 6, 2002

PHYSICAL

Please answer yes or no to the following questions:

	Yes	No
Do you have any new difficulty with daily living activities? (EG: stair climbing, easily tired)	_____	_____✓

Explain: _____

PATIENT/FAMILY EDUCATION/LEARNING

Circle all that apply to patient:

Non English Speaking: Needs an interpreter

☒ Primary Language English

☐ Hearing Impairment

☐ Visual Impairment

☐ Deaf

☐ Blind

☐ Hearing Aids

☐ Difficulty Reading

NUTRITIONAL SCREEN

Please answer yes or no to the following questions:

	Yes	No
1) Have you had an illness or condition that made you change the kind and/or amount of food you eat?	_____	_____✓
2) Have you had any unintentional weight loss or gain greater than 10 pounds over the last month?	_____	_____✓
3) Do you have swallowing difficulty?	_____	_____✓

WED BY: Dr. J. B. Boli **DATE:** 3/6/02

ated by the patent or nurse on the first visit of the year.

Gonda - 17

983-OPQ/06

KING 001892

NAME <u>William Casey</u>	DATE <u>3-10-02</u>	CHART # <u>10967</u>	Wt. <u>178</u>
C.C. <u>H. Shaver "still having back pain, needs it on Ultram" - Esch pr</u>			BP - L <u>130/90</u>
			BP - R
			Pulse <u>80</u> reg/irreg.
			Temp. <u>O, A</u>
			Resp.
			Vision - OD
			OS
			Corrected, Uncorrected
			Pain Score 0-5

03/06/02

MARK CASEY

10967

Frank E. Gonda, MD

D: CHRONIC LOW BACK PAING: ERECTILE DYSFUNCTION

- S: This 43-year-old white male is in for follow up on his problems and for medicine refill. He denies chest pain or shortness of breath. His appetite is good, and he moves his bowels well. He has chronic back pain. The Ultram helps as does the Zanaflex, but he still is in pain everyday. He again is requesting Lortab. We have discussed Lortab before, and it is best that we stay away from this. He has problems with erections, and Viagra has worked well. As far as his back is concerned, he has pain 24-hours a day. It is worse at the end of his work shift. Also when he wakes up in the morning he has lots of pain. On a scale of one to ten it is about a six when he wakes up in the morning.
- O: Patient is in no distress. Blood pressure is 130/90. Pulse is 80. Weight is 178-pounds. Neck is supple. Lungs are clear. Heart is regular. Abdomen is soft and nontender. Back reveals full range of motion and no tenderness. Straight leg raising is negative.
- A: As above.
- P: Counseled in detail. I still think it is a good idea to stay away from narcotics. Renew Ultram, 50 mg two p.o. q.i.d., #720 with one refill. Also gave him a prescription for two weeks for local purchase. Zanaflex, 4 mg two q.h.s. At one time he was taking three, but he says he only takes two now. #180 with one refill. Renew Viagra, 100 mg one p.o. one hour prior to relations, #10 with five refills. Finally add Neurontin, 100 mg start with one at bedtime. May increase to two at bedtime if no problems. This is to see if we can reduce his chronic pain. #60 with two refills. Will let me know how he does, and if it improves his back pain, we can do mail order. *F*
- DNR: Frank E. Gonda, MD/ jmm

8/13/02- Pt. here for RF on meds. no prob. pain score 0 - *Examiner*
note

Gonda - 18

KING 001893

08/13/02

MARK CASEY

20967

Frank E. Gorda, MD

D: CHRONIC LOW BACK PAIN

G: ERECTILE DYSFUNCTION

C: NICOTINE ABUSE.

3. Mark is in today for follow up of the above problems and also for medicine refill. He is actually early. He has run out of medication because his wife was sneaking some of his medicines. After 20 years of marriage, they are separating and getting a divorce. She is being treated for depression. Last time he was here I put him on Neurontin, but he says it did not help after two month's worth of medicine. He still has back pain everyday. It does not keep him from working although it makes work difficult. It does not keep him from playing golf. He is still smoking one-half to one pack of cigarettes per day. He denies bowel or bladder problems. He has no pain in his legs. He still has erection problems, and Viagra works well.

11 Patient is in no distress. Weight is 173-pounds. Blood pressure is 112/78. Pulse is 80. Neck is supple. Lungs are clear. Heart is regular. Abdomen is soft and nontender. Back reveals good range of motion, no tenderness to palpation. Straight leg raising is negative.

A: As above.

P: Counseled in detail. Patient never went for his MRI. He says he cannot afford it. and his insurance will not pay for it at this time. Renew Ultram, 50 mg two p.o. q.i.d., #720 with one refill. Also a one month supply with one refill from local purchase. Zanaflex, 1 mg two p.o. q.h.s., #180 with one refill. Also prescription for local purchase. Renew Viagra, 100 mg one p.o. one hour prior to relations, #10 with five refills. Follow up in six months or p.r.n.

DNR: Frank E. Gonda ME/ JMD

DATE	TIME	CALLER	PAT NAME	CHART #	PHONE	ALLERGENS
1/23/02	10:30		William Mark Cargill			
BY	RE	BY	RE	BY	RE	BY
88		L7				
hurt his back when he fell while working on a roof. He told him to make an apt						
DISPOSITION						
Portable S.O #70/3 T 10 56-8° am pain A/B Residual St.						
DRUGS						BY
						88

1/23/03. Pt presents for refill for ultram. pain score of 8 — Ottaviano

34
8

24

01/23/03

MARK CASEY

17804

Frank E. Gonda, MD

D: CHRONIC LOW BACK PAIN

G: ERECTILE DYSFUNCTION

C: NICOTINE ABUSE

S: Mark presents today for follow up of the above problems and for medicine refill. He has no chest pain or shortness of breath. His appetite is good, and he moves his bowels well. Back pain is stable as long as he takes his medicines. He continues to smoke probably less than a half-pack of cigarettes per day. He still has plenty of refills on his Viagra.

Gonda -19

KING 001894

New Patient Information Sheet

WELCOME TO OUR PRACTICE!

Please help us serve you better by taking a few minutes to provide the following information.

PATIENT INFORMATION

ACCOUNT # 217804	SOCIAL SECURITY NUMBER [REDACTED]	TITLE	LAST NAME CASEY	FIRST NAME William	MI M
STREET ADDRESS (ROAD OR STREET) 1000 1st St			(APARTMENT # OR SECOND ADDRESS LINE)		
ZIP CODE 29369	CITY MOORE		STATE SC		
HOME PHONE 864 574-8755		EMERGENCY CONTACT PHONE/NAME			
BIRTHDAY [REDACTED]-58	SEX (M, F) M	RACE C			
MARITAL ☐ M-Married ☐ W-Widowed ☐ S-Single ☐ D-Divorced ☒ X-Separated		EMPLOYMENT ☐ R-Retired ☒ F-Full ☐ P-Part ☐ N-None		STUDENT ☐ P-Part ☐ F-Full ☐ N-None	
REL TO INSURED ☐ SE-Self ☐ SP-Spouse ☐ CH-Child		OT-Other			
EMPLOYER/SCHOOL NAME					

STREET ADDRESS (ROAD OR STREET)			(APARTMENT # OR SECOND ADDRESS LINE)		
ZIP CODE	CITY	STATE	BUSINESS PHONE		
LIST NAMES AND AGES OF OTHER FAMILY MEMBERS LIVING IN YOUR HOUSEHOLD. ARE THEY FOOTHILLS PATIENTS?					

FINANCIALLY RESPONSIBLE PARTY (IF OTHER THAN PATIENT)

ACCOUNT #	SOCIAL SECURITY NUMBER	TITLE	LAST NAME	FIRST NAME	MI
STREET ADDRESS (ROAD OR STREET)			(APARTMENT # OR SECOND ADDRESS LINE)		
ZIP CODE	CITY		STATE		
HOME PHONE		BIRTHDAY	SEX (M, F)	RACE	
MARITAL ☐ M-Married ☐ W-Widowed ☐ S-Single ☐ D-Divorced ☒ X-Separated		EMPLOYMENT ☐ R-Retired ☒ F-Full ☐ P-Part ☐ N-None		STUDENT ☐ P-Part ☐ F-Full ☐ N-None	
REL TO INSURED ☐ SE-Self ☐ SP-Spouse ☐ CH-Child		OT-Other			
EMPLOYER/SCHOOL NAME					

STREET ADDRESS (ROAD OR STREET)			(APARTMENT # OR SECOND ADDRESS LINE)		
ZIP CODE	CITY	STATE	BUSINESS PHONE		
PRIMARY INSURANCE COMPANY NAME			MAILING ADDRESS		ATTENTION
TELEPHONE #	POLICY #	GROUP #	EXP. DATE		
SECONDARY INSURANCE COMPANY NAME			MAILING ADDRESS		ATTENTION
TELEPHONE #	POLICY #	GROUP #	EXP. DATE		

I hereby authorize the release of any medical or other information necessary to process insurance claims and hereby authorize payment of benefits directly to this practice for medical service rendered to myself or my dependents. I understand that I am responsible for any amount not covered by insurance. A photostatic copy of this authorization shall be considered as effective and valid as the original.

SIGNATURE: *Mark Casey*

DATE: 1-23-03

983-NPI-102

KING 001895

FOOTHILLS FAMILY MEDICINE
MARY BLACK HEALTH SYSTEM
OUTPATIENT QUESTIONNAIRE

PATIENT NAME: William Casey DATE: 1-23-03

PHYSICAL

Please answer yes or no to the following questions:

	Yes	No
Do you have any new difficulty with daily living activities? (EG: stair climbing, easily tired)	<u> </u>	<u> ✓ </u>

Explain: _____

PATIENT/FAMILY EDUCATION/LEARNING

Circle all that apply to patient:

Non English Speaking: Needs an interpreter

Primary Language English

Hearing Impairment

Visual Impairment glasses

Deaf

Blind

Hearing Aids

Difficulty Reading

NUTRITIONAL SCREEN

Please answer yes or no to the following questions:

	Yes	No
1) Have you had an illness or condition that made you change the kind and/or amount of food you eat?	<u> </u>	<u> ✓ </u>
2) Have you had any unintentional weight loss or gain greater than 10 pounds over the last month?	<u> </u>	<u> ✓ </u>
3) Do you have swallowing difficulty?	<u> </u>	<u> ✓ </u>

REVIEWED BY: D. Hannon MD DATE: 1/23/03

Gonda - 21

* To be updated by the patient or nurse on the first visit of the year.

983-OPQ

KING 001896

Patient Information Sheet

WELCOME TO OUR PRACTICE!

Please help us serve you better by taking a few minutes to provide the following information.

PATIENT INFORMATION

ACCOUNT #	SOCIAL SECURITY NUMBER	TITLE	LAST NAME	FIRST NAME	M
			CASEY	William	M
STREET ADDRESS (ROAD OR STREET)			(APARTMENT # OR SECOND ADDRESS LINE)		
ZIP CODE	CITY	STATE			
29369	Moore	SC			
HOME PHONE		EMERGENCY CONTACT PHONE/NAME			
864 574-8755		DONNA CASEY			
BIRTHDAY	SEX (M, F)	RACE			
☐ M-Married ☐ W-Widowed ☐ S-Single ☐ D-Divorced ☒ X-Separated		EMPLOYMENT ☐ R-Retired ☐ F-Full ☐ P-Part ☐ N-None		STUDENT ☐ F-Full ☐ N-None	
☐ SE-Self ☐ SP-Spouse ☐ CH-Child		REL TO INSURED			
EMPLOYER/SCHOOL NAME					
Michelin Tire Corp					
STREET ADDRESS (ROAD OR STREET)			(APARTMENT # OR SECOND ADDRESS LINE)		
International Drive					
ZIP CODE	CITY	STATE	BUSINESS PHONE		
	Spartanburg	SC	864 599-3000		
LIST NAMES AND AGES OF OTHER FAMILY MEMBERS LIVING IN YOUR HOUSEHOLD. ARE THEY FOOTHILLS PATIENTS?					
TRAVIS (19) KRISTEN (17) NO					

FINANCIALLY RESPONSIBLE PARTY (IF OTHER THAN PATIENT)

ACCOUNT #	SOCIAL SECURITY NUMBER	TITLE	LAST NAME	FIRST NAME	M
STREET ADDRESS (ROAD OR STREET)			(APARTMENT # OR SECOND ADDRESS LINE)		
ZIP CODE	CITY	STATE			
HOME PHONE	BIRTHDAY	SEX (M, F)	RACE		
☐ M-Married ☐ W-Widowed ☐ S-Single ☐ D-Divorced ☐ X-Separated		EMPLOYMENT ☐ R-Retired ☐ F-Full ☐ P-Part ☐ N-None		STUDENT ☐ F-Full ☐ N-None	
☐ SE-Self ☐ SP-Spouse ☐ CH-Child		REL TO INSURED			
EMPLOYER/SCHOOL NAME					
STREET ADDRESS (ROAD OR STREET)			(APARTMENT # OR SECOND ADDRESS LINE)		
ZIP CODE	CITY	STATE	BUSINESS PHONE		
PRIMARY INSURANCE COMPANY NAME					
CIGNA Healthcare		MAILING ADDRESS		ATTENTION	
TELEPHONE #		POLICY #		GROUP #	
864 5				3162696/TX4-78	
SECONDARY INSURANCE COMPANY NAME					
TELEPHONE #		POLICY #		GROUP #	

I hereby authorize the release of any medical or other information necessary to process insurance claims and hereby authorize payment of benefits directly to this practice for medical service rendered to myself or my dependents. I understand that I am responsible for any amount not covered by insurance. A photostatic copy of this authorization shall be considered as effective and valid as the original.

SIGNATURE: William M Casey

DATE: June 23, 2003

Gonda - 22 983-P1-503

KING 001897

FOOTHILLS FAMILY MEDICINE - BOILING SPRINGS
Acknowledgement of Receipt of Notice of Privacy Practices

Attached please find FOOTHILLS FAMILY MEDICINE - BOILING SPRINGS' Notice of Privacy Practices. Your name and signature on this cover sheet indicate that you have received a copy of FOOTHILLS FAMILY MEDICINE - BOILING SPRINGS' Notice of Privacy Practices on the date indicated. The notice is yours to keep.

If you have any questions regarding the information set forth in FOOTHILLS FAMILY MEDICINE - BOILING SPRINGS' Notice of Privacy Practices, please do not hesitate to contact Rita Sigers, Privacy Officer at (864) 591-0745.

Printed Name of Patient: William Mark Casey

Signature: William Mark Casey

Authority to Sign if Not Patient: _____

Date: June 27, 2003

**Request for authorization for disclosure of Protected Health Information
to family member(s), friend(s), or caregiver(s)**

Family member(s), friend(s), or caregiver(s) authorized to receive PHI:

Name	Relationship
_____	_____
_____	_____
_____	_____
_____	_____

Patient Signature: William Mark Casey

Patient DOB: 58

Mother's Maiden Name: Hudson

If the person(s) authorized above call for access to your PHI, they will have to give the above identifiers in order to have access to the information over the phone.

This includes billing information.

Picture ID will be required if requesting access in person.

Gonda - 23

KING 001898

1/23/03 MARK CASEY

Gonda

- O: Patient is in no distress. Blood pressure is 124/88. Pulse is 80. Weight is 180-pounds. Neck is supple with no thyromegaly. Lungs are clear with no wheezes. Heart is regular with no murmur. Abdomen is soft and nontender. Back reveals full range of motion. He has mild tenderness in the paraspinal muscles. Straight leg raising is negative. Deep tendon reflexes are 2+. Motor and sensory are intact.
- A: As above. He appears stable.
- P: Encouraged to quit smoking. Renew medications which include: Ultram, 50 mg two p.o. q.i.d., #720 with one refill. Zanaflex, 4 mg two p.o. q.h.s., #180 with one refill. One month on each for local purchase. Follow up in six months or p.r.n.
DNR: Frank E. Gonda, MD/jmm

1/23/03 Pt. in for re/ + RF med - states 5 on pain scale 2nd bad pain

1/23/03 Samples given Paxil CR 12.5 # 3bx
Date Drug Name # Dispensed
Lot Number: 23P06 1-05 Initials: *VF*

Patient was educated regarding proper administration, drug interactions and possible side effects. Patient has been instructed to call our office with any questions or problems.

06/23/03

Mark CASEY

17804

Frank E. Gonda, MD

D: CHRONIC LOW BACK PAIN

G: ERECTILE DYSFUNCTION

FAMILY DISCORD

H: DEPRESSION

- S: This 44-year-old white male is in for follow up of his back pain. He says that is stable. It hurts as usual, but medicines make his pain tolerable. He still plays golf three to four times a week. He still works full-time. He complains today that he thinks he is depressed. He stays very angry and frustrated. He is moody. He has trouble sleeping, trouble concentrating. His appetite is decreased, and he has lost some weight. He does not enjoy daily activities. He says he is sad all the time. He is going through a divorce which actually is a good thing, but he has had troubles with his teenage children. They have done a lot of bad things recently. His son has even stolen his credit cards and has messed up his credit for him. He has done everything possible to be a good parent, and they have both turned out to be not the best kids. He denies ever being depressed before.
- O: Patient is in no distress. Blood pressure is 134/94. Pulse is 72. Weight is 172-pounds. Neck is supple. Lungs are clear. Heart is regular. Abdomen is soft and nontender. Back reveals a slightly decreased range of motion, but no significant pain with movement. Straight leg raising is negative. Deep tendon reflexes are 2+. Mental status examination reveals he is alert, oriented, and coherent. Speech is not rapid or pressured. There are no feelings of helplessness or hopelessness. There are no suicidal or homicidal thoughts. Sensorium is clear.
- A: Chronic low back pain. This is stable.
- P: Renew Ultram, 50 mg two q.i.d.; Zanaflex, 4 mg two q.h.s.
- A: Erectile dysfunction.
- P: Viagra, 100 mg one p.o. one hour prior to relations, #10 with five refills.
- A: Depression.
- P: Counseled in detail. Begin Paxil-CR, 12.5 mg one q.-day, samples for three weeks. A prescription for #30 with one refill. See him back in two months to see how he is doing.
DNR: Frank E. Gonda, MD/jmm

8/21/03 Pt. in for re/ Paxil - states he feels a difference on med - states 0 on pain scale - *VF*

Gonda - 24

KING 001899

William Casey

8/27/03 Date Samples given Effexor XR 75mg # 2bx
 Lot Number: 3023834 Drug Name 4/04 # Dispensed
 Initials: JRC
 Patient was educated regarding proper administration, drug interactions and possible side effects. Patient has been instructed to call our office with any questions or problems.

8/27/03 Date Samples given Effexor XR 37.5/15 # 1bx
 Lot Number: 3033288 Drug Name 12/03 # Dispensed
 Initials: JRC
 Patient was educated regarding proper administration, drug interactions and possible side effects. Patient has been instructed to call our office with any questions or problems.

90
 45
 135

08/27/03

MARK CASEY

17804

Frank E. Gonda, MD

H: DEPRESSION

D: CHRONIC LOW BACK PAIN

S: This 44-year-old white male is in for follow up on his depression. He has been on Paxil for two months and cannot tell any improvement whatsoever. He had no side effects from it. He continues to feel down-in-the dumps. He attributes it to all of the family problems that he has had including his two teenage kids who are pretty much failures. He has done everything he could for them. He does not blame himself, but he still feels bad about it. His job is not getting any easier, and he continues with chronic low back pain. He thinks part of his depression is from the back pain, and he wishes to start back on some medicine. He has been buying from friends, Percocet, 10 mg. He says he could easily take two or three a day. He has no trouble working with it. He says it makes life tolerable as far as the pain is concerned.

Patient is in no distress. Blood pressure is 122/88. Pulse is 72. Weight is 171-pounds. Patient is alert, oriented, and coherent. Speech is not rapid or pressured. There are no feelings of helplessness or hopelessness. There are no suicidal or homicidal thoughts. Sensorium is clear. Recheck of the back is not done today.

A: Depression in a patient with chronic low back pain.

P: Counseled in detail. Trial of Effexor-XR, 37.5 mg one q.-day times one week and then 75 mg one q.-day, samples for four weeks and then a prescription for four weeks. He is also given a prescription for Percocet, 10/325 one p.o. b.i.d., #60 with one refill. Explained to patient that part of pain treatment can also be antidepressants which frequently help reduce the pain. He is willing to continue on an antidepressant. See him back in two months.

DNR: Frank E. Gonda, MD/jmm

DATE 9/23/03	TIME 10:30	CALLER William Casey	PT. NAME - CHART # 217804	PHONE # 486-9131	ALL: P.S.C.O. Gonda
BY JRC		MEDS: Percocet			
needs refill Had forgotten this is 9/23/03 pt stated					
9/23/03 I'm to R/C a class II drug. He had 3 more days					
a carte and refills. Will have looked up. Left but pharm. unusable					
- pt. has used #120 in one month. Let him get RF					
not fill early. Pick up Friday. Redville Rd. - per pharm. info					
against the law to put RF on narcotics. like this - had to write new Rx					
notified pt - JRC					

notified pt

KING 001900

Patient Information Sheet

WELCOME TO OUR PRACTICE!

Please help us serve you better by taking a few minutes to provide the following information.

PATIENT INFORMATION

ACCOUNT #	SOCIAL SECURITY NUMBER	TITLE	LAST NAME	FIRST NAME	MI
			CASEY	William	Mark
STREET ADDRESS (ROAD OR STREET)			(APARTMENT # OR SECOND ADDRESS LINE)		
ZIP CODE	CITY	STATE			
29388	Woodruff	SC			
HOME PHONE		EMERGENCY CONTACT PHONENAME			
BIRTHDAY		SEX (M, F)	RACE		
-1958					
MARITAL ☐ M-Married ☐ W-Widowed ☐ S-Single ☐ D-Divorced ☒ X-Separated		EMPLOYMENT ☐ R-Retired ☐ F-Full ☐ P-Part ☐ N-None		STUDENT ☐ P-Part ☐ F-Full ☐ N-None	
REL. TO INSURED ☐ SE-Self ☐ SP-Spouse ☐ CH-Child		OT-Other			
EMPLOYER/SCHOOL NAME					
STREET ADDRESS (ROAD OR STREET)			(APARTMENT # OR SECOND ADDRESS LINE)		
ZIP CODE	CITY	STATE	BUSINESS PHONE		
LIST NAMES AND AGES OF OTHER FAMILY MEMBERS LIVING IN YOUR HOUSEHOLD. ARE THEY FOOTHILLS PATIENTS?					

FINANCIALLY RESPONSIBLE PARTY (IF OTHER THAN PATIENT)

ACCOUNT #	SOCIAL SECURITY NUMBER	TITLE	LAST NAME	FIRST NAME	MI
STREET ADDRESS (ROAD OR STREET)			(APARTMENT # OR SECOND ADDRESS LINE)		
ZIP CODE	CITY	STATE			
HOME PHONE		BIRTHDAY		SEX (M, F)	RACE
MARITAL ☐ M-Married ☐ W-Widowed ☐ S-Single ☐ D-Divorced ☒ X-Separated		EMPLOYMENT ☐ R-Retired ☐ F-Full ☐ P-Part ☐ N-None		STUDENT ☐ P-Part ☐ F-Full ☐ N-None	
REL. TO INSURED ☐ SE-Self ☐ SP-Spouse ☐ CH-Child		OT-Other			
EMPLOYER/SCHOOL NAME					
STREET ADDRESS (ROAD OR STREET)			(APARTMENT # OR SECOND ADDRESS LINE)		
ZIP CODE	CITY	STATE	BUSINESS PHONE		
PRIMARY INSURANCE COMPANY NAME					
Cigna		MAILING ADDRESS		ATTENTION	
TELEPHONE #	POLICY #	GROUP #	EXP. DATE		
SECONDARY INSURANCE COMPANY NAME					
		MAILING ADDRESS		ATTENTION	
TELEPHONE #	POLICY #	GROUP #	EXP. DATE		

I hereby authorize the release of any medical or other information necessary to process insurance claims and hereby authorize payment of benefits directly to this practice for medical service rendered to myself or my dependents. I understand that I am responsible for any amount not covered by insurance. A photostatic copy of this authorization shall be considered as effective and valid as the original.

SIGNATURE: Mark Casey

DATE: Oct 20, 2003

Pt just had address change

Gonda - 26

KING 001901

Mark Casey

12/20/03 Pt. in for Mr Effexor - states it did help some - states on pain scale - JTC

12/20/03 MRI @ MBH of L5 spine 10/24/03 @ 815 - JTC
(Ø percert per Yusuf J. @ medcost)

10/20/03

MARK CASEY

17804

Frank E. Gonda, MD

B: CHRONIC LOW BACK PAIN

H: DEPRESSION

S: This 44-year-old white male is in for follow up on the above problems. He says his depression is markedly improved on the Effexor. He is less moody, less irritable. He is sleeping better. Stresses do not seem to bother him as much. The only side effect is delayed ejaculation. Back pain continues everyday. Some days it is worse than others. Recently he has noticed some numbness on the top of his right foot. The pain is non-radiating from his back into his legs.

O: Patient is in no acute distress. Blood pressure is 134/92. Pulse is 88. Weight is 177.5-pounds. Back reveals mild tenderness in the lumbosacral area, decreased range of motion, increased pain with extension. Straight leg raising is negative. Deep tendon reflexes are 2+. Motor and sensory are grossly intact. There may be a small area of numbness on the lateral aspect of the right foot and ankle. Mental status examination is normal.

A: As above.

P: Continue Ultram, 50 mg two q.i.d., no refill needed. Continue Zanaflex, 4 mg two q.h.s., no refill needed. Patient says he rarely takes that because it makes him too sleepy. Continue Viagra, 100 mg no refill needed. Renew Effexor-XR, 75 mg one q.-day, #30 with two refills. Lortab, 10/500 one b.i.d. for pain, #60 with two refills. Add Bextra, 10 mg one q.-day for antiinflammatory, #30 with two refills. GI precautions given. Schedule for MRI. Review of chart shows that he was supposed to have gone for an MRI several years ago but had some insurance problems, and he never did. He will be scheduled for this. Follow up in three months.
DNR: Frank E. Gonda, MD/jmm

11/4/03 Epidural @ MBH on 11/6/03 @ 1230 - faxed records - JTC
(auth per Christi @ Cigna)

DATE	TIME A	CALLER	PT NAME - CHART #	PHONE #	ALL: P.S.C.O	MD
11/5/03	TIME P		Mark Casey	680-59229		Gonda
AGE	WT	E	BY	MEDS	PE	
			JTC			
-pt states Percocet helped more than Lortab - given #60 on 10/20/03 + has #14 left (#46 in 15 days)						
DISPOSITION						
11/5/03 told him he Ø get Percocet + to take Lortab as instructed - Ø early RPA - JTC						
BY: JTC				TIME A P		

Gonda - 27

KING 001902

Mark Casey

TIME 11:30 AM DATE 11/7/03 PHONE 680-9648
NAME Mark Casey PARENT sister
ADDRESS _____
HISTORY ep LBP - chronic CHANGE IF ANY
contacts not helping.
WORKING DIAGNOSIS Chronic LBP
TREATMENT TEEP tonight
To office next AM.
REMARKS (PHARMACY CALLED) 17804 7

2/15/03 Pt. in for discussion re: epidural inj. - states it of help - made pain worse - also RF Ultram - states 7-8 on pain scale - G. Calvert, LPN

12/15/03

WILLIAM CASEY

17804

Frank E. Gonda, MD

CHRONIC LOW BACK PAIN

H: DEPRESSION

- S: This 45-year old white male with chronic low back pain and depression is in for follow up of the above problems and for medicine refill. Since I saw him last time he went and had one epidural, which did not work. It made his pain worse. He was out of work for several days. He is frustrated that he had to pay for the shot and he was out of work and it did not help. He did have an MRI which showed two bulging disks but no ruptures. He does not want to see a neurosurgeon because he would not be interested in surgery. He believes that the Effexor has helped his depression. He still has all the same family problems but everything is stable.
- O: Patient is in no distress. Blood pressure is 126/84. Pulse is 88. Weight is 177-pounds. Neck is supple. Lungs are clear. Heart is regular. Abdomen is soft and nontender. Back has good range of motion, no tenderness. Straight leg raising is negative. Deep tendon reflexes is 2+.
- A: As above.
- P: Counseled in detail. Suggested we go see another anesthesiologist at Regional Hospital to see if they could help with the shots. He did not want to see the ones at Mary Black Hospital. We will check his insurance. Renew Ultram, 50 mg two p.o. q.i.d. #720 with one refill. Effexor-XR, 75 mg one q.-h.s. #90 with one refill. Bextra, 10 mg one q.-day #90 with one refill. Lortab, 10/500 one b.i.d. #30 with no refills. He ran out early. He still has another refill on his last prescription on the Lortab. I also gave for local purchase Ultram, 50 mg two q.i.d. #100 with no refill. The patient will let me know what he wants to do and we will go from there.

DNR: Frank E. Gonda, MD/dlg

7

Gonda - 28

KING 001903

DATE 2/10/04	TIME 5:50	CALLER William Casey	PT NAME - CHART # 17804	PHONE # 486-9131	ALL P.S.C.O.	MD
BY 158	BY ELL	MEDS.	FE 17804			
Has a question about MRI test						
DISPOSITION 1/20/04 Rf Lortab + Viagra - states he go back for another						
epidural right now b/c he's trying to pay last one off JTC						
How can we be so depressed, so much pain, going thru divorce & still have sex 2-3x/wk. Lortab keeps him. no Refills						
- states he may use 4 one wk & have the next						
DISPOSITION 1/20/04 will call tomorrow for appt next wk						
DRUG STORE:				BY: JTC	TIME	A P

2/18/04 Pt. in for recheck + RF meds - states 6 on pain scale - JTC
(William)
17804

2/10/04 MARK CASEY
D: CHRONIC LOW BACK PAIN
E: DYSLIPIDEMIA
G: ERECTILE DYSFUNCTION
H: DEPRESSION

13640
17804

Frank E. Gonda, MD

- S: This 45-year old white male is in for follow up of the above problems and medicine refill. He is tells me he has discontinued his Effexor. He does not feel depressed. He stopped it about a month ago. He was having a problem with delayed ejaculation so he discontinued it. He needs a refill on Viagra. It works well and he has had no problems with it. He has been taking the Bextra twice a day and wants to know if we can increase the dosage. He continues to have chronic low back pain. It is worse after long days at work. He is having some joint pains in his hands also.
- O: Patient is in no distress. Blood pressure is 134/96. Pulse is 88. Weight is 180-pounds. Neck is supple with no thyromegaly. Lungs are clear with no wheezes. Heart is regular with no murmur. Abdomen is soft and nontender. Back reveals decreased range of motion and mild tenderness in the lumbosacral area. Straight leg raising is weakly positive bilaterally with full extension. Deep tendon reflexes are 2+. Hands reveal no swelling, no redness and no heat.
- A: As above. He appears stable. He has stopped his antidepressant. Review of chart shows that his lipids have been elevated in the past. He was supposed to start on Niacin but he says he never did.
- P: Check a lipid profile and an ATL. Treat lipids if needed. Renew Viagra, 100 mg one p.o. one hour prior to relations #10 with five refills. Renew Lortab, 10/500 one p.o. b.i.d. for pain #60 with two refills. Increase Bextra, 20 mg one q.-day #90 with one refill. That is for mail order. Follow up in three months or p.r.n.

DNR: Frank E. Gonda, MD/dlg

7
Gonda - 29

KING 001904

2-18-04 pt. notified labo, Lipids terrible, SII,
 HDL ↓ (26) Start using low fat
 diet - Snpmailed 40pt, ↑ exercise
 at least 3x week ↓ 15 lbs.
 Repeat labo fasting in 3-6 months gH

3/4/04 Pt. in for rx + RF med - states 6 on pain scale - JH

5/5/04 Samples given Lipitor 20 mg # 28 samples
 Drug Name # Dispensed

Lot Number: 03650927 3/04 Initials: JH

Patient was educated regarding proper administration, drug interactions and possible effects. Patient has been instructed to call our office with any questions or problems.

5/5/04 pt. notified labo, Lipids terrible, Begin
Lipitor 20 mg 7 A.M. # 28 samples
 Lab in 4 weeks. JH

05/04/04

MARK CASEY

17804

Frank E. Gonda, MD

D: CHRONIC LOW BACK PAIN

S: This patient is in for follow up on chronic low back pain. He is doing well with the medications. He does not need a refill on Viagra. He says his pain is well-controlled.

O: Patient is in no acute distress. Blood pressure is 134/86. Pulse is 80. Weight is 176-pounds. He has lost four pounds. Neck is supple with no thyromegaly. Lungs are clear with no wheezes. Heart is regular with no murmur. Abdomen is soft and nontender. Lower extremities reveal no edema. Back reveals fairly good range of motion, but there is discomfort with twisting and tilting and some discomfort with palpation and percussion of the lower back. Straight leg raise is negative.

A: As above. He appears stable.

P: Check a lipid profile. Treat if needed. Renew medications which include: Ultram, 50 mg two p.o. q.i.d., #720 with one refill; Bextra, 10 mg one q.-day, #90 with one refill; Lortab-10/500, one b.i.d., #60 with one refill. Continue Zanaflex and Viagra. No refills needed. Follow up in three months or p.r.n.

DNR: Frank E. Gonda, MD/jmn

DATE 5/20/04	TIME A 12:15	CALLER —	PT NAME - CHART # Mark Casey	PHONE #	ALL: PSCO	MD Gonda
AGE	WT.	BY JH	MEDS:	RE:		
- pt states he called about his mail order + states he should receive Ultram on Tues						
- needs enough @ local pharm until then						
Ultram 50mg 2 qid for pain						
#60/p						
DRUG STORE: CVS-RL				BY:	TIME Gonda - 30	

pt notified persons. mach print

Call to: Dr. Gonda

KING 001905

INSURANCE COVERAGE INFORMATION: Please show all numbers on your card(s).

PRIMARY INSURANCE COVERAGE:

Insured (Name on card) William M Casey Insured ID Number _____
Insurance Co. Name: Blue Cross - Blue Shield Group/Member/Policy Number _____
Address: _____ Effective Date: _____

SECONDARY INSURANCE COVERAGE:

Insured (Name on card) _____ Insured ID Number _____
Insurance Co. Name: _____ Group/Member/Policy Number _____
Address: _____ Effective Date: _____

IN CASE OF EMERGENCY

Name and Phone number of Emergency Contact:

Carole Lynne Casey (sister)

680-9648

GENERAL CONSENT FOR MEDICAL AND/OR SURGICAL TREATMENT

The patient referred on the registration forms, either personally or through the person legally empowered to give this consent obligate the patient as herein contemplated, requests and authorizes this office, its employees, agents, and other affiliates to provide general care for this and all subsequent requests for care. This will include, without limitation, routine diagnostic procedures and medical treatments, which is to include whatever procedures that are deemed necessary by the attending doctors or their affiliates.

Date May 4, 2004

William Mark Casey
Signature of Patient and / or Guardian, if patient is Minor

AUTHORIZATION TO PAY BENEFITS TO THE PHYSICIAN

I hereby authorize the office of Mary Black Physician Group to release any medical information required during the course of examination and treatment and permit payment directly to them any benefits due for their services rendered. I recognize and accept responsibility for services rendered regardless of insurance coverage. This includes but is not limited to coinsurance, copayment, deductible and non-covered services.

Date May 4, 2004

William Mark Casey
Signature of Patient and / or Guardian, if patient is Minor

WARRANT AND AUTHORIZATION

I request that payment of authorized Medicare benefits be made either to me or on my behalf to Mary Black Physician Group for any services furnished to me by that physician or supplier. I authorize any holder of medical information about me to release to the Health Care Financing Administration and its agents any information needed to determine these benefits or the benefits payable for related services.

Date _____

Signature of Patient and / or Guardian, if patient is Minor

How were you referred to the practice?

☐ Dr. _____
☐ Other: _____

☐ Friend/Relative ☐ Radio ☐ Newspaper
☐ Hospital Referral Service

Gonda -31

KING 001906

FOOTHILLS FAMILY MEDICINE
MARY BLACK HEALTH SYSTEM
OUTPATIENT QUESTIONNAIRE

PATIENT NAME: William Mark Casey DATE: May 4, 2004

PHYSICAL

Please answer yes or no to the following questions:

	Yes	No
Do you have any new difficulty with daily living activities? (EG: stair climbing, easily tired)	<u> </u>	<u> ✓ </u>

Explain: _____

PATIENT/FAMILY EDUCATION/LEARNING

Circle all that apply to patient:

Non English Speaking: Needs an interpreter

Primary Language English

Hearing Impairment

Visual Impairment

Deaf

Blind

Hearing Aids

Difficulty Reading

NUTRITIONAL SCREEN

Please answer yes or no to the following questions:

	Yes	No
1) Have you had an illness or condition that made you change the kind and/or amount of food you eat?	<u> </u>	<u> ✓ </u>
2) Have you had any unintentional weight loss or gain greater than 10 pounds over the last month?	<u> </u>	<u> ✓ </u>
3) Do you have swallowing difficulty?	<u> </u>	<u> ✓ </u>

REVIEWED BY: Galbert, RN DATE: 5/4/04

* To be updated by the patient or nurse on the first visit of the year.

Gonda - 32

983-OPQ/009

KING 001907

FOOTHILLS FAMILY MEDICINE - BOILING SPRINGS
Acknowledgement of Receipt of Notice of Privacy Practices

Attached please find FOOTHILLS FAMILY MEDICINE - BOILING SPRINGS' Notice of Privacy Practices. Your name and signature on this cover sheet indicate that you have received a copy of FOOTHILLS FAMILY MEDICINE - BOILING SPRINGS' Notice of Privacy Practices on the date indicated. The notice is yours to keep.

If you have any questions regarding the information set forth in FOOTHILLS FAMILY MEDICINE - BOILING SPRINGS' Notice of Privacy Practices, please do not hesitate to contact Rita Sigers, Privacy Officer at (864) 591-0745.

Printed Name of Patient: William Mark Casey
Signature: William Mark Casey
Authority to Sign if Not Patient: _____
Date: June 29, 2004

**Request for authorization for disclosure of Protected Health Information
to family member(s), friend(s), or caregiver(s)**

Family member(s), friend(s), or caregiver(s) authorized to receive PHI:

Name	Relationship
<u>Carol Lynne Casey</u>	<u>Sister</u>
<u>Graeme Casey</u>	<u>Brother</u>
_____	_____
_____	_____

Patient Signature: William Mark Casey
Patient DOB: Nov 3, 1958
Mother's Maiden Name: Hudson

If the person(s) authorized above call for access to your PHI, they will have to give the above identifiers in order to have access to the information over the phone.

This includes billing information.

Picture ID will be required if requesting access in person.

Gonda - 33

KING 001908

Mark Casey

12/04 Pt. in for hosp. Flu states they found a piece of metal in chest & when they went to remove metal they punctured lung - states this has caused ↑ pain along w/ original pain - sister states pt was ↑ anxiety about going to MD (the reason she's in the room) - states 5 on pain scale - JTC

6/29/04 Samples given Xipho 20mg # 4bx
Date Drug Name # Dispensed

Lot Number: 0345092 / 5/04 Initials: DTme

Patient was educated regarding proper administration, drug interactions and possible side effects. Patient has been instructed to call our office with any questions or problems.

6/29/04 Samples given Zoloft starter kit # 1 kit
Date Drug Name # Dispensed

Lot Number: 1119K03A / 7/1/05 Initials: DTme

Patient was educated regarding proper administration, drug interactions and possible side effects. Patient has been instructed to call our office with any questions or problems.

06/29/04

MARK CASEY

17804

Frank E. Gonda, MD

CHEST WALL PAIN

ANXIETY DISORDER

RECENT PNEUMOTHORAX

- S: This 44-year-old white male is in here today with his sister. He has recently been in the hospital. Apparently he was having some chest pain while at work and was taken to Spartanburg Regional. The chest x-ray revealed a foreign metallic body in his chest. They thought it was a screw. Bronchoscopy was done which was negative. A repeat bronchoscopy was done with some sort of a laser treatment which resulted in a pneumothorax. He ended up on a respirator and with a chest tube. He still has chest pain. He has not been back to work. Ever since then he has been nervous and anxious. He cannot sit still. He is restless. He does not sleep well. Patient has been having chest pains for two months. It is worse with exertion. He feels it like a squeezing or a fullness in his left chest. It is always on the left side. There is no shortness of breath, some nausea, some diaphoresis occasionally. Since he has been out of work, he has had very little pain. The pain can come on while at work. He does a very strenuous job at Michelin. He can hurt for the entire eight or twelve hours of his shift. On occasion he has stopped because of the pain. The pain gets better, but then it comes back when he goes back to work. He has seen a cardiologist four years ago. He had a slightly abnormal stress test which led to a heart catheterization which was normal. Patient continues to smoke a pack of cigarettes per day. He continues on a lot of pain medicine for his low back pain.
- O: Patient is in no distress. Blood pressure is 126/94. Pulse is 100. Weight is 169-pounds. Neck is supple with no thyromegaly. Lungs are clear with no wheezes. Heart is regular with no murmur, no extrasystole. Abdomen is soft and nontender. Left chest wall is exquisitely tender between two ribs, probably the sixth and seventh ribs anteriorly just to the left of the sternum. Pressure reproduces his pain. Back reveals no CVA tenderness. Lower extremities reveal no edema. Straight leg raise is negative.
- A: Diagnosis as above. I do not believe patient needs any cardiac evaluation or GI evaluation. He has no GI symptoms. I offered to set him up for gallbladder ultrasound or upper GI, but he declined at this time.
- P: He will continue current medications as listed in the chart. He will begin Zoloft, 50 mg one p.o. q.-day, sample and prescription given. See him back in six to seven weeks.
- DNR: Frank E. Gonda, MD/jmm

Gonda - 34

KING 001909

William Casey #17804
7/27/04 - pt here for med check - no problems or pain
Notified pt of labo - cont. med - called in Rx - OK

07/27/04

MARK CASEY

17804

Frank E. Gonda, MD

E: DYSLIPIDEMIA
D: CHRONIC LOW BACK PAIN
H: DEPRESSION
CHEST PAIN

S: This 44-year-old white male is in for follow up of the above problems and for medicine refill. He has been on Lipitor now for four weeks continuously and needs lab work done to see if it has helped. He has been on Zoloft about three weeks and he thinks that he has mellowed out a little bit and is feeling a little bit better. He just got his prescription filled. He continues on his chronic back pain medicines of Ultram and Zanaflex and Bextra. No refills on that are needed. Those are mail order. He needs a refill on Lortab. He has had no side effects from the Lipitor or the Zoloft. He continues to have chest pain from his recent bronchoscopy and pneumothoracic chest tube. He has an appointment in a couple of day with Dr. Wilson Smith the Pulmonologist. The patient says that he has changed lung doctors because the others did not seem concerned over his problems.

O: Patient is in no acute distress. Blood pressure is 120/76. Pulse is 76. Weight is 178-pounds. Neck is supple with no thyromegaly. Lungs are clear with no wheezes. Heart is regular with no murmur. Abdomen is soft and nontender. Back reveals decreased range of motion. Straight leg raise is negative. Mental status examination is normal. He is alert, oriented, and coherent. Speech is not rapid or pressured.

Diagnosis as above. He appears stable. Of note is that he has not returned to work yet. Check a lipid profile and an ALT. Renew Lipitor, 20 mg one p.o. q.-p.m #90 with one refill. This is for mail order. Adjust medicine if needed. Renew Zoloft, 50 mg one q.-day #30 with two refills. No mail order for that at this time. We will see him back in two months to see how he is doing for that. Renew Lortab, 10/500 one p.o. b.i.d. for pain #60 with two refills. Continue Ultra, Zanaflex, and Bextra.

DNR: Frank E. Gonda, MD/ejb

I

8/17/04 Dismissed w/ Dr. Jay Grace - been seeing Mark x 3 wks
better on Zoloft, and wants to ↑ still lots of anxiety.
↑ Zoloft 100mg + p.o. q.d. #30/2 8/17/04 pt
CRS Kenilworth Rd 486-6990 JFG - not F

10/04 Pt. states he was sent here by Dr. Grace - to discuss new med
(Cymbalta) + ortho surg so pt can RTW - states 3 on pain scale - OK

10/04 - appt. made w/ Dr. Glenn Scott on 9/20/04 @ 10:00 - Ditannom m

Gonda - 35

KING 001910

09/10/04

MARK CASEY

17804

Frank E. Gonda, MD

D: CHRONIC LOW BACK PAIN

H: DEPRESSION

CHEST WALL PAIN

S: This 45-year-old white male is in for follow up on the above problems. He has been to the Pain Clinic. He is not satisfied with them and is not going back. He has been seeing Jay Grace who is a psychologist. Jay recently called and asked if we could increase Zoloft to 100 mg per day. He has been on the higher dose for three weeks and thinks the medicine has helped. Mark is seen today at the request of Jay Grace who suggests we switch him to Cymbalta. This is a combination drug. I believe it is an antidepressant with a mood stabilizer. I have not used it before and I do not have any experience and have not read anything about it. Mark continues to have his chronic low back pain. He continues to have chest pain. He has seen the pulmonologist who says his lungs are fine. Jay Grace also wants him to see an orthopedist to evaluate his back pain to see if he can return to work at the same level at exertion that he has been doing in the past. Currently he continues on Ultram, Zanaflex, Lortab, and Bextra.

O: Patient is in no distress. Blood pressure is 136/94. Pulse is 100. Weight is 180-pounds. Mental status examination is normal. Physical examination is not done today.

A: As above.

P: Continue current medications. Schedule him an appointment with orthopedist Dr. Glenn Scott to evaluate his chronic low back pain and his work capacity. Will discuss with Dr. Jay Grace concerning switching his medicines. I personally think it is too early to switch since he has only been on the higher dose of Zoloft for three weeks.

DNR: Frank E. Gonda, MD/jmm

7

DATE	TIME	CALLER	PT NAME - CHART #	PHONE #	ALL: P.S.C.O.	MD
9/23/04	11:15	W. Mark Casey		486-9131		Gonda
AGE	WT	BY	MEDS	RE		
45	180	DR	Zoloft	217804		
PT calling to see if he can up his dosage						
to 50 mg 9/23/04 untr/c 3pm						
DISPOSITION						
Cont Zoloft 100mg qd Flu 4 wks 7						
Add Zoloft 50mg qd DRUG STORE CWS-486- BY: TIME: A P						

4 # 2B samples pt notified - samples given 6/9/04 - DNR

- we only had 2 boxes of Zoloft 50mg samples. will call pt. when we get more in stock

9/23/04 Samples given Zoloft 50mg # 217804
Date Drug Name # Dispensed

Lot Number: 0104099 13-1-06

Initials: DR MUE

Patient was educated regarding proper administration, drug interactions and side effects. Patient has been instructed to call our office with any questions.

Gonda - 36

KING 001911

09/22/04

MARK CASEY

17804

Frank E. Gonda, MD

H: DEPRESSION

D: CHRONIC LOW BACK PAIN

S: Telephone conversation with psychologist Dr. Jay Grace who is following patient for anxiety and depression. Dr. Grace sent a note suggesting increasing Zoloft or adding Cymbalta. We discussed this today. I have no experience with this new medicine, and I felt uncomfortable adding it to the Zoloft. Therefore when Dr. Grace sees Mark later this week if he has not shown further improvement, patient will call and I will increase Zoloft to 150 mg q-day. If he does not respond to that, we could switch him to Cymbalta or we could have a psychiatrist see him who may feel comfortable using both medicines together.

DNR: Frank E. Gonda, MD/jmm

10/6/04 Samples given Zoloft started 1 pl
 Data Drug Name # Dispensed
 Lot Number: 00052044 406 Initials: JG

Patient was educated regarding proper administration, drug interactions and possible side effects. Patient has been instructed to call our office with any questions or problems.

DATE 9/22/04	TIME 3:30 P	CALLER Dr. Jay Grace	PT NAME - CHART # Mark Casey	PHONE # 516-1512	ALL: P.S.C.O.	MD Gonda
AGE 40	WT. 170	BY JG	MEDS: Zoloft 150 mg	RE: 217804		
Dr. has noticed that pt has improved some in certain areas, but feels that pt needs to be referred to a psychiatrist. Want to know if you want to refer him or do you want him to. He suggests Dr. Jeff Smith or Dr. Tony Gordan - Notified						
Dr. Grace he suggested to wait and discuss w/ Dr. Gonda						
On Monday due to Dr. Gonda being off - ALL						
OK to refer to psychiatrist NSA						
DISPOSITION						
F						
DRUG STORE:						
Notified Dr. Grace						
OK to refer						

9/21/04 Ft. in for rev - states his out of mid - states he on pain scale 2° back pain - JG

Gonda - 37

KING 001912

10/19/04

-VERMONT CASEY
mark

17804

Frank E. Gonda, MD

CHRONIC LOW BACK PAINDEPRESSIONHYPERCHOLESTEROLEMIAJ: ANXIETY DISORDER

S: This 45-year-old white male is in for follow up on the above problems and for medicine refill. His anxiety and depression are slightly improved on a higher dose of Zoloft. Psychologist Dr. Jay Grace has recommended a referral to a psychiatrist in Greenville. He continues with chronic low back pain. He has been out of work for about five months, and he is still in pain just about everyday, but not as bad. He does not feel he can return to work. He brings papers in for short-term disability. He saw orthopedist Dr. Lynn Scott who felt that patient could proceed with his work. He had no problem with his returning to his current work, but he did recommend finding an alternative. Dr. Scott's diagnosis was degenerative arthritis with bulging disks in the lumbosacral spine. Patient does not believe that he can return to the work that he has been doing.

O: Patient is in no acute distress. Blood pressure is 126/88. Pulse is 100. Weight is 177-pounds. Neck is supple with no thyromegaly. Lungs are clear with no wheezes. Heart is regular with no murmur. Abdomen is soft and nontender. Back reveals decreased range of motion in all directions, no tenderness to palpation. Straight leg raise is weakly positive on the right. Strength in the lower extremities is normal. Deep tendon reflexes are 2+.

A: As above.

P: Renew medications which include: Ultram, 50 mg two q.i.d., #720 with one refill; Zanaflex, 4 mg two q.h.s., #180 with one refill; Lortab-10/500, one b.i.d., #60 with two refills; Bextra, 20 mg one q.-day, #90 with one refill; Lipitor, 20 mg one q.a.m., #90 with one refill; Zoloft, 100 mg one-and-a-half tablets q.a.m., #135 with one refill. Schedule appointment with Dr. Tony Goodbar, psychiatrist in Greenville. Check a lipid profile and an ALT. Adjust medicines as needed. Papers for short-term disability completed. Will be out of work for another three months.
DNR: Frank E. Gonda, MD/jmm

06/29/04 - I faxed referral forms as well as records to Dr. Goodbar. I called pt. to let him know what's going on + he states he already has appt. w/ Dr. Smith on 11/10 @ 4:30.

1/12/05 Pt. in for rev - status 6 on pain scale - JFC

01/12/05

MARK CASEY

17804

Frank E. Gonda, MD

D: CHRONIC LOW BACK PAING: ERECTILE DYSFUNCTION

S: This 46-year-old white male returns for follow up of the above problems. Since I saw him last he has seen a psychiatrist in Greenville by the name of Jeffrey Smith who has him on Cymbalta, 60 mg one a day. He is off of Zoloft. He does not think he is much better. He needs refills on his pain medicine and his Viagra. He still has back pain. He has not returned to work. He has seen several specialists for his pain and his lung problems.

O: Patient is in no acute distress. Blood pressure is 116/84. Pulse is 68. Weight is 185-pounds. Lungs are clear with no wheezes. Heart is regular. Abdomen is soft and nontender. Back reveals good range of motion. Straight leg raise is negative.

A: As above.

P: Continue follow ups with the specialists. Renew Lortab-10/500 one b.i.d., #60 with two refills. Renew Viagra, 100 mg one p.o. one hour prior to relations, #10 with two refills. See him back in three months at which time he will be due his other medicines and lab updates.

DNR: Frank E. Gonda, MD/jmm

Gonda - 38

KING 001913

all Casey

7/1/05 Pt. in for ref - state 7 on pain scale - ID H. - GTC
(2nd chronic pain)

04/05/05

MARK CASEY

17804

Frank E. Gonda, MD

D: CHRONIC LOW BACK PAIN
E: DYSLIPIDEMIA
G: ERECTILE DYSFUNCTION
H: DEPRESSION
I: HYPERCHOLESTEROLEMIA

- S: This 46-year-old white male is in for follow up on the above problems and for medicine refill. He denies chest pain or shortness of breath. His appetite is good, and he moves his bowels well. He continues on Cymbalta from his psychiatrist. He thinks the anxiety and depression are fairly stable. He continues with chronic low back pain. This has not changed. He has no problems with any of his medications.
- O: Patient is in no distress. Blood pressure is up a little at 156/86. Pulse is 100. Weight is 187-pounds. Neck is supple with no thyromegaly or carotid bruits. Lungs are clear with no wheezes. Heart is regular with no murmur. Abdomen is soft with no organomegaly. Lower extremities reveal no edema. Straight leg raise is negative. Deep tendon reflexes are 2+. Back reveals fairly good range of motion. There is no tenderness to palpation at this time.
- A: As above.
- P: Renew medications which include: Ultram, 50 mg two q.i.d.; Zanaflex, 4 mg two q.h.s.; Viagra, 100 mg one p.o. one hour prior to relations; Bextra, 20 mg one q.a.m. Increase Liptor to 40 mg q.a.m. #90 days with one refill on all medications. Renew Lortab-10/500 one b.i.d., #60 with two refills. Will come back fasting in the morning for lipid profile and an ALT. Adjust medicines further as needed. Continue with psychiatrist. Follow up in three months or p.m.
- DNR: Frank E. Gonda, MD/jmm

5/16/05 Samples given Toradol 145mg # 1 Box of 28
Date Drug Name # Dispensed

Lot Number: 236642E2L 7/2/04 Initials: JN

Patient was educated regarding proper administration, drug interactions and possible side effects. Patient has been instructed to call our office with any questions or problems.

5/16/05 pt not for labs: No improvement in Trig & HDL. Had diet & exercise crit. Liptor but ↓ to 40 mg 1/2 tablet q.d.

Add Toradol 145 mg 1/7 pm. 28 samples lab in 4 weeks

6/28/05 pt. presents for chel. ✓; needs Rx. Lortab: pain scale 7. esp - 8/11/05 met.

6/28/05 Samples given Toradol 145mg # 1 bx
Date Drug Name # Dispensed

Lot Number: 276362E2L 7/1/06 Initials: DE

Patient was educated regarding proper administration, drug interactions and possible side effects. Patient has been instructed to call our office with any questions or problems.

Gonda - 39

KING 001914

06/28/05

MARK CASEY

17804

Frank E. Gonda, MD

D: CHRONIC LOW BACK PAIN
I: HYPERCHOLESTEROLEMIA

S: This 46-year-old white male is in for refill on medications. He continues to have chronic low back pain. He remains out of work. He wakes up every morning with the same amount of pain. Since he has not been working, he has overall less pain. If he does any kind of yard work or house work his pain returns. He was recently switched to Mobic since Bextra was unavailable. He was also started on Tricor, and his Lipitor was reduced in half because triglycerides remained markedly elevated. He has had no side effects from the medication. He continues to see the psychiatrist in Greenville who now has him on Cymbalta, 60 mg two a day and Adderall-XR, 20 mg two a day.

O: Patient is in no acute distress. Weight is 184-pounds. Blood pressure is 118/84. Pulse is 68. Neck is supple with no thyromegaly. Lungs are clear with no wheezes. Heart is regular with no murmur. Abdomen is soft and nontender. Back reveals mild tenderness in the lumbosacral area. There is discomfort with twisting and tilting. Straight leg raise is negative. Deep tendon reflexes are 2+. Motor and sensory are grossly intact.

A: Chronic low back pain, stable. Really unchanged.

P: Continue Mobic, 7.5 mg one q.-day; Zanaflex, 4 mg two q.h.s.; Ultram, 50 mg two q.i.d. No refills needed. Renew Lortab-10/500 one p.o. b.i.d., #60 with two refills.

A: Hyperlipidemia.

P: Check a lipid profile and an ALT. Continue Lipitor, 40 mg one-half tablet q.-day. Tricor, 145 mg one q.p.m., #90 with one refill. Samples for a month. Adjust medicines as needed. Continue with the psychiatrist and his medications. See him back in three months.

DNR: Frank E. Gonda, MD/jmm

17804

DATE	TIME	CALLER	PT. NAME - CHART #	PHONE #	ALL: P.S.C.O	MD
8/16/05	10:15	Self	Mark Casey	680-5929		Gonda
AGE	WT	T	BY	MEDS	RE	
46	184	5'8"	HK			
Name: pls. call 8/16/05 pt. states he has disability form to be filled out - states we have form - told pt we have form - pt to get form + told him old doc @ form to see if we could fill out - OK I don't do disability forms -						
DISPOSITION				DRUG STORE	BY	TIME

Gonda -40

KING 001915

Mark Casey #17804

DATE	TIME	CALLER	PT. NAME - CHART #	PHONE #	ALL: P.S.G.O.	MD
8/17/05	11:30	Self	Mark Casey	480-9873		Gonda
AGE	SEX	BY	MEDS.	RE		
58	M	HC				
Jaime - pls. call						
DISPOSITION						
8/17/05 states Aetna never rec. records fr. us re: disability claim - told pt we sent records on 4/27/05 but that Aetna may have paid for records - never rec. them - told him he should pay us \$20 + we could fax to Aetna - but fax until we rec. pymt. - pt paid + records faxed						

9/28/05 Pt. in for rev - states 5 on pain scale - IDV - Galveston, TX - (2° back pain)

09/28/05

MARK CASEY

17804

Frank E. Gonda, MD

CHRONIC LOW BACK PAIN
HYPERCHOLESTEROLEMIA
ELEVATED BLOOD PRESSURE WITHOUT HYPERTENSION
ABDOMINAL PAIN WITH VOMITING

- S: This 46-year-old white male is in for follow up on the above problems and for medicine refill. He denies chest pain or shortness of breath. His appetite is good and he moves his bowels well. Recently a psychiatrist changed his medicines. Strattera was added but within a few days he was throwing up. He has continued to throw up for over two weeks. Dr. Fogarty, a pulmonologist, ordered an upper GI. As far as the patient knows the x-ray was normal. He was started on Prilosec over the counter and he is better. He has not thrown up in several days. His back pain is stable. He has no trouble with his medication. He denies muscle aches from Lipitor.
- O: Patient is in no acute distress. Blood pressure is up today at 162/104. Repeat blood pressure by me was 138/100. Pulse is 100. Weight is 182-pounds. Neck is supple with no thyromegaly. Lungs are clear with no wheezes. Heart is regular with no murmur. Abdomen is soft and nontender. Lower extremities reveal no edema. Back reveals decreased range of motion with discomfort with movement and tenderness to palpitation in both lumbosacral areas. Review of upper GI report shows mild reflux into the distal esophagus and duodenal bulb irregularity, which could be from a peptic ulcer, but an ulcer was not seen.
- A: As above.
- F: Renew Ultram, 50 mg two q.i.d. #720 with one refill. Viagra, 100 mg one p.o. one hour prior to relations #30 with one refill. Lortab, 10/500 one b.i.d. #60 with two refills. Continue Lipitor, 40 mg one q.a.m. No refill needed. Tricor, 145 mg one q.h.s. No refill needed. Check a basic metabolic panel and ALT. Continue over the counter Prilosec. Follow up in a few weeks if he is still having problems.
- Frank E. Gonda, MD/ mhh

12/20/05 Pt. in for rev - needs chol ✓ - states 6-7 on pain scale - IDV - Galveston, TX

Gonda - 41

KING 001916

12/20/05

MARK CASEY

17804

Frank E. Gonda, MD

D: CHRONIC LOW BACK PAIN
I: HYPERCHOLESTEROLEMIA

- S: This 47-year-old white male is in for refills and lab work. Back pain continues the same. He is having no troubles with any of his medication. The psychiatrist still has him on Remeron, and he thinks this has helped his depression. He is not worrying as much. I have told him today about potential increased risk of seizures when taking Ultram and antidepressants. He has been on both types of medicines for a long, long time and never had trouble. He understands that there is a risk, and he will consider stopping antidepressants. He will discuss with his psychiatrist. For the last several months, he has been on Tricor and Lipitor with no side effects. His numbers have improved.
- O: Patient is in no distress. Blood pressure is up a little at 134/96. Pulse is 100. Weight is 184-pounds. The neck is supple with no thyromegaly. Lungs are clear with no wheezes. Heart is regular without murmur. Abdomen is soft and nontender. Back reveals mild tenderness to palpation. He has good range of motion. Straight leg raise is negative.
- A: As above.
- P: Continue medicines as listed in the chart. The only refills are Lortab, 10/500 one b.i.d. #60 with two refills; Mobic, 7.5 mg one q.-day #90 with one refill. Check a lipid profile and ALT. Adjust medicines as needed. See him back three months.
- DNR: Frank E. Gonda, MD/ ejb

3/13/06 Pt. in for rev-stills ? on pain scale - IV - (Calvert, LPH)

3/14/06 Samples given Vytorin 10/40 # 4 packs

Date

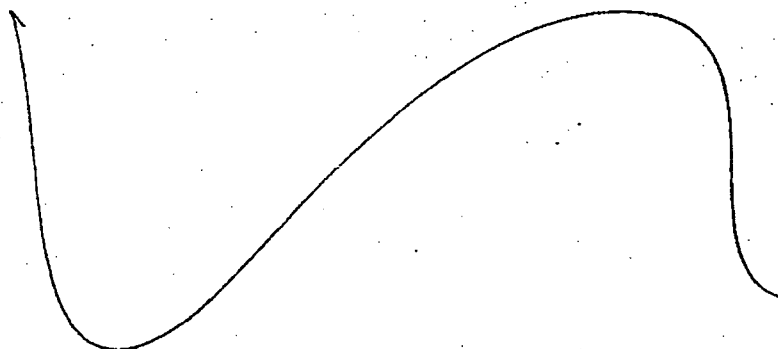
Drug Name

Dispensed

Lot Number: R1615 X 8-07 Initials: JH

Client was educated regarding proper administration, drug interactions, and possible side effects. Patient has been instructed to call our office with any questions or problems.

3/14/06 Pt. not for labo; medo is working, cont Tricor
D/C Lipitor Begin Vytorin 10/40 b.i.d.
#28 samples. lab 4 weeks posting. JH



Gonda - 42

KING 001917

**FOOTHILLS FAMILY MEDICINE
MARY BLACK HEALTH SYSTEM
OUTPATIENT QUESTIONNAIRE**

PATIENT NAME: WM Mark Casey **DATE:** Jan 12, 2005

PHYSICAL

Please answer yes or no to the following questions:

	Yes	No
Do you have any new difficulty with daily living activities? (EG: stair climbing, easily tired)	<u>✓</u>	<u> </u>
Explain: <u>trouble regaining strength + energy after Jan 04 bronchoscopy</u>		

PATIENT/FAMILY EDUCATION/LEARNING

Circle all that apply to patient:

Non English Speaking: Needs an interpreter
Primary Language English
Hearing Impairment
Visual Impairment
Deaf
Blind
Hearing Aids
Difficulty Reading

NUTRITIONAL SCREEN

Please answer yes or no to the following questions:

	Yes	No
1) Have you had an illness or condition that made you change the kind and/or amount of food you eat?	<u> </u>	<u>✓</u>
2) Have you had any unintentional weight loss or gain greater than 10 pounds over the last month?	<u>✓</u>	<u>✓</u>
3) Do you have swallowing difficulty?	<u> </u>	<u>✓</u>

REVIEWED BY: Robert, RN **DATE:** 1/12/05

* To be updated by the patient or nurse on the first visit of the year.

Gonda - 43

883-OPQ/009

KING 001918

MARY BLACK PHYSICIAN GROUP

Patient Information: This section refers to the PATIENT ONLY

Account Number: _____	Chart Number: <u>17804</u>
Social Security Number: _____	Employed ☒ Retired _____
Last Name: <u>CASEY</u> Jr., II, _____	Employer: <u>Michelin Tire Corp</u>
First Name: <u>William</u> Middle Name: <u>MARK</u>	Address: _____
Maiden Name: <u>N/A</u> Spouse Name: <u>N/A</u>	Zip Code: _____
Address: _____	City/State: <u>Spartanburg SC</u>
Zip Code: <u>29388</u> City: <u>Woolawuff</u> State: <u>SC</u>	Marital Status: <u>Divorced</u>
E-mail Address: _____ @ _____	Primary Care Physician: <u>Dr Gonda</u>
Home Phone: _____	Primary Care Physician Phone: _____
Work Phone: <u>(864) 680-5929</u> * Home <u>cell</u> Ext _____	If Student ☐ Full-Time ☐ Part-Time
Birth Date (mm/dd/yy): _____ - <u>58</u> Sex: ☒ Male ☐ Female	

Responsible Party: This section refers to the PERSON/PARTY WHO SHOULD RECEIVE THE BILL

Relationship to Patient: ☐ Self(skip to next section) ☐ Parent ☐ Spouse ☐ Employer ☐ Other: _____	
Social Security Number: _____	If Employed, Employer: _____
Last Name: _____ Jr., II, _____	Address: _____
First Name: _____ MI _____	Zip Code: _____
Address: _____	City/State: _____
Zip Code: _____ City: _____ State: _____	
Home Phone: () _____	
Work Phone: () _____ Ext _____	
Birth Date (mm/dd/yy): _____ Sex: ☐ Male ☐ Female	If Student ☐ Full-Time ☐ Part-Time

Subscriber Information: This section refers to the PERSON IN WHOSE NAME THE INSURANCE IS LISTED

Relationship to Patient: ☐ Self(skip to page 2) ☐ Parent ☐ Spouse ☐ Other: _____	
Social Security Number: _____	If Employed, Employer: _____
Last Name: _____ Jr., II, _____	Address: _____
First Name: _____ MI _____	Zip Code: _____
Address: _____	City/State: _____
Zip Code: _____ City: _____ State: _____	
Home Phone: () _____	
Work Phone: () _____ Ext _____	
Birth Date (mm/dd/yy): _____ Sex: ☐ Male ☐ Female	If Student ☐ Full-Time ☐ Part-Time

Gonda - 44

Please ensure the office has a copy of your most recent insurance card(s)

KING 001919

INSURANCE COVERAGE INFORMATION: Please show all numbers on your card(s).

PRIMARY INSURANCE COVERAGE:

Insured (Name on card) _____ Insured ID Number _____
Insurance Co. Name: _____ Group/Member/Policy Number _____
Address: _____ Effective Date: _____

SECONDARY INSURANCE COVERAGE:

Insured (Name on card) _____ Insured ID Number _____
Insurance Co. Name: _____ Group/Member/Policy Number _____
Address: _____ Effective Date: _____

IN CASE OF EMERGENCY

Name, Relationship and Phone number of Emergency Contact:

CAROLE LYNN Hyslop Sister

GENERAL CONSENT FOR MEDICAL AND/OR SURGICAL TREATMENT

The patient referred on the registration forms, either personally or through the person legally empowered to give this consent and obligate the patient as herein contemplated, requests and authorizes this office, its employees, agents, and other affiliates to provide general care for this and all subsequent requests for care. This will include, without limitation, routine diagnostic procedures and medical treatments, which is to include whatever procedures that are deemed necessary by the attending doctors or their affiliates.

Jan 12, 2005
Date

William Mark Casey
Signature of Patient and / or Guardian, if patient is Minor

MEDICAL RECORDS RELEASE

I authorize release of my medical records to BC/BS and permit a copy of this authorization to be used as the original.

Jan 12, 2005
Date

William Mark Casey
Signature of Patient and / or Guardian, if patient is Minor

AUTHORIZATION TO PAY BENEFITS TO THE PHYSICIAN

I hereby authorize the office of Mary Black Physician Group to release any medical information required during the course of examination and treatment and permit payment directly to them any benefits due for their services rendered. I recognize and accept responsibility for services rendered regardless of insurance coverage. This includes but is not limited to coinsurance, copayment, deductible and non-covered services.

Jan 12, 2005
Date

William Mark Casey
Signature of Patient and / or Guardian, if patient is Minor

MEDICARE AUTHORIZATION

I request that payment of authorized Medicare benefits be made either to me or on my behalf to Mary Black Physician Group for any services furnished to me by that physician or supplier. I authorize any holder of medical information about me to release to the Health Care Financing Administration and its agents any information needed to determine these benefits or the benefits payable for related services.

Signature of Patient and / or Guardian, if patient is Minor

How were you referred to the practice ...

Gonda 45

☐ Dr. _____
☐ Other: _____

☐ Friend/Relative ☐ Radio ☐ Newspaper
☐ Hospital Referral Service

KING 001920

03/13/06

MARK CASEY

1704

Frank E. Gonda, MD

D: CHRONIC LOW BACK PAIN
 G: ERECTILE DYSFUNCTION
 H: DEPRESSION
 I: HYPERCHOLESTEROLEMIA
 J: ANXIETY DISORDER

S: This 47-year-old white male is in for follow up on the above problems and for medicine refill. He continues with the psychiatrist who has him on Adderall, Remeron and Ambien. He does not need a refill for his Lortab today because he says he got some from Dr. Fogarty. He does request a prescription for Norco. He says it is supposed to be safer on the liver. I told him I was not familiar with it and would have to read on it. Patient says he has increased stress, anxiety and depression because of pending law suit concerning the injury from when he had an endoscopy resulting in a pneumothorax. He has had problems ever since and he is waiting to go to trial.

O: Patient is in no acute distress. Weight is 188.5-pounds. Blood pressure is 132/86. Pulse is 88. Neck is supple with no thyromegaly. Lungs are clear with no wheezes. Heart is regular with no murmur. Abdomen is soft with no organomegaly. Lower extremities reveal no edema. Back reveals full range of motion and nontender.

A: As above.

P: Renew medications which include: Ultram, 50 mg two q.i.d.; Zanaflex, 4 mg two q.h.s.; Lipitor, 40 mg one q.a.m.; Mobic, 7.5 mg one q.a.m.; Tricor, 145 mg one q.h.s. #90 days with one refill on each. No refill needed on Viagra or Lortab. Continue meds from the psychiatrist. Check the PDR. Norco is hydrocodone and Tylenol, same as Lortab. It does have a lower dose of Tylenol by 175 mg, which I think is insignificant. No prescription for that given today. Check a lipid profile and ALT. Follow up in three months or p.r.n.

Frank E. Gonda, MD/ mhh

F

17804

DATE 3/16/06	TIME 2:30	CALLER Wm Maill Casey	PT. NAME - CHART #	PHONE # 486-9873	ALL: P.S.G.O.	MD Gonda
AGE 58	WT 188.5	BY U	MEDS	RE		
form from medco needs to be faxed } I gave med Rx for 3/16/06 AM to RIC 4pm CR } the local purchase 3/16/06 pt to have medco fax form CR } & mail on the 3/16/06 also wants Rx for Norco to RIC } re. need to fax.						
Disposition: 3/16/06 pt to have medco fax form CR } Dose to Norco is 3/16/06 also wants Rx for Norco to RIC } insignificant. No need to change since Oxycontin did DRUG STORE: BY: TIME: A P						

pt had the last Rx of Lortab from Dr. Fogarty & did not need more

DATE 3/17/06	TIME 4:30	CALLER Mark Casey	PT. NAME - CHART #	PHONE # 486-9873	ALL: P.S.G.O.	MD Gonda
AGE	WT	BY U	MEDS	RE		
-Dr. Fogarty's office states pt got Lortab 10mg #150/500 on 2/2/06 - ACTION: OK F Gonda - 46 DRUG STORE: BY: TIME: A P						

KING 001921

MARY BLACK PHYSICIAN GROUP

Patient Information: This section refers to the PATIENT ONLY

Account Number: _____		Chart Number: <u>17804</u>	
Social Security Number: _____		Employed ☒ Retired _____	
Last Name: <u>Casey</u> Jr., II, _____		Employer: <u>Michelin Tire Corp</u>	
First Name: <u>William</u> Middle Name: <u>Mark</u>		Address: <u>International Drive</u>	
Maiden Name: _____ Spouse Name: _____		<u>Spartanburg</u>	
Address: _____		Zip Code: <u>293</u>	
Zip Code: <u>29388</u> City: <u>Woodruff</u> State: <u>SC</u>		City/State: <u>Spartanburg SC</u>	
E-mail Address: _____		Primary Care Physician: <u>Dr Gonda</u>	
Home Phone: _____		Primary Care Physician Phone: _____	
Work Phone: <u>(864) 680-5929</u> Ext _____		If Student ☐ Full-Time ☐ Part-Time	
Birth Date (mm/dd/yy): _____ - <u>1958</u> Sex: ☒ Male ☐ Female			

Responsible Party: This section refers to the PERSON PARTY WHO SHOULD RECEIVE THE BILL

Relationship to Patient: ☒ Self (skip to next section) ☐ Parent ☐ Spouse ☐ Employer ☐ Other: _____		If Employed, Employer: _____	
Social Security Number: _____		Address: _____	
Last Name: _____ Jr., II, _____		Zip Code: _____	
First Name: _____ MI _____		City/State: _____	
Address: _____			
Zip Code: _____ City: _____ State: _____			
Home Phone: () _____			
Work Phone: () _____ Ext _____			
Birth Date (mm/dd/yy): _____ Sex: ☐ Male ☐ Female		If Student ☐ Full-Time ☐ Part-Time	

Subscriber Information: This section refers to the PERSON IN WHOSE NAME THE INSURANCE IS LISTED

Relationship to Patient: ☒ Self (skip to page 2) ☐ Parent ☐ Spouse ☐ Other: _____		If Employed, Employer: _____	
Social Security Number: _____		Address: _____	
Last Name: _____ Jr., II, _____		Zip Code: _____	
First Name: _____ MI _____		City/State: _____	
Address: _____			
Zip Code: _____ City: _____ State: _____			
Home Phone: () _____			
Work Phone: () _____ Ext _____			
Birth Date (mm/dd/yy): _____ Sex: ☐ Male ☐ Female		If Student ☐ Full-Time ☐ Part-Time	

Gonda - 47

Please ensure the office has a copy of your most recent insurance card(s)

KING 001922

X Carole Lynne Hyslop Sister
Name Relationship to Patient Phone Number

The patient referred on the registration forms, either personally or through the person legally empowered to give this consent and obligate the patient as herein contemplated, requests and authorizes this office, its employees, agents, and other affiliates to provide general care for this and all subsequent requests for care. This will include, without limitation, routine diagnostic procedures and medical treatments, which is to include whatever procedures that are deemed necessary by the attending doctors or their affiliates.

X Mar 13, 2006 William M Casey
Date Signature of Patient and/or Guardian, if patient is a minor

I hereby authorize this office of Mary Black Physician Group to release any medical information required during the course of examination and treatment and permit payment directly to them any benefits due for their services rendered. I recognize and accept responsibility for services rendered regardless of insurance coverage. This includes but is not limited to coinsurance, co-payment, deductible and non-covered services.

X Mar 13, 2006 William M Casey
Date Signature of Patient and/or Guardian, if patient is a minor

I request that payment of authorized Medicare benefits be made either to me or on my behalf to Mary Black Physician Group for any services furnished to me by that physician or supplier. I authorize any holder of medical information about me to release to the Centers for Medicare and Medicaid Services (CMS) and its agents any information needed to determine these benefits or the benefits payable for related services.

Date Signature of Patient and/or Guardian, if patient is a minor

Attached please find Mary Black Physician Group's Notice of Privacy Practices. Your name and signature on this cover sheet indicate that you have received a copy of Mary Black Physician Group's Notice of Privacy Practices on the date indicated. This notice is yours to keep. If you have any questions regarding the information set forth in Mary Black Physician Group's Notice of Privacy Practices, please do not hesitate to contact Jane Neal, Privacy Officer at (864) 573-3787.

Printed Name of Patient: William Mark Casey

Signature: William Mark Casey Date: Mar 13, 2006

Authority to Sign If Not Patient: Carole Lynne Hyslop Travis Justin Casey

Request for authorization for disclosure of Protected Health Information to family member(s), friend(s), or caregiver(s).

Family member(s), friend(s), or caregiver(s) authorized to reviewer PHI:

Name	Relationship
<u>Carole Lynne Hyslop</u>	<u>sister</u>
<u>Braeg Casey</u>	<u>brother</u>
<u>Travis Casey</u>	<u>SON</u>

Patient Signature: William Mark Casey

Patient DOB: 11-03-1958 Mothers Maiden Name: Hudson

If the person(s) authorized above call for access to your PHI they will have to give the above identifiers in order to have access to the information over the phone. This includes bill information. Picture ID will be requested if requesting access in person.

General PIF Form 2006 11/16/05
Gonda - 48

KING 001923

FOOTHILLS FAMILY MEDICINE
Physical, Nutritional, & Educational Screen

PATIENT NAME: William Mark Casey **DATE:** Mar 13, '06

PHYSICAL

Do you have any new difficulty with daily living activities? YES NO
(EX: stair climbing, difficulty bathing/dressing, easily tired, etc.)

Explain: chest pain under exertion - back pain.

PATIENT/FAMILY EDUCATION/LEARNING

Circle all that apply to you:

Deaf
Blind

Visual Impairment
Hearing Impairment

Hearing Aids
Difficulty Reading

Non English Speaking: Needs an interpreter Primary Language English

Would you like any information about a previous diagnosis, medication, or health maintenance topic? YES NO

Please describe: _____

NUTRITIONAL SCREEN

Please answer yes or no to the following questions:

	YES	NO
1) Have you had an illness or condition that made you change the kind and/or amount of food you eat?	<u>✓</u>	_____
2) Have you had any unintentional weight loss or gain greater than 10 pounds over the last month?	<u>✓</u>	_____
3) Do you have swallowing difficulty?	_____	<u>✓</u>

REVIEWED BY: Mark Casey **DATE:** Mar 13, 2006

* To be updated by the patient or nurse on the first visit of the year.

583-PNEB-105

KING 001924

RECEIVED JAN 12 2006

28
JUN 8 7 2005
ml

MAR 13 2006
ml

www.SouthCarolinaBlues.com 380

WILLIAM M CASEY
ID: MIH251022977
OV 20/45
ROUTINE \$20

In South Carolina 1-800-327-3238 PREADMISSION REVIEW REQUIRED Outside South Carolina 1-800-334-7287

Provideform This plan requires preadmission review for all hospital inpatient admissions. Report emergency admissions within 24 hours. Benefits for elective admissions may be reduced unless preadmission review is obtained. See telephone numbers on the back of this card.
Members and Providers for online service log into My Insurance Manager at www.SouthCarolinaBlues.com.

Member Health/Business Assistance: Always preadmission and claims contact
Customer Service 1-800-537-5221
Personal Services Center (PSC): 1-877-434-7888
SOUTH SC Customer Service 1-888-775-5656
First Advisor Network 1-888-621-2563 (anytime)

Members For information regarding PPO Network Providers, call:
1-800-810-2563 (anytime)
Keep it all together: Submit all claims to your local plan following standard procedure.

Employee subunit (local chapters, including dentists, should be notified by Blue Cross and Blue Shield, Piedmont Service Center, P.O. Box 9006 Greenville, SC 29604-8000.

Plan (a Licensed Controlled Affiliate) provides administrative claims services only and does not assume any financial risk or obligations with respect to claims.
Blue Cross and Blue Shield of South Carolina
An Independent Upstream of the Blue Cross and Blue Shield Association GK

Gonda - 50

KING 001925



www.SouthCarolinaBlues.com

380

WILLIAM M CASEY

ID: MIH251022977 ROUTINE \$20

OV 20/35

In South Carolina
1-800-327-3238

PREADMISSION
REVIEW REQUIRED

Outside South Carolina
1-800-334-7287

Provider: This plan requires preadmission review for all hospital inpatient admissions. Report emergency admissions within 24 hours. Benefits for elective admissions may be reduced unless preadmission review is obtained. See telephone numbers on the front of this card. Members and Providers for online service log into My Insurance Manager at www.SouthCarolinaBlues.com.

Mental Health/Substance Abuse preauthorization and claims contact:
ComPsych at 1-800-537-6221
Personal Service Center (PSC) 1-877-436-7998
BCBS SC Customer Services 1-888-773-3658
First Advice Nurse Line 1-888-521-2583 (anytime)

Members: For information regarding PPO Network Providers, call:
1-800-810-2583 (anytime)

Hospital/Physician: Submit all claims to your local plan following standard procedure.

Employers submit their claims, including dental, should be filed to BlueCross and Blue Shield, Piedmont Service Center, P.O. Box 6000 Greenville, SC 29606-4000.

Plan (or Licensed Controlled Affiliate) provides administrative claims services only and does not assume any financial risk or obligations with respect to claims.
Blue Cross and Blue Shield of South Carolina
An Independent Licensee of the Blue Cross and Blue Shield Association

GK

Gonda - 51

KING 001926



Preferred Provider AccessSM - PPO

MICHELIN NORTH AMERICA

ACCOUNT 0000222

ID **251022977 01**

NAME WILLIAM M CASEY

SVCTYPE MEDICAL

Away From Home Care

CONNECTICUT GENERAL LIFE INSURANCE COMPANY, HARTFORD, CT 06182
This identification card must be presented each time services are requested.
Possession of this card DOES NOT CERTIFY ELIGIBILITY FOR BENEFITS. With-
drawal of this card DOES NOT CERTIFY ELIGIBILITY FOR BENEFITS.
HOSPITAL ADMISSION AND EMERGENCIES: You or your doctor must call the
toll-free number listed below to request certification prior to any non-emergency
hospital admission. Failure to do so will affect benefits. In an emergency
seek immediate medical care. You, your family or your doctor must call within
two working days of an emergency admission.
MAX. CLAIMS TO:
CIGNA HEALTHCARE, PO BOX 188038, CHATTANOOGA, TN 37422-8038

IMPORTANT TELEPHONE NUMBERS:
FOR CERTIFICATION CALL: 1-800-281-0888
FOR ALL OTHER INQUIRIES CALL: 1-877-435-7888

Gonda - 52

KING 001927



Connecticut General Life Insurance Co.

CIGNA HealthCare

03/02
MK

COPAYS 20 100 5/20/40 10L 20
DR VISIT EMERGENCY PHARMACY VISION SPEC VISIT

ID # 250376304 02 GROUP 3162656/TAXH-78
PCP FRANCISCO GONDA PCP PHONE: 864-578-9735
NAME WILLIAM CASEY

MEMBER SERVICES: 1-800-832-3211
MENTAL HEALTH/SUBSTANCE ABUSE: 1-800-651-6972
Medical Claims To: PO Box 34575 Charlotte, NC 28230-0575 GONDA

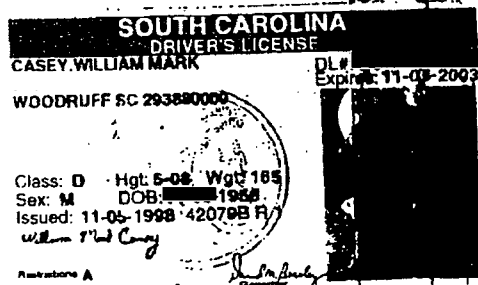
IMPORTANT INFORMATION

Present this card each time services are requested. Card possession DOES NOT CERTIFY ELIGIBILITY FOR BENEFITS. Enrollee must satisfy all plan terms and conditions. Willful misuse of this card is considered fraud.

In an Emergency: Seek care immediately. Go directly to the nearest hospital emergency room or call 911. Call your PCP or have someone call for you as soon as possible for further assistance and directions on follow up care. When possible, you should call your PCP within 48 hours.

Gonda - 53

KING 001928



Gonda - 54

KING 001929

Frank Casey #17804

4/12/06 Samples given Vytarin 10/40 # 1 pk of 2 pills
 Drug Name
 Lot Number: F4619/11-07 Initials: JF

Instructions regarding proper administration, drug interactions, side effects. Patient has been instructed to call our office with any questions.

4-14-06 pt not to take lipids much better
 HDL still low, can't exercise
 & Red Wine. Chd Vytarin 10/40
 & 60 #30/1 Lab 2 weeks, script
 called to CVS Rdville Rd JH
 (moore)

6/13/06. pt in for med. check up, chol., no prob., pain shared serv. - D. Harrison

DATE 4/12/06	TIME A	CALLER Mark	PT NAME - CHART # William Casey 17804	PHONE # 486-9873	ALL P.S.C.O.	MD FG
AGE	WT	T	BY	MEDS	RE	
Court date coming up - Question regarding article in newspaper - respects your opinion - Has question (personal) requests you call - SS 6/14/06 SAS in no answer						
DISPOSITION				DRUG STORE	BY	TIME A P

06/13/06

MARK CASEY

17804

Frank E. Gonda, MD

I: HYPERCHOLESTEROLEMIA

A: HYPERTRIGLYCERIDEMIA

- S: This 47-year old white male is for follow up of the above problems. He has been on Vytarin along with Tricor for a couple of months with no side effects. Lipids showed improvement. ALT was normal. He continues with chronic low back pain. He needs a refill on Lortab. He continues to have chest pains, no shortness of breath. He is now involved in a lawsuit with the pulmonologist because of a collapsed lung.
- O: Patient is in no distress. Blood pressure is 140/88. Pulse is 80. Weight is 188-pounds. Neck is supple, no thyromegaly or carotid bruit. Lungs are clear, no wheezes. Heart is regular, no murmur. Abdomen is soft and nontender. Back reveals fairly good range of motion, no tenderness. Straight leg raise is negative.
- A: As above. He appears stable. Lipids have improved.
- P: Renew Ultram, 50 mg two q.i.d. Lortab 10/500 one b.i.d. #60 with two refills, Mobic 7.5 mg one q.-day, Tricor 145 mg q.-h.s. No refill needed on that. Vytarin, 10/40 one q.-p.m. #90 days with one refill except for Lortab. Check a lipid profile and an ALT. Adjust medications as needed. Follow up in three months or p.r.n.

Frank E. Gonda, MD/ dlj

Gonda - 55

KING 001930

Start
here
Copper
probes in
Gould

KING 001931



**MARY BLACK
OUTPATIENT THERAPY SERVICES**

1700 Skylyn Drive
Spartanburg, SC 29307

Phone: (864) 573-3828
Fax: (864) 573-3152

10961

PLAN OF CARE

☒ PT

☐ OT

☐ ST

Patient Name: Mark Case: I

Date Of Birth: ■■■■-58

Diagnosis: Low back pain

Referral: D. C. Bunda

Patient Comments/Complaints: pt. cl. lumbar back pain since 6/10. pt states pain worse w/ work, golf or p sleeping

Evaluation Results

Problem List:

① Tdclggin

② AROM ③ hip flex 75%, add. 95%, ER 75%

③ L4/L5 lumbar lordosis ④ lightness/spasm ⑤ lumbar paraspinal m. and ⑥ piriformis m.

Comments: _____

Treatment Plan / Modalities:

① modalities per, NA, IFC stim.

② Therex/home p. gram ROM, stretching and strengthening

Frequency: 2-3x/wk

Duration: 3-4 wks

Therapist Signature: [Signature]

Date: 5-22-00

Physician's Signature: [Signature]

Date: 5/30/00

faxed 5/30/00

KING 001932

Phone (864) 573-3828
Fax (864) 573-3152



MARY BLACK
HEALTH SYSTEM

- ☒ Physical Therapy
☐ Occupational Therapy
☐ Speech Therapy

THERAPY PRESCRIPTION

Patient: William Chey

Diagnosis: Chronic LBP

Frequency: ☐ 1 visit ☐ 2 x Wk ☒ 3 x Wk ☐ 5 x Wk

Precautions: _____

☒ Eval and Treat

PROGRAMS/PROTOCOLS

☐ Hand Program	☐ Spinal Stabilization
☐ Wrist Program	☐ Total Joint Program
☐ Elbow Program	☐ Stroke Program
☐ Shoulder Program	☐ Parkinson's Program
☐ Cervical Program	☐ Fibromyalgia
☐ Back Rehab Program	☐ Aquatic Program
☐ Hip Program	☐ Amputee Program
☐ Knee Program	☐ Body Conditioning
☐ Foot/Ankle Program	Program

MODALITIES

- ☐ Splinting
☐ Ultrasound
☐ E-Stim
☐ Iontophoresis
☐ Soft Tissue Mobilization
☐ Joint Mobilization
☐ Heat/Ice
☐ Paraffin Bath
☐ Traction
☐ TENS
☐ Whirlpool
☐ Wound Care

THERAPEUTIC EXERCISES/ACTIVITIES

☐ AAROM/AROM/PROM	☐ Gait Training
☐ Isometrics	☐ Balance Training
☐ Resistive/PREs	☐ Work Conditioning

SPEECH LANGUAGE PATHOLOGY

☐ Eval and Treat	☐ Language
☐ Videofluoroscopy/MBS	☐ Voice
☐ Swallowing	☐ Cognition

Specific Instructions:

Physician: Frank E. Jones MD

Date: 5/22/20

KING 001933

KING 001934

2740
FOOTHILLS FAMILY MEDICINE
245 E BLACKSTOCK/PO BOX 321
DRAYTON SC 29333

STATEMENT

ADDRESS SERVICE REQUESTED

☐ CHECK HERE For Credit Card Payment

SHOW AMOUNT PAID HERE \$

OFFICE PHONE NUMBER

12/15/97
CLOSING DATE

210967
YOUR ACCOUNT NUMBER

01
PAGE NO

28.80
NEW BALANCE

MR WILLIAM M CASEY

ROEBUCK, SC 29376-3213

|||||

FOOTHILLS FAMILY MEDICINE
245 E BLACKSTOCK/PO BOX 321
DRAYTON, SC 29333-0321

|||||

NOTE: Charges and payments are appearing on this
statement in accordance with the terms of the agreement.

RETURN THIS PORTION WITH PAYMENT

CHARGES APPEARING ON THIS STATEMENT ARE NOT INCLUDED ON ANY HOSPITAL BILL OR STATEMENT

DATE	PROVIDER NAME	EXPLANATION OF ACTIVITY	PATIENT NAME	CHARGES AND DEBITS	PAYMENTS AND CREDITS
111497	GONDA	OFFICE VISIT	WILLIAM	58.00	
111497	GONDA	ANA	WILLIAM	47.00	
111497	GONDA	RHEUMATOID FACTOR; QUANTITATIVE	WILLIAM	24.00	
111497	GONDA	ASO TITER	WILLIAM	34.00	
111497	GONDA	CRP	WILLIAM	39.00	
111497	GONDA	URIC ACID	WILLIAM	16.00	
111497	GONDA	CHECK PAYMENT	WILLIAM		-43.60
120397	GONDA	PPN PAYMENT	WILLIAM		-145.60

AFFILIATED WITH MARY BLACK HEALTH SYSTEM

STATEMENT CLOSING DATE 12/15/97	PLEASE INDICATE YOUR ACCOUNT NUMBER WHEN CALLING OUR OFFICE:	210967
		NEW BALANCE PAY THIS AMOUNT
		28.80
SEND INQUIRIES TO: FOOTHILLS FAMILY MEDICINE 245 E BLACKSTOCK/PO BOX 321 DRAYTON SC 29333-0321		
IF YOUR PAYMENT IS IN THE MAIL, PLEASE DISREGARD THIS STATEMENT.		

KING 001935

10967

MARY BLACK MEMORIAL HOSPITAL
Cardiology Services

UP

CASEY, WILLIAM

Electroencephalographic Report

Date of Request: Age: 33 Sex: Male
Previous EEG (Date Taken):

REQUESTING PHYSICIAN: Dr. Gonda.

REPORT ON ELECTROENCEPHALOGRAM

COMMENTS: Posterior waking rhythm consisted of 9 hertz 25-30 microvolt symmetrical alpha activity that attenuated with eye opening. Hyperventilation and photic stimulation evoked little additional change.

Periods of light sleep are obtained with generalized symmetrical slowing of the background activity.

INTERPRETATION: This represents normal during waking state and brief periods of light sleep. If a seizure disorder is strongly suspected, repeat study with deeper stages of sleep following overnight sleep deprivation and/or sedation may be helpful.

- f

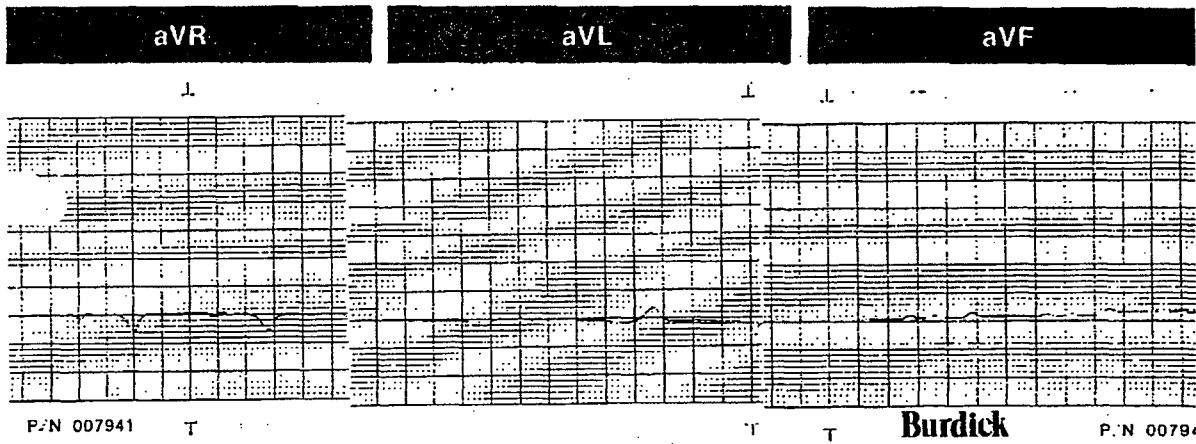
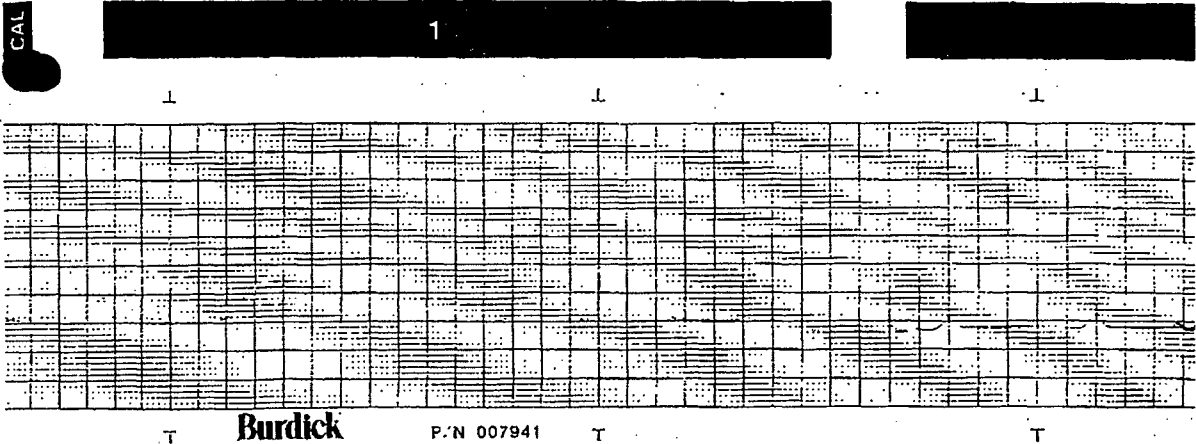
ROBERT A. RINGEL, M.D.

EEG NUMBER ASSIGNED: #: 052-93
DD: 9/30/92
T: 10/01/92
BY: RG

75

KING 001936

CAL



ATRIAL RATE _____	RHYTHM _____
VENT. RATE _____	P WAVES _____
P-R INTERVAL _____	T WAVES _____
QRS INTERVAL _____	S-T SEGMENT _____
Q-T INTERVAL _____	REMARKS _____
AXIS _____	_____
ELEC. POS. _____	_____
PATIENT POS. _____	_____

KING 001937

PATIENT William Casey AGE 33 SEX WM DATE 9-23-92
ADDRESS Proebuck, S.C. 29376 HEIGHT _____ WEIGHT _____ ECG. NO. _____
BUILD { LINEAR _____ CASE NO. _____
INTERMEDIATE _____
LATERAL _____
TELEPHONE _____ BLOOD PRESSURE _____ ROOM NO. _____
OCCUPATION _____ MEDICATION _____

DOCTOR(S) Gonda

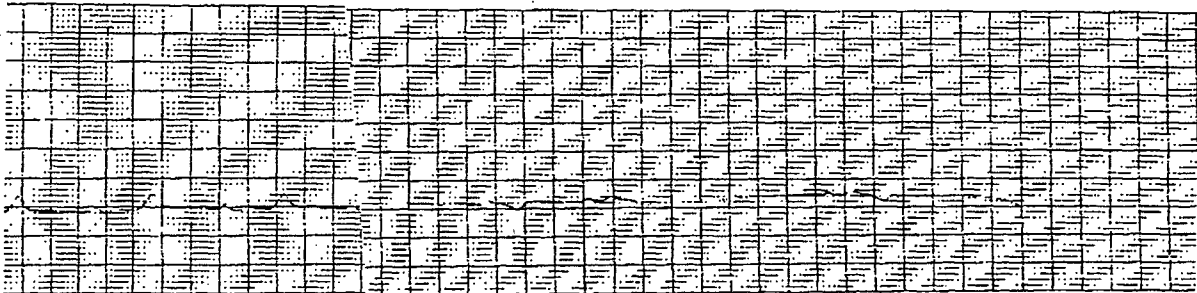


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0-07-7C

KING 001938

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3



T

C-00-91

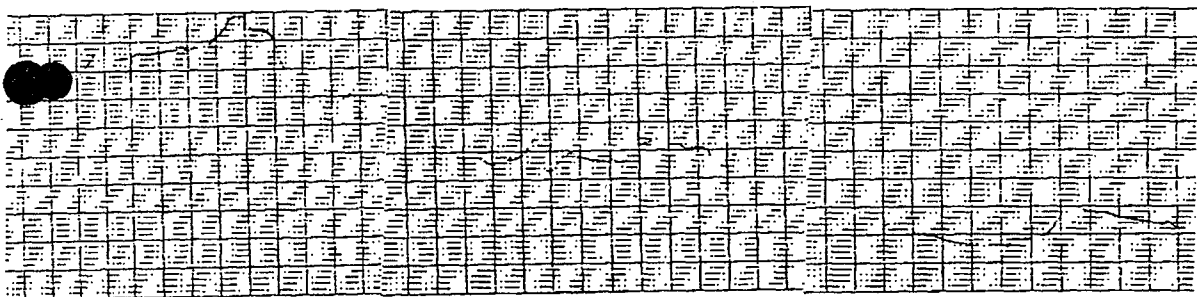
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T

V1

V2

V3



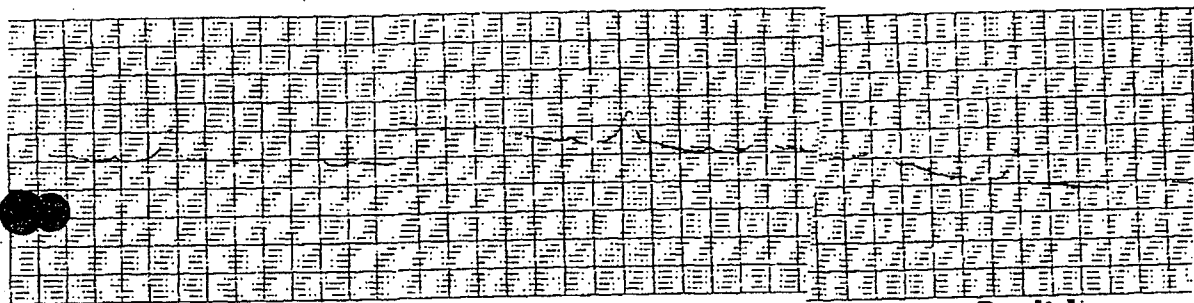
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V4

V5

V6



T

Burdick

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T

Burdick

P.

KING 001939

PATIENT _____ AGE _____ SEX _____ DATE _____
ADDRESS _____ HEIGHT _____ WEIGHT _____ ECG. NO. _____

BUILD { LINEAR _____ CASE NO. _____
INTERMEDIATE _____
LATERAL _____
TELEPHONE _____ BLOOD PRESSURE _____ ROOM NO. _____
OCCUPATION _____ MEDICATION _____

DOCTOR(S) _____



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KING 001940

3575



CAROLINAS CENTER For Advanced Management of Pain

Comprehensive Evaluation
and Medical Management

Diagnostic and
Therapeutic Injections

Implantable Pain
Control Systems

Neuroablative
Procedures

10761

International Spinal Injection Society

November 18, 2000

Dr. Frank Gonda
2212 Old Furnace Road
Boiling Springs, SC 29316

RE: William Casey

Dear Dr. Gonda:

Thank you for referring Mr. Casey to our pain clinic. The patient was examined on 11/08 and diagnosed with chronic mechanical low back pain, rule out degenerative disc disease, rule out facet joint pain, and myofascial dysfunction pain. Unfortunately, patient is still due for a MRI which he was planning to cancel. We had a lengthy discussion, and I advised him that, without that study, it is very hard to decide what can be done to help him with his pain. I am not in favor of any injection until we know the reason for his low back pain. Meanwhile, I advised him to continue with his Ultram, and I also put him on a trial of low dose Zanaflex. In my opinion, he should not be on any opioids at this time. He will call me if he proceeds with a MRI so that I can obtain the results and offer him some more appropriate modalities of treatment.

Thank you again for letting me participate in the treatment of this interesting patient. Please do not hesitate to call me if you have any questions.

Sincerely,

Y. Eugene Mironer, M.D.

American Pain Society

Carolinus Center for Advanced Management of Pain

54 Bear Drive
Greenville, SC 29605
864-295-6399

279 East Kennedy Street
Spartanburg, SC 29302
864-583-0053

12/5/00
7

KING 001941



CAROLINAS CENTER For Advanced Management of Pain

Comprehensive Evaluation
and Medical Management

Diagnostic and
Therapeutic Injections

Implantable Pain
Control Systems

Neuroablative
Procedures

International Spinal Injection Society

June 17, 2004

Gregory J. Feldman, M.D.
1091 Boiling Springs Road
Spartanburg, SC 29303

RE: CASEY, William

Dear Dr. Feldman:

Thank you referring Mr. Casey to our pain clinic. He was seen about three and one-half years ago, after being referred by his family physician, Dr. Gonda. He was diagnosed with mechanical low back pain. I ordered an MRI scan of his lower back, but the patient never returned.

Today, the patient's clinical features have not really changed except for Mr. Casey appearing to be more depressed. He is also having some epigastric pain but on examination, this looks as if it is coming from his chest wall. I think he may benefit from being seen by a gastroenterologist. As far as his low back pain is concerned, it is purely mechanical, and his MRI is practically normal with two slightly bulging disks that are obviously not his source of pain. He received an epidural steroid injection by a radiologist at Mary Black, which did not help. Firstly, according to the picture that I have seen, they never got the needle into the epidural space and, secondly, the patient did not have pain that can be alleviated with an epidural steroid injection. I discussed treatment options with Mr. Casey, and, again, I think he would benefit from diagnostic and, hopefully, therapeutic lumbosacral joint injections. If this would provide relief for only a short period of time, then we would set him up for specific therapy for his pain.

Also, I believe Mr. Casey would benefit from seeing a psychologist or psychiatrist to treat his anxiety and depression. At this point, however, we will not address this issue.

Again, thank you again for allowing me to participate in the consultation and treatment of this patient.

Sincerely,

Y. Eugene Mironer, M.D.

YEM/ss/mds

cc: Frank E. Gonda, M.D.

(Dictated, not read)

American Pain Society

Society for Private Practice in Pain Management

Carolinus Center for Advanced Management of Pain

69 McDowell Street
Asheville, NC 28801

54 Bear Drive
Greenville, SC 29605

279 East Kennedy Street
Spartanburg, SC 29302

KING 001942

SPARTANBURG REGIONAL MEDICAL CENTER
Radiology Report

NAME: CASEY, WILLIAM
ORDERING PHYSICIAN: FOGARTY, CHARLES M
LOC: OPT DOB: 11/03/58
Pt. Type: OPT

UNIT #: 000146220
CI#: 1480551
AN#: S0520101451

Exam
50041 XR G I SERIES
74246

Date: 07/28/05 0836
Ord Diag: 787.03-VOMITING ALONE

Double-contrast upper GI, 7/28/2005

Indication: Several week history of nausea and vomiting

Findings: Under fluoroscopy the patient shows normal swallowing and esophageal motility. The esophagus distends normally. Note is made only of a single small distal esophageal mucosal cleft or diverticulum, this is only a few millimeters in size. With Valsalva no hiatal hernia is seen. During assessment of the stomach several episodes of mild reflux into the distal esophagus were seen.

The stomach distends normally with no abnormal mass or impression and no mucosal irregularity. The duodenal bulb is somewhat irregular, I do not see a discrete ulcer but this could be deformed from peptic ulcer disease. Contrast does freely progress through this into the duodenum. In the third portion of the duodenum there are 2 diverticula adjacent to one another. One is relatively prominent in size, equal to that of the duodenal bulb. No retained material is seen within these and contrast freely progresses through this to the proximal small bowel.

Impression: Small mucosal cleft or diverticulum noted in the distal esophagus. This is probably a normal variant although could represent focal change of mild esophagitis. A few episodes a very mild GE reflux were seen during this study.

2. Duodenal bulb somewhat deformed although no discrete ulcers seen. This could be change from peptic ulcer disease but there is no evidence of stricturing, contrast freely progresses into the proximal small bowel on this study.

2. 2 duodenal diverticula in the third portion of the duodenum, one of these is a giant diverticulum equal in size the duodenal bulb. They

FINAL

Page 1

9/28/05 - pt notified 9/28

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DATE 9/28/2005

UGI shows what could be
deformity from an ulcer, but
not actually seen.
Cont Pepsid. F/U if problem
persist - will change med
9/28/05 F

KING 001943

SPARTANBURG REGIONAL HEALTHCARE SYSTEM
SPARTANBURG REGIONAL MEDICAL CENTER
Radiology Report

NAME: CASEY, WILLIAM

ORDERING PHYSICIAN: FOGARTY, CHARLES M

LOC: OPT

Pt. Type: OPT

DOB: [REDACTED] /58

UNIT #: 000146220

CI#: 1480551

AN#: S0520101451

Checkin-Exam Code Summary
1480551-50041

otherwise appear unremarkable on this exam and are not likely of
clinical significance.

Read By: William T JoyceMD

Released By: William T JoyceMD

n

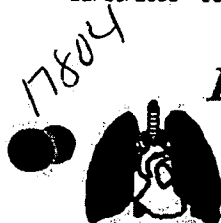
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Page 2

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DATE 9/28/2005

KING 001944



Lung and Chest Medical Associates

Charles M. Fogarty, M.D.
Wilson P. Smith, Jr., M.D.
Mary Lou Applebaum, M.D.
Beth V. Edwards, PA-C

E. Bert Knight, III, M.D.
J. Douglas Clark, M.D.
Rico V. I. Mendoza, M.D.
J.P. Elm, F.N.P.
Cindy A. Edwards, F.N.P.

WILLIAM CASEY

77168

02-16-06

OFFICE NOTE

Chief Complaint

William Casey continues to have difficulty concentrating/multitasking. He has not had any further problems with nausea and vomiting since cutting back on his medication. He is followed by Dr. Gonda who increased the Lipitor to 20 mg daily and added Tricor. He continues to need two to three Lortab 5 a day for his pain which at this point appears to be chest wall in etiology.

Current Conditions

1. Difficulty with multitasking, concentrating, status post pneumomediastinum/pneumothorax.
2. Chest wall pain.
3. Hyperlipidemia.

Current Medicines

1. Combivent 1 puff four times daily as needed. (Rarely used since last visit.)
2. Lipitor 20 mg each evening.
3. Tricor each morning.
4. Ultram 50 mg four times daily as needed.
5. Lortab four times daily as needed.

Social History

The patient has been unable to work since his laser surgery and is applying for disability. No tobacco or alcohol.

Review of Systems

No additional findings on cardiorespiratory, GI or GU review.

Physical Examination

Vital Signs: Wt. 189.5, BP 136/72, HR 96, RR 20 and SaO₂ is 95% on room air.

General: No acute distress.

Skin: Normal turgor.

HEENT: Pupils symmetric.

Neck: No jugular venous distention.

(Continued to next page)

Pulmonary Medicine

Critical Care

Bronchoscopy

Asthma Therapy

Sleep Disorders

2030 North Church Place
Spartanburg, South Carolina 29303
Phone: (864) 582-6858 • Fax: (864) 542-9043

2755 South Highway 14, Suite 2300
Greer, South Carolina 29650
Phone: (864) 849-9500 • Fax: (864) 849-9501

KING 001945

WILLIAM CASEY

77168

02-16-06

Page Two

Physical Examination (Continued)

Chest: No wheezes, rales or rhonchi.

Cardiac: No murmur or gallop.

Abdomen: Not done.

Extremities: No edema or clubbing.

Neurological: Difficult staying focused and concentrating during our conversation evident.

Laboratory Data

The vital capacity is 4.17, 88% of predicted. FEV₁ 3.46, 90% of predicted.

Impression/Discussion/Plan

The patient's lung function remains stable. His dilemma is that mentally he is not up to snuff as far as returning to his old job or returning the skills for a new equivalent job. He is now approaching two years out and it appears likely he has achieved his maximum improvement, i.e. it is unlikely as time goes forward that he will have improvement in his ability to concentrate and recall/perform make "executive type decisions"/thinking.

The patient's lung function is in a range where he probably does not need to use the Combivent although he still has it on hand. He was encouraged to continue to try to exercise to maintain muscle mass, balance and coordination. He was instructed in diet with attention to his cholesterol and salt intake. He will check back the end of this summer/fall as needed.

Charles M. Fogarty, MD

Charles M. Fogarty, MD

CMF/ns

cc: Dr. Frank Gonda via fax 578-7098 (No hard copy will be sent)

KING 001946



Lung and Chest Medical Associates

Charles M. Fogarty, M.D.
J. Douglas Clark, M.D.
Ricardo I. Mendoza, M.D.
J.R. Dine, F.N.P.

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Fax: (864) 585-2102

Fax: (864) 582-3750

WILLIAM CASEY
77168
07-21-05

OFFICE NOTE

Chief Complaint

William Casey returns for follow up on his 7/19 visit. At that time he was having dry heaves and nausea and this was felt possibly to be an interaction between the Strattera and the Cymbalta and he was advised to discontinue these. Since then he is better. He continues to have chest pain, a squeezing sensation, which can be present without exercise, although it is exacerbated by exercise.

We should note that it was this symptom that led him to go to the emergency room May 2004. Although the presenting complaint was chest pain, a chest film showed a metallic fragment. This was interpreted as being in the chest by the treating physician and the patient was referred for pulmonary consult and underwent bronchoscopy within hours of his presentation. The bronchoscopy did not show a foreign body, but rather an area of erythema, and he was scheduled for a laser bronchoscopy the following week. The laser bronchoscopy was performed, with the patient under lengthy anesthesia for 1 hour and 50 minutes, and was complicated by pneumomediastinum.

Since the procedure the patient has ultimately recovered from his pneumomediastinum, bilateral pneumothoraces requiring chest tubes, intubation and mechanical ventilation. However, he has been unable to work and is now depressed over his long-term outlook.

Current Medicines

1. Advair 250/50 twice daily.
2. Combivent 1 puff four times daily as needed.
3. Ultram 50 mg four times daily as needed chest pain.
4. Lipitor 10 mg daily.
5. Lortab four times daily as needed.

Social History

He has been out of work now for a year and probably will be out of health insurance and a job, since he has been unable to hold gainful employment in the interim in large part because of his difficulties with concentrating and staying focused. The issue of his chest pain still remains unresolved. Cardiac evaluation was negative and his chest pain may be benign chest wall. On the plus side, he has quit smoking.

Continued.

2030 North Church Place, Spartanburg, South Carolina 29303 (864) 582-6858

Pulmonary Medicine

Critical Care

Bronchoscopy

Asthma Therapy

Sleep Disorders

KING 001947

WILLIAM CASEY
77168
07-21-05
Page Two

Family History

Coronary artery disease and hyperlipidemia, as previously noted.

Review of Systems

A cardiac catheterization in 2000 did not show any critical narrowing. The CT prior to his laser bronchoscopy was normal range except for incidentally noted coronary calcification. No additional findings on cardiorespiratory, GI or GU review.

Physical Examination

Vital Signs: Wt. 176.6, BP 153/91, HR 78, RR 20 and SaO₂ is 98% on room air.

General: No acute distress.

Skin: Normal turgor.

HEENT: Pupils symmetric.

Neck: No jugular venous distention.

Chest: No wheezes, rales or rhonchi.

Cardiac: No murmur or gallop.

Abdomen: Bowel sounds present. The patient felt like he might have the heaves while in the office but no emesis.

Extremities: No edema or clubbing.

Neurological: The patient had difficulty staying focused with answers to questions and could not repeat five numbers backward on a simple cognitive screen, but could repeat four numbers.

Laboratory Data

The vital capacity is 4.65 or 98% of predicted. The forced expiratory volume is 3.76 or 97% of predicted.

Today's cardiogram is normal range. Interestingly the cardiogram while he was in the hospital with his chest pain in May of last year showed nonspecific ST T-changes.

Impression

1. Chest pain, probably chest wall.
2. Nausea and vomiting, improved.
3. Persistent difficulty concentrating staying focused.
4. Status post laser bronchoscopy complicated by pneumomediastinum and pneumothoraces.

Continued...

KING 001948

WILLIAM CASEY
77168
07-21-05
Page Three

Comment

With reference to the patient's chronic squeezing chest pain, he does have risk factors for coronary artery disease in terms of his hyperlipidemia, family history, previous smoking and incidentally noted coronary calcification on Spartanburg Regional Medical Center CT. A formal coronary calcium score may be indicated and if elevated may be an indication to proceed with more vigorous cardiac workup. However, the chronicity increases the likelihood his chest pain is benign.

With reference to the patient's GI symptoms they do seem improved since discontinuing the Strattera and this really did not help with his staying focused anyway. However, he may still have some underlying pathology such as cholelithiasis or peptic ulcer disease and ultrasound of the gallbladder appears warranted. If symptoms persist we may consider an upper GI.

With reference to the patient's difficulty concentrating, air emboli have been reported as a complication of laser bronchoscopy even without perforation of the endotracheal tree with resultant leakage of air into extrapleural, vascular and mediastinal spaces. Although he is fortunate not to have any gross motor deficit, he may well have a permanent neurologic deficit in which case the indication for taking medication, such as Strattera, may be moot; the patient may simply need to recognize that although he would like to go back to work, he may be chronically disabled by his neurologic impairment/permanent brain damage.

Plan

We will check back with the patient with reference to his coronary calcium score and his gallbladder ultrasound. Further evaluation will proceed pending the results of above.


Charles M. Fogarty, MD
CMF/ns
cc: Dr. Gonda
Dr. Grace

KING 001949

17804



Lung and Chest Medical Associates

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WILLIAM CASEY

OFFICE NOTE

Mr. Casey returns for a follow up visit today. He is trying to resume activities. He has developed chest pain with exertion and so in view of the finding of coronary artery calcification on his CT scan and his exertional chest pain we will refer him for a Cardiolite stress test and consideration of pulmonary rehabilitation. EKG today is within normal limits and shows no acute changes.

Wilson P. Smith, Jr., M.D.
WPSjr/ns
cc: Dr. Gonda

NSD
8/12/04

2030 North Church Place, Spartanburg, South Carolina 29303 (864) 582-6858

Pulmonary Medicine

Critical Care

Bronchoscopy

Asthma Therapy

Sleep Disorders

KING 001950

06/29/04 TUE 10:32 FAX

DRUG MEDICAL RECORDS

DISCHARGE SUMMARY

PATIENT NAME: CASEY, WILLIAM

DOB: [REDACTED]/1958

MEDICAL RECORD #: 146220

ACCOUNT NUMBER: 415400048

ADMISSION DATE: 06/03/2004 DISCHARGE DATE: 06/06/2004

ATTENDING PHYSICIAN: FELDMAN, GREGORY

FINAL DIAGNOSES:

1. Status post recent bronchoscopy with laser for abnormal appearing airway, on flexible bronchoscopy suspected foreign body.
2. Complication of the procedure was pneumomediastinum and pneumothorax requiring chest tube insertion by Dr. Nguyenduy.
3. Asthma and heavy smoking.
4. Disabling back pain with a bulging disk and arthritis, long.

PLAN: The patient is discharged home on prednisone 20 mg q.d., Percocet 1-2 pills t.i.d. p.r.n. The patient will be seen in my office within a week. Diet and activity as tolerated.

HOSPITAL COURSE: This is a patient who underwent initial bronchoscopy by Dr. Boscia with finding of a quite irritated, blistered airway. Corresponding chest x-ray appeared to be missing dental material. The patient underwent bronchoscopy for assumption of airway caused by retained foreign body. It appeared to be that there was granulation tissue; however, after laser was applied it became apparent that instead of a normal airway, it is a pouch and procedure terminated with no foreign body recovered. The patient tolerated the procedure well; however, in recovery the patient suddenly developed subacute emphysema and x-ray revealed pneumomediastinum with pneumothorax on the left side. A small chest tube was inserted. The patient was kept on the respiratory overnight. His subcu air has subsided remarkably. The patient felt much, much improved. He was extubated and transferred to the floor. Repeat chest x-ray showed pneumothoraces on both right and left but unchanged in size and small at the time of discharge. The patient felt good with no complaints and was discharged home. We will assess in my office within the next two days. The patient has been instructed if he develops fever or increased subcu air or shortness of breath immediately to come back to see me.

Dictated by: GREGORY FELDMAN, M.D.

D:06/07/2004 09:28:57

T:06/11/2004 08:24:49/bt

68523/67665

cc:

TUAN NGUYENDUY, M.D., Consulting Physician

PRINTED BY: MB24851

DATE 6/29/2004

KING 001951

SPARTANBURG REGIONAL HEALTHCARE SYSTEM
SPARTANBURG, SC 29303

CONSULT

PATIENT NAME: CASEY, WILLIAM
DOB: [REDACTED]/1958
MEDICAL RECORD #: 146220
ACCOUNT NUMBER: 414900306
DATE OF SERVICE:
ATTENDING PHYSICIAN: KOSER, ANDRAS
ROOM:

HISTORY OF PRESENT ILLNESS: This 46-year-old smoking male presented to the hospital for chest pain. An initial chest x-ray on admission showed what appears to be a foreign body in the left mainstem bronchus. I am being asked to comment on this. This patient complains of pain in his chest that is sharp that goes directly straight to his back. There is a history of cough. No history of hemoptysis.

PAST MEDICAL HISTORY: includes hypercholesterolemia. No history of hypertension or diabetes.

SOCIAL HISTORY: He has a 25 pack year smoking history. He works at Michelin.

FAMILY HISTORY: Is noncontributory.

REVIEW OF SYSTEMS: Includes all mentioned in history of present illness. Also, he has chronic back pain, occasional headaches, occasional constipation. All other review of systems are negative.

PHYSICAL EXAMINATION: He appears well in no acute respiratory distress. Blood pressure is 150/90, pulse is 84. Pupils react to light. The oral mucosa is moist without thrush. Neck is supple. Heart is regular. Lungs are clear bilaterally. Abdominal exam reveal no hepatosplenomegaly. Extremities are without clubbing, cyanosis or edema. Skin is intact with no rashes. Joints are not inflamed. Neurologically, cranial nerves II through XII are intact without focality.

Chest x-rays been reviewed in it does show what appears to be an irregular metallic foreign body in the left mainstem bronchus.

IN SUMMARY: 46-year-old gentleman with what appears to be a foreign body in the left mainstem bronchus. He has consented to fiber-optic bronchoscopy which would be the most reasonable next step. Will perform fiber-optic bronchoscopy to see if this foreign body is removable. If it is not removable or granulated in, than rigid bronchoscopy in the operating room

CONSULT
CASEY, WILLIAM
146220

Page 1 of 2

*LUC - Brokaw
FR 2 (David)*

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Note: Document is draft unless signed
DATE 6/29/2004

KING 001952

will be performed. Risks, benefits, and alternatives were discussed with Mr. Casey and he agrees to proceed with bronchoscopy.

Dictated by: JOSEPH A BOSCIA III, M.D.

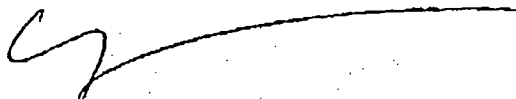
D:05/28/2004 14:26:33

T:06/03/2004 11:25:39/b

65506/64110

cc: ANDRAS KOSER, M.D., Admitting Physician

2 cc
CSF
D
rigid
bronchoscopy
procedure/
lung explant
(for eval
bleeding
previously)
resect



CONSULT
CASEY, WILLIAM
146220

Page 2 of 2

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DATE 6/29/2004

KING 001953

OP REPORTS

PATIENT NAME: CASEY, WILLIAM

DOB: [REDACTED]/1958

MEDICAL RECORD #: 146220

PROCEDURE DATE: 6/3/04

ACCOUNT NUMBER: 415400048

ROOM:

ICU

PROCEDURE PERFORMED: Rigid bronchoscopy with laser bronch.

ENDOSCOPIST: Dr. Feldman.

INDICATIONS FOR PROCEDURE: 15 year old had been worked up by Dr. Paladugu and my partner, Dr. Boscia, with the finding of abnormal granulation tissue and abnormal subsegment in the left upper lobe corresponding to what appeared to be a crown foreign body on chest x-ray. The patient is now undergoing procedure in attempt to removal of chest x-ray abnormality suggestive of a crown; the patient does have a history of a missing crown.

After general anesthesia was induced, the patient was intubated with a rigid bronchoscope, size 16, without any difficulty. Careful inspection of the tracheobronchial tree was undertaken. The entire tracheobronchial tree was examined, there was no finding of a foreign body, however, a quite abnormal subsegment in the left upper lobe which appeared to be a pouch/granulation tissue has been identified. Laser of the area has been done with 45 watts over a 2-second period. Granulation tissue has been vaporized with the appearance of what appeared to be crown lying on the surface. With using 35 watts energy of the laser, there was no possibility of removal of the crown because it was deeply imbedded, and laser energy was applied to the center of the crown and it has been vaporized. However, below the surface there has been no further foreign body seen. The assumption was made that the entire crown other than on the surface had been vaporized, and attempt to pull it with a biopsy forceps and passage of the basket was unsuccessful. The washings were done of the area, and the procedure was terminated. The patient was extubated in recovery.

Although the patient did quite well during the procedure, he suddenly developed considerable pneumomediastinum and having immediately arrived to the bedside, Dr. Nguyenduy's consultation has been obtained. The decision was done by Dr. Nguyenduy and myself to place a chest tube, because of the impossibility to rule out pneumothorax, however, chest x-ray does not show pneumothorax, there is no foreign body seen, and also endotracheal tube is in good position. The patient was intubated by Anesthesia prior to that.

IMPRESSION: It is unclear to me at this point whether the laser went through the cartilage, and since I have not identified or pulled the crown itself, if in fact there was a crown it has been vaporized and is no longer seen on x-ray. At this point the patient will transfer to the ICU, DATE 6/29/2004

KING 001954

antibiotics will be administered for disruption of the bronchus and pneumomediastinum. This will be followed by CT surgery and certainly if air leak into the pneumomediastinum would not stop, surgical intervention will be required. Hopefully this can be avoided by conservative management, but it is uncertain to me at this time whether the crown was vaporized or essentially the laser went through the highly abnormal area of the lung suggestive of closed congenital pouch rather than a foreign body, and significant irritation from previous bronchoscopy.

DICTATED BY: GREGORY FELDMAN, M.D.

D:06/03/2004 16:02:26
T:06/03/2004 16:44:07/1b
67504/64298

cc:

OF REPORTS Page 2 of 2
CASEY, WILLIAM
146220

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

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Authenticated by Gregory Feldman, M. D. On 6/04/04 2:35:35 PM

PRINTED BY: MB24851
DATE 6/29/2004

KING 001955

OP REPORTS

PATIENT NAME: CASEY, WILLIAM

DOB: 1/1958

MEDICAL RECORD #: 146220

PROCEDURE DATE: 06/03/2004

ACCOUNT NUMBER: 415400048

ROOM:

PREOPERATIVE DIAGNOSES:

1. Possible left tension pneumothorax.
2. Bronchial trauma status post rigid bronchoscopy and laser therapy.
3. Cigarette smoking.
4. Dyslipidemia.

POSTOPERATIVE DIAGNOSES:

1. Possible left tension pneumothorax.
2. Bronchial trauma status post rigid bronchoscopy and laser therapy.
3. Cigarette smoking.
4. Dyslipidemia.

PROCEDURE: Emergency placement of a left thoracostomy tube.

SURGEON: Dr. Nguyenduy.

ANESTHESIA: IV narcotics.

INDICATIONS: The patient is a 45-year-old white male who is status post a rigid bronchoscopy for possible foreign body aspiration and postoperatively in the recovery room he developed subcutaneous emphysema and respiratory distress requiring insertion of endotracheal tube. He then became stable and concern of a left pneumothorax because of his subacute emphysema. Was asked to put in an emergency left thoracostomy tube.

PROCEDURE IN DETAIL: This is happening in the recovery room.

The patient was in the supine position, intubated and ventilated on the respirator. The left chest was scrubbed and painted with Betadine solution. A 3 cm incision was made at the x-ray line that is just above the 2nd intercostal space. A quick dissection was carried through with subcutaneous tissue to the muscle using the Matzenbaum scissors down to the intercostal space. Then using a Kelly clamp, the left pleural space was entered without any problems. Digital examination was performed and the lung was mobile and free from any adhesions at the site of entry. A 32 French trocar was inserted in the left pleural space without any problems with good air return which fogged the chest tube. The chest tube was anchored and stayed with 2-0 Prolene mattress sutures. The chest tube was then connected to collecting unit and placed on -20 cm water continuous wall suction.

Postprocedure chest x-ray was obtained and showed that the tube is in good position in left pleural space with extensive

DATE 6/29/2004

KING 001956

06/29/04 TUE 10:34 FAX

SARC MEDICAL RECORDS

subacute and some continuous emphysema.

DICTATED BY: TUAN NGUYENDUY, M.D.

D:06/03/2004 18:40:28

T:06/09/2004 06:07:50/abi

67596/66415

cc:

GREGORY FELDMAN, M.D., Admitting Physician

OP REPORTS Page 2 of 2

CASEY, WILLIAM

146220

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

##END

Authenticated and Edited by Tuan Nguyenduy, M.D. On 6/14/04 2:02:37 AM

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DATE 6/29/2004

KING 001957

05/29/04 10:00 AM

DISCHARGE SUMMARY

PATIENT NAME: CASEY, WILLIAM

DOB: [REDACTED] 1/1958

MEDICAL RECORD #: 146220

ACCOUNT NUMBER: 414900306

ADMISSION DATE: 05/28/2004 DISCHARGE DATE: 05/29/2004

ATTENDING PHYSICIAN: KOSER, ANDRAS

PRESENTATION AND HOSPITAL COURSE: This 45-year-old Caucasian male with a history of elevated cholesterol, history of herniated disc, history of arthritis, who apparently has been having vague chest discomfort every time when he goes to work. The patient came in because of tightness that went straight to the back according to the emergency room physician; however, upon the workup the patient was found to have a left main bronchus containing some foreign body that was metallic in nature. It looks like a screw. It could have been dental filling. The patient was seen in consultation with Dr. Feldman who asked Dr. Boscia to do fiberoptic bronchoscopy and take a look inside and see if he can get it out. Apparently the area was quite difficult to get to. Some bleeding was visualized on the left main bronchus and then tried to dig it out but couldn't find any piece of metal and, hence, he did not do it. The patient was to undergo rigid bronchoscopy a week or two weeks later in Dr. Feldman's office. We feel at this time that the patient does not need any further inpatient stay.

DISCHARGE DIAGNOSES:

1. Noncardiac chest pain.
2. Metallic foreign body in the left main bronchus.
3. Elevated cholesterol.
4. White coat hypertension.

DISCHARGE MEDICATIONS:

1. Lipitor 10 mg p.o. q.d.

DISCHARGE DISPOSITION: The patient is going home.

FOLLOW UP: The patient will follow up with Dr. Gonda in one week.

Dictated By: RAJA PALADUGU, M.D.

D:05/29/2004 14:35:42

T:06/03/2004 08:31:40/bt

65743/64000

CC:

ANDRAS KOSER, M.D., Admitting Physician

PRINTED BY: MB24851

SEND

Authenticated by Raja Paladugu, M.D. On 6/03/04 3:37:13 PM

KING 001958

06/29/04 TUE 10:34 FAX

SKEL MEDICAL RECORDS

WVAV

PATIENT NAME: CASEY, WILLIAM
MEDICAL RECORD #: 146220
DATE OF BIRTH: [REDACTED]/1958
ACCOUNT NUMBER: 414900306
DATE OF ADMISSION: 05/28/2004
ROOM:

434

CHIEF COMPLAINT: Chest pain.

HISTORY OF PRESENT ILLNESS: This is a 45-year-old Caucasian male with a history of elevated cholesterol, history of herniated disk, and a history of arthritis apparently been having vague chest discomfort every time he goes to work. The patient comes in because of substernal chest tightness that radiates to the back. The patient had extensive cardiac workup done on the last admission which was in the year 2000, July. At that time the patient underwent cardiac catheterization, which showed normal coronaries. The patient comes in, does not give this chest pain history, doesn't have any associated symptoms whatsoever. No diaphoresis, no shortness of breath. Radiating to the back is the only one. No nausea. Currently feels fine. He says the patient was given some aspirin, nitroglycerin.

PHYSICAL EXAMINATION:

CNS: The patient is alert and oriented times three.
HEENT: Normocephalic, atraumatic. Pupils are equal, round, and reactive to light and accommodation.
CHEST: Clear to auscultation bilaterally.
CARDIOVASCULAR: Regular rate and rhythm.
ABDOMEN: Soft, nontender.
EXTREMITIES: No cyanosis, clubbing, or edema.
NEUROLOGICAL: Cranial nerves II through XII grossly intact. Motor 5/5 bilaterally. Sensory intact bilaterally.

REVIEW OF SYSTEMS: no fever or chills. No headache or dizziness. No cough or phlegm. Chest pain as described above. The rest of the review of systems essentially negative.

PAST MEDICAL HISTORY: Reveals a herniated disk and arthritis.

MEDICATIONS: Lipitor, Bextra, Ultram, Lortab.

ALLERGIES: No known drug allergies.

PAST SURGICAL HISTORY: Negative.

SOCIAL HISTORY: Positive smoker. Occasional ETOH.

ALLERGIES: No known drug allergies.

LABORATORY DATA: : CPK 103, MB 1.4, index 1:1 troponin less than 0.01, myoglobin 28.9, PT 12.3, INR 1.1, PTT 29.8. Sodium 137, potassium 3.9, chloride [REDACTED] BUN 12, creatinine 0.8, glucose 106, HES 9.5, hemoglobin 12, hematocrit 36, platelets 539.
DATE 6/29/2004

KING 001959

06/29/04 TUE 10:35 FAX

DRUG APPROVAL REVIEW

IMPRESSION/PLAN:

1. Noncardiac chest pain most likely secondary to _____ in the left main bronchus. We will get pulmonary to see this patient for possible bronchoscopy and removal if possible.
2. Hypertension. The patient's blood pressure is elevated. Never told that he has been hypertensive before, although the patient has been noncompliant with medications and follow up and, hence, we will keep an eye on the blood pressure. We will place the patient on Lopressor 50 mg q.d. for now. Has multiple blood pressure readings in the emergency room. Continues to stay high diastolic of 109.
3. Elevated cholesterol. We will check a lipid profile in the morning.

DICTATED BY: RAJA PALADUGU

D:05/28/2004 13:31:23
T:05/28/2004 15:55:39/bt
65475/62344

Cc:
ANDRAS KOSER, M.D., Attending Physician

H & P Page 2 of 2
CASEY, WILLIAM
146220

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

Authenticated by Raja Paladugu, M.D. On 5/29/04 4:43:13 PM

PRINTED BY: MB24851
DATE 6/29/2004

KING 001960

06/29/04 TUE 10:35 FAX

SPARTANBURG REGIONAL HEALTHCARE SYSTEM

SPARTANBURG REGIONAL HEALTHCARE SYSTEM
SPARTANBURG, SC 29303

CONSULT Page 1 of 2
CASEY, WILLIAM
146220

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

CONSULT
PATIENT NAME: CASEY, WILLIAM
DOB: [REDACTED]/1958
MEDICAL RECORD #: 146220
ACCOUNT NUMBER: 414900306
DATE OF SERVICE:
ATTENDING PHYSICIAN: KOSER, ANDRAS
ROOM:

HISTORY OF PRESENT ILLNESS: This 46-year-old smoking male presented to the hospital for chest pain. An initial chest x-ray on admission showed what appears to be a foreign body in the left mainstem bronchus. I am being asked to comment on this. This patient complains of pain in his chest that is sharp that goes directly straight to his back. There is a history of cough. No history of hemoptysis.

PAST MEDICAL HISTORY: includes hypercholesterolemia. No history of hypertension or diabetes.

SOCIAL HISTORY: He has a 25 pack year smoking history. He works at Michelin.

FAMILY HISTORY: Is noncontributory.

REVIEW OF SYSTEMS: Includes all mentioned in history of present illness. Also, he has chronic back pain, occasional headaches, occasional constipation. All other review of systems are negative.

PHYSICAL EXAMINATION: He appears well in no acute respiratory distress. Blood pressure is 150/90, pulse is 84. Pupils react to light. The oral mucosa is moist without thrush. Neck is supple. Heart is regular. Lungs are clear bilaterally. Abdominal exam reveal no hepatosplenomegaly. Extremities are without clubbing, cyanosis or edema. Skin is intact with no rashes. Joints are not inflamed. Neurologically, cranial nerves II through XII are intact without focality.

Chest x-rays been reviewed in it does show what appears to be an irregular metallic foreign body in the left mainstem bronchus.

IN SUMMARY: 46-year-old gentleman with what appears to be a foreign body in the left mainstem bronchus. He has consented to fiber-optic bronchoscopy which would be the
DATE 6/29/2004

KING 001961

06/28/04 14:26:33

most reasonable next step. Will perform fiber-optic bronchoscopy to see if this foreign body is removable. If it is not removable or granulated in, than rigid bronchoscopy in the operating room will be performed. Risks, benefits, and alternatives were discussed with Mr. Casey and he agrees to proceed with bronchoscopy.

DICTATED BY: JOSEPH A BOSCIA III, M.D.
D:05/28/2004 14:26:33
T:06/03/2004 11:25:39/lb
65506/64110

CC:
ANDRAS KOSER, M.D., Admitting Physician

##END
Authenticated by Joseph A. Boscia, MD. On 6/07/04 5:08:48 PM

PRINTED BY: MB24851
DATE 6/29/2004

KING 001962

06/29/04 TUE 10:35 FAX

OP REPORTS

PATIENT NAME: CASEY, WILLIAM
DOB: [REDACTED]/1958
MEDICAL RECORD #: 146220
PROCEDURE DATE: 5/28/2004
ACCOUNT NUMBER: 414900306
ROOM:

PROCEDURE(S) PERFORMED: Bronchoscopy.

REASON FOR PROCEDURE: 45 year-old male with what appears to be a foreign body.

MEDICATIONS: Versed 10 mg IV (intravenous), Fentanyl 100 mcg IV (intravenous), topical lidocaine.

DESCRIPTION OF PROCEDURE: After informed consent was obtained, the right nostril was anesthetized with topical lidocaine. The bronchoscope was advanced to the trachea without difficulty. Trachea as well as right segmental and subsegmental bronchi were normal, patent, without bronchial pathology. However, upon entering the left main stem bronchus, the distal end where the take off of the left upper lobe starts on the medial wall, there is a very erythematous area that was easily friable. No observable foreign body was noted. The airway post the erythematous take off of the left upper lobe was normal. The bronchoscope was withdrawn. The patient tolerated the procedure well.

DICTATED BY: JOSEPH A BOSCIA III, M.D.

D:05/28/2004 14:37:52
T:06/03/2004 21:43:08/lf
G5517/64371

cc:

ANDRAS KOSER, M.D., Admitting Physician

OP REPORTS Page 1 of 1
CASEY, WILLIAM
146220

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

##END

Authenticated by Joseph A. Boscia, MD. On 6/07/04 5:08:47 PM

PRINTED BY: MB24851
DATE 6/29/2004

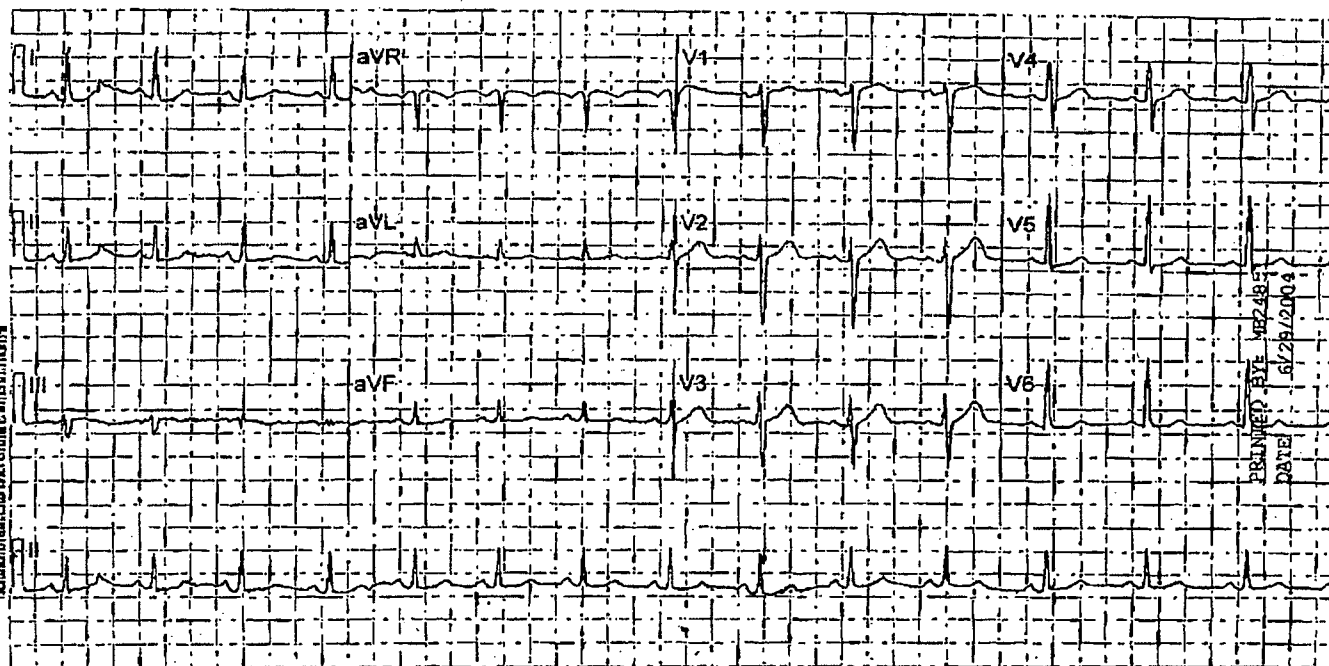
KING 001963

CASEY, WILLIAM
 ID#:146220
 45 years Male Caucasian
 Ord.Dr.BILL
 Tech:KB
 OPT.
 DX:V82.9
 ACC#:0614900306

Vent rate: 87 Sinus rhythm
 Lateral ST-T changes are nonspecific
 --Durations--
 P : 100
 QRS: 80
 --Intervals--
 PR : 134
 QT : 356
 QTc: 401
 QTd: 24
 --Axes--
 P : 45
 QRS: 29
 T : 32
 Reviewed by: Dr. Tom Robinson

ER
 Time:09.44.50 05/29/04
 SPARTANBURG REG.MED.CENT.

Speed: 25 mm/s Limb Lead Gain: 10.0 mm/mV Chest Lead Gain: 10.0 mm/mV Filter(s): 60Hz Notch, 40Hz Artifact



CONFIRM Current: ECG Printed 05/29/04 11.52.41 Transcribed By: Dr. Tom Robinson 05/29/04 11.52.36
 PLUS1 PLUS1.93/3.19/16.11/1.64

Page 1 of 1

KING 001964

3599

06.29/04 TUE 10:36 PM

SPARTANBURG REGIONAL HEALTHCARE SYSTEM
Dept. of Cardiology Services
101 East Wood Street
Spartanburg, SC 29303

10101

CARDIAC CATHETERIZATION REPORT: Left Heart Cath

NAME: CASEY, WILLIAM

UNIT#: 000146220

DATE: 07-20-2000 REFERRING MD: GONDA

AGE: 41

SEX: Male

RACE: CAUCASIAN

2020100104 000-146220 07/19/00
CASEY, WILLIAM 58 M 41Y
ADM SRIVASTAVA, NALIN K
REF SRIVASTAVA, NALIN K

HT: 68.0

WT: 175.0

BSA: 1.93

SMOKER: 0.5PPD X20YRS



CLINICAL HISTORY:

William Casey is a 41 year old gentleman with chest pain. Cardiolite stress testing showed inferior ischemia and he is now referred for cardiac catheterization.

PROCEDURE:

Left heart cath
Left ventriculography
Coronary angiography

COMMENTS ON PROCEDURE:

After informed consent was obtained the patient was brought to the Cath Lab for the procedure and prepped and draped in the usual fashion. The right femoral artery was anesthetized and punctured without difficulty and a 6 French sheath was placed. 6 FR JL4, JR4 and pigtail catheters were used for the procedure. After the procedure all catheters were removed. The sheath was removed and hemostasis was achieved without difficulty. The patient tolerated the procedure without difficulty and was returned to recovery in stable condition.

HEMODYNAMICS:

Blood pressure was 123/81. Left ventricular end diastolic pressure was normal. There was no gradient across the aortic valve on pullback.

ANGIOGRAPHIC DATA:

The left main coronary artery is normal.

The LAD and diagonal branch are normal.

The left circumflex and obtuse marginal branch are normal.

The RCA and posterior descending artery are normal.

Left ventricular ejection fraction was 60%. There was no mitral insufficiency.

At the end of the procedure the sheath was removed and a vasoseal collagen plug placed without difficulty.

SUMMARY:

1. NORMAL CORONARY ANATOMY.

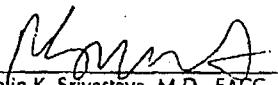
7/31/00

KING 001965

2. NORMAL LEFT VENTRICULAR FLUXION.

RECOMMENDATION:

EVALUATE NONCARDIAC CAUSES FOR CHEST PAIN.


Nalin K. Srivastava, M.D., FACC
Cardiology Consultants

NKS/rl

cc: Office
Medical Records

D.D.: 7/20/00
T.D.: 7/21/00

2020100104 000-146220 07/19/00
CASEY, WILLIAM 11/03/58 M 41Y
ADM SRIVASTAVA, NALIN K
REF SRIVASTAVA, NALIN K



Printed On: 07-21-2000 10:02:38

ACQUISITION - WTTT MEDICAL

KING 001966

Cardiology

Consultants

Joseph R. Dorchak, M.D., F.A.C.C.
James R. Story, M.D., F.A.C.C.
F. Michael Eickman, M.D., F.A.C.C.
Barry L. Huey, M.D., F.A.C.C.
David G. Ike, M.D., F.A.C.C.

Larry E. Kibler, M.D., F.A.C.C. 10961
Nalin K. Srivastava, M.D., F.A.C.C.
David J. Rodak, M.D.
Garrison Watts, M.D., F.A.C.C.
Robin Simpkins, R.N., A.N.P., A.C.N.P.

STRESS DUAL-ISOTOPE STUDY

NAME: CASEY, WILLIAM

DOB: [REDACTED]/58

DATE: JULY 17, 2000

CLINICAL HISTORY:

The patient is a 41-year-old gentleman with chest pain symptoms, referred for nuclear stress study.

DESCRIPTION OF STUDY:

Resting images were obtained after 3 mCi of thallium were injected. Subsequently, the patient walked for 9 minutes of the Bruce protocol, achieving a peak heart rate of 150. His EKG revealed nondiagnostic ST changes with peak exercise. Cardiolite, 25 mCi, was administered for the stress dose.

FINDINGS:

Interpretation of the rest and stress images reveals an inferior wall defect on the stress images, improved on the rest images, consistent with possible mild ischemia.

Gated ventriculography reveals an ejection fraction of 43 percent. The inferior wall appears to be hypokinetic.

IMPRESSION:

In summary, Mr. Casey's nuclear stress study today reveals possible mild inferior ischemia.

Nalin K. Srivastava, M.D.

Nalin K. Srivastava, M.D., F.A.C.C.
Cardiology Consultants, P.A.

NKS:AKW

cc: Frank E. Gonda, M.D.


**MARY BLACK
OUTPATIENT THERAPY SERVICES**

 1700 Skylyn Drive
Spartanburg, SC 29307

Phone: (864) 573-3828

Fax: (864) 573-3152

PT Therapy Discharge Summary

 Patient's Name: William Casey
 Diagnosis: chronic low back pain
 Treatment Rendered: Partial exc. home program instruction and therapy - PFC & sub EMT, Therex.
 Date of Service: 5-20-00, 5-24-00

 1. Assessment of Present Status: Pt. states partial compliance i home program. He rates 3/10 pain lumbar back. He is aware trunk ext 90%, rotation 90%. He is doing lumbar lordosis.

 2. Were short term goals met? ☐ Yes ☒ No

 3. Were long term goals met? ☐ Yes ☒ No

 4. If goals were not met, please explain: Reason stated below.

5. Discharge Recommendations/ Pt/ Family Education/ Home program instructions?

Recommend pt return to MR for further
RT - options

6. Reason for discontinuation of therapy:

☐ Met goals

☐ Pt. gained max. benefit

☐ Decline in medical condition

☒ Multiple refusals or noncompliant
 & physician is notified

☐ Failure to progress towards goals

☐ Non-Rehab candidate

☐ Prescribed # of treatments has been given

☐ Hospital discharge/ transfer

Other: _____

 7. Patient discharged to: ☒ Home ☐ Rehab facility ☐ SNF

☐ Another facility ☐ Expired

 Therapist Signature: Scott Miller PT Date: 6-16-00

ADDRESSOGRAPH

KING 001968

Cardiology

Consultants

Joseph R. Dorchak, M.D., F.A.C.C.
James R. Story, M.D., F.A.C.C.
F. Michael Eickman, M.D., F.A.C.C.
Barry L. Huey, M.D., F.A.C.C.

David G. Ike, M.D., F.A.C.C.
Larry E. Kibler, M.D., F.A.C.C.
Nalin K. Srivastava, M.D., F.A.C.C.
David J. Rodak, M.D., F.A.C.C.

Alejandro N. Lopez, M.D., F.A.C.C.
Kristen P. Nawabi, M.D.
John J. Gallagher, M.D., F.A.C.C.
Robin Simpkins, R.N., A.N.P., A.C.N.P.

17804

NUCLEAR STRESS STUDY

NAME: CASEY, WILLIAM M.

DOB: [REDACTED]/58

DATE: AUGUST 2, 2004

CLINICAL HISTORY:

Mr. Casey is a 45-year-old patient of Dr. Gonda. The patient has also seen Dr. Srivastava. This study is ordered by Dr. Wilson Smith for evaluation of chest pain. The patient had an abnormal calcium score by CT. The patient also had a normal catheterization in the year 2000.

DESCRIPTION OF STUDY:

Resting images were obtained after the administration of 10 mCi of Cardiolite. The patient then underwent Bruce protocol stress testing completing 9 minutes of exercise achieving 10.1 mets and 87 percent of the predicted maximum heart rate. At peak exercise, 25 mCi of Cardiolite were administered.

FINDINGS:

The raw images revealed no significant lung uptake.

The SPECT images revealed normal perfusion on stress and rest images. There was no evidence for ischemia.

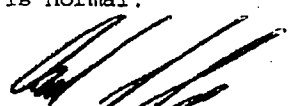
The gated images revealed normal systolic function with a calculated ejection fraction of 58 percent. There were no regional wall motion abnormalities present.

IMPRESSION:

Normal study.

COMMENT:

Previous Cardiolite in July of 2000 revealed inferior ischemia. This was subsequently found to be a false-positive study. This study is normal.


David G. Ike, M.D., F.A.C.C.
Cardiology Consultants, P.A.
DGI:MSM

cc: Nalin K. Srivastava, M.D.
Frank E. Gonda, M.D.
Wilson P. Smith, Jr., M.D.

MSD
8/12/04

GLENN L. SCOTT, M. D.
200 DILLON CIRCLE
SPARTANBURG, SC 29307

Orthopaedic Surgery

Phone (864)582-3456

Fax (864)583-3579

NAME: William Casey

ADDRESS: 240 Lightwood Farm Rd
Woodruff, SC 29388

SSN: [REDACTED]

AGE: 45

TELEPHONE: 864-486-9131

DATE OF EXAM: 09-20-04

This 45 year old male patient was seen with complaints of chronic low back pain dating back to several years. He is an employee of Michelin Tire Corporation where he works on the production line. However, he has not worked since May 28. This has been for reasons other than his back, although he was advised to have his back evaluated prior to returning to work. He states that the job that he does is quite strenuous, that he works 12 hour shifts and he has a lot pushing, pulling and rotation type movements associated with his job. He has worked for Michelin for about 20 years. He states that his back pain is relatively constant, but worse when he first wakes up the a.m. He also has some pain in the anterior aspect of his chest. He has had an extensive evaluation for cardiac disease which, apparently, has been nonrevealing.

His complete medical history was documented and reviewed. He smokes about a quarter of a pack of cigarettes a day, drinks socially but not excessively. Other than mentioned above, his review of systems, medical and social history and family history are nonrevealing.

On exam, the patient is a well developed male. Weight 177. Blood pressure 102/74. Pulse 88. Head is normocephalic. Pupils are equal and reactive and extra ocular muscles are intact. He shows good range of motion without spasm or tenderness in the cervical spine. Also, motion is symmetrical from side to side. His upper extremities show good range of motion in the shoulders, elbows, wrists and hands. His muscular development is symmetrical and reflexes are symmetrical at the biceps, triceps and brachial radialis. He has good grip. His chest shows good expansion and contraction. There is no thoracic spasm or point tenderness. His heart has a regular rate and rhythm.

Exam of the lumbar spine, again, shows no visible or palpable sustained paravertebral spasm. He has a reversal of his lumbar curve as he flexes and extends. There is no list and his motions from side to side are symmetrical. He has some increased pain on hyper extension and at the end ranges of rotation. Straight leg

10/1/04
KING 001970

GLENN L. SCOTT, M.D.
200 DILLON CIRCLE
SPARTANBURG, SC 29307

Orthopaedic Surgery

Phone (864)582-3456
Fax (864)583-3579

William Casey

09-20-04 continued...

Page 2

raising is negative for acute nerve root irritation. Reflexes are 2+ and symmetrical at the knee and ankle. He has normal motor strength and normal sensation.

He has had previous x-rays done AP, lateral and spot of the lumbosacral junction. In addition, oblique x-rays were done today which showed some moderate degenerative changes in the facet joints at L4-5 and L5-S1. The disc spaces are fairly well maintained. Likewise, he had an MRI done on 10-31-03 at Mary Black. These films, as well as the radiologist's report, were reviewed. He has some moderate degenerative changes at L4-5 and L5-S1 with some mild bulging. There is no real lateralization, no herniation or direct nerve root compression. Arthritic changes in the facet joints are, again, noted.

IMPRESSION

Degenerative lumbar spine and disc disease.

I don't feel that these are advanced or acute changes, although certainly have the potential of gradual worsening with time. The condition has the potential to be aggravated or accelerated by strenuous and sustained activities, both occupationally and recreationally. In discussing his job at some length with him in the office today it does have strenuous aspects which potentially could be aggravating factors to his back. I don't see any reason why, at this point, he can't return to his regular job, but I feel it would be advisable for him to explore, with the company, different jobs that might become available that would be less demanding as far as his back is concerned. He currently is using nonsteroidal anti-inflammatory agents, is on a regular back exercise program and, at times, uses a back support and he was advised to continue with this program.

Glenn L. Scott, M.D. ,
GLS:km
cc: Patient

KING 001971

17804



MICHELIN TIRE MANUFACTURING
US-3 Facility Personnel
Post Office Box 5049
Spartanburg, SC 29304
864-599-3157, Office
864-599-3222, Fax

**ATTENDING PHYSICIAN'S REPORT
(FOR EXTENDED LEAVES OF ABSENCE)**

Date: SEPT. 27, 2004
Sept 7 2004

Employee's Name: William Mark Casey

Address: 240 Lightwood Farm Road

Date original medical leave of absence: MAY 28, 2004

Expected date of return to work: APPROXIMATELY 30 DAYS

Physical findings (diagnosis): INITIAL AND TERMINAL SLEEP DISTURBANCES

DEPRESSIVE AFFECT MOST DAY & ATYPICAL CYNICISM, IRRITABILITY WITH LOW FRUSTRATION TOLERANCE, ANXIETY AND RESTLESSNESS, ATYPICAL SOMATIC SYMPTOMS, EXCESSIVE WORRY, EASILY FATIGUED, AND AN INABILITY TO COPE WITH NORMAL LIFE STRESSES, AND DECREASED MOTIVATION

Treatment and/or recommendation: FOR ALL ACTIVITIES, CONTINUED COGNITIVE, INSIGHT ORIENTED PSYCHOTHERAPY,

INCREASE ZOLOFT TO 150 MG. QD (OCCURRED 9-23-04), SWITCH TO OR COMBINE Cymbalta (SEE ACCOMPANYING LETTER TO DR. GORDON), CONSIDER ADDING BU SPAR FOR ANXIETY, AND REFER TO PSYCHIATRIST IF NOT SIGNIFICANTLY

Dxs. : MAJOR DEPRESSIVE Disorder, IMPROVED IN THREE WEEKS, PH.D.,
SINGLE EPISODE (296.2), address: JOSEPH G. GRACE, III, M.D.,
POSTTRAUMATIC STRESS OUTPATIENT CENTER - SAHS
Disorder - Resolving (309.81) (853 N. CHURCH ST., SUITE 510)
GENERALIZED ANXIETY
Disorder (300.02) Telephone: (864) 560-1512

NOTE: Michelin employees may receive full or 50% pay during Medical Leave of Absence. Verification of information regarding this request for leave would be greatly appreciated. To assure continuity in the employee's pay, this form must be returned promptly. Your cooperation would be appreciated.

LCS/SP/PORES/DIRECTV.DOC

P. 1 1864 486-9131

MARK CASEY

KING 001972

17804

Casey, William M. [REDACTED] 1958
Office/Outpatient Visit
Visit Date: Wed, Nov 10, 2004 04:38 pm
Provider: A: Bennett, LPC, LPC
Location: Piedmont Psychiatric Services

1 of 2

This note has not been signed and may be incomplete. Printed on 11/14/2004 at 5:05 pm.

SUBJECTIVE:**CC:**

Mr. Casey is a 46 yo male referred to Jeffery Smith, MD by his psychologist, Jay Grace, Ph.D. for treatment of depression and anxiety.

HPI:

Mr. Casey reports that during spring 2004, he began to experience episodes of chest pain when at work. Over a period of days or weeks, his worry about the pain grew. Eventually in May 2004, at the encouragement of a co-worker, he reported his symptoms to the company RN. He was then transported to the ER and underwent a series of tests. He states that as a result of an incorrect diagnosis, he underwent unnecessary invasive procedures, and suffered severe complications which required care in the ICU for several days. Has been out of work since this incident and worries greatly about his job security. He asserts he is suspicious and distrustful of individuals in his workplace and of healthcare providers given recent events and given the current environment. He plans to litigate.

Additionally, Mr. Casey notes he has been very stressed by family concerns. He states that his kids (18 and 21 yo) have broken his heart, and he feels himself to be a failure over this. He feels they are estranged. His divorce is pending. He states he has adjusted to his marital separation two years ago, citing it was a mutual decision and both had affairs before separating. He experienced significant financial distress following marital separation, and he reported on his intake sheet that he is currently having financial stress.

Symptomatically, Mr. Casey has been suffering with constant worry, rumination and negative thinking. He states that until recent, he had been considered an optimistic person. He states he feels like a failure. He reports sleep disturbance (FA, MNA), loss of energy, loss of motivation, anhedonia, decreased libido, difficulty concentrating, and hopeless feelings. He denies suicidal ideation. He denies previous episodes of depression or anxiety.

Mania is not present and nor is there clear history of hypomania. He denies history of manic/hypomanic episodes although he mildly endorsed some possible symptoms such as racing thoughts, although interview finds these appear better described as worry and rumination. There is no grandiosity. He acknowledges periods of agitation but he states these have only occurred in response to the significant stressors over recent months. He states his only significant period of excessive spending occurred immediately after his divorce. He notes that currently he may overspend at electronic stores, but he has otherwise been restrained with his spending.

Past Medical History / Family History / Social History:**Past Medical History:**

Bulging disk, back pain
Chest pain with exertion

Family History:

Denies.

Social History:

Divorce is pending. Separated 2 years. Two children, ages 18, 21. Has worked production job with Michelin for over 20 years. Reports financial problems.

Tobacco/Alcohol/Supplements:

12 pack beer/month.

Substance Abuse History:

Denies.

Mental Health History:

Current counseling with Jay Grace, PhD.

11/15/04

KING 001973

Casey, William M. /1958
Office/Outpatient Visit
Visit Date: Wed, Nov 10, 2004 04:38 pm
Provider: Al Bennett, LPC, LPC
Location: Piedmont Psychiatric Services

2 of 2

This note has not been signed and may be incomplete. Printed on 11/14/2004 at 5:05 pm.

Current Medications:
Zoloft 150mg qd past 6 weeks.
Ambien pm

OBJECTIVE:

Exams:

Mental Status Examination: Mark appeared well nourished and of average weight. Motor activity was normal in quality and quantity. Grooming and hygiene were excellent and appropriate for age and situation. Eye contact was good with no unusual avoidance or scanning. Attitude toward the examiner was guarded with generally uncomfortable during the interview. His mood was predominantly depressed. His affect was fair but neither notably happy nor sad. Thought process demonstrated age appropriate rational and logical thinking. He showed no evidence of loose association, flight of ideas, racing thoughts, tangential thoughts, or circumstantial thought process. There was no neologisms, clanging, punning or thought blocking. He reported no abnormalities of thought content including no obsessions, compulsions, hallucinations, delusions, suicidal ideations and homicidal ideations. He reported moderate anxiety around hospitals. The patient was oriented to person, place, time and circumstances. Concentration and attention were fair but with some difficulty maintaining focus on tasks and conversation. Memory is intact for recent and remote events. Fund of knowledge was average for age. Intelligence appeared to be average based on vocabulary and other information obtained from the interview. Insight into illness and need for treatment was fair for age and intelligence level. Judgement for social and other situations was average for age and intelligence level. Level of impulsivity appeared to be average based on behavior during the interview and historical information.

ASSESSMENT:

296.22 Major depression, single episode, moderate
DDx:
R/O Anxiety disorder, (GAD, Adjustment disorder with anxiety, PTSD)

AXIS II: No diagnosis
AXIS III: See PMH and HPI above.
AXIS IV: Family, employment, health.
AXIS V: Current GAF 50-55.

PLAN:

Psychiatric evaluation with Dr. Jeffery Smith today.
Continue counseling with Dr. Jay Grace.

Major depression, single episode, moderate

Orders:
90801*T Psychiatric diagnostic interview examination - Therapist

cc: Jay Grace, Ph.D.

Nov. 15. 2004 12:36PM

Casey, William M. [REDACTED] 1958

1 of 1

Office/Outpatient Visit

Visit Date: Wed. Nov 10, 2004 05:16 pm

Provider: Jeffrey Smith, MD, M.D. (Supervisor: Jeffrey Smith, MD, M.D.)

Location: Piedmont Psychiatric Services

This note has not been signed and may be incomplete. Printed on 11/10/2004 at 5:44 pm.

SUBJECTIVE:

HPI:

46 yom referred by Dr. Joseph Grace.

See full history by Al Bennett on this same day.

He is Zolof 160 mg qd and Ambien 10 mg one qhs prn insomnia.

He is reluctant to acknowledge depression despite symptoms that suggest this diagnosis. He does have a lot of ruminations.

He thinks Zolof has helped take the edge of anxiety and has decreased ruminations. More withdrawn than he would like. Poor energy. Poor motivation. Interest and enthusiasm. Some insomnia, unless he takes Ambien. Some overeating. Easily agitated. No s.i. Some hopeless feelings.

No mania or psychosis.

No alcohol or drug abuse.

OBJECTIVE:

ams:

Affect is irritable. No s.i. or h.i. Judgement and insight fair. No psychosis. Gait, dress, speech, and hygiene normal. Sensorium clear. No gross cognitive deficits.

ASSESSMENT:

296.22 Major depression, single episode, moderate

PLAN:

Stop Zolof.

Add Cymbalta 60 mg one qam with food. # 42 samples.

Cont. Ambien 10 mg one qhs prn insomnia.

Ref. in 3-4 wks.

CC: Joseph Grace, PhD

Major depression, single episode, moderate

Orders:

00862 Pharmacologic management with no more than minimal medical psychotherapy

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KING 001975

**PIEDMONT PSYCHIATRIC
SERVICES**

Tony R. Goodbar, M.D. (Child & Adolescent Psychiatry)
Jeffrey K. Smith, M.D. (Adult Psychiatry)
John P. Taylor, M.D. (Practice closed to New Patients)
Lynn Putcell Wright, M.D. (Practice closed to New Patients)
Wade A. Harris (Adult Psychiatry)

Jim Harbin, MEd, LPC
Michael D. Smith, MA, LPC
Susan Gentry-Wright, LMSW
Mary L. Shults, MSW
Albert C. Bennett, MA, LPC
Carol R. Mitchell, MSN, LPC

NEW PATIENT REFERRAL FORM

DATE: 10/29/04 ACCOUNT NUMBER _____
PHYSICIAN REQUESTED: Dr. Tony Goodbar APPT DATE: ? TIME: ?
REFERRED BY: Dr. Frank Gonda PHONE NUMBER: 864-578-9735
ADDRESS: 2212 Old Furnace Rd. ^{Bullock Springs} SC 29316 FAX: 578-7098 BACK LINE: none
REFERRAL OFFICE CONTACT: Denna MED RECORDS REQUESTED: YES

PATIENT INFORMATION

NAME: William "Mark" Casny DOB: [REDACTED] SSN: [REDACTED]
Parent Name (if minor): None Work Place: Michelin
HOME ADDRESS: 240 Lightwood Farm Road
CITY: Woodruff STATE: SC ZIP: 29388
HOME PHONE: (864) 486 4131
PRIMARY INS: BC/BS SECONDARY INS: _____
CHIEF COMPLAINT: Depression; Anxiety D/O

Precipitants/Stressors: _____

Current Medications: Wellbutrin 50mg, Zanax 4mg, Xanax 10/500, Bupropion 20mg, Zolof 10mg, Zolof 10mg/1/2 tab.

Alcohol/Drug Use: _____

Prior Treatment: _____ Outpatient _____ Inpatient _____

FAX NUMBER: (864) 676-9432

DATE APPT SCHEDULED: _____

ATTENTION: _____

NEW PT PACKET MAILED: _____

2094 Woodruff Rd. • Greenville, South Carolina 29607 • 864-676-9211 • Fax 864-676-9432

KING 001976

JOSEPH G. GRACE III, PH.D
ASSOCIATE PROFESSOR OF FAMILY MEDICINE
LICENSED COUNSELING PSYCHOLOGIST

Spartanburg Regional Healthcare System
Center for Family Medicine
853 N. Church St., Suite 510
Spartanburg, SC 29303

Phone: (864) 560-1512
Fax: (864) 560-1510
Home: (864) 515-9714
E-Mail: jgrace@srhs.com
www.spartfam.org

KING 001977

APPOINTMENT

For: - Marks -

Thurs, Sept 9 at 11 o'clock

KING 001978

17804

JOSEPH G. GRACE III, PH.D
LICENSED COUNSELING PSYCHOLOGIST
853 N. CHURCH STREET, SUITE 510
SPARTANBURG, SC 29303
(864) 560-1512

September 16, 2004

Frank E. Gonda, MD
2212 Old Furnace Rd.
Spartanburg, SC 29316
Fax #: 578-7098

Re: William Mark Casey
D.O.B. [REDACTED] /58
SS# [REDACTED]

Dear Frank,

I have been following Mark Casey on a weekly basis and saw him most recently on September 16, 2004. He reportedly has been taking Zoloft, 100 mg per day for about eight weeks now as you prescribed. He estimated that he has gained about 50% benefit from Zoloft, but for about the past four weeks he seems to have plateaued and there appears to be no subjective or objective improvements. Thus, the following depressive symptoms persist: initial and terminal sleep disturbances, depressive affect most days with atypical cynicism, irritability with low frustration tolerance, anxiety and restlessness, atypical somatic symptoms, excessive worry, easily fatigued, and an inability to deal with normal life stresses.

On August 9, 2004, I administered to Mark the MMPI-II. The validity scales indicate that his test results are valid and the clinical picture is probably unchanged since that test administration. The clinical scales of his MMPI-II indicate that he is moderately depressed, moderately anxiety, but in good reality contact. He is prone to develop ulcers and other GI disturbances under stress. Also, he is prone to sudden anxiety and panic episodes. Test results confirm that he is overwhelmed with problems, is guilt-ridden, and has feeling of inadequacy and unworthiness. He tends to be quite despondent and is slowed in thought and action. Mark is also inclined to experience obsessional thoughts which trigger compulsive behaviors. His personality profile also indicates that he is angry and resentful, rigid and stubborn. He tends to be suspicious and inclined to question the motives of others. However, when not overwhelmed and depressed, he is likely to be much more adaptable, dependable and responsible. In addition, when not in an emotional crisis, he is probably realistic and practical, and is viewed by others as sociable, friendly and enthusiastic.

Mark has a twenty-plus year history with Michelin and reportedly has been a very productive employee. He indicated, however, that he has been out of work since May 28th and several very recent phone calls from Michelin supervisors indicate that his job

9/20/04

KING 001979

Mark has a twenty-plus year history with Michelin and reportedly has been a very productive employee. He indicated, however, that he has been out of work since May 28th and several very recent phone calls from Michelin supervisors indicate that his job may be in jeopardy. Thus, it seems only reasonable that we accelerate his treatment in an effort to expedite his return to work. The simplest solution seems to be to increase his Zoloft to 150 mg per day. Another possibility would be to augment the therapeutic benefit of Zoloft with a second anti-depressant such as Cymbalta. Cymbalta would probably be a good choice since it would be combining the serotonergic benefits of Zoloft with the norenergic benefits of Cymbalta. Also, the addition of BuSpar could be helpful in the treatment of Mark's numerous anxiety symptoms.

If you are not comfortable, Frank, with a more complex psychotropic regimen, then either you or I can refer him to one of the Greenville psychiatrists with the recommendation that he be seen at their earliest opening. Michelin is not really satisfied with Mark being out on a three and one-half month leave under the care of a family physician and psychologist for a psychiatric disorder. However, since it could take two to three weeks for Mark to be seen by a psychiatrist, please consider a medication increase/change in the meantime.

Please advise (560-1512).

Sincerely yours,



Jay Gracc, Ph.D.
Licensed Counseling Psychologist

KING 001980

SOUTH CAROLINA VOCATIONAL



REHABILITATION DEPARTMENT

Larry C. Bryant, Commissioner

Disability Determination Services - Greenville Regional Office
Post Office Box 3090 - Greenville, SC 29602 - (864) 282-4000 - 1-800-868-1950 - (864) 282-4473 FAX

September 21, 2005

FOOTHILLS FAMILY MEDICINE
2212 OLD FURNACE ROAD
BOILING SPRINGS SC 29316

RE: WILLIAM M CASEY
AKA: MARK CASEY

ADD: 240 LIGHTWOOD FARM RD
WOODRUFF SC 29388

SSN: [REDACTED]
DOB: [REDACTED] 758

FRANCISCO E GONDA MD

Your patient has applied for disability benefits under the Social Security Act. We appreciate your response to our previous request for information. However, we need the additional information requested below to adjudicate the claim. You may annotate your response on this page or, if needed, attach additional pages. If attaching additional pages, please include the patient's name and SSN on each page.

PLEASE SEND A COPY OF TX NOTES THAT HAVE OCCURRED SINCE 1-12-05. THANK YOU FOR THE UPDATED MEDICAL INFORMATION.

Physician's Signature *Francisco E Gonda*

See the attached page for instructions on returning your report to the DDS. We are authorized to pay \$15 for your report. We are not authorized to pay government agencies. If you require payment and do not attach your invoice, sign on the line for "Provider's Signature" on that page. Please include that page as the TOP document with your report with this letter underneath.

Sincerely,

Aimee F. DePetris

Aimee F. DePetris, Disability Examiner

PLEASE RETURN THIS LETTER AS THE SECOND PAGE OF YOUR RESPONSE.

ENCLOSURE: Release, Envelope
AFD/461
Claim No: E54200



L2 (6/05)
DMA: Y

KING 001981

CASEY WILLIAM M
240 LIGHTWOOD FARM RD
WOODRUFF SC 29388

36-9131
046 008 1958

01 461
RC D18
N

584
DMA E54200

Form Approved
OMB No. 0960-0523

WHOSE Records to be Disclosed

First	Middle	Last
NAME WILLIAM	MARK	CASEY
SSN	Birthday (mm/dd/yy) 1958	
SSA USE ONLY NUMBER HOLDER (if other than above)		
NAME		
SSN		

**AUTHORIZATION TO DISCLOSE INFORMATION TO
THE SOCIAL SECURITY ADMINISTRATION (SSA)**

**** PLEASE READ THE ENTIRE FORM, BOTH PAGES, BEFORE SIGNING BELOW ****

I voluntarily authorize and request disclosure (including paper, oral, and electronic interchange):

OF WHAT All my medical records; also education records and other information related to my ability to perform tasks. This includes specific permission to release:

- All records and other information regarding my treatment, hospitalization, and outpatient care for my impairment(s) including, and not limited to:
 - Psychological, psychiatric or other mental impairment(s) (excludes "psychotherapy notes" as defined in 45 CFR 164.501)
 - Drug abuse, alcoholism, or other substance abuse
 - Sickle cell anemia
 - Human immunodeficiency virus (HIV) infection (including acquired immunodeficiency syndrome (AIDS) or tests for HIV or sexually transmitted diseases)
 - Gene related impairments (including genetic test results)
- Information about how my impairment(s) affects my ability to complete tasks and activities of daily living, and affects my ability to work.
- Copies of educational tests or evaluations, including Individualized Educational Programs, triennial assessments, psychological and speech evaluations, and any other records that can help evaluate function; also teachers' observations and evaluations.
- Information created within 12 months after the date this authorization is signed, as well as past information.

FROM WHOM

- All medical sources (hospitals, clinics, labs, physicians, psychologists, etc.) including mental health, correctional, addiction treatment and VA health care facilities.
- All educational sources (schools, teachers, records administrators, counselors, etc.)
- Social workers/rehabilitation counselors
- Consulting examiners used by SSA
- Employers
- Others who may know about my condition (family, neighbors, friends, public officials)

THIS BOX TO BE COMPLETED BY SSA/DDS (as needed) Additional information to identify the subject (e.g., other names used), the specific source or the material to be disclosed:

Southhills Family Medicine

TO WHOM

The Social Security Administration and to the State agency authorized to process my case (usually called "disability determination services"), including, contract copy services, and doctors or other professionals consulted during the process. (Also, for international claims, to the U.S. Department of State Foreign Service Post.)

PURPOSE

Determining my eligibility for benefits, including looking at the combined effect of any impairments that by themselves would not meet SSA's definition of disability, and whether I can manage such benefits.

☐ Determining whether I am capable of managing benefits ONLY (check only if applies)

EXPIRES WHEN

This authorization is good for 12 months from the date signed (below my signature).

- I authorize the use of a copy (including electronic copy) of this form for the disclosure of the information described above.
- I understand that there are some circumstances where this information may be redisclosed to other parties (see page 2 for details).
- I may write to SSA and my sources to revoke this authorization at any time (see page 2 for details).
- SSA will give me a copy of this form if I ask; I may ask the source to allow me to inspect or get a copy of the material to be disclosed.
- I have read both pages of this form and agree to the disclosures above from the types of sources listed.

INDIVIDUAL authorizing disclosure

IF not signed by subject of disclosure, specify basis for authority to sign
☐ Parent of minor ☐ Guardian ☐ Other personal representative (explain)

SIGN

William M. Casey

(Parent/guardian sign here if two signatures required by State law)

Date signed

Feb 8, 2005

Street Address

240 LIGHTWOOD FARM RD

Phone Number (with area code)
864 486 9131

City

WOODRUFF

State

SC

Zip

29388

WITNESS

I know the person signing this form or am satisfied of this person's identity:

SIGN

[Signature]

IF needed, second witness sign here (e.g., if signed with an "X" above)

SIGN

Phone Number (or Address)

Phone Number (or Address)

This general and special authorization to disclose was developed to comply with the provisions regarding the disclosure of medical, educational, and other information under P.L. 104-191 ("HIPAA"); 45 CFR parts 160 and 164; 42 U.S. Code section 290dd-2; 42 CFR part 2; 38 U.S. Code section 7332; 38 CFR 1.475; 20 U.S. Code section 1232g ("FERPA"); 34 CFR parts 99 and 300; and State law

KING 001982

**Explanation of Form SSA-827,
"Authorization to disclose Information to the Social Security Administration (SSA)"**

We need your written authorization to help get the information required to process your application for benefits, and to determine your capability of managing benefits. Laws and regulations require that sources of personal information have a signed authorization before releasing it to us. Also, laws require specific authorization for the release of information about certain conditions and from educational sources.

You can provide this authorization by signing a Form SSA-827. Federal law permits sources with information about you to release that information if you sign a single authorization to release all your information from all your possible sources. We will make copies of it for each source. A few States, and some individual sources of information, require that the authorization specifically name the source that you authorize to release personal information. In those cases, we may ask you to sign one authorization for each source and we may contact you again if we need you to sign more authorizations.

You have the right to revoke this authorization at any time, except to the extent a source of information has already relied on it to take an action. To revoke, send a written statement to any Social Security Office. If you do, also send a copy directly to any of your sources that you no longer wish to disclose information about you; SSA can tell you if we identified any sources you didn't tell us about. Information disclosed prior to revocation may be used by SSA to decide your claim.

It is SSA's policy to provide service to people with limited English proficiency in their native language or preferred mode of communication consistent with Executive Order 13166 (August 11, 2000) and the Individuals with Disabilities Education Act. SSA makes every reasonable effort to ensure that the information in the SSA 827 is provided to you in your native or preferred language.

IMPORTANT INFORMATION, INCLUDING NOTICE REQUIRED BY THE PRIVACY ACT

All personal information collected by SSA is protected by the Privacy Act of 1974. Once medical information is disclosed to SSA, it is no longer protected by the health information privacy provisions of 45 CFR part 164 (mandated by the Health Insurance Portability and Accountability Act (HIPAA)). SSA retains personal information in strict adherence to the retention schedules established and maintained in conjunction with the National Archives and Records Administration. At the end of a record's useful life cycle, it is destroyed in accordance with the privacy provisions, as specified in 36 CFR part 1228.

SSA is authorized to collect the information on form SSA-827 by sections 205(a), 223 (d)(5)(A), 1614(a)(3)(H)(i), 1631(d)(1) and 1631(e)(1)(A) of the Social Security Act. We use the information obtained with this form to determine your eligibility for benefits, and your ability to manage any benefits received. This use usually includes review of the information by the State agency processing your case and quality control people in SSA. In some cases, your information may also be reviewed by SSA personnel that process your appeal of a decision, or by investigators to resolve allegations of fraud or abuse, and may be used in any related administrative, civil, or criminal proceedings.

Signing this form is voluntary, but failing to sign it, or revoking it before we receive necessary information, could prevent an accurate or timely decision on your claim, and could result in denial or loss of benefits. Although the information we obtain with this form is almost never used for any purpose other than those stated above, the information may be disclosed by SSA without your consent if authorized by Federal laws such as the Privacy Act and the Social Security Act. For example, SSA may disclose:

1. To enable a third party (e.g., consulting physicians) or other government agency to assist SSA to establish rights to Social Security benefits and/or coverage;
2. Pursuant to law authorizing the release of information from Social Security records (e.g., to the Inspector General, to Federal or State benefit agencies or auditors, or to the Department of Veterans Affairs (VA));
3. For statistical research and audit activities necessary to assure the integrity and improvement of the Social Security programs (e.g., to the Bureau of the Census and private concerns under contract with SSA).

Other than the above limited circumstances, SSA will not redisclose without proper prior written consent information (1) relating to alcohol and/or drug abuse as covered in 42 CFR part 2, or (2) from educational records for a minor obtained under 34 CFR part 99 (Family Educational Rights and Privacy Act (FERPA)), or (3) regarding mental health, developmental disability, AIDS or HIV.

We may also use the information you give us when we match records by computer. Matching programs compare our records with those of other Federal, State, or local government agencies. Many agencies may use matching programs to find or prove that a person qualifies for benefits paid by the Federal government. The law allows us to do this even if you do not agree to it.

Explanations about possible reasons why information you provide us may be used or given out are available upon request from any Social Security Office.

PAPERWORK REDUCTION ACT

This information collection meets the requirements of 44 USC §3507, as amended by Section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 10 minutes to read the instructions, gather the facts, and answer the questions.
END OR BRING IN THE COMPLETED FORM TO YOUR LOCAL SOCIAL SECURITY OFFICE. The office is listed under U.S. Government agencies in your telephone directory or you may call Social Security at 1-800-772-1213. You may send comments on our time estimate above to: SSA, 1338 Annex Building, Baltimore, MD 21235-0001. Send only comments relating to our time estimate to this address, not the completed form.

Request sent to:

FOOTHILLS FAMILY MEDICINE
2212 OLD FURNACE ROAD
BOILING SPRINGS SC 29316

RE: WILLIAM M CASEY
SSN: [REDACTED]

RETURN RECORDS BY FAX TO SCDDS AT (866) 868-7952
OR
IF RETURNING BY MAIL, FOLLOW DIRECTIONS BELOW:

MAIL INSTRUCTIONS

Insert this page into the window envelope with the address showing.
THIS PAGE MUST BE ON TOP OF YOUR REPORT.

- Mail report to address in box at right.
- If you are sending reports on more than one person in the same envelope, place this page for each individual on top of his/her records.

PAYMENT INSTRUCTIONS

Complete the information below. We can no longer accept personalized invoices.

AUTHORIZATION - RETURN FOR PAYMENT

Please complete identifying information below. TO ENSURE PAYMENT, THIS FORM MUST BE PLACED ON TOP OF THE MEDICAL EVIDENCE.

- Enter the payment Amount and Provider Signature.
Complete the "Remit To" section below as listed on file with the IRS if this information is different from the "Request Sent To" section above.

Remit To: Foothills Family Med. Amount: \$ 15.00
2212 Old Furnace Road
Boiling Springs, SC 29316

Telephone No.: 844-578-9735

[Signature]
Provider's Signature

- We cannot honor a bill presented more than 45 days after the close of our fiscal year which ends September 30.

THIS PAGE MUST BE ON TOP OF YOUR REPORT.



RQID: 0037465337E54200 SITE: S87 DR: F
SSN: [REDACTED] DOCTYPE: 0001 RF: D CS: f500

AFD/461
Claim No.: E54200
XD (8/04)
BMA: Y

TDN: 0037465337

SSA
S87 SC DDS GREENVILLE
P.O. BOX 8706
LONDON, KY 40742-9915

KING 001984

VITAL SIGNS FLOW SHEET

Ht Date				Ht Date				Ht Date				Ht Date			
Date	Pulse	BP	Temp	R	Wt	Date	Pulse	BP	Temp	R	Wt	BP and/or Weight (			
												Date	BP	Wt	
1/2/93		138/84	98.9		170 3/4	1/2/05	68	116/84		16	185				
4/93					175 1/2	4/5/05	100	154/80		16	187				
11/14/97	80	120/80			179	4/28/05	68	119/84	—	16	184				
2/1/98	88	120/88			175	9/24/05	100	160/104		16	182				
6/6/98	88	112/80			175	12/20/05	100	134/94		16	184				
1/1/99	88	96/68			184	3/13/06	88	134/80		16	188 1/2				
2/1/99	72	125/85			181	6/13/06	80	140/88	—	16	188				
1/1/00	76	110/80			181 1/2										
2/1/00	80	130/80			182										
2/1/00	80	130/82			178 1/2										
1/1/01	76	120/90	99		182										
1/1/01	80	130/82			179										
4/1/02	80	130/90			178										
1/1/02	80	112/78			173										
2/3/03	80	124/88			180										
2/3/03	72	124/84		16	172										
1/1/03	72	122/84		16	171										
12/03	88	134/92		16	179 1/2										
15/03	88	126/94		16	177										
10/04	88	134/96		16	180										
4/04	80	124/86		16	176										
21/04	100	126/94		16	169										
27/04	76	120/76		16	178										
10/04	100	134/94		16	180										
1/19/04	100	124/88		16	177										

William Casey
#10967

R-2-92

KING 001985

ACTIVE IMMUNIZATIONS	VACCINATION DATES					COMMENTS
phtheria, Tetanus, Pertussis Combined	1st	2nd	3rd	4th	5th	
phtheria-Tetanus Toxoids (Pediatric type)	1st	2nd	3rd	4th	5th	
emophilus Influenza B conjugated	1st	2nd	3rd	4th		
leasies, Mumps, Rubella (MMR) Live	1st			2nd		
Polio myelitis Vaccine Oral Trivalent	1st	2nd	3rd	4th		
tanus Diphtheria Toxoids (Adult type)	1st	2nd	3rd	4th	5th	
tanus Toxoid	1st			2nd		

[illegible][illegible][illegible]

IMMU/MED

William Mark Casey
210967

FOIOTYPE PRINT

KING 001986

Date: 9/23/92 Name: Casey, William Chart#: 109107 103

Color	Prot	Bld	WBC	Cast	Bact	CC
Char	Glc	Nit	RBC	Cryst	SXT	Am CF
S.G.	Ket	Uro	Epi	Other	Pen	CB AmC
pH	Bili	Bact	Rare		Tet	F/M GM

Leu Kocytes - 2

Patient: Mark Casey

APPEA	SG	LEUK	NIT	PH	PRO	GLU	KET	URO	BIL	BLOOD	MICRO	ALB	CD	HCG	FOB
CLEAR	1.030	NEG	NEG	5.0-8.5	NEG	NEG	NEG	NORMAL	NEG	NEG	NEG	NEG	NEG	NEG	NEG
Clear	1.030	N	N	6.0	N	N	N	0.2	N	42	—	—	—	—	—

KOH / WET PREP

BACT: — WBC: 0-2 RBC: Rare EPT: — CAST: 1/21 OTHER: 24 mucus

FOOTWILLS FAMILY MEDICINE

KING 001988

Foothills Family Medicine
2212 Old Furnace Rd.
Boiling Springs, SC 29316

William Casey
58 39 m DH Ordered 5 diff. per Dr. Gonda / GP

7

1/21

KING 001989

MBPG Foothills FM Boiling Springs
PATIENT FACE SHEET

03/10/2006

Patient Number : 20713
Name : CASEY, WILLIAM M.
Address :

WOODRUFF, SC 29388

Acct Type : P
Chart No : 17804
Resp Type : 1
Statement Code : 1
Message : Y
Group : A004 MBPG Foothills FM Boiling Springs
Class :
Facility :
Doctor :
Dept/AuxDR :

Soc Sec # :
Home Phone :
Work Phone : (864) 680-5929
Birthdate : /1958
Age : 47
Sex : M
Marital : U
Category :
Type :
Race : CA

Employer
MICHELIN TIRE CORP

Occupation

Acct#
7125

Student Status

Active
XN

Employment Status
Employed full time

Insurance Information

DISABILITY

<u>Insurance</u>	<u>Code</u>	<u>City</u>	<u>Plan</u>	<u>Policy 1</u>	<u>Policy 2</u>	<u>A</u>
BLUECROSS BLUESHIELD SOUTH	BCSC	BLUE	MGU	MIH251022977		Y

<u>Subscriber Name</u>	<u>Subscriber DOB</u>	<u>Relation to Patient</u>
CASEY, WILLIAM M	/1958	1 - Male Subscriber

<u>PCP Group</u>	<u>PCP Doctor</u>	<u>Effective Dates</u>	<u>Type</u>	<u>Comment</u>

<u>Responsible</u>	<u>First Name</u>	<u>Type</u>	<u>ID#</u>	<u>Active</u>
CASEY	WILLIAM	1 SELF	20713	Y

<u>Refer By Doctor</u>	<u>Facility</u>	<u>Source</u>	<u>Date</u>	<u>Comment</u>
GONDA MD, FRANK	MBPG Foothills FM		10/19/2004	
GONDA MD, FRANK	MBPG Foothills FM		10/26/2004	
GONDA MD, FRANK	MBPG Foothills FM		10/26/2004	
GONDA MD, FRANK	MBPG Foothills FM		10/26/2004	
GONDA MD, FRANK	MBPG Foothills FM		10/26/2004	
GONDA MD, FRANK	MBPG Foothills FM		04/05/2005	
GONDA MD, FRANK	MBPG Foothills FM		04/05/2005	
GONDA MD, FRANK	MBPG Foothills FM		04/05/2005	
GONDA MD, FRANK	MBPG Foothills FM		04/05/2005	

<u>ID#</u>	<u>Case</u>	<u>First Name</u>	<u>Resp</u>	<u>Acc Date</u>	<u>Type</u>

Name: William M. Casey Chart No.: 210707 Foothills Family Medicine

Problem List			Medication List		
A	Health Maintenance		#720	Ultram 5mg 2 bid	11/97
B	Low Hx CAD	1/98		~~Lorab 5.0 420/mk~~	
C	Nicotine Abuse	8/98		Zanaflex 4mg 2 qhs	4/01
D	Chronic LBP	8/98	#30	Viagra 100mg	9/01
E	Dyslipidemia	8/98		~~Aspirin~~	6/03 8/03
F	Low Hx D.M.	1/98		~~Effortel XR 15mg~~	8/03 1/04
G	Erectile Dysfunction	9/01		~~Proscar 10/500 b.i.d~~	8/03 9/03
H	Depression	4/03		Lorab 10/500 2 bid	9/03
I	Hypertension			~~Beta 10mg 20mg~~	9/03
J	Anxiety disorder			~~Effortel 5mg 10mg~~	7/04 4/04
K	Hypertriglyceridemia			~~Effortel 5mg 10mg~~	5/06
				~~Effortel 10mg 15/500~~	9/04 11/04
				~~Effortel 20mg 20/500~~	11/04 9/05
				Adderall XR 20mg 2	6/05
				Prozac 7.5mg 2 bid	4/05
				Triptan 15mg qhs	5/05
				Remeron (mirtazapine)	9/05
				Ambien 10mg qhs	9/05
				Hytonin 10/40	5/06

HEALTH MAINTENANCE GUIDE																	Allergies
YEAR	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	N/A 9/10
IHA																	
Pap Smear																	
Mammogram																	
Sigmoidoscopy																	
Hemoccult X 3																	
Vaccine																	
Pneumovax																	
Hepatitis																	
DT																	

983-L-1-902

FFM/L-1/cpn

KING 001991

ALLERGIES, ADVERSE REACTIONS

NKDP

ACUTE SELF-LIMITED PROBLEMS

[illegible][illegible]

L-1-86

PROBLEM LIST

KING 001992

FOOTHILLS FAMILY MEDICINE

NAME: William Mark Casey

AGE: 39 ~~44~~ 46

DATE: Nov 19, 1997

Thank you for helping us keep your medical history up to date. If you feel uncomfortable answering any of these questions, leave it blank. Your nurse will be happy to help you complete this form.

ALLERGIES:

None NKDA 12/3/03

MEDICAL HISTORY

List your hospitalizations, operations and major illnesses

1990?	hemorrhoid surgery
2004	bronchoscopy 2002? Tobs in lung
19	
19	
19	
19	
19	
19	

MEDICATIONS:

List all the medication you take

Ultram
Viagra
Aspirin

YOUR FAMILY'S HEALTH

First Name Only

Age

Health Problems?

If deceased list age and cause of death

Check where you or members of your family have had the following problems:

Father	Julian			72 - Heart Attack	A family member has had
Mother	Linda	71	open heart surg, diabetes, cerebral surgery		I have had
Bothers and Sisters	Tom	42			Alcoholism
	Carol	40			Anemia
	Gregg	36			Asthma
					Bleeding problems
Daughters	Donna	38			Cancer, tumors
					Chicken pox
					Diabetes
					Drug abuse
Children	Travis	14			Depression
	Kriston	11			Eczema, hives, rashes
					Epilepsy, seizures
					Eye problems

WORK HISTORY

I am (✓) - Working now () - Unemployed () - Retired

What type of work do you do?

Machine Operator - Tire Builder

Are you exposed to any hazards at work? yes

What kind of hazards?

Repetitive motion - working on concrete floor 12 hrs

Current employer:

Michellin

HEALTH HABITS

Do you smoke? Yes (✓) No ()

How many packs per day? Less than 1/2 pack

Do you chew tobacco or use snuff? Yes () No (✓)

Do you drink alcohol? Yes (✓) No ()

What kind? Beer

How much? 6 pack a month

Do you use Drugs? Yes () No (✓)

Do you exercise regularly? Yes (✓) No ()

Do you use your seat belt? Yes (✓) No ()

IMMUNIZATIONS

Check the immunizations you have had and the year received

Tetanus	19
Pneumonia	18
Influenza	19
Rubella	19
Measles	19
Other	19

Heart disease	✓
Hepatitis	
High blood pressure	✓
Kidney, bladder problems	
Liver disease, jaundice	
Lung disease	
Mental illness	
Mumps measles	
Phlebitis	
Rheumatic fever	
Rubella	
Stroke	✓
Suicide attempt	
Thyroid disease	✓
Stomach ulcers	
Tuberculosis	
Veneral disease	
Other	

PHOTOCOPY PRINTING
L-7

KING 001993



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

Phone: 888-200-5439

SPECIMEN TYPE PRIMARY LAB REPORT STATUS
164-536-0150-0 S BN COMPLETE Page #: 1

ADDITIONAL INFORMATION

SS#: [REDACTED]

17804

FASTING: Y

PHONE:

DOB: [REDACTED] /1958

PATIENT NAME

SEX

AGE(YR./MOS.)

CASEY, WILLIAM M

M

47 / 7

PT. ADDR:

WOODRUFF

SC

29388-0000

DATE OF COLLECTION TIME

DATE RECEIVED

DATE REPORTED

TIME

6/13/2006

11:06

6/13/2006

6/14/2006

5:41

6785

CLINICAL INFORMATION

CD-20236206349

PHYSICIAN ID.

PATIENT ID.

GONDA F

20713

ACCOUNT: Foothills Family Medicine

Drs Durham And Gonda

2212 Old Furnace Rd

Boiling Springs

SC

29316-0000

ACCOUNT NUMBER: 39110130

TEST

RESULT

LIMITS

LAB

Lipid Panel With LDL/HDL Ratio

Cholesterol, Total

159 mg/dL

100 - 199

BN

> Triglycerides

193 → 288 H mg/dL

0 - 149

BN

> HDL Cholesterol

26 L mg/dL

40 - 59

BN

> VLDL Cholesterol Calc

58 H mg/dL

5 - 40

> LDL Cholesterol Calc

75 H mg/dL

0 - 99

LDL/HDL Ratio

2.9 ratio units

0.0 - 3.6

LDL/HDL

Men Women

1/2 Avg.Risk 1.0 1.5

Avg.Risk 3.6 3.2

2X Avg.Risk 6.3 5.0

3X Avg.Risk 8.0 6.1

0 - 55

BN

ALT (SGPT)

30

IU/L

LAB: BN LabCorp Burlington

DIRECTOR: Frank Hancock MD

1447 York Court, Burlington, NC 27215-2230

*Pl. notified
6/14/06*

*Trigs not as good
HDL still low
cont meds
work on diet a
wt loss
6/14/06*

Patient Name: CASEY, WILLIAM M

Patient ID: 20713

Spec #: 164-536-0150-0

Seq #: 6785

Results are Flagged in Accordance with Age Dependent Reference Ranges

Last Page of Report

KING 001994



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

Phone: 888-200-5439

SPECIMEN TYPE PRIMARY LAB REPORT STATUS
102-536-0784-0 S BN COMPLETE Page #: 1

ADDITIONAL INFORMATION

SSN: [REDACTED]

17804

FASTING: Y

DOB: [REDACTED] 1958

PHONE: [REDACTED]

PATIENT NAME SEX AGE(YR./MOS.)
CASEY, WILLIAM M M 47 / 5

PT. ADDR: WOODRUFF SC 29388-0000

DATE OF COLLECTION TIME DATE RECEIVED DATE REPORTED TIME
4/12/2006 10:36 4/12/2006 4/13/2006 5:41 6151

CLINICAL INFORMATION

CD-20236205741

PHYSICIAN ID. PATIENT ID.
GONDA F 20713

ACCOUNT: Foothills Family Medicine
Drs Durham And Gonda
2212 Old Furnace Rd
Boiling Springs SC 29316-0000
ACCOUNT NUMBER: 39110130

TEST	RESULT	LIMITS	LAB
Lipid Panel With LDL/HDL Ratio			
> Cholesterol, Total	229 135 ✓ mg/dL	100 - 199	BN
> Triglycerides	565 ⇒ 193 H mg/dL	0 - 149	BN
> HDL Cholesterol	35 26 L mg/dL	40 - 59	BN
VLDL Cholesterol Cal	39 mg/dL	5 - 40	
LDL Cholesterol Calc	70 ✓ mg/dL	0 - 99	
LDL/HDL Ratio	2.7 ratio units	0.0 - 3.6	
		LDL/HDL	
		Men Women	
		1/2 Avg. Risk 1.0 1.5	
		Avg. Risk 3.6 3.2	
		2X Avg. Risk 6.3 5.0	
		3X Avg. Risk 8.0 6.1	
ALT (SGPT)	20 ✓ IU/L	0 - 55	BN

LAB: BN LabCorp Burlington
1447 York Court, Burlington, NC 27215-2230

DIRECTOR: Frank Hancock MD

#1 LDL
#2 TG
#3 HDL

4/13/06
Lm RC JH
4/14/06
Ptnout JH

Lipids better
HDL still low
can try exercise
& red wine

cont Vytorin 10/40
Tg's #50/f
lab 2 months

CRS
Rdville

Pat Name: CASEY, WILLIAM M Pat ID: 20713 Spec #: 102-536-0784-0 Seq #: 6151

Results are Flagged in Accordance with Age Dependent Reference Ranges
Last Page of Report

4/17/06 7

KING 001995



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

Phone: 888-200-5439

SPECIMEN TYPE PRIMARY LAB REPORT STATUS
072-536-0713-0 S BN COMPLETE Page #: 1

ADDITIONAL INFORMATION SS#:

17804
PHONE: FASTING: Y
DOB: /1958
PATIENT NAME SEX AGE(YR./MOS.)
CASEY, WILLIAM M M 47 / 4
PT. ADDR: WOODRUFF SC 29388-0000

DATE OF COLLECTION TIME DATE RECEIVED DATE REPORTED TIME
3/13/2006 11:06 3/13/2006 3/14/2006 5:39 5829

CLINICAL INFORMATION

CD- 20236205434

PHYSICIAN ID. PATIENT ID.
GONDA F 20713

ACCOUNT: Foothills Family Medicine
Drs Durham And Gonda
2212 Old Furnace Rd
Boiling Springs SC 29316-0000
ACCOUNT NUMBER: 39110130

TEST	RESULT	LIMITS	LAB
Lipid Panel With LDL/HDL Ratio			
> Cholesterol, Total	229 H mg/dL	100 - 199	BN
> Triglycerides	565 H mg/dL	0 - 149	BN
> HDL Cholesterol	35 L mg/dL	40 - 59	BN
VLDL Cholesterol Cal	mg/dL	5 - 40	
The calculation for the VLDL cholesterol is not valid when triglyceride level is >400 mg/dL.			
LDL Cholesterol Calc	mg/dL	0 - 99	
Triglyceride result indicated is too high for an accurate LDL cholesterol estimation.			
LDL/HDL Ratio	ratio units	0.0 - 3.6	
Unable to calculate result since non-numeric result obtained for component test.			

		LDL/HDL	
		Men	Women
1/2 Avg. Risk	1.0	1.5	
Avg. Risk	3.6	3.2	
2X Avg. Risk	6.3	5.0	
3X Avg. Risk	8.0	6.1	
	0 - 55		BN

ALT (SGPT) 18 IU/L

LAB: BN LabCorp Burlington
1447 York Court, Burlington, NC 27215-2230

DIRECTOR: Frank Hancock MD

3/14/06
Pharmacist

meds not working,
or have we not been
taking them.

cont Tricor
D/L Lipitor
Begin Vytorin 10/40

+ 3d
28 samples by 4/4/06

Pat Name: CASEY, WILLIAM M

Pat ID: 20713

Spec #: 072-536-0713-0

Seq #: 5829

Results are Flagged in Accordance with Age Dependent Reference Ranges
Last Page of Report

KING 001996



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

Phone: 888-200-5439

SPECIMEN TYPE PRIMARY LAB REPORT STATUS
354-536-0809-0 S BN COMPLETE Page #: 1

ADDITIONAL INFORMATION

SS#

17804

FASTING: Y

PHONE: ()

DOB: /1958

PATIENT NAME SEX AGE(YR./MOS.)
CASEY, WILLIAM M M 47 / 1

PT. ADDR:

WOODRUFF SC 29388-0000

DATE OF COLLECTION TIME DATE RECEIVED DATE REPORTED TIME
12/20/2005 10:00 12/20/2005 12/21/2005 5:43 5099

CLINICAL INFORMATION

CD- 20236204724

PHYSICIAN ID. PATIENT ID.
GONDA F 20713

ACCOUNT: Foothills Family Medicine
Drs Durham And Gonda
2212 Old Furnace Rd
Boiling Springs SC 29316-0000

ACCOUNT NUMBER: 39110130

TEST	RESULT	LIMITS	LAB
Lipid Panel With LDL/HDL Ratio			
Cholesterol, Total	137 → 171 mg/dL	100 - 199	BN
> Triglycerides	245 → 252 H mg/dL	0 - 149	BN
> HDL Cholesterol	30 → 33 L mg/dL	40 - 59	BN
> VLDL Cholesterol Calc	50 H mg/dL	5 - 40	
LDL Cholesterol Calc	108 → 88 mg/dL	0 - 99	
LDL/HDL Ratio	2.7 ratio units	0.0 - 3.6	
LDL/HDL			
Men Women			
1/2 Avg. Risk 1.0 1.5			
Avg. Risk 3.6 3.2			
2X Avg. Risk 6.3 5.0			
3X Avg. Risk 8.0 6.1			
ALT (SGPT)	19 ✓ IU/L	0 - 55	BN

LAB: BN LabCorp Burlington
1447 York Court, Burlington, NC 27215-2230

DIRECTOR: Frank Hancock MD

12/22/05
IMRC JA
d
PRC MJD

1711 #5 better
x trig - 100 pts
cont work, diet
exercise

12/21/05 J

Pat Name: CASEY, WILLIAM M Pat ID: 20713 Spec #: 354-536-0809-0 Seq #: 5099

Results are Flagged in Accordance with Age Dependent Reference Ranges
Last Page of Report

KING 001997



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

Phone: 888-200-5439

SPECIMEN TYPE PRIMARY LAB REPORT STATUS
179-536-0344-0 S BN COMPLETE Page #: 1

ADDITIONAL INFORMATION

17804 FASTING: Y
PHONE: 1 DOB: 1958
PATIENT NAME SEX AGE(YR/MOS.)
CASEY, WILLIAM M 46 / 7
PT. ADD:

CLINICAL INFORMATION

CD- 20236203231

PHYSICIAN ID. PATIENT ID.
GONDA F 217804-WC

ACCOUNT: Foothills Family Medicine
Drs Durham And Gonda
2212 Old Furnace Rd
Boiling Springs SC 29316-0000
ACCOUNT NUMBER: 39110130

DATE OF SPECIMEN TIME DATE RECEIVED DATE REPORTED TIME
6/28/2005 9:01 6/28/2005 6/29/2005 5:44 3542

TEST	RESULT	LIMITS	LAB
Lipid Panel With LDL/HDL Ratio			
Cholesterol, Total	184 → 187 mg/dL	100 - 199	BN
> Triglycerides	507 → 245 H mg/dL	0 - 149	BN
> HDL Cholesterol	29 → 30 L mg/dL	40 - 59	BN
> VLDL Cholesterol Cal	49 H mg/dL	5 - 40	
> LDL Cholesterol Calc	3 → 108 H mg/dL	0 - 99	

Comment

If initial LDL-cholesterol result is >100 mg/dL, assess for risk factors and refer to the ATP-III table below.

Risk Category LDL Goal LDL Level (mg/dL) LDL Level (mg/dL)
mg/dL at which to initiate at which to
Therapeutic Lifestyle consider Drug
Changes (TLC) Therapy

CHD	<100	>100	>or=130
2+ Risk Factors	<130	>or=130	>or=130
0-1 Risk Factors	<160	>or=160	>or=190
LDL/HDL Ratio	3.6	ratio units	0.0 - 3.6
			LDL/HDL
			Men Women
			1/2 Avg. Risk 1.0 1.5
			Avg. Risk 3.6 3.2
			2X Avg. Risk 6.3 5.0
			3X Avg. Risk 8.0 6.1

ALT (SGPT)

18 IU/L

0 - 55 BN

Please note reference interval change

LAB: BN LabCorp Burlington
1447 York Court, Burlington, NC 27215-2230

DIRECTOR: Frank Hancock MD

6/29/05

Phone Disc JH
7-505
ph not f JH

Lipids improved
with Lipitor &
Tricore
Flu 3mths
6/29/05 J

Pat Name: CASEY, WILLIAM Pat ID: 217804-WC Spec #: 179-536-0344-0 Seq #: 3542

Results are Flagged in Accordance with Age Dependent Reference Ranges

Last Page of Report

KING 001998



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

Phone: 888-200-5439

SPECIMEN TYPE PRIMARY LAB REPORT STATUS
131-536-0502-0 S BN COMPLETE Page #: 1

ADDITIONAL INFORMATION

17804 FASTING: Y
PHONE: DOB: 1/1958
PATIENT NAME SEX AGE(YR./MOS.)
CASEY, WILLIAM M 46 / 6
PT. ADD:

CLINICAL INFORMATION

CD- 20236202829
PHYSICIAN ID. GONDA F
PATIENT ID. 217804-WC
ACCOUNT: Foothills Family Medicine
Drs Durham And Gonda
2212 Old Furnace Rd
Boiling Springs SC 29316-0000
ACCOUNT NUMBER: 39110130

DATE OF SPECIMEN TIME DATE RECEIVED DATE REPORTED TIME
5/11/2005 8:40 5/11/2005 5/12/2005 5:43 3125

TEST	RESULT	LIMITS	LAB
Lipid Panel With LDL/HDL Ratio			
Cholesterol, Total	184 mg/dL	100 - 199	BN
> Triglycerides	507 H mg/dL	0 - 149	BN
> HDL Cholesterol	29 L mg/dL	40 - 59	BN
VLDL Cholesterol Cal	mg/dL	5 - 40	
The calculation for the VLDL cholesterol is not valid when triglyceride level is >400 mg/dL.			
LDL Cholesterol Calc	mg/dL	0 - 99	
Triglyceride result indicated is too high for an accurate LDL cholesterol estimation.			
LDL/HDL Ratio	ratio units	0.0 - 3.6	
Unable to calculate result since non-numeric result obtained for component test.			

LDL/HDL		
	Men	Women
1/2 Avg. Risk	1.0	1.5
Avg. Risk	3.6	3.2
2X Avg. Risk	6.3	5.0
3X Avg. Risk	8.0	6.1
	0 - 40	BN

ALT (SGPT)

23 IU/L

LAB: BN LabCorp Burlington
1447 York Court, Burlington, NC 27215-2230

DIRECTOR: Frank Hancock MD

5/13/05
Lm to Call Back
5/16/05
pt. not up
JH

No improvement in
Trigs + HDL.
Got to diet + exercise.
Lost Lipitor but 4mg
1/2 82.
Add Tricore 145mg 8 PM
#28 samples
Lab in 4 wks
5/13/05 J

Pat Name: CASEY, WILLIAM Pat ID: 217804-WC Spec #: 131-536-0502-0 Seq #: 3125

Results are Flagged in Accordance with Age Dependent Reference Ranges
Last Page of Report

KING 001999

Laboratory Corporation of America

SPECIMEN TYPE PRIMARY LAB REPORT STATUS
293-536-0800-0 S BN COMPLETE Page #: 1

ADDITIONAL INFORMATION

PHONE: FASTING: Y DOB: 11/1958
PATIENT NAME SEX AGE(YR/MOS.)
CASEY, WILLIAM M 45 / 11
PT. ADDR:

DATE OF SPECIMEN TIME DATE RECEIVED DATE REPORTED TIME
10/19/2004 9:55 10/19/2004 10/20/2004 5:45 1276

CLINICAL INFORMATION

CD- 20236202221

PHYSICIAN ID. PATIENT ID.
GONDA F 217804-WC
ACCOUNT: FOOTHILLS FAMILY MEDICINE
DRS DURHAM AND GONDA
2212 Old Furnace Rd
Boiling Springs SC 29316-0000
ACCOUNT NUMBER: 39110130

TEST	RESULT	LIMITS	LAB
Lipid Panel With LDL/HDL Ratio			
Cholesterol, Total	204 → 189 ✓ mg/dL	100 - 199	BN
> Triglycerides	314 → 347 H mg/dL	0 - 149	BN
> HDL Cholesterol	29 → 41 → 30 L mg/dL	40 - 59	BN
> VLDL Cholesterol Cal	69 H mg/dL	5 - 40	
LDL Cholesterol Calc	100 → 90 ✓ mg/dL	0 - 99	
LDL/HDL Ratio	3.0 ratio units	0.0 - 3.6	
		LDL/HDL	
		Men Women	
		1/2 Avg. Risk	1.0 1.5
		Avg. Risk	3.6 3.2
		2X Avg. Risk	6.3 5.0
		3X Avg. Risk	8.0 6.1
ALT (SGPT)	34 ✓ IU/L	0 - 40	BN

LAB: BN LabCorp Burlington
1447 York Court, Burlington, NC 27215-2230

DIRECTOR: Frank Hancock MD

10-2304
P. H. H.

T.C & LDL good
↑ trig & ↓ HDL
must wait a while +
some more
Lipitor
10/22/24 F

Results are Flagged in Accordance with Age Dependent Reference Ranges
Last Page of Report

KING 002000

28Jul 2004 18:41 FROM:LABCORP PG
TO: DR.GONDA ATTN:JANICE/LA

TO:18645787898

ORP
Foothills Family Medicine

PAGE 001

Specimen ID: 209-536-0398-0 R BN Final Pg 1
Time 0942
DOB: [REDACTED] /58 Fasting: Y
CD- 20236201421
GONDA 217804-WC
Foothills Family Medicine 39110130
Drs Durham And Gonda
2212 Old Furnace Rd
Boiling Springs, SC 29316
864-578-9735
UPIN: D17701
Date of Birth: 07/27/04 Date of Service: 07/27/04 Date of Report: 07/28/04 0425

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
Lipid Panel With LDL/HDL Ratio					
Cholesterol, Total	238 → 204	H	mg/dL	100 - 199	BN
Triglycerides	428 → 314	H	mg/dL	0 - 149	BN
HDL Cholesterol	24 → 41		mg/dL	40 - 59	BN
LDL Cholesterol Cal	63	H	mg/dL	5 - 40	
LDL Cholesterol Calc	8 → 100	H	mg/dL	0 - 99	

Comment

If initial LDL-cholesterol result is >100 mg/dL, assess for risk factors and refer to the ATP-III table below.

Risk Category	LDL Goal mg/dL	LDL Level (mg/dL) at which to initiate Therapeutic Lifestyle Changes (TLC)	LDL Level (mg/dL) at which to consider Drug Therapy

CHD	<100	>100	>or=130
2+ Risk Factors	<130	>or=130	>or=130
0-1 Risk Factors	<160	>or=160	>or=190
LDL/HDL Ratio	2.4	ratio units	0.0 - 3.6
			LDL/HDL
			Men Women
		1/2 Avg.Risk	1.0 1.5
		Avg.Risk	3.6 3.2
		2X Avg.Risk	6.3 5.0
		3X Avg.Risk	8.0 6.1
ALT (SGPT)	23 ✓	IU/L	0 - 40 BN

Lab: BN LabCorp Burlington Director: Frank Hancock, MD
1447 York Court Burlington, NC 27215-2230

For inquiries, the physician may contact: Branch: 800-762-4344 Lab: 888-200-5439
Last Page of Report

8/2/04 - notified pt
- called in Lipitor
#3012
Tqd ✓

Lipids improved
cont. Lipitor 20mg qd
work on diet
Flu 3 months

C/S
7/28/04 F

This document contains private and confidential health information protected by state and federal law. If you have received this document in error, please call 800-762-4344
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Casey, William Report Date: 07/28/04 Report Time: 10:20 ET All Rights Reserved

KING 002001

07070894

864-578-9735

GONDA, FRANK
FOOTHILLS FAMILY MEDICINE
2212 OLD FURNACE RD.
ING SPRINGS SC 29316-0000



LABORATORY REPORT

Patient Name: CASEY, WILLIAM Patient ID/Hospital ID: 217804-WC Room No.: Age: 45 Sex: M Physician: GONDA, FRANK
 Registration No.: 0865716 Accession No.: AT228586W Lab Ref No.: 0865716 Collection Date & Time: 05/04/2004 09:33 Log-in Date: 05/04/2004 Report Date & Time: 05/05/2004 07:00
 PASTING

SS#:

Report Status	Test	Result	Units	Reference Range	Site Code
FINAL		In Range: Out of Range			
PATIENT DATE OF BIRTH: /1958					
LIPID PANEL					
	TRIGLYCERIDES	408 H	MG/DL	<150	AT
	CHOLESTEROL, TOTAL	238 H	MG/DL	<200	AT
	HDL CHOLESTEROL	29 L	MG/DL	> OR = 40	AT
	LDL-CHOLESTEROL		MG/DL (CALC)	<130	AT
LDL CHOLESTEROL NOT CALCULATED. TRIGLYCERIDE LEVELS GREATER THAN 400 MG/DL INVALIDATE LDL RESULTS.					
	CHOL/HDLR RATIO	8.2 H	(CALC)	<5.0	AT
		14	U/L	2-60	AT
AT Indicates testing site: QUEST DIAGNOSTICS-ATLANTA 1777 MONTREAL CIRCLE TUCKER GA 30084 (770) 934-9205 WILLIAM M MILLER, MD >> END OF REPORT <<					

Lipids terrible
Begin Lipitor 20mg
+ 5AM #28 samples
Lab in 4 hrs
5/5/04

5-5-04
pt not tied

KING 002002

07070894

864-578-9735

GONDA, FRANK
FOOTHILLS FAMILY MEDICINE
2212 OLD FURNACE RD.
NG SPRINGS SC 29316-0000



LABORATORY REPORT

Patient Name: CASEY, WILLIAM Patient ID/Hospital ID: 217804-WC Room No.: Age: 45 Sex: M Physician: GONDA, FRANK

Page: 1 Requisition No.: 0865088 Accession No.: AT115967U Lab Ref No.: 0865088 Collection Date & Time: 02/10/2004 10:19 Log-in Date: 02/10/2004 Report Date & Time: 02/11/2004 06:00

Remarks:
NONFASTING

SS#:

Report Status	Test	Result	Units	Reference Range	Site Code
FINAL		In Range Out of Range			
PATIENT DATE OF BIRTH: /1958					
LIPID PANEL					
TRIGLYCERIDES		511 H	MG/DL	<150	AT
CHOLESTEROL, TOTAL		242 H	MG/DL	<200	AT
HDL CHOLESTEROL		26 L	MG/DL	> OR = 40	AT
LDL-CHOLESTEROL			MG/DL (CALC)	<130	AT
LDL CHOLESTEROL NOT CALCULATED. TRIGLYCERIDE LEVELS GREATER THAN 400 MG/DL INVALIDATE LDL RESULTS.					
CHOL/HDLRATIO		9.3 H	(CALC)	<5.0	AT
		20 ✓	U/L	2-60	AT

AT Indicates testing site: QUEST DIAGNOSTICS-ATLANTA
1777 MONTREAL CIRCLE
TUCKER GA 30084
(770) 934-9205
WILLIAM M MILLER, MD

>> END OF REPORT <<

2/12/04
A/N to E/C
D/M

2-18-04

Pt. Notified

Info
mailed

Lipids terrible esp
↑ trig & ↓ HDL
Low fat diet
↑ exercise - 3x per wk
can do this if can play
golf.
↓ 15 26.

Repeat 3-6 months
2/11/04

KING 002003

Specimen # 53-497-10027-01
 ME 0805
 Type BN
 Primary Lab FINE
 Patient Information
 DOB: [REDACTED] 1/58
 FASTING N
 Sex M Age (Y-Mo) 042/10
 Asey, William M
 Address 7
 UCDRUFF SC 29362
 Date Collected 5/07/01 Date Entered 09/10/01 Date Reported 09/13/01 3438

LabCorp®

Physician ID GONDA F Patient ID 10567
 Account PIN: D17701
 Foothills Family Medicine 39110130
 DRB DURHAM AND GONDA 42
 2212 OLD FURNACE RD 42
 BOILING SPRINGS, SC 29316-
 864-578-9735 SC6

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
STOSTERONE, FREE AND TOTAL estosterone, Serum	248 / 200 NL		ng/dL	241 - 827	BN
			Male Female		
1-5 mons.	1 - 177		1 - 5		
6-11 mons.	2 - 7		2 - 5		
1-5 yrs.	0 - 10		0 - 10		
6-7 yrs.	0 - 20		0 - 10		
8-10 yrs.	0 - 25		0 - 30		
11-12 yrs.	0 - 350		0 - 50		
13-15 yrs.	15 - 500		0 - 50		
Adult	241 - 827		14 - 75		
Free Testosterone (Direct)	14.8 NL		pg/mL	6.8 - 21.5	BN

LAB: BN LABCORP BURLINGTON DIRECTOR: FRANK HANCOCK, MD
 1447 YORK COURT BURLINGTON, NC 27215-2230

IF YOU HAVE ANY QUESTIONS CONTACT - BRANCH: 864-232-0636 LAB: 888-200-5439
 LAST PAGE OF REPORT

9/14/01
 Dms to 110
 @ 12:20 PM not

9/14/01
 photofac
 PH not

Low total test. level
 55 Viagra fails, can
 try hormone replacement
 9/13/01

REPORT

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KING 002004

00070894 33-578-9735
 GONDA, FRANK
 2212 OLD FURNACE RD.
 ANSBURG SC 29303

SB SmithKline Beecham
 Clinical Laboratories

LABORATORY REPORT

Patient Name CASEY, WILLIAM		Patient ID/Accession ID 210967-WC		Room No.	Age 39	Sex M	Physician GONDA, FRANK
Page 1	Requestion No. 0849513	Accession No. AT841799X	Lab Ref No. 0849513	Collection Date & Time 01/21/98 10:05	Log-in Date 01/21/98	Report Date & Time 01/22/98 08:00	

Remarks

Report Status	Test	Result In Range Out of Range	Units	Reference Range	Site Code
FINAL					
PROFILE 26385					
CHEM 3					
GLUCOSE	92		MG/DL	70-115	AT
TRIGLYCERIDES	299 H		MG/DL	<200	
CHOLESTEROL, TOTAL	239 H		MG/DL	<200	
HDL-CHOLESTEROL	22 L		MG/DL	> 34	AT
LDL PROFILE WITH RATIO					
LDL-CHOLESTEROL	152 H		MG/DL (CALC)	0-130	AT
CHOL/HDL RATIO	10.86 H		(CALC)	<4.98	
CORONARY RISK FACTOR	2.09 X AVG RISK				

'AT' refers to site: SMITHKLINE BEECHAM CLINICAL LABORATORIES
 1777 MONTREAL CIRCLE
 TUCKER GA 30084
 770-934-9200
 W. M. MILLER, MD

>> END OF REPORT <<

1/26/98 - pt. notified
 to pick up OTC Niacin

Profile is abnormal
 ↑ Triglyc.
 ↑ Total Cholest
 ↓ HDL

means ↑ risk of CAD

Begin OTC Niacin
 Pick up handout

1/23/98

KING 002005

00070894 578-9735
 GONDA, FRANK
 2212 OLD FURNACE RD.
 ANDERSON, SC 29303

SB SmithKline Beecham
 Clinical Laboratories

LABORATORY REPORT

Patient Name CASEY, WILLIAM		Patient ID/Hospital ID 210967-NC		Room No.	Age 39	Sex M	Physician GONDA, FRANK
Page 1	Registration No. 0849194	Accession No. AT884E21W	Lab Ref No. 0849194	Collection Date & Time 11/14/97 12:14G		Log-In Date 11/14/97	Report Date & Time 11/15/97 16:00

Remarks

11/17/97 Jeff Hossing PDW - contacted pt PDW

Report Status	Test	Result In Range Out of Range	Units	Reference Range	Stat Code
FINAL	PROFILE 5498				
	URIC ACID	5.7 ✓	MG/DL	4.0-8.5	AT
	SED RATE BY MODIFIED WESTERGREN	7 ✓	MM/HR	< OR = 15	AT
	ANTINUCLEAR ANTIBODIES	<1:40 ✓	TITER		AT
	REFERENCE RANGE:				
	<1:40	NEGATIVE			
	1:40 - 1:80	LOW ANTIBODY LEVEL			
	>1:80	ELEVATED ANTIBODY LEVEL			
	RHEUMATOID FACTOR	<25 ✓	IU/ML		AT
	REFERENCE RANGE:				
	0 - 39	NEGATIVE			
	40 - 79	WEAKLY REACTIVE			
	> OR = 80	POSITIVE			

'AT' refers to site: SMITHKLINE BEECHAM CLINICAL LABORATORIES
 1777 MONTREAL CIRCLE
 TUCKER GA 30084
 770-934-9200
 W. M. MILLER, MD

>> END OF REPORT <<

All Labs OK
 cont ultram
 proceed w/ x-rays

11/17 Z

KING 002006

258-251-0004		FINAL PG 1		Roche Biomedical Laboratories a subsidiary of Hoffmann-La Roche Inc.	
1115ST				DOB: /58	
PATIENT NAME		SEX	AGE (Y/M/D)	PHYSICIAN ID.	
CASEY, WILLIAM		M	033/10	GONDA	
DATE OF SPECIMEN		DATE ENTERED	DATE REPORTED	PATIENT ID.	
03/24/92		03/24/92	03/25/92	10967	
TEST		RESULT		LIMITS	
P-42721 MC+THY A+CBC/DF		5600		391071	
T. CHOL/HDL RATIO		8.9		34	
				34	
				SCG	
				SCG	

*T. CHOL/HDL RATIO
MEN 3.4 WOMEN 3.3
1/2 AVERAGE RISK 3.4 3.3
AVERAGE RISK 5.0 4.4
2X AVERAGE RISK 9.6 7.1
3X AVERAGE RISK 23.4 11.0

*ESTIMATED CHD RISK 1.7 TIMES AVERAGE
NOTE: OTHER FACTORS AFFECT CHD RISK SUCH AS HYPERTENSION, SMOKING, DIABETES, SEVERE OBESITY, AND FAMILY HISTORY OF PREMATURE CHD.

LDL/HDL RATIO
CALCULATION NOT PERFORMED DUE TO NON-NUMERIC VALUE ENTERED FOR NEEDED TESTS

MEN 1.00 WOMEN 1.47
1/2 AVERAGE RISK 1.00 1.47
AVERAGE RISK 3.55 3.22
2X AVERAGE RISK 6.25 5.03
3X AVERAGE RISK 7.99 6.14

OSMOLALITY (CALCULATED) 291 MOSM/KG 275 - 295
HDL CHOLESTEROL 26 LD MG/DL 30 - 65
VLDL CHOLESTEROL (CALCULATED) 5 - 40
THE CALCULATION FOR THE VLDL CHOLESTEROL IS NOT VALID WHEN TRIGLYCERIDE LEVEL IS GREATER THAN 400 MG/DL.
LDL CHOLESTEROL (CALCULATED) 0 - 129
TRIGLYCERIDE RESULT INDICATED IS TOO HIGH FOR AN ACCURATE BETA CHOLESTEROL ESTIMATION.
BUN/CREATININE RATIO 15

BONE				ELECTROLYTES				HEART				LIVER				LIPIDS			
Calcium mg/dl (8.5-10.0)	Phosphorus mg/dl (2.5-4.5)	Sodium mEq/L (135-145)	Potassium mEq/L (3.5-5.5)	Chloride mEq/L (94-108)	LDH U/L (100-250)	AST (SGOT) U/L (0-40)	T. Bilirubin mg/dl (0.1-1.2)	GGT (ALP) U/L (0-40)	ALT (SGPT) U/L (0-50)	Alb. Phos U/L (140-150)	Cholesterol mg/dl < 200	Triglycerides mg/dl (10-250)							
PROTEIN				KIDNEY				THYROID				MISCELLANEOUS							
T. Protein g/dl (6.0-8.5)	Albumin g/dl (3.5-5.5)	A/G Ratio (1.1-2.5)	BUN mg/dl (7-20)	Creatinine mg/dl (0.5-1.5)	T ₄ μg/dl (4.5-12.5)	T ₃ uptake % (33-43)	Free T ₄ Index (1.5-5.0)	TSH μIU/mL (0.37-5.50)	Uric Acid mg/dl (3.0-8.0)	Glucose mg/dl < 100	Iron μg/dl (40-180)								
HEMATOLOGY																			
RBC x 10 ⁶ /mm ³ (M 4.3-5.9 F 3.8-5.0)	HGB g/dl (M 13.0-16.0 F 12.0-15.0)	HCT % (M 38-48 F 36-46)	MCV fL (80-100)	MCH pg (26-34)	MCHC g/dl (31-37)	Platelets x 10 ³ /mm ³ (140-440)	WBC x 10 ³ /mm ³ (4.0-10.5)	Polys % (45-75%) (1.5-8.0)	Bands % (0-5%)	Monos % (0-5%)	Lymphs % (20-45%) (0.8-3.2)	EOS % (0-5%) (0.0-0.5)	Baso % (0-1%) (0.0-1.0)						

RESULTS ARE FLAGGED IN ACCORDANCE WITH AGE DEPENDENT REFERENCE RANGES WHICH ARE SUMMARIZED ON THE BACK OF THIS REPORT.
* A comment applied to this test has been printed in the body of the Report.

REPORT

KING 002007

SPECIMEN #	TYPE	PRIMARY LAB	REPORT STATUS	PG	03 01	a subsidiary of Hahnemann-La Roche Inc.	
268-251-0004-0	S		FINAL	2			
ADDITIONAL INFORMATION				CLINICAL INFORMATION			
1L1SST				DOB: /58			
NAME				SEX		AGE (YR:MO:DG)	
CASEY, WILLIAM				M		033/10	
DATE OF SPECIMEN				DATE ENTERED		DATE REPORTED	
09/23/92				09/24/92		09/25/92	
FT. ADO.				5600			
PHYSICIAN ID				PATIENT ID.			
GONDA				10967			
ACCOUNT				FOOTHILLS FAMILY MEDICINE 3910701			
				DRS HAMES AND GONDA 34			
				2212 FURNACE ROAD 34			
				SPARTANBURG, SC 29303-			
				803-578-9735 SCG			
TEST				RESULT		LIMITS	
						TEST SITE ON BACK	

DIRECTOR: DOUGLAS C HUBER MD
 IF YOU HAVE ANY QUESTIONS CONTACT - BRANCH: 803-232-0636 LAB: 404-939-4811
 LAST PAGE OF REPORT

PATIENT NAME CASEY WILLIAM				PATIENT ID. 10967		SPEC. NO. 2682510004		DATE 09 23 92	
BONE		ELECTROLYTES		HEART		LIVER		LIPIDS	
Calcium mg/dl (9.5-10.8)	Phosphorus mg/dl (2.5-4.5)	Sodium mEq/L (135-145)	Potassium mEq/L (3.5-5.5)	Chloride mEq/L (94-108)	LDH U/L (100-250)	AST (SGOT) U/L (10-50)	T. Bil mg/dl (0.1-1.2)	GGT (GPT) U/L (0-40)	ALT (SGPT) U/L (10-50)
9.6	4.0	141	4.6	105	138	18	0.3	22	17



MARY BLACK
HEALTH SYSTEM

RADIOLOGY OUTPATIENT TEST REQUEST FORM

Phone (864) 573-3861 Fax (864) 573-3160

PATIENT NAME: William Mark Casey SS # [REDACTED] DOB [REDACTED] /58
HOME TELEPHONE NUMBER: _____ WORK TELEPHONE NUMBER: _____
APPOINTMENT DATE: 11/6/03 APPOINTMENT TIME: 12³⁰

PLEASE REPORT TO RADIOLOGY REGISTRATION AREA

SPECIAL INSTRUCTIONS: Test: epidural injection
Dx: 2 bulging discs

*Check the box next to each test requested. Identify signs and symptoms for each exam.

TEST	SIGNS/SYMPTOMS	TEST	SIGNS/SYMPTOMS
☐ CT		☐ MRI	
☐ Brain		☐ Brain	
☐ Chest		☐ Lumbar	
☐ Pelvis		☐ Cervical Spine	
☐ Lumbar Spine		☐ Knee <u> </u> R <u> </u> L	
☐ Other: _____		☐ Shoulder <u> </u> R <u> </u> L	
NUCLEAR MEDICINE		☐ Hip <u> </u> R <u> </u> L	
☐ Myocardial Perfusion		☐ Other: _____	
☐ Thyroid Scan with Uptake		ULTRASOUND	
☐ Bone Scan		☐ Abdomen	
☐ Hepato-biliary with Ejection Fraction		☐ Gall Bladder	
☐ Lung Scan (Ventilation and Perfusion)		☐ Pelvic	
☐ Other: _____		☐ Retroperitoneum	
DIAGNOSTIC RADIOLOGY		☐ Renal	
☐ Chest		☐ Breast	
☐ Abdomen		☐ Fetal Age	
☐ IVP		☐ Other: _____	
☐ Cervical Spine with Obliques		MAMMOGRAPHY	
☐ Lumbar Spine		☐ Screening	
☐ Upper GI		☐ Diagnostic	
☐ Barium Enema		☐ Other: _____	
☐ Extremity <u> </u> R <u> </u> L			
☐ Other: _____			

Physician's Signature: Frank E. [Signature] Date: 11/4/03 Time: _____

It is the policy of Medicare, Medicaid and other federal health care programs that claims for payment for radiology testing services are to be submitted only for services that are "reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member." 42 U.S.C. § 1395y (a) (1). While the radiology department does not treat patients or make medical necessity determinations, you should be aware that Medicare may deny payment for radiology services requested by you and performed by the radiology department if the requested test does not meet this definition of medical necessity. Additionally, tests should be ordered individually unless each test in a panel is deemed medically necessary.

OF REGISTRATION USE ONLY

AUTHORIZATION _____ INSURANCE VERIFICATION _____
OBTAIN COPIES OF INSURANCE CARDS _____

Advanco Printing Co., Inc.

KING 002009

Use of F
performed



MARY BLACK
HEALTH SYSTEM

RADIOLOGY OUTPATIENT TEST REQUEST FORM

Phone (864) 573-3881 Fax (864) 573-3160

PATIENT NAME: William Casey SS # [REDACTED] DOB [REDACTED] 58

HOME TELEPHONE NUMBER: _____ WORK TELEPHONE NUMBER: _____

APPOINTMENT DATE: 10/24/03 APPOINTMENT TIME: 8:15

PLEASE REPORT TO RADIOLOGY REGISTRATION AREA

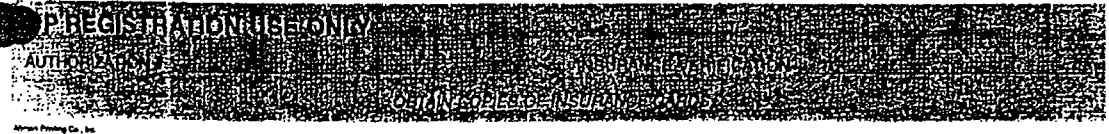
SPECIAL INSTRUCTIONS: _____

*Check the box next to each test requested. Identify signs and symptoms for each exam.

TEST	SIGNS/SYMBOLS	TEST	SIGNS/SYMBOLS
☐ CT		☐ MRI	
☐ Brain		☐ Brain	
☐ Chest		☐ Lumbar	
☐ Pelvis		☐ Cervical Spine	
☐ Lumbar Spine		☐ Knee <u> R L </u>	
☐ Other: _____		☐ Shoulder <u> R L </u>	
☐ NUCLEAR MEDICINE		☐ Hip <u> R L </u>	
☐ Myocardial Perfusion		☒ Other: <u>LS Spine</u>	<u>Chronic LBP</u> <u>numbness in foot</u>
☐ Thyroid Scan with Uptake		☐ ULTRASOUND	
☐ Bone Scan		☐ Abdomen	
☐ Hepato-biliary with Ejection Fraction		☐ Gall Bladder	
☐ Lung Scan (Ventilation and Perfusion)		☐ Pelvic	
☐ Other: _____		☐ Retroperitoneum	
☐ DIAGNOSTIC RADIOLOGY		☐ Renal	
☐ Chest		☐ Breast	
☐ Abdomen		☐ Fetal Age	
☐ IVP		☐ Other: _____	
☐ Cervical Spine with Obliques		☐ MAMMOGRAPHY	
☐ Lumbar Spine		☐ Screening	
☐ Upper GI		☐ Diagnostic	
☐ Barium Enema		☐ Other: _____	
☐ Extremity <u> R L </u>			
☒ Other: <u>LS Spine</u>			

Physician's Signature: Frank E. Spindel Date: 10/20/03 Time: _____

It is the policy of Medicare, Medicaid and other federal health care programs that claims for payment for radiology testing services are to be submitted only for services that are "reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member." 42 U.S.C. § 1395y (a) (1). While the radiology department does not treat patients or make medical necessity determinations, you should be aware that Medicare may deny payment for radiology services requested by you and performed by the radiology department if the requested test does not meet this definition of medical necessity. Additionally, tests should be ordered individually unless each test in a panel is deemed medically necessary.



KING 002010



SPARTANBURG
Regional Healthcare System

☐ SRMC ☐ SHRC ☐ BJW

PHYSICIAN OUTPATIENT ORDER FORM

SRHS ACCOUNT NUMBER (if applicable) _____

MD AUTHORIZATION Frank E. Gonde Date 10/26/00

Patient Name	Last Name	First	MI	Race	Sex	DOB	Social Security #
<u>Wiley Wm. M.</u>				<u>White</u>	<u>M</u>	<u>5/5</u>	<u>[REDACTED]</u>
Address: (Receive Mail At)				City	State	Zip Code	Telephone #
<u>411 S. T. C.</u>				<u>Abbeville</u>	<u>SC</u>	<u>29388</u>	<u>[REDACTED]</u>

Notification to Physicians and Other Persons Legally Authorized to Order Tests for Which Government Payment Reimbursement Will Be Sought. Medicare will pay only for tests that meet the Medicare coverage criteria and are reasonable and necessary to treat or diagnose an individual patient. Medicare does not pay for tests for which documentation, including the patient record, does not support that the tests were reasonable and necessary. Medicare generally does not cover routine screening tests even if the physician or other authorized test orderer considers the tests appropriate for the patient. Please provide an ICD-9 code or narrative diagnostic information for each test.

Services Request

Service Requested	Diagnosis Description or ICD-9	Service Requested	Diagnosis Description or ICD-9
<u>Subst. Mv. 94 @ 900</u>	<u>94 @ 900</u>	<u>Subst. Mv. 94</u>	<u>94 @ 900</u>
<u>Jx. LBP</u>			

Laboratory Services Request -

NOTE * Requires ICD-9 Code (Narrative not acceptable)

Diagnosis	Diagnosis	Diagnosis	Diagnosis
☐ Basic Metabolic Panel 80049	☐ A/C* 83038	☐ Phenobarbital 80184	☐ Diagnosis
☐ Glucose 82947	☐ Albumin 82040	☐ Phosphorus 84100	
☐ Creatinine 82585	☐ Alk Phos 84075	☐ Potassium* 84132	
☐ BUN 84520	☐ ALT 84460	☐ Preg (Serum) 84703	
☐ Sodium 84295	☐ Amylase 82150	☐ Preg (Urine) 81025	
☐ Potassium 84132	☐ AST 84450	☐ PSA 84153	
☐ Chloride 82435	☐ BCP* 85027	☐ Progesterone 84144	
☐ CO ₂ 82374	☐ Bil, Direct 82248	☐ Prolactin 84146	
☐ Bilirubin Profile 82251	☐ Bil, Total 82247	☐ Protein Elect 84165	
☐ Direct Bilirubin 82248	☐ BUN 84520	☐ PT* 85810	
☐ Total Bilirubin 82247	☐ B12 82607	☐ PTT 85730	
☐ Comprehensive Metabolic Panel 80054	☐ CA125* 88316	☐ Retic* 85044	
☐ Albumin 82040	☐ Calcium 82310	☐ RPR 86592	
☐ Bilirubin, Total 82550	☐ CBC* 85025	☐ If pos, liter* 88583	
☐ Calcium 82518	☐ CEA 82378	☐ FTA 86781	
☐ Creatinine 82947	☐ Chloride 82435	☐ Rubella 86782	
☐ Glucose 82947	☐ Cholesterol* 82465	☐ Sed Rate* 85652	
☐ Alk Phosphatase 84075	☐ CO ₂ 82374	☐ Sodium 84295	
☐ Potassium 84132	☐ CPK 82550	☐ Tazetrol 80156	
☐ Total Protein 84155	☐ Creatinine 82585	☐ Testosterone 85048	
☐ Sodium 84295	☐ D-lanin 80185	☐ Theophylline 80198	
☐ AST 84450	☐ Digoxin* 80162	☐ Total Protein 84155	
☐ BUN 84520	☐ ECG 93005	☐ Transferrin* 84456	
	☐ Estradiol 82670	☐ Triglyceride* 84478	
	☐ Estrogen 82672	☐ TSH 84443	
	☐ Folic Acid 82746	☐ Valproic Acid 80184	
	☐ Ferritin* 82728	☐ Urinalysis*macro 81003	
	☐ FSH 83001	☐ if pos, micro 81001	
	☐ GGT 82977	☐ WBC* 85048	
		☐ Other	
☐ Electrolyte Panel 80051	☐ Glucose* 82847		
☐ Sodium 84295	☐ Fasting* 82847		
☐ Potassium 84132	☐ Random* 82847		
☐ Chloride 82435	☐ 2 Hr pp* 82847		
☐ CO ₂ 82374	☐ Glycated Protein* 82885		
☐ Hepatic Function Panel 80058	☐ HAV 86709		
☐ Albumin 82040	☐ HbcAb 86318		
☐ Bilirubin, Direct 82248	☐ HbsAb 86708		
☐ Bilirubin, Total 82247	☐ HbsAg 87340		
☐ Alk Phosphatase 84075	☐ HCV 86803		
☐ ALT 84460	☐ HCG quantitative 84702		
☐ AST 84450	☐ HDL 83718		
	☐ Hemoglobin* 85018		
	☐ Iron* 83540		
☐ Lipid Panel* 80061	☐ Iron Binding Cap* 83550		
☐ Cholesterol* 82465	☐ IgG 82784		
☐ HDL* 83718	☐ IgA 82784		
☐ Triglycerides* 84478	☐ IgM 82784		
	☐ LDH 83615		
☐ Thyroid Panel* 80091	☐ Lithium 80178		
☐ T4* 84438	☐ Lipase 83690		
☐ T Uptake* 84479	☐ LH 83002		
	☐ Magnesium* 83735		

FOR SPECIMEN SUBMISSION - INFORMATION ON BACK MUST BE COMPLETED

DATE / TIME COLLECTED: _____

COLLECTED BY: _____

AGENCY: _____

ADDRESSOGRAPH

Frank E. Gonde MD

1375 (5/99)

KING 002011

217804

COPY

THE DIAGNOSTIC CENTER
MARY BLACK HEALTH SYSTEM
P.O. BOX 3217
1700 SKYLYN DRIVE
SPARTANBURG, S.C. 29304
PHONE (864) 573-3861 FAX (864) 573-3160

NAME: CASEY, WILLIAM MARK SSN: [REDACTED]
AGE: 44Y DOB: [REDACTED]/1958 SEX: M ACCOUNT: 1383815
ADDRESS: WOODRUFF, SC 29388
PHONE: ROOM: MR

ORDER: 2616657 ADDITIONAL ORDERS: 2616658
MRI LUMBAR SPINE - 72148
LUMBOSACRAL SPINE - 72100

ORDER DATE: 10/31/2003

fx: FRANK E. GONDA, MD (11419)

>

MRI OF THE LUMBAR SPINE AND PLAIN FILM LUMBAR SPINE: OCTOBER 31, 2003

HISTORY: Chronic low back pain.

There is some minimal hypertrophic spurring in the vertebral bodies on the left side at L3 and 4. Disk spaces are well maintained.

IMPRESSION: Minimal osteoarthritic changes.

MRI OF THE LUMBAR: On the T2 sequence there is decreased signal in the disk spaces of L4-5 and L5-S1. This is consistent with some desiccation of the disk.

At L4-5 there is some mild diffuse bulging of disk, but no evidence of focal protrusion or extrusion of the disk is seen. The spinal canal and neural foramen appear adequate.

At L5-S1 there is diffuse bulging of the disk without evidence of focal protrusion or extrusion of the disk. Spinal canal and neural foramen appear adequate at this level.

There is some mild degenerative changes in the articulating facets and lower lumbar spine.

IMPRESSION: No acute process identified.

JAMES L. DUNCAN JR., MD

This document has been electronically reviewed and approved
by JAMES L. DUNCAN JR., MD 11/03/2003.

\: lba /: 19 JOB: 04979 ID: 000309097
DD: 10/31/2003 DT: 10/31/2003 2304
TD: 1740

MRI REPORT

*the bulging disc in 2 levels
no arthritic changes.
Refer for Epidural steroid
injections.
11/3/03 1*

*11/3
Appt 11/6/03 @ 12³⁰
-notified pt - JLC*

KING 002012

Westside Diagnostic
Center
FAX 587-3039

RADIOLOGY SERVICES
2995 Reidville Road
Suite 150
Spartanburg, S.C. 29301
(864) 587-3020

Womens
Radiology
FAX 597-0258

CONSULTATION REPORT

Films From: Foothills Family Medicine (DR. GONDA)

REGARDING: WILLIAM CASEY

I.D.#: 10967

Date of Exam: 8-28-00

OVER READ:

LEFT WRIST

History: c/o pain in left wrist x 2 mo, has boney tender prominence of distal ulna.

Comparison: None

The study is limited to an AP, lateral and oblique view. From the three views, the bony trabecular pattern appears within normal limits.

IMPRESSION: No definite acute bone injury or disease suggested.

8-29-00
nj

Robert J. Caswell, II, M.D.
Radiologist

John A. Patterson, MD
Larry K. Totten, MD
James L. Duncan, Jr., MD
John G. Thornburg, MD

Robert J. Caswell, II, MD
Penny Galbraith Keuper, MD
J. R. Graham, MD
R. M. Antley, Jr., MD

9/5/00 7

KING 002013

OVER READ X-RAY INTERPRETATION

Patient Information:		
Name: <u>Wm Cray</u>		Date of Service: <u>8/28/10</u>
Street Address		
<u>Woodruff</u>	<u>SE</u>	<u>29388</u>
City	State	Zip Code
	<u>158</u>	
Phone	Birthdate	Social Security #
Clinical Information:		
Referring Provider: <u>Boyle</u>		
History / Reason for exam <u>40 pain in wrist x</u>		
<u>2 mths. Has bony tenderness</u>		
<u>of distal ulna</u>		
CPT Code	ICD9 Code	Exam Performed <u>Wrist</u>
Primary Physician's Interpretation		
<u>over wrist</u>		
<u>FE Jones MD</u>		
Call Report ☐		

KING 002014

16967

MARY BLACK MEMORIAL HOSPITAL
Radiology Report

Page: 1 of 1

Patient Information:

Name: CASEY, WILLIAM MARK
Adrs: _____
City: ROEBUCK, SC
Zip: 29376DOB: [REDACTED]/58
Age: 039Y
Ph.#: _____
Sex: MSSN: [REDACTED]
Room: XR
Acct: 0778195

Order#	CDM #	Description	CPT-4
1018317	3960039	LUMBOSACRAL SPINE	72100

Dr. Gonda

DATE OF EXAM: 11-19-97

LUMBOSACRAL SPINE:

AP and lateral views of the lumbar spine show the lumbar vertebrae to be normal. The pedicles and neural arches are intact. The intervertebral disc spaces are maintained. The alignment of the vertebrae and the curvature of the spine are normal. The sacroiliac joints are normal.

IMPRESSION: Normal lumbar spine.

*Left message db
11/25/97**Normal X-1045
as E medicine*Received 11/24/9711/25Signature: *[Signature]*

Transcriptionist: CP

Interpreting Physician

John A. Patterson, MD

MARY BLACK MEMORIAL HOSPITAL
1700 SKYLYN DRIVE SPARTANBURG, SC 29307
(803) 573-3000

KING 002015

10967

Radiology Report

Patient Information:

Name: CASEY, WILLIAM MARK
City: ROEBUCK, SC
Zip: 29376

DOB: [REDACTED] /58
Age: 033Y
Ph.#:
Sex: M

SSN: [REDACTED]
Room: 0
Acct: 0343704
Date: 09/30/92

CDM #
3190004

Description
CT BRAIN W & WO CON

CPT-4
70470

Dr. Gonda

CT OF THE BRAIN, WITH AND WITHOUT CONTRAST:

CONTRAST MEDIUM: 100 cc. of Omnipaque 300.

Unenhanced and enhanced sections show the brain parenchyma to be normal in density. The ventricles are small. No abnormal vascularity or mass effect is evident.

IMPRESSION: Normal CT of the brain with and without contrast.

Handwritten signature

Transcriptionist: CP

233620937
Physicians SSN

Signature:

Handwritten signature
Larry K. Totten, MD
Interpreting Physician

KING 002016

FOOTHILLS FAMILY MEDICINE

FOR:

Matt Casey

ADDRESS:

DATE:

8/28/00

Rx1

Relafen 500 mg
#60

RF

Rx2

i 2 po qd for wrist
pain

RF

Rx3

Called to @ WG
Denny (EB) R. med
8/28/00

RF

Dispense As Written

M.D.

Substitution Permitted

PLEASE LABEL

Printed Blue On White Background

See Reverse Side For Physicians

KING 002017

1/18/04

PATIENT RENEWAL REQUEST:

"New prescription needed... there are no refills remaining on my existing prescription"

Your patient has no refills remaining for this prescription with the Medco Health Home Delivery Pharmacy Service.™ Please follow the three simple steps below to ensure continuation of therapy. If you have any questions, please call us at 1 888 327-9791.

34510



Step 1 • Review Please review the following information and make any necessary changes.

Prescriber

Name FRANK GONDA
Address 2212 OLD FURNACE RD
BOILING SPRINGS SC 29316-5760
Phone (864) 578-9735
Fax (864) 578-7098

Patient

Name MARK CASEY
Address WOODRUFF SC 29388-0000
Phone
Date of Birth 1958/

☐ ONLY check here if this fax number is NOT SECURE to receive confidential patient information. If checked, please provide secure fax number above.

Step 2 • Complete Please UPDATE as needed, sign and DATE below.

Prescription



Patient MARK CASEY
Medication TIZANIDINE HCL TABS
Strength 4MG
Quantity 180
Refills 1



Directions TAKE 2 TABLETS AT BEDTIME FOR
MUSCLE SPASM AS DIRECTED

Required

Substitution Permissible - Prescriber Signature
(We cannot accept Signature Stamps)

Required Date 5/27/04

Dispense as Written - Prescriber Signature
(We cannot accept Signature Stamps)

Step 3 • Fax To ensure continuation of your patient's therapy, please fax completed form to:

1 800 837-0959

Please do not fax with cover sheet. For verification purposes, please fax directly from your office.
Your fax machine receipt is confirmation that we have received your fax.

Check here if you do NOT authorize this prescription request.

Reason:



00148988344
Case Item #

0414720966
Rx #

03
Location

Member Number



Confidentiality Notice: This telecopy transmission contains confidential information belonging to the sender that is legally privileged. This information is intended only for the use of the individual or entity named above. The authorized recipient of this information is prohibited from disclosing this information to any other party. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution or action taken in reliance on the contents of this document is strictly prohibited. If you have received this telecopy in error, please notify the sender immediately to arrange for the return of this document.

medcohealth
live life well



KING 002018



TAKE 2 TABLETS FOUR TIMES A DAY FOR BACK PAIN

Dr. FRANK GONDA
2312 OLD FURNACE RD
BOILING SPRINGS, SC 29330-0000

FAX (864) 578-7098

Original quantity	720

Original refills	1

Member ID [REDACTED]
Group PDI MICHELN
Patient WILLIAM CASEY
WOODRUFF SC 29388

Shipping address *if different*

Phone () - -

x Elizabet 4/19/01

Substitution Permissible Date
 Prescriber signature (We cannot accept signature stamps)

Dispense as Written	Date
Prescriber signature <i>(We cannot accept signature stamps)</i>	

If you intend to continue prescribing this medication, verify, sign, and date this form and fax it to 1-800-837-0959.

Fax this form in the direction of the arrow, so this side will be transmitted top edge first.

No refills available Renew by fax after April 14, 2001

PLEASE DO NOT MAIL this form

See instructions on back of form.

TEAR HERE

TEAR HERE

TEAR HERE

4/19/01

KING 002019

Instructions for the patient

If it is appropriate to renew your prescription, you may:

Renew your prescription(s) online at www.merckmedco.com after 04-14-2001. Our simple point-and-click ordering makes renewing prescriptions easy.

Take this renewal form to your prescriber and have your prescriber fax it directly to your mail service pharmacy after 04-14-2001.

If your prescriber prefers not to renew this medication by fax, but gives you a new prescription, use the Order New Medications by Mail form. **Do not mail us this Renewal form.**

Instructions for the prescriber

If you intend to continue prescribing this medication, please:

- 1 Review and verify medication information and make any necessary changes.
- 2 Sign and date this form on the reverse side, and fax it to 1-800-837-0959 after 04-14-2001.

Fax this form in the direction of the arrow, so the opposite side will be transmitted top edge first. ↑

If you prefer to write a new prescription, you may fax it directly to our pharmacy after 04-14-2001. Please call 1-888-EasyRx1 (1-888-327-9791) for instructions and to receive a fax form. Or you may provide your patient with a new prescription to be mailed in after 04-14-2001.

Patient
Member ID
Group number

WILLIAM CASEY
[REDACTED]
PDT MICHELN

Prescriber
Dr. FRANK GONDA
2312 OLD FURNACE RD.
BOILING SPRINGS, SC 29330-0000

DAY (864) 578-9735

FAX () -



0031300424-03

Please DO NOT MAIL this form

KING 002020

Request For Use And Disclosure of Protected Health Information

Patient Identification

Printed Name William Casey Date of Birth 7/58

Address _____

Medical Security # _____ Telephone _____

Information To Be Released To/From

Date(s) of Service 7/05 To (date) 9/05
From (date) _____ To (date) _____
From (date) _____ To (date) _____

Please check type of information to be released:

☐ Entire Medical Record	☐ Pathology Report	☐ Discharge Summary
☐ History and Physical Exam	☐ Consultation Reports	☐ Progress Notes
☐ Laboratory Test Results/Reports	☐ X-ray Reports	☐ X-ray Films/Images
☐ Operative Report	☐ Emergency Room Record	☐ Itemized Bill
☒ Other (specify) <u>UGI Report</u>		

Purpose of Request

☒ Treatment or Consultation	☐ At the Request of the Patient	☐ Billing or Claims Payment
☐ Other (specify) _____		

Person Authorized to Receive Information

Name Foothills Family Medicine
Address 2212 Old Furnace Rd.
Boiling Springs, SC 29316

Drug and/or Alcohol Abuse, and/or Psychiatric, and/or HIV/AIDS Records Release

I understand that if my medical or billing record contains information in reference to drug and/or alcohol abuse, psychiatric care, sexually transmitted disease, Hepatitis B or C testing, and/or other sensitive information, I agree to its release.

Check One: ☒ Yes ☐ No WAC Initials

I understand that if my medical or billing record contains information in reference to HIV/AIDS (Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome) testing and/or treatment, I agree to its release.

Check One: ☒ Yes ☐ No WAC Initials

Time Limit & Right to Revoke Authorization

Except to the extent that action has already been taken in reliance on this authorization, at any time I can revoke this authorization by submitting a notice in writing to the facility Privacy Officer at: 138 Dillon Drive, Suite A, Spartanburg, South Carolina 29307. Unless revoked, this authorization will expire on the following date or event: _____

Re-disclosure

I understand the information disclosed by this authorization may be subject to re-disclosure by the recipient and will no longer be protected by the Health Insurance Portability and Accountability Act of 1996. The facility, its employees, officers and physicians are hereby released from any legal responsibility or liability for disclosure of the above information to the extent indicated and authorized herein.

Signature of Patient or Personal Representative Who May Request Disclosure

I understand that Mary Black Physician Group may not condition my treatment on whether I sign this authorization form unless specified above under Purpose of Request. I can inspect or copy the protected health information to be used or disclosed. I authorize Mary Black Physician Group to use and disclose the protected health information specified above.

Signature William Mark Casey Date Sept 28, 2005
Authority to Sign if not patient _____

Identity of Requestor Verified via: ☐ Photo ID ☐ Matching Signature ☐ Other, specify _____

KING 002021

AUTHORIZATION TO RELEASE INFORMATION

Patient Identification

Patient Name: WILLIAM MARK CASEY Date of Birth: [REDACTED] / 58

Address: [REDACTED], Woodruff, SC 29388

Social Security #: [REDACTED] Telephone: [REDACTED]

Covering Dates of Health Care

From: 1992 To: Present Date

Information To Be Released

Any and all medical records, medical bills, etc., requested by my attorneys
who are representing me in regard to a possible medical malpractice claim.

Purpose of Request
Litigation and/or Settlement

Facility Authorized to Receive Information

RAY E. THOMPSON, JR., ESQ.
The Burt Law Firm PHONE: (864) 585-8166
P.O. Box 3408
Spartanburg, SC 29304 FAX: (864) 585-6927

Time Limit & Right to Revoke Authorization

Except to the extent that action has already been taken in reliance on this authorization, at any time I can revoke this authorization by submitting a notice in writing to the above-named facility. Unless revoked, this authorization will expire sixty (60) days from signature date.

Re-disclosure

I understand the information disclosed by this authorization may be subject to re-disclosure by the recipient and will no longer be protected by the Health Insurance Portability and Accountability Act of 1996. The facility, its employees, officers and physicians are hereby released from any legal responsibility or liability for disclosure of the above information to the extent indicated and authorized herein.

Signature of Patient or Personal Representative Requesting Disclosure

I authorize: Dr. Frank Gonda to use and disclose the protected health information specified above to the authorized facility listed above.

Signature: William Mark Casey Date: January 10, 2006

Relation If Not Patient: [REDACTED]

Identity of Requestor Verified by Matching Signature of Photo ID.

Verified by: [Signature]

KING 002022

17807

medco

Medco Health Solutions, Inc.
4865 Dixie Highway
Fairfield, Ohio 45014

tel 800 417 1072
www.medco.com

Date: 04/19/05

Dr. FRANK GONDA
2212 OLD FURNACE RD
BOILING SPRINGS, SC 29316

Re: MARK CASEY
WOODRUFF, SC 29388

Dear Dr. GONDA:

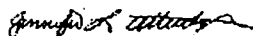
This letter will confirm that BASED ON A FAXED COMMUNICATION on APRIL 18, 2005 with your office a new prescription was issued to replace your patient's original prescription for BEXTRA TABS 20MG. The new prescription is for MOBIC TABS 7.5MG manufactured by BOEHRINGER INGELHEIM.

The prescription will be dispensed as:

- a quantity of 90
- TAKE 1 TABLET DAILY
- with 1 refills

You may wish to file this confirmation with your patient's records. If you have any questions you may contact a Member Services pharmacist at 1 800 455-5950.

Sincerely,



JENNIFER UTTERDYKE, RPh
Registered Pharmacist

Control Number: 2004D-00510212923

4/29/05
7

Medco manages your patient's pharmacy benefit at the request of your patient's plan sponsor.

KING 002023

1704

medco

Medco Health Request for Prescription Clarification [FA]

Your patients' prescription for the medication listed below needs clarification. Please review and clarify the information requested and fax it back to us at within 24 hours to minimize possible delays in patient drug therapy and follow-up calls to your office. INCOMPLETE FORMS CANNOT BE PROCESSED. To save you time and money, please DO NOT include a cover sheet when you fax back.

E398

Step 1: Please review the following information:

PRESCRIBER

Name: Dr. FRANK GONDA
Address: 2212 OLD FURNACE RD
BOILING SPRINGS, SC 29316

DEA: BG1279529

Phone: (864) 578-9735

Fax: (864) 578-7098



This fax number is no longer secure to receive patient confidential information. If box is checked, please provide secure fax number ()

PATIENT

Name: MARK CASEY

Address: WOODRUFF, SC 29388-0000

Phone:

Birth Date: 11/19/1958

Sex: M

Member#: 553108339007

PRESCRIPTION INFORMATION

Medication / Strength: BEXTRA TABS / 20MG

Quantity: 0090

Directions: TAKE 1 TABLET EVERY MORNING FOR PAIN

Refills: 0001

Issue Date: 04/05/2005

Step 2: Before we can fill your patient's prescription, please provide clarification for the following:

Note: Most benefit plans cover up to a 90 day supply plus four refills.

4/15/05

All strengths of Bextra have been withdrawn from the market. Would the Doctor like to prescribe another medication?

mobile 7.5mg

1.00 3d

#90/4

Frank Gonda

FAXED 4/15/05

Step 3: Date: 4/18/05

Signature: *Frank Gonda*
(We Cannot Accept Signature Stamps)

Please fax completed form to: 1 800 952-3239 within 24 hours (Please do not fax with cover page)

033640278 17 0510212923 17

Our Telephone No.: 1-800-548-1649

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TOTAL P.01

KING 002024



17804

KIRK E. HOUSTON, DMD
FAMILY DENTAL CARE
12313 GREENVILLE HIGHWAY
LYMAN, SC 29365
(864) 439-3322

DATE: March 30, 2005
TO: Dr. Frank Gonda
ADDRESS: _____

I HEREBY AUTHORIZE YOU TO RELEASE MY DENTAL /
MEDICAL RECORDS TO KIRK E. HOUSTON, DMD C/O FAMILY
DENTAL CARE.

PATIENT: William Mark Casey
ADDRESS: _____
Windsor SC 29388

SOCIAL SECURITY: [REDACTED]

PLEASE RELEASE: Info regarding MEDS, we need to prescribe pain
med. PT does not know what meds he is
currently prescribed

I UNDERSTAND THAT I MAY REVOKE THIS AUTHORIZATION
AT ANY TIME BY NOTIFYING FAMILY DENTAL CARE IN
WRITING. HOWEVER, IF I CHOOSE TO DO SO, I UNDERSTAND
THAT MY REVOCATION WILL NOT AFFECT ANY ACTIONS
TAKEN BY FAMILY DENTAL CARE BEFORE RECEIVING MY
REVOCATION.

PATIENT'S SIGNATURE: Mark Casey
NOTE: THIS FORM IS VALID FOR SIX MONTHS FROM DATE
OF SIGNATURE.

*Do not send records
per pt. Fitzgerald
4/5/05*

KING 002025

Mary Black Physician Group

Request for Access to Protected Health Information

Patient:

William M. Casey request access to my protected health information contained in the medical records or billing records maintained by Mary Black Physician Group to review the contents and obtain copies.

Or

Patient's Personal Representative:

I request access to the protected health information of _____ contained in the medical records or billing records maintained by Mary Black Physician Group to review the contents and obtain copies.

I have the right to inspect and request copies of whatever portions or the entirety of the health records as well as to request a summary explanation of these records. I understand this request will require the collection of these records and that Mary Black Physician Group will arrange a convenient time and place for me to conduct my review of this protected health information. I request access and/or copies/summaries of the following information:

From (date) All to (date) _____

From (date) _____ to (date) _____

Please check type of information to be accessed/copied:

☐ Entire medical record	☐ Pathology report	☐ Discharge summary
☐ History and physical exam	☐ Consultation reports	☐ Progress notes
☐ Laboratory test results/reports	☐ X-ray reports	☐ X-ray films / images
☐ Operative report	☐ Emergency room record	☐ Itemized bill

☒ Other, (specify) Psychiatric & Mental Illness Records

I would like the protected health information to be provided in (check one):

- ☒ Photocopy format
☐ Summary explanation format

MAIL/BILL →

Parham, Smith & Dodson, LLC
501 River Street
Greenville, SC 29601

And provided to me by the following method (check one):

- ☐ Personal pick-up
☒ US Postal Service to (Address) Parham, Smith & Dodson, LLC
501 River St., Greenville, SC 29601

Other, specify: _____

Signature William M. Casey Date: 3/15/15

Printed Name William M. Casey

Relationship if not Patient _____

Patient's Date of Birth: 58 Patient's SS#: _____

Patient's Address: 240 Lightwell Farm Rd.

WINDYBEE, SC 29388

For Facility Use Only:

Identity of Requestor Verified via: ☐ Photo ID ☐ Matching Signature ☒ Other, specify Witness

Verified by: HSJ

SDS
3/16/15

Request sent to:

FOOTHILLS FAMILY MEDICINE
2212 OLD FURNACE ROAD
BOILING SPRINGS SC 29316

RE: WILLIAM M CASEY
SSN [REDACTED]

RETURN RECORDS BY FAX TO SCDDS AT (866) 868-7952

OR

IF RETURNING BY MAIL, FOLLOW DIRECTIONS BELOW:

MAIL INSTRUCTIONS

Insert this page into the window envelope with the address showing.
THIS PAGE MUST BE ON TOP OF YOUR REPORT.

- Mail report to address in box at right. →
- If you are sending reports on more than one person in the same envelope, place this page for each individual on top of his/her records.

PAYMENT INSTRUCTIONS

Complete information below or attach your invoice underneath the second page.

AUTHORIZATION - RETURN FOR PAYMENT

Please complete identifying information below. **TO ENSURE PAYMENT, THIS FORM MUST BE PLACED ON TOP OF THE MEDICAL EVIDENCE.**

Complete the "Remit To" section below with the provider name and address as listed on file with the IRS.

Enter the payment Amount and Provider Signature.

Remit To: _____ Amount: \$ _____

Telephone No.: _____

Provider's Signature

- We cannot honor a bill presented more than 45 days after the close of our fiscal year which ends September 30.

THIS PAGE MUST BE ON TOP OF YOUR REPORT.



RQID: 0034168408D91109 SITE: S87 DR: F
SSN: [REDACTED] DOCTYPE: 0001 RF: D CS: 4778

TDN: 0034168408

KMM/473

Claim No.: D91109

AXD (8/04)

MA: Y

SSA
S87 SC DDS GREENVILLE
P.O. BOX 8706
LONDON, KY 40742-9915

Mail/Bill

*SDS
2/23/05*

KING 002027

SOUTH CAROLINA VOCATIONAL



REHABILITATION DEPARTMENT

Larry C. Bryant, Commissioner

Disability Determination Services - Greenville Regional Office
Post Office Box 3090 - Greenville, SC 29602 - (864) 282-4000 - 1-800-368-1930 - (864) 282-4473 FAX

February 15, 2005

FOOTHILLS FAMILY MEDICINE
2212 OLD FURNACE ROAD
BOILING SPRINGS SC 29316RE: WILLIAM M CASEY
AKA:
ADD: WOODRUFF SC 29388
SSN: [REDACTED]
DOB: [REDACTED] /58

FRANCISCO E GONDA MD

Your patient has applied for disability benefits under the Social Security Act. We need the following information:

Treatment Records: 05/28/04 TO PRESENT

PLEASE SEND US COPIES OF YOUR RECORDS OR A NARRATIVE prepared in your office. In a narrative please describe the HISTORY, OBJECTIVE FINDINGS, SEVERITY, ONSET, AND DURATION of impairment. For adults note the individual's ability to perform work-related physical and mental activities. For children note the child's functional abilities in learning, motor functioning, communicating and socializing, performing self-care activities, and attending and completing tasks, and include the cumulative effects of treatment and therapy.

We pay S.C. physicians \$15.00 for a copy of treatment records, for a narrative submitted through our teledictation system or for a narrative prepared in a physician's office. Out of state physicians are paid according to the fee schedule effective in that state.

Is your patient capable of handling monthly benefits in his/her own best interest? YES NO

Physician's Signature _____

If a consultative examination is necessary, are you willing to perform the examination (including history, examination, and written report)? Yes No

See the attached page for instructions on returning your report to the DDS. If you require payment and do not attach your invoice, sign on the line for "Provider's Signature" on that page. Please include that page as the TOP document with your report, with this letter underneath.

Sincerely,

Robert W. Heaton, Disability Examiner

PLEASE INCLUDE THIS LETTER AS PAGE 2 OF YOUR REPORT

ENC: Release, Envelope
KMM/473Claim No: D91109
L1 (1/04)
DMA: Y

* 0034168408 *

TDN: 0034168408

KING 002028

WHOSE Records to be disclosed

First	Middle	Last
NAME WILLIAM	MARK	CASEY
SSN [REDACTED]	Birthday (mm/dd/yy) [REDACTED] 1958	
SSA USE ONLY NUMBER HOLDER (if other than above)		
NAME		
SSN		

AUTHORIZATION TO DISCLOSE INFORMATION TO THE SOCIAL SECURITY ADMINISTRATION (SSA)

**** PLEASE READ THE ENTIRE FORM, BOTH PAGES, BEFORE SIGNING BELOW ****

I voluntarily authorize and request disclosure (including paper, oral, and electronic interchange):

OF WHAT All my medical records; also education records and other information related to my ability to perform tasks. This includes specific permission to release:

- All records and other information regarding my treatment, hospitalization, and outpatient care for my impairment(s) including, and not limited to:
 - Psychological, psychiatric or other mental impairment(s) (excludes "psychotherapy notes" as defined in 45 CFR 164.501)
 - Drug abuse, alcoholism, or other substance abuse
 - Sickle cell anemia
 - Human immunodeficiency virus (HIV) infection (including acquired immunodeficiency syndrome (AIDS) or tests for HIV or sexually transmitted diseases)
 - Gene related impairments (including genetic test results)
- Information about how my impairment(s) affects my ability to complete tasks and activities of daily living, and affects my ability to work.
- Copies of educational tests or evaluations, including Individualized Educational Programs, triennial assessments, psychological and speech evaluations, and any other records that can help evaluate function; also teachers' observations and evaluations.
- Information created within 12 months after the date this authorization is signed, as well as past information.

FROM WHOM

- All medical sources (hospitals, clinics, labs, physicians, psychologists, etc.) including mental health, correctional, addiction treatment and VA health care facilities.
- All educational sources (schools, teachers, records administrators, counselors, etc.)
- Social workers/rehabilitation counselors
- Consulting examiners used by SSA
- Employers
- Others who may know about my condition (family, neighbors, friends, public officials)

THIS BOX TO BE COMPLETED BY SSA/DOS (as needed) Additional information to identify the subject (e.g., other names used), the specific source or the material to be disclosed:

FOOTHILLS Family medicine
508-04 to present

TO WHOM

The Social Security Administration and to the State agency authorized to process my case (usually called "disability determination services"). Including, contract copy services, and doctors or other professionals consulted during the process. (Also, for international claims, to the U.S. Department of State Foreign Service Post.)

PURPOSE

Determining my eligibility for benefits, including looking at the combined effect of any impairments that by themselves would not meet SSA's definition of disability; and whether I can manage such benefits.

☐ Determining whether I am capable of managing benefits ONLY (check only if applies)

EXPIRES WHEN This authorization is good for 12 months from the date signed (below my signature).

- I authorize the use of a copy (including electronic copy) of this form for the disclosure of the information described above.
- I understand that there are some circumstances where this information may be redisclosed to other parties (see page 2 for details).
- I may write to SSA and my sources to revoke this authorization at any time (see page 2 for details).
- SSA will give me a copy of this form if I ask; I may ask the source to allow me to inspect or get a copy of the material to be disclosed.
- I have read both pages of this form and agree to the disclosures above from the types of sources listed.

INDIVIDUAL authorizing disclosure

IF not signed by subject of disclosure, specify basis for authority to sign
☐ Parent of minor ☐ Guardian ☐ Other personal representative (explain)

SIGN ▶

William M. Carey

(Parent/guardian sign here if two signatures required by State law) ▶

Date signed

Feb 8, 2005

Street Address

Phone Number (with area code)

City

WOODRUFF

State

SC

Zip

29388

WITNESS

I know the person signing this form or am satisfied of this person's identity:

SIGN ▶

[Signature]

IF needed, second witness sign here (e.g., if signed with an "X" above)

SIGN ▶

Phone Number (or Address)

Phone Number (or Address)

This general and special authorization to disclose was developed to comply with the provisions regarding the disclosure of medical, educational, and other information under P.L. 104-191 ("HIPAA"); 45 CFR parts 160 and 164; 42 U.S. Code section 290dd-2; 42 CFR part 2; 38 U.S. Code section 7332; 38 CFR 1.475; 20 U.S. Code section 1232g ("FERPA"); 34 CFR parts 99 and 300; and State law

KING 002029

**Explanation of Form SSA-827,
"Authorization to disclose Information to the Social Security Administration (SSA)"**

We need your written authorization to help get the information required to process your application for benefits, and to determine your capability of managing benefits. Laws and regulations require that sources of personal information have a signed authorization before releasing it to us. Also, laws require specific authorization for the release of information about certain conditions and from educational sources.

You can provide this authorization by signing a Form SSA-827. Federal law permits sources with information about you to release that information if you sign a single authorization to release all your information from all your possible sources. We will make copies of it for each source. A few States, and some individual sources of information, require that the authorization specifically name the source that you authorize to release personal information. In those cases, we may ask you to sign one authorization for each source and we may contact you again if we need you to sign more authorizations.

You have the right to revoke this authorization at any time, except to the extent a source of information has already relied on it to take an action. To revoke, send a written statement to any Social Security Office. If you do, also send a copy directly to any of your sources that you no longer wish to disclose information about you: SSA can tell you if we identified any sources you didn't tell us about. Information disclosed prior to revocation may be used by SSA to decide your claim.

It is SSA's policy to provide service to people with limited English proficiency in their native language or preferred mode of communication consistent with Executive Order 13166 (August 11, 2000) and the Individuals with Disabilities Education Act. SSA makes every reasonable effort to ensure that the information in the SSA 827 is provided to you in your native or preferred language.

IMPORTANT INFORMATION, INCLUDING NOTICE REQUIRED BY THE PRIVACY ACT

All personal information collected by SSA is protected by the Privacy Act of 1974. Once medical information is disclosed to SSA, it is no longer protected by the health information privacy provisions of 45 CFR part 164 (mandated by the Health Insurance Portability and Accountability Act (HIPAA)). SSA retains personal information in strict adherence to the retention schedules established and maintained in conjunction with the National Archives and Records Administration. At the end of a record's useful life cycle, it is destroyed in accordance with the privacy provisions, as specified in 36 CFR part 1228.

SSA is authorized to collect the information on form SSA-827 by sections 205(a), 223 (d)(5)(A), 1614(a)(3)(H)(i), 1631(d)(1) and 1631(e)(1)(A) of the Social Security Act. We use the information obtained with this form to determine your eligibility for benefits, and your ability to manage any benefits received. This use usually includes review of the information by the State agency processing your case and quality control people in SSA. In some cases, your information may also be reviewed by SSA personnel that process your appeal of a decision, or by investigators to resolve allegations of fraud or abuse, and may be used in any related administrative, civil, or criminal proceedings.

Signing this form is voluntary, but failing to sign it, or revoking it before we receive necessary information, could prevent an accurate or timely decision on your claim, and could result in denial or loss of benefits. Although the information we obtain with this form is almost never used for any purpose other than those stated above, the information may be disclosed by SSA without your consent if authorized by Federal laws such as the Privacy Act and the Social Security Act. For example, SSA may disclose:

1. To enable a third party (e.g., consulting physicians) or other government agency to assist SSA to establish rights to Social Security benefits and/or coverage;
2. Pursuant to law authorizing the release of information from Social Security records (e.g., to the Inspector General, to Federal or State benefit agencies or auditors, or to the Department of Veterans Affairs (VA));
3. For statistical research and audit activities necessary to assure the integrity and improvement of the Social Security programs (e.g., to the Bureau of the Census and private concerns under contract with SSA).

Other than the above limited circumstances, SSA will not redisclose without proper prior written consent information (1) relating to alcohol and/or drug abuse as covered in 42 CFR part 2, or (2) from educational records for a minor obtained under 34 CFR part 99 (Family Educational Rights and Privacy Act (FERPA)), or (3) regarding mental health, developmental disability, AIDS or HIV.

We may also use the information you give us when we match records by computer. Matching programs compare our records with those of other Federal, State, or local government agencies. Many agencies may use matching programs to find or prove that a person qualifies for benefits paid by the Federal government. The law allows us to do this even if you do not agree to it.

Explanations about possible reasons why information you provide us may be used or given out are available upon request from any Social Security Office.

PAPERWORK REDUCTION ACT

This information collection meets the requirements of 44 USC §3507, as amended by Section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 10 minutes to read the instructions, gather the facts, and answer the questions.

END OR BRING IN THE COMPLETED FORM TO YOUR LOCAL SOCIAL SECURITY OFFICE. The office is listed under U.S. Government agencies in your telephone directory or you may call Social Security at 1-800-772-1213. You may send comments on our time estimate above to: SSA, 1338 Annex Building, Baltimore, MD 21235-0001. Send only comments relating to our time estimate to this address, not the completed form.

AUTHORIZATION TO RELEASE
RECORDS AND FILES

I hereby authorize and request Dr Frank Gouda to furnish my
(Organization to release information)
attorneys, **PARHAM, SMITH & DODSON, LLC**, 501 River Street, Greenville, South Carolina
29601, regarding: William Mark Casey SS
(Patient Name) (DOB)

(Social Security Number)

(Address at time of treatment)

Woodruff, SC

All medical information of every kind and nature, including information received from other health
care providers, correspondence, consultations, lab results, and any and all material concerning any
history, examination, treatment, evaluation and/or hospitalizations for the periods from
All treatment notes and records along with an itemized
(Date(s) of Service) Statement for services

I have been fully advised of my rights under the Health Insurance Portability and
Accountability Act of 1996 ("HIPAA") and I intend for this authorization to satisfy the requirements
of "HIPAA" and the rules and regulations thereof. In that regard, I certify that I consent to the
release of my records to my Attorneys, that the purpose of this request is for my Attorneys to assist
me in a legal claim, and that the release of my entire medical record is the minimum disclosure
authorized by this request.

I, William Mark Casey, have read the above and do authorize and consent
for Dr Frank Gouda to disclose the said information. I understand that this
consent may be withdrawn by me at any time except to the extent that action has been taken in
reliance upon it or as otherwise specified by law. No individual has coerced me into signing this
authorization and I am providing this authorization on my own free will. I understand that once this
information is received by the authorized individual/organization, then this information may be
subject to redisclosure, and may no longer be protected by federal privacy laws. I acknowledge that
I have the right to revoke this authorization in writing by contacting the above named health care
provider.

12/17/04
(Date)William Mark Casey
(Signature of Patient or legal representative)Kara McCracken
(Witness)

Unless otherwise revoked, this authorization will expire on the following date, event or condition:
_____. If no date is specified, this authorization will expire in six months
from the date of signature.

KING 002031

PARHAM SMITH & DODSON, L.L.C.

Attorneys At Law

MICHAEL PARHAM
S. BLAKELY SMITH
WILLIAM L. DODSON, JR.

MACKENZIE G. ARCHENHOLD

501 RIVER STREET
SMITH BARNEY BUILDING - SECOND FLOOR
POST OFFICE BOX 2800
GREENVILLE, SOUTH CAROLINA 29602
(864) 242-9008
FACSIMILE (864) 271-6155BARNEY O. SMITH, JR.
(1952-1996)

December 20, 2004

~~Dr. Frank Gouda~~
~~2212 Old Furnace Rd.~~
~~Spartanburg, SC 29316~~

578-9735

ATTN: Melissa
Fax 578-7098Re: Name: William Mark Casey
SS No: [REDACTED]
DOB: [REDACTED] /58

Information Requested:

all treatment notes and records along
with an itemized statement for services

Dear Sir/Madam:

Please take this letter as notice of our representation of the client above named. In order for us to fully represent our client, it is necessary for us to receive certified, stamped copies as kept in the normal course of business for Dr. Frank Gouda, of all documents, including, but not limited to medical records, bills, correspondence, consult notes and any and all other materials which mentioned our client which are maintained in your office. We are, therefore, enclosing a properly executed medical authorization, which satisfies all requirements of HIPAA regulations. This release authorizes our firm to obtain both current and future information which is received in your office with reference to our client. Please forward to us ALL information maintained in your office which refers to this client. Since time is of the essence in the pursuit of legal matters, your prompt attention and response in this matter will be greatly appreciated.

THIS AUTHORIZATION REVOKES ALL PRIOR AUTHORIZATIONS OF MY CLIENT ON FILE WITH YOUR OFFICE. THEREFORE, DO NOT RELEASE FURTHER INFORMATION WITH REFERENCE TO THIS CLIENT TO ANY PERSON OR ENTITY WITHOUT THE WRITTEN CONSENT OF OUR CLIENT.

As attorneys for the client whose name is listed above we direct you to refrain from engaging in oral communications with any person concerning our client without specific written consent in accord with HIPAA regulations. Any disclosure of information to persons other than the client and this office is strictly prohibited.

We appreciate your prompt attention to this matter, and I remain

KING 002032

01-20-2005 12:08 FROM-PARHAM & T H LLC

+8642716155

T-243 P.003

P-410

Sincerely,

Kaye McCracken
Kaye McCracken
Paralegal

KM:sch

encl.

F:\JornSHARP\JornSHARP\frank gouda met records request.wpd

KING 002033

**SMART
CORPORATION**

Health Information Services

Patient Name:

William Mark Casey**RECEIVED**

Date:

12/29/04

DEC 30 2004

Dear Requestor:

PARHAM & SMITH

Smart Corporation is under agreement with the medical facility to release all authorized copies of medical records. Federal and other law protects the confidentiality of the records.

Therefore, Smart employees will not forward confidential records without the proper authorization. We have checked the patient's file and regret that we cannot respond to your request for records at this time due to the following:

- ☐ A Death Certificate or "Letter of Administration/Testament" must accompany the request for records for a deceased individual.
- ☐ Inadequate Authorization. A signed authorization from the patient or their agent must accompany the request or be on file.
- ☐ Inadequate Authorization. Legal documents must be provided to confirm the legitimacy of the patient's agent and their relationship to the patient if the authorization is not signed by the patient themselves. This would apply to the legal guardian of a minor unless the parent and the power of attorney.
- ☐ HIPAA-compliant authorization. Patient authorization must contain statements of notification to the patient. One or more of the following statements is missing from your authorization.
 - ☐ Individual's right to revoke authorization
 - ☐ Description of how to revoke it
 - ☐ Ability or inability to condition their treatment, payment, enrollment or eligibility for benefits
 - ☐ Potential for disclosed information to be re-disclosed by recipient
- ☐ HIPAA-compliant request for medical records. Request for medical records must include all the information below. One or more of the following core elements is missing from your request.
 - ☐ Name of patient
 - ☐ Date of birth or social security number to identify patient
 - ☐ Description of the information to be disclosed
 - ☐ Name of person/company authorized to make use of disclosure
 - ☐ Description of each purpose for the disclosure
 - ☐ Expiration date or event for which the request will expire
- ☒ Special Authorization: Required. Chart contains sensitive information. Release must specify that permission is given to disclose such information. Please resend with auth.
- ☐ The date of service for the records you have requested is not available or is not part of the patient's medical record.
- ☐ Other _____

KING 002034

CONFIDENTIAL

Parham Smith & Dodson, LLC
Attorneys at Law

P.O. Box 2800
Greenville, SC 29602
864-242-9008
Fax #864-271-6155

To:	Melissa
Re:	Wm. Mark Casey - Records
Fax #:	578-7098
Date:	1/20/05
Time:	11:50

Sender:

☐ Mike Parham	☐ Blake Smith	☐ Bill Dodson
☐ Brooke Archenhold	☐ Herb Parham	☒ Kaye McCracken
☐ Camille Klein	☐ Van Clanton	☐ Joyce Banks
☐ Paula Duffell	☐ Shannon Horek	☐ Allison Williams
☐ Brandon Ellison		

Comments:

You should receive 5 page(s) including this cover sheet.
If you do not receive all the pages, please call 864-242-9008.

KING 002035

17804

AETNA
P.O. BOX 14554
LEXINGTON, KY 40512-4554

MAIL/Bill
←

FACSIMILE TRANSMITTAL SHEET

TO:	Dr. Frank Gonda Attention: Medical Records Representative	FROM:	Debi Harrison
COMPANY:		DATE:	04-18-05
FAX NUMBER:	864-578-7098	TOTAL NO. OF PAGES INCLUDING COVER:	5
PHONE NUMBER:		SENDER'S REFERENCE NUMBER:	
REF:	William Casey DOB: [REDACTED]-58	YOUR REFERENCE NUMBER:	

☐ URGENT
 ☐ FOR REVIEW
 ☐ PLEASE COMMENT
 ☒ PLEASE REPLY
 ☐ PLEASE RECYCLE

NOTES/COMMENTS:

We have received a disability claim for the above named patient, but need further medical information before we can make a claim determination.

We ask that you please fax all medical records for your patient William Casey covering the period of May 2004 through the present. Please also fully complete the enclosed Attending Physician Behavioral Health Statement. Please fax this information to the below fax number.

Thank you for your cooperation. Please call us at 1-800-726-7777 if you have any questions or concerns regarding this request. Our business hours are Monday through Friday 8:00am to 5:00pm EST.

Sincerely,

Debi Harrison
Return Fax: 1-800-333-8309

DOS 5-4-06 1-12-05
 6-29-04 4-5-05
 7-27-04
 9-10-04
 10-19-04

SDS
4/27/05

8/17/05

refaxed

Aetna
rec. off
(see note)

KING 002036



Authorization For Aetna To Request Protected Health Information Necessary To Process A Disability Claim

0917208960265

Please Read The Following Carefully Before Completing Your Authorization. You May Refuse To Sign This Authorization (See Section 6).

1. Member Information (Information About Person For Whom This Authorization Is Requested.)

Last Name CASEY	First Name William	Middle Initial W
Member ID Number / Social Security Number [REDACTED]	Member Date of Birth (MM/YY) 1953	Daytime Telephone Number (Area Code) [REDACTED]
Street Address [REDACTED]	City, State and Zip Woodruff SC 29388	

2. This form requests a Member's unconditioned authorization for Aetna to ask another person or organization to disclose Member's Protected Health Information ("PHI") to Aetna for the purpose of processing my disability claim.

3. The specific PHI we are asking you to authorize Aetna to request is (This section completed by Aetna):
Any and all medical information including but not limited to information which relates to psychiatric or mental health, drug, substance abuse, and/or HIV infection, including AIDS and related illnesses, concerning health care, advice and treatment (including but not limited to: treatment notes).

4. By signing this form, you will authorize Aetna to request PHI described above from the following person or organizations (or classes of persons or organizations):

Providers, including but not limited to, physicians, therapists, medical practitioners, health care professionals, diagnostic facilities, hospitals, clinics (including individuals or facilities which provide rehabilitation services or treatment).

5. Expiration of this Authorization (Select one):

When the following event occurs:
This Authorization is valid throughout the processing and any term of your disability claim.

Please review and complete important information on the reverse of this form.

KING 002037

6. Important! Your signature below means that you understand and agree to the following:

- You authorize Aetna to request from the persons or organizations named above, the PHI described above, for the purposes stated above.
- The information to be disclosed may be protected by law. Information disclosed under this authorization may be redisclosed and no longer protected by federal privacy regulations.
- Failure to complete this form may prevent Aetna from receiving information necessary for the processing of your disability claim, which may result in a disability claim denial. Failure to complete this form will not however impact your receipt of medical services from providers.
- You may revoke this Authorization at any time by notifying Aetna in writing, but please note that Aetna has taken before we received your revocation and we will not rescind this authorization.
- You may receive a copy of this form if you request it in writing from the address listed below.

7. Expiration of this Authorization (Select one):

Signature of Member or Legal Representative <i>William M. Casey</i>	Date <i>April 14, 2005</i>
Print Name <i>William M. Casey</i>	

If not the Member, describe your relationship to the Member.

- ☐ Caregiver
☐ Legal Representative
☐ Other: _____

If Member's legal representative is signing, please print name and relationship to Member.

Return this completed form to: Aetna
 Aetna Life Insurance Company
 P.O. Box 14354
 Lexington, Kentucky 40512-4354

Telephone Number: 877-465-0424
 Fax Number: 866-888-2308



Attending Physician Statement

Complete and sign the form using BLUE or BLACK ink.

1. Patient Instructions - The Physician will complete Sections 2 through 9.

The Patient will complete Section 1. The Patient should also fill in their name at the top of Page 2.

The Patient is responsible for completing this section, and for ensuring that their Attending Physician completes the remainder of this statement. The Patient is responsible for paying any fees that may be charged for completion of this form by their physician. If you have any questions, please call (877) 465-0424.

(a) Control Number 607472

(b) Patient Name (Last, First, Middle Initial) Casey William M Social Security Number [REDACTED] Birth Date (MM/DD/YYYY) 1958 Height 15'8" Weight (lb) 175

(c) Patient Gender ☒ Male ☐ Female

(d) Patient Home Address - Required (Current No., St., Town, State, Zip - no PO boxes) ☐ Check if New
Woodruff SC 29388

(e) Mailing Address, if different from Home address _____

(f) Patient Employer Name/City/State Michelson Tire Corp Spartanburg SC

(g) Patient Telephone Number 864 486-9131 ☐ Check if New

(h) Job Title/Occupation PAPP/PAV operator - MP1

(i) Type of Claim: ☐ Short Term Disability ☐ Long Term Disability ☐ Waiver of Premium
☐ Long Term / Permanent Total Disability

2. Physician Instructions

The Attending Physician should complete the items below, based upon a recent examination. Attach additional documentation as needed. If you have any questions, please call (877) 465-0424.

Please complete form in its entirety and fax to (866) 888-2308. Page 2 MUST be completed before faxing.

3. Impairing Diagnosis & Treatment

(a) Primary Diagnosis Chronic LBP Primary ICD Code _____
Secondary Diagnosis Degen. Arthritis Secondary ICD Code _____
Other Diagnoses Depression Other ICD Codes _____

(b) Height _____ Weight 177 lb Date Measured (MM/DD/YYYY) 10/19/04

(c) If Pregnancy related, delivery or expected date N/A MM _____ DD _____ YYYY _____ Delivery
Type: ☐ Vaginal ☐ Cesarean

(d) Primary Procedure N/A Primary CPT Code _____
Secondary Procedure _____ Secondary CPT Code _____
Other Procedures _____ Other CPT Codes _____

(e) Medication(s)/Dose/Frequency Ultram 5mg 2tid, Zolof 1mg 2tid, Lorabid 10/500 bid
Deptra 20mg qd, Zolof 100mg 1/2 qd

(f) Is patient still under your care for this condition? ☒ Yes ☐ No, date service terminated (MM/DD/YYYY) _____

(g) Treatment summary Exam, X-rays, MRI, ortho consult, medication, Psych consult

(h) Office visit dates: First 11/14/97 Last 10/19/04 Next ? Frequency of appointments 9 30ths
(MM/DD/YYYY) (MM/DD/YYYY) (MM/DD/YYYY)

(i) Was patient recently hospitalized? ☒ No ☐ Yes Date hospitalized: Admit _____ Discharge _____
(MM/DD/YYYY) (MM/DD/YYYY)

(j) Hospital Name/City/State _____

4. History

(a) Symptoms: Chronic back pain made worse of strenuous activity
Depression & Anxiety

(b) Date symptoms first appeared or accident happened _____ MM 11 DD 14 YYYY 1997

(c) Has patient ever had same or similar condition? ☐ No ☐ Yes, state when and describe.

(d) Is condition due to injury or sickness arising out of patient's employment? ☒ No ☐ Yes ☐ Unknown

(e) Other Treating Physicians

Name Glen Scott Specialty ortho City Spartanburg State SC

Name Eugene Thirum Specialty Chronic Pain City Spartanburg State SC

AP DT 01-001 ME
GC-1486-1 (8-03)

FAKED (per pt request)

Page 1 of 2 R/A-POD

KING 002039

Patient Name (Last, First Middle Initial) Required

5. Abilities/Limitations

(a) Patient is: Place remarks in item (d) below, if applicable.

- Competent to endorse checks and direct the use of proceeds thereof ☒ Yes ☐ No ☐ Other/describe in (d)
- Able to work with others ☒ Yes ☐ No ☐ Other/describe in (d)
- Able to give supervision ☒ Yes ☐ No ☐ Other/describe in (d)
- Able to work cooperatively with others in group setting ☒ Yes ☐ No ☐ Other/describe in (d)
- Able to do? Select one: Place remarks in item (d) below, if applicable.

- ☐ Heavy work activity. No limitations of functional capacity.
- ☐ Medium work activity. Exerting 20-50 pounds of force occasionally, and/or 10-25 pounds of force frequently, and/or greater than negligible up to 10 pounds of force constantly
- ☒ Light work activity. Exerting up to 20 pounds of force occasionally and/or up to 10 pounds of force frequently
- ☒ Sedentary work activity - moderate limitation of functional capacity. Exerting up to 10 pounds of force occasionally. Sedentary work involves sitting most of the time, but may involve walking or standing for brief periods of time
- ☐ No ability to work. Severe limitation of functional capacity; incapable of minimal activity
- ☐ Other. Place remarks in item (d) below.

(b) What medical restrictions/limitations are you placing on patient? (Activities of Daily Living, Driving, Lifting, Pulling, Pushing, and Amounts, etc.)

- No pending, standing, lifting greater than 20 lbs*
- Number of Hours patient is capable of working in a day: ☐ 12 ☐ 10 ☐ 8 ☐ 6 ☐ 4 ☒ 2 ☐ 1 Hour/Day
 - Number of Days per week patient is able to work: ☐ 1 ☐ 2 ☒ 3 ☐ 4 ☒ 5 ☐ 6 ☐ 7 Days/Week
 - Date you prescribed restriction on work activities Month Day Year
 - How long are these restrictions/limitations in effect? Days Weeks Months ☒ No Longer
 - Estimated return to work date? *1/20/05* modified duty full duty

(c) Objective findings that substantiate impairment (current laboratory, physical and/or mental status examination, and other testing)

X-rays & MRI show degenerative arthritis

(d) Other/Comments

6. Current Status

- (a) Patient has ☐ Improved ☒ Stabilized ☐ Regressed ☐ Not Applicable
- (b) Is there a medical contraindication for patient to participate in Vocational Rehabilitation (job training) programs?
☒ No ☐ Yes, please explain
- (c) In your opinion, is your patient motivated to return to work? *maybe*

7. Regulation Notice

It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to claim was provided by the applicant.

California Residents: For your protection, California law requires notice of the following: Any person who knowingly and with intent to defraud or deceive any insurance company files a statement of claim containing any materially false, incomplete or misleading information is guilty of a crime and may be subject to fines, confinement in a state prison and substantial civil penalties.

Colorado Residents: An insurer or agent who knowingly provides false or misleading information to defraud a claimant regarding insurance proceeds must be reported to the Insurance Division.

Pennsylvania Residents: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

8. Physician Certification

Attending Physician's Name (Print) <i>Frank E. Gonda</i>	Degree <i>MD</i>	Specialty <i>F.P.</i>
Address (No. Street, City, State, Zip Code) <i>2212 Old Furnace Rd. Bldg 500 SC</i>	Telephone Number <i>864-578-9735</i>	Fax Number <i>864-578-7098</i>

9. Physician Signature

Signature <i>F. E. Gonda MD</i>	Date (MM/DD/YYYY) <i>10/21/04</i>

Universal Request Form
Fax Request to MedSolutions at (888) 693-3210

Patient Name	<u>William Casey</u>	DOB	<u>12/58</u>	Member ID#	<u>01</u>
HealthPlan & State	<u>Cigna PPB</u>	PCP	<u>Dr. Gonda</u>	MD Requesting Exam	<u>Dr. Frank Gonda</u>
Tel # Requesting MD Office	<u>(804) 578-9735</u>	FAX # Requesting MD Office	<u>(804) 578-7098</u>		
Office Contact Person	<u>Jaime Calvert</u>	Date Request Submitted	<u>10/26/03</u>		
Specialist Referral #		Specialty of Referring MD	<u>family practice</u>		
Requested Facility for Procedure	<u>Mary Black Hospital</u>	MVA	☐	Workers Comp	☐

Working Diagnosis/ICD9 code low back pain

This form must be accompanied by medical notes/previous imaging reports that support the medical necessity for the study requested.

Please check the procedure(s) being requested:

☐ CT Head	☐ MRI Brain
☐ CT Orbit, Sella, Ear	☐ MRI Temporomandibular Joint
☐ CT Maxillofacial	☐ MRI Orbit, Face, Neck
☐ CT Coronal Sinus	☐ MRI Chest
☐ CT Soft-tissue Neck	☐ MRI Abdomen
☐ CT Chest	☐ MRI Pelvis
☐ CT Chest Limited for Interstitial Disease	☐ MRI C-Spine
☐ CT Abdomen	☐ MRI T-Spine
☐ CT Screen for Appendicitis	☒ MRI L-Spine <u>L5 spine</u>
☐ CT Pelvis	☐ MRI Upper Extremity other than Joint
☐ CT Urogram	☐ MRI Upper Extremity Joint
☐ CT Limited Abdomen Followup	☐ MRI Lower Extremity other than Joint
☐ CT Upper Extremity	☐ MRI Lower Extremity Joint
☐ CT Lower Extremity	☐ MRI Breast Unilateral
☐ CT C-Spine	☐ MRI Breast Bilateral
☐ CT Myelogram C-Spine	☐ MRA Head
☐ CT T-Spine	☐ MRA Neck
☐ CT Myelogram T-Spine	☐ MRA Chest (non cardiac)
☐ CT L-Spine	☐ MRA Abdomen
☐ CT Myelogram L-Spine	☐ MRA Pelvis
☐ CT Angiogram	☐ MRA Upper Extremity
☐ CT Guidance for Stereotactic Localization	☐ MRA Lower Extremity
☐ CT Guidance for Needle Biopsy	☐ Nuclear Myocardial Perfusion Imaging
☐ CT Guidance for Cyst Aspiration	☐ Nuclear Cardiac Blood Pool Imaging
☐ PET scan - body/cardiac	☐ PET scan - brain

Revised 9/24/01 dm

KING 002041

Mar 11, 2002



Attn: Dr. Gonda
2212 Old Terrace Rd
Bouley Springs, SC 29316

Member Name: William Casey
Physician Name: Dr. Gonda
Member ID#: 250376304-02
Requested Drug: Viagra

Dear Dr. Gonda,

We have reviewed your request to cover the drug shown above. Because medical necessity for this drug has not been established, we have denied the request.

Consideration for this drug is based on the following criteria:

- * Patient is a male
- * Patient has been diagnosed with Organic Impotence (disease or surgically induced) per documented medical history (must not be the result of concomitant drug therapy).

607.84

AND

The following lab values are normal.

(Note: The patient must first be treated to correct the abnormal value, once corrected and the patient has no nocturnal erections, then he is considered to have organic impotence)

- * Normal androgen level (testosterone). If low, the patient is treated with testosterone (patches, injections, etc.)
- * Normal prolactin level. If high, the patient is treated with bromocriptine
- * Normal thyroid function. If hypothyroidism, the member is treated with Synthroid or some other type of thyroid medication.

OR

- * Patient is a diabetic with confirmation of Insulin or hypoglycemic use on the patients medication profile
- * Patient has a neurological impairment (i.e. spinal cord injury, Multiple Sclerosis, Pituitary microadenoma with Hyperprolactinemia or Cardiovascular Accident)
- * Patient has vascular disturbances (i.e. aortic aneurysm, atherosclerosis or Leriche's syndrome)
- * Patient has had a radical prostatectomy (surgically induced impotence).
(Note: Trans Urethral Prostatectomy (TURP) should not cause impotence and therefore the patient would need to be evaluated for organic impotence.)

Based on the information given, your patient did not meet the following criteria:

No documented medical history of Organic Impotence

ID: 25037630402 William Casey

Page 1 of 2

03/11/02

PL70 Doc 133784AZ RT

KING 002042

Failure to list all required labels

Your patient's benefits provide coverage for medically necessary prescription drugs listed on the CIGNA HealthCare formulary. Our Pharmacy & Therapeutics Committee (primarily composed of practicing physicians and pharmacists) develops the formulary based on peer-reviewed literature, FDA approved product labeling, and information from outside experts.

If you feel this deserves further consideration, you or the patient may appeal this decision. An explanation of your appeal rights is enclosed.

If the physician would like to discuss this decision with our pharmacist or physician, please call our toll-free number, 800.832.3211.

If the patient should have any questions regarding this matter or any of their CIGNA HealthCare benefits, please have them call Member Services at the number listed on their CIGNA ID card.

Sincerely,

Debora Scavone

Debora Scavone
CIGNA HealthCare Pharmacy Services



CIGNA HealthCare

Important Information about your CIGNA HealthCare Appeal Rights

If you feel this deserves further consideration, you or the patient may appeal this decision. Be sure to include additional information (not previously submitted) which will support your request. This will assist us in our review. Please send your request to PACES Unit, CIGNA HealthCare, 2202 North West Shore Blvd, Suite 400, Tampa, FL 33607.

We process appeals within 30 calendar days, unless otherwise required by state law(s). However, you or the patient may file an expedited appeal (processed within 72 hours), if your patient's life, health, or ability to regain maximum function could be seriously harmed by waiting up to 30 calendar days. Keep in mind if your patient's specific situation does not meet these guidelines, it will be considered under our standard appeal process. To file an expedited appeal, it is important that you call us at 800.832.3211.

If you would like to discuss this decision with our pharmacist or physician, please call our toll-free number, 800.832.3211.

If the patient should have any questions regarding this matter or any if their CIGNA HealthCare benefits, please have them call Member Services at the number listed on their CIGNA ID card.

KING 002044

10967 03/11/02 15:42



CIGNA HealthCare

Pharmacy Services Exception Request Notification

From: Debora Scavone
CIGNA HealthCare

Mar. 11, 2002

CIGNA HealthCare Pharmacy Services

Fax: 800.896.3032 Phone: 800.832.3211

To: Dr. Gonda
2212 Old Terrace Rd
Bouley Springs, SC 29316

Fax: (864) 578-7098 Phone: (864) 578-9735

Patient: William Casey
Patient ID#: 250376304-02
Requested Drug: Viagra
Decision: Your request for Viagra has been denied.
Reason: Criteria for this medication has not been met.

We encourage you to immediately notify your patient of this decision. We will mail you a formal letter with specific details of the decision within five days, and a copy will be sent to the patient.

If you feel this deserves further consideration, you may appeal this decision. Be sure to include additional information (not previously submitted) which will support your request. This will assist us in our review. Please send your request to: PACES Unit, CIGNA HealthCare, 2202 North West Shore Blvd, Suite 400, Tampa, FL 33607.

We process appeals within 30 calendar days, unless otherwise required by state law(s). However, you or the patient may file an expedited appeal (processed within 72 hours), if your patient's life, health, or ability to regain maximum function could be seriously harmed by waiting up to 30 calendar days.

Keep in mind if your patient's specific situation does not meet these guidelines, it will be considered under our standard appeal process. To file an expedited appeal, it is important that you call us at 800.832.3211.

You denied this Rx, you notify him immediately & have him curse @ you!!

A. V. V. V.

F. E. G. (M.D.)

ID: 25037630402

Mbr: William Casey

03/11/2002 PL70 Doc 133784

AZ RT

3/13/02

KING 002045

 CIGNA HealthCare Prescription Authorization Form- Viagra		
View our formulary online at http://www.cigna.com		
Notice: Failure to complete this form in its entirety may result in delayed processing or a denial for insufficient information		
Our standard turnaround time for prescription authorization requests is 2-4 business days. If your request is urgent, it is important that you call Pharmacy Services at 800.622.6579 to expedite the request.		
Name: <u>Dr. G. Gonda</u> ☐ PCP ☐ Specialist Office contact: <u>Emily</u> Facsimile #: () <u>864-578-7028</u> Phone #: (44) <u>578-7735</u> Address: <u>2712 Old Summer Rd.</u> <u>Belling Spring, SC 29316</u>	Name (last, first): <u>Casper William</u> CIGNA HealthCare ID #: <u>250376304-02</u> Client code (for CIGNA use): <u>158</u> Birth date: <u>1/58</u> Address: <u>714 Shree Kirt Lane</u> <u>Woodruff, SC 29388</u> Phone #: <u>843 476-9100</u>	
Drug: ☒ Viagra 25mg ☐ Viagra 50mg ☒ Viagra 100mg		
Diagnosis: <u>Erectile Dysfunction</u>		
Origin of the patient's impotence: <u>Smoking</u>		Date diagnosis was made: <u>9/7/01</u>
Required Labs (Lab levels are only required for a diagnosis related to hormone deficiency ED or ED of unknown origin): Testosterone level: <u>10.45</u> Prolactin level: <u>5</u> Thyroid level: <u>0</u> <u>Free 14.8</u>		
Is this patient currently being treated with any form of nitrates? ☐ yes ☒ no Is this patient currently being treated with a drug that may cause impotence? ☐ yes ☒ no		
Additional remarks:		Date: <u>02/28/2002</u>
Physician Signature: <u>Frank E. Gonda MD</u>		Date: <u>3/6/02</u>
CSR RECOMMENDATION: ☐ CRITERIA MET Duration of authorization: ☐ PENDING- CRITERIA NOT MET Request taken by: Date/ Time: <u>02/28/2002 12:01 PM</u>	PSA RECOMMENDATION: ☐ CRITERIA MET Duration of authorization: ☐ CRITERIA NOT MET Letter #: PSA Reviewer: Date/ Time:	RPH/ MD DECISION: ☐ APPROVED Duration of authorization: ☐ DENIED Letter #: Reviewed by: Date/ Time:
Comments to be inserted into letter:		RPH/ MD Comments:
DATABASE RECORD #	FUNDING TYPE (ASO, COMMERCIAL, ETC)	PRODUCT TYPE (2 TIER OR 3 TIER)
CIGNA Pharmacy Services phone: 800.622.6579 Attention CSA: Email completed telephone requests to your department's clinical review area		FAX form to: 800.442.9047

Fixed (ER)
3/7/02

KING 002046

REQUEST FOR SPINE IMAGING
Fax to MedSolutions at (888) 693-3210

Patient Name William Casey DOB Member ID#
 Plan Agda Healthcare PCP Mark Elona MD Requesting Exam Mark E. Gonda
 Tel # Requesting MD Office (804) 578-4735 FAX # Requesting MD Office (804) 578-7098
 Office Contact Person Emily Date Request Submitted 10/26/07
 Specialist Referral # Specialty of Referring MD
 Requested Facility for Procedure Sprinkery Regional Health System MVA ☐ Workers Comp ☐

Procedure: MRI Cervical Spine (CPT 72141) CT Cervical Spine (CPT 72125) with Myelogram
 MRI Thoracic Spine (CPT 72146) CT Thoracic Spine (CPT 72128) with Myelogram
 MRI Lumbar Spine (CPT 72148) CT Lumbar Spine (CPT 72131) with Myelogram

- Advanced imaging for suspected herniated disc should be reserved for those patients whose symptoms are persistent or worse despite 4-6 weeks of conservative Rx which should include limitation of activity and/or physical therapy.
- Generally either MRI or CT Myelography, but not both should be considered to evaluate persistent radiculopathy.
- Bone Scan is recommended in patients with known cancer, pain and no neuro findings.
- Plain films should be considered prior to advanced imaging in elderly patients with symptoms suggesting compression fracture.
- Emergent neurosurgical/orthopedic or neurological consultation is recommended for patients with progressive motor loss, incontinence, loss of anal sphincter tone.
- Initial MRI for MS should be requested by a neurologist following evaluation. Follow-up MRI is usually unnecessary to evaluate progression/remission of MS once diagnosis has been made.

Working Diagnosis: Chronic Low Back Pain

ns: Pain Radiculopathy
 Loss of Motor Function/Weakness What Level?
 Loss of Sensation What Level?
 Loss of reflexes Where?
 Loss of Bowel/Bladder Function Fever
 Elevated WBC Elevated sed rate

Duration of Symptoms

Is there a history of trauma? Yes

Conservative Rx Interval (4-6 weeks min):

Home exercise <u> </u>	Dates <u> </u>	Limited Activity <u> </u>	Dates <u> </u>
PT <u> </u>	Dates <u> </u>	NSAIDS <u> </u>	Dates <u> </u>
Steroid Injections <u> </u>	Dates <u> </u>	Medrol Dosepak <u> </u>	Dates <u> </u>

Known cancer diagnosis? (submit office notes) Yes Location(s)

Does the patient have known metastatic disease? Yes Location(s)

Has patient had previous surgery in the region of current symptoms? Yes

Is surgery being considered for this patient? Yes

Previous Imaging Procedures (submit reports): Plain Films CT MRI Myelogram

CT Myelogram: What additional information will be obtained from this procedure not obtained from previous MRI?

9/2/99

KING 002047



KING 002048

17804

THE WARD LAW FIRM, P.A.

ATTORNEYS AT LAW
POST OFFICE BOX 3188
SPARTANBURG, SOUTH CAROLINA 29304
(864) 582-4365

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233 SOUTH PINE STREET
SPARTANBURG, S.C. 29302

FAX NO. (864) 583-8961
E-mail: aking@wardfirm.com

Direct No. 864-591-2364

June 16, 2006

Frank Gonda, MD
Medical Records Custodian
2212 Old Furnace Road
Spartanburg, SC 29316

Re: William Mark Casey v. Gregory J. Feldman, MD, Joseph A. Boscia, III,
MD, Upstate Lung and Critical Care Specialists, PC, and Devendra
Sharma, MD

CA No.: 2006-CP42-1728

Our File No.: 26-0266

Dear Records Custodian:

These medical records and billing records are being sought based on a medical malpractice lawsuit filed by William Mark Casey. A copy of this letter and subpoena are being sent to her attorney. Accordingly, I am providing notice under state and federal law that I am seeking the production of the information contained in the subpoena. The subpoena contains instructions for responding to it. Unless Plaintiff or her attorneys raise an objection within ten (10) days of the receipt of this subpoena, you should produce the records as specified in the subpoena.

We will, of course, pay reasonable costs for production of these documents.

I am

Very truly yours,

Donna C. Hill

Donna C. Hill, C.L.A.
Paralegal to H. Spencer King

/dch

Enclosure

cc: Chuck Thompson, Esquire w/enclosure
William U. Gunn, Esquire w/enclosure

SDS
6/13/06
ca

KING 002049

STATE OF SOUTH CAROLINA
ISSUED BY THE COMMON PLEAS COURT IN THE COUNTY OF SPARTANBURG

William Mark Casey,
Plaintiff,

v.

C.A. No. 2006-CP-42-1728

Gregory J. Feldman, MD,
Joseph A. Boscia, III, MD, Upstate Lung and
Critical Care Specialists, PC, and
Devendra Shantha, MD,

Defendants.

TO: Medical Records Custodian, Frank E. Gonda, M.D., 2212 Old Furnace Road, Spartanburg, SC 29316.

☐ YOU ARE COMMANDED to appear in the above named court at the place, date, and time specified below to testify in the above case.

Place of Testimony -

Courtroom:

Date and Time:

☐ YOU ARE COMMANDED to appear at the place, date, and time specified below to testify at the taking of a deposition in the above case.

Place of Deposition:

Date and Time:

☒ YOU ARE COMMANDED to produce and permit inspection and copying of the following documents or objects in your possession, custody or control at the place, date and time below:

A complete copy of your records of treatment at any time pertaining to William Mark Casey, SSN: [REDACTED] DOB: [REDACTED]-58.

A complete copy of your billing records for treatment at any time pertaining to William Mark Casey, SSN: [REDACTED] DOB: [REDACTED]-58.

IN LIEU OF PERSONALLY APPEARING, THESE RECORDS MAY BE MAILED TO DONNA C. HILL, C.L.A., THE WARD LAW FIRM, P.A., PO BOX 3188, SPARTANBURG, SC 29304.

Place: 233 South Pine Street, Spartanburg, SC 29302

Date and Time: 3:00 pm on July 31, 2006

☐ YOU ARE COMMANDED to permit inspection of the following premises at the date and time specified below.

Premises

Date and Time

ANY SUBPOENAED ORGANIZATION NOT A PARTY TO THIS SUIT IS HEREBY DIRECTED PURSUANT TO RULE 30(b)(6), SOUTH CAROLINA RULES OF CIVIL PROCEDURE, TO FILE A DESIGNATION WITH THE COURT SPECIFYING ONE OR MORE OFFICERS, DIRECTORS, OR MANAGING AGENTS, OR OTHER PERSONS WHO CONSENT TO TESTIFY ON ITS BEHALF, AND SHALL SET FORTH, FOR EACH PERSON DESIGNATED, THE MATTERS ON WHICH HE WILL TESTIFY OR PRODUCE DOCUMENTS OR THINGS. THE PERSON SO DESIGNATED SHALL TESTIFY AS TO MATTERS KNOWN OR REASONABLY AVAILABLE TO THE ORGANIZATION.

ISSUING OFFICER'S NAME, ADDRESS AND PHONE NUMBER

H. Spencer King, Esq.,
The Ward Law Firm, P.A., 233 South Pine Street
PO Box 3188, Spartanburg, SC 29304-3188 (864/582-4366)

I CERTIFY THAT THE SUBPOENA IS ISSUED IN COMPLIANCE WITH RULE 45(c)(1) AND THAT NOTICE AS REQUIRED BY RULE 45(b)(1) HAS BEEN GIVEN TO ALL PARTIES.

ISSUING OFFICER'S SIGNATURE AND TITLE (INDICATE IF ATTORNEY FOR PLAINTIFF OR DEFENDANT)

DATE: June 16, 2006

Attorney for Defendants Gregory J. Feldman, MD, Joseph A. Boscia, MD, and Upstate Lung and Critical Care Specialists, PC

SCCA FORM 254 (7/93) (See Rule 45, South Carolina Rules of Civil Procedure, Parts (c) & (d) on Reverse)

KING 002050

STATE OF SOUTH CAROLINA) IN THE COURT OF COMMON PLEAS
)
COUNTY OF SPARTANBURG) C.A. NO. 2010-CP-42-05743

Gregory J. Feldman, MD, Joseph A.)
Boscia, III, MD, and Upstate)
Lung & Critical Care Specialists, PC,)

Plaintiffs,)

Versus)

William Mark Casey, Ray E. "Chuck")
Thompson, and Charles M. Fogarty, MD,)

Defendants.)

DEPOSITION OF
KENNETH C. ANTHONY, JR., ESQUIRE

Pursuant to Notice of Deposition and/or agreement
in the above-entitled case, the deposition of KENNETH C.
ANTHONY, JR., ESQUIRE was taken on the 26th day of April,
2017, commencing at the hour of 9:55 a.m. in the offices of
The Anthony Law Firm, P.A., Spartanburg, South Carolina.

REPORTED BY: Rosalind Poole Walters,
Certified Verbatim Reporter-Master

LEGAL EAGLE
Certified Verbatim Reporters
Post Office Box 5682
Greenville, South Carolina 29606
(864) 587-7050 or (864) 467-1373
depos@legaleagleinc.com

APPEARANCES:

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milton.mann@gmail.com

Attorney for Plaintiff,

MATTHEW H. HENRIKSON, ESQUIRE

HENRIKSON LAW FIRM

Post Office Box 26554

Greenville, South Carolina 29616

Attorney for Defendant Ray E. "Chuck" Thompson,

ELLEN S. CHEEK, ESQUIRE

WILKES LAW FIRM, P.A.

127 Dunbar Street, Suite 200

Spartanburg, South Carolina 29306

Attorney for Defendant Charles M. Fogarty, M.D.

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(THIS TRANSCRIPT MAY CONTAIN QUOTED MATERIAL. SUCH
MATERIAL IS REPRODUCED AS READ OR QUOTED BY THE SPEAKER.)

1 STIPULATIONS:

2 It is agreed by and between the counsel for the parties as
3 follows:

- 4 1. That this deposition is being taken pursuant to Rule 30
5 of the South Carolina Rules of Civil Procedure;
6 2. That the deponent waives the right to read and sign the
7 deposition transcript.

8 *****

9 KENNETH C. ANTHONY, JR., ESQUIRE, being duly sworn to tell
10 the truth, the whole truth, and nothing but the truth of his
11 own knowledge concerning the matter herein, testified as
12 follows:

13 *****

14 EXAMINATION BY MR. MANN:

15 Q. would you please state your name for the record.

16 A. Ken Anthony.

17 Q. Mr. Anthony, I believe you know or have been introduced
18 to everyone in the room.

19 A. I do, and you can call me Ken.

20 Q. Thank you, Ken. I appreciate that. Ms. Cheek
21 represents Dr. Fogarty in this action. Is that your
22 understanding?

23 A. I don't have an understanding.

24 Q. Okay. I will represent to you that Ms. Cheek
25 represents Dr. Fogarty in this action. I will

1 represent that Mr. Henrikson represents Mr. Thompson in
2 this action.

3 A. Okay.

4 Q. Let me start with a little foundation, and then we'll
5 move forward from there, if that's okay. You have
6 taken depositions before?

7 A. Once or twice.

8 Q. You're well versed in the procedures of taking a
9 deposition?

10 A. I think so. And if you ask me a question that doesn't
11 make any sense, I'm going to ask you to clarify it, and
12 I'm not going to ask Ellen for the answer.

13 Q. Thank you so much. And if I can do anything to
14 accommodate you, please let me know, Ken.

15 A. Mm-hmm.

16 Q. Let's mark this as 103, please.

17 (Plaintiff's Exhibit Number 103 marked)

18 EXAMINATION RESUMED BY MR. MANN:

19 Q. Mr. Anthony, would you please look at this and tell me
20 if you've seen this before.

21 A. I have.

22 Q. Or Ken. Excuse me. In your understanding, what is
23 that?

24 A. I think it's what required me to be here.

25 Q. Thank you, sir. So we can refer to it as a subpoena?

1 A. Sure.

2 Q. All right, thank you. Let's mark this as 104, please.
3 (Plaintiff's Exhibit Number 104 marked)

4 EXAMINATION RESUMED BY MR. MANN:

5 Q. Mr. Anthony, or Ken, excuse me. I apologize. Can you
6 tell me what that document is, please?

7 A. I think that's the notice of deposition.

8 Q. That's my understanding, as well. Give me one second,
9 please. Mr. Anthony, I want to ask you to take a look
10 at what has previously been marked in this litigation
11 as Exhibit Number 80. For the benefit of counsel, that
12 is the consent order respecting the waiving of
13 privilege. Mr. Anthony, have you seen this document
14 before, sir? Or Ken. Excuse me.

15 A. No, not that I remember.

16 Q. I believe that when I sent you the subpoena for your
17 case file --

18 A. Yeah, you might have---

19 Q. -- respecting William Mark Casey, I believe I included
20 a copy of this.

21 A. I think you did, now that you -- now that you mention
22 it.

23 Q. And before I ask you whether or not you represented Mr.
24 Casey at some point in time, have you had an
25 opportunity to review this?

1 A. I have looked at -- yeah, I remember looking at this
2 document now.

3 Q. And I will represent to you that the intent of this is
4 that the attorneys in the underlying medical
5 malpractice action that involved Dr. Feldman, Dr.
6 Boscia, Dr. Shantha, Upstate Lung and Critical Care
7 Specialists, and William Mark Casey, it was the intent
8 that attorney-client privilege in the underlying case
9 would be waived and that items in connection with that
10 case were discoverable. Is that your understanding of
11 this document? I will further represent that when this
12 was entered into Mr. Casey was a party to the
13 litigation and he was represented by Mr. Mooneyham, and
14 his signature of consent is on page 8 of the order that
15 you're looking at.

16 A. Yeah, I saw that. So, I'm sorry, what's your question,
17 again?

18 Q. My question is, do you understand that the intent of
19 this order is to allow you to speak about attorney-
20 client matters between you respecting your
21 representation, documents, and things of that nature
22 produced in your representation of William Mark Casey
23 so that those items may be discovered and disclosed?

24 A. That's what it looks like.

25 Q. Previously, and as I referenced just a minute ago,

1 previously I had sent you a copy of that along with
2 this document.

3 (Plaintiff's Exhibit Number 105 marked)

4 EXAMINATION RESUMED BY MR. MANN:

5 Q. If you'd take a look at what has been marked 105.

6 A. I remember that.

7 Q. All right, sir. And I believe you did provide some
8 electronic items as a result of that?

9 A. I believe I did.

10 (Off the Record; 10:03 -- 10:05 a.m.)

11 EXAMINATION RESUMED BY MR. MANN:

12 Q. And Ken, we'll get back to 105 in a little bit. Did
13 you represent William Mark Casey at some point in time?

14 A. well, I don't think so, but those two pieces of paper
15 we just talked about seem to indicate that I may have
16 had some part in -- in his representation, his case,
17 but I would -- I would have said no had I not found
18 those two letters.

19 Q. Let's mark this as Exhibit 106.

20 (Plaintiff's Exhibit Number 106 marked)

21 EXAMINATION RESUMED BY MR. MANN:

22 Q. Mr. Anthony, let me ask you to take a look at that for
23 me.

24 A. Okay.

25 Q. It appears that there is a signature block on this

1 document for you, sir?

2 A. It does appear so.

3 Q. And it says that it was signed by express permission?

4 A. That's what it says.

5 Q. Have you seen that document before?

6 A. I don't remember it, and I guess it goes without saying
7 -- I guess I informed you earlier, but for anybody else
8 in the room, if I ever had a paper file on this, I
9 don't have it now.

10 Q. Yes, sir.

11 A. All I -- all I have is the two things that I provided
12 you, and that's clearly not my -- not my signature on
13 this document, because as bad a signature as that is,
14 it's -- mine's worse, and so I don't -- I have no
15 recollection of this document.

16 Q. Would you please read it for me and go over it, because
17 I have a couple of questions about it.

18 A. You want me to read it out loud?

19 Q. No, sir, just for your benefit.

20 A. Okay. I got it.

21 Q. What does that purport to be?

22 A. It's an employment agreement. It calls it -- it calls
23 itself a contract for representation, fee agreement,
24 whatever you want to -- however you want to
25 characterize it.

1 Q. Do you have any question as to whether or not it was
2 signed with your permission?

3 A. I do not -- sitting here today, I would not think that
4 it was. I very rarely give anybody permission to sign
5 my name.

6 Q. All right, we can set that one aside for a little bit.

7 A. Sure.

8 Q. What do you remember about William Mark Casey and his
9 potential medical malpractice claims?

10 A. Well, as I told you when you were kind enough to come
11 over here and give me the request for documents and
12 things, almost nothing. Almost nothing. I remember
13 Chuck Thompson -- I may be telling you more than you
14 want to know, but Chuck Thompson over the years had
15 called me when he had a case he wanted my help on, and
16 we handled a number of cases together over the years.
17 To the best of my recollection, this is the last one
18 where he called and asked me to be involved. I believe
19 I reviewed some medical records. I remember meeting
20 with Chuck and Casey, and I want to think Noel, young
21 Noel Turner was there. Most people in the room may not
22 be old enough to remember old Noel Turner. And so---

23 Q. I knew him well.

24 A. I remember having a meeting with them. I did not
25 remember until I produced those two documents to you

1 that I apparently arranged for him to go have a
2 neuropsychiatric evaluation with Randy Waid, who I had
3 worked with in the past. I think that was one of their
4 questions, was how to -- how to get that done, and I
5 arranged it for them. As I say, I would not have
6 remembered that at all unless I found those documents.
7 And the best I remember, that was about the extent of
8 my involvement in the case. That's all that comes to
9 my memory.

10 Q. Did you have any discussions with Dr. Fogarty?

11 A. I don't think so.

12 Q. At any point in time did Mr. Thompson describe Dr.
13 Fogarty's involvement in William Mark Casey's potential
14 claims to you?

15 A. Yes.

16 Q. What did he tell you about Dr. Fogarty's involvement?

17 A. It's just been such a long time, I mean, all I can
18 really tell you generally, Milton, is that I believe
19 Fogarty had examined Casey, probably reviewed the
20 records, and Fogarty was critical of Feldman's handling
21 of the case.

22 Q. Is that all your recollection is?

23 A. Mm-hmm.

24 Q. Do you remember yourself having any conversations with
25 Dr. Fogarty?

1 A. I don't.

2 Q. Let's mark this as Exhibit 107.

3 (Plaintiff's Exhibit Number 107 marked)

4 EXAMINATION RESUMED BY MR. MANN:

5 Q. Would you take a minute or two and look over that, and
6 then I've got some questions for you regarding it.

7 A. Okay.

8 Q. First off, Ken, can you tell me what this appears to
9 be?

10 A. Well, it appears to be a letter from Chuck Thompson to
11 me dated August 22, 2005.

12 Q. And at the top of -- or, excuse me, within the first
13 sentence of the letter, does it list a number of items
14 that appear to have been included with this letter sent
15 to you?

16 A. It does.

17 Q. And can you tell me what appears, according to this
18 letter, to have been sent to you, please?

19 A. Well, I can read as good as anybody, I think. It says
20 medical records, psychological and psychiatric records,
21 as well as school and academic records.

22 Q. Does that refresh your memory? Do you remember
23 receiving that notebook?

24 A. Well, as I said earlier, I remember reviewing some
25 documents on Mr. Casey. I would not have remembered

1 exactly what they were, but I think probably I did
2 receive such a notebook.

3 Q. Mr. Thompson's use of the term updated notebook---

4 A. Mm-hmm.

5 Q. And you have to give her yes or nos, please.

6 A. I'm sorry. What was your question?

7 Q. My question is, do you see where it says updated
8 notebook in Mr. Thompson's letter?

9 A. I do.

10 Q. That would seem to reference that there was a previous
11 notebook. Would you agree with that?

12 A. Well, that's what it seems to say. I don't remember.

13 Q. So you don't remember the one notebook or more than one
14 notebook?

15 A. I do not.

16 Q. And I believe you've already stated, but I'm not sure
17 that there was a question, at some point in time you
18 did make arrangements for Mr. Casey to go down and meet
19 with Dr. Waid down in Charleston?

20 A. As I say, from the -- from the documents I produced for
21 you, I don't remember if it was in one or both of them,
22 but it appears that I did. I would -- I did not
23 remember that even the first time that we talked, but
24 it appears that I did make those arrangements.

25 Q. Prior to William Mark Casey or sending William Mark

1 Casey down to see Dr. Waid, had you had previous
2 involvement with Dr. Waid?

3 A. I have.

4 Q. Can you tell me anything, can you explain to me why you
5 would choose Dr. Waid to see Mr. Casey?

6 A. I have employed him over the years, and he seems to be
7 a very competent, caring doctor, a very good witness,
8 and I haven't had occasion to use him in -- perhaps
9 since then, but it's been a -- it's been a long time,
10 but I know any -- any time I think of somebody who's
11 supposed to give a neuropsychiatric evaluation, that's
12 where I send them.

13 Q. Well, let me ask a different question. Who came up
14 with the idea to send Mr. Casey for a
15 neuropsychological evaluation?

16 A. I don't know.

17 Q. Could it have been you?

18 A. Could have been.

19 Q. But you have no recollection?

20 A. I really don't. As I say, I remember having one
21 meeting with these folks. I could have had more than
22 one, but I remember having one meeting, and then all I
23 have is my -- my records.

24 Q. I'd ask this to be, I believe it's 108.

25 (Plaintiff's Exhibit Number 108 marked)

1 EXAMINATION RESUMED BY MR. MANN:

2 Q. Mr. Anthony, have you seen this before?

3 A. Yeah. Is this -- is this the same thing that I was
4 just asking Cindy to print back off?

5 Q. I believe this is.

6 A. Okay. Yes, I have.

7 Q. But at some point in time we'll compare them.

8 A. Okay.

9 Q. And I believe this was a letter generated by your
10 office. Is that correct?

11 A. So it appears.

12 Q. And it appears that it was signed by your legal
13 assistant?

14 A. I think it was.

15 Q. Would you have dictated this letter?

16 A. I don't know. I'm going to say probably.

17 Q. Do you have any question as to maybe your staff simply
18 did this on their own accord?

19 A. I mean, that's possible. Amy Lee is who typed this and
20 signed my name, and she was familiar with Dr. Waid, and
21 she may -- she may have generated that. I'm just not
22 sure.

23 Q. Is she still with you?

24 A. Sitting right out there.

25 Q. Please look down to the second-from-the-last paragraph,

1 and would you read that for us, please?

2 A. If I've got the one you want, "I plan to overnight the
3 notebook to Dr. Waid today. I plan to remove the file
4 review under tab 51. If there is anything else you
5 think we should remove, let me know before I send it."

6 Q. Do you remember what file 51 was?

7 A. No. That's not that place where the aliens land out
8 there, is it?

9 MS. CHEEK:

10 It is.

11 EXAMINATION RESUMED BY MR. MANN:

12 Q. Ken, I'll tell you, that was my first question, too.
13 But I will tell you I do not think file 51 is in area
14 51.

15 A. Okay.

16 Q. Do you remember removing anything else from the file?

17 A. I don't.

18 Q. Let's mark this as Exhibit 109.

19 (Plaintiff's Exhibit Number 109 marked)

20 EXAMINATION RESUMED BY MR. MANN:

21 Q. Mr. Anthony, would you please take a look at what's
22 been marked 109 and tell me if you have any
23 recollections of that letter and tell me what it is.

24 A. I mean, it appears to be a letter from, as I call him,
25 Young Noel to me August 25, 2005, which says it's

1 enclosing a contract for representation. It says that
2 he signed it with permission.

3 Q. Do you have any recollection of that letter?

4 A. I'm sorry. I just don't have -- I don't have any.

5 Q. Do you think that it may or may not have been sent to
6 you?

7 A. There again, I just -- I can't tell you. I don't -- I
8 didn't have this document. If I -- as I said earlier,
9 if I had a paper file, it's long gone. So I just can't
10 tell you whether it was sent to me or not.

11 Q. It does purport to state that Noel had permission to
12 sign for you?

13 A. That's exactly what it says.

14 Q. Do you think he would be misrepresenting that in this
15 letter?

16 A. I would not question Noel's credibility, but, as I said
17 earlier, I don't -- I don't remember giving anybody
18 permission to sign my name to an employment agreement,
19 contract for representation.

20 Q. Would you agree, though, that this letter represents
21 that Noel did have permission to do so?

22 A. That's what it says.

23 Q. And we looked earlier at a contract for representation?

24 A. Mm-hmm.

25 Q. And that was an affirmative yes?

1 A. We did look earlier at a contract for representation.

2 Q. Okay, thank you. I'll come back to that in a little
3 bit.

4 (Plaintiff's Exhibit Number 110 marked)

5 EXAMINATION RESUMED BY MR. MANN:

6 Q. Let me ask you to look at what has been marked Exhibit
7 Number 110, please.

8 A. Okay.

9 Q. Have you seen that document before?

10 A. Not that I remember.

11 Q. At the top there appears to be a fax tag line. Do you
12 see that?

13 A. Yes.

14 Q. Is that your fax number?

15 A. It is.

16 Q. If Dr. Waid would have faxed a bill over to you, would
17 your staff have shown it to you?

18 A. Maybe, maybe not.

19 Q. So you have no recollection if you ever saw the bill
20 before?

21 A. Milton, this is 2005. I don't -- I don't remember when
22 some of my children were born. I don't remember. No.
23 No. I don't mean to be -- I don't mean to be jovial
24 about it, but no, I don't remember.

25 Q. What do you do in your practice, Mr. Anthony, or Ken?

1 A. well, probably way too much. We handle almost anything
2 that walks in off the street. I don't do any
3 admiralty. I don't do any bankruptcy. That's about
4 all I can tell you we don't do.

5 Q. And patent law?

6 A. What?

7 Q. And patent law?

8 A. No, don't do patent law either.

9 Q. I was going to say, that would be an odd one if you did
10 that. So you have done plaintiff's work representing
11 injured individuals against physicians?

12 A. I have.

13 Q. Have you brought suit on behalf of claimants against
14 physicians within Spartanburg before?

15 A. Yes, I have.

16 Q. Is it a common occurrence?

17 A. Not really.

18 Q. If you had to hazard a guess, how many times do you
19 think you have done that?

20 A. I would say five or less.

21 Q. So it's fair to say it's not a common occurrence of
22 yours?

23 A. I think that's fair to say.

24 Q. Given that this lawsuit that Mr. Casey and Mr. Thompson
25 were bringing requesting your assistance in

1 representing them involved a Spartanburg local
2 physician, would that have given you pause of
3 consideration given that it was a local physician
4 within the city of Spartanburg?

5 A. Well, not to give you too long an answer, but my
6 feeling has always been that if somebody is done wrong,
7 then they deserve my representation, and I shouldn't be
8 deterred by the fact that they live in a particular
9 place. And I've brought legal malpractice cases
10 against lawyers in Spartanburg County. It's not that.
11 And I will tell you -- I warned you this was a longer
12 answer than you want. I oftentimes find I have a
13 conflict if it's a Spartanburg County physician, either
14 because I've represented them, I've represented their
15 child, my wife's friends with them, something. So the
16 reason that I gave you earlier why there are so few
17 cases that I've brought here is not necessarily because
18 I haven't seen cases that deserve to be brought but
19 because I had some kind of conflict that I couldn't
20 bring them, and I usually refer those to a lawyer in
21 Greenville.

22 Q. who would that lawyer be?

23 A. well, I'd just pick one out at the time. It used to be
24 Mike Parham, used to be. He's not alive anymore. But
25 I usually give them two or three names of people in

1 Greenville who may not have the kind of conflicts that
2 I do.

3 (Plaintiff's Exhibit Number 111 marked)

4 EXAMINATION RESUMED BY MR. MANN:

5 Q. This is marked 111. Ken, I will represent I know
6 that's not a document that you've seen before, or I
7 don't expect that you have seen before. So please feel
8 free to take your time to review it before I ask you
9 questions. Let me know when you're ready, please.

10 A. Okay, I'm ready.

11 Q. Can you please tell me what this appears to be or what
12 your understanding of what Exhibit 111 is, Ken?

13 A. It appears to be a letter from Parham Smith and Dodson,
14 LLC dated May 2, 2005 to Chuck Thompson.

15 Q. Had Mr. Thompson advised you -- and can you tell me the
16 date of the letter?

17 A. May 2, 2005.

18 Q. Is this prior to any knowledge or involvement of
19 William Mark Casey?

20 A. I'm sorry. Ask me that, again?

21 Q. Is this letter prior, in other words, is May 2, 2005 a
22 date prior to any involvement or knowledge that you had
23 of William Mark Casey?

24 A. I don't know.

25 Q. Okay. Let's go back through the other exhibits that

1 we've marked in this case, if you don't mind, Mr.
2 Anthony, or Ken. Let's look at previously marked
3 Exhibit 106.

4 A. I mean, if you're going to ask me what the dates are on
5 these things, I'm going to agree with you that whatever
6 the date is is whatever the date is.

7 Q. And, again, can you tell me what the date is on 106,
8 please?

9 A. That one says August 24, 2005.

10 Q. And the date on 107, please?

11 A. That says August 22, 2005.

12 Q. And the date on 108, please?

13 A. That says August 23, 2005.

14 Q. And, lastly, Exhibit 109, please?

15 A. That says August 25, 2005.

16 Q. Do you believe that you were involved in May with
17 William Mark Casey and Mr. Thompson on this case?

18 A. I'm sorry if I'm being unhelpful, but I don't know.

19 Q. At any point in time did Mr. Thompson tell you that
20 Parham and Smith had reviewed Mr. Casey's claims?

21 A. I have no recollection of that.

22 (Plaintiff's Exhibit Number 112 marked)

23 EXAMINATION RESUMED BY MR. MANN:

24 Q. Would you please take a look at that for me, Ken.

25 A. Sure.

1 Q. And tell me when you've had a chance to review it so
2 that I may ask you some questions about it.

3 A. I'm ready.

4 Q. Okay. What does this appear to be?

5 A. It appears to be the report from Dr. Waid as to his
6 neuropsychological evaluation.

7 Q. And at the top of what we've marked as Exhibit 112,
8 does that appear to be a fax transmittal line at the
9 top of it?

10 A. It does.

11 Q. And that appears to have been faxed to you?

12 A. According to this, it does.

13 Q. And at the top it appears that that is the third page
14 of 10 pages?

15 A. That's what this document would indicate.

16 Q. Now, let me ask you to look back real quick. I'm just
17 trying to tie things together. Look back at Exhibit
18 110.

19 A. Mm-hmm.

20 Q. And up at that same fax transmittal line.

21 A. Yes.

22 Q. That appears to be the second page of 10?

23 A. It says 2 of 10, yes, it does.

24 Q. Those appear to have been together. I do not have a
25 page 1 with us today, but let's get back to 112 and let

1 me ask a couple of questions.

2 A. Okay.

3 Q. Look at the second page, fourth paragraph down. Do you
4 see toward the end of the paragraph where it starts,
5 "Dr. Fogarty stated with regard to the bronchoscopy,"
6 do you see that?

7 A. I do.

8 Q. Let me ask you to look at -- let me switch notebooks
9 with you. Save this for me, because I'm going to ask
10 you a couple of questions about that. Let me get my
11 notebook so I know which one to direct you to look at.
12 Let me ask you to look at Number 7 within here. In
13 particular let me to direct you to the third page of
14 this, and looking at the last paragraph above Plan,
15 would you read that paragraph, and then I would like
16 you to compare it to the paragraph I referenced in
17 Exhibit 112 for me.

18 A. Well, the paragraph you've asked me to read here --

19 Q. Yes.

20 A. -- Lung and Chest Medical Associates says, "with
21 reference to the patient's difficulty concentrating,
22 air emboli have been reported as a complication of
23 laser bronchoscopy even without perforation of the
24 endotracheal tree with a resultant leakage of air into
25 extrapleural, vascular, and mediastinal spaces.

1 Although he is fortunate not to have any gross motor
2 deficit, he may well have a permanent neurologic
3 deficit in which case the indication for taking
4 medication such as Strattera may be moot. The patient
5 may simply need to recognize that although he would
6 like to go back to work he may be chronically disabled
7 by his neurologic impairment-slash-permanent brain
8 damage."

9 Q. Looking at the quote attributed to Dr. Fogarty in Dr.
10 Waid's report, which is 112, and then looking back at
11 what previously has been marked Exhibit 7 in this case,
12 the paragraph you just read, would you agree starting
13 with the word air emboli that that is a direct quote
14 from what is Exhibit Number 7?

15 A. I'm having trouble going back and forth between these
16 two. Let's see here. Well, I mean, I don't know that
17 I'm supposed to be a editing expert or whatever in this
18 case, although I was an English major in college, but
19 if you want me to be picky, which I have been known to
20 be, my staff will tell you, Fogarty says he may well
21 have a permanent neurologic deficit. Waid says he may
22 well have a permanent neurological deficit. And
23 Fogarty uses the term moot, m-o-o-t, and Waid uses the
24 term mute, m-u-t-e. Otherwise, I would agree with you
25 that it's pretty much the same thing.

- 1 Q. All right. In looking back at 7, what is the date of
2 that Lung and Chest note?
- 3 A. That's July 21, '05, it looks like.
- 4 Q. Now let me ask you to look at Exhibit 6 in this
5 notebook, if you would, for me, Ken.
- 6 A. Yes, sir.
- 7 Q. Let's go back to 7 first. I'm sorry.
- 8 A. Okay.
- 9 Q. Going back to 7, can you look at the last page of that
10 note? Is there a signature?
- 11 A. Well, yeah, there's a signature.
- 12 Q. And whose signature does that purport to be?
- 13 A. The typing under it says it's Charles M. Fogarty, MD.
- 14 Q. Okay, thank you. Now let's go back over to 6, and what
15 is the date of this note?
- 16 A. This one is July 21, '05.
- 17 Q. Is that the same date as 7?
- 18 A. Appears to be.
- 19 Q. Are these notes both from the same medical association?
- 20 A. That appears to be, also.
- 21 Q. Let me ask you to look at the last page of what has
22 been marked as Exhibit 6.
- 23 A. Mm-hmm, yes.
- 24 Q. Is there a signature at the bottom of that note?
- 25 A. There is.

1 Q. And whose signature is that?

2 A. Again, the typing under it says Charles M. Fogarty, MD.
3 I'm not a handwriting expert. So I can't tell you
4 that's his signature, but somebody signed it over that
5 line.

6 Q. Yes, sir. And do these both appear to be office visit
7 notes?

8 A. That would -- that would be my impression.

9 Q. Let me direct your attention to the paragraph that we
10 were looking at before, the paragraph above Plan where
11 it says "with reference."

12 A. Yes, sir.

13 Q. Let me ask you to read for yourself that first sentence
14 in the paragraph.

15 A. All right, sir.

16 Q. And would you agree with me note 6 contains the word
17 common complication or the words common complication
18 and that 7 only contains the word complication? would
19 you mind comparing those two as it relates to
20 complication versus common complication?

21 A. I think you would be correct.

22 Q. Do you have any recollection of seeing these two notes?

23 A. No.

24 Q. Let me show you another document, and then we'll get
25 back to our documents. Let me ask you to change

1 notebooks. I'll leave this one so it's convenient.

2 Let me ask you to look at what has previously been

3 marked Exhibit Number 96 for me. Okay?

4 A. Okay.

5 Q. Would you please take a look at that, and when you've
6 had a chance to look at it I'd like to ask you a couple
7 of questions.

8 A. All right, yes, sir.

9 Q. Can you tell me what that appears to be? And by
10 "that," I'm talking about Exhibit Number 96, please.

11 A. It appears to be a fax that was sent from Lung and
12 Chest Medical Associates to Chuck Thompson.

13 Q. And can you tell me the date of this, please?

14 A. It shows as August 24, 2005.

15 Q. And does it have an attachment?

16 A. Yes.

17 Q. And can you tell me what that attachment appears to be?

18 A. It appears to be one of the notes we were just looking
19 at from July 21, 2005.

20 Q. And let's look at that same paragraph that we've been
21 talking about, the one above Plan.

22 A. Yes, sir.

23 Q. And looking at that first sentence, if I'm reading it
24 correctly, it says, "have been reported as a
25 complication"?

1 A. The one you've just shown me, Exhibit 96, it reads as
2 you just read it.

3 Q. Now let me ask you to turn to the first page of the
4 attachment to 96 for me.

5 A. Yes, sir.

6 Q. And, again, I think you identified that as a 7/21/05
7 note?

8 A. I think that's what it identifies itself as.

9 Q. Thank you. And would you look at the last page of the
10 attachment to 96 and tell me if there appears to be a
11 signature?

12 A. There does.

13 Q. And underneath the signature is there a name?

14 A. Yes. That's the same as before. Charles M. Fogarty,
15 MD.

16 Q. Looking at the attachment again to 96, do there appear
17 to be streak lines down through each page?

18 A. If you're talking about these vertical lines about a
19 quarter of the way across the page, they do.

20 Q. Have you seen those before?

21 A. I don't know that -- I don't think I've ever even seen
22 this report before, but I certainly don't remember
23 those, any streak lines.

24 Q. Do those look like the streak lines that were pretty
25 common on faxes back when we used to send faxes to one

1 another?

2 A. Well, they happen sometimes. Still do sometimes.

3 Q. Would those lines appear consistent with the lines
4 you've seen before on a fax transmittal?

5 A. I've seen them on all -- yes. I've seen them on all
6 kinds of things. I don't -- again, I'm not an expert
7 on fax machines. We still -- we still get them on --
8 when we try to print something sometimes.

9 Q. So let's do a little bit of a comparison between Number
10 7 and the attachment to 96, please.

11 A. Seven?

12 Q. This is Exhibit Number 7 previously marked in this
13 case. You looked at it earlier for me, if you recall.

14 A. And the attachment to 96?

15 Q. Yes, sir. Do both of those appear to have the streak
16 lines?

17 A. Yes.

18 Q. That we were talking about?

19 A. Mm-hmm.

20 Q. And looking at that paragraph that we have discussed
21 before, that paragraph, do those appear to be the same?
22 In other words, would you agree with me that both of
23 these read, "have been reported as a complication"?

24 A. Yes, I think I agreed with that before.

25 Q. And it does not contain the word common complication?

1 A. Not in whatever it is, 7 and 96. Neither one of those
2 seem to have that word.

3 Q. So let's---

4 A. I'm starting to think -- feel like this is one of those
5 things in the newspaper where you've got to look at the
6 two pictures and see, you know, what's different.

7 Q. Yeah. And since we're in the neighborhood, let's go
8 ahead and look at Exhibit Number 5.

9 A. All righty.

10 Q. And---

11 A. Exhibit Number 5 appears to be called Exhibit Number
12 20?

13 Q. Well, no. Two different things, as a matter of fact.
14 These are just a duplicate of the notebook. This was
15 previously marked as Exhibit Number 5 to, I believe,
16 Dr. Feldman's deposition, if I'm not correct.

17 A. I just want to be sure I'm looking at what you want me
18 to look at.

19 Q. Well, we're going to look at two things. So I'm
20 representing to you that this document in this
21 litigation has previously been marked as Exhibit Number
22 5.

23 A. Okay.

24 Q. Because we're doing sequential. Now, what you're
25 referencing is an exhibit, and you can tell me what the

1 exhibit sticker says, if you don't mind.

2 A. The exhibit sticker on it says it's Exhibit Number 20,
3 and it says Dr. Fogarty under it.

4 Q. And is there a date on that?

5 A. December 22, 2008, I think. And I have my reading
6 glasses on.

7 Q. All right. And what does this appear to be?

8 A. Well, it says it's an office note from Lung and Chest
9 Medical Associates dated July 21, 2005.

10 Q. And if I recall correctly, we've established that
11 Exhibit Number 6 is also dated 7/21/05. Correct? And
12 you're welcome to look back at Exhibit Number 6.

13 A. No, I believe -- I believe there are two that we've
14 already looked at with that same date.

15 Q. So now we've got three. Would you agree with that?

16 A. Well, I don't know. Is this any different from the
17 others?

18 Q. Well, let's get to the last page, and is there a
19 signature block on it?

20 A. There is.

21 Q. And does it have a name on it?

22 A. It has Dr. Fogarty's name on it, but obviously not
23 signed.

24 Q. I will represent to you that it was attached to Dr.
25 Fogarty's deposition and he did identify it as a

1 7/21/05 note of his.

2 A. Okay.

3 Q. Looking at that paragraph that we keep looking at
4 stated Plan, you see the paragraph above Plan?

5 A. Yes.

6 Q. Can you read that first sentence for me?

7 A. "With reference to the patient's difficulty
8 concentrating, he undoubtedly had air emboli given his
9 lengthy duration of anesthesia and laser perforation of
10 the endotracheal tree with resultant leakage of air
11 into extra pleural and vascular extra pleural
12 mediastinal and vascular spaces."

13 Q. So let me try to characterize the three notes as an
14 undoubtedly note which is marked as 5. We've got a
15 common complication note which is marked as 6. And
16 then we have a complication note which is marked as 7.
17 Okay? Have you seen multiple office visit notes dated
18 the same day by the same physician in any of the cases
19 you've been involved with?

20 A. No.

21 Q. Would you describe that as unusual?

22 A. Oh, yes.

23 Q. If you were defending a case, would you think this
24 would be relevant information for the defense counsel
25 to be provided?

1 A. (No response).

2 Q. And let me rephrase it. Let's try that question---

3 A. Yeah, please do.

4 Q. Let me rephrase this. So if Mr. Thompson had copies of
5 all three of these notes within his file and he
6 received from defense counsel, in this case Mr. Billy
7 Gunn, a request for all medical records in his
8 possession, if he had all three of these notes, would
9 he have been ethically as well as pursuant to the rules
10 of civil procedure required to attach all three of
11 these notes and produce them?

12 MR. HENRIKSON:

13 Object to the form.

14 EXAMINATION RESUMED BY MR. MANN:

15 A. Well, I will just say that we always produce everything
16 we have in the file. So if I had three different
17 notes, I would -- I would absolutely send them all.

18 Q. And do you feel that that comports with the
19 requirements of the rules of ethics and the rules of
20 civil procedure?

21 MR. HENRIKSON:

22 Same objection.

23 EXAMINATION RESUMED BY MR. MANN:

24 A. I really don't -- don't want to not answer your
25 question, but I thought we were coming here today to

1 talk about my very limited involvement in this case. I
2 do have what I think is a very strong background in
3 ethics, but I was not noticed that I was coming here as
4 an ethical expert or I could have done some studying
5 and given you an opinion. I just don't know that I can
6 say anything other than really what I've just said. I
7 mean, I would never withhold a document, and if I had
8 multiple copies of an office note, I would send them
9 all, and I think that's the proper procedure to follow.
10 I can't imagine not doing that.

11 Q. And Ken, I appreciate that, and I don't mean to run
12 afoul or further than the purposes of our deposition.
13 So forgive me if I do. And I appreciate you pointing
14 out if you feel that I have. So thank you.

15 A. No, I don't -- I don't think you have, and I don't --
16 and I don't mind giving my own opinions about things,
17 and if you think I'm an expert in those fields, I can
18 give you my expert opinion, but that's not -- I didn't
19 -- I didn't -- I would have prepared differently if I
20 had thought that was what I was being asked to opine
21 on.

22 Q. And that's fair enough. So I accept your answer as
23 given. So let's go back and look at our documents a
24 little bit, and let's try to put -- for lack of a
25 better term, let's try to put things in some kind of

1 timeline. So let me make sure I get everything. So
2 looking at Exhibit 107, that is August 22, 2005?

3 A. Yes, sir.

4 Q. And it states in there that you are being provided a
5 notebook, and I believe it states that it includes
6 medical records?

7 A. That's what it says.

8 Q. Going back to what we previously discussed, which was
9 Exhibit Number 96, which is the fax from Lung and Chest
10 to Mr. Thompson, what is the date of that, again?

11 A. Appears to be August 24, 2005.

12 Q. Okay. And I think we have discussed that that has the
13 note that no longer contains the word common?

14 MS. CHEEK:

15 Objection.

16 EXAMINATION RESUMED BY MR. MANN:

17 Q. Excuse me. Let's look at the paragraph above Plan.

18 A. I'm looking at it.

19 Q. In the first sentence do you see the word common in the
20 first sentence?

21 A. I do not.

22 Q. Okay, thank you. Now let's go back to what was
23 previously marked Exhibit 109.

24 A. Yes, sir.

25 Q. The first paragraph, would you please read me that last

1 sentence?

2 A. First paragraph, last sentence says, "I am enclosing --
3 am also enclosing a copy of the three-page report from
4 Dr. Charles Fogarty that we just received."

5 Q. And what is the date of this?

6 A. August 25, 2005.

7 Q. So we know that you were sent a notebook on the 22nd
8 that contained medical records.

9 A. So it appears.

10 Q. So it appears. At least the documents we're looking at
11 show that.

12 A. Yes.

13 Q. We know that Mr. Thompson's office on the 24th received
14 a revised July 21 note on the 24th. Correct?

15 A. Well, again, that's what your --

16 Q. Documents---

17 A. -- Exhibit 96 appears to show.

18 Q. And then if we look at the August 25 letter that we
19 just referenced, which is Exhibit 109, it would appear
20 that, according to the documents, that that note was
21 sent to you?

22 A. I mean, again, according -- according to Exhibit 109, a
23 three-page report from Dr. Fogarty was sent to me. I
24 don't know what three-page report it was, and, as we've
25 talked about from the beginning, I don't have any

1 verification that I actually received this Exhibit 109
2 or any report.

3 Q. I have mislaid a document. Give me one second.

4 A. Sure.

5 Q. Look at I believe it's Exhibit Number 12 that we have
6 previously marked, Ken. No, no, no, no. I'm so sorry.
7 112.

8 A. 112, okay.

9 Q. Excuse me. 112.

10 A. Yes, sir.

11 Q. I apologize. Again, I just want to make sure that I've
12 got this right. The note that is attached to Exhibit
13 96 does not contain the word common?

14 A. I think that's correct.

15 Q. And the paragraph that we looked at earlier -- and I
16 need to borrow it for one second because I've shuffled
17 my copy into oblivion. In looking at the second page
18 of Exhibit 112 and looking at what purports to be a
19 quote from Dr. Fogarty, what appears to be the medical
20 record, the office note of 7/21, this, too, does not
21 contain the "common" word that we saw in one of the
22 other notes. Correct?

23 A. I think you're correct about that.

24 Q. If you would have realized that you were being sent --
25 well, let me ask another question first. Do you

1 remember or recall why you did not remain in the case
2 with Mr. Thompson on behalf of Mr. Casey?

3 A. I chose not -- I chose not to.

4 Q. Do you remember why you chose not to?

5 A. Well, I mean, I very commonly evaluate cases. In fact,
6 no false modesty, but I get associated or referred
7 cases by lawyers frequently who think that it's
8 something more complicated than they can handle, and so
9 I try to evaluate those and decide whether I want to
10 take them on or whether I want to be a part of it. And
11 I reviewed this one and decided that it was not
12 something that I wanted to pursue.

13 Q. Do you remember why you did not want to pursue it?

14 A. Well, I mean, it's hard -- it's hard to be very
15 specific about that other than, I guess I think that I
16 thought the -- I mean, you have a limited amount of
17 time and energy that you can spend on practicing law,
18 and so I tend to evaluate a case and say --
19 particularly cases like this that are going to last
20 several years -- do I want to -- is this the way I want
21 to spend my time for the next few years. And, of
22 course, you evaluate the odds of being successful in
23 the case, and I just -- I did not think this was a case
24 that was worth the expenditure of my time and energy.

25 Q. The letters and stuff -- and let's go back through so I

1 can just make sure that I list all of them correctly,
2 but Exhibit 107, which is the August 22 letter
3 purporting to be from Mr. Thompson to you, Exhibit
4 Number 108, which we do know that -- wait. Hold on.
5 We don't know. Also 108, which appears to have come
6 from your office, Number 109, which is a August 25
7 letter addressed to you from Mr. Turner. These
8 letters, I believe you have testified you don't
9 remember them?

10 A. No, I did not remember any specific correspondence. As
11 I say, the only memory I really have of this case was
12 meeting with these folks on one occasion.

13 Q. And the letter 108 generated from your office, you
14 can't remember if your legal assistant just simply did
15 that or if you directed it?

16 A. No, I can't.

17 Q. Do you think any of these letters are fraudulent? Do
18 you think any of them -- for lack of a better term, do
19 you question that I have brought fraudulent letters to
20 you and tried to pass them off as exhibits stating
21 whatever they are?

22 MR. HENRIKSON:

23 Object to the form.

24 EXAMINATION RESUMED BY MR. MANN:

25 A. Well, if I understand the question --

1 Q. Yes.

2 A. -- was whether I think you would have presented me with
3 anything fraudulent, the answer is no.

4 Q. Thank you. I appreciate that. I will direct your
5 attention down at the bottom of each of these exhibits
6 that we have looked at, Exhibit 107, Exhibit 108, 109,
7 quite frankly 110, 11, 12. So all the exhibits, I
8 believe, except for the notice, the subpoena, the court
9 order, so Exhibits 107 through 112, if you look at the
10 bottom -- you don't have to look at each one, but do
11 you see down at the bottom Thompson and the numbers
12 down there?

13 A. I do.

14 Q. I will represent to you that all of these were produced
15 within this case and Bates stamped and that all of
16 these were purported to come from Mr. Thompson's file.

17 MR. HENRIKSON:

18 Object to the form.

19 EXAMINATION RESUMED BY MR. MANN:

20 A. Was that a question?

21 Q. No, it's not, and Matt appropriately objected to it.

22 A. Can I---

23 Q. So I will make that representation.

24 A. Can I ask one?

25 Q. Sure.

1 A. Are there really 51,957 documents?

2 Q. Off the record.

3 (Off the Record; 11:08 -- 11:10 a.m.)

4 (Plaintiff's Exhibit Number 113 marked)

5 EXAMINATION RESUMED BY MR. MANN:

6 Q. Mr. Anthony, or Ken, excuse me, can you take a look at
7 this for me?

8 A. Sure.

9 Q. These are electronic copies, and I will represent to
10 you I have marked Anthony 01 on the bottom of those.
11 So that is my writing. You previously referenced that
12 you had supplied some copies of electronic records that
13 you found stored within your system pursuant to the
14 subpoena earlier. Is that correct?

15 A. That is correct.

16 Q. And is that what you previously sent me?

17 A. Yes. These two pages you've marked that have been --
18 had a sticker put on as Plaintiff's Exhibit 113 and
19 labeled in your handwriting Anthony 01 and Anthony 02,
20 that's what we had previously provided to you, and that
21 is all we found relating to this case.

22 Q. All right. Thank you, sir. I'm going to take a five-
23 minute break, and I think I'm done.

24 (Off the Record; 11:12 -- 11:18 a.m.)

25 EXAMINATION RESUMED BY MR. MANN:

1 Q. Just a couple of real quick last questions, Ken. Best
2 of your recollection, you did not realize that there
3 were multiple copies of Dr. Fogarty's July 21, 2005
4 note?

5 A. Well, that's one of the few things in this case I can
6 be certain about. I'm sure I did not know there were
7 different copies or I would have -- that would have
8 registered with me.

9 Q. Why would it have registered to you?

10 A. It would be so unusual. It would require some inquiry.

11 Q. Inquiry of who?

12 A. Well, I guess whoever I got it from. If I received
13 multiple copies, I would want to ask whoever had sent
14 them to me why there were different copies.

15 Q. I have no further questions. Thank you very much.

16 MS. CHEEK:

17 I have no questions.

18 MR. HENRIKSON:

19 I have no questions.

20 (There being no further questions, this deposition concluded
21 at 11:19 a.m.)
22
23
24
25

CERTIFICATE OF REPORTER

I, ROSALIND POOLE WALTERS, a Notary Public in and for the State of South Carolina, do hereby certify that the foregoing 43 pages represents a true and accurate transcript of the deposition of KENNETH C. ANTHONY, JR., ESQUIRE, which was taken by me on the 26th day of April, 2017.

That the witness was first duly sworn to tell the truth, the whole truth and nothing but the truth of his own knowledge concerning this matter.

That I am not related to nor the employee of any of the parties hereto, nor related to or employed by any attorney or counsel employed by the parties hereto, nor interested in the outcome of this action.

Rosalind Poole Walters, CVR-M
Notary Public for South Carolina
Commission Expires: 4/29/26

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STATE OF SOUTH CAROLINA

FILE COPY

ISSUED BY THE CIRCUIT COURT IN THE COUNTY OF SPARTANBURG

Gregory J. Feldman, M.D., et al., Plaintiffs,

v.

William Mark Casey, et al., Defendants.

SUBPOENA IN A CIVIL CASE

Case Number: 2010-CP-42-05743

Pending in Spartanburg County

TO: **Kenneth C. Anthony, Jr., Esquire**, The Anthony Law Firm, 250 Magnolia Street, Spartanburg, SC 29303

☐ YOU ARE COMMANDED to appear in the above named court at the place, and time specified below to testify in the above case.

PLACE OF TESTIMONY	COURTROOM
	DATE AND TIME

☒ YOU ARE COMMANDED to appear at the place, date, and time specified below to testify at the taking of a deposition in the above case.

PLACE OF DEPOSITION The Anthony Law Firm , 250 Magnolia Street, Spartanburg, SC 29303	DATE AND TIME April 26, 2017, 10:00 AM

☐ YOU ARE COMMANDED to produce and permit inspection and copying of the following documents or objects in your possession, custody or control at the place, date and time specified below (list documents of objects:

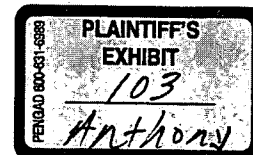
PLACE :	DATE AND TIME , AM

☐ YOU ARE COMMANDED to permit inspection of the following premises at the date and time specified below.

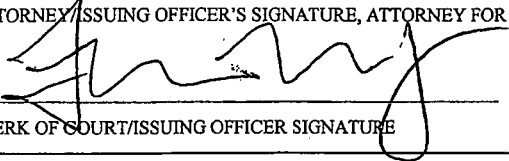
PREMISES	DATE AND TIME , AM.

ANY SUBPOENAED ORGANIZATION NOT A PARTY TO THIS IS HEREBY DIRECTED TO RULE 30(b)(6), SOUTH CAROLINA RULES OF CIVIL PROCEDURE, TO FILE A DESIGNATION WITH THE COURT SPECIFYING ONE OR MORE OFFICERS, DIRECTORS, OR MANAGING AGENTS, OR OTHER PERSONS WHO CONSENT TO TESTIFY ON ITS BEHALF, SHALL SET FORTH, FOR EACH PERSON DESIGNATED, THE MATTERS ON WHICH HE WILL TESTIFY OR PRODUCE DOCUMENTS OR THINGS. THE PERSON SO DESIGNATED TESTIFY AS TO MATTERS KNOWN OR REASONABLY AVAILABLE TO THE ORGANIZATION

I CERTIFY THAT THE SUBPOENA IS ISSUED IN COMPLIANCE WITH RULE 45(c)(1), AND THAT NOTICE AS REQUIRED BY RULE 45(b)(1) HAS BEEN GIVEN TO ALL PARTIES. DATE March 15, 2017



ATTORNEY/ISSUING OFFICER'S SIGNATURE, ATTORNEY FOR PLAINTIFFS



04/21/17

F. Milton Mann, Jr., Esquire

CLERK OF COURT/ISSUING OFFICER SIGNATURE

DATE

PRINT NAME

PROOF OF SERVICE

SERVED	DATE April 21, 2017	FEEES AND MILEAGE TENDERED TO WITNESS
	PLACE The Anthony Law Firm, 250 Magnolia Street, Spartanburg, SC 29303	☐ YES ☒ NO AMOUNT \$
SERVED ON April 21, 2017		MANNER OF SERVICE Hand-Delivered to Receptionist
SERVED BY Katelyn S. Owens		TITLE Attorney for Plaintiffs

DECLARATION OF SERVER

I certify that the foregoing information contained in the Proof of Service is true and correct.

Executed on April 21, 2017

SIGNATURE OF SERVER

151 Harold Fleming Court, Spartanburg, SC 29303
ADDRESS OF SERVER

Rule 45, South Carolina Rules of Civil Procedures, Parts (c) and (d):

(c) Protection of Persons Subject to Subpoenas.

(1) A party or an attorney responsible for the issuance and service of a subpoena shall take reasonable steps to avoid imposing undue burden or expense on a person subject to that subpoena. The court on behalf of which the subpoena was issued shall enforce this duty and impose upon the party or attorney in breach of this duty an appropriate sanction, which may include, but is not limited to, lost earnings and a reasonable attorney's fee.

(2) (A) A person commanded to produce and permit inspection and copying of designated books, papers, documents or tangible things, or inspection of premises need not appear in person at the place of production or inspection unless commanded to appear for deposition, hearing or trial. A party or an attorney responsible for the issuance and service of a subpoena for production of books, papers and documents without a deposition shall provide to another party copies of documents so produced upon written request. The party requesting copies shall pay the reasonable costs of reproduction.

(B) Subject to paragraph (d) (2) of this rule, a person commanded to produce and permit inspection and copying may, within 14 days after service of the subpoena or before the time specified for compliance if such time is less than 14 days after service, serve upon the party or attorney designated in the subpoena written objection to inspection or copying of any or all of the designated materials or of the premises. If objection is made, the party serving the subpoena shall not be entitled to inspect and copy the materials or inspect the premises except pursuant to an order of the court by which the subpoena was issued. If objection has been made, the party serving the subpoena may, upon notice to the person commanded to produce, move at any time in the court that issued the subpoena for an order to compel the production. Such an order to compel production shall protect any person who is not a party or an officer of a party from significant expense resulting from the inspection and copying commanded.

(3) (A) On timely motion, the court by which a subpoena was issued, or regarding a subpoena commanding appearance at a deposition, or production or inspection directed to a non-party, the court in the county where the non-party resides, is employed or regularly transacts business in person, shall quash or modify the subpoena if it:

- i. fails to allow reasonable time for compliance; or
- ii. requires a person who is not a party nor an officer, director or managing agent of a party, nor a general partner of a partnership that is a party, to travel more than 50 miles from the county where that person resides, is employed or regularly transacts business in person, except that, subject to the provisions of clause (c)(3)(B)(iii) of this rule, such a person may in order to attend trial be commanded to travel from any such place within the state in which the trial is held; or
- iii. requires disclosure of privileged or otherwise protected matter and no exception or waiver applies; or
- iv. subjects a person to undue burden.

(B) If a subpoena:

- i. requires disclosure of a trade secret or other confidential research, development, or commercial information, or
- ii. requires disclosure of an unretained experts opinion or information not describing specific events or occurrences in dispute and resulting from the expert's study made not at the request of any party, or
- iii. requires a person who is not a party nor an officer, director or managing agent of a party, nor a general partner of a partnership that is a party, to incur substantial expense to travel from the county where that person resides, is employed or regularly transacts business in person,

the court may, to protect a person subject to or affected by the subpoena, quash or modify the subpoena or, if the party in whose behalf the subpoena is issued shows a substantial need for the testimony or material that cannot be otherwise met without undue hardship and assures that the person to whom the subpoena is addressed will be reasonably compensated, the court may order appearance or production only upon specified conditions.

(d) Duties in Responding to Subpoena.

(1) A person responding to a subpoena to produce documents shall produce them as they are kept in the usual course of business or shall organize and label them to correspond with the categories in the demand.

- (2) When information subject to a subpoena is withheld on a claim that it is privileged or subject to protection as trial preparation materials, the claim shall be made expressly and shall be supported by a description of the nature of the documents, communications, or things not produced that is sufficient to enable the demanding party to contest the claim.

FILE COPY

STATE OF SOUTH CAROLINA

COUNTY OF SPARTANBURG

Gregory J. Feldman, M.D., Joseph A.
Boscia, III, M.D., Upstate Lung and
Critical Care Specialists, P.C., and
Devendra T. Shantha, M.D.,

Plaintiffs,

v.

William Mark Casey, Ray E. "Chuck"
Thompson, and Charles M. Fogarty, M.D.,

Defendants.

) IN THE COURT OF COMMON PLEAS
) SEVENTH JUDICIAL CIRCUIT

) C.A. NO.: 2010-CP-42-05743

) PLAINTIFFS' NOTICE OF DEPOSITION TO
) KENNETH C. ANTHONY, JR., ESQUIRE

TO: KENNETH C. ANTHONY, JR., ESQUIRE:

YOU WILL TAKE NOTICE that the undersigned attorney for the Plaintiffs, pursuant to Rules 30 and 45 of the South Carolina Rules of Civil Procedure, will take, or cause to be taken, the deposition as indicated below:

Name of Deponent

Place of Deposition

Date and Time

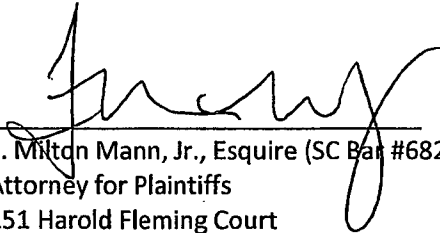
Kenneth C. Anthony, Jr., Esquire

The Anthony Law Firm
250 Magnolia Street
Spartanburg, SC 29303

Wednesday, April 26, 2017
at 10:00 a.m.



The deposition will be taken before a notary public or some other person authorized by law to take depositions. The deposition will continue from day to day until concluded.

By: 

F. Milton Mann, Jr., Esquire (SC Bar #68250)
Attorney for Plaintiffs
151 Harold Fleming Court
Spartanburg, SC 29303
864/680-5079 – Cell
866/452-2276 - Fax

April 21, 2017

STATE OF SOUTH CAROLINA

ISSUED BY THE CIRCUIT COURT IN THE COUNTY OF SPARTANBURG

Gregory J. Feldman, M.D., et al., Plaintiffs,

v.

William Mark Casey, et al., Defendants.

SUBPOENA IN A CIVIL CASE

Case Number: 2010-CP-42-05743

Pending in Spartanburg County

TO: **Kenneth C. Anthony, Jr., Esquire**, The Anthony Law Firm, 250 Magnolia Street, Spartanburg, SC 29306

☐ YOU ARE COMMANDED to appear in the above named court at the place, and time specified below to testify in the above case.

PLACE OF TESTIMONY	COURTROOM
	DATE AND TIME

☐ YOU ARE COMMANDED to appear at the place, date, and time specified below to testify at the taking of a deposition in the above case.

PLACE OF DEPOSITION	DATE AND TIME , AM

☒ YOU ARE COMMANDED to produce and permit inspection and copying of the following documents or objects in your possession, custody or control at the place, date and time specified below (list documents of objects: Case File re: *William Mark Casey v. Gregory J. Feldman, M.D., Joseph A. Boscia, III, M.D., Devendra Shantha, M.D. and Upstate Lung and Critical Care Specialists, PC*, Civil Action No. 3006-CP-42-1278

PLACE : The Anthony Law Firm, 250 Magnolia Street, Spartanburg, SC 29306	DATE AND TIME Monday, April 10, 2017, at 10:00 AM

☐ YOU ARE COMMANDED to permit inspection of the following premises at the date and time specified below.

PREMISES	DATE AND TIME , AM

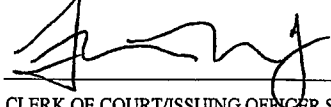
ANY SUBPOENAED ORGANIZATION NOT A PARTY TO THIS IS HEREBY DIRECTED TO RULE 30(b)(6), SOUTH CAROLINA RULES OF CIVIL PROCEDURE, TO FILE A DESIGNATION WITH THE COURT SPECIFYING ONE OR MORE OFFICERS, DIRECTORS, OR MANAGING AGENTS, OR OTHER PERSONS WHO CONSENT TO TESTIFY ON ITS BEHALF, SHALL SET FORTH, FOR EACH PERSON DESIGNATED, THE MATTERS ON WHICH HE WILL TESTIFY OR PRODUCE DOCUMENTS OR THINGS. THE PERSON SO DESIGNATED TESTIFY AS TO MATTERS KNOWN OR REASONABLY AVAILABLE TO THE ORGANIZATION

I CERTIFY THAT THE SUBPOENA IS ISSUED IN COMPLIANCE WITH RULE 45(c)(1), AND THAT NOTICE AS REQUIRED BY RULE 45(b)(1) HAS BEEN GIVEN TO ALL PARTIES.

DATE March 29, 2017



ATTORNEY/ISSUING OFFICER'S SIGNATURE, ATTORNEY FOR PLAINTIFFS



03/29/17

F. Milton Mann, Jr., Esquire

CLERK OF COURT/ISSUING OFFICER SIGNATURE

DATE

PRINT NAME

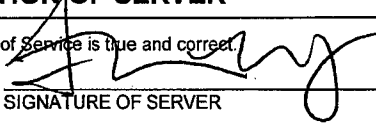
PROOF OF SERVICE

SERVED	DATE March 29, 2017	FEES AND MILEAGE TENDERED TO WITNESS
	PLACE Ward Law Firm, 233 S. Pine Street, #B, Spartanburg, SC 29302	☐ YES ☒ NO AMOUNT \$
SERVED ON March 29, 2017		MANNER OF SERVICE Hand-Delivered to Kenneth C. Anthony, Jr., Esquire
SERVED BY F. Milton Mann, Jr., Esquire		TITLE Attorney for Plaintiffs

DECLARATION OF SERVER

I certify that the foregoing information contained in the Proof of Service is true and correct.

Executed on March 29, 2017


SIGNATURE OF SERVER

151 Harold Fleming Court, Spartanburg, SC 29303
ADDRESS OF SERVER

Rule 45, South Carolina Rules of Civil Procedures, Parts (c) and (d):

(c) Protection of Persons Subject to Subpoenas.

(1) A party or an attorney responsible for the issuance and service of a subpoena shall take reasonable steps to avoid imposing undue burden or expense on a person subject to that subpoena. The court on behalf of which the subpoena was issued shall enforce this duty and impose upon the party or attorney in breach of this duty an appropriate sanction, which may include, but is not limited to, lost earnings and a reasonable attorney's fee.

(2) (A) A person commanded to produce and permit inspection and copying of designated books, papers, documents or tangible things, or inspection of premises need not appear in person at the place of production or inspection unless commanded to appear for deposition, hearing or trial. A party or an attorney responsible for the issuance and service of a subpoena for production of books, papers and documents without a deposition shall provide to another party copies of documents so produced upon written request. The party requesting copies shall pay the reasonable costs of reproduction.

(B) Subject to paragraph (d) (2) of this rule, a person commanded to produce and permit inspection and copying may, within 14 days after service of the subpoena or before the time specified for compliance if such time is less than 14 days after service, serve upon the party or attorney designated in the subpoena written objection to inspection or copying of any or all of the designated materials or of the premises. If objection is made, the party serving the subpoena shall not be entitled to inspect and copy the materials or inspect the premises except pursuant to an order of the court by which the subpoena was issued. If objection has been made, the party serving the subpoena may, upon notice to the person commanded to produce, move at any time in the court that issued the subpoena for an order to compel the production. Such an order to compel production shall protect any person who is not a party or an officer of a party from significant expense resulting from the inspection and copying commanded.

(3) (A) On timely motion, the court by which a subpoena was issued, or regarding a subpoena commanding appearance at a deposition, or production or inspection directed to a non-party, the court in the county where the non-party resides, is employed or regularly transacts business in person, shall quash or modify the subpoena if it:

- i. fails to allow reasonable time for compliance; or
- ii. requires a person who is not a party nor an officer, director or managing agent of a party, nor a general partner of a partnership that is a party, to travel more than 50 miles from the county where that person resides, is employed or regularly transacts business in person, except that, subject to the provisions of clause (c)(3)(B)(iii) of this rule, such a person may in order to attend trial be commanded to travel from any such place within the state in which the trial is held; or
- iii. requires disclosure of privileged or otherwise protected matter and no exception or waiver applies; or
- iv. subjects a person to undue burden.

(B) If a subpoena:

- i. requires disclosure of a trade secret or other confidential research, development, or commercial information, or
- ii. requires disclosure of an unretained experts opinion or information not describing specific events or occurrences in dispute and resulting from the expert's study made not at the request of any party, or
- iii. requires a person who is not a party nor an officer, director or managing agent of a party, nor a general partner of a partnership that is a party, to incur substantial expense to travel from the county where that person resides, is employed or regularly transacts business in person,

the court may, to protect a person subject to or affected by the subpoena, quash or modify the subpoena or, if the party in whose behalf the subpoena is issued shows a substantial need for the testimony or material that cannot be otherwise met without undue hardship and assures that the person to whom the subpoena is addressed will be reasonably compensated, the court may order appearance or production only upon specified conditions.

(d) Duties in Responding to Subpoena.

(1) A person responding to a subpoena to produce documents shall produce them as they are kept in the usual course of business or shall organize and label them to correspond with the categories in the demand.

(2) When information subject to a subpoena is withheld on a claim that it is privileged or subject to protection as trial preparation materials, the claim shall be made expressly and shall be supported by a description of the nature of the documents, communications, or things not produced that is sufficient to enable the demanding party to contest the claim.

BURTS, TURNER, RHODES & THOMPSON
ATTORNEYS AT LAW
260 NORTH CHURCH STREET
SPARTANBURG, S.C. 29306

COPY

SAM BURTS (1907 - 1982)
NOEL TURNER
RICHARD H. RHODES
RAY E. THOMPSON, JR.
M. NOEL TURNER, III

MAILING ADDRESS
P.O. BOX 3406 29304
PHONE: 864-585-8166
FAX: 864-583-6927

Contract for Representation

I, **WILLIAM MARK CASEY**, hereby retain the law firms of **BURTS, TURNER, RHODES & THOMPSON** and **THE ANTHONY LAW FIRM, P.A.** to represent me in a potential medical negligence claim against such defendant or defendants that my attorneys, in their discretion, believe should be named as a party to any lawsuit (including but not limited to Dr. Greg Feldman). Under this contingency contract, it is agreed that my attorneys are to receive Forty (40%) Percent of the gross amount of these proceeds due to settlement or trial plus any out-of-pocket expenses my attorney have incurred (such as filing fees, service costs, evaluation of medical records by physicians, discovery, costs associated with expert witnesses, etc.). In the event that the case is not resolved in my favor, I will not have any obligation to pay a fee to my attorneys or to reimburse them for their out-of-pocket expenses. This is a contingency contract.

If after the initial investigation, it is determined by my attorneys that the case is not viable and/or cannot successfully be pursued, then my attorneys will have the right to discontinue their representation and I will be allowed to obtain substitute representation at that time if I so desire.

Dated: Aug 24, 2005
Spartanburg, South Carolina

William Mark Casey
WILLIAM MARK CASEY, Client

THE ANTHONY LAW FIRM, P.A.

By: Kenneth C. Anthony, Jr.
KENNETH C. ANTHONY, JR., Attorney

BURTS TURNER RHODES & THOMPSON

By: Ray E. Thompson, Jr.
RAY E. THOMPSON, JR., Attorney



THOMPSON 051957

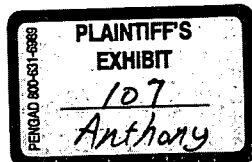
August 22, 2005

Kenneth C. Anthony, Esquire
The Anthony Law Firm
P.O. Box 3565
Spartanburg, SC 29304

RE: William Mark Casey

Dear Ken:

I am enclosing, along with this letter, an updated notebook which includes Mr. Casey's medical records, psychological and psychiatric records, as well as his school and academic records. The school and academic records were obtained from Spartanburg County School District 6 and include I Q scores from testing when Mr. Casey was in the 2nd, 4th, and 6th grades and also standardized student test scores taken at different times during his 12 years of public education which concluded when he graduated from Dorman High School in 1977. By way of background, Mr. Casey is 46 years of age. He was recently divorced from Ms. Donna Lynn Haulbrook Casey to whom he had been married since March 20, 1982. The marital breakdown occurred well prior to the events in May and June of 2004 which resulted in what appears to be permanent brain damage from complications from medically unnecessary surgical procedures and other sub-standard medical care. Two children were born of Mr. Casey's former marriage and both have reached the age of legal emancipation. His children are: Travis Justin Casey, Date of Birth: [REDACTED]/83 (Age 22); Kristian Brooke Casey, Date of Birth: [REDACTED]/86 (Age 19). Mr. Casey has not worked since being discharged from Spartanburg Regional Hospital on June 6, 2004 and he has supporting statements from Pulmonary Physician Dr. Wilson Smith, Psychologist Dr. Jay Grace, and the recent report of Dr. Charles Fogarty of Lung and Chest as to his continuing disability including not being able to return to gainful employment. Mr. Casey enjoyed good health prior to June of 2004 and had been employed on a full-time basis for in excess of twenty years by Michelin Tire Corporation as a Manufacturing Professional Tire Builder. His gross annual income from his employment with Michelin was approximately \$42,000.00 per year and he held no other positions of employment outside of Michelin. He has been on medical leave from Michelin since May 28, 2004, and consistent with Michelin's employment policy, his employment with Michelin was terminated when he did not recover sufficiently to return to work within a year of beginning his medical leave. He has applied for Social Security Disability Benefits and is represented by Attorney George Thomason on his Social Security Claim. It is my understanding that you will schedule a time for Mr. Casey to be evaluated by Mr. Randy Wade. Mr. Casey's current mailing address is 240 Lightwood Road, Woodruff, S.C. 29388 and his phone numbers are 864-486-9131, Home; 864-680-5929, Cell.



THOMPSON 000526

Ken Anthony, Esquire
August 22, 2005
Page 2

Ken, if there is any additional information which I might be able to provide, please contact me.
Mr. Casey and his family would like for us to move on this as quickly as possible.

Very sincerely, I remain,

Sincerely,
BURTS, TURNER, RHODES & THOMPSON

By: _____
RAY E. THOMPSON, JR.

RET/kpg

Enclosure of medical notebook

bcc: Mr. Mark Casey

THOMPSON 000527

THE ANTHONY
LAW FIRM, P.A.

August 23, 2005

250 Magnolia Street
Spartanburg SC 29306
P.O. Box 3565
Spartanburg SC 29304
t 864 582 2355
f 864 583 9772
www.anthonylaw.com

Ray E. Thompson, Jr.
Burts Law Firm

RE: *William Mark Casey*

Dear Chuck:

I have made a tentative appointment for Mark Casey to see Dr. Waid next Tuesday, August 30 beginning at 9:00 a.m. The examination will take all day and so he will most likely want to travel to Mt. Pleasant the night before. I am enclosing directions and hotel information.

If this date or time are not acceptable, please let me know right away so I can change this with Dr. Waid's office.

I plan to overnight the notebook to Dr. Waid today. I plan to remove the file review under tab 51. If there is anything else you think we should remove, let me know before I send it.

Please let me know for sure either way whether Mark will be able to make this appointment or whether I need to schedule it another time.

Very truly yours,



Kenneth C. Anthony, Jr.

KCA:jrk
Enclosures



THOMPSON 014944

L. Randolph Waid, Ph.D.
Licensed Clinical Psychologist
(843) 881-2778

Gordon Teichner, Ph.D.
Licensed Clinical Psychologist
(843) 849-9913

Tidewater Executive Center
222 West Coleman Blvd.
Mount Pleasant, SC 29464
Fax # (843) 881-6878

Directions:

From I-26:

Follow I-26 towards Charleston. Follow the signs for Mt. Pleasant, Highway 17 North, to exit 220. Cross the Cooper River Bridge. At the end of the bridge, exit to the right onto Coleman Blvd. (The sign will say Coleman Blvd. 703). Go straight at the first light (the Channel 2 news station will be on your right, and Patriot's Point will be on your left). Take the next left directly into our office building, Tidewater Executive Center. The address is 222 West Coleman Blvd.

From I-526:

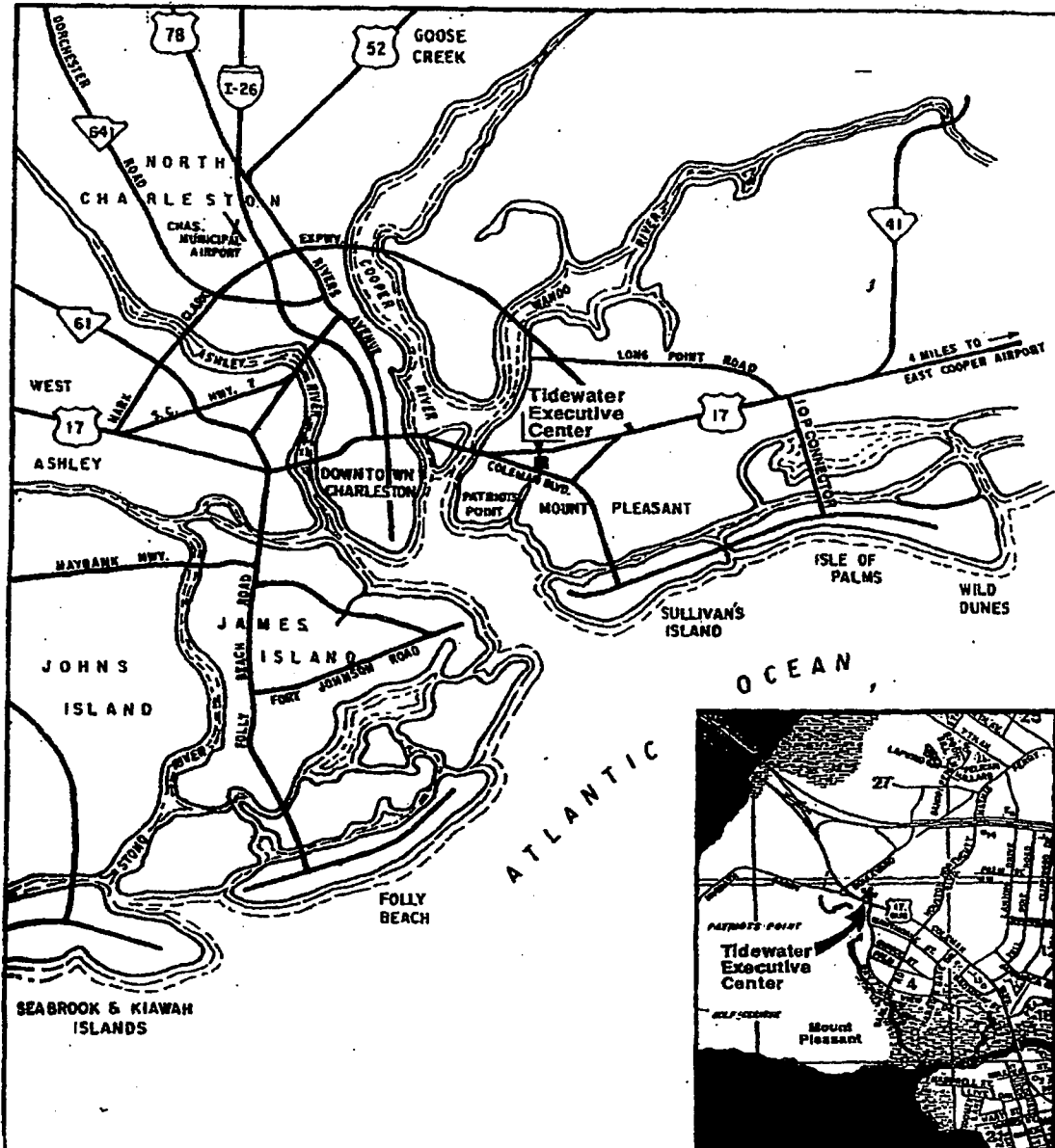
Stay on I-526 towards Mt. Pleasant and get off at the exit marked Charleston 17. This is Highway 17, also known as Johnnie Dodds Blvd. Continue on this road for a few miles. As you approach the fire station on your right, begin moving into the far left lane and turn left at Houston Northcutt Blvd. (There will be a Hardees and a Wendy's on that corner). Follow this road and turn right at the next light onto Coleman Blvd. Tidewater Executive Center will be the third, and last office park on the right hand side.

From West Ashley:

Take the Ashley River Bridge to the Crosstown in Charleston. Follow the signs for Mt. Pleasant, and stay in the far right lane to get onto the Cooper River Bridge. At the end of the bridge, exit to the right onto Coleman Blvd. (The sign will say Coleman Blvd. 703). Go straight at the first light (the Channel 2 news station will be on your right, and Patriot's Point will be on your left). Take the next left directly into our office building, Tidewater Executive Center. The address is 222 West Coleman Blvd.

**TIDEWATER EXECUTIVE
CENTER**

Location



800 7

08/23/2005 11:22 FAX 18438818878

THOMPSON 014946

L. Randolph Waid Ph.D.
Licensed Clinical Psychologist

Tidewater Executive Center
222 West Coleman Blvd.
Mt. Pleasant, S.C. 29464

Telephone
(843) 881-2778
Fax
(843) 881-6878

HOTELS

This is a list of hotels conveniently located near our office. We recommend that you come down the night before so you will be fully rested if you are traveling from out of town for neuropsychological testing that will last a full day. If you have any questions, please feel free to call us at 843-881-2778.

- Microtel
259 Johnnie Dodds Blvd. Mt. Pleasant, SC 29464
(843) 971-7070
- Hampton Inn
255 Johnnie Dodds Blvd. Mt. Pleasant, SC 29464
(843) 881-3300
- Quality Inn
196 Patriot's Point Blvd. Mt. Pleasant, SC 29464
(843) 856-8817

August 25, 2005

VIA HAND DELIVERY

Kenneth C. Anthony, Jr., Esq.
P.O. Box 3565
Spartanburg, SC 29304

RE: William Mark Casey

Dear Ken:

Enclosed please find your copy of the signed Contract for Representation for Mr. Mark Casey. You will note that I signed for you with expressed permission so that Mark could take a copy with him. I am also enclosing a copy of the three page report from Dr. Charles Fogarty that we just received.

Due to the length of Mark's appointment we will probably need to add another day to his hotel stay.

With kind regards,

Sincerely,

BURTS, TURNER, RHODES & THOMPSON

By: _____
M. NOEL TURNER, III

MNT:ar
Encl.



THOMPSON 000525

L. RANDOLPH WAID, Ph.D.
 Licensed Clinical Psychologist

Tidewater Executive Center
 222 West Coleman Boulevard
 Mt. Pleasant, SC 29464

Telephone No.
 (843) 881-2778
 FAX: (843) 881-6878

Ken Anthony, Esquire
 Post Office Box 3565
 Spartanburg, SC 29304

BILLING DATE: 10/19/2005
 ACCOUNT ID: William Mark Casey
 PREVIOUS BALANCE

CHARGES AND PAYMENTS				
DATE OF SERVICE	HOURS	SERVICES	CHARGES PER HOUR	BALANCE DUE
8/30/2005	7	Neuropsychological Evaluation	\$150.00	\$1,050.00
9/10/2005	2	Neuropsychological Evaluation	\$150.00	\$300.00
10/5/2005	2	Completed	\$150.00	\$300.00
		Review of Records/Report	\$150.00	\$300.00
Total Due:				\$1,650.00
Retainer:				(\$750.00)
Please pay this amount:				\$900.00

When sending payment, include the account I.D. information on the check. Thank you.

Terms: 30 days

TAX I.D. NO. 227-78-9203

0002



THOMPSON 000958

PARHAM SMITH & DODSON, L.L.C.
Attorneys At Law

MICHAEL PARHAM
S. BLAKELY SMITH
WILLIAM L. DODSON, JR.

MACKENZIE G. ARCHENHOLD

501 RIVER STREET
SMITH BARNEY BUILDING - SECOND FLOOR
POST OFFICE BOX 2800
GREENVILLE, SOUTH CAROLINA 29602
(864) 242-9008
FACSIMILE (864) 271-6155

BARNEY O. SMITH, JR.
(1952-1996)

May 2, 2005

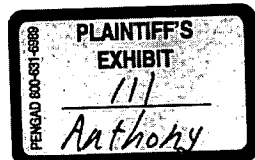
Ray E. Thompson, Jr., Esq.
BURTS, TURNER, RHODES & THOMPSON
P.O. Box 3408
Spartanburg, SC 29304

Re: William Mark Casey

Dear Chuck:

I hope this letter finds you well.

As per our conversation on Friday, April 29, 2005 regarding William Mark Casey, I contacted Maria at Dr. Fogarty's office. Unfortunately, though she would like to be helpful, Maria was unable to offer me any more definitive evidence that would assist us in supporting a medical negligence claim on behalf of Mr. Casey. As you and I discussed, the medical records reveal that while it is clear that Mr. Casey was injured by the laser at the hands of Dr. Feldman, the records also indicate that the patient does not have any long term pulmonary complications from this. This is documented in the medical records by Dr. Smith of Lung & Chest Medical Associates who states, "The patient's pulmonary function is normal and his chest x-ray does not show any evidence of sequelae from his bronchial perforation." Dr. Smith does go on to question whether the patient suffers from post traumatic stress disorder related to this injury, however, after much discussion with Mr. Parham, we simply feel we would not be successful in pursuing a medical negligence claim on this basis.



THOMPSON 050744

Chuck, while I realize that we have met with this client previously, since you have such a close relationship with him, I would respectfully request that you convey to him the appropriate statutes of limitations.

I wish we could have been of further service to Mr. Casey, but since the circumstances surrounding this claim do not give us what we need to move forward with further investigation, we are now disengaging ourselves from further involvement.

As always, we have enjoyed working with you on this matter and look forward to being of service to you in the future.

I remain,

Very truly yours,

A handwritten signature in black ink, appearing to read 'C. Klein', with a stylized flourish at the end.

Camille C. Klein, RN, CCRN
Legal Nurse Consultant
CCK:kjb

joyce\casey\thompson letter 05-02-05

#3555

THOMPSON 050745

L. Randolph Waid, Ph.D.
Licensed Clinical Psychologist

Tidewater Executive Center
222 West Coleman Blvd.
Mt. Pleasant, S.C. 29464

Telephone
(843) 881-2778
Fax
(843) 881-8878

REPORT OF NEUROPSYCHOLOGICAL EVALUATION
Confidential-For Professional Use Only

Name: William Mark Casey
Age: 46 (DOB: [REDACTED] 1/38)
Sex: Male
Handedness: Right

Dates of Evaluation: August 30th and September 10th, 2005

Reason for Referral: William Mark Casey is a 46-year-old Caucasian male referred for neuropsychological evaluation through the offices of Ken Anthony, Esquire, and Ray E. Thompson, Jr., Esquire. The evaluation was conducted to assess Mr. Casey's brain behavior functions and emotional status. Mr. Casey's difficulties stem from medical procedures that were conducted due to recurrent chest pain in May of 2004. An emergent bronchoscopy was conducted following x-rays reportedly revealing a metallic fragment in the chest area. Reportedly, the bronchoscopy did not show a foreign body, but an area of erythema. The following week, Mr. Casey underwent a laser bronchoscopy that resulted in a perforation of the bronchial wall by the laser with resulting pneumomediastinum and respiratory distress necessitating intubation and heavy sedation. Subsequent to this, Mr. Casey has experienced disruptive symptomatology that has rendered him unable to return to employment capacities at the Michelin Company.

Relevant History: Mr. Casey was on time for his scheduled appointments. I reviewed with him the occurrence of chest pain for several weeks in May of 2004 while he was employed at resulting in him reporting it to the company nurse. Subsequently, he was transported to Spartanburg Regional Medical Center and underwent emergent evaluation. Medical records reveal that during the evaluation, Mr. Casey was found to have a left main bronchus containing some foreign body that was metallic in nature. Mr. Casey was seen in consultation by Dr. Feldman who asked Dr. Boscia to do a fiberoptic bronchoscopy. Reportedly, this procedure was undertaken but no piece of metal was found. Mr. Casey was discharged on 5/29/04.

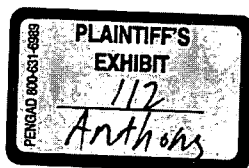
Medical records reveal that Mr. Casey was re-admitted on June 3rd, 2004 and underwent an additional procedure conducted by Gregory Feldman, M.D. This involved bronchoscopy with laser. Acutely following the procedure, he developed considerable pneumomediastinum with reported pneumothorax on the left side. His condition necessitated placement of chest tubes, intubation and mechanical ventilation.

My understanding of Mr. Casey's case was assisted by review of the following medical records:

1. Extended medical records for treatment provided upon admission on 5/28/04 and 6/03/04.
2. Records from Spartanburg Regional Medical Center for procedures conducted in July of 2000.
3. Treatment records from Upstate Lung and Critical Care Specialists.
4. Treatment records from Lung and Chest Medical Associates.
5. Treatment records from Jeffrey Smith, M.D., Piedmont Psychiatric Services.
6. Treatment records from Joseph Grace, III, Ph.D.
7. Treatment records from Y. Eugene Mironer, M.D.
8. Mr. William Mark Casey's educational records from Spartanburg County School District #6.

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THOMPSON 059913

Page 2

Review of records revealed that Mr. Casey experienced disruptive symptoms following the procedure conducted on June 3rd of 2004. Initial follow-up treatment was provided at Upstate Lung and Critical Care Specialists with Mr. Casey complaining of fatigue, sleep disturbance, chest tightness, as well as being agitated and "unable to sit down." There was also report of longstanding chronic back pain. There was conservative intervention including use of Ambien. Difficulties persisted, and there was referral to Carolina Center for Advanced Management of Pain. Mr. Casey underwent evaluation by Eugene Mironer, M.D. He was assessed with mechanical low back pain, depression, and chest wall pain of no muscular origin. There was discussion regarding his treatment options.

Medical records reveal that Mr. Casey sought further evaluation for his difficulties at the Lung and Chest Medical Associates. Evaluation by Wilson P. Smith, Jr., M.D. reviewed the recent surgical procedures, noting that Mr. Casey remained with dyspnea and chest pain with exertion. Dr. Smith assessed Mr. Casey as being very anxious with report from family members noting a change in his ability to tolerate stress. It was noted that Mr. Casey was unable to participate in golf and other recreational activities. Dr. Smith's impression was that pulmonary functioning was normal and chest x-rays failed to show any evidence of sequelae of his bronchial perforation. Dr. Smith expressed concern that Mr. Casey may be experiencing a Posttraumatic Stress Disorder related to his injury and intensive care unit experience. There was recommendation of referral for a psychologist for further evaluation.

Records reveal that Mr. Casey subsequently came under the care of Joseph G. Grace, III, Ph.D. Care appeared to commence on August 4th, 2004. Initial medication intervention was coordinated with Frank Gonda, M.D., Mr. Casey's family physician. Subsequently, there was referral for psychiatric care with Jeffrey Smith, M.D. Treatment has been directed toward Mr. Casey's depression, sleep disturbance, anxiety, restlessness, irritability with low frustration tolerance, and poor stress tolerance. There has been use of antidepressants and other medications. Psychiatric evaluation with Jeffrey Smith, M.D., was conducted in early November. Dr. Smith modified the medication regimen including stopping use of Zoloft and adding Cymbalta 60 mg. Dr. Smith's assessment was one of major depression, single episode, moderate.

In interview, Mr. Casey reported that he has continued under the care of Joseph Grace, III, Ph.D. as well as Jeffrey Smith, M.D. Medical records reveal that Mr. Casey underwent further evaluation at the Lung and Chest Medical Associates in July of 2005. On initial evaluation, he was experiencing dry heaves and nausea as well as chest pain and a squeezing sensation present without exertion. A cardiogram was normal and Dr. Fogarty's impression was chest pain, probably chest wall; nausea and vomiting improved; persistent difficulty concentrating and staying focused; status post laser bronchoscopy complicated by pneumomediastinum and pneumothorax. Dr. Fogarty further stated that Mr. Casey's nausea/vomiting symptoms have appeared to improve since discontinuing Strattera. Dr. Fogarty stated that with regard to Mr. Casey's difficulty concentrating, "air emboli have been reported as a complication of laser bronchoscopy, even without perforation of the endotracheal tree with resulting leakage of air into extrapleural, vascular, and mediastinal spaces. Although, he is fortunate not to have any gross motor deficit, he (Mr. Casey) may well have a permanent neurological deficit in which case the indication for taking medication such as Strattera may be mute."

Mr. Casey also underwent intellectual assessment by Joseph G. Grace, III, Ph.D., in June of 2005. Dr. Grace reviewed Mr. Casey's academic records, stating that Mr. Casey had undergone intelligence testing in the 2nd, 4th, and 6th grades with intellectual quotients in the high average range. Reportedly, academic achievement test scores were generally above the 65th percentile. Dr. Grace conducted intellectual testing with Mr. Casey earning a Full Scale I.Q. of 97, a Verbal I.Q. of 100, and a Performance I.Q. of 91. The test administered was the Wechsler Adult Intelligence Scale-III (WAIS-III). Dr. Grace opined that there was a significant discrepancy between Mr. Casey's early intellectual ability measures and the current I.Q. test results. Dr. Grace stated that the "only reasonable conclusion is that Mr. Casey has experienced a neurological event which has diminished his ability to process information and perform in a number of areas as effectively as he once did."

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THOMPSON 059914

Page 3

In interview, Mr. Casey reported that he continues with fatigue and "lack of motivation." He reported that he lost his job at Michelin approximately one year ago. This has resulted in financial stressors. He reported that he was an active employee at Michelin, performing 12-hour shifts. Mr. Casey also complained of a decreased capacity for attention and memory. As Mr. Casey stated, "I can't remember things." He provided examples of absentmindedness as well as making misjudgments that have resulted in accidents. There was also report of being socially withdrawn and isolated. Mr. Casey reported being avoidant of crowds, offering that he'd rather "stay at home and not be bothered." He acknowledged continuing back pain that pre-existed the medical incidents of May/June, 2004.

A structured symptom review failed to reveal any complaint by Mr. Casey with regard to sensory perceptual functions. Vision is corrected. There was no report of auditory acuity difficulties or tinnitus.

With regard to motor functioning, there was no report of paralysis or lateralized weakness. Mr. Casey reported continuing muscle spasms affecting the lower back. He denied coordination/balance problems. He reported occasional numbness affecting the hands and feet. There was report of paresthesias in the back region.

Mr. Casey reported that back pain is aggravated by physically exerting activities. He continues with episodic chest pain that is aggravated by exertional activities. Mr. Casey was not complaining of headache difficulties. There was report of occasional dizziness, but no report of vertigo, blackout spells, or seizures.

With regard to cognitive processes, Mr. Casey reported a decreased capacity for attention/concentration with an easy distractibility. He reported an inability to think as quickly as before (bradyphrenia). He also stated, "I know I am more forgetful."

With regard to psychological functioning, Mr. Casey acknowledged problems with sadness/depression, stating, "I don't have that much that is making me happy these days." There are episodic difficulties with sleep, though he did state that use of Ambien "definitely helps." He reported experiencing weird dreams, but denied disruptive nightmare activity. There is longstanding anxiety and fearfulness about heights. He reported being impatient and irritable with a lower ability to tolerate stress. Energy level was characterized as diminished. Clinical evaluation failed to reveal paranoid ideation or delusional thinking. Mr. Casey acknowledged considerable worry, particularly with regard to the future. There was no report of hallucinatory processes or evidence of psychotic symptomatology. Appetite was characterized as "variable." Libido was characterized as reduced with a lack of desire.

Mr. Casey reported a significant decline in his pursuit of social and recreational activities. This was particularly relevant to golf which he used to avidly pursue prior to his medical difficulties.

Mr. Casey reported current medications consist of Lipitor, Tricor, Mobic, Hydrocodone 10/500, Tramadol 50 mg 2 tabs q.i.d., Cymbalta, and Ambien 10 mg as needed for sleep. There has also been use of Adderall XR 20 mg b.i.d. to assist with attention/focus. As of 9/10/05, Adderall had been discontinued.

Medical History: Mr. Casey denied previous head or neck injury. There is a history of back pain associated with two bulging discs and arthritis. He has undergone previous hemorrhoidectomy as well as hospitalization for evaluation of chest pain in 2000, undergoing cardiac catheterization.

Mr. Casey denied history of serious infections, allergies, diabetes, or hypertension.

Mr. Casey denied history of psychiatric illness or need for formal treatment. He denied having lifelong problems with his nerves, depression, or mood swings. He is a rare, occasional consumer of alcohol. He denied history of excessive alcohol usage. He does not utilize illicit drugs. There has been no history of formal substance abuse treatment.

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THOMPSON 059915

Page 4

Family History: Noncontributory for psychiatric illness and/or substance abuse problems. Family history is significant for diabetes in a mother and a heart attack in a father.

Psychosocial Review: Mr. Casey is a high school graduate. Reportedly, he was an active athlete while attending Dorman Senior High School in Spartanburg. He denied any repetition of grades or history of learning disabilities or Attention Deficit Disorder. Review of educational records confirmed him to be a high school graduate with a reported intellectual quotient of 113 attained in the 6th grade.

Mr. Casey reported that he was employed at the Michelin Company for over 20 years. His job title was manufacturing professional. He denied ever being in the military service. Mr. Casey attained a formal divorce from his wife after being married for 23 years. The couple were separated for several years before the divorce decree was attained in March of 2005. There are two biological children, a son, age 22, and a daughter, age 19.

Procedures: Wechsler Adult Intelligence Scale-III, Wechsler Memory Scale-III, California Verbal Learning Test-II, Stroop Test, Conner's Continuous Performance Test-II, Judgment of Line Orientation Test, Wisconsin Card Sorting Test, Trail Making Test, Controlled Oral Word Association Test, Paced Auditory Serial Addition Test, Seashore Rhythm Test, Speech Sounds Perception Test, Aphasia Screening Exam, Tactual Performance Test, Sensory Perceptual Examination, Finger Tapping Test, Grip Strength Test, Grooved Pegboard Test, Behavioral Dyscontrol Scale, Test of Memory Malingering, Word Memory Test, Personality Assessment Inventory, Ruff Neurobehavioral Inventory.

Examination Results

Neurobehavioral Status: Mr. Casey was on time for his scheduled appointments. He was appropriately attired with good personal hygiene. There was maintenance of appropriate eye contact. There was no evidence of psychomotor retardation or excitement. Mr. Casey was friendly and cooperative in his interactions with the examiner. There was no difficulty understanding instructional sets. He participated well in the evaluative process. He was observed to be somewhat fatigued following a lunch break. A second session was utilized to complete the evaluative process. Affect was mildly depressed, though psychological difficulties did not appear to interfere with his test performance. Specific assessment of effort was undertaken via administration of two symptom validity tests, the Test of Memory Malingering (TOMM) and Word Memory Test. Mr. Casey's performance on both of these tests was within stringent criteria consistent with our observation of providing good effort.

Language Functions: There was no aphasic or agnostic symptomatology. Mr. Casey's conversational speech was prosodic, fluent, of normal rate and tone with occasional slurring. There were no word finding difficulties in conversational speech. Mr. Casey's performance on a letter fluency test (T=45) was in the average range for an individual of his age and educational level. There was no evidence of receptive language dysfunction.

Sensory Perceptual/Motor Functions: Evaluation failed to reveal any evidence of imperceptions or suppressions affecting tactile or visual modalities during unilateral or bilateral stimulation paradigms. Mr. Casey demonstrated imperceptions and suppressions to left sided auditory stimulation. He performed efficiently on a tactile finger recognition test and made a few unsystematic errors on a Test of Graphesthesia. Mr. Casey had no difficulty recognizing gross tactile forms in each of his extremities.

Mr. Casey reports being right hand dominant. He ambulated without difficulty or need for assistance. He reported some residual low back pain that is aggravated by physically exerting activities. On a test demanding fine motor speed (Finger Tapping Test), he demonstrated bilateral slowness suggestive of moderate impairment. Assessment of grip strength revealed mild deviation from expected performance bilaterally. Mr. Casey's performance on a test demanding fine motor speed and dexterity (Grooved Pegboard Test) revealed deviation from expected performance bilaterally suggestive of mild impairment.

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THOMPSON 059916

Attention/Memory Functioning: Mr. Casey was errorless in his performance on an extended test of information and orientation. On the Stroop Test, he demonstrated slowed and impaired processing speed for word (T=29) and color (T=35) stimuli. He remained mildly slow, but without added decrement in his performance on a divided attentional task (T=40). Mr. Casey's performance on an attentional task demanding discrimination of rhythmic sounds was below average (T=41) for an individual of his age and educational level. On an attentional task demanding discrimination of speech sounds and matching them to their phonemes (T=36), his performance was suggestive of mild impairment. Mr. Casey's performance on WAIS-III tasks assessing working memory placed him at the 25th percentile. Mr. Casey was also administered the Paced Auditory Serial Addition Test (PASAT), a measure of information processing speed and attentional regulation. Mr. Casey was able to meet the demands of this test. Observation of test performance revealed an average initial trial performance with mild decrements in his performance as the trials became more rapid and demanding. Mr. Casey's total recall score on the PASAT was within the average range (T=57) for an individual of his age and educational level.

Mr. Casey was also administered the Conner's Continuous Performance Test-II to further assess his attentional capacities. Observation of test performance revealed slow responding coupled with lots of errors which is a distinctively problematic pattern that cannot easily be explained by response style. Generally, this pattern is a strong indicator of an attention related deficit. Mr. Casey was generally erratic in his responding, indicative of poor attention capacity. He was also substantially affected by the interstimulus interval. Specifically, responses became slower and a lot more erratic when the interstimulus interval was slowed from one second to two and four seconds. The finding may reflect limitations in his ability to adjust to change in task demands.

Mr. Casey was administered the Wechsler Memory Scale-III (WMS-III) to assess different components of anterograde memory. Mr. Casey was variable in his performance across WMS-III tasks. Mr. Casey's performance on tasks assessing immediate auditory memory placed him at the 34th percentile. Mr. Casey was less efficient in his performance on WMS-III tasks assessing immediate visual memory (10th percentile). He demonstrated an adequate ability to retain auditory (30th percentile) and visual (50th percentile) information after a period of delay. Mr. Casey's performance on WMS-III tasks assessing working memory was in the low average range (21st percentile).

Analysis of separate WMS-III scale performance revealed Mr. Casey to have an average ability to immediately learn and recall orally presented narrative passages. Mr. Casey was below average in his performance on a visual memory task demanding free recall of family pictorial stimuli. He demonstrated a low average ability to retain and recall previously learned narrative passages after a period of delay (percent retention =81). Mr. Casey was deficient in his performance on a visual memory task involving the immediate learning and reproduction of visual designs (2nd percentile). He demonstrated an adequate ability to retain and reconstruct previously learned visual designs after a period of delay (percent retention =77).

Mr. Casey was also administered the California Verbal Learning Test-II (CVLT-II), a repetitive word list learning task. Mr. Casey's total recall score after five administrations of the word list placed him at the 50th percentile compared to age related peers. Observation of test performance revealed significant deficit in his initial trial performance consistent with difficulties with attentional capacities and immediate learning. Yet, Mr. Casey showed a good ability to profit from repetitive administrations, demonstrating a good learning curve. He demonstrated difficulties in his ability to retain and recall word list information in a short and long delay, free and cued recall process. Assessment of learning characteristics revealed heavy reliance on recall from the recency region of the word list. There were no excessive intrusive errors. Mr. Casey was generally efficient in his performance on a recognition task demanding that he discriminate target from non-target words, though he made six false positive errors. Mr. Casey performed efficiently on a long delay, forced choice recognition test consistent with our observation of providing good effort.

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Visual Spatial/Visual Constructional Functions: There was no evidence of visual inattention or neglect processes. Nor was there evidence of constructional difficulties. Mr. Casey's performance on WAIS-III tasks assessing perceptual organizational skills placed him at the 63rd percentile. His performance was improved from that obtained in previous I.Q. testing conducted by Dr. Grace (47th percentile). On a test demanding fine discriminations of lines in space, Mr. Casey's performance was in the low average range (22nd percentile). On a visuographic sequencing test involving the serial processing of numbers, he was slow in the completion of the task (T=42) but without confusional error. When the task became more demanding, involving alternation between numbers and letters in sequential fashion, Mr. Casey's performance was within average limits (T=53).

Higher Reasoning/Problem Solving Abilities: Mr. Casey was able to inhibit and sequence fine motor movements on go-no go types of tasks. Mr. Casey performed efficiently on an executive functioning task involving letter fluency as well as being able to meet the set shifting skills associated with Trail Making Test-Part B.

Mr. Casey was re-administered the Wechsler Adult Intelligence Scale-III (WAIS-III) classifying his intellectual functioning to be in the average range with a Full Scale I.Q. of 96, a Verbal I.Q. of 91, and a Performance I.Q. of 104. Mr. Casey's Full Scale I.Q. places him at the 39th percentile. His performance was generally consistent with that obtained in previous evaluation conducted by Dr. Grace (FS I.Q.=97, V I.Q.=100, P I.Q.=104).

WAIS-III analysis revealed Mr. Casey to perform in the average range on tasks assessing perceptual organizational skills (63rd percentile). Mr. Casey was less efficient in his performance on WAIS-III tasks assessing verbal comprehension skills (32nd percentile). Mr. Casey's performance on tasks assessing working memory (25th percentile) was less efficient than that obtained in previous evaluation by Dr. Grace. Yet, Mr. Casey was more efficient with regard to his performance on processing speed tests (21st percentile) compared to that obtained by Dr. Grace (4th percentile).

Analysis of separate WAIS-III scale performance revealed significant strength on a task demanding attention to visual detail in the tangible environment (91st percentile).

Mr. Casey was administered the Wisconsin Card Sorting Test, which demands the ability to generate and discover the correct solution set as well as to shift the basis of one's responding when the externally imposed demands of the task necessitated this. Observation of test performance revealed Mr. Casey to readily identify the 1st correct hypothesis. Observation of test performance revealed that concentration difficulties interfered considerably with his effective problem solving abilities. Mr. Casey attained only four of the expected six categories but with an acceptable rate of perseverative errors (10%) and six failures to maintain set. The latter finding is consistent with disruption due to attention/concentration difficulties.

Mr. Casey was also administered the Tactual Performance Test (TPT) which demands keen kinesthetic/proprioceptive abilities as well as organizational/planning skills. Mr. Casey's initial dominant hand performance was above average (T=56). Yet, he demonstrated considerable difficulty profiting from this initial learning trial during his 2nd trial, non-dominant hand performance (T=36). Mr. Casey was improved in his 3rd trial, both hands performance (T=43). His incidental memory score (T=33) was suggestive of mild to moderate impairment. Yet, his location score (T=50) was in the average range.

Emotional/Mood State Functioning: Review of medical records revealed considerable concerns regarding Mr. Casey experiencing disruptive psychological difficulties as the result of his involvement in the medical incidents. There has been persistence of fatigue, agitation, and somatic symptomatology as well as concern regarding depression, anxiety, and posttraumatic stress.

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In the current evaluation, Mr. Casey reported continuing difficulties with sadness/depression, sleep disturbance which is assisted by use of Ambien, irritability/impatience, and low energy level. He appears to be quite withdrawn and not engaging in social and recreational pursuits. There are additional environmental stressors including financial stress.

Mr. Casey was administered the Personality Assessment Inventory (PAI) to further assess his psychological functioning. Mr. Casey's response set (validity scales) to the PAI indicated that he presented himself in an honest, straight forward fashion.

The obtained PAI clinical profile reveals an individual who is reporting significant unhappiness, moodiness, and tension. Mr. Casey's self esteem is quite low at this time, and he views himself as ineffectual and powerless to change the direction of his life. The disruptions in his life have left him uncertain about his goals and priorities, and tense and pessimistic about what the future may hold. Mr. Casey reports difficulties in concentrating and making decisions.

Separate scale elevations reveal report of highly disruptive depression. Mr. Casey reports being severely depressed, discouraged, and withdrawn. He appears to be plagued by fears of worthlessness, hopelessness, and personal failure. There is also report of experiencing a discomforting level of anxiety and tension. He is socially isolated at this time and identifies few interpersonal relationships that he describes as being close and warm.

Consistent with ongoing disruptive somatic symptomatology, Mr. Casey reports concern about physical functioning and health matters. He sees his life as being highly compromised by his ongoing numerous and varied physical/health problems.

Mr. Casey reports experiencing recurrent episodes of anxiety associated with a traumatic experience in his life. He identifies the traumatic experience as being the medical incident.

Self concept appears to be quite harsh and negative at this time. Mr. Casey's interpersonal style is best characterized as being withdrawn and isolated at this time. He appears to be very uncomfortable in social situations at this time.

Mr. Casey also reported experiencing periodic and transient thoughts of self harm. He denied any specific suicidal plan. He does endorse being pessimistic and unhappy about his prospects for the future.

Overall, the PAI profile is consistent with an individual who is experiencing disruptive depression and anxiety in the context of ongoing somatic difficulties. There is report of associated neurocognitive difficulties as well as being quite socially withdrawn and isolated.

Mr. Casey also responded to the Ruff Neurobehavioral Inventory. The Ruff allows for an assessment of individuals in the domains of cognitive emotional and physical functioning as well as quality of life pre and post their involvement in a traumatic incident.

Mr. Casey's responses indicated that he did not believe he had any ongoing disruptions in the realms of cognitive, emotional, or physical functioning prior to his involvement in the medical incident.

Mr. Casey reported that post accident, he has experienced significant disruption in cognitive emotional, and physical realms of functioning as well as quality of life. In the cognitive domain, he identified significant disruption with regard to attention/concentration, executive functioning, and learning and memory.

In the emotional domain, Mr. Casey reported significant disruption with regard to anxiety, depression, posttraumatic stress, as well as anger and irritability.

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In the physical realm, he reported significant disruption with regard to somatic symptomatology and pain. Mr. Casey also reported significant disruption of his ability to pursue vocational activities.

Summary/Integration: Mr. Casey is a 46-year-old Caucasian male referred for neuropsychological evaluation. Intellectual evaluation revealed Mr. Casey to be functioning in the average range of abilities. Neurocognitive evaluation revealed slowed mental/information processing speed with variability in Mr. Casey's attentional capacities. Assessment of memory functioning revealed difficulties with immediate learning/memory capacities but no compelling evidence of rapid forgetting (amnestic syndrome). Neuropsychological evaluation revealed Mr. Casey's primary impairments to be deficits in his speed of processing with difficulties sustaining attention/concentration, and reduced immediate learning capacities. There was no compelling evidence for impairment specifically affecting visual spatial skills, receptive or expressive language functions, or higher reasoning capacities. Assessment of sensory perceptual functioning revealed imperceptions and suppressions affecting left sided auditory processes. Motor functioning was characterized by slowness and weakness.

Assessment of emotional functioning revealed continuing difficulties with depression, fatigue/low energy level, anxiety/stress, social withdrawal/isolation, and disruptive pain and somatic symptomatology. Mr. Casey has not efficaciously responded to psychological/psychiatric treatment. This suggests the potential that difficulties/impairments are at least partially attributable to organic injury.

Overall, Mr. Casey's presentation is one of neurocognitive deficits that would be consistent with a subcortical injury. Dr. Fogarty provided rationale for the potential that Mr. Casey may well have a permanent neurological deficit. Pain symptomatology, depression, sleep disturbance, and fatigue could also be contributing to his experience of neurocognitive impairments. Mr. Casey's current neurocognitive and emotional/behavioral deficits are likely due to a multifactorial etiology. What is evident is that Mr. Casey has remained highly compromised with regard to cognitive, emotional, and physical functioning, rendering him unable to return to employment pursuits.

Based on The Diagnostic and Statistical Manual of Mental Disorders-4th Edition-TR (DSM-IV-TR), the following multi-axial assessment is provided:

Axis I	Mood Disorder with depressed mood (293.83) secondary to persistent somatic symptomatology and potential permanent neurological deficit due to complication of laser bronchoscopy.
	Cognitive Disorder, NOS (294.90) due to the interfering effects of somatic symptomatology, mood disturbance, sleep disturbance/fatigue, and potential permanent neurological deficit due to complications of laser bronchoscopy.
Axis II	No diagnosis (V71.09).
Axis III	Pain/somatic symptomatology; motor weakness; residual back pain; episodic chest pain; status post laser bronchoscopy complicated by pneumomediastinum and pneumothorax.
Axis IV	Marital separation/divorce; disability/unemployment; Workers' Compensation litigation.
Axis V	GAF=50 (Current).

Thank you for allowing me to participate in the evaluative care of Mr. William Mark Casey. If you have any questions regarding the evaluation or report, please do not hesitate to call me.

L. R. Weid Ph.D.
L. Randolph Weid, Ph.D.

Licensed Clinical Psychologist
Clinical Associate Professor in Psychiatry/Neurology, MUSC

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August 23, 2005

Ray E. Thompson, Jr.
Burts Law Firm

RE: William Mark Casey

Dear Chuck:

I have made a tentative appointment for Mark Casey to see Dr. Waid next Tuesday, August 30 beginning at 9:00 a.m. The examination will take all day and so he will most likely want to travel to Mt. Pleasant the night before. I am enclosing directions and hotel information.

If this date or time are not acceptable, please let me know right away so I can change this with Dr. Waid's office.

I plan to overnight the notebook to Dr. Waid today. I plan to remove the file review under tab 51. If there is anything else you think we should remove, let me know before I send it.

Please let me know for sure either way whether Mark will be able to make this appointment or whether I need to schedule it another time.

Very truly yours,

Kenneth C. Anthony, Jr.

KCAjr:akl
Enclosures



ANTHONY 01

August 23, 2005

L. Randolph Waid
Tidewater Executive Center
222 West Coleman Blvd.
Mt. Pleasant, SC 29464

Attention: Catherine

RE: William Mark Casey

Dear Dr. Waid:

This will confirm the appointment my client, William Mark Casey, with you to begin at 9:00 on Tuesday, August 30. Enclosed is a notebook containing medical information and school records, along with our check in the amount of \$700. If you need anything further before this visit, let me know and I will try to obtain it.

Thanks for your help.

Very truly yours,

Kenneth C. Anthony, Jr.

KCAjr:akl
Enclosures

ANTHONY 02