# INFORMATION Redacted PURSUANT TO THE FREEDOM OF INFORMATION ACT (FOIA), 5 U.S.C. 552(B)(6)

PE10-005

GM

4/14/2010

**ATTACHMENT** 

Q 03

Subject Legal

ATT



# GM Vehicle Inquiry System Summary

Home - Summary - Claim History - Vehicle Build - Vehicle Component - Delivery Information - Dealer Information - Service Contract - Warranty Block - Branded Title

#### Help

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VIN:		1GI	AL14F157						****				
		<u> </u>		The second second property control of the second		Managaran and S	RMATI	ON	<i></i>				
Merchandising Model :	}		IAL37 -200: COUPE	COBALT 2	<b>DOO</b>	OR LS Warranty Start Date:					05/21/2005		
BARS Order T	ype:		70 - RETAII	- STOCK									
Delivering Dea	ler:		PO BOX 152	EEN CHEVR ?7 !RG, WV 2		•		Selling Sou	irce :		13 - CHEVROLET		
			(304) 624-63	04 2	03VZ-	Site Code:			) )		13172		
	75 Paris (1990)	1	Business Associate Code: 113544										
Service Contr	net :	N	0 Bran	ded Title :	No	,	Varran	ty Block :	No	PDI Sta	itus :	Paid	
1		I		REQUII	RED I	TELI	) ACTI	ONS					
Vehicle Has No	Vehicle Has No Current Record Of Outstanding Campaigns												
				SERVICE II	VFOR	MAT	IONAL	ITEMS					
Vehicle Has No	Curr	ent N	ecord Of O	utstanding So	ervice	Info	mation						
			ON STAR	AND XM S/	\TEL	LITE	RADIO	) INFORM	ATIO	N			
OnStar Equipped	No	Đι	Star Status	N/A	(loc	ated (	Help pag on the "C V-8271.	se for details OnStar" tab in	or:go i GM	to OnStar C InfoNET) o	Inline E r (888)(	nrollment DNSTARI	
XM Equipped	Yes	ΧM	Radio ID	260R90ME	XM State	BS	Active	Refer to Help page for details or: www.xmradio.gm.ca or Dealer Hotline 1.877.GET.XMST (1-877-438-9677).				ine ).	
		,		APPLIC	ABLE	WA	RRANT	JIES					
		Desc	ription			8	ective Pate	Effectiv Odomet		End Date	0	End Iometer	
36/36000 BUMP WARRANTY	ER TO	BU	MPER LIM	ITED		05/2	1/2005	10 n	niles	05/21/2008	3	6010 miles	
72/100000 SHEE THROUGH LIM	T ME	TAL WAI	COVERAG RRANTY	E RUST		05/2	1/2005	10 n	niles	05/21/2011	10	0010 miles	
96/80000 FEDEI AND PCM	ALE	MIS:	SION CATA	LYTIC CON	v.	05/2	1/2005	10 n	niles	05/21/2013	8(	0010 miles	
36/36000 FEDER	AL E	MISS	SION			05/2	1/2005	10 n	niles	05/21/2008	36	5010 miles	
		,									1		

10/23/2006

10/23/2006

03/30/2006

03/30/2006

03/30/2006

03/30/2006

03/30/2006

01/10/2006

04/28/2005

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LEFT-R&R OR

**LEFT SIDE** 

- REPLACE

LEFT - R&R OR

RIGHT - REPLACE

L2004 - EXHAUST SYSTEM - ALIGN

23002 miles

23002 miles

13680 miles

13680 miles

13680 miles

13680 miles

13680 miles

9172 miles

0 miles

60/60000 P	OWERTRA	IN - U.	S. LIMITED WARRANTY 05/21/2005 10 miles 05/21/2010	60010 miles
			CLAIM HISTORY	
R.O Date	R.O Number	Туре	Labor Operation	Odometer Reading
07/31/2007	075315	В	C2990 - KNOB, CONTROL AND/OR SELECT - ONE AND/OR ALL - REPLACE	36723 miles
05/01/2007	074119	#	C2990 - KNOB, CONTROL AND/OR SELECT - ONE AND/OR ALL - REPLACE	32755 miles
05/01/2007	074119	#	H9991 - CUSTOMER CONCERN NOT DUPLICATED	32755 miles
02/27/2007	073168	Ħ	B5608 - SPOILER - ONE PIECE - R&R OR REPLACE	29125 miles
02/27/2007	073168	#	L2020 - Hanger and/or clamp, exhaust system - Replace	29125 miles
02/27/2007	073168	#	E4300 - BEARING AND HUB ASSEMBLY, REAR WHEEL - RIGHT - REPLACE	29125 miles
10/23/2006	073442	#	C2990 - KNOB, CONTROL AND/OR SELECT - ONE AND/OR ALL - REPLACE	23002 miles

C3331 - PANEL, FRONT DOOR TRIM FINISH UPPER FRONT -

B4281 - FRONT SIDE DOOR INSIDE HANDLE REPLACEMENT -

C2990 - KNOB, CONTROL AND/OR SELECT - ONE AND/OR ALL

C3301 - PLATE, FRONT DOOR ARMREST SWITCH MOUNTING -

E2320 - BEARING AND HUB ASSEMBLY, FRONT WHEEL -

Z7000 - PRE-DELIVERY INSPECTION - BASE TIME
CHECK HISTORY INFORMATION

J9993 - CUSTOMER CONCERN NOT DUPLICATED

**Z5001 - VIP FREIGHT/POSTAGE REIMBURESEMENT** 

Vehicle Has No Associated Check History Information.

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# GM Vehicle Inquiry System Claim History

Home - Summary - Claim History - Vehicle Build - Vehicle Component - Delivery Information - Dealer Information - Service Contract - Warranty Block - Branded Title

#### Help

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VIN:		į	1G	1AL14F157								
	The state of the s			CLAIM	H	STORY						
Repair Or	der Dat	e: 0	7/3 1/200	Repair Order Number :	delication of the same of the	075315	Odon	eter R	ead	ing :		36723 miles
Serviced By:	PERFO PO BO	RMA X 424	NCE MC	OTOR SALES, INC.	3	Selling So	urce :			13 - (	CHEVROI	.ēт
		DNS, V	/V 2628	37-0424		Site Code	•			1323	0	
	(30-1) -		, 4 		l	Business A	ssociate	e Code	e è	1135	50	
Cycle Date	Cycle Nbr	Case	Туре	Labor Operation		Pa	rt	Auth Code	æ	erson Code	Line Total	Comments
08/10/2007	820	01	В	C2990 - KNOB, CONTROL AND/OR SELECT - ONE AND/OR ALL - REPLACE		22724498 - G N		N/A	\$ 101.53	И		
		<u> </u>				1.						
Repair Order Date: 05/01/2007 Repair Order Number:					074119	Odom	eter Re	adi	ng:		32755 mîles	
Serviced By:	PERFO	RMAI	ICE MO	TOR SALES, INC.	S	elling Sou	rce:			13 - 0	HEVROL	BT
-	<b>PARSO</b>	NS, W	V 2628	7-0424	s	ite Code :				13230		
	(304) 47	0-203	B		B	Susiness A	ssociate	Code:		11355	0	
Cycle Date	Cycle Nbr	Case	Туре	Labor Operation		Par	1	Auth Code		rson ode	Line Total	Comments
05/11/2007	794	01	#	C2990 - KNOB, CONTROL AND/OR SELECT - ONE AND/OR ALL - REPLACE		22724498 HANDLE	- 9	N/A	1	VA.	\$ 101.53	N
05/11/2007	794	05	#	H9991 - CUSTOMER CONCERN NOT DUPLICATED		N/A		N/A	N	I/A	S 14.91	И
				_	· ·							
Repair Ord	er Date :	b2/	27/2007	Repair Order Number :	0	073168 Odometer Readin			dir	ng: 29125 miles		
Serviced	PERFOR	MAN	CE MOT	OR SALES, INC.	Se	elling Sour	ree :			13 - CHEVROLET		
By:	PO BOX	***							T			

	PARSO (304) 47			7-0424	Site Code:		1323	13230		
	(307) 47				Business Associ	ate Code :	1135	50		
Cycle Date	Cycle Nbr	Case	Туре	Labor Operation	Part	Auth Code	Person Code	Line Total	Comments	
04/03/2007	<i>1</i> 83	þı	Ħ	B5608 - SPOILER - ONE PIECE - R&R OR REPLACE	NA	EE	N/A	\$ 69.59	Y	
03/09/2007	776	þī	#	L2020 - HANGER AND/OR CLAMP, EXHAUST SYSTEM - REPLACE	N/A	N/A	N/A	\$ 9.94	N	
03/09/2007	776	<b>02</b>	#	E4300 - BEARING AND HUB ASSEMBLY, REAR WHEEL - RIGHT - REPLACE	15839050 -	NA	N/A	\$ 172.08	N	

Repair Or	der Date	: 10	/23/200	Repair Order Number :	073442	Odon	ieter Ri	ading:	23002 mil			
Serviced By:	PO BO	X 2   29		et cadillac	Selling Sou	ASSESSED DE LA COMPANSION DE LA COMPANSI		13 -	13 - CHEVROLET			
				02-2129	Site Code:			1425	5	-		
	(540) 885-1584			Business A	ssociat	Code :	1137	64				
Cycle Date	Cycle Nbr	Case	Туре	Labor Operation	Par	t	Auth Code	Person Code	Line Total	Comments		
11/03/2006	740	01	#	C2990 - KNOB, CONTROL AND/OR SELECT - ONE AND/OR ALL - REPLACE	22724498 HANDLE		N/A	N/A	S 104.45	N		
11/03/2006	740	02	#	C3331 - PANEL, FRONT DOOR TRIM FINISH UPPER FRONT - LEFT - R&R OR	22733536 PLATE	•	В	N/A	\$ 23.22	N		
11/03/2006	740	03	#	B4281 - FRONT SIDE DOOR INSIDE HANDLE REPLACEMENT - LEFT SIDE	22722755 BEZEL		N/A	WA	\$ 27.88	N		

Repair Or	der Date	er Date : 03/30/2006 Repair Order Number :				068751	Odon	eading:	13680 miles			
Serviced By:	ELLIO PO BOX			ET CADILLAC	S	elling Sou	rce :		13 - (	CHEVROL	ET	
		NTON, VA 24402-2129			S	Site Code:			1425	14255		
	(24V) 00	)J-1J0			В	usiness A	sociate	Code:	1137	64		
Cycle	Cycle	Cașc	Туре	Labor Operation		Par	i.	Auth	Person	Line	Comments	

Date	Nbr	,			Section (Section )	Code	Code	Total	
04/18/2006	683	<b>'01</b>	#	C2990 - KNOB, CONTROL AND/OR SELECT - ONE AND/OR ALL - REPLACE	22724498 - HANDLE	N/A	N/A	\$ 100,21	N
04/18/2006	683	02	Ħ	C3301 - PLATE, FRONT DOOR ARMREST SWITCH MOUNTING - LEFT - R&R OR	22733545 - PLATE	N/A	N/A	\$ 22.87	N
04/18/2006	683	03	#	E2320 - BEARING AND HUB ASSEMBLY, FRONT WHEEL - RIGHT - REPLACE	22701516 - BEARING	NA	N/A	\$ 183.47	N
04/18/2006	683	04	#	L2004 - EXHAUST SYSTEM - ALIGN	N/A	N/A	N/A	<b>S</b> 19.30	И
04/18/2006	683	05	#	Z5001 - VIP FREIGHT/POSTAGE REIMBURESEMENT	22701516 - BEARING	N/A	N/A	\$ 23.47	N

Repair Ore	der Date	: 01	/10/2006	Repair Order Number :	067080	Odome	eter Res	ding:		91 <b>72</b> miles
Serviced ELLIOTT CHEVROLET CADILLAC By: PO BOX 2129				Selling Source:			13 - C	13 - CHEVROLET		
~,		TON,		02-2129	Site Code:			14255		
	(340) 00	>3-130+	,		Business A	ssociate	Code:	11376	4	
Cycle Date	Cycle Nbr	Case	Турс	Labor Operation	Pa	rt	Auth Code	Person Code	Line Total	Comments
01/17/2006	657	01	#	J9993 - CUSTOMER CONCERN NOT DUPLICATED	N/A		N/A	N/A	S 19.30	N

Repair Ord	der Date	Number:			A29404 Odometer Read			iding:	ling: 0 mile		
Serviced By:	By: PO BOX 1527				Selling Source :				13 - CHEVROLET		
	CLARK (304) 62			26302-1527	Site Code:			13172			
	(304) 0	M-03U	ŧ		Business As	sociate	Code :	11354	4		
Cycle Date	Cycle Nbr	Case	Туре	Labor Operation	Pa	rt	Auth Code	Person Code	. Line Total	Comments	
05/03/2005	583	01	1	Z7000 - PRE-DELIVERY INSPECTION - BASE TIME	N/A		N/A	N/A	\$ 64.90	N	

#### **CHECK HISTORY**

Vehicle Has No Associated Check History.

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## GM Vehicle Inquiry System Vehicle Build

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#### Help

VIN	IGIALI4F157			
		VEHICLE BUILD		
Merchandising Model:		1AL37-2005 COBALT 2-DO	OOR LS COUPE	
Gross Vehicle Weight R	lating :	1684 kg (3713 lb)	Order Number:	JCKV9X
Build Date:		04/28/2005	Build Plant:	157A

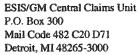
GMVIS is not the definitive source of GM Vehicle RPO information and is intended for service reference only. Should there be any questions about the vehicle's original build or RPO information please refer to the original vehicle invoice or window sticker.

#### **OPTION CODES**

AK5 - DRIVER & RIGHT FRONT PASSENGER AIR BAGS	AR9 - DELUXE FRONT BUCKET SEAT
ASF - AIRBAGS, SIDE HEAD-CURTAIN	C67 - ELECT. FRONT AIR CONDITIONER
DG7 - ELEC TWIN REMOTE SPORT MIRRORS	FEI - SUSPENSION SYSTEM-SOFT RIDE
FE9 - 50-STATE EMISSIONS	FR6 - 3.84 FINAL DRIVE TRANSAXLE RATIO
IPC - INTERIOR TRIM DESIGN	JM4 - 4-WHEEL ANTI-LOCK BRAKE SYSTEM
K64 - 115 AMP GENERATOR	LOD - ASSEMBLY PLANT - LORDSTOWN,OHIO
L61 - 2.2L DOHC 4 CYL ENGINE	MMS - 5-SPEED MANUAL TRANSMISSION
M86 - MANUAL 5 SPEED TRANSMISSION	NP5 - LEATHER WRAPPED STEERING WHEEL
NT7 - FEDERAL EMISSION TIER 2	PFD - 16" ALUMINUM WHEEL
QQR - 205/55R16 TOURING BW TIRES	RES - UPGRADE ORNAMENTATION
SLM - STOCK ORDERS	TV5 - SPORT PACKAGE
T37 - DELUXE FOG LAMPS	T43 - REAR DECK-LID SPOILER
UK3 - LEATHER WRAPPED STEERING WHEEL	UQ3 - PIONEER 7 SPKR AMPLIFIED SYSTEM
US8 - RADIO, AM/FM STEREO W CD & MP3	U2K - XM SATELLITE RADIO-OVER 130 CHNLS OF DIGITAL ENTERTAINMENT. SERVICE FEE EXTRA 1ST.3MOS.INCL
VM3 - CONSUMER INFORMATION LABEL	VY7 - LEATHER SHIFT KNOB
V73 - STATEMENT OF VEHICLE CERT U.S. /CANADA	1SB - ISB SPORT PACKAGE INCLUDES: *WHITE FACED SPORT GAUGES *LEATHER WRAPPED SHIFT LEVER *LEATHER WRAPPED STEERING WHEEL *SPORT FASCIA W/FOG LAMPS *REAR

·	SPOILER *16" ALUMINUM WHEELS *205/55R16 TIRES *CHROME EXHAUST TIP
ISZ-OPTION PACKAGE DISCOUNT	19C - EBONY SPORT CLOTH
19I - EBONY	6AP
7AP	8AB - REAR SPRING
9AB - REAR SPRING	91U - ARRIVAL BLUE METALLIC

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800.888.0164 tel 313.665.0911 fax



May 6, 2008

Tiffini Hails
Claims Administrator

Staunton, VA

RE:

Claimant:

Our File No.:

Our Client:

General Motors Corporation

Date/Event:

September 7, 2007

VIN:

1G1AL14F157

Dear

I am writing to confirm our conversation of April 30, 2008 during which you agreed to allow us to inspect your 2005 Chevrolet Cobalt and retrieve data from the air bag system. I estimate the inspection will take about two (2) hours. I also understand from our conversation that you alleged that the steering gear failed in your vehicle causing you to get into an accident and sustain injuries. ESIS Field Investigator, Raymond Michael has been assigned to assist me in the investigation of this claim. He will contact you to schedule an appointment to interview you, inspect, photograph and download the SDM. I have also enclosed a medical authorization form to obtain your medical records concerning this accident. If there are any out of pocket expenses regarding this claim please provide.

As part of the inspection, we will likely take photographs and measurements. Also, your vehicle is equipped with an air bag Sensing and Diagnostic Module (SDM). As explained in the Owner's Manual, in addition to its other functions, the SDM records information about the air bag system and other crash related data in an air bag deployment event and some near-deployment crashes. The SDM in your vehicle also records the following precrash data: vehicle speed, throttle position, brake application and engine RPM for 5 seconds prior to the deployment or near deployment event. As part of our investigation, we will download the SDM data using the Vetronix Crash Data Retrieval software. We will provide you with a copy of that data at the time we retrieve it or as soon after as is practical. As we discussed, we will also provide a copy of the data to

Please note the potential GM uses of this crash data once GM has a copy in its files. Once collected, the SDM crash data is available for GM's research needs. Also, in summary form, this information may be provided to non-GM organizations (i) which have a reasonable need for it, (ii) which have a demonstrated ability to utilize such data, and (iii) which are expected to use it for studies aimed at improving safety to the benefit of the public at large, the auto industry, or GM. However, information which ties SDM crash data to a particular vehicle, such as VIN, owner name, or date and location, will generally not be disclosed by GM other than (a) to the involved owner/lessee or his/her designated agent, (b) in response to an official request of police or similar government office, (c) for research where appropriate confidentiality is maintained and need is shown, (d) as part of GM's defense of litigation involving the subject vehicle or other GM products, or (e) as otherwise required by law.

# 5

If you have any additional questions about our upcoming inspection, you can contact me at 1.800.888.0164 Monday through Friday from 8:00 AM to 4:00 PM.

Sincerely,

Tiffini Hails





#### **CDR File Information**

Vehicle Identification Number	1G1AL14F157
Investigator	RAY MICHAEL
Case Number	
Investigation Date	Thursday, May 8 2008
Crash Date	Friday, September 7 2007
Filename	1G1AL14F15
Saved on	Thursday, May 8 2008 at 03:59:39 PM
Collected with CDR version	Crash Data Retrieval Tool 3.00
Reported with CDR version	Crash Data Retrieval Tool 3.00
EDR Device Type	airbag control module
Event(s) recovered	None

#### **Data Limitations**

#### SDM Recorded Crash Events:

There are two types of SDM recorded crash events. The first is the Non-Deployment Event. A Non-Deployment Event is an event severe enough to "wake up" the sensing algorithm but not severe enough to deploy the air bag(s). It can contain Pre-Crash and Crash data. The SDM can store up to one Non-Deployment Event. This event can be overwritten by an event that has a greater SDM recorded vehicle forward velocity change. This event will be cleared by the SDM after the ignition has been cycled 250 times.

The second type of SDM recorded crash event is the Deployment Event. It also can contain Pre-Crash and Crash data. The SDM can store up to two different Deployment Events, if they occur within five seconds of one another. Deployment Events cannot be overwritten or cleared from the SDM. Once the SDM has deployed the air bag, the SDM must be replaced. The data in the Non-Deployment Event file will be locked after a Deployment Event, if the Non-Deployment Event occurred within 5 seconds before the Deployment Event unless a Deployment Level Event occurs within 5 seconds after the Deployment Event will overwrite the Non-Deployment Event file.

#### SDM Data Limitations:

- -SDM Recorded Vehicle Forward Velocity Change reflects the change in forward velocity that the sensing system experienced during the recorded portion of the event. SDM Recorded Vehicle Forward Velocity Change is the change in velocity during the recording time and is not the speed the vehicle was traveling before the event, and is also not the Barrier Equivalent Velocity. This data should be examined in conjunction with other available physical evidence from the vehicle and scene when assessing occupant or vehicle forward velocity change. For Deployment Events and Deployment Level Events, the SDM will record 220 milliseconds of data after deployment criteria is met and up to 70 milliseconds before deployment criteria is met. For Non-Deployment Events, the SDM will record up to the first 300 milliseconds of data after algorithm enable. The minimum SDM Recorded Vehicle Forward Velocity Change, that is needed to record a Non-Deployment Event, is 5 MPH.
- -Maximum Recorded Vehicle Velocity Change is the maximum recorded velocity change in the vehicle's combined "X" and "Y" axis. It is calculated every ten ms by taking the square of the "X" axis value and adding it to the square of the "Y" axis value and then taking the square root of the sum. The greatest calculated value is the one that is stored.
- -Event Recording Complete will indicate if data from the recorded event has been fully written to the SDM memory or if it has been interrupted and not fully written.
- -SDM Recorded Vehicle Speed accuracy can be affected if the vehicle has had the tire size or the final drive axle ratio changed from the factory build specifications.
- -Brake Switch Circuit Status indicates the status of the brake switch circuit.
- -Pre-Crash Electronic Data Validity Check Status indicates "Data Invalid" if the SDM receive an invalid message from the module sending the pre-crash data.
- -Driver's and Passenger's Belt Switch Circuit Status indicates the status of the seat belt switch circuit. The Passenger Belt Switch Circuit Status for 2005 vehicles is only available on the Cadillac STS. Also, the Passenger Belt Switch Circuit Status for 2006 Chevrolet Cobalt Sport Coupe (AP) model vehicles, with the option package that includes Recaro brand seats (RPO ALV), will always report a default value of "Buckled".
- -The Time Between Non-Deployment and Deployment Events is displayed in seconds. If the time between the two events is greater than 5 seconds, "N/A" is displayed in place of the time. If the value is negative, then the Deployment Event occurred first. If the value is positive, then the Non-Deployment Event occurred first.
- -If power to the SDM is lost during a crash event, all or part of the crash record may not be recorded.
- -The ignition cycle counter relies upon the transitions through OFF->RUN->CRANK power-moding messages, on the GMLAN communication bus, to increment the counter. Applying and removing of battery power to the module will not increment the ignition counter.
- -Steering Wheel Angle data is displayed as a positive value, when the steering wheel is turned to the right, and a negative value, when the steering wheel is turned to the left. For Cadillac STS models with Stabilatrac 3 systems, the Steering Wheel Angle data will be displayed just the opposite. When the steering wheel is turned to the right, a negative value will be displayed and when the steering wheel is turned to the left, a positive value will be displayed.

#### SDM Data Source:

All SDM recorded data is measured, calculated, and stored internally, except for the following:

-Vehicle Status Data (Pre-Crash) is transmitted to the SDM, by various vehicle control modules, via the vehicle's





communication network.
-The Belt Switch Circuit is wired directly to the SDM.





#### **Hexadecimal Data**

All of the data that the vehicle manufacturer has requested to be retrieved is shown in the hexadecimal data section of the CDR report. It may contain data that is not converted by the CDR program.

\$01	00	00	00	00	59	00	00
\$02	20	00	00	00	00	00	00
\$03	02	00	00	00	00	00	00
\$04	02	00	-00	00	00	00	00
\$05	00	00	-00	00	00	00	00
\$06	00	4A	00	00	19	94	31
\$07	00	29	00	00	00	00	00
\$08	00	FF	00	00	00	00	00
\$09	00.	86	7A	00	00	00	00
\$0A	00	00	00	00	00	00	00
\$0B	00	00	05	OF	00	00	00
\$0C	00	00	00	00	00	00	00
\$0D	0.0	00	40	.00	00	00	00
\$0E	00	00	00	00	00	00	00
\$0F	92	00	00	00	00	00	00
\$10	47	31	41	4C	31	34	46
\$11	31	35	37	36	32	39	34
\$12	30	34	00	00	00	00	00
\$13	00	00	00	00	00	00	00
	00	00	00	00	00	00	00
\$14							
\$15	00		00	00	00	00	00
\$16	03	06	0C	16	34	00	00
\$17	03	03	02	03	00	00	00
\$18	03	02	00	00	00	00	0.0
\$19	02	.02	00	0.0	00.	00	00
\$1B	3F	30	00	66	00	78	00
\$1C	3F	30	00	62	00	18	00
\$1D	4F	4F	00	00	00	00	00
\$1E	4F	00	00	00	00	00	00
\$1F	20	00	00	00	00	00	00
\$20	40	00	00	00	00	00	00
\$21	FF	01	00	0.0	70	00	00
\$22	00	8E	00	00	00	00	00
\$24	00.	00	00	00	00	00	00
\$25	00	00.	00	00	00	00	00
		00	00	00	00	00	-00
\$26	00						
\$27	FF	00	FF	00	00	00	0.0
\$2A	00	00	00	00	00	00	00
\$2B	0.0	0.0	00	00	00	00	00
\$2D	00	00	00	00	00	00	00
\$2E	00	FF	F0	04	E3	00	00
\$2F	00	FE	1F	86	0.0	00	00
\$30	9D	00	00	00	0,0	00	00
\$31	FF	FF	FF	FF	FF	80	0.0
\$32	F8	80	FF	80	00	00	00
\$33	FF	FF	FF	FF	FF	80	.00
\$34	FF	FF	FF	FF	FF	80	00
\$35	FF	FF	FF	FF	FF	80	0.0
\$36	FF	FF	FF	FF	FF	80	00
\$37	F8	80		OF	OF	CA	FE
\$38	FF	8.0	CO	80	FF	CO	FC
\$39	FF	FF	FF	FF	FF	80	00
							00
\$3A	FF	FF	FF	FF	FF	80	
\$3B	7F	0F	1F	1F	3F	00	00
\$3C	FF	FF	FF	FF	FF	FF	CO
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$D1 00 00
$DB 00 00
$DC 00 00
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#### Comments

Lamp status-flashed and went out Downloaded through DLC Powered by vehicle battery Mileage-49666 Location-1020 Rockway St, Saunton, VA Present-Tanya Lambert and Ray Michael

## State Farm Insurance Companies



February 6, 2007

Hambleton, WV

Frederick Operations Center Attn: Auto Claim Central One State Farm Drive PO Box 953 Frederick, Md 21705-0953 Phone (888)-613-3966 Fax (888)-613-3969

RE: Claim Number:

Date of Loss: Our Insured: February 4, 2007

Dear

We are in receipt of the above claim for damage to your car. After reviewing your repair options, you have chosen to utilize the Service First program and have selected Performance Auto Body, Llc to repair your vehicle. This repair facility will provide you with a copy of your estimate and will begin repairs upon your authorization.

We will pay Performance Auto Body, Llc directly upon receipt of the final repair estimate and your authorization to pay. Please contact this repair facility directly to begin the repair process.

Based on the loss facts we received from your agent, your claim will be processed under your Comprehensive Coverage with a \$0.00 deductible. We also want to advise you about your Rental coverage.

We will pay you 80% of the daily rental charge, subject to the limitations set forth in your policy, when you rent a car from a car rental agency or garage. "Rental charge" means the daily rental rate plus charges for mileage and related taxes.

The most we will pay for your Car Rental Expense incurred in any one occurrence is \$1000.00.

Under all Physical Damage Coverages, including Rental, the right of recovery of any party we pay passes to us. You cannot collect from both the other party, or their insurance company, and us.

If you have any questions, please contact us at 1-888-613-3966 and speak to anyone on Team 2.

Sincerely,

Page 2 February 6, 2007

Margaret A. Huffer
Margaret A. Huffer
Claim Processor
State Farm Mutual Automobile Insurance Company

Job Number:

#### PERFORMANCE AUTO BODY

License #:78207 Federal ID #:203258216 222 DAVIS ST PARSONS, WV 26287 (304)478-2839 Fax: (304)478-2983

#### PRELIMINARY ESTIMATE

Written By: JEFF YUCHEK Adjuster:

Insured: Owner: Address: HAMBLETON, WV Evening:

Claim # Policy # Deductible: Date of Loss: Type of Loss:

Point of Impact: 1. Right Front

Inspect Location:

Insurance Company:

Days to Repair

2005 CHEY COBALT LS 4-2.2L-FI 2D CPE BLUE Int: GRAY VIN: 1G1AL14F157 Lic: WV Prod Date:

Air Conditioning Rear Defogger Tilt Wheel
Cruise Control Intermittent Wipers Keyless Entry
Body Side Moldings Dual Mirrors Clear Coat Paint
Power Steering Power Brakes Power Windows
Power Locks Power Mirrors AM Radio Power Locks FM Radio Stereo CD Player
Anti-Lock Brakes (4) Driver Air Bag Passenger Air Bag
Cloth Seals Bucket Seats 5 Speed Transmission

AM Radio CD Player

Odometer: 28295

Aluminum/Alloy Wheels DESCRIPTION QTY EXT. PRICE LABOR PAINT FRONT BUMPER O/H front bumper 2.6 2 Repl Bumper cover 1 280.51 Incl. 2.6 3 Add for Clear Coat 1.0 4 0.4 Add for fog lamps Repl RT Outer grille WITH FOG 1 20.56 Incl. LIGHTS Rpr BUFF HOOD 1.0 7# FRONT LAMPS 8 1 119.23 Incl. 9 Repl RT Fog lamp assy 0.3 Aim fog lamps 10 Rpr BUFF REAR BUMPER 1.0 11# WINDSHIELD 12 Repl Windshield NAGS coupe 1 288.25 2.2
Rpr BUFF RT FENDER 1.0 13 14#

## PRELIMINARY ESTIMATE 2005 CHEV COBALT LS 4-2.2L-FI 2D CPE BLUE Int:GRAY

NO.	OP.	DESCRIPTION	QTY	EXT.	PRI	CE	LABOR	PAINT
15		QUARTER PANEL			20 the 100 cm	. 2000 1000 4		490 SD der vin een een me g
		RT Liner retainer		٥.				
17#		CAR COVER				T	0.2	
18#	Repl	TIRE MOUNT & BALANCE	1	10.	.00		M	
		Subtotals ==>		721.	. 83		8.7	3.6
ine 18	: RT FRT	TIRE DUE TO ROCKS IN RIM						
		Parts						718.83
							38.00/hr	
		Paint Labor	3	.6 hrs	s @	\$	38.00/hr	136.8
		Paint Supplies	3	.6 hrs	3 (	\$ 2	22.00/hr	79.20
		Sublet/Misc.						3.00
		SUBTOTAL					\$	1268.43
		Sales Tax		\$ 1268	3.43	9	6.0000	76.11
		GRAND TOTAL	and the second s	~ ~ ~ ~ ~ ~	in also edite suo	- AM - WS - Q	\$	1344.54
		ADJUSTMENTS:						
		Deductible						0.00
·		CUSTOMER PAY				400 to 20	\$	0.00
		INSURANCE PAY					S	1344.54

PERFORMANCE AUTO BODY COLLISION REPAIR WORK IS COVERED BY A ONE YEAR WORKMANSHIP WARRANTY

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

02/10/2007 at 11:38 AM 42884 ·

#### PRELIMINARY ESTIMATE

2005 CHEV COBALT LS 4-2.2L-FI 2D CPE BLUE Int: GRAY

Estimate based on MOTOR CRASH ESTIMATING GUIDE. Unless otherwise noted all items are derived from the Guide DRICLOS Database Date 12/2006, CCC Data Date 12/2006, and the parts selected are OEM-parts manufactured by the vehicles Original Equipment Manufacturer. OEM parts are available at OE/Vehicle dealerships. OPT OEM (Optional OEM) or ALT OEM (Alternative OEM) parts are OEM parts that may be provided by or through alternate sources other than the OEM vehicle dealerships. OPT OEM or ALT OEM parts may reflect some specific, special, or unique pricing or discount. OFT OEM or ALT CEM parts may include "Blemished" parts provided by CEM's through CEM vehicle dealerships. Asterisk (\*) or Double Asterisk (\*\*) indicates that the parts and/or labor information provided by MOTOR may have been modified or may have come from an alternate data source. Tilde sign (-) items indicate NOTOR Not-Included Labor operations. Non-Original Equipment Manufacturer aftermarket parts are described as AM, Qual Repl Parts or Comp Repl Parts which stands for Competitive Replacement Parts. Used parts are described as LKQ, Qual Recy Parts, RCY, or USED. Reconditioned parts are described as Recon. Recored parts are described as Recore. NAGS Part Numbers and Benchmark Prices are provided by National Auto Glass Specifications. Labor operation times listed on the line with the NAGS information are MOTOR suggested labor operation times. NAGS labor operation times are not included. Pound sign (#) items indicate manual entries. vehicles contain minor changes from the previous year. For those vehicles, prior to receiving updated data from the vehicle manufacturer, labor and parts data from the previous year may be used. The Pathways estimator has a complete list of applicable vehicles. Parts numbers and prices should be confirmed with the local dealership.

CCC Pathways - A product of CCC Information Services Inc.

Job Number: 1741

#### PERFORMANCE AUTO BODY

License #:78207 Federal ID #:203258216 222 DAVIS ST

PARSONS, WV 26287

(304)478-2839 Fax: (304)478-2983

#### SUPPLEMENT OF RECORD 3 WITH SUMMARY

Written By: JEFF YUCHEK 03/01/2007 03:08 PM

Adjuster: Processor Team 2

Insured:
Owner:
Address:
HAMBLETON, WV

Claim # Policy # Deductible:

Date of Loss: 02/04/2007 at 03:00 PM

Type of Loss: Comprehensive Point of Impact: 5. Right Rear

Inspect Location:

Evening:

Insurance STATE FARM INSURANCE COMPANIES

Company: 21 TYGART VALLEY MALL

FAIRMONT, WV 26554

Days to Repair

2005 CHEV COBALT LS 4-2.2L-FI 2D CPE BLUE Int:GRAY

VIN: 1G1AL14F157 Lic: WV Prod Date: Odometer: 28295 Air Conditioning Tilt Wheel Rear Defogger Cruise Control Intermittent Wipers Keyless Entry
Dual Mirrors Clear Coat Paint Body Side Moldings Dual Mirrors Power Brakes Power Steering Power Windows Power Mirrors AM Radio Power Locks CD Player Passenger Air Bag FM Radio Stereo Driver Air Bag Anti-Lock Brakes (4) Cloth Seats Bucket Seats 5 Speed Transmission

Aluminum/Alloy Wheels

NO.	OP.	DESCRIPTION	QTY	EXT.	PRICE	LABOR	PAINT
1		FRONT BUMPER			B 80 80 80 80 80 80		00 400 000 000 000 000 000 000 0
<b>2</b>		O/H front bumper				2.6	
3	Repl	Bumper cover	1	280.5	51	Incl.	2.6
4		Add for Clear Coat					1.0
5		Add for fog lamps				0.4	
6* <b>SO1</b>	Repl	RT Outer grille WITH FOG	1	21.	12	Inci.	
~ 16	D	LIGHTS				4 5	
7# 8	Rpr	BUFF HOOD FRONT LAMPS				1.0	
9	Repl	RT Fog lamp assy	1	119.2	23	Incl.	
10		Aim fog lamps				0.3	
11#	Rpr	BUFF REAR BUMPER				1.0	
12	•	WINDSHIELD					
13* S02	Repl	Windshield NAGS coupe	1	335.0	00	2.2	

42884

## SUPPLEMENT OF RECORD 3 WITH SUMMARY 2005 CHEV COBALT LS 4-2.2L-FI 2D CPE BLUE Int:GRAY

NO.		OP.	DESCRIPTION	QTY	EXT. PRIC	e labor	PAINT
14#	· est est est est	Rpr	BUFF RT FENDER	, was not due out and d	යින් අතරු අතරු එක්ද හැර එක් වියෝ එක්ව ගැන ගැන	1.0	ne and sau and and and and
15			QUARTER PANEL	_			
16		Repl	RT Liner retainer	2	0.28		
17#			CAR COVER	1	3.00 T	0.2	
18#	S01	Rpr	BUFF RT QUARTER			1.0	
19#	S01	**	WET Sand			1.0	
	S02	Repl	URETHANE	1	18.75		
21#			PAINT&MAT PRICE DIFFERENCE	1	91.05 X		
			Subtotals ==>		868.94	10.7	3.6

Line 19 : TIME FOR DEEP SCRATCHES

Line 21: INVOICE IN FOLDER PITURE UPLOADED.

Parts Body Labor Paint Labor Paint Supplies Sublet/Misc.	3.6	hrs @	\$	38.00/hr 38.00/hr 22.00/hr	774.89 406.60 136.80 79.20 94.05
SUBTOTAL Sales Tax	\$ 1	400.4	9 (	\$ 6.0000%	
GRAND TOTAL		· an an an an an	100 100 1	\$	1575.57
ADJUSTMENTS: Deductible					0.00
CUSTOMER PAY INSURANCE PAY		- 100 May 100	******	\$	0.00

PERFORMANCE AUTO BODY COLLISION REPAIR WORK IS COVERED BY A ONE YEAR WORKMANSHIP WARRANTY

PERFORMANCE AUTO BODY COLLISION REPAIR WORK OFFERS A LIMITED LIFETIME WARRANTY FOR WORKMANSHIP INCLUDING REFINISHING AS LONG AS CUSTOMER OWNS THE VEHICLE .

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

03/01/2007 at 03:13 PM 42884

## SUPPLEMENT OF RECORD 3 WITH SUMMARY 2005 CHEV COBALT LS 4-2.2L-FI 2D CPE BLUE Int:GRAY

Estimate based on MOTOR CRASH ESTIMATING GUIDE. Unless otherwise noted all items are derived from the Guide DRICLOS Database Date 01/2007, CCC Data Date 01/2007, and the parts selected are OEM-parts manufactured by the vehicles Original Equipment Manufacturer. OEM parts are available at OE/Vehicle dealerships. OPT OEM (Optional OEM) or ALT OEM (Alternative OEM) parts are OEM parts that may be provided by or through alternate sources other than the OEM vehicle dealerships. OPT OEM or ALT OEM parts may reflect some specific, special, or unique pricing or discount. OFT OEM or ALT OEM parts may include "Blemished" parts provided by OEM's through OEM vehicle dealerships. Asterisk (\*) or Double Asterisk (\*\*) indicates that the parts and/or labor information provided by MOTOR may have been modified or may have come from an alternate data source. Tilde sign (~) items indicate MOTOR Not-Included Labor operations. Non-Original Equipment Manufacturer aftermarket parts are described as AM, Qual Repl Parts or Comp Repl Parts which stands for Competitive Replacement Parts. Used parts are described as LKQ, Qual Recy Parts, RCY, or USED. Reconditioned parts are described as Recond. Record parts are described as Recore. NAGS Part Numbers and Benchmark Prices are provided by National Auto Glass Specifications. Labor operation times listed on the line with the NAGS information are MOTOR suggested labor operation times. NAGS labor operation times are not included. Pound sign (#) items indicate manual entries. Some 2006 vehicles contain minor changes from the previous year. For those vehicles, prior to receiving updated data from the vehicle manufacturer, labor and parts data from the previous year may be used. The Pathways estimator has a complete list of applicable vehicles. Parts numbers and prices should be confirmed with the local dealership.

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42884

## SUPPLEMENT OF RECORD 3 WITH SUMMARY 2005 CHEV COBALT LS 4-2.2L-FI 2D CPE BLUE Int:GRAY

NO.	OP.		ESCRIPTION	QTY EX	T. PRICE	LABOR	PAINT	
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	1960 1980 1980 1980 1980 1980 1980 1980 198		Subtotals ==>		91.05		0.0	)
Line 21	: INVOIC	E IN FOLDE	R PITURE UPLOADED.					
			Parts Sublet/Misc.					0.00
			SUBTOTAL	. 1000 miles when 1000 miles com 2000 a	කත් එක්ක වෙන වෙන වෙන වෙන වෙන වෙන වෙන ව	un que un un un un un un	\$ 9:	1.05
			TOTAL SUPPLEMENT AM	OUNT	हाक प्रदेश का का का का का किया किया किया किया किया		\$ 91	1.05
			NET COST OF SUPPLEM	ENT			\$ 93	1.05
Estimate Suppleme Suppleme Suppleme	nt S01	81.15 109.98	JEFF YUCHEK JEFF YUCHEK JEFF YUCHEK					
Job Tota	11	\$ 1575.57			INSURA	NCE PAY	\$ 157	5.57

PERFORMANCE AUTO BODY COLLISION REPAIR WORK IS COVERED BY A ONE YEAR WORKMANSHIP WARRANTY

PERFORMANCE AUTO BODY COLLISION REPAIR WORK OFFERS A LIMITED LIFETIME WARRANTY FOR WORKMANSHIP INCLUDING REFINISHING AS LONG AS CUSTOMER OWNS THE VEHICLE .

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

## SUPPLEMENT OF RECORD 3 WITH SUMMARY 2005 CHEV COBALT LS 4-2.2L-FI 2D CPE BLUE Int:GRAY

Job Number: 1741

Estimate based on MOTOR CRASH ESTIMATING GUIDE. Unless otherwise noted all items are derived from the Guide DR1CL05 Database Date 01/2007, CCC Data Date 01/2007, and the parts selected are OEM-parts manufactured by the vehicles Original Equipment Manufacturer. OEM parts are available at OE/Vehicle dealerships. OPT OEM (Optional OEM) or ALT OEM (Alternative OEM) parts are OEM parts that may be provided by or through alternate sources other than the OEM vehicle dealerships. OPT OEM or ALT OEM parts may reflect some specific, special, or unique pricing or discount. OPT OEM or ALT OEM parts may include "Blemished" parts provided by OEM's through OEM vehicle dealerships. Asterisk (\*) or Double Asterisk (\*\*) indicates that the parts and/or labor information provided by MOTOR may have been modified or may have come from an alternate data source. Tilde sign (-) items indicate MOTOR Not-Included Labor operations. Non-Original Equipment Manufacturer aftermarket parts are described as AM, Qual Repl Parts or Comp Repl Parts which stands for Competitive Replacement Parts. Used parts are described as LKQ, Qual Recy Parts, RCY, or USED. Reconditioned parts are described as Recond. Recored parts are described as Recore. MAGS Part Numbers and Benchmark Prices are provided by National Auto Glass Specifications. Labor operation times listed on the line with the NAGS information are MOTOR suggested labor operation times. NAGS labor operation times are not included. Pound sign (#) items indicate manual entries. Some 2006 vehicles contain minor changes from the previous year. For those vehicles, prior to receiving updated data from the vehicle manufacturer, labor and parts data from the previous year may be used. The Pathways estimator has a complete list of applicable vehicles. Parts numbers and prices should be confirmed with the local dealership.

CCC Pathways - A product of CCC Information Services Inc.

### PO BOX 2129 STAUNTON, VA 24402 PHONE (540) 213-2267 FAX (540) 213-2269

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#### CUSTOMER COPY - PAGE 01

STATEMENT OF DISCLAIMER

The factory warranty constitutes all of the warranties with respect to the sale of this item/items. The Seller hereby expressly disclaims all warranties either express or implied, including any implied warranty of merchantability or fitness for a particular purpose. Seller neither assumes not authorizes any other person to assume for it any liability in connection with the sale of this item/items.

On behalf of servicing dealer, I hereby certify that the information contained hereon is accurate unless otherwise abown. Marranty services described were performed at no charge to owner. There was no indication from the appearance of the webicle or otherwise, that any part repaired or replaced under this claim had been connected in any way with any accident, negligence or misuse. Records supporting this claim are available for (1) year from the date of payment notification at the servicing dealer for inspection by manufacturer's representative.

COSTOMER SIGNATURE

(SIGNED) DEALER, GEMERAL MANAGER OR AUTHORIZED PERSON (DATE)



HARRY GREEN CHEVROLET Inc.

Route 50 East P.O. Box 1527
CLARKSBURG, W. VA. 26302-1527
Telephone 624-6304 or 1-800-35 CHEVY









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		TOTAL T	X	10.49		R CONVEN	
		TOTAL IN	IVOICE \$	185,32	MON. FAI	700 am - 700	) pm
CUSTONER SIGNATURE					,	Oam · 500 p:	
				-	MON - FAI	DEPT. HOU 730 am 700	) p m
						0 am - 5:00 p i	j
	,					SHOP HOU 730 am 530	
					7 ACRES OF	CARS AND T	TRUCKS.
					THE CAR OR	TRUCK YOU	J WANT.
					WHEN YO	U WANT IT, I	NOW.
						A A 4: 4	
					Thu,	MM4	1
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					S HANUFACTU	Kaire from t IER in the Nex	T FEW S
					CANHOT GRA	r any reason De US "Compl N Descrieng	ETELY S
					SERVICE EL	PERIENCE WITH CONTACT YOU	0 US.
					7_ 11	ISOR SHOWN BI IANK YOU.	7
						REEN CHEV. DII 4-624-6304	
					"Hu	WW	
PAGE 1 OF 1 CUSTOME	e chev	r cwn (	NE 188/01/CE 144	ma07-4			





Route 50 East P.O. Box 1527 CLARKSBURG, W. VA. 26302-1527 Telephone 624-6304 or 1-800-35 CHEVY









60405	ROBERT P SMITH	109.	404	09/09/05	TPWOG CVC
	YEAR MAKE MODEL	LIA 1 SH		ARRIVAL BLU	STOCK DW4
HAMBLETON, WV	05/CHEVROLET/COBA	LT/COBALT L	5	05/21/05 DEGREE TO ALL HOLD	DELIME
	FIND	PUNI		09709/05	PACKE.
A ADOD & CHAPTE	E#"2.2L 4CYL			• •	 M
LABOR & PARTS			11.20	WE HONOR:	
PARTS QTY FP - NUMBER DESCRI JOB # 1 1 12579143 FILTER JOB # 1 1 6550 TTL DE BROOKSIDE SALES (BG) AFTERM	1.836 5.25	UNIT PRICE. 5.25 19.95	5.25 19.95	VISA* DIXON	va .
	JOB # 1 T		25.20	VISIT US ON T	LE IF
G.O.G. & SUPPLIES	JOB # 1 TOTAL LAB	OR & PARTS	36.40	A.	
		AL · GIE	8.50 8.50	http://www.ha	mygre
HISC CODE DESCRIPTION	SIE CIG.		0.84	ALL PARTS NEW UI OTHER	
ORIGINAL ESTIMATE OF \$50.00 (+744)	TOT/		0.84	FOR YOUR CO SERVICE DE MON - FHI 700: SAT 900 am	PT. H
TOTALS	, , , , , , , , , , , , , , , , , , ,	***********	******	PARTS DEP	.m - 7
PARIS DESIGNATED WITH ASTERIK (*) INDICATES LIFE GUARANTEE APPLIES FOR CUSTOMER PAY REPAIRS	TOTAL TOTAL	LABOR PARTS SUBLET G.O.G	11.20 25.20 0.00 8.50	SAT 700 am BODY SHOI MON : FRI 7:30 a	P HO
	IOTAL. TOTAL	HISC CHG. HISC DISC TAX.	0.84 0.00 2.74	7 ACRES OF CARS THE CAR OR TRUI WHEN YOU WA	CK YC
	TOTAL	INVOICE \$	48,48	441.004.4.1.7.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.	497 88
CUSTOMER SIGNATURE					A A .

IMPORTAN'

YOU MAY RECEIVE QUESTIONHAIRE FROM MANUFACTURER IN THE 10 DAYS. IF FOR ANY REAS: CANNOT GRADE US "COMI SATISFIED." IN DESCRIBIN SERVICE EXPERIENCE W PLEASE CONTACT YC SERVICE ADVISOR SHOWN THANK YOU. Ly HARRY GREEN CHEV.

PAGE 1 OF 1

**CUSTOMER COPY** 

[ END OF INVOICE ] 10:19am

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Court of Francisco

1-800-220-8020

North Arrencan Corporation of Minoks

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grapher in the property of the MORE OF A PROMETER STANFORD

RENTAL AGREEMENT 10. SCUPCE I NO. 200 ei∗ "LÜ↓ LMI NO UNYHO START CHARGES IF DIFFERENT NO CHARGE FUR CLLES ORIGINAL VEHICLE LEXXX ECAR \* 18 D) MALE: ACIE Sugar : 1 Shirt FARM-ING 70 an ATTE (-1 -0.21. F. 1. ". . + + ROLL = 5(1) + I S. M. DAIVEN REFERENCE MAUBER CROHMO KAL X LACE DAKE ADDITIONAL AUTHORIZED DRIVER(S) - EXCEPT AS REQUARED BY LAW, HOME PERMITTED WITHOUT OWNERS WELLIES OWNERS REPRESENTED WITCH WIT CLUMES THE TATLES SEVEN LIFE OF THE PROPERTY OF THE PROPE 0 WHO IS UNDER MY CONTROL AND DIRECTION TO DRIVE VEHICLE FOR ME AND ON MY BEVALLY LAM RESPONSIBLE FOR THEIR ACTS WHILE THEY ARE DRIVING, AND FOR FRIERLING TERMS AND CONDITIONS OF THIS RENTAL AGREEMENT, LARGEMENT LAS COPY CHICLE BY AN UNAUTHORIZED DRIVER WILL AFFECT MY LIABILITY AND RIGHTS UNDER THIS AGREEMENT. 2 BENTER: X RESIGN GRANTED TO OPERATE VEHICLE ORLY IN THE STATE OF RENTAL AND THE FOLLOWING STATE(S): CATE + TOX I'm man Min E 100 TH 340 TO 240 244 1/4 L office with the يعود . " الماما E 18 14 38 1/2 58 34 7/8 294 operation in any other state or country wal affect your labrity and rights under this agreement. RENTER ACCEPTS OPTIONAL COLLISION QUALICE WANTER (COM) AT FEE SHOWN INCOLLARY TO FRONT SEE INCITICE TO NOTICE: THIS CONTRACT OFFERS RENTER DECLINES OFTONAL COLLISION RENTER: X FOR AN ADDITIONAL CHARGE, A COL DALLAGE WATNES (COW) AND ASSUMES DALLAGE RESPONSEELTY, SEE PAGE 2. LISION DAMAGE WAVER TO COVER LETT AND PAGE & PARAGRAPH SE CON B MINICIAPH S. لهار. YOUR RESPONSIBILITY FOR DAM-AGE TO THE VEHICLE. BEFORE Declares CDW BEFORE **PENTER:** X PEHTER DECLARS OFTIONAL POISONAL PENTER ACCEPTE OPTIONAL PERSONAL ACCEPATI INSTRUME PAIL OF FEE BEOWN INCRUMENTO PROFIT SEE PAGE L PARAGRAPH 18. DECIDING WHETHER TO PURCHASE BENKER X ACCEDENT BUSINANCE (PA), SEE PAGE 2. THE COLLISION DAMAGE WAIVER. WANDINGTON TO YOU MAY WISH TO DETERMINE WHETHER YOUR OWN VEHICLE ۱۹۸۰ بخور در این این این این ا INSURANCE AFFORDS YOU COVER AGE FOR DAMAGE TO THE RENTAL HENTER DECLINES OPTIONAL SUPPLEMENTAL PENTER ACCEPTS OPTIONAL SUPPLEMENTAL LIMBUTY PRO-TECTION (SUP) AT PEE SHOWN IN BEMIER X VEHICLE AND THE AMOUNT OF THE рараскарн т. COLLANTO ROMESEE PAGE & NOVACRAPH 17. Declines SLP Algeria St. 18 DEDUCTIBLE UNDER YOUR OWN COVERAGE. THE PURCHASE OF THIS BENTER: X ACKNOWLEDGMENT OF THE ENTIRE AGREEMENT,
WHICH CONSISTS OF PAGES 1 THROUGH 4.

THAVE READ AND AGREE TO THE THANS AIR DONDITIONS ON TWO SIGNING BELOW I AM THE THEORY IN THE SAFE FEMALE BY SIGNING BELOW I AM THE THEORY IS AGREEMENT BY SIGNING BELOW I AM A THE THEORY IS AGREEMENT BY SIGNING BELOW I AM A SIGNIFICATION OF THE SAFE FEMALE BY SIGNING BELOW I AM A SIGNIFICATION OF THE SIGNIFIC FUEL of South Line 141 COLLISION DAMAGE WAIVER IS NOT MANDATORY AND MAY BE WAVED. By your signature Renter acknowledges receipt of this notice:~ Regter: X · · · · · · · · . 16 4 DATE - 14 · **SENDER** X REPLACEMENT VEHICLE OWNER X EMPL 18357 TA: DEPOSIT(S): I WILL RETURN CAR BY COLOA AMOUNT PAID BY DATE 11000 A ... 10:404 ススストスストルス でんせい ECAR 1. 1909 67. 89 2579.52 AGE OUT ADDITIONAL INFORMATION **THUVEN** TOTAL CHARGES UPAN ADRIE TO ATTAIN DEPOSITS D NO DAMAGE **REFUNDS** AMOUNT DUE n CLOSED BY CHECK CASH **PEOM** RECEPT OF DATE AMOUNT £ 10 Lt 38 12 50 34 29 F an CASHRETURO \*VLF is the Vehicle License Fee recovery, see Page 2, 3.c.7 E 18 14 38 12 58 34 28 F

OWNER IS AN APPLIATE OF ENTERPRISE RENTA CAR COMPANY, WHICH OWNS ALL RIGHTS TO ENTERPRISE NUMES AND MARKS.

O ENTERPRISE LEASING COMPANY OF NORFOLK/RI

# NICKY-SERVICE

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					- MT.W TY	ENTIFICATION	MILEAGE COT	DATE OUT	INVOICE NO.
					NL141		13680	04/05/06	68751 PART-CLOS
				A PARTY OF	MAKE		MODEL	COLOR	TAG NO.
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			***************************************	MORK_PHON	<u></u>	STOCK NO	PROD.DATE	SERV.ADV.	TERMS
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	DELIV.I	1200	DELIV.MI	LES MILEM	B IN	DATE IN	IN-SERV DATE		
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The factory warrant	y constitute	MEST OF DIS	CLAIMER w warrantle w exoresely	s with respect	to the	bereon is accur- performed at no	charge to owner. T	pere was no indicat	he information couts: ervices described we ion from the appeara placed under this cl- sence or misuse. Re
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CUST. LABOR RATE	DELIV. DATE	DELIV.MIL	es Hileag	B IN	DATE IN	Tz	N-SERV DATE			
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TOTAL-AMOUNT

NoCharge

#### CUSTOMER COPY - PAGE 02

#### STATEMENT OF DISCLAIMER

The factory warranty constitutes all of the warranties with respect to the sale of this item/items. The Selier haraby expressly disclaims all warranties either express or implied, including any implied warranty of perchantability or fitness for a particular purpose. Seller neither assumes nor authorizes any other person to assume for it any liability in connection with the sale of this item/items.

On behalf of servicing dealer, I horeby certify that the information contained hereom is accurate unless otherwise shown. Marranty services described were performed at no charge to owner. There was no indication from the appearance of the wehicle or otherwise, that any part repaired or replaced under this claim had been connected in any way with any accident, cogligance or misuse. Records supporting this claim are available for (1) year from the date of payment motification at the servicing dealer for inspection by manufacturer's representative.

(SIGNED) DEALER, GENERAL MANAGER OR AUTHORICED PERSON (DAYE)

CUSTOMES SECRETURES

					VEH	ICLE	IDEN	TIPICATIO	N MILEAGE OUT	DATE OUT		INVOICE NO.		
						1G1	AL1	1Fl	57	9172	01/10/06		67080 PART-CLOSE	
HAMBLETON		WV MV			YEAR	R MAKE			MODEL	COLOR		TAG NO.		
					05	CH	EVROLET		COBALT	BLUE		00000		
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		54				10				00/00/00	48 8083PK		A STATE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.	
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65.95		05/	21/05			91	9172		/10/06	05/21/05				

YOU MAY RECEIVE A SURVEY PROM YOUR VEHICLE MANUFACTURE IN A FEW DAYS REGARDING THE QUALITY OF OUR SERVICE. IF FOR ANY REASON YOU CAN NOT ANSWER "COMPLETELY SATISFIED" TO

ALL THE QUESTIONS, PLEASE CONTACT OUR SERVICE MANAGEMENT TEAM BEFORE RESPONDING TO THIS SURVEY. THANK YOU

LINE OP.CODE FAIL-CD TECH. HOUR

HOURS/QTY TYPE AMOUNT

TOTAL-AMOUNT

NoCharge

CUSTOMER COPY - PAGE 02

STATEMENT OF DISCLAUMER

The factory varianty constitutes all of the varianties with respect to the sale of this item/items. The Seller hereby expressly disclaims all varianties either express or implied, including any implied varianty of morphantability or fitness for a particular purpose. Seller neither assumes nor authorities any other person to assume for it any liability in connection with the sale of this item/items.

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CUSTOMER SIGNATURE

(SIGMED) DEALER, GENERAL MANAGER OR AUTHORIZED PERSON (DATE)

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#### CUSTOMER COPY - PAGE 01

#### STATEMENT OF DISCLAIMER

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CUSTOMER STONATURE

(SIGNED) DEALER, CEMERAL HANGER OR ADTHORISED PERSON (DATE)

PERFORMANCE AUTO BODY

License #:78207 Federal ID #:203258216

222 DAVIS ST PARSONS, WV 26287

(304) 478-2839 Fax: (304) 478-2983

#### PRELIMINARY ESTIMATE

Written By: WARREN JUDY Adjuster:

Insured:
Owner:
Address:
HAMBLETON, WV

Claim # Policy #

Deductible:
Date of Loss:
Type of Loss:
Point of Impact:

Inspect PERFORMANCE AUTO BODY

Location: 222 DAVIS ST

PARSONS, WV 26287

Business: (304)478-2839

Insurance

Company:

Days to Repair

2005 CHEV COBALT LS 4-2.2L-FI 2D CPE BLUE Int:

VIN: 1G1AL14F157

Air Conditioning Rear Cruise Control Inte Body Side Moldings Dual Power Steering Power Power Locks Power FM Radio Ster

Anti-Lock Brakes (4) Cloth Seats

CAUCH Dears

Aluminum/Alloy Wheels

Rear Defogger
Intermittent Wipers
Dual Mirrors
Power Brakes
Power Mirrors
A
Stereo
Driver Air Bag
Bucket Seats

Tilt Wheel
Keyless Entry
Clear Coat Paint
Power Windows
AM Radio

CD Player Passenger Air Bag 5 Speed Transmission

NO.	OP.		DESCRIPTION	QTY	EXT.	PRICE	LABOR	PAINT
1#	Repl	STRIP		1	307	. 96	1.0	
10 00 00 00 00 10 10 10 10 10	ir todar sama angan mena danan mena sama ngga		Subtotals ==		307		1.0	0.0

AutoTrin Express 39304

Parts 307.96
Body Labor 1.0 hrs @ \$ 38.00/hr 38.00

SUBTOTAL \$ 345.96
Sales Tax \$ 345.96 @ 6.0000 20.76

GRAND TOTAL \$ 366.72

ADJUSTMENTS: Deductible

0.00

5/22/2006 at 11:54 AM 2884

# PRELIMINARY ESTIMATE

2005 CHEV COBALT LS 4-2.2L-FI 2D CPE BLUE Int:

s 0.00 CUSTOMER PAY \$ 366.72 INSURANCE PAY

PERFORMANCE MOTORS COLLISION REPAIR WORK IS COVERED BY A ONE YEAR WORKMANSHIP WARRANTY

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Estimate based on MOTOR CRASH ESTIMATING GUIDE. Unless otherwise noted all items are derived from the Guide DRICLOS Database Date 05/2006, CCC Data Date 05/2006, and the parts selected are EM-parts manufactured by the vehicles Original Equipment Manufacturer. OEM parts are available at OE/Vehicle dealerships. OPT OEM (Optional OEM) parts are OEM parts that may be provided by or through alternate sources other than the OE/Vehicle dealerships. OPT OEM parts may reflect some specific, special, or unique pricing or discount. Asterisk (\*) or Double Asterisk (\*\*) indicates that the parts and/or labor information provided by MOTOR may have been modified or may have come rom an alternate data source. Tilde sign (~) items indicate MOTOR Not-Included Labor operations. Jon-Original Equipment Manufacturer aftermarket parts are described as AM, Qual Repl Parts or Comp Repl Parts which stands for Competitive Replacement Parts. Used parts are described as LKQ, Qual tecy Parts, RCY, or USED. Reconditioned parts are described as Recon. Recored parts are described as Recore. NAGS Part Numbers and Benchmark Prices are provided by National Auto Glass

Specifications. Labor operation times listed on the line with the NAGS information are MOTOR suggested labor operation times. NAGS labor operation times are not included. Pound sign (#) items indicate manual entries. Some 2006 vehicles contain minor changes from the previous year. For those vehicles, prior to receiving updated data from the vehicle manufacturer, labor and parts data from the previous year may be used. The Pathways estimator has a complete list of applicable vehicles. Parts numbers and prices should be confirmed with the local dealership.

CCC Pathways - A product of CCC Information Services Inc.

PERFORMANCE AUTO BODY

License #:78207 Federal ID #:203258216

222 DAVIS ST

PARSONS, WV 26287

(304)478-2839 Fax: (304)478-2983

# PRELIMINARY ESTIMATE

Written By: WARREN JUDY Adjuster: Processor Team 1

Insured: Owner:

Address:

Evening:

HAMBLETON. WV

Claim # Policy #

Deductible:

Date of Loss: 05/22/2006 at 07:34 AM

Type of Loss: Comprehensive

Point of Impact: 12. Front

Inspect

Location: IN USE

Day: ()-

Insurance STATE FARM INSURANCE COMPANIES

Company: 21 TYGART VALLEY MALL

FAIRMONT, WV 26554

Days to Repair

2005 CHEV COBALT LS 4-2.2L-FI 2D CPE BLUE Int:GRAY

Air Conditioning

Cruise Control Body Side Moldings Power Steering

Power Locks FM Radio

Anti-Lock Brakes (4) Cloth Seats

Aluminum/Alloy Wheels

VIN: 1G1AL14F157 Lic: WV Prod Date: 01/2005 Odometer: 16759 Rear Defogger Tilt Wheel

Intermittent Wipers
Dual Mirrors Keyless Entry Clear Coat Paint Power Brakes Power Windows

Power Mirrors AM Radio Stereo CD Player

Driver Air Bag

Passenger Air Bag Automatic Transmission Bucket Seats

NO.	OP.	DESCRIPTION	QTY	EXT. PRICE	LABOR	PAINT
1		FRONT BUMPER		100 and 100 and 100 and 100 and 100 and 100 and 100		
2		O/H front bumper			2.6	
3	Repl	Bumper cover BASE, LS	1	280.51	Incl.	2.6
4		Add for Clear Coat				1.0
5		Add for fog lamps			0.4	***
6	Repl	Lower grille	1	24.71	Incl.	
7	Repl	RT Outer grille w/fog lamps	1	20.40	Incl.	
8	_	GRILLE				
9	Repl	Grille	1	128.39	Incl.	
10		HOOD				
11	Repl	Hood	1	239.70	1.1	2.8
12		Add for Clear Coat	_		* * *	1.1
13		Add for Underside (Complete)				1.4
14		Add for Clear Coat				0.3

05/22/2006 at 11:41 AM 42884

PRELIMINARY ESTIMATE
2005 CHEV COBALT LS 4-2.2L-FI 2D CPE BLUE Int:GRAY

NO.	OP.	DESCRIPTION	QTY	EXT.	PF	RICE	LABOR	PAINT
15		FENDER						
16	Blnd	RT Fender						0.9
17	Blnd	LT Fender						0.9
18		COOLING						
19**	Repl	Qual Repl Parts Radiator +25%	1	231	2	<u>5</u> m	1.6	
20		Add for auto trans				m		
21#		COVER CAR	-				0.2	
22#	Subl	HAZARDOUS WASTE	1			) X		
nggy anna value 4000 2000 4000	gen and ania selfs filter 1933 1950	Subtotals ==>	(A) A(A) A(A) A(A) A(A) A(A)				6.1	11.0
		Parts						927.96
		Body Labor					38.00/hr	
		Paint Labor					38.00/hr	
		Paint Supplies	11	.0 h	5	e \$	22.00/hr	
		Sublet/Misc.						5.00
		SUBTOTAL			-	M40 M50 SDAP AN		1824.76
		Sales Tax		\$ 187	19.	76 9	6.0000	109.19
		GRAND TOTAL			9			\$ 1933.95
		ADJUSTMENTS:						ir
		Deductible						0.00
		CUSTOMER PAY						\$ 0.90
		INSURANCE PAY					:	\$ 1933.95

PERFORMANCE MOTORS COLLISION REPAIR WORK IS COVERED BY A ONE YEAR WORKMANSHIP WARRANTY

PERFORMANCE MOTORS COLLISION REPAIR WORK IS COVERED BY A ONE YEAR WORKMANSHIP WARRANTY INCLUDING REFINISHING.

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

THIS ESTIMATE HAS BEEN PREPARED BASED ON THE USE OF AFTERMARKET CRASH PARTS THAT ARE NOT MANUFACTURED BY THE ORIGINAL MANUFACTURER OF THE VEHICLE OR BY A MANUFACTURER AUTHORIZED BY THE ORIGINAL MANUFACTURER TO USE ITS NAME OR TRADEMARK. THE USE OF AN AFTERMARKET CRASH PART MAY INVALIDATE ANY REMAINING WARRANTIES OF THE ORIGINAL MANUFACTURER ON THAT CRASH PART.

#### PRELIMINARY ESTIMATE

2005 CHEV COBALT LS 4~2.2L~FI 2D CPE BLUE Int:GRAY

Estimate based on MOTOR CRASH ESTIMATING GUIDE. Unless otherwise noted all items are derived from the Guide DRICL05 Database Date 05/2006, CCC Data Date 05/2006, and the parts selected are OEM-parts manufactured by the vehicles Original Equipment Manufacturer. OEM parts are available at OB/Vehicle dealerships. OPT OEM (Optional OEM) parts are OEM parts that may be provided by or through alternate sources other than the OB/Vehicle dealerships. OPT OEM parts may reflect some specific, special, or unique pricing or discount. Asteriak (\*) or Double Asteriak (\*\*) indicates that the parts and/or labor information provided by MOTOR may have been modified or may have come from an alternate data source. Tilde sign (~) items indicate MOTOR Not-Included Labor operations. Non-Oxiginal Equipment Manufacturer aftermarket parts are described as AM, Qual Repl Parts or Comp Repl Parts which stands for Competitive Replacement Parts. Used parts are described as LKQ, Qual Recy Parts, RCY, or USED. Reconditioned parts are described as Recon. Recored parts are described as Recore. NAGS Part Numbers and Benchmark Prices are provided by National Auto Glass Specifications. Labor operation times listed on the line with the NAGS information are MOTOR suggested labor operation times. NAGS labor operation times are not included. Pound sign (#) items indicate manual entries. Some 2006 vehicles contain minor changes from the previous year. For those vehicles, prior to receiving updated data from the vehicle manufacturer, labor and parts data from the previous year may be used. The Pathways estimator has a complete list of applicable vehicles. Parts numbers and prices should be confirmed with the local dealership.

CCC Pathways - A product of CCC Information Services Inc.







2551 W. Main St. • P.O. Box 1188 Waynesboro, Virginia 22980

Service: (540) 941-2240 Fax: (540) 941-2220

Body Shop: (540) 941-2260 Toll Free: (800) 489-7199

Email: generalinto@baugherautos.com Visit us @ www.baugherautos.com

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SERVICE DIRECTOR 540-941-2243 COLLISION CENTER MANAGER JON BAUGHER 540	1.041.2250	TOTAL INVOIC	E\$ 221.95		vice
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**SERVICE AND PARTS DEPT.HOURS OF OPERATE **HON-FRI 7:00 AM - 6:00 PM	Max			MONDAY	- FRIDAY
				7:00 A.M.	- 6:00 P.M.
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				Cash 🗌 Check	: ☐ Credit Card ☐ orge ☐
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# BODKINS ENTERPRISES INC.

ELKINS RV/PERFORMANCE TIRE U-SAV RENTAL/BODKINS MOTOR 1654 HARRISON AVE. ELKINS, WV 26241

Phone #

Rom:

:05 S5R16 #41008

304-636-302?

Sold To

HAMBLETON, W

# Sales Receipt

Oeto

Sale No

2/20/2007

12548

62.00T

Check No. Payment Method Project

CREUE CARD

Qty Rate Amount

Description
MICH HYDROEDGE 89T #41008
DOT# APTZN4XX3506 X 3
3406
MILAGE: 28784

140.:0

THE TIRL INDUSTRY REGISTRATION CARD HAS BEEN GIVEN TO YOU TO SEND IN.

NOT RESPONSIBLE FOR LOSS OF LUGINUIS ON ALUMINUM BIMS/HAVE RETORQUED AFTER FIRST 50 MILES.

Subtotal

1362.00

Sales Tax (6.0%)

**33**. :

Total

5:05 72

09/16/2006 at 08:32 AM 42884

PERFORMANCE AUTO BODY

License #:78207 Federal ID #:203258216

222 DAVIS ST

PARSONS, WV 26287

(304)478-2839 Fax: (304)478-2983

#### PRELIMINARY ESTIMATE

Written By: JEFF YUCHEK Adjuster: Processor Team 1

Insured:

Owner:

Evening:

Address:

HAMBLETON, WV

Claim #

Policy #

Deductible:

Date of Loss: 09/10/2006 at 08:30 PM

Type of Loss: Comprehensive

Point of Impact: 12. Front

Inspect

Location: IN USE

Day: ()-

Insurance STATE FARM INSURANCE COMPANIES

Company: 21 TYGART VALLEY MALL

FAIRMONT, WV 26554

Days to Repair

2005 CHEV COBALT LS 4-2.2L-FI 2D CPE BLUE Int: GRAY

Air Conditioning Cruise Control Body Side Moldings Power Steering Power Locks FM Radio

Anti-Lock Brakes (4) Cloth Seats

Aluminum/Alloy Wheels

VIN: 1G1AL14F157 Lic: WV Prod Date: 01/2005 Odometer: 21400 Rear Defogger Tilt Wheel
Intermittent Wipers Keyless Entry
Dual Mirrors Clear Coat Pai Clear Coat Paint Power Windows Power Brakes AM Radio Power Mirrors CD Player Stereo

Passenger Air Bag 5 Speed Transmission Driver Air Bag Bucket Seats

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NO.	OP.	DESCRIPTION	QTY	EXT.	PRICE	LABOR	PAINT
1		FRONT BUMPER	-				
2 *	Rpr	Bumper cover BASE, LS				<u>2.0</u>	2.6
3	•	Add for Clear Coat					1.0
4#	Refn	Blend color clear complete					
5		GRILLE					
6		O/H bumper assy				2.6	
ž	Repl	Grille	1	128		Incl.	
	Repl	Grille retainer	1	1	.22		
8 9	4	RADIATOR SUPPORT					
10*	Ror	Upper tie bar			S	1.0	1.5
11#	Refn	Blend color clear complete					
12		HOOD					
13	Rep1	Hood	1	239	.70	1.1	2.8
14		Add for Clear Coat					1.2

PRELIMINARY ESTIMATE
2005 CHEV COBALT LS 4-2.2L-FI 2D CPE BLUE Int:GRAY

NO.	OP.		QTY	EX	T.	PR	ICE	LABOR		PAINT
15		Add for Underside (Complete)		ita de de	er sper took ook	· ***			~ ~	1.4
16		Add for Clear Coat								0.3
17		AIR CONDITIONER & HEATER								<b>4.</b>
18**		Qual Repl Parts Condenser	1	1	.87.	00	П	1.1	M	
19		Evacuate & recharge					m	1.4	M	
20		Refrigerant recovery					n	~ ~ ~ #	M	
21#		FROEN 134			17.				M	
22#		HAZARDOUS WASTE			5.					
23#	Kebr	RESTORE CORROSION PROTECTION	1		5.	00		0.3		
		Subtotals ==>	a tone and day to the Ath th	5	83.	31	40 <sub>(27</sub> 442)	9.9		10.7
		Parts								561.3
		Body Labor	7.	. 0	hrs	6	\$	38.00/h	ır	266.00
		Paint Labor						38.00/h		
		Mechanical Labor	2.	9	hrs	0	\$	50.00/h	ìľ	145.0
		Paint Supplies	10.	. 7	hrs	0	\$	22.00/h	II	235.4
		Sublet/Misc.						į		22.00
	4	SUBTOTAL		* **** ****		***************************************				*****
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		GRAND TOTAL							\$	1734.19
		ADJUSTMENTS:								
		Deductible								0.00
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		INSURANCE PAY								1734.19

PERFORMANCE AUTO BODY COLLISION REPAIR WORK IS COVERED BY A ONE YEAR WORKMANSHIP WARRANTY

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09/16/2006 at 08:32 AM 42884

#### PRELIMINARY ESTIMATE

2005 CHEV COBALT LS 4-2.2L-FI 2D CPE BLUE Int: GRAY

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Job Number:

# PRELIMINARY ESTIMATE

2005 CHEV COBALT LS 4-2.2L-FI 2D CPE BLUE Int:GRAY

# ALTERNATE PARTS SUPPLIERS

18 Qual Repl Parts Condenser Part No. CNDDPI4718 Price \$187.00

Keystone - NWPP 4170 PERIMETER DRIVE COLUMBUS, OH 43228

(800)820~3962 (614)272-8600







2551 W. Main St. • P.O. Box 1188 Waynesboro, Virginia 22980

Service:

(540) 941-2240

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Fax: Body Shop: (540) 941-2260

(540) 941-2220

Toll Free:

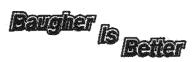
(800) 489-7199

Email: generalinto@baugherautos.com Visit us @ www.baugherautoe.com

SUSTONERINO CO 407	ADVISOR	7.40 %	TWOCI INT	- WOCE W
68407	JON E BAUGHER	795	03/31/08	CVCB340991
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	JOB # 1 TOTAL LABOR	& PARTS 381.17	and disclaims all wai	rranties, including wai
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COMPLETE			or consequential da	Mages of commercia
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	JOB # 2 TOTAL LABOR	& PARTS 184.80	but are not limited t	o any warranties tha
J# 3+99CVZ PAINT/REFINISH REFINISH REAR BUMPER PER ES CLAIM# 48- COMPLETE	UNITS: 4.20 TECH(S):970	176.40	such parts and/or ac chantable quality or b vehicle or any of its s reasonable safety, eff	rat they will enable any ystems to perform with
PARTSQTYFP-NUMBER	-DESCRIPTIONLIST PRICE-UNI	T PRICE-	Good	wrench
		L PARTS 0.00	Ser	vice
~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	JOB # 3 TOTAL LABOR	& PARTS 176.40		hus .
U# 4+90CVZ2 BODY REPAIR REPAIR PRIOR DAMAGE ESTIMAT	UNITS: TECH(S):970 TE PER REGUEST	436.80	SERVICE	
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COD 8 4 1 1/00/150	DEFLECTOR 10.707 59.00 308 # 4 TOTA	59.00 59.00 L PARTS 98.00	7:30 A.M.	
	JOB # 4 TOTAL LABOR	& PARTS 534.80	BODY SHO	
J# 5+99CVZA1230 REFINISH RT PRT 000	R UNITS; 6.80 TECH(S):970	285.60	MONDAY	
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	JOB # 5 TOTAL LABOR		YOUR CONI	FIDENCE IN
			Cash Check [	
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	•	•	CUSTOMER	SIGNATURE



CHEVROLET • BUICK





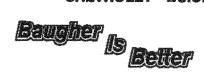
2551 W. Main St. • P.O. Box 1188 Waynesboro, Virginia 22980

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Email: generalinfo@baugherautos.com Visit us @ www.baugherautos.com

CLETOMER N	6840°	7	ADVISOR TON E	BAUGHER	795	ONO	03/31/08	1000 10 0/00340001
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			YEAR - WAKE			49,520	BLUE/	- THENOMES -
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08 # 5 08 # 5		COVER RDOUS WASTE DISPOSA	e 5.000 L 0 3.500	/UKIT /UKIT		5.00 3.50	ries sold hereby are	made by the manufac
OR M. D	2-0 1842	MANA MANE BEN AM.	# 4. diam		TAL - GOG	356.80	stands and agrees	gned purchaser under that dealer makes n
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OTALS		**********			******	******	particular purpose.	with regard to the part
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S HOW ME	NANT YOU TO PARTS AND ROL	S A T I S FEEL AFTER YOUR EX Y SHOP HERE AT BAUG	PERIENCE IN OUR HER'S WHEN YOU AF	E TOTA	L SIRLFT	331.56 0.00	or consequential d	amages or commercia
URVEYED	BY GENERAL M	OTORS, IF YOU ARE NO	T PLEASE CONTACT	TOTA	L G.O.G. L HISC CHG.	356.80 0.00	losses arising out	of such purchase. The aser further agrees that
				TOTA	L HISC DISC L TAX	0.00		uded by dealer, include
ERVICE /	ADVISOR JIM A	LLEY 540-941-2240 FER HARTMAN 540-941	.2240	TOTA	L TAX	34.00		to any warranties the
ERVICE >	HANAGER LOIS	IRVINE 540-941-2240	ſ	TOTAL	INVOICE \$	1953.57	chantable quality or	accessories are of me that they will enable an
OLLISION ARTS MAN	4 CENTER MANA NAGER HIKE SH	GER JON BAUGHER 540 IELDS 540-941-2252	-941-2250				vehicle or any of its	systems to perform will
******	**VISIT OUR S	IELDS 540-941-2252 TATE OF THE ART BOD 10N 8:00 AM TO 5:30	Y SHOPANANANANANANANANANANANANANANANANANANAN				reasonable safety, o	lficiency, or comfort.
*SFRVTCF	F AND PARTS D	EPT_HOURS OF OPERAT	ION**					<b>Misuch</b>
*#0N-FR]	I 7:00 AH - 6	:00 PM		•			Se	<i>i</i> vice
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CL	USTONER SIGNA	TURE		•	_		SERVIC	E HOURS
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PAGE 2 OF	F 2	CUSTOME	PCOPY	g E	NO OF INVOICE	105:06nm	YOUR COL OUR DE Cash Check	NFIDENCE IN ALERSHIP.







2551 W. Main St. • P.O. Box 1188 Waynesboro, Virginia 22980

Service:

(540) 941-2240

Fax:

(540) 941-2220 Body Shop: (540) 941-2260

Toll Free:

(800) 489-7199

Email: generalinfo@baugherautos.com Visit us @ www.baughorautos.com

CUSTOMERNO CO 4 O 7	[ ANYSOR		I TAG NO	TINVOCE DATE	PWOG! NO
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JABUR & PARIS  J# 1 05CVZ STEERING/SUSPENSION  CUSTOMER STATES CLUNKING NO  REPLACED RACK-SEE IF REPAIN	dise in Steering when th	:703 RNING	0.00	EXCLUSION OF (APPLYS TO ACCESSOR	GM PARTS & HES ONLY)
	JOB # 1	TOTAL LABOR & PARTS	0.00	Any warranties on the ries sold hereby are n	eade by the manulac-
J# 2 07CVZ BRAKE REPAIR	UNITS: TECH(S)	:703	0.00	lurer. The undersigni	ed purchaser under-
CUSTOMER STATES PULSATION N ROTORS WARPED NEED TO REFI	MEN BRAKING VISHT			stands and agrees the warranties of any kind and disclaims all warranties	I. express or implied, anties, including war-
	308 # 2	TOTAL LABOR & PARTS	0.00	ranties of merchantal particular purpose, with	bildy or fitness for a
# 3 11CVZJ5000 DIAGNOSIS,ENG FUEL	UNITS: TECH(S)	:703	0.00	and/or accessones pu	irchased: and that in
CUSTOMER STATES ENGINE ACCI BUHPY ROAD, PICKS UP SPEED	LERATING BY ITSELF WHEN	ON A		no event shall dealer to or consequential dam	Pe liable for incidental
DIAGNOSE ROAD TEST VEHICLE	OPERATES TO SPEC			losses arising out of	such ourchase. The
	J08 # 3	TOTAL LABOR & PARTS	0.00	undersigned purchase the warranties exclude	v further agrees that od by dealer, include
J# 4 15CVK6100 DIAGNOSIS, TRANS	UNITS: TECH(S)	:703	0.00	but are not limited to	any warranties that
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# 5 05CVZ1 STEERING/SUSPENSION CUSTOMER STATES ROARING/BUY	I UNITS: 1.00 TECH(S) PING SOUND FROM FRONT E	:703 *** WEN	80.00	Goody Serv	jce
	JOB # 5	TOTAL LABOR & PARTS	80.00	1	. •
9# 6 10CVZ ENGINE ELECTRICAL	UNITS: TECH(S)	703	0.00	SERVICE MONDAY -	
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	JOB # 6	TOTAL LABOR & PARTS	0.00	PARTS H	
SUBLETPO#VEND INV#-INV.DATE	**********		****	MONDAY -	ADDRESS AND ADDRES
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PAGE 1 OF 2 CUSTOMES	R COPY (	CONTINUED ON NEXT PA	VGEJ 01:30pm		
				CUSTOMER S	IGNATURE







2551 W. Main St. \* P.O. Box 1188 Waynesboro, Virginia 22980

Service: (640) 941-2240

Fax: (540) 941-2220 Body Shop: (540) 941-2260

Toll Free: (800) 489-7199

Email: generalinfo@baugherautos.com Visit us @ www.baugherautos.com

CUSTOMER NO	AUMSON		TAG NO	WANCI DATE	MOKET NO
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ERVICE ADVISOR JIN ALLEY 540-941	-2240	TOTAL TAX	0.00	warranties of env lu	var dealer makes n Pd. express or impliel
SERVICE DIRECTOR 540-941-2243 COLLISION CENTER HANAGER JON BAUGE PARTS HANAGER HIKE SHIELDS 540-941 ************************************	1-2252 NRT 800Y SHOP************************************	TOTAL INVOICE \$	103,44	and disclaims all war ranties of merchan particular purpose, a and/or accessones no event shall deale or consequentiat de losses ansing out of undersigned purcha the warranties exclu	arrantes, including wai fability or fitness for with regard to the part purchased, and that it ir be liable for incidents amages or commercia of such purchase. The iser further agrees that ided by dealer, include
CUSTOMER SIGNATURE	JPLICATE INVOIC	, E ***********************************	*******	such parts and/or a chantable quality or t	to any warranties the iccessories are of me that they will enable an systems to perform wit fliciency, or comfort.
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PERFORMANCE MOTOR SALES, INC. 224 PENNSYLVANIA AVENUE

PARSONS, WV 26287

304-478-2831

HAMBLETON

WV

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ROTOR VIBRATION - FRONT ROTORS WARPED. CUSTOMER REQUEST ROTORS BE REPLACED WITH OEM ROTORS AND NOT RESURFACED.

BILL CODE -

REPLACE

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ROTORS

91

M A

62.00

GM

22702612 -ROTOR

TOTAL LABOR

62.00

2 2 TOTAL PARTS 2

249.06 249.06

PAYMENT TYPE - 1

334.98

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PP Thank You!

ON SERIALF OF SERVICING DEALER, I HEREBY CERTIFY THAT THE INFORMATION CONTAINED HERON IS ACCURATE UNLESS	STATEMENT OF DISCLAIMER	LABOR AMOUNT	62.00
OTHERWISE SHOWN. SERVICES DESCRIBED WERE PERFORMED AT NO CHARGE TO OWNER. THERE WAS NO INDICATION FROM THE APPEARANCE OF THE VEHICLE OR OTHERWISE, THAT ANY PART REPAIRED OR REPLACED UNDER THIS CLAIM HAD BEEN CONNECTED IN ANY WAY WITH ANY ACCIDENT. NEGLIGENCE OR MISUSE. RECORDS SUPPORTING THIS CLAIM ARE AVAILABLE FOR ID YEAR FROM THE DATE OF PAYMENT NOTIFICATION AT THE	THE PACTORY WARRANTY CONSTITUTED ALL. OF THE WARRANTIES WITH RESPECT TO THE	PARTS AMOUNT	249.06
	SALG OF THIS ITEMPTEMENT THE SELLICH HERCHY EXPRESSLY DOWNALDS ALL WARRANTIES EXTREM EXPRESS ON EXPRESS, ENCLUSING ANY	MISC: SALES	.00
	FIFTHERS FOR A PARTICULAR PURPOSE SELLER	MATERIALS	4.96
	METHER ASSUME NOR ARTHORIZES ANY LANGUTY IN CONSISTION WITH THE SALE OF	TOTAL CHARGE	316.02
Servicing dealer for inspection by manufacturer's representative.		DEDUCTABLE	.00
		SALES TAX	18.96
(SIGNED) DEALER, GENERAL MANAGER OR AUTHORIZED PERSON (DATE)	CUSTOMER SIGNATURE	OTHER PAY	.00
		CUSTOMER PAY	334.98

WV

# PERFORMANCE CHEVROLET 224 PENNSYLVANIA AVENUE PARSONS, WV 26287 304-478-2831

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DATE	YEAR	MAK	<b>E</b> ////////////////////////////////////	//MODEL	V		STK/CUS	MILES IN	MILES OUT	TAG
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andelessuscendentessuscentessus REPAIR LINE 01 entennessententesse RADIO INOP BILL CODE -35 MA REPLACE RADIO 62.00 TOTAL LABOR GM 15272192 -RADIO 471.20 TOTAL PARTS POCHOEBOCARBOCARECORDERECEDEDE REPAIR LINE 02 CONDENSESSES VEHICLE HAS A METAL TO METAL NOISE IN PRONT END. BOTH LOWER CONTROL ARM BUSHINGS FELL OUT. BILL CODE -C REPLACE CONTROL ARM BUSHIN 35 MA 105.40 ALIGN FRT END MA 35 44.95 TOTAL LABOR 150.35 GM 15240087 -BUSHING . 2 TOTAL PARTS successorestations REPAIR LINE 03 neessessessessesses Intermediate Steering Shaft Clunking. Replaced Shaft and Still has NOISE IN COLUMN. NEEDS STEERING COLUMN TO GET RID OF NOISE. BILL CODE -REPLACE SHAFT 35 M A 31.00 TOTAL LABOR 31.00 10394225 -SHAPT K 1 131.52 TOTAL PARTS 131.52 consuccesses as a consumer REPAIR LINE 04 consumer and second sec CHECK BATTERY DRAW - HAVE TO JUMP START STARTER PROBLEMS? TURN KEY AND CRANKS BUT KEY WILL NOT KICK BACK. ACTS LIKE "DOUBLE STARTING". CHECKED BATTERY AND GOOD, CHECKED CHARGING SYSTEM AND OK. COULD NOT DUPLICATE CONCERN AT THIS TIME. BILL CODE -C CHECKED ELECTRICAL SYS 31.00 TOTAL LABOR 31.00 PAYMENT TYPE - 1 977.48

			<b>8</b> .
ON BEHALF OF SERVICING DEALER, I HEREBY CERTIFY THAT THE INFORMATION CONTAINED HERON IS ACCURATE UNLESS	STATEMENT OF DISCLAIMER	LABOR AMOUNT	274.35
OTHERWISE SHOWN, SERVICES DESCRIBED WERE PERFORMED AT NO CHARGE TO OWNER. THERE WAS NO INDICATION FROM THE APPEARANCE OF THE VEHICLE OR OTHERWISE, THAT ANY PART REPAIRED OR REPLACED UNDER THIS CLAIM HAD BEEN CONNECTED IN ANY WAY WITH ANY ACCIDENT, NEGLIGENCE OR MUSIUSE. RECORDS SUPPORTING THIS CLAIM ARE AVAILABLE FOR (I) YEAR FROM THE DATE OF PAYMENT NOTIFICATION AT THE	THE FACTORY WARRANTY CONSTITUTES ALL OF THE WARRANTIES WITH RESPECT TO THE BALE OF THE ITEMATICALS, THE SELLER RESERVE	PARTS AMOUNT	637.80
	FRALE OF THE FREMENTEASS. THE SELLER ESSENCE EXPRESSLY CONCLARMS ALL WARRANTESS EXPRESS CONCLARMS AND MARKANTESS	MISC. SALES	.00
	IMPLIED WARRANTY OF MERCHANTARRITY OR FITMER FOR A PARTICULAR PURPOR. SELLER	MATERIALS	10.00
	METHER AMBUNES NOR AUTHORIZES ANY OTHER PERSON TO ARRIVE FOR IT ANY LIAMBUTY IN COMMECTION WITH THE GALF OF	TOTAL CHARGE	922.15
ERVICING DEALER FOR INSPECTION BY MANUFACTURER'S LEPRESENTATIVE.	ARP LEDPLESSY:	DEDUCIABLE	.00
		SALES TAX	55.33
(UNED) DEALER, GENERAL MANAGER OR AUTHORIZED PERSON (DATE)	CUSTOMER SIGNATURE	OTHER PAY	.00
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# HAMBLETON

wv

# PERFORMANCE CHEVROLET 224 PENNSYLVANIA AVENUE PARSONS, WV 26287 WORK ORDER

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CHROME ON SHIFT KNOB IS PEELING - CHROME PLATING PEELING FROM SHIFTER KNOB AGAIN. REPLACED KNOB.

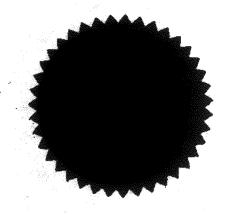
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ON BEHALL OF SERVICING DEALER, I HEREBY CERTIFY THAT THE INTORMATION CONTAINED BERON IS ACCURATE UNLESS OTHERWISE SHOWN, SERVICES DESCRIBED WERE MERORMED AT NO CHARGE TO OWNER. THERE WAS NO INDICATION FROM THE APPEARANCE OF THE VINICLE OR OTHERWISE, THAT ANY PART REPAIRED OR REPLACED UNDER THIS CLAIM HAD DEEN CONNECTED IN ANY WAY WITH ANY ACCIDENT. NEGLIGENCE OR BUSINE. RECURDS SUPPORTING THIS CLAIM ARE AVAILABLE FOR ITS TEAM FROM THE DATE OF PAYMENT NOTHERATION AT THE SERVICING DEALER FOR INSPECTION BY MANUFACTURER'S REPRESENTATIVE.	STATEMENT OF DISCLAIMER THE FACTORY WARRANTY CONSTITUTES ALL OF THE WARRANTIES WITH RESPECT TO THE SALE OF THIS TEENTERS, THE SELLER HEREBY EXPRESSET DISCLAIME ALL WARRANTIES EITHER EXPRESS OR REPLIED, INTLEDING ANY IMPLIED WARRANTY OF MEDITARIZED HITTOR FITDESS FOR A PARTICIPAR PREPRISE. SELLER PETTERS ASSEMBLY NOR ANY OTHER PERSON TO ASSEMBLY OR IT ANY LIABILITY IN CONSECTION WITH THE SALE OF ITS ITEMPITEMS	LABOR AMOUNT PARTS AMOUNT MISC, SALES MATERIALS TOTAL CHARGE DEDUCTABLE SALES TAX	The second secon
ISIGNED) OFALER, GENERAL MANAGER OR AUTHORIZED PERSON (DATE)	CUSTOMER SIGNATURE >	OTHER PAY	de Camerana
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HAMBLETON

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FACTORY. RECOMMEND TRYING A SEALANT TO CORRECT CONCERN.

ON BEHALF OF SERVICING DEALER, I HEREBY CERTIFY THAT THE INFORMATION CUNTAINED HERON IS ACCURATE UNLESS OTHERWISE SHOWN, SERVICES DESCRIBED WERE PERFORMED AT NO CHARGE TO OWNER. THERE WAS NO INDICATION FROM THE APPEARANCE OF THE VEHICLE OR OTHERWISE. THAT ANY PART REPAIRED OR REPLACED UNDER THIS CLAIM HAD DEEN CONNECTED IN ANY WAY WITH ANY ACCIDENT, NEGLIGENCE OR MISUSE. RECORDS SUPPORTING THIS CLAIM ARE AVAILABLE FOR IN YEAR FROM THE DATE OF PAYMENT NOTIFICATION AT THE SERVICING DEALER FOR INSPECTION BY MANUFACTURER'S REPRESENTATIVE.	STATEMENT OF DISCLAIMER THE PACTORY WARRANTY CONSTITUTES ALL OF THE WARRANTIES WITH RESPECT TO THE SALE OF THE WARRANTIES WITH RESPECT TO THE SALE OF THE ITEMETERS. THE BEALER HERIEBY ECPHESIAY DISCLAIMS ALL WARRANTIES ETHER ROPRESS OR BAPLED, INCLIDENT ANY HAPPLED WARRANTY OF MERITARILITY OR FITNESS FOR A PARTICULAR PURPOSE, SELLER RESTRICK ASSISTES MOR ANTHORIZES ANY OTHER PERSON TO ASSISTE FOR IT ANY LABELITY OF CONNECTION WITH THE SALE OF ETS ITEMETERS	LABOR AMOUNT  PARTS AMOUNT  MISC, SALES  MATERIALS  TOTAL CHARGE  DEDUCTABLE  SALES TAX
(SIGNED) DEALER, GENERAL MANAGER OR AUTHORIZED PERSON (DATE)	CUSTOMER SIGNATURE	OTHER PAY
		CUSTOMER PAY

# AUTHORIZATION FOR USE UND/OR DISCLOSURE OF CONFIDENTIAL MEDICAL INFORMATION

, the undersigned, hereby authorize the following Authorized Health Care Providers to make the authorized	*ICA
und/or disclosure of confidential information contained in my medical records to ESIS at the address below:    Act   Color   C	usc 7
and address, telephonic number of medical providers	-
NT-MichaelPiantz-540-333-5994- AMC Stuff 307 Fisher 301 IIC VA 20939	
J. CILICE. BUILUSIA PAIO MANGALARA ECAPECADECADA - 540.933-5747 70 Media I Garage accele	
Suite 305 Fishers number of medical proof to	
ame, address. telephone number of medical provi lers	
ame, address, Edephone number of medical provider:	manage de la constitución de la

I understand that the purpose(s) for which this information is to be used and/or disclosed is for a product liability claim against General Motors Corpo ation for an incident which occurred on or about September 7, 2003

The confidential information from my medical records and/or x-rays to be disclosed has no limitations as to the dates of visits or injuries to be disclosed. I understand that full disclosure is authorized. This includes interviews of doctors, EMTs, and other attendants regarding all matters relating to my examination, diagnosis, care, and treatment.

## I understand that:

- I have a right to inspect or copy my confidential information that is to be used or disclosed.
- if my confidential health information is disclosed to someone who is not required to comply with the federal
  privacy protection regulations, then such information may be re-disclosed by the recipient and would no
  longer be protected.
- I may revoke this authorization at any time with respect to any Authorized Health Care Provider by notifying such Authorized Health Care Provider in writing of my revocation of this authorization and delivering to such Authorized Health Care Provider my revocation by mail or personal delivery. ESIS requests a copy of such revocation.
- the above-listed medical providers may not condition (withhold or refuse) treating me on whether I sign this Authorization.

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Signature of Patibility Personal Representative	5 liulos	MW 51 5000	
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erramminath in territorial.	Authority to act for Individuals		

EXPIRATION OF AUTHORIZATION: This authorization for use and/or disclosure of confidential medical information will regian in effect for as long as my claim against General Motors Corporation is pending unless it is expressly revoked in writing by meas noted above.

ESIS – General Motors Claims PO Box 300 M/C 482-C20-D71 Detroit, MI 48265-3000

Claims Administrator

652566 Tiffini Hails

ESIS is the third-party administrator for General Motors Corporation.

<sup>\*</sup>If you are a personal representative signing this Authorization, please provide a description of your relationship to the individual and a description of your authority to act for the individual below.

# **AUGUSTA PAIN MANAGEMENT CENTER**

Medical Office Building, Suite 305 70 Medical Center Circle Fishersville, Virginia 22939 Telephone (540) 932-5747 (540) 332-5747 Victor C. Lee, M.D.
Darlinda Grice, M.D.
D. Preston Grice, M.D.
Mary Luebben, FNP
Holly Robedeau, Psy. D

1000

PATIENT NAME: DOB: 07/15/1974
AMC #:

Status of report is Signed

\*\*Report is final only after physician signature\*\*

DATE OF SERVICE 05/19/2008

REFERRING PHYSICIAN. Michael Plautz, MD

CHIEF COMPLAINT: Neck, shoulder and headache pain. The patient is also complaining of diffuse back and spine pain.

HISTORY OF PRESENT ILLNESS/INTERIM HISTORY The patient was last seen in clinic by me on February 5, 2008. Since that time the patient has had MRI of the lumbosacral spine. This essentially revealed no abnormalities whatsoever. She was also seen by a local rheumatologist. She returns to the clinic today stating that "I got knots in my head." She says she is having diffuse raised lesions on her head that are painful. She also says that she is having pain in her neck and spots on her neck that "fill up with fluid." She says she can actually feel the fluid in her neck. She also notes that when she pushes on her spinous process at approximately the C7-T1 level, this makes pain radiate all the way down her spine and into her tailbone. She complains of numbness and tingling in the arms and hands. She says that when she lies on her back her arms go numb and when she lies on her belly her legs go numb. She denies any bowel or bladder incontinence. She continues on her Zanaflex. She says this helps her to sleep, but only gives her about 1 hour per night.

ALL ERGIES/ADVERSE DRUG REACTIONS: Local anesthetics, penicillin, sulfa, valproic acid, Zonegran, fentanyl TTS, tramadol.

MEDICATIONS: Zanafiex

REVIEW OF SYSTEMS. The patient is complaining of diffuse neck, shoulder and head pain as per HPI. She is also complaining of some shortness of breath, which is associated with the heat, as well as diarrhea and swelling into her hands and fingers. She denies any chest pain, nausea or vomiting, constipation or bowel or bladder incontinance.

PHYSICAL EXAMINATION

VITAL SIGNS Pulse 76, blood pressure 126/82.

GENERAL: Well-developed, well-nouristred, extremely thin white female who is awake, alert and oriented and in no acute distress. She has a flat affect; however, at times appears to have pressured speech with notable tack of intonalion. She at times appear to be slightly tangential.

HEENT: Normocephalic, atraumatic. There is some slight tenderness to palpation into the right occipital region. There are no overt palpable masses on the cranium or scalp. The area that the patient says there is a mass is an area of tenderness just above the frontalis bone about 1/4 of the way up the skull. She questions whether or not I could feel the mass. I feel no other masses on the skull. There are multiple pieroings throughout the face to include the ears, nose and lip.

NECK: Supple without lymphadenopathy. Cervical range of motion is within functional limits. I do not

detect any "fluid" on the patient's neck. There is no swelling or lymphadenopathy. There is some slight tightness and tenderness into the cervical paraspinal musculature and trapezia bilaterally.

BACK/SPINE: There is diffuse tendemess throughout the lumbosacral spine, which goes all the way up the thoracic spine.

EXTREMITIES: Upper and lower limbs without swelling or externa.

NEUROLOGIC/MENTAL STATUS: Awake, alert and oriented, fluent speech, follows commands. Strength - 5/5 throughout upper and lower limbs bilaterally. Reflexes - Unable to obtain throughout upper limbs bilaterally. Sensory - Grossly intact to light touch throughout upper limbs bilaterally.

## **IMPRESSION**

1. Chronic diffuse cervical pain. Once again, I am uncertain of the exact nature of the patient's pain. The patient's magnetic resonance imaging is completely normal.

Notable myofascial pain overlay.

- 3. Consider the possibility of cervical facet mediated pain. The patient however, does not always have a consistent exam with this.
- 4. Strongly consider the possibility of somatization disorder. While I always like to make this a diagnosis of exclusion, I am once again coming to a realization that this might be exactly what is happening with the patient.

5. Lumbosacral pain. Once again, I do not know the nature of the patient's pain.

6 Suboptimal response to conservative therapy

7. Question of fibromyalgia, This was brought up by a meumatologist that she had recently seen.

#### RECOMMENDATIONS

1. Trial of Lyrica. I am somewhat at a loss at to what else to begin to try for the patient. If she does have fibromyalgia this would be an optimal treatment given that this is the only FDA approved medication for fibromyalgia.

2. Referral to pain psychology. I would really like our pain psychologist to take a look at this patient overall. While again I believe the patient is thoroughly perceiving some type of pain, I am uncertain of the nature of this. Also, I would like to more aggressively rule out the possibility of a somatization disorder.

3. Consider intermittent trigger point injections. Again, I really do not want to aggressively pursue these.

4. The patient is to continue other medications as previously prescribed.

5. The patient is to follow up with her PCP as previously scheduled.

6. The patient is to return to the clinic in approximately 16 weeks for a followup visit.

Approximately 25 minutes were spent with the patient Ictal.

D. Preston Grice, MS. MD

GRIDP/ProScript D: 5/19/2008 9:39:00 PM EST T: 5/20/2008 8:53:24 PM EST J: 89-891943492

Electronically Signed/Signature on File: D Preston Grice I/ID 05/30/08 1918

# AUGUSTA RHEUMATOLOGY AND OSTEOPORSIS

57 N. Medical Park Drive Suite 101 Fishersville, Virginia 22939 Telephone (540) 245-7170 Fax (540) 245-7171 Matthew S. Hogenmiller, M.D. Daniel G. El-Bogdadl, M.D.

PATIENT NAME

DOB: 07/15/1974

ANC#:

Status of this report is Signed

\*\*Report is final only after physician signature\*\*

Date of Service: 02/25/2008

CHIEF COMPLAINT AND REASON FOR REFERRAL: Neck pain and back pain and history of vasculitis.

HISTORY OF PRESENT ILLNESS: The patient is a 33-year-old female referred by Dr. Preston Grice because the patient reports a past history of vasculitis. The patient states that she has been in eight car accidents, the last one was in October 2007. She has had persistent pain in her neck and lower back trouble sleeping, and in certain positions she has trouble feeling certain parts of her body when she lays on them. She was told that she had vasculitis in the 8th grade. She was diagnosed because she was bruising easily and was tired and they thought she had leukemia at the time because she had a cousin with leukemia, and she went to several doctors without a diagnosis and finally she went to a doctor who fold her she had vasculitis and gave her two steroid injections and this put her "into remission." She reports that she has occasional swelling of her joints. She feels a deep aching in her bones. She was told that she had gout in the past. She denies any rashes. She does have a history of frequent bronchitis and she is also wondering if her back pain and neck pain are related to vasculitis as well.

# PAST MEDICAL HISTORY

- 1. History of chronic pain.
- History of diabetes.
- 3. History of bronchitis.
- 4. History of collapsed lung from an injection.

FAMILY HISTORY: Her father had black lung and arthritis. Her mother had high blood pressure and diabetes. She has aunts with a "different type of arthritis."

SOCIAL HISTORY: She does not smoke She does not drink alcohol. She is single.

CURRENT MEDICATIONS: Zanaflex 4 mg every 6 hours and two every night.

MEDICATION ALLERGIES: Penicillin, Preservatives, Sulfa which makes her have a rash. Valproio acid which causes her to swell. Ultram causes her to swell. Different antibiotics will cause her to have a swelling and a rash.

REVIEW OF SYMPTOMS: CONSTITUTIONAL: She denies any fever weight loss, or fatigue but she does have trouble sleeping. EYES: She does have some dry eyes. NEUROLOGIC: She does have headaches, muscle weakness, numbness, and tingling. ENDOCRINE: She does have excessive thirst. GASTROINTESTINAL: She does have bowel problems with diarrhea and healtburn. SKIN: She does have dry skin. MUSCULOSKELETAL: She complains of pain, swelling, and stiffness as noted in the HPI. She deries any history of Rayraud. EARS, NOSE, MOUTH, AND THROAT: No oral ulcers. She does complain of difficulty swallowing and sinus problems. CARDIOVASCULAR: She has occasional

Matthew S. Hogenmiller, M.D. Danjel G. El-Bogdadi, M.D.

chest pain. She denies palpitations. GENITOURINARY: She does complain of frequent unnation, and urinary frequency. She denies blood in her urine. RESPIRATORY: She does have a history of wheezing, occasional shortness of breath, and denies any coughing HEMATOLOGIC/LYMPHATIC: She does have the leg swelling. She denies any swollen glands. PSYCHOLOGIC: She denies any depression or anxiety, but does complain of trouble with sleep.

PHYSICAL EXAMINATION: VITAL SIGNS: Her blood pressure is 102/76, pulse is 64, respiratory rate is 16, temperature is 97.8, weight is 116, and height is 66 inches. Pain scale is 4/5. GENERALLY: She is in no apparent distress. She is well-appearing. She has multiple pleroings noted. Her gait is normal. HEENT EXAM: Head is without any scale lesions. Ears are normal. Eyes, there are no areas of injection or icterus. Nasal mucosa was clear. Oropharynx was clear. NECK: Supple. There was no lymphadenopathy or thyromegaly. SKIN: No rashes. CARDIAC EXAM: Regular rate and rhythm. LUNGS: Clear to auscultation. ABDOMEN: Soft, nontender, and nondistended. No organomegaly. EXTREMITIES: There is no cyanosis, clubbing, or edema. NEUROLOGICALLY: Strength was 5/5 in all extremities. Her reflexes were symmetric and equal. MUSCULOSKELETAL EXAM: She had a flexion contracture of the 5th right digit. She had multiple soft tissue tender points.

ASSESSMENT: This is a 33-year-old female with chronic pain likely fibromyalgia. There is no evidence to suggest vasculitis or active vasculitis at this time. It also question whether she had vasculitis at the time she was diagnosed given that she received a non-traditional therapy for vasculitis.

#### PLAN

- 1. I would like to check some baseline laboratory work to absolutely rule out vasculitis such as checking ANA, ANCA, complements, and inflammatory markers as well as rheumatoid factor and SSA and SSB antibodies. We will check hepatitis B and C serologies as these can sometimes bring out the vasculitis. She does have a tattop.
- We will check a baseline chest x-ray given her history of bronchitis as occasionally we can see some vasculitities presenting in the setting of asthma and she is young to have bronchitis so chronically.

3. I will otherwise see her back in 1 month for reevaluation and discussion of her blood work.

Daniel G. El-Bogdadi, MD

ELBDG/ProScript D: 2/25/2008 5:22:00 PM EST T: 2/25/2008 7:18:39 PM EST J: 89-891887729

CC: Preston Grice, MD

D Preston Grice MD

Electronically Signed/Signature on File: Daniel G El-Bogdadi MD Date/Time Signed: 02/27/08 1759

#### AUGUSTA PAIN MANAGEMENT CENTER

Medical Office Building, Suite 305 70 Medical Center Circle Fishersville, Virginia 22939 Telephone (540) 932-5747 (540) 332-5747 Victor C. Lee, M.D. Douglas DeGood, PhD Darlinda M. Grice, M.D. D. Preston Grice, M.D. Mary M. Luebben, FNP

DATE: 02/05/08

PATIENT NAME.

DOB: 07/15/1974

AMC#

Status of report is Signed

\*\*Report is final only after physician signature\*\*

DATE OF SERVICE: 02/05/2008

REFERRING PHYSICIAN: Michael Plautz, MD

CHIEF COMPLAINT: Neck, shoulder and head pain. She is also complaining of some other diffuse symptoms throughout the entire thorax, down into the lower limbs.

HISTORY OF PRESENT ILLNESS/INTERIM HISTORY The patient was last seen in clinic on January 7, 2008. That was for a nurse followup visit. She underwert some trigger points at that time by our nurse practitioner. She returns to the clinic today with several complaints. The bulk of her pain however, is going from her neck up into the occiput. She says she has had a headache for 3 days. We tried her on some steroids before her last visit. She says this helped her head and neck a little bit, as well as some of her low back pain. She said it made the stiffress in her hands somewhat better, however, did not really make any significant improvement there. Today, she rates her pain as 10/10 on the NRS. Again, she is complaining of neck, shoulder and hip pain, as well as low back pain. There are some general diffuse complaints about joint stiffness. She complains of no other really upper limb radicular symptoms or lower limb radicular symptoms. She notes that her trigger point injections that she had recently helped the right side of her neck, but did not help the left. She is uncertain if the occipital nerve blocks did anything. As mentioned above, she notes that the Medrol taper that we had her on seemed to help somewhat, but did not provide any sustained benefit. She is complaining of some swelling at the joints of her hands. She continues on her 7 anaflex. It provides her with some benefit, but nothing significant. If she takes 2 if will make her sleepy and she will get up to 3 hours of sleep before waking up.

ALLERGIES/ADVERSE DRUG REACTIONS. Local anesthetics, penicillin, sulfa, valproio acid, Zonegran, fenlanyl TTS, tramadol

<u>REVIEW OF SYSTEMS:</u> The patient is complaining of diffuse neck, shoulder and head pain as per HPI. She is also complaining of diffuse pain into her back, as well as some numbness and tingling that goes down into the legs. She denies any chest pain, shortness of breath, nausea, vomiting, diantiea, constipation or bowel or bladder incontinence.

#### PHYSICAL EXAMINATION

VITAL SIGNS: Pulse 76, blood pressure 90/60.

GENERAL: Well-developed, well-nourished, very thin white fernale who is awake, alert and oriented, no acute distress.

HEENT: Normocephalic, atraumatic. There are multiple piercings throughout the face to include the ears, nose and tip. There is some slight tenderness to palpation in the occipital regions bilaterally.

NECK: Supple without lymphadenopathy. There is some slight lightness into the left cervical paraspinal musculature and trapezia; however, there is nothing grossly or overtly noted in terms of spasms or trigger

points.

BACK/SPINE: There is some slight tightness into the left rhombold and levator scapula. But again, there are no overt trigger points noted.

EXTREMITIES: There is some notable dryness of the skin with scaling and flaking on the back of the hands. There is however, no overt joint swelling noted. There is some mild enythema of the skin, but again it appears to be more related to weathering and chaffing as opposed to frank enythema associated with the joints or swelling. Lower limbs without swelling or edema.

NEUROLOGIC/MENTAL STATUS: Awake, alert and oriented, fluent speech, follows commands. Strength - 5/5 throughout upper and lower limbs bilaterally. Sensory - Grossly intact to light touch throughout upper and lower limbs bilaterally. Reflexes - 1+ throughout upper and lower limbs bilaterally.

## **IMPRESSION**

- 1. Chronic diffuse cervical pain. I am uncertain of the exact nature of the patient's pain. She has no overt abnormalities for findings on her magnetic resonance imaging. Her cervical range of motion is within functional limits. While the patient describes a variety of pain in the neck, I have no specific source of it at this time.
- 2. Myofascial pain. While there appears to be a myofascial pain overlay, there does not appear to be any frank trigger points or muscle spasms.
- 3. Consider the possibility of facet mediated pain. The patient however again has good range of motion in the neck. There is no overtifacet arthropathy noted or magnetic resonance imaging.
- 4. Consider the possibility of somatization disorder. While I always like to make this a diagnosis of exclusion, I am coming to the point where I do not have any really good diagnosis on which to base the significant amount of pain that the patient is describing. The patient has previously had, by her reports, a traumatic brain injury. This very well could be a contributing factor to her underlying perception
- 5. Lumbosacral pain. Once again, I have no known source of her pain
- 6. Consider the possibility of connective tissue disorder. The patient has expressed that she has been previously diagnosed with some type of unspecified vasculitis. Unfortunately, I have no records that account for this. I will not rule out the possibility of such a condition. The patient is notably thin. One must wonder if she does have some type of underlying connective tissue problem, rheumatological condition such as scleroderma.
- 7. Suboptimal response to conservative therapy. Again, I do not know specifically where to turn with the patient on this given her lack of tolerance to the multiple medications.

#### **RECOMMENDATIONS**

- 1. MRI of the lumbosacral spine, I would like to see what is going on with the patient at this time. I can not account for what is producing her lumbosacral pain or her lower limb radicular symptoms.
- 2. Referral to rheumalology. The patient has not pursued it at this time.
- 3 Obtain records from West Virginia These supposedly account for all the patient's underlying medical conditions that have previously been problematic for her and yet may explain some of her symptoms.

- 4. Continue Zanaflex.
- 5. Consider intermittent trigger points; however, I do not necessarily want to pursue these aggressively without further diagnosis.
- 6 The patient is to continue other medications as previously prescribed.
- 7. The patient is to follow up with her PCP as previously scheduled.
- 8. The patient is to return to the clinic in approximately 8 weeks for nurse followup visit and 16 weeks to see me.

Approximately 25 minutes were spent with the patient total.

D. Preston Grice, MS. MD

GRIDP/ProScript

Re:

D: 2/7/2008 7:41:00 AM EST T: 2/9/2008 8:01:09 PM EST J: 89-891875295

Electronically Signed/Signature on File: D Preston Grice MD 02/21/08 1229

# **AUGUSTA PAIN MANAGEMENT CENTER**

Medical Office Building, Suite 305 70 Medical Center Circle Fishersville, Virginia 22939 Telephone (540) 932-5747 (540) 332-5747 Victor C. Lee, M.D.
Douglas DeGood, PhD
Darlinda M. Grice, M.D.
D. Preston Grice, M.D.
Mary M. Luebben, FNP

DATE: 01/24/08

PATIENT NAME.

DOB:

AMC#:

Status of report is Signed

\*\*Report is final only after physician signature\*\*

**DATE OF SERVICE: 1/24/2008** 

OFFICE PROCEDURE NOTE

#### DIAGNOSES

- 1. Cervical occipital pain, 726.90.
- 2. Cervicobrachial pain, 723.9.
- 3. Myalgia, unspecified, 729.1.

PROCEDURE: Trigger point injections, three or more sites (20553).

BRIEF CLINICAL NOTE: The patient is a 33-year-old, white female with chronic neck, shoulder and back pain with a history of being in several motor vehicle accidents. Her most recent MVA was in September 2007 in which she sustained a minor facial Injury with some nasal problems and swallowing Issues. A CT and CT of the cervical spine from September 2007 did not show any abnormalities in either her head or her neck and no abnormalities were noted with ENT consultation. The patient had previously been followed in pain management by Dr. Adetayo Mabadeje but was recently referred back to pain management and was seen by Dr. Preston Grice on November 19, 2007. MRI of the cervical spine which was done on January 2, 2008 was a normal examination but the patient continues to have multiple complaints of neck pain with radiation into the base of the skull as well as down into the shoulders and upper back. She has ongoing muscle spasms as well episodic numbness in her hands and legs. She also has ongoing weakness in her arms and legs. She was last seen in clinic on January 16, 2008 and was prescribed bacinien for her muscle spasms but today reports that it made her spasms worse instead of better. She finds she is having increasing tingling into her hands and numbness into her legs if she lies on her side. She has had some swelling in the left posterior lateral neck and also has intermittent swelling into the wrist joints and left knee. She has a significant family history of rheumatoid arthritis and also has been treated for some type of vasculitis at her home in West Virginia but unfortunately her primary care physician is deceased. She was scheduled for trigger point injections with Dr. Preston Grice but these had to be canceled so we are proceeding with trigger point injections today.

DESCRIPTION OF PROCEDURE: Patient was identified and written and verbal consent was obtained. A copy is on the patient's chart. Tender areas were identified in the bilateral semispinalis cervicis, splenius capitis, levator scapula and upper trapezii. The skin was cleaned well isopropyl alcohol and a 27-gauge 1-1/4-inch needle was used for injection. Each trigger point was injected with 0.5-1 mL of Carbocalne 0.5% after negative aspiration for blood, fluid or air. Extra care was taken because of the patient's prior history of pneumothorax but that was with a pectoral trigger point injection that was done by Dr. Adetayo Mabadeje. A total of nine sites were injected and a total of 9 mL of Carbocaine 0.5% was used. No adverse effects were noted and the patient tolerated the injections well. She was observed for a period of 10 minutes and then was discharged comfortable and ambulatory. The patient was given some samples of tizanidine 2 mg and 4 mg and can try 2 mg 1 p.o. up to Lid. for muscle spasm or 1 to 2 at bedtime. She is to call for a prescription if these are effective. She was also prescribed a medrol 4 mg

Re:

taper with instructions. We will send her for a CMP, thyroid profile, CRP, rheumatoid factor, CBC with diff ESR, urinalysis and ANA, HLAB27 and vitamin D level. She was referred to Augusta Rheumatology and is waiting for an appointment.

D Preston Grice, MD Dictated by Mary Luebben, FNP

**LUEMM/ProScript** 

D: 1/25/2008 5:37.00 PM EST

T: 1/27/2008 6:25:01 PM EST

J: 89-891867494

cc: Mary Baldwin College

Electronically Signed/Signature on File: Mary Luebben NP 01/30/08 1308

D Preston Grice MD 01/28/08 1923

### **AUGUSTA PAIN MANAGEMENT CENTER**

Medical Office Building, Suite 305 70 Medical Center Circle Fishersville, Virginia 22939 Telephone (540) 932-5747 (540) 332-5747 Victor C. Lee, M.D.
Douglas DeGood, PhD
Darlinda M. Grice, M.D.
D. Preston Grice, M.D.
Mary M. Luebben, FNP

DATE: 01/16/08

PATIENT NAME.

DOB:

AMC #:

Status of report is Signed

\*\*Report is final only after physician signature\*\*

**DATE OF SERVICE: 01/07/2008** 

**FOLLOWUP VISIT** 

REFERRING PHYSICIAN: Michael Plautz, MD

CHIEF COMPLAINT: Neck and shoulder pain.

HISTORY OF PRESENT ILLNESS: The patient is a 33-year-old white female who had been previously seen in the Pain Management Center for neck and shoulder pain, but had not been seen since October 2005. She was recently referred back to pain management following another motor vehicle accident in September 2007, when she was attempting to pull into a gas station, but could not turn her vehicle and ended up crashing her car. She sustained a faolal injury and when her pain worsened, she developed some nasal problems and swallowing issues. She was referred to a local ENT specialist. Head CT and CT of the cervical spine from September 11, 2007 did not show any abnormalities in either her head or neck. She was then referred back the patient management and was seen by Dr. Preston Grice on November 19, 2007. She returns today rating her pain at 10/10 on the NRS. Since her last visit she was sent for an MRI of the cervical spine that was done on January 2, 2008, that was a normal MRI examination of the cervical spine.

Today, she is complaining of pain in the posterior neck that radiates up to the base of the skull and then down into the shoulders and upper back. She has muscle spasms up into the back of her head, which will produce headaches. There is also pain that radiates down into the arm, mostly to the elbows that is worse in the left arm than the right. Her hands and legs intermittently gn numb, especially when she is sitting or lying down. She has ongoing weakness in her arms, especially with gripping, as well as in her legs, mostly with lying or sitting. She denies any bowel or bladder incontinence. She notes that when she chews, she feels something poking into her throat and she hears a grinding noise when she moves her neck from side to side. She also complains of origoing lower back pain. She has intermittent swelling into the lower extremities, especially if she has been on her feet for very long. This is from an undefined vasculitis, which she was previously treated for until her primary care physician in West Virginia died. She is from West Virginia, but attends Mary Baldwin College in Staunton and has not been established with any local physician, except for the one on campus. She has been involved in at least 6-8 motor vehicle accidents, as well as one bad snowboarding accident and has had origoing complaints of neck, back and joint pain since about 1997.

In terms of medication, the patient is not currently taking any pain medications. She had been prescribed hydrocodone APAP after one of her emergency room visits, but is now out of them. Under Dr. Adetayo Mabadeje's care, she had been on fentanyl patch, which was fairly effective until she developed a skin reaction to the adhesive. She had been on Flexeril that was somewhat helpful. Dr. Grice did not want to prescribe any narcotics until the etiology of her pain could be determined.

ALLERGIES/ADVERSE DRUG REACTIONS: Penicillin, sulfa, valproic acid, preservatives local

anesthetics. Zonegran, fentanyl TTS, tramadol. The patient reports that she is gluten intolerant, but denies any allergies to iodine, shellfish, seafood, strawberries or IV contrast.

<u>REVIEW OF SYSTEMS:</u> The patient is complaining of neck, shoulder and head pain as per HPI. She has intermittent headaches, significant sleep disturbance, deficit in left eye vision and left ear hearing, easy bruising, cold and heat intolerance, intermittent diarrhea and knee pain. Otherwise, review of systems are negative.

# PHYSICAL EXAMINATION

VITAL SIGNS: Blood pressure 108/58, pulse 60.

GENERAL: The patient is a well-developed, very thin, somewhat pale white female, who is awake, alert and oriented, and in no acute distress. The patient is friendly nondistended interactive.

HEENT: Head is normocephalic, atraumatic. The patient has noted tenderness through the occipital regions bilaterally. She has an upper partial dental plate. Otherwise, oropharynx is clear.

NECK: Cervical range of motion is within functional limits. She has significant tightness in the cervical paraspinal musculature and into the upper trapezia and levator scapula.

LUNGS: Clear to auscultation bilaterally.

HEART: Regular rate and rhythm. ABDOMEN: Soft and nontender.

EXTREMITIES: Lower limbs without outstanding edema, although she does have some slight brawny discoloration over the shins bilaterally and has very thin tapering fingers with skin dryness of the hands. BACK/SPINE: There is tenderness to palpation in the levator scapula and rhombolds bilaterally. There is some tenderness along the spinous processes at approximately T8-9, as well as along the spinous processes at about the L6 level. Seated straight leg raise is negative bilaterally NEUROLOGIC/MENTAL STATUS: Awake, alert and oriented, fluent speech, follows commands. Strength

is 5/5 throughout upper and lower limbs bilaterally. Reflexes are difficult to elicit in the upper extremities, 1+throughout lower limbs bilaterally. Sensory is grossly intact to light touch total in both upper and lower limbs bilaterally.

#### **IMPRESSION**

- 1. Subacute cervical pain with recent exacerbation following another motor vehicle accident.
- 2. ? Upper limb radicular pain.
- 3 Notable myofascial pain with significant tightness today through the cervical paraspinal muscles and into the upper trapezia.
- 4. Unspecified vasculitis, currently not undergoing any treatment. The patient has not been seen by rheumatology.
- 5. Multiple medication intolerances.
- 6 Occipital neuralgia.
- 7. Unspecified endocrine problem.

# RECOMMENDATIONS

- 1. After discussion with Dr. Preston Grice the patient was scheduled for some trigger point injections with Dr. Grice to Include some occipital nerve blocks.
- 2. Trial of baclofen 5 mg, 1-2 p.o. up to t.i.d. p.r.n. for muscle spasms.
- 3. Referral to rheumatology since she appears to have some underlying autoimmune condition.

Mary Luebben, FNP D. Preston Grice, MS, MD

LUEMM/ProScript D: 1/8/2008 7:56:00 PM EST T: 1/9/2008 11:53:33 AM EST J: 89-891856071 Re:

Electronically Signed/Signature on File: Mary Luebben NP 01/17/08 1819
D Preston Grice MD 01/18/08 1352

Michael R. Plautz, M.D.

70 Medical Center Circle, Suite 104
Fishersville, Virginia 22939
Telephone (640) 245-7010
Fax (540) 245-7011

DOS: 10/16/07

PATIENT NAME:
DOB:
AMC #:

Status of Report is Signed

\*\*Report is final only after physician signature\*\*

Date Dictated: 10/16/2007 12:06:00 PM EST

Transcribed: (DATETIME\_DICT) EST

Date

BRIEF HISTORY: The patient presents today for initial evaluation for the chief complaint of right neck pain. She is a 33-year-old young woman with a history of chronic pain who was formally treated in the pain clinic. She has been involved in at least 6 or 8 motor vehicle accidents as well as 1 bad snow boarding accident with multiple complaints of joint and neck pain. Following a motor vehicle accident in September 2007, she has developed some right sided neck pain that she feels radiates to the neck and right side of her throat, and at times, feels like something is stuck in the throat. She has had no frank odynophagia, dysphagia, hoarseness or otalgia. She has multiple musculoskeletal as well as neurological complaints as well such as feeling that the lower half of her body is numb upon awakening in the morning and at times when she remains sedentary for an extended period of time. She has had no level of consciousness, fevers, chills, weight loss, unilateral numbness or weakness, and specifically, denies any dysphagia, dysarthna, diplop a, or urinary incontinence.

PAST MEDICAL/SURGICAL HISTORY: Jaw surgery in the past for dental fractures and avulsion.

ALLERGIES: INTOLERANT TO PENICILLIN, SULFA, ULTRAM, VALPROIC ACID, PRESERVATIVES. FAMILY HISTORY: Endocrine disease, unspecified malignancy, arthritis.

SOCIAL HISTORY: She is a 33-year-old student at Mary Baldwin College who denies any smoking, drinking, cr illicit drug abuse.

PHYSICAL EXAMINATION: The patient is in good spirits. Height 5 foot 9 inches, weight 126, temperature 98.4, pulse 100, BP 118/78. She reports 5/5 pain in the right neck that radiates along the lateral aspect of the neck to the throat and down her scapula. There is no focal hypoesthesia or evidence of muscle atrophy or fasciculation. Range of motion is normal with respect to her arms and neck. External ears and nose normal. Auditory canals are clear with healthy mobile drums and normal tuning fork testing. Pupils equally round and reactive. Extraocular movements intact. Nasal cavities show no purulence or polyp. There is a small area of dryness on the right caudal septum with evidence of recent bleeding but no acute bleeding, ulcer or mass. She has nasal folliculitis and cracking of the right nasal vestibule and ala but no purulence or focal lesion. Oral cavity is clear with a partially edentulous upper and lower alveolus with a midline tongue and uvula. Tonsils 2+. Laryngoscopy shows marked postcricoid and arytenoid edema with symmetrically mobile vocal cords and no evidence of mass or infection. Neck is supple. There is no lymphadenopathy or mass.

ASSESSMENT/PLAN: The patient is a 33-year-old woman with a chief complaint of neck pain which by history is radicular and may represent sequela of a cervical spine injury. She had a CT of the spine done at the time of her most recent car accident on September 11, 2007 which showed no evidence of fracture or dislocation. I have recommended that she followup with a neurologist as well as in the pain clinic, and have given her prescription for Bactroban ointment and recommendation for over-the-counter Prilosec for nasal followiths and reflux respectively. I have left her followup open ended and asked her to report to the ER should she have any acute worsening of any of these symptoms or have questions in general.

Re:

DOS: 10/16/07

Michael R. Plautz, MD

PLAMR/ProScript J: 89-891805291

Electronically Signed/Signature on File: Michael R. Plautz MD 10/19/07 0849

#### **Emergency Department Dictation**

Patient	Acct#: DEPER	Loc: ED1
MR#:	Age/Sex: 33/F DOB:	Adm Phys: J Scott Just, MD Dict Phys: Just, J Scott MD
Report #: 1011-0137	Admit Date: 10/11/07	Discharge Date: 10/1°/07

## Status of this Report is Signed Please note that Reports in Draft Status are not Final Reports

#### \*\*\* Report is final after physician e-signature \*\*\*

CHIEF COMPLAINT: "My neck."

HISTORY OF FRESENT ILLNESS: The patient is a 33-year-old female, who says that she was involved in a motor vehicle crash in the past during which she suffered jaw injury and head injury. She was involved in another motor vehicle crash about 1 month ago. She has been seen here at the emergency department twice with complaints of neck pain and had a negative C-spine CT. She says, this morning, when she was getting out of bed, she had pain in the right side of her neck. It hurts to move her neck and to shrug her shoulders. She denies recent falls or trauma. She denies arm or leg weatness. Denies abdominal pain or chest pain.

REVIEW OF SYSTEMS: Otherwise negative.

MEDICATIONS: None.

ALLERGIES: PENICILLIN, SULFA, ULTRAM, AND VALPROIC ACID.

PAST MEDICAL HISTORY: Multiple motor vehicle accidents. She has been seen by the pain clinic in the past. She is not currently being seen by the pain clinic. SOCIAL HISTORY: She does not smoke. She is a student at Mary Baldwin College.

VITAL SIGNS: BP 108/72, P 98, R 14, T 35.9, pulse ox 100 platelet count - good oxygenation.

GENERAL: This is a 33-year-old female, nontoxic.

HEENT: Normocephalic, atraumatic. PERRL/EOMI. TMs are clear. Orcpharynx is clear. She does have a maxillary partial plate noted. She has multiple piercings of the ears and lips.

NECK: Supple and nontender in the midline. She does have tenderness diffusely, which seems to be myofascial tenderness, in right trapezius musculature.

CHEST: Breath sounds are clear and equal.

HEART: Regular rate and rhythm. No murmur.

ABDOMEN: Soft and nontencer. Normal bowel sounds.

EXTREMITIES: Without edema.

SKIN: Warm and dry.

MEUROLOGICALLY: Awake, alert, oriented x3. Cranial nerves II through XII are intact. There is no pronator drift. Finger-to-rose is within normal limits. Gait is normal. MDM

IMPRESSION: The patient is a 33-year-old with myofascial pain in the right neck. Her record was reviewed. She does have previous normal CT scan obtained last month of her C-spine and head.

PLAN: She will be discharged home with a prescription for Flexeril and Naprosyn and advised to use ice on her neck and referred to followup with the school doctor if she

Patient:	Acct#:	
Unit #:	Report #: 1011-0137	

continues to have pain, and they can refer her to the pain management center. FINAL DISCHARGE DIAGNOSIS: MYOFASCIAL RIGHT NECK PAIN.

JUSJS/ProScript

D: 10/11/2007 11:22:00 AM EST T: 10/11/2007 11:25:20 AM EST

J: 88-880077834

Electronically Signed/Signature on File: J Scott Just MD Date/Time Signed: 10/12/07 0915

## Emergency Department Management Departure Information

Patient ED Physician Chief Complaint	Just,J Scott MD Neck Pain	Unit No
Departure Departure Date Disposition	te/Time 10/11/07 @ 1131 HOME	

#### **Emergency Department Dictation**

Patient:	Acet#:	Loc: ED1
	Status: CEPER	
MR#:	Age/S <u>ex: 33/F</u>	Adm Phys: Asher Brand, MD
	DOB;	Dict Phys: Brand, Asher MD
Report #: 0918-0309	Admit Date: 09/17/07	Discharge Date: 09/17/07

## Status of this Report is Signed Please note that Reports in Draft Status are not Final Reports

#### \*\*\* Report is final after physician e-signature \*\*\*

CHIEF COMPLAINT: Motor vehicle crash.

HISTORY: This is a 33-year-old woman who was involved in a motor vehicle crash on September 11, 2007. She was seen at that time and had a negative CT of the head, cervical spine, and negative plain T-spine film, per Dr. Tucker's note. She presents today complaining of nose pain, persistent mild neadache and stiffness across her back. She has no other complaints or problems. She apparently followed up with the Mary Baldwir doctor who prescribed her tramadol and apparently she ceveloped a rash as a result of that.

REVIEW OF SYSTEMS: CONSTITUTIONAL: No fevers, chills, or rigors. SKIN: No rashes. EYES: No complaints. ENT: As noted above. RESPIRATORY: No shortness of breath. CARDIOVASCULAR: No chest pain. GI: No abdominal pain. GU: No flank pain. NUSCULOSKELETAL: She is complaining of diffuse pain across her back. NEUROLOGIC: No headache. HEMATOLOGIC: No history of easy bleeding.

ALLERGIES: PENICILLIN, PRESERVATIVES, SULFA, VALPROIC ACID, SHELL FISH AND TRAMADOL. FAMILY HISTORY: Noncontributory.

SOCIAL HISTORY: She is a college student. Denies any chance of pregnancy. Does not smoke.

#### PHYSICAL EXAMINATION

GENERAL APPEARANCE: Well appearing and in no distress.

VITAL SIGNS: BP 111/74, P 96, R 22, T 36.1. Pulse ox is 94% on room air. Pulse ox interpretation: normal oxygenation on room air.

SKIN: Warm and dry.

HEENT: Eyes are clear.

LYMPHATICS: No anterior cervical adenopathy.

CARDIAC: Regular rate, no murmurs.

CHEST: Chest wall is nontender. Breath sounds are clear and symmetric at the apices. ABDOMEN: Soft and nontender.

GU: No flank tenderness.

MUSCULOSKELETAL: She is diffusely tender across her neck and back. She has a preserved range of motion of her cervicothoracolumber spine. Her nose is minimally tender.

MOM

EMERGENCY DEPARTMENT COURSE: An x-ray of her masal bones was obtained and was negative for a fracture, per ED physician reading.

PLAN: Clinoril and Plexeril.

DIAGNOSES

1. BLUNT TRAUMA, CAR CRASH.

Emergency Department Dictation Page 1 of 2

Signed 09/18/07 1708

Patiant	· Ace	
1 646-65114a	Male 2. P.	
Officer:	Report #: U918-U3U9	

- MUSCLE STRAIN. 2.
- CONTUSION TO NOSE.
- I discussed the situation with the patient. I expect that she will have an excellent prognosis and the soreness and stiffness should resolve within a few days barring any occult injury.

BRAA/Proscript

D: 9/17/2007 7:12:00 PM EST T: 9/18/2007 4:05:24 PM EST

J: 88-880073761

Electronically Signed/Signature on File: Asher Brand IIID Date/Time Signed: 09/18/07 1708

### Emergency Department Management Departure Information

Patient ED Physician Chief Complaint	Brand, Asher MD Multiple Complaints	(33/F)	Unit No	
Departure Departure Da Disposition	te/Time 09/17/07 @ 1925 HOME			

#### **Emergency Department Dictation**

Patient:	Acct#:	Loc: ED1
1	Status: DEPER	
MR#:	Age/Sex: 33/F	Adm Phys: Sally I Tucker
	DOB;	Dict Phys: Tucker, Sally I
Report #: 0913-0357	Admit Date: 09/11/07	Discharge Date: 09/11/07

## Status of this Report is Signed Please note that Reports in Draft Status are not Final Reports

#### \*\*\* Report is final after physician e-signature \*\*\*

CHIEF COMPLAINT: Evaluation of injuries from an MVA.

HISTORY OF PRESENT ILLNESS: This is a 33-year-old white female that was the seat-belted driver in an MVA which occurred on September 7, 2007. She said she was in her car and she has been having some problems with it. When she went to turn at a gas station, it did not turn and she went straight ahead, running into the big metal protecting object that protects the pump. She says the car is not crivable. She hit her head on the top of the car above the windshield. She had no loss of consciousness. She said she had neck pain right away and it hurts in her neck to swallow. She says that radiates all the way down to her back. She has been having muscle spasms in her brain and she says she cannot move from her waist down after sitting straight up in class. She says she massages her back and then she is able to get up and move. She said she has had this numbness off and on over the last 4 years. She says today when she walked to school her head was spinning and she felt a little nauseous. She had no vomiting.

PAST MEDICAL HISTORY: Old record reviewed and positive for chronic reck and back pain since 1997 secondary to an MVA. She says she has a history of asthma. She has IES and it has been questioned whether she has anorexia nervosa. She says she has a history of low blood sugar and she has had a right pneumothorax secondary to trigger point injection, and she says she has short-term and long-term memory loss. FAMILY HISTORY: Positive for diabetes, cancer, and her mother has lung problems and diabetes.

SOCIAL HISTORY: The patient is a nonsmoker, nondrinker.

#### PHYSICAL EXAM

VITAL SIGNS: Blood pressure 97/69, pulse 71, respirations 18, her temp is 35.6, pulse ox is 97% or room air which is normal per my interpretation.

GENERAL: She is a well-developed, thin white female in no acute distress.

PSYCH: Normal affect.

SKIN: No rashes. She has no abrasions.

HEENT: Normocephalic, atraumatic.

NECK: Tender. There is no step-off. She has no adenopathy.

HEART: Regular rate and rhythm without murmur.

LUNGS: Clear to auscultation bilaterally.

ABDOMEN: Positive bowel sounds, soft, and nontender. No masses or organomegaly. GU: Negative for CVA tenderness.

MUSCULOSKELETAL: The patient has tenderness from the neck all the way down to her lumbar region. She has no bony deformities.

NEURO: She is ale:t and oriented. Her strength is 4/5 in the left crip and left lower

Emergency Department Dictation Page 1 of 2

Signed 09/14/07 0806

Patient:_	Acct#:	
Unit#:	Report #:	: 0913-0357

extremity, 5/5 in the right lower extremity and right upper extremity. The patient is somewhat inconsistent with her strength though on testing.

HOSPITAL COURSE: The patient had a head CT and a C-spine CT which were both negative. Trauma T-spine was negative per my interpretation. A trauma LS-spire was negative per my interpretation. They are both negative for fracture. Patient was given Motric p.o. and Vicodin to go. The patient has had these symptoms intermittently for 4 years now and I do not think they were caused by the accident that she had on September 7, 2007. She cid hit her head but she shows no evidence of intracranial abnormality, and I would ask her to follow up with either Dr. Lenker as the Mary Balcwin College doctor or one of the Augusta affiliated doctors for followup. The patient lives in West Virginia but says she does not want to see any doctors in West Virginia. She travels to this area to attend Mary Baldwin College.

DISCHARGE DIAGNOSES

- 1. ACUTE EVALUATION STATUS POST MOTOR VEHICLE ACCIDENT.
- 2. MINOR HEAD INJURY.

DISPOSITION: Patient was cischarged to home. She is given a prescription for Vicedin #10, instructed to use over-the-counter NSAIDs.

#### TUCS/ProScript

D: 9/11/2007 8:50:00 PM EST

T: 9/12/2007 3:20:03 PM EST

J: 68-660072727

cc: Leon Lenker, MD - faxed

Electronically Signed/Signature on File: Sally I Tucker Date/Time Signed: 09/44/07 0806

#### **Emergency Department Dictation**

Patient:	Acct#:	Loc: ED1
	Status: DEPER	
MR#:	Age/Sext 33/F	Adm Phys: Sally I Tucker
THE PROPERTY OF THE PROPERTY O	DOB;	Dict Phys: Tucker, Sally I
Report #: 0912-0291	Admit Date: 09/11/07	Discharge Date: 09/11/07

## Status of this Report is Signed Please note that Reports in Draft Status are <u>not</u> Final Reports

#### \*\*\* Report is final after physician e-signature \*\*\*

CHIEF COMPLAINT: Evaluation of injuries from an MVA.

HISTORY OF PRESENT ILLNESS: This is a 35-year-old white female that was the seat-belted driver in an MVA which occurred on September 7, 2007. She said she was in her car and she has been having some problems with it. When she went to turn at a gas station, it did not turn and she went straight anead, running into the big metal protecting object that protects the pump. She says the car is not crivable. She hit her head on the top of the car above the windshield. She had no loss of consciousness. She said she had nack pain right away and it hirts in her neck to swallow. She says that radiates all the way down to her back. She has been having muscle spasms in her brain and she says she cannot move from her waist down after sitting straight up in class. She says she massages her back and then she is able to get up and move. She said she has had this numbness off and on over the last 4 years. She says tocay when she walked to school her head was spinning and she felt a little nauseous. She had no vomiting.

PAST MEDICAL HISTORY: Old record reviewed and positive for chronic neck and back pain since 1997 secondary to an MVA. She says she has a history of asthma. She has IES and it has been questioned whether she has anorexia nervosa. She says she has a history of low blood sugar and she has had a right pneumothorax secondary to trigger point injection, and she says she has short-term and long-term memory loss. FAMILY HISTORY: Positive for diabetes, cancer, and her mother has lung problems and diabetes.

SOCIAL HISTORY: The patient is a nonsmoker, mondrinker.

#### PHYSICAL EXAM

VITAL SIGNS: Blood pressure 97/69, pulse 71, respirations 18, her temp is 35.6, pulse ox is 97% or room air which is normal per my interpretation.

GENERAL: She is a well-developed, thin white female in no acute distress.

PSYCH: Normal affect:

SKIN: No rashes. She has no abrasions.

HEENT: Normocephalic, atraumatic.

NECK: Tender. There is no step-off. She has no adenopathy.

HEART: Regular rate and rhythm without murmur.

LUNGS: Clear to auscultation bilaterally.

ABDOMEN: Positive bowel sounds, soft, and nontender. No masses or organomegaly. GU: Negative for CVA tenderness.

MUSCULOSKELETAL: The patient has tenderress from the neck all the way down to her lumbar region. She has no bony deformities.

NEURO: She is alert and oriented. Her strength is 4/5 in the left crip and left lower

Emergency Department Dictation Page 1 of 2

Signed 09/13/07 0640

Patient-	Acct#:		
Unit#:	Report#		

extremity, 5/5 in the right lower extremity and right upper extremity. The patient is somewhat inconsistent with her strangth though on testing.

HOSPITAL COURSE: The patient had a head CT and a C-spine CT which were both negative. Trauma T-spine was negative per my interpretation. A trauma LS-spine was negative per my interpretation. They are both negative for fracture. Patient was given Motric p.o. and Vicodin to go. The patient has had these symptoms intermittently for 4 years now and I do not think they were caused by the accident that she had on September 7, 2007. She cid hit her head but she shows no evidence of intracranial abnormality, and I would ask her to follow up with either Dr. Lenker as the Mary Balcwin College doctor or one of the Augusta affiliated doctors for followsp. The patient lives in West Virginia but says she does not want to see any doctors in West Virginia. She travels to this area to attend Mary Baldwin College.

DISCHARGE DIAGNOSES

- 1. ACUTE EVALUATION STATUS POST MOTOR VEHICLE ACCIDENT.
- 2. MINOR HEAD INJURY.

DISPOSITION: Patient was discharged to home. She is given a prescription for Vicodin #10, instructed to use over-the-counter NSAIDs.

TUCS/ProScript

D: 9/11/2007 8:50:00 PM EST

T: 9/12/2007 3:20:03 PM EST

J: 68-880072727

cc: Leon Lenker, MD - faxed

Electronically Signed/Signature on File: Sally I Tucker
Date/Time Signed: 09/13/07 0640

#### Emergency Department Management Departure Information

@manuscope)		
Patient ED Physician Chief Complaint	Tucker, Sally I Headache/Facial Pain	Unit No
Departure Departure D Disposition	ate/Time 09/11/07 @ 2115 HOME	

Augusta Medical Center 78 Medical Center Drive Fishersville, VA 22939 Department of Radiology (540) 332-4400 (340) 832-4400

Patient:	Acct #: Status: REG CLI	MR#
Tech: RAD.NTW	Age/Sex: 33F	Loc: RAD
Report #: 0308-0044	Phys: Daniel G El-Bogdadi MD	Pat phone #:
Transcriptionist: cr	Dict Date: 03/08/08 1105	Trans Date: 03/C8/08 1149

Date of Service: 03/07/08

Exam(s): 0307-0111 DXR/DXR \* Chest PA and Lateral

DOB: Dictating Radiologist: James B. Huggins MD

Diagnosts: SHORTNESS OF BREATH

Reason for Exam: SHORTNESS OF BREATH

CHEST: 03/07/08

INDICATIONS: Shortness of breath.

COMPAR SON: 10/08/04

PA and lateral erect views show increased AP diameter of the chest and peribronchial cuffing. No infiltrates or effusions are noted.

Contours of the heart and mediastinum are normal. There are no acute bony abnormalities.

#### IMPRESSION:

Pulmonary hyperinflation and peribronchial cuffing. History of asthma or chronic bronchitis? No acute process Identified in the chest.

Dictated by James B. Huggins, M.D.

Reported by: James B. Huggins MD, M.D. Signed by: HUGJ <<Signature on File>>

Date/Time signed: 03/08/08 1454

C: Daniel G El-Bogdadi, MD

RADIOLOGY REPORT

Signed

Augusta Medical Center 78 Medical Center Dave Fishersville, VA 22839 Department of Radiology (\$40) 332-4400 (\$40) 932-4400

Patient:	Acct#:	MR#:
1984-400 1984-1984	Status: REG CLI	
Tech: SSH.TMC	Age/Sex: 33F	Loc: MRI
Report#: 0212-0309	Phys: D Preston Grice MD	Pat phone #: CELL
Transcriptionist: deh	Dict Date: 02/12/08 1505	Trans Date: 02/12/08 1557

Date of Service: 02/12/08

Examis): 0212-0004 MRI/MRI \* Spinal Canal Lumbar wlo

DOB: Dictating Radiologist. Shashank C. Parekh

Diagnosis: INCREASING LUMBAR PAIN, LOWER LIMB PAIN/NUMBNESS

Reason for Exam: INCREASING LUMBAR PAIN, LOWER LIMB PAIN/NUMBNESS

#### \*LUMBAR SPINE MRI 2/12/08

TECHNIQUE: T1 weighted and T2 weighted sagittal and axial images are obtained.

The alignment and curvature are normal. The vertebral bodies and intervertebral disc spaces have normal height and signal intensity. There is no evidence of focal disc hamilation or canal stenosis. The neural foramina are patent. The visualized spinal cord has a normal appearance. No significant joint abnormality is seen.

#### IMPRESSION:

Negative examination.

Dictated by Shashank Parekh, MD

Reported by Shashank C. Parekh, M.D. Signed by: PARS <<Signature on File>>

Date/Time signed: 02/13/08 0840

C: D Preston Grice, MD; No Family Doc for this Patient

RADIOLOGY REPORT

Signed

Augusta Medical Center 78 Medical Center Drivo Pishersvillo, VA 22839 Department of Radiology (540) 332-4400 (340) 932-4400

Patient:	Acct #: Status: REG CLI	MR#:
Tech: SSHADJ	Age/Sex: 33F	Loc: MRI
Report #: 0103-0099	Phys: D Preston Grice MD	Pat phone #: CELL
Transcriptionist: deh	Dict Date: 01/03/08 0826	Trans Date: 01/C3/08 1015

Date of Service: 01/02/08

Exam(s): 0102-0017 MRI/MRI \* Spine Canal Cervical w/o

DOB: Dictating Radiologist. Mallhew P. Shapiro MD Diagnosis: CHRONIC CERVICAL PAIN W/UPPER LUNBAR PAIN

Reason for Exam: CHRONIC CERVICAL PAIN W/UPPER LUMBAR PAIN

MRI CERVICAL SPINE 1/2/08

CLINICAL INDICATION: Chronic neck pain.

TECHNIQUE. Sagittal and axial T1 weighted, and T2 weighted, and sagittal STIR images of the cervical spine were obtained.

Segittal images visualized from the level of the foramen magnum to the lower body of T4, and axial images were obtained through the C1-2 thru C7-T1 disc levels.

Visualized vertebrae demonstrate normal height, alignment, and bone marrow signal intensity throughout, and the intervertebral discs are of normal height and signal intensity. There is no evidence of disc hemiation identified. The cervical cord and surrounding subarachnoid space are normal in appearance.

IMPRESSION: Normal MRI examination of the cervical spine.

Dictated by Matthew Shapiro, MD

Reported by: Matthew P. Shapiro MD, M.D. Signed by: SHAMP <<Signature on File>>

Date/Time signed: 01/03/08 1355

C: D Preston Grice, MD; No Family Doc for this Patient

RADIOLOGY REPORT

Signed

Augusta Medical Center 78 Medical Center Drive Fishersville, VA 22939

Department of Radiology (540) 332-4400 (340) 932-4400

Patient:	Acct#: DEPER	MR#:
Tech: RAD.PJE	Age/Sex: 33F	Loe: ED1
Report #: 0918-0249	Phys: Asher Brand MD	Pat phone #:
Transcriptionist: jaw	Dict Date: 09/18/07 0915	Trans Date: 09/18/07 1629

Date of Service: 09/17/07

Exam(s): 0917-0053 XED/XED\*Nasal Bones

DOB: Dictating Radiologist: Shashank Parekh Diagnosis: HEADACHE, NECK PAIN AND EPISTAXIS

Reason for Exam. INJURY

NASAL BONES: 09/17/07

Three images

No displaced fracture is seen. Orbital rims appear intact. There is no fluid in the sinuses. There is questionable soft tissue swelling over the left face.

IMPRESSION:

No evidence of fracture.

Dictated by Shashank Parekh, MD

Reported by: Shashank Parekh, M.D.

Signed by: PARS <<Signature on File>>

Date/Time signed: 09/19/07 0841

C: Asher Brand, MD; No Family Doc for this Patient

RADIOLOGY REPORT

Signed

Augusta Medical Center 76 Medical Center Drive Fishersville, VA 22839 Department of Radiology (540) 332-4400 (340) 932-4400 

Patient:	Acct #: DEP ER	MR #:
Tech: SSHJWN	Age/Sex: 33F	Loc: ED1
Report #: 0912-0156	Phys: Sally I Tucker	Pat phone #:
Transcriptionist: deh	Dict Date: 09/11/0? 1751	Trans Date: 09/12/07 1115

Date of Service: 09/11/07

Examisi: 0911-0068 CT/CT \* Head w/o Contrast; 0911-0069 CT/CT \* Cervical w/o Contrast

DOB: Dictating Radiologist: Shashank Parekh

Diagnosis: HEAD AND NECK PAIN FROM MVC

Reason for Exam. R/O BLEED

#### \*HEAD GT 9/1/07

There are no intra-axial or extra-axial lesions demonstrated. There is no evidence of hemorrhage or hydrocephalus. No midline shift or mass effect is identified. The visual zed paranasal sinuses are clear.

#### IMPRESSION:

Negative examination.

#### UNENHANCED AXIAL CT OF THE CERVICAL SPINEWITH MULTIPLANAR REFORMATION

Alignment is normal. There is no significant disc space narrowing or vertebral compression. No bony fracture is seen. Attantoaxial distance is normal. No definite intraspinal abnormality is seen.

IMPRESSION: Negative examination.

Dictated by Shashank Parekh, MD

Reported by: Shashank Parekh, M.D Signed by: PARS <<Signature on File>>

Date/Time signed: 09/12/07 1659

C: No Family Occ for this Patient; Sally I Tucker

RADIOLOGY REPORT

Signed

Augusta Medical Center
78 Medical Center Drive
Fishersville, VA 22839

Department of Radiology (540) 332-4400 (540) 932-4400

Patient:	Acct #: DEP ER	MR #:
Tech: RAD.ATS	Age/Sex: 33F	Loc: ED1
Report #: 0912-0446	Phys: Sally I Tucker	Pat phone #: (3C4)478-3102
Transcriptionist: mep	Dict Date: 09/12/07 1048	Trans Date: 09/12/07 1826

Date of Service: 09/11/07

Exam(s): 0911-0055 XED/XED Thoracic Spine Trauma; 0911-0056 XED/XED

**Lumbosacral Spine Trauma** 

DOB: 07/15/1974 Dictating Radiologist: Matthew P Shapiro MD

Diagnosis: HEAD AND NECK PAIN FROM MVC
Reason for Exam: MVC MAJ3

\*LUMBOSACRAL SPINE: 08/12/07

INDICATION: Back pain. Trauma from motor vehicle collision.

Five views of the lumbar spine demonstrate lumbar vertebrae to be intact with normal alignment. Disc spaces appear preserved.

IMPRESSION: Negative.

\*THORACIC SPINE: 09/12/07

INDICATION: Back pain. Injury from motor vehicle collision.

AP and lateral views of the thoracic spine demonstrate thoracic vertebrae to be intact with normal alignment.

IMPRESSION: Negative.

Dictated by Matthew Shapiro, MD

Reported by: Matthew P Shapiro MD, M.D. Signed by: SHAMP <<Signature on File>>

RADIOLOGY REPORT Signed

Patient:	Acct#:
Unit #	Report # 0912-0446

Date/Time signed: 09/13/07 1002

C: No Family Doc for this Patient; Sally I Tucker

Augusta Medical Center 78 Medical Center Drive Fishersville, Virginia 22939 Summary Report by Patient

PATIENT: ACCI #: LOC: SIAB U #: ACCI #: LOC: SIAB U #: ACCI #: ROOM: REG: 03/14/08
REG DR: B1-Bugdadi, Dapiel G MD STATUS; REG CLI BED: DIS:

	***ABBORM, H=HIGH, L=LOW) *H=P	OLOGY (1) (1) PANIC BOW #=DELLA
Date	MAR 14	
Time	0955	Reference Units
> WBC	6.3	(3.9-11.0) THD/MM3
RBC	4.91	(3.7-5.0) MIL/MA
HGB	15.5	(11.0-16.0) g/dL
HCT		(33-45) 8
> MCV	91.9	(80-97) fl
MCH	31.6	(27-34) uug
MCHC	34.4	(33-36) g/dL
PDW	13.7	(11.2-15.2) 8
> PLT	G 478	(140-400) THOUS
· NDA	8.3	(7.3-10.1)
SEG NEJTROP	58.7	8
SEG ABSOLUT	3.7	(2.0-8.0) #/THCUS
LYMPHS	23.8	8
> LYMPH ABSOL	1.5	(1.0-4.0) #/THCUS
> MONO	15.1	8
MONO ABSOLU	1.0	(0.3-1.2) #/THCUS
EOS 8	2.1	ą.
COSH ABSOLU	0.1	(0.0-0.7) \$/TICUS
BASO 8	0.3	8
BASO ABSOLU	0.0	(0.0-0.2) #/THCUS

Patient:

Age/Sex: 33/F

Jack

Unit

PAGE 2

RUH DATE: 05/13/08 RUN TIME: 1402

Augusta Medical Center 78 Medical Center Drive Fishersville, Virginie 22939

Summary Report by Patient

SLAB LOC: U 42 PATIENT: ACCI#: ROOM: REG: 03/14/08 AGE/SE: 33/F DIE: El-Bogdadi, Daniel G MD STATUS: REG CLI BED: REG DR:

**MAR 14** Date Time 0955

Reference Units

-> ESR

8

10-20) MM/HR

Age/Sex: 33/F Unit Pationt: Acots

PAGE 3

Reference Units

RUN DATE: 06/13/08 RUN TIME: 1402

Augusta Medical Center 78 Medical Center Drive Fishersville, Virginia 22939 Summary Report by Patient

PATIENT: LOC: SIAB U #: LOC: SIAB U

Date MAR 14
Time 0955

=> SODIUM 139 (132-142) mmol/L => POTASSIUM 1 3.0 (3.6-5.0) mmol/L => CHLORIDE 101 (101-111) mmol/L => CARBON DIOX 29 (21-31) mmol/L

-> ANION GAP 13 (6-16)

Patient: Acct Doile

RUN TIME: 06/13/08

#### Augusta Medical Center 78 Medical Center Drive Fishersville, Virginia 22939 Summary Report by Patient

PATIENT: LAMBERT, TONYA LEA ACCT #1 M00032322349 LOC: SLAB U #: M0257215 AGB/SX: 33/F ROOM; REG: 03/14/08

REG DR: E1-Bogdadi, Daniel G ND STATUS; REG CLI BED: DIS:

Date	MAR 14	
Time	0955	Reference Units
> GLUCOSE	88	(60-100) mg/dl
> BUN	8	(8-24) mg/dL
> CREATININE	0.80(a)	(0.44-1.30) mg/dl
> ESTIMATED G	>60(b)	
> egfr afr-am	>60(c)	
> URIC ACID	5.0	(2.8-7.9) mg/dL
> TOTAL BILIR	0.8	(0.0-1.2) mg/dL
> ALX PHOS H	127	(37-112) IU/L
•> CK	53	(22-269) IU/L
> SGOT	29	(13-36) IU/L
> sgpt	13	(10-60) IU/L
> TOTAL PROTE	7.4	(6.1-8.0) g/dL
> ALBUMIN	3.7	(3.2-5.5) g/dL
> CALCIUM	9.2	(8.4-10.7) mg/dL
> PHOSPHORUS	2.9	(2.5-4.7) mg/dl
> MAGNESIUM	2.0	(1.8-2.5) mg/dI

- NOTES: (a) Creatinine method used in reporting EGFR is IDMS standardized as of 11-20-2007. Note: New Reference Interval as of 12-5-2007.
  - (b) Non-African American
  - (c) Use this value if patient is African American.

The EGFR is used to approximate the Glomerular Filtration Rate (GFR) which is the best overall measure of renal function. The EGFR is not a sensitive test for renal failure, cannot be used to detect mild renal impairment, is irappropriate to use with dialysis patients, and is only valid in persons 18 years of age or older. The units are ml/min/1.73m2.

\*EGFR >59 - Normal GFR or mild decrease in GFR \*EGFR 30-59 - Noderate decrease in GFR (Stage 3 CKD) \*EGFR 15-29 - Severe decrease in GFR (Stage 4 CKD) \*EGFR <16 - End-stage kidney failure (Stage 5 CKD)

Augusta Medical Center 78 Medical Center Drive Fishersville, Virginia 22939 Summary Report by Fatient PAGE 5

PATIENT: ACCI#: LOC: SLAB U #: REG: C3/14/08
REG DR: El-Bogdadi, Daniel G MD STATUS: REG CLI RED: DIS:

Date

MAR 14

Time

=> C REACT. PR

0955

Reference Units

e> TSH

0.616 < 0.50 (0.318-5.903) uIU/mL

(C.O-O.99) mg/dL

Patlent:

Age/Sex: 33/F

Acot#

Uniti

### Augusta Medical Center 78 Medical Center Drive

Bishersville, Virginia 22939 Summary Report by Patient

LOC: SLAB ACCI #: PATIENT: ROOM RSG: 03/14/00 AGE/SX: 33/F DIE: REG DR: El-Bogdadi, Daniel G MD STATUS: REG CLI EED: MAR 14 Date Reference Units 0955 Time -> UR TYPE (d) DK YELLOW -> COLOR -> APPEARANCE H HAZY >> SPEC GRAV H 1.036 (1.0C3-1.030)1: 100 (NEGATIVE) mg/dL ⇒> V. GLUC NEGATIVE (NEGATIVE) mg/dL -> BILIRUBIN > ICTOTEST NEGATIVE (KEGATIVE) (KEGATIVE) mg/dl -> KETONES NEGATIVE (NEGATIVE) => BLOOD NEGATIVE (4.5-8.0) pH 6.0 => PH (NEGATIVE) mg/dL NEGATIVE => PROTEIN (0.2 - 1) EU/dLa> UROBILINOGE 0.2 (NEGATIVE) my/dL => HITRITES => LEUKOCYTES H TRACE H 5-10 (NEGATIVE) (NONE SEEN) /HPF (NONE SEEN) & H MANY/LARGE > MUCOUS (NONE SEEN) H MANY/LARGE => BACTERIA (FEW/OLIGHT) /LPF -> CPITHELIAL IN MANY/LARGE SEE BELOW: (e) => URINE COMME KOTES: (d) SPECIMEN TYPE Clean voided urine (a) URINALYSIS COMMENT: CLUE CELLS NOTED Age/Sex: 33/F Adet Unite Pattont:

Augusta Medical, Center 78 Medical Center Drive

Fishersville, Virginia 22939 Summary Report by Patient

LOC: U.S. PATIENT: ACCT #1 STAB TOTO: 03/14/08 AGE/SX: 33/F ROOM: DIS: REG DR: El-Bocdadi, Daniel G MD STATUS: REG CLI BED:

| \* \* = AHNORM || H= HTGH || L= LOW || E H= PANTO | HTGH || \* L= PANTO | TOW || = ORLITA

**MAR 14** Date Time 0955

Reference Units

106.6(£) e> C3 => C4 32.8(g) => RF QUAYTITA < 20(5)

(93.6-190.5) mg/dL (1C.9-38.4) mg/dl

IU/mL

(KEGATIVE) NEGATIVE > ANA SCREEN

Or December 2, 2007 testing performed at AMC Laboratory. NOTES: (E) Please note the change in reference ranges when evaluating

> Or December 2, 2007 testing performed at AMC Laboratory. (g) Please note the change in reference ranges when evaluating patients.

R-SEUMATOID FACTOR REFERENCE VAULES (2)

> < 20 IU/mL: NEGATIVE 20 - 50 IU/mL: WEAK POSITIVE

> 50 IU/mL: PCSITIVE

Rheumatoid factor (RF) is not a finding isolated to rhoumatoid arthritis and may be present in a number of connective tissue and inflammatory diseases including infectious mononucleosis, systemic lupus erythematosus, scleroderma and hepatitis.

Dationt:

Age/Sex: 33/F

Acot

Unit

#### Angusta Medical Center 78 Medical Center Drive Fishersville, Virginia 22939 Summary Report by Patient

PATIENT: ACCT #: LOC: SIAB U #: M0257219
AGE/SX: 33/F ROOM: REG: 03/14/08
REG DR: E1-Boccadi, Daniel G MD STATUS: RPG CLI BED: DIS:

Date	MAR 15	MAR 14	
Time	UNK	3955	Reference Units
HEP B SUR		Nonreactive	(Nonreactive)
> Hepd Surf	N	(1)	(())
> HEP B COR		(k)	(Nonreactive)
> anti-HBs (	•	Nonreactive	(Nonreactive)
> HEPATITIS		Nonreactive	(Nonreactive)
> SIGNAL/CU	ro	0.12(j)	(<1.00) ratic
> anti-ss-a			(<1.0) AI
> anti-ss-b	<1.0(3)		(<1.0) AI
> MYELOPERO	Κ.	<6(1)	(<6) U/ml
> Proteinas	5	<6 (m)	(<6) U/mL
> TOTAL PRO	re	7.6	(6.2-8.3) g/dL
> ALBUMIN		3.38	(3.50-4.70) g/dL
> ALPHA 1 G	LO	0.30	(0.10-0.30) g/dL
> ALPHA 2 G	LO	0.32	(0.50-1.00) g/dL
> BETA GLOB		1.21	(0.80-1.40) g/dL
> GAMMA GLO	3	1.39	(0.60-1.60) g/dL
> MONOCLONA	<b>6</b>	REPORT (n)	((1)
> MONOCLONAL	L	DHR	(())
(j)	Test performed by	Quest Diagnostics Nichols 14225 Newbrook Drive Chantilly, VA 20153-0841 Phone: 1-800-336-3713	
a 8 6		as American Medical Labora	tories, Inc.
(K)			
(1)	See also (j) Reference range:		
	Negative: <6 U/s Equivocal: 6 - 9 Positive: >9 U/s See also (j)	9 U/mL	
(m)	Reference range:		
şatış	Negative: <6 U/s Equivocal: 6 - 9 Positive: >9 U/s	3 U/mL	
	See also ())		
(n)	No M Spike detecte	ed.	

Angusta Medical Center 78 Medical Contor Drive Fishersville, Virginia 22939 Summary Report by Patient

PATIENT: ACCT # TOC: SLAB U #: AGE/BX: 33/F STATUS: REG CLI REG: 03/14/08 ROOM: REG DR: El-Bocdadi, Daniel G MD BED DIE:

Date	MAR 15	MAR 14		econogra sonococo
Time	Mik	3955	Reference Uni	ts
> TPEL INTERP		REPORT(c)	((;)	
> CCP IgG Ab		5 (q)	(<20) U	
=> HIV 1 & 2		NEGATIVE (r)	(NEG)	
> VITAMIN D 2		<2.5(r)	((;) ng/	'mI
>> VITAMIN D 2		3.1(r)	((:) ng/	mI.
=> VITAMIN D 2			(25-80) ng/	

NOTES: No monoclonal-type peaks are (0) present.

See also (p)

(p)

(r)

Test performed by Quest Diagnostics Nichols Institute

14225 Newbrook Drive Chantilly, VA 20153-0841 Phone: 1-800-336-3713

Formerly known as American Medical Laboratories, Inc.

Negative: (Q)

Less than 20 V

Weak Positive:

20 - 39 U

Moderate Positive:

40 - 59 U

Strong Positive:

60 cr Greater U

See also (p)

Test performed by UNIVERSITY OF VIRGINIA HOSPITAL Health Sciences Center Clinical Laboratories

Box 168

Charlottesville, VA 22908

Patient:

#### Augusta Medical Center 78 Medical Center Drive Fishersville, Virginia 22939 CLINICAL LABORATORY EXTERNAL INQUIRY

PATIENT:			ACCT # :		Loc: SLAB	U 4 ±
REG DR:	El-Boçdadi, Danie	r e mo	AGE/SX: DOB: SIATUS:	33/F 07/13/1974 REG CLI	ROOM: BED: TEOC:	REG: 03/14/08 DIS:
apec #:	0314:H00128R		3/14/08-0955 3/14/08-1045		COMP El-Bogdadi, Dan	REQ #: 01950049 iel G MD
ENTERED:				OTER DR:		
Test			Result	F1.	ag Roforence	
CBCD						
· . ·:	f SVBC RBC		6.3 4.91	ing a series of the series of	3.5-11.0 T 3.7-5.C MI	L/12/3
1	HGB HCT MEV		15.5 45.1 91.9		11.0-16.0 33~45 % 80-97 fL	g/dL
dan di	MCH MCHC	7605 FF (2 <b>1</b>	31.6(*)(*) 34.4		27-34 uug 33-36 g/dI	
	ROW HATCHEN		478		11.2-15.2 190-40C TH	
	MEY DIFF		9,3		7.3-10.1	
	SEG NEUTROPHIL SEG ABSOLUTE #		58.7 3.7		2.0-8.C #/	(N. 1941) (N. 19
	LYMPHS LYMPH ABSOLUT #		23.6 1.5		9 1.0-4.C #/	
	MONO ABSOLUTE #	gg to	15.1		0.3-1.2 #/	
	EOS & EOSN ABSOLUTE #	va Iru Mii	2.2 · · · · · · · · · · · · · · · · · ·		0.0-0.7 #/	
	BASO & RASO ARSOLUTE #	Jeltur XV	20.3	9 1.7 1.64 <b>333</b>	0.0-0.2 #/	
ESR					0-20 101/HR	

## Augusta Medical Center 78 Medical Center Drive Fishersville, Virginia 22939 CLINICAL LABORATORY EXTERNAL INOUIRY

Patient: ACCT #: COC: SLAB U R: ROOM: REG: 03/14/08 age/8x: 33/f REG DR: El-Bocdadi, Daniel G MD 07/15/1974 BED: DIS: DOB: STATUS: REG CLI TLOCY BPEC #: 0314:U00027R COLL: 03/14/08-0955 STATUS: COMP REQ #: 01960049 RECD: 03/14/08-1043 SUBM DR: El-Bogdadi, Daniel G MD ENTERED: 03/14/08-0943 OTER DR: ORDERED: Urm, ICTOTEST COMMENTS: QUERIES: Is culture to be ordered if indicated? N Collection technique? Clean voided urine Flag Test Result Reference Uem .... 1970 | 1974 | 1974 | 197<mark>4 | 1974 | 1974 | 1974 | 1974 | 1974 | 1974 | 1974 | 1974 | 1974 | 1974 | 1974 | 1974 | 1974 | 1974 | 1974 | 1974 | 1974 | 1974 | 1974 | 1974 | 1974 | 1974 | 1974 | 1974 | 1974 | 1974 | 1974 | 1974 | 1974 | 1974 | 1974 | 1974 | 1974 | 1974 | 1974 | 1974 | 1974 | 1974 | 1974 | 1974 | 1974 | 1974 | 1974 | 1974 | 1974 | 1974 | 1974 | 1974 | 1974 | 1974 | 1974 | 1974 | 1974 | 1974 | 1974 | 1974 | 1974 | 1974 | 1974 | 1974 | 1974 | 1974 | 1974 | 1974 | 1974 | 1974 | 1974 | 1974 | 1974 | 1974 | 1974 | 1974 | 1974 | 1974 | 1974 | 1974 | 1974 | 1974 | 1974 | 1974 | 1974 | 1974 | 1974 | 1974 | 1974 | 1974 | 1974 | 1974 | 1974 | 1974 | 1974 | 1974 | 1974 | 1974 | 1974 | 1974 | 1974 | 1974 | 1974 | 1974 | 1974 | 1974 | 1974 | 1974 | 1974 | 1974 | 1974 | 1974 | 1974 | 1974 | 1974 | 1974 | 1974 | 1974 | 1974 | 1974 | 1974 | 1974 | 1974 | 1974 | 1974 | 1974 | 1974 | 1974 | 1974 | 1974 | 1974 | 1974 | 1974 | 1974 | 1974 | 1974 | 1974 | 1974 | 1974 | 1974 | 1974 | 1974 | 1974 | 1974 | 1974 | 1974 | 1974 | 1974 | 1974 | 1974 | 1974 | 1974 | 1974 | 1974 | 1974 | 1974 | 1974 | 1974 | 1974 | 1974 | 1974 | 1974 | 1974 | 1974 | 1974 | 1974 | 1974 | 1974 | 1974 | 1974 | 1974 | 1974 | 1974 | 1974 | 1974 | 1974 | 1974 | 1974 | 1974 | 1974 | 1974 | 1974 | 1974 | 1974 | 1974 | 1974 | 1974 | 1974 | 1974 | 1974 | 1974 | 1974 | 1974 | 1974 | 1974 | 1974 | 1974 | 1974 | 1974 | 1974 | 1974 | 1974 | 1974 | 1974 | 1974 | 1974 | 1974 | 1974 | 1974 | 1974 | 1974 | 1974 | 1974 | 1974 | 1974 | 1974 | 1974 | 1974 | 1974 | 1974 | 1974 | 1974 | 1974 | 1974 | 1974 | 1974 | 1974 | 1974 | 1974 | 1974 | 1974 | 1974 | 1974 | 1974 | 1974 | 1974 | 1974 | 1974 | 1974 | 1974 | 1974 | 1974 | 1974 | 1974 | 1974 | 1974 | 1974 | 1974 | 1974 | 1974 | 1974 | 1974 | 1974 | 1974 | 1974 | 1974 | 1974 | 1974 | 1974 | 1974 | 1974 | 1974 | 1974 | 1974 | 1974 | 1974 | 1974 | 1974 | 1974 | 1974 | 1974 | 1974 | 1974 | 1974 | 1974 | 1974 | 1974 | 1974 | 1974 | 1974 | 1974 | 1974 | 1974 | 1974 | 1974 | 1974 | 1974 | 1974 | 1974 | 1974 | 1974 | 1974 | 1</mark> UR TYPE SPECIMEN TYPE Clean voided urine a kipakéséka labitakési terdésés saki. એક એમેજ કહે મહાસ્થે છે. COLOR DK YELLOW APPEARANCE YZAK SPEC GRAV 1.036 H 1.003-1.030

U. GLJC 100 NEGATIVE mg/dL BILIRUBIN NEGATIVE NEGATIVE mg/dL ICTOTEST NEGATIVE NEGATIVE KETONES NEGATIVE NEGATIVE mg/dL NZGATEVE NEGATIVE DIOOD 4.5-8.C pH PH 6.0 PROTEIN NEGATIVE NEGATIVE mg/dl UPOBILINDGEN 3.2 0.2 - 1 EU/dl NITRITES NEGATIVE WEGATIVE mg/dl TRACE LEUKOCYTES H NEGATIVE OR WEC 5-10 None seen thee 14 MUCOUS Many/Large NONE SEEN & H BACTERIA MANY/LARGE H NONE SEEM EPITHELIAL MANY/LARGE H FZW/SLIGHT /LPF ARCHARLE (C. 4) HETRE COMMENT SEE HETOW: ina bisar URINALYSIS COMMENT: CLUZ CELLS NOTED

# Augusta Medical Center 78 Medical Center Drive Fishersville, Virginia 22939 CLINICAL LABORATORY EXTERNAL INQUIRY

		·	
eatient:		ACGI #:	and any and any and any any and any any and any any and any and any and any any any and any any and any any and any any and any
OKANIA T		AGR/SX:	33/F ROOM: RES: 03/14/08
REG DR:	El-Boçdadi, Daniel	G MD DOB:	D7/15/1974 BED:
		STATUS	REG CLI TLOC:

SPEC #: 0314:C00191R

COLL: 03/14/08-0955

STATUS: COMP

REQ #: 01950049

RECD: 03/14/08-1045

SUMM DR: El-Bogdadi, Daniel G MD

ENTERED: 03/14/08-0943 OTHE DR: ORDERED: CMP, URIC, CK, PHOS, NG, TSH, CRP, C3, C4, RF

QUERIES: Has THYROID PANEL (THYP) been requested? N

Test Result Flag Reference

Crestining method used in reporting EGSR is IDMS
standardized as of 11-20-2907. Note: New Reference Interval
as of 12-5-2007.

ESTIMATED GFR >60

The Artist Non-African American Statement Statement Company of the Company of the

EGFR AFR-AMERC >60

Use this value if patient is African American.

The EGFR is used to approximate the Glomerular Filtration
Rate (GFR) which is the best overall measure of renal
function. The EGFR is not a sensitive test for renal
failure, cannot be used to detect mild renal impairment, is
inappropriate to use with dialysis patients, end is only
valid in persons 18 years of age or older. The units are
ml/min/1:73m2.

\*RGFR >59 -- Normal (FR or mild decrease in (FR \*EGFR 30-59 -- Moderate decrease in GFR (Stage 3 CM) \*EGFR 15-29 -- Severa decrease in GFR (Stage 4 CKD) \*EGFR <16 -- End-stage kidney failure (Stage 5 CKD)

URIC ACID	<b>5.40</b>	2.8-7.9 mg/dL
TOTAL BILIRUBIN	3.8	0.0-1.2 mq/dL
ALK PROS		37-112 TV/L
CK	53	22-269 IU/L
SGOT	<b>29</b>	13-36 IU/L
SGPT	13	10-60 IU/L
TOTAL PROTEIN		(1984 ); (19
ALBIMIN	3.7	3.2-5.5 g/dL
CALCION	· · · · · · · · · · · · · · · · · · ·	9.4-10.7 mg/dL
PHOSPHORUS	2.9	2.5-4.7 mg/dL
MAGNESIUN		1.8+2.5 mg/dl

<sup>\*\*</sup> CONTINUED ON NEXT PAGE \*\*

Angusta Medical Conter
78 Medical Conter Drive
91shersville, Virginia 22939
CLINICAL LABORATORY EXTERNAL INNUIRY

PAGE 1

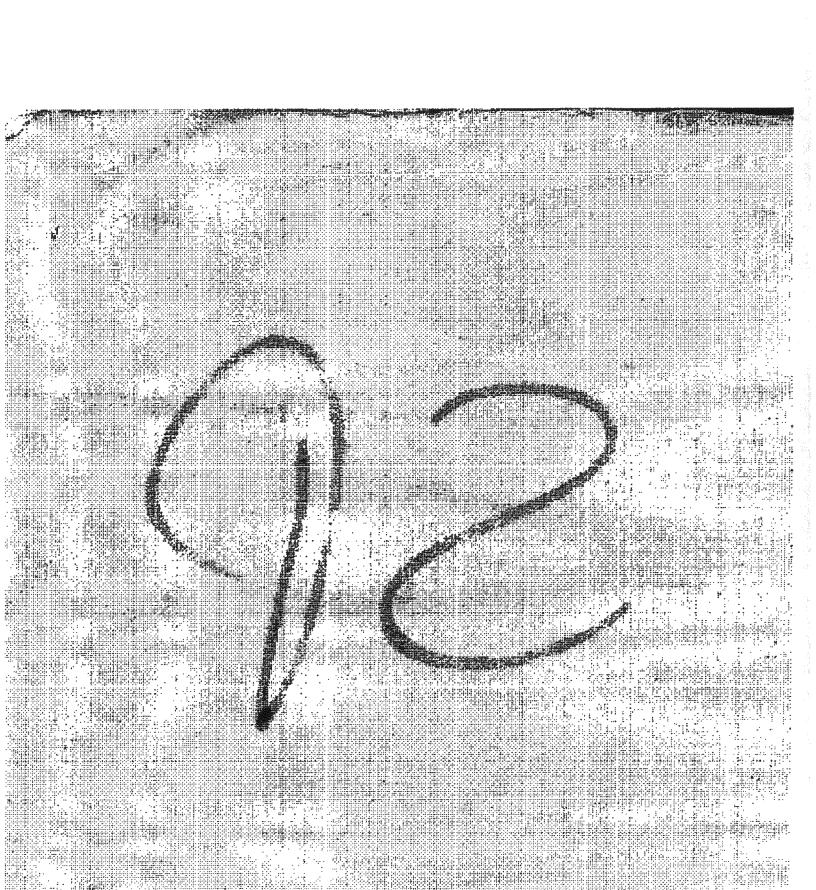
PATIENT: ACCE #: loc: SLAB u #: AGE/BX: 33/F ROOM: REG: 03/14/08 BED: REG DR: El-Bocdadi, Daniel G MD DOB: 07/15/1974 DIG: TLOC: STATUS: REG CLI SPEC &: 0314:R00024R COLL: 03/14/08-0955 STATUS: COMP REQ #: 01960049 RECD: 03/14/08-1045 SUBM DR: El-Bogdadi, Daniel G MD ENTERED: 03/14/08-0943 OTHE DR: ORDERED: HEP PROF 68, ANCA PROF #1, TPEL, CCP IgG Ab, HIV1&2, VITD25 UVA OUERIES: IS PATIENT FASTING? YES Tost Regult Reference Flag HEPBSAG HEP B SURF AG Nonreactive Monreactive HEPB SURP NEUTR Not indicated. () fight in the state of the control of 14225 Newbrook Drive Chant(11y, VA 20153-0841 Phone: 1-800-336-3718 Formerly known as American Medical Laboratories, Inc. Nonreactive - No Test performed by Quest Disgnastics Nichols Institute 14225 Newbrook Drive Chantilly, VA 20153-0841 Phone: 1-800-336-3718 Formerly known as American Medical Laboratories, Inc. ANTI+HBs QUAL Nonreactive Nonreactive HEPCAR HEPATITIS CAB Nonreactive Nonreactive SIGNAL/CUTOFF 3.12 <1.00 ratio क्षात्रक्षेत्रक्षेत्रक्षेत्रक्षेत्रक्षेत्रक्षेत्रक्षेत्रक्षेत्रक्षेत्रक्षेत्रक्षेत्रक्षेत्रक्षेत्रक्षेत्रक्षेत्र Test performed by Quest Disgnostics Nichols Institute 14225 Newbrook Drive Chantilly, VA 20153-0941 Fhone: 1-800-336-3718 Formerly known as American Medical Laboratories, Inc. ANCA PROF #1 MYELOPEROX AB <6 <6 U/m⊑ Reference range: Equivocal: 6 - 9 U/mL Test performed by Quest Diagnostics Nichols Institute 14225 Newbrook Drive

\*\* CONTINUED ON NEXT PAGE \*\*

Chantilly, VA 20153-0841

Apprint Medical Center,
PO Box 1030, Fishersville, VA -2230
S40-035-1000 or 540-332-1000

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Patient:
Acct# MFt# Date: 03/14/08 Time: 0935

#### CONSENT TO ADMISSION AND/OR TREATMENT

1. Consent: [ valuntarily consent to trestment by AUGUSTA HEALTH CARE. 18C. ("Hospital"). its agents, employees, and contractors as deemed necessary by my attending physician(s) or his/her consultants, associates or designees, including but not limited to x-rays. laboratory tests, anesthesia, medical or sargical procedures, nursing care and other hospital impatiant or outpatient services. I recognize that physicians and others rendering such services may not be employees of the nospital, but are independent contractors. 2. <u>No Guaranty Or Warranty:</u> The practice of medicine and surgery is not an exact science and diagnosis and treatment may involve risk, including injury or death. I acknowledge that no guarantees of warranties have been made regarding results of any examination or treatment. 3. Use Of Speciaens, Etc.: Hospital may retain, photograph, preserve anc/or use for scientific or teaching purposes, or dispose of in its discretion any specimens or tissues taken from me (Patient) during this hospitalization and/or treatment. 4. Release Of Health Information/Notice Of Privacy Practices: I understand that Hospital may release information from my medical and billing records in accordance with the provisions of the Health Insurance Portability and Accountability Act (HIPAA) and statutory regulations of the Commonwealth of Yirginia. My signature below acknowledges that I have received a copy of the federal Notice Of Privacy Practices at or prior to this service encounter. 5. Valuables: I have been afforded an opportunity to deposit my (Patient's) valuables and money with Hospital for safe teeping and usless deposited. I agree that the Hospital shall not be liable for loss or damage to any such personal property. 6. Advance Directive: Upon admission to the Pospital (adults only). I have received information regarding my right by state law and pursuant to Hospital policy to execute an Advance Directive to refuse life sustaining procedures under certain circumstances. 7. Notice Of Deemed Consent For HIV, Hopatitis B & C Blood Jesting: The Virginia Code authorizes health care providers to test patients for HIV and Hapatitis B & C when provider or someone employed by/under direction or control of provider is exposed to bodily fluids of the patient in 1 manner which, according to current guidelines of the Center for Disease Control, may transmit HIV or Nepatitis B or C viruses. In the event of such an exposure. ) am deemed to have consented to testing and release of results to person(s) exposed. B. Assignment Of Benefits: In consideration of services rendered pursuant to this Consent whether during a single admission or on a continuing basis (including ary infant(s) born to me during this admission). I agree to pay full charges for their services less any amounts paid by third party payors. and I hereby assign to the Hospital and any Independent Contractors/ Providers to the extent necessary to satisfy any outstanding indebtedness, all sums payable to Patient pursuant to any health benefit plan. policy of insurance, (including health. Itability, uninsured, under-insured, motorists or medical payments insurance) and/or pursuant to any settlement or judgement arising out of or related to any incident which caused this admission or medical treatment rendered pursuant to this Consent. I understand that I am financially responsible to the Hospital for all its charges not covered by a third party souce, except as agreed between the Hospital and any third party source. 9. <u>Medicare Patients:</u> [i [ [Patient) am a Medicare patient, [ request that payment be made in my behalf, and I assign the benefits payable for services furnished to be (Patient) by or in AUGUSTA HEALTH CARE. INC.. including physicians services to the physician furnishing the services to the Hospital, or authorize such physician or the Hospital to subnit a claim to Medicare for payment for me. I understand that I am responsible for any deductibles and the applicable percentages of the reasonable charges. I authorize any holder of medical or other information about me (Patient) to release to the Social Security Administration or its intermediaries or carriers any information needed for this/related Medicare/Medicaid claim. Medicare Inpatient: A copy of important Hessage from Hedicare has been provided to me. 10. Subsequent Release Of Detailed Billing Information: Hy signature below shall be deemed written authorization for Hospital to release to me itemized and detailed billing information regarding admission and/or services rendered pursuant to this Consent upon my later request. I further authorize and consent to the Hospital providing to the authorized representative named below, upon their written request, a copy of confidential itemized or detailed billing information or other itamized or detailed information for a period up to one year from the date of my signature.

have read this consent, been given opportunity to ask questions and laccept its terms:

3/14/08



AMC AUGUSTA MEDICAL CENTER PO Box 1000 Fishersville, VA 22939

Patient: MR# H0257215
Date: 03/07/08 Time: 1741

### CONSENT TO ADMISSION AND/OR TREATMENT

1. Consent: 1 voluntarily consent to treatment by AUGUSTA HEALTH CARE. INC. ("Hospital"). its agents, employees, and contractors as deemed necessary by my attending physician(s) or his/her consultants, associates or designees, including but not limited to x-rays laboratory tests, anesthesia, medical or surgical procedures, nursing care and other hospital inpatient or outpatient services. I recognize that physicians and others rendering such services may not be employees of the hospital, but are independent contractors, 2. Ho Guaranty Or Warranty: The practice of medicine and surgery is not an exact science and diagnosis and treatment may involve risk, including injury or death. I acknowledge that no guarantees or warranties have been made regarding results of any examination or treatment. 3. Use Of Specimons. Etc.: Hospital may retain. photograph, preserve and/or use for scientific or teaching purposes, or dispose of in its discretion any specimens or tissues taken from me (Patient) during this hosp-talization and/or treatment. 4. Release Of Health Information/Notice Of Privacy Practices: I understand that Hospital Ray release information from my medical and billing records in accordance with the provisions of the Health Insurance Portability and Accountability Act (HIPAA) and statutory regulations of the Commonwealth of Virginia. Hy signature below acknowledges that I have received a copy of the federal motice Of Privacy Practices at or prior to this service encounter. 5. <u>Valuables:</u> I have been afforded an opportunity to deposit my (Patient's) valuables and money with Hospital for tafe keeping and unless deposited. I agree that the Hospital shall not be liable for loss or damage to any such personal property. 6. Advance Directive: Upon admission to the hospital (adults only). I have received information regarding my right by state 'aw and pursuant to dospital po'icy to execute an Advance Directive to refuse life sustaining procedures under certain circumstances. 7. Notice Of Deemed Consont For Kly, Repatitis B & C Blood Tasting: The Virginia Code authorizes health care providers to test patients for HIV and Hepatitis B & C when provider or someone amployed by/ander direction or control of provider is exposed to bodily fluids of the patient in a manner which, according to current guidelines of the Center for Disease Control, may transmit HIV or Hepatitis B or C viruses. In the event of such an exposure, I am deened to have consented to testing and release of results to personis; exposed. 8. Assignment Of Benefits: In considerat on of services rendered pursuant to this Consent whether during a stugle admission or on a continuing basis (including any infant(s) born to me during this admission). I agree to pay full charges for their services 'ess any amounts paid by third party payors, and I bereby assign to the Hospital and any Independent Contractors/ Providers to the extent necessary to satisfy any outstanding indebtedness. all sums payable to Patient pursuant to any health benefit plan, policy of insurance, (including health. liability, uninsured. under-insured. motorists or medical payments insurance) and/or pursuant to any settlement or judgement arising out of or related to any incident which caused this admission or medical treatment rendered pursuant to this Consent. I understand that I am financially responsible to the Hospital for all its charges not covered by a third party souce, except as agreed between the Hospital and any third party source 9. <u>Medicare Patients:</u> If I (Patient) am a Medicare patient. I request that payment be made in my behalf, and I assign the bonefits payable for services furnished to me (Patient) by or in AUGUSTA HEALTH CARE. INC., including physicians services to the physician furnishing the services to the Hospital. or authorize such physician or the Hospital to submit a claim to Redicare for payment for me. I understand that I am responsible for any dejuctibles and the applicable percentages of the reasonable charges. I authorize any holder of medical or other information about me (Patient) to release to the Social Security Administration or its intermediaries or carriers any information meeded for this/related Medicare/Medicaid claim. Hedicare inpatient: A copy of important Message from Medicare has been provided to we. 10. Subsequent Release Of Detailed Billing Information: My signature below shall be deemed written authorization for Hospital to release to me itenized and detailed billing information regarding admission and/or services rendered pursuant to thes lonsent upon my later request. I further authorize and consent to the Bospital providing to the authorized representative named below, upon their written request, a copy of confidential itemized or detailed billing information or other itemized or detailed information for a period up to one year from the date of my signature.

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## REQUEST FOR MRI EXAMINATION AUGUSTA MEDICAL CENTER

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Fux: 540,332 or 932,5341 Phone: 540,332 or 432,4395



### SPINE QUESTIONNAIRE

Patient Name:		Dermion of present bac	ck problemsyears,	Months Drue
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if back problems are related to an inju	IV. Dieste sive date of inius	v 1/-a		
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Please describe your back problems: _				
				*
Please describe any prior back problem		.,,		Sterning of the state of the st
LUMBAR/THORACIC	Yes No			
Back or buttock pain?	····· g g	SARANGO PER		
Leg pain?	· · · · · · L			
Hip pain? Circle R L (Rath)	d o		1	( 1)
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Type of pain: (Check all that ap Constant	<sup>PIY)</sup> ······	<b>1</b> \		
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Any weakness in legs?	····	1 151 1	1 14 11	11.11
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Any history of Cancer? Where?		1 4/iii 1		
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Secretary Review By CA()

Technologist Final Screening Reviewed By

Date/Time

Date/Time



## MRI HISTORY SHEET

Patient Name:
Date of Exam:
Type of Exam:
Current Symptoms: Be specific about location of symptoms  HEW L. NECK Shoulders, lace of back file
Any injury? Tes No If yes, Date: 8/5-17  Describe injury: MVA-bar ended
Any prior surgery to this area?  Yes No Date of Surgery:
Surgeon: What Mospital?
Type of surgery if known:
Recent x-rays of this area? Wes No It so where? AMC of OTHER
Have you had:
> A prior MRI of this area? Yes No Hyes, date and Location
> A prior CT of this area? Yes No. If yes, date and location
> A prior Nuclear Medicine study?  Yes  No If yes date and location
> A prior Bone Scau? Yes No If so, date and location
Medical History:
Do you have a history of cancer?  Yes [ No. If so, what type
Do you have Diabetes?  Do you have Arthritis?  Do you have kidney failure?  Yes  No Do you take steroids?  Yes

AMC AUGUSTA MEDICAL CENTER 70 Box 1000 Pishersville, VA 22939

Patient:	: 1		
Acct#		MR#	The same and analysis and
Date:	02/12/08	Time:	0728

### CONSENT TO ADMISSION AND/OR TREATMENT

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### Outpatient MRI Scheduling Form

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Patient:	Physician: G	Grice, D	Preston ND					
Address:	Address: A	lugusta	Pain Managerent					
HAMBLETON, WV	7	70 Medic	cal Center Circle #305					
			/ille, Va 22939					
Home Ph: CELL	Office Phone							
Work Ph; MSG	Office TAX 0	D: (540)	932-5748					
SS#: Aye: 33 DDB: 07/15/1974 Height: Weight: 110 7:16								
Data Scheduled: 02/12/08 Time: 0745	Scheduled By		N SPINAL CANAL LUMBAR					
Rescheduled From: Unit:			LUMBAR PAIN, LOWER LIMB PAIN					
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Yes No EVALUATION OF PATIENT			ACCOURT #					
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3. If female, are you pregnant or using an TUD?								
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5. Have you ever done welding, gri	oding or been	an aut	:o mechanic?					
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## REQUEST FOR MRI EXAMINATION AUGUSTA MEDICAL CENTER

STOP	If patient answers YES to the following questions, they <u>WILL NOT</u> be able to have an MRI
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	Phone: 510.332 or 932.4395 [Littly Falciel 11] = 52. 55
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SPINE QUESTIONNAIRE

		Duration of present back problems	
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Please describe any prior back pro	nhiomt:	,	• •
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Back or buttock pain?	gramme gr		
Teg pain?			
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.CircleR. L Both		1 . 7	
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Shoulder pain?	)	<i>す</i> ・・ りたくりなく	14/4
Finger pain?	······ 🔘 . 🏻	1 17 17/31	
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Arm/hand lumbness?		1	\\\ \\!
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Shooting			gs above, please shade in the area(s)
Tingling	The second of th	-t- Urpa	in, numbness, or weakness
Previous neck surgery?			
Date(5):			
		Patient's Signature	Technologist's Initials
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Outpatient MRI Scheduling Form					
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Patient:	T				
Address:	Anyarczen:   Addrawa:	Augusta	Preston MD Pain Management		
HAMBLETON, WV		70 Medi	cal Cente: Circle #305		
\$.5		Fishers	ville, Va 22939		
Home Th:	Office Pho	no: (540	)932-5747		
SS#: Age: 33 DOB:	Office PAX	#: (540	)932-5748		
Height: Weight:	Office Contact: Scheduled By: Barbara DiCamillo				
Data Scheduled: 01/02/08 Time: 1045			IN SPINAL CANAL CERVICAL		
Reacheduled From: Unite: MO257215	Resson: Cil	RONIC CE	RVICAL PAIN W/UPPER LUMBAR PA		
Inal: SELF PAY	Pol#		And		
Ins2:	Poly		Auti		
PREVIOUS X-RAYS, CT OR MRI SCAMS OF AREA TO	ROSPITAL				
Yes No EVALUATION OF PATIENT ACCOUNTS					
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1 V 6. Have you ever had anything meta	llic in or	removed			
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9. List all previous surgeries In	Man 15	<u> </u>	2		
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FAXED REQUEST 12/18/07					
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The answers to these questions are felt to be of my ability.	e correct an	id have I	been answered to the best		
Name Of Person Answering Questions		<u>.</u>	Rolation To Pt		
Secretary Review By			Date/Time		
manhand sailes Winns Communium Ward			The beautiful man		

**ESSENTION** 



MRI HISTORY SHEET

atient Name:			4d9 9 .
Date of Exam:	1/00	- 0	
Type of Exam:	(Oryu		
Current Symptoms: Be	e specific about locat	ion of symptoms	•
HEAD NECK LA	LER BACK		0 0
	*		
Any injury? Yes Describe injury:	No Hyes, Date:	2007 iden t	
Any prior surgery to	fhis area? \[ \text{Yes} \[	ЙNo Date of Surgery	
Surgeon:	•	What Hospital?	
Type of surgery if know Recent x-rays of this	own: area? 🗹 Yes 🔲	No If so where AMC	»: OTHER
Have you had:  > A prior MRI of the	ids area? ∐Yes [	] No If yes, date and L	ocetion AMC
> Aprior CT of thi	s area? TYes [	] No. If yes, date and lo	cation
> Aprior Nuclear I	Medicine study?	Yes No If yes date:	and location
> A prior Bone Sca	m? Tyes No	If so, date and location_	
Medical History:		No. It so, what type	,
Do you have Diabete Do you have Arthriti Do you have kidney Do you take steroids	ls?   M Yes failure?   Yes	No No No	

AMC AUGUSTA MEDICAL CENTER RO Sox 1000 Fishersville, VA 22939

Patient: MR# Date: 01/02/08 Time: 1005

### CONSENT TO ADMISSION AND/OR TREATMENT

1. Consent: I voluntarily consent to treatment by ADGUSTA HEALTH CARE, INC. ("Hospital"), its agents, employees, and contractors as deemed necessary by my attending physician(s) or his/her consultants, associates or designees, including but not limited to x-rays, laboratory tests, anesthesia, medical or surgical procedures, nursing care and other hospital impatient or outpatient services. I recognize that physicians and others rendering such services may not be employees of the hospital, but are independent contractors, 2. No Guaranty Or Worranty: The practice of medicine and surgery is not an exact science and diagnosis and treatment may involve risk, including injury or death. I acknowledge that no quarantees or warranties have been made regarding results of any examination or treatment. 3. Use Of Specimena, Sto.: Nospital may retain, photograph, preserve and/or use for scientific or teaching purposes, or dispose of in its discretion any specimens or tissues taken from me (Patient) during this hospitalization and/or treatment. 4. Release Of Health Information/Notice Of Privacy Practices: I understand that Hospital may release information from my medical and billing records in accordance with the provisions of the Health Insurance Portability and Accountability Act (HIFAA) and statutory regulations of the Commonwealth of Virginia. My signature below acknowledges that I have received a copy of the federal Notice Of Privacy Practices at or prior to this service encounter. 5. Valuables: I have been afforded an opportunity to deposit my (Patient's) valuables and money with Hospital for safe keeping and unless deposited, I agree that the Hospital shall not be liable for loss or damage to any such personal property. 6. Advance Directive: Upon admission to the hospital (adults only), I have received information regarding my right by state law and pursuant to Bospital policy to execute an Advance Directive to refuse life sustaining procedures under certain circumstances. 7. Notice Of Decred Consent For HIV, Repatitis B & C Blood Testing: The Virginia Code authorizes health care providers to test patients for HIV and Hepatitis B & C when provider or someone employed by/under direction or control of provider is exposed to bodily fluids of the patient in a manner which, according to current guidelines of the Center for Discase Control, may transmit HIV or Hepatitis B or C viruses. In the event of such an exposure, I am deemed to have consented to testing and release of results to person(s) exposed. 8. Assignment Of Bonefits: In consideration of services rendered pursuant to this Consent whether during a single admission or on a continuing basis (including any infant(s) born to me during this admission), I agree to pay full charges for their services less any amounts paid by third party payors, and I hereby assign to the Hospital and any Independent Contractors/ Providers to the extent necessary to sociafy any outstanding indebtedness, all swmo gayable to Patient pursuant to any health benefit plan, policy of insurance, (including health, liability, uninsured, under-insured, motorists or medical payments insurance) and/or pursuant to any settlement or judgement arising out of or related to any incident which caused this admission or medical treatment rendered pursuant to this Consent. I understand that I am financially responsible to the Hospital for all its charges not covered by a third party souce, except as agreed between the Hospital and any third party source. 9. Modicare Patients: If I (Patient) am a Medicare patient, I request that payment be made in my behalf, and I assign the benefits payable for services furnished to me (Patient) by or in AUGUSTA HEALTH CARE, INC., including physicials services to the physician furnishing the services to the Rospital, or authorize such physician or the Hospital to submit a claim to Medicare for payment for me. I understand that I am responsible for any deductibles and the applicable percontages of the reasonable charges. I authorize any holder of medical or other information about me (Patient) to release to the Social Security Administration or its intermediaries or carriers any information needed for this/related Medicare/Medicaid claim. Medicare Inpatient: A copy of Important Message From Medicare has been provided to me. 10. Subsequent Release Of Detailed Dilling Information: My signature below shall be deemed written authorization for Hospital to release to me itemized and detailed billing information regarding admission and/or services rendered pursuant to this Consent upon my later request. I further authorize and consent to the Hospital providing to the authorized representative named below, upon their written request, a copy of confidential itemized or detailed billing information or other itemized or detailed information for a period up to one year from the date of my signature. Fame Of Anthorized Representative Balationship

I have read this consent, been given opportunity to ask questions and laccept its terms:

| Automotive | Consent | C

### Outpatient MRI Scheduling Form SHENANDOAH SHARED HOSPITAL SERVICES, INC. Patient: Physician: Grice, D Preston ND Augusta Pain Management Address: Address: 70 Medical Center Circle #305 HAMBLETON, W Fishersville, Va 22939 Hode-Phr Office Phone: (540) 932-5747 Work Ph: Office DAX #: (540)932-5748 98# Age: 33 DOB: Office Contact: **Height:** Weight: Scheduled By: Barbara DiCamillo Date Scheduled: 01/02/08 Time: 1045 Scan Requested: MRIN SPINAL CANAL CERVICAL Rescheduled From: Unit: Reason: CHRONIC CERVICAL PAIN W/UPPER LUMBAR PA Just 8 Insl: SELF PAY Pol# Pol# Auté Imp2: DATE MOSPITAL PREVIOUS X-RAYS, CT OR MRI SCAMS OF AREA TO BE STODIED Can try to ... Do, have MR! ... Can not quarenta. EVALUATE ACCOUNT# M00031578057 Tes (stents, filter, valve) 7\_\_\_\_\_ or using an IUD? J. IE 4. Are you L. 5. Have you ever done welding, grinding or been an auto mechanic? 6. Have you ever had anything metallic in or removed from your eyes? 7. Have you ever had oye, ear, or brain surgery?\_ 8. Do 10. Dr 11. UO 12. Do 13. Do 14. Do TENS/mech pump)? 15. Do Lo. Ha contraceptive)? 17. Do 10. Do 19. Da 20. Do FAXED\_REQUEST The shawers to these questions are felt to be correct and have been answered to the best of my ability.

Name Of Person Answering Questions Relation To Pt Secrotary Review By\_

Technologist Final Screening Neviewed By

Dato/Time



**H.EDNURNOT** 

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540-932-4000 or 540-332-4000
www.augustamed.com



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**Emergency Department Nursing Assessment Note [ED Major]** 

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Name Shouldon						
Thro: 1052 Room #: D						
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H.EDNURNOT

## Augusta Medical Center PO Box 1000, Fishersville, VA 22939 540-932-4000 or 540-332-4000 www.augustamed.com

DOB AGE 33 SEX F

Emergency Department Nursing Assessment Note [ED Major]

Name:  Time Doctor To See Patient: Just 10-7 Crossroads Inform SECONDARY SURVEY 1. *** Abrasion 2. *** Laccration 2. *** Abrasion 3. *** Abrasion 4. *** Abrasion 4. *** Abrasion 4. *** Conscious Sedation 4. ** Cons						
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Thu Oct 11, 2007

Page 1 11,19 AM

Discharge Instructions from J. Scott Just, M.D. Augusta Redical Conter Emergency Department

# DOB AGE 33 SEX ? ADS/SER 10/11/07 ARS AS

#### MYOPASCIAL FAIN.

Your evaluation suggests that you are having pain originating in your muscles. This is caused by inflammation of the sheath or liming of the muscles and is usually the result of minor traums or the stress of repeated muscle activity. The symptoms usually include pain that is increased with movement. Warmth and swelling can sometimes occur.

The treatment of myofascial pain includes rest of the inflamed area. Pain medicine and anti-inflammatory medicine are often used. Heat may be very helpful. Prevention of reoccurrence is important, and may require a change in the way a job is done.

NCTIFY YOUR DOCTOR or return here in case of the following:

- Pain is increasing or changes significantly.
- Dain is not gradually improving with treatment.
- Increased weakness or difficulty moving the muscle.
- Signs of infection redness or red strenks, swelling, increasing pain, or pus drainage.
- The arm or leg becomes numb, tingly, cold, blue, gale, or weak.
- Increcoing owelling.
- Development of chast pain or difficulty breathing.

#### MUSCLE SPASM:

It appears that your pain is due to space of a muscle. This may be due to a muscle strain or due to local injury or inflammation of the muscle. Spaces may occur by stretching of the muscle beyond its normal limits or may result from positional crames. Cramps can be treated with passive niretching of the muscle. Rest of the injured area is the most important part of treatment of muscle strains. Elevation and ice for the first 2-3 days may often help. How long you need to stay at rest depends on the severity of the injury. For minor muscle spasms, you may be able to continue your normal duties. A good rule of thush is to not do whatever causes much pain. Anti-inflammatory medications is often used for muscle strains. If this was advised or prescribed for you, take them regularly until you are well. They are not as effective if taken just when you feel you need them. Fain redications and muscle relaxants are often prescribed.

It is important to carefully and gradually resums activities as comfort allows. Initially attempt to increase activity with gentle stretching exercises. If you start having increased pain, it may be because of trying to get back to normal too soon. On the other hand, you probably shouldn't wait until the last twinge of discomfort is gone before starting to get active again. Use good judgement to find the right belance.

MATTER YOUR DOCTOR or return here in case of the following:

- The injured area becomes much, tingly, cold, blue, pale, or weak.
- Increasing swelling.
- Pain is increasing or not gradually improving.
- Any difficulty in reving the extremities.

RX: FLEXERIL 10 MG TABLETS Disp: # 30 / 0
Directions: 1 po tid for muscle relaxation. Causes
drowsiness. No drinking/driving/working.

- Prescribed as a muscle relaxant. Should be taken regularly until you are better, and not just when you feel you need it.
- Common side effects dizziness, drowsiness, blurred vision, dry mouth.

H.EDDCINST
ED DISCHARGE INSTRUCTIONS

<sup>---</sup> Instructions are continued on next page. ----

Tonya Lambert | Film Oct 11, 2007 | Page 2 | 11:19 AM

 Way also cause gestrointestinal upset - try taking it with antacide, it this occurs.

RK: MAPROSYN 500 MG Diop: # 20 / 0 Directions: 1 BID for inflammation; take with food

- Used for inflammation (especially arthritis) and relief of pain.
- Take regularly unless used for mild pain. It can take 1-2 weeks to be affective in arthritis.
- Try taking with food if it causes stomach upset.
- Can cause gestrointestinal bleeding.
- Other common side effects dizziness, rash.

#### OTHER INSTRUCTIONS:

USe idean your neck for 30 minutes every 3-4 hours for pain and inflammation

Call the school doctor for referral to the pain clinc

### FOLION UP INSTRUCTIONS: School Doctor

Call School Doctor today or as soon as possible. Let the office know that you were seen in the Doorgemey Department at Augusta Medical Center and that you were told to call the office to arrange a follow-up visit.

If you have been referred to a physician other than your primary care provider (PCP), you chould contact your PCP to approve this referral and to ensure that the referral is covered by your insurance company.

If your injury or illness is work related, you may have received a work release for temporary disability from your employer. The emergency department provides only emergent treatment and acute care recommendations. We are unable to provide ongoing reassessment nor can we accurately predict the duration of your work restrictions and/or disability. For this reason, completion of Disability Insurance forms, FRAR forms, or other similar forms is NOT the responsibility of the emergency department physician. You should see your personal physician or company doctor for recheck and completion of these forms in a timely fashion.

If you have more questions or problems with your medical condition or the treatment, see your doctor or call us at (540) 332-4644 or 932-4444.

My signature indicates that I understand, and have received a copy of, the above instructions.

H. FACESHT

## AMC Augusta Medical Center PO Box 1000, Fishersville, VA 22939 \$40-932-4000 or 540-332-4900 www.augustamed.com

### **Face Sheet**

Face Sheet				3.3	enericonscensor
Patient: SS#	Account No.	Arrived by CAR	Location	Room Bed	Unit No.
HAMBLETON, WV	Date of Birth	Age Sex	MSt Race	Source F/C	Religion
Employer: STUDENT	Last InPt. Visit	Last Out Visi		Reg. by	Print Date
Work Phone:	09/28/04			ER.AMP	10/11/07
Guarantor: SS#		09/17/07	er		
HAMBLETON, WV Guer Phone: Relationship: SELF-FMALE	Person to Notify  FAMBLETON, W		Relation: M	Work P	
Employer: STUDENT	Next of Kin/Addr	Managara da la Caractería de C	Relation: M	Home F Work P	
Work Phone:	EAMBLETON, W	7			
Insurance Name Policy SELP PAY	Number C	overege No.	Group No	Subscribe	er insured Name
Hospice Patient? Hospice D	lagnosis:				
Visit Reason: NECK PAIN				Prior UC Pa	lient?
Comment:				Chart Review	/ Needed?
Adm/SerDate Time Attending Physici	an E	D Physician		Primary Can	a Physician
10/11/07   1001		an, Zmergenc	y Da	No Family D	on for this
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Accid/OccDate Time Type Accident inf 09/07/07 1800 11 NEDICAL E			3	vacy Notice? Y	Signed On 09/30/03
Allergies: ALL CILLINS, ALL PRESERVATIVES, SU PENICILLIN, SHELLFISH, SULFA, TRAM	•	C ACID			
Precautions:  → Physician: Please DO NOT document on	ship EOD14				
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**HEDPATREC** 

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PO Box 1000, Fishersville, VA 22939
540-932-4000 or 540-332-4000
www.augustamed.com



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### **Emergency Department Patient Record**

Initial	Orders:	Nurse:	Initial Orders:	Nurse	Physician Time Chief Complaint:	
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A.CONTREA

### Augusta Medical Center PO Box 1000, Fishersville, VA 22939 540-932-4000 or 540-332-4000 Www.augustamed.com

DOB AGE 33 

### Consent To Admission and / or Treatment

1. Consent: I voluntarily consent to treatment by Augusta Health Care, Inc. ( "Hospital" ), its agents, employees, and contractors as deemed necessary by my attending physician(s) or his/her consultants, associates or designees, including but not limited to x-tays, laboratory tests, enesthesia, medical or surgical procedures, nursing care and other hospital inpatient or outpatient services. I recognize that physicians and others rendering such services may not be employees of the hospital, but are independent contractors.

2. No guaranty or warranty. The practice of medicine and surgery is not an exact science. Diagnosis and treatment may involve risk, including injury or death. I acknowledge that no guarantees or warranties have been made

regarding results of any examination or treatment.

3. Use of Specimens, etc.: Hospital may retain, photograph, preserve and/or use for scientific or teaching purposes, or dispose of in it's discretion and specimens or tissues taken from me (Patient) during this hospitalization and/or treatment.

4. Release of Health Information / Notice of Privacy Practices: I understand that the Hospital may release information from my medical and billing records in accordance with the provisions of the Health Insurance Portability and Accountability Act (HIPAA) and statutory regulations of the Commonwealth of Virginia. My signature below acknowledges that I have received a copy of the lederal Notice of Privacy Practices at or prior to this service

5. Valuables: I have been afforded an opportunity to deposit my (Patient's) valuables and money with the Hospital for a safe keeping and unless deposited, I agree that the Hospital shall not be liable for loss or damage to any such

personal property.

6. Advance Directive: Upon admission to the hospital (adults only), I have received information regarding my right by state law and pursuant to the hospital policy to execute an Advance Directive to refuse life sustaining procedures

under certain circumstances

7. Notice of Deemed Consent for HIV, Hepatitie B & C Blood Testing: The Virginia Code authorizes health care providers to test patients for HIV and Hepatitis B & C when provider or someone employed by/under direction or control of provider is exposed to bodily fluids of the patient in a manner which, according to current guidelines of the Center for Disease Conirol, may transmit HIV or Hepatitis B or C viruses. In the event of such and exposure, I am deemed to have consented to testing and release of results to person(s) exposed.

8. Assignment of Benefits: In consideration of services rendered pursuant to this Consent whether during a single admission or on a continuing basis including and infant(s) born to me during this admission), I agree to pay full charges for their services less any amounts paid by third party payors, and I hereby assign to the Hospital and any Independent Contractors/Providers to the extent necessary to satisfy and outstanding indebtedness, all sums payable to Patient pursuant to any health benefit plan, policy of insurance, (including health, liability, uninsured, under insured, motorist or modical payments insurance) and/or pursuant to any settlement of judgement arising out of or related to any this party source.

9. Medicare Patients: If I (Patient) am a Medicare patient, I request that payment be made on my behalf, and I assign the benefits payable for services furnished to me by Augusta Health Care, Inc., Including physicians services to the physician furnishing trie services to the Hospital, or authorize such physician or the Hospital to submit a claim to Medicare for payment for me. I understand that I am responsible for any deductibles and the applicable percentages of the reasonable charges, I authorize any holder of medical or other information about me (Patient) to release to the Social Security Administration or it's intermediaries or carriers any information needed for this/related

Medicare/Medicaid Claim.

Medicare Inpatient: A copy of Important Message From Medicare has been provided to me.

10. Subsequent Release of Detailed Billing Information: My signature below shall be deemed written authorization for the Hospita) to release to me Itemized and detailed billing Information regarding admission and/or services rendered pursuant to this Consent upon my later request. I further authorize and consent to the Hospital providing to the authorized representative named below, upon their written request, a copy of confidential itemized or datailed billing information of other itemized or detailed information for a period up one year from the date of elanatura

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### AMC Augusta Medical Center PO Box 1000, Fishersyllle, VA 22939 540-932-4000 or 540-332-4000 www.augustamed.com

DOB | AGE 33 ADM/SER 09/17/07

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**Emergency Department Nursing Assessment Note [ED Major]** 

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## AMC Augusta Medical Center FO Box 1000, Fishersville, VA 22939 540-932-4000 or 540-332-4000 www.augustamed.com

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### **Emergency Department Nursing Assessment Note [ED Major]**

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Thom Sep 17, 2007

Page I 7:06 PM

Discharge Instructions from Asher Brand, M.D. Acquista Medical Center Energency Department

**AGE 33** ADM/SER 09/17/07

### EVALUATION AFTER MOTOR VEHICLE COLLISION:

You have experienced potential injury from blunt trauma. Most injuries due to trauma are limited to the soft tissuen (ohin and muscles). Injuries from sant bolts, chouldar harness or hirbags can also occur and are usually limited to bruises, abrasions or superficial skin burns. Host often these injuries are minor compared to the potential injuries sustained by persons who are not restrained by these devises. Even if no severe injuries are diagnosed initially, the possibility of subtle but significant injury should be kept in mind for the next several days. You may expect increased muscle soreness over the next few days and may find areas of injury that are not apparent at this time.

Initial treatment of limited activity, icepacks and clevation of injured areas to decrease pain, bruising and swelling is recommended. Anti-inflammatory medication may also be helpful to decrease pain and inflarmation.

MOTIFY YOUR DOCTOR OF return here in case of the following:

- Increasing pain or pain that is not gradually improving.
- Weakness, fainting or severe dizziness.
- Shortness of broath.
- Vonitica.
- Abdominal or chest pain.
- Severe headache.



### STRAINS:

A strain refers to injury of the muscle fibers. This may be a minor "pulled" muscle that most of us get after doing more than we are used to. Or the injury may be much more serious, involving extensive tearing of a muscle.

Rest of the injured area is the most important part of treatment of strains. Splinting may halp in some cases. Elevation and ice for the first 2-3 days is often very helpful also. How long you need to stay at rest depends on the neverity of the injury and what your work is. For ednor strains, you may be able to continue your normal duties. A good rule of thurb is to not do whatever causes much pain. Anti-inflammatory medications is often used for muscle strains. If this was advised or prescribed for you, take them regularly until you are wall. They are not as effective if taken just when you feel you need them. Pain medications are often prescribed also for more unjor strains.

In is important to carefully and gradually resume activities as confort allows. If you start having increased pain, it may be because of trying to get back to normal too soon. On the other hand, you probably shouldn't wait until the last twinge of discomfort is gone before starting to get active again. Use good judgement to find the right balanca.

NOTIFY YOUR DOCTOR OF return here in case of the following:

- The injured extremity becomes numb, tingly, cold, blue, pale, or weak.
- Increasing swelling.
- Pain is increasing or not gradually improving.
- Any difficulty in moving the fingers or toes.

Disp: # 15 / 0 PX: PLEXERIL 10 KG TABLETS Directions: 1 tid for muscle relaxation

- Prescribed as a muscle relaxant. Should be taken regularly until you are better, and not just when you feel you need it.
- Common side effects dizziness, drowsizess, blurred vision, dry
  - --- Instructions are continued on next page. ---

¶Mon Sep 17, 2007 Page 2 7:06 FM

mouth.

- May also cause gastrointestinal upset - try taking it with antacids, if this occurs.

FK: CLINORIL 200 MG Diop: \$ 10 / 0 Directions: One p.o. SID

FOLLOW OF INSTRUCTIONS: Skyline Internal Medicine

Call Skyline Internal Medicine (213-7899) today or as soon as possible. Let the office know that you were seen in the Emergency Department at Augusta Medical Center and that you were told to call the office to arrange a follow-up visit.

Skyline Internal Medicine 57 Mosth Medical Park Circle, Suite 109, Pishersville





H. FACESHT

## AMC Augusta Medical Center PO Box 1000, Fishersville, VA 22939 540-932-4000 or 540-332-4000 www.augustamed.com

DC8 AGE 33 SEX F ADN/SER 09/17/07

### **Face Sheet**

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Rev 03/07

AMC
Augusta Medical Center
PO Box 1600, Fishersville, VA 22939
540-932-4000 or 540-332-4000
www.augustamed.com



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A.CONTREA

## Augusta Medical Center PO Box 1000, Fisheraville, VA 22939 540-932-4000 or 540-932-4000 www.augustamed.com

DOB ACTE 33 SEX Y
ALM/SER 09/17/07

### Consent To Admission and / or Treatment

- 1. Consent: I voluntarily consent to treatment by Augusta Health Care, Inc. ( "Hospital"), its agents, employees, and contractors as deemed necessary by my attending physician(s) or his/her consultants, associates or designees, including but not limited to x-rays, laboratory tests, anesthesia, medical or surgical procedures, nursing care and other hospital inpatient or outpatient services. I recognize that physicians and others rendering such services may not be employees of the hospital, but are independent contractors.
- 2. No guaranty or warranty: The practice of medicine and surgery is not an exact science. Diagnosis and treatment may involve risk, including injury or death. I acknowledge that no guarantees or warranties have been made regarding results of any examination or treatment.
- 3. Use of Specimens, etc.: Hospital may retain, photograph, preserve and/or use for scientific or teaching purposes, or dispose of in it's discretion and specimens or tissues taken from me (Patient) during this hospitalization and/or treatment.
- 4. Release of Health Information / Notice of Privacy Practices: 1 understand that the Hospital may release information from my medical and billing records in accordance with the provisions of the Health Insurance Portability and Accountability Act (HIPAA) and statutory regulations of the Commonwealth of Virginia. My signature below acknowledges that I have received a copy of the federal Notice of Privacy Practices at or prior to this service encounter.
- 5. Valuables: I have been afforded an opportunity to deposit my (Patient's) valuables and money with the Hospital for a safe keeping and unless deposited, I agree that the Hospital shall not be liable for loss or damage to any such personal property.
- Advance Directive: Upon admission to the hospital (adults only), I have received information regarding my right
  by state law and pursuant to the hospital policy to execute an Advance Directive to refuse life sustaining procedures
  under certain circumstances.
- 7. Notice of Deemed Consent for HIV, Hepatitis B & C Blood Teating: The Virginia Code authorizes health care providers to test patients for HIV and Hepatitis B & C when provider or someone employed by/under direction or control of provider is exposed to bodily fluids of the patient in a manner which, according to current guidelines of the Center for Disease Control, may transmit HIV or Hepatitis B or C viruses. In the event of such and exposure, I am deemed to have consented to testing and release of results to person(s) exposed.
- 8. Assignment of Benefits: In consideration of services rendered pursuant to this Consent whether during a single admission or on a continuing basis including and infant(s) born to me during this admission), I agree to pay full charges for their services less any amounts paid by third party payors, and I hereby assign to the Hospital and any Independent Contractors/Providers to the extent necessary to satisfy and outstanding indebtedness, all sums payable to Patient pursuant to any health benefit plan, policy of insurance, (including health, liability, uninsured, under insured, motorist or medical payments insurance) and/or pursuant to any settlement of judgement arising out of or related to any this party source.
- 9. Medicare Patients: If I (Patient) am a Medicare patient, I request that payment be made on my behalf, and I assign the benefits payable for services furnished to me by Augusta Health Care, Inc., including physicians services to the physician furnishing the services to the Hospital, or authorize such physician or the Hospital to submit a claim to Medicare for payment for me. I understand that I am responsible for any deductibles and the applicable percentages of the reasonable charges. I authorize any holder of medical or other information about me (Patient) to release to the Social Security Administration or it's intermediaries or carriers any information needed for this/related Medicare/Medicald Claim.

Medicare Inpatient: A copy of Important Message From Medicare has been provided to me.

10. Subsequent Release of Detailed Billing Information: My signature below shall be deemed written authorization for the Hospilal to release to me itemized and detailed billing information regarding admission and/or services rendered pursuant to this Consent upon my later request. I further authorize and consent to the Hospital providing to the authorized representative named below, upon their written request, a copy of confidential itemized or detailed billing information or other itemized or detailed information for a period up one year from the date of signature.

signature. Name of Authorized Representative		Relatjonship	
I have read this consent and been given the o	opportunity to ask	questions and I accept it's ten	ns: , / /
	,	La Ducha	1001 9/17/07
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Tue Sep 11, 2007 Page 1

Discharge Instructions from Sally Tacker, M.D. Augusta Medical Center Emergency Department

## DOB AGE 33 BET P ACK OSK VY/11/07

### MINOR HEAD INJUNY:

You appear to have a minor head injury or contusion of the head. Based on your description of symptoms, your examination, and any tests which may have been done, hospitalization is not necessary at this time. Treatment will usually consist of ice to any swellen areas, rest and pain medication as needed. You should not take sedatives, narcotic pain medications or alcohol. A light dist is recommended for 1-2 days. Avoid stremmous work and play for the next 24 hours.

The risk of a worse condition is low, but a responsible person should stay with you so that you can be observed for any complications of head injury. Awakening the injured patient every 4 hours during the first 24 hours after head injury is advised to ensure normal mental status. You should be rechecked promptly if you develop any of the following symptoms or other symptoms which cause you concern:

- Savera or worsening headache.
- Difficulty in awakening the head injured patient.
- Repeated vomiting.
- Fainting or severe dizzinens.
- Prolonged or high fever.
- Change in mental status too sleepy, confused, short of breath, more irritable or fussy, slurred speech, difficulty walking.
  - The presence of a clear or bloody drainage from the nose or ear.

### BACK PAIN:

The cause of your back pain is most likely due to a strain of the nuscles or sprain of the ligaments that support your spine. The pain does not appear at this point to be caused by a reptured disk or pressure on the sciatic nerve (sciatica). Many people have persistent or recurrent low back pain and need to take steps to prevent it. X-rays are often not indicated in evaluating back pain, unless there are complications, the pain is persistent, or there is a history of trauma. Plain x-rays will not show any abmormality in the muscles and ligaments.

If your back pain is mild, you may be able to perform routine tasks which do not involve any heavy lifting or bending. Gradually increasing activity to tolerance is important for a more rapid recovery. However, with moderate to severe back pain, you should limit activity for the next few days, gradually incresing activity to tolerance as the back disconfort improves. You should avoid any stremmous activity until the pain has resolved or you have been cleared by your doctor to resume your normal activities. Avoid any bending or lifting until your symptoms are completely better. When you have recovered, be sure to lift preparly by hending your knoes (not your back) and using your leg muscles to do the lifting. Anti-inflammatory and analgesic drugs are often prescribed. Skeletal muscle relaxants may be helpful also. Use ice or heat to your back several times daily for 30-40 minutes each time. Ice is probably better for acute injuries, but use whichever gives you greater comfort. An "ice slush" can be made by freezing a mixture of 1 cup water with 1/2 cup plain rubbing alcohol in a siplock bag. Do not apply the beg directly to the skin, but first wrep it in a small towel moistened with water. After this episode of back pain is over, exercises to strengthen your back muscles and increase flexibility in your back and legs can be very helpful in preventing injuries in the future. Talk to your doctor about this or you can be referred to a physical therapiot.

NOTIPY YOUR DOCTOR or return here in case of the following:

- Progressive symptoms of sciatica (pain, weakness or numbness in one or both legs).
- Back pain is worsening or is not improved within 4-5 days.
- Abdominal pain or change in the location of pain.
- Difficulty with unination or howel ocvenents.

--- Instructions are continued on next page. ---



H. EDDCIMST

#### NECK INJURY:

There are many different causes for neck pain, which is a very common problem. A "whiplash" injury is a sprain of the cervical (neck) ligaments occurring from extreme flexion or hyperextension of the neck. We see this commonly after motor vehicle accidents, but it is also frequent in falls and sports injuries. The pain and stiffness may not develop until several hours or days after the injury occurs. Muscle strains of the neck may occur with or without injury. Sometimes, there is only the history of turning the head or waking up with pain. There may be muscle spasm, causing the head to be held in an almormal position. Movement of the head or neck increases the pain. The evaluation of neck pain often includes x-rays to look for a neck fracture or other bony abnormality. Numbress or weakness may indicate nerve or spinal cord injury.

Resting the neck is very important in the treatment of acute neck pain. This means lying down or reclining so that the neck is not doing any work of holding the head up. A cervical collar is sometimes used to help support the head when the person is up - but this is not a good substitute for true neck rest. Pain medicine, muscle relaxants, and anti-inflammatory drugs are often used as well. Ice panks initially, followed by heat after 2-3 days are often very helpful. Other physical therapy may be indicated, especially if symptoms do not gradually improve after several days. Neck sprains may take weeks to heal completely. You will need follow-up with your doctor if you are not gradually getting well.

NOTIFY YOUR DOCTOR OF return here in case of the following:

- Permistent or increasing pain.
- Munimess or weakness.
- Prolonged or high faver.
- Severe or wornening headache.
- Change in mental status too sleepy, confessed, short of breath, invitable, slurred speech, difficulty walking.

### MEATO OTC INSTRUCTIONS:

You have been found to have pain related to an inflammatory condition. Many of the anti-inflammatory drugs which we prescribe can be obtained 'over the counter' without a prescription and may be cheaper than most prescription drugs. All anti-inflammatory pain redications can cause stomach upset and should be taken with food. You should avoid these nedications if you are taking steroids (e.g. predmische), aspirin, or other nonsteroidal anti-inflammatory drugs (MSALDs). Persons with blutory of ulcer disease should use these redications with caution.

The following anti-inflammatory pain medications can now be purchased without a prescription:

- Ibuprofer 200 mg (Motrin-IB, Advil, Maprin, etc): Adults may take up to 600-800 mg (3-4 tablets) every 6 hours for pain.
- Ketoprofen 25 mg (Orudis KT, etc): Adults may take up to 50-75 mg (2-3 tableto) every 8 hours for pain.
- Maproxen 220 mg (Aleve, etc): Adults may take up to 440-550 mg (2-3 tablets) every 12 hours for pain.

### OTHER DISTRUCTIONS:

follow up with dr. lenker or other augusta affiliated dr.

REFERRAL: AMC Affiliated Groups - Augusta Family Practice Augusta Family Practice Across street from AMC, Pishersville Office phone: 332 or 932-5666

REFERRAL: AMC Affiliated Groups - North Augusta Family Practice

--- Instructions are continued on next page. ---

North Augusta Family Practice 1 Green Hills Drive, Verona Office phome: 248-8110

REFERRAL: AMC Affiliated Groups - Shenandoah Internal Medicine Shenandoah Internal Medicine 907 Goosecreek Rd. Suite AG3, Fishersville Office phone: 213-8800

REFERRAL: ANC Affiliated Groups - Exyline Internal Nedicine Skyline Internal Medicins 57 North Medical Park Circle, Suite 109, Plahersville Office phone: 213-7899

You are being referred to the doctor or office listed above. Call to arrange a follow-up visit and let them know that you were referred from the Emergency Department.

FOLLOW UP INSTRUCTIONS: Lean Lenker, M.D.

Call Lecn Lenker, M.D. (885-3525) today or as soon as possible. Let the office know that you were seen in the Emergency Department of Augusta Medical Cemter and that you were told to call the office to arrange a follow-up visit.

Leon Lonker, M.D. Carilion Family Medicine Staumton Medical Center, Suite 522 40 Lambert Street, Staumton

### MEAID OFC THETEUCKIONS:

You have been found to have pain related to an inflammatory condition. Many of the anti-inflammatory drugs which we prescribe can be obtained "over the counter" without a prescription and may be cheaper than most prescription drugs. All anti-inflammatory pain medications can cause stomach upset and should be taken with food. You should avoid these medications if you are taking steroids (e.g. prednisons), aspirin, or other nonsteroidal anti-inflammatory drugs (NSAIDs). Persons with history of ulcer disease should use these redications with caution.

The following anti-inflammatory pain medications can now be purchased without a prescription:

- Ikuprofem 200 mg (Motrin-IB, Advil, Mugrin, etc): Adulto may take up to 600-800 mg (3-4 tablets) every 6 hours for pain.
- Metoprofem 25 mg (Orudis NT, etc): Adults may take up to 50-75 mg (2-3 tablats) every 8 hours for pain.
- Naproxen 220 mg (Aleve, etc): Adults may take up to 440-660 mg (2-3 tablets) every 12 hours for pain.

RX: VICCDIN (5/500) Disp: # 10 / 0
Directions: Take 1 or 2 every 4-6 hr prn pain
maximum of 8 per day

- Narcotic usually used for reliaf of pain or cough.
- Causes drowniness.
- Narcotics are habit-forming. They should not be used on a regular basis, and you should not increase the desage without your doctor's advice.
- Other common side effects gestrointestinal upset, constipation, dissinces, allergic symptoms of rash, itching or breathing difficulty.

<sup>---</sup> Instructions are continued on next page. ----

If you have been referred to a physician other than your primary care provider (PCP), you should contact your PCF to approve this referral and to ensure that the referral is covered by your insurance company.

If your injury or illness is work related, you may have received a work release for temporary disability from your employer. The emergency department provides only emergent treatment and scute care recommendations. We are unable to provide ongoing reassessment nor can we accurately predict the duration of your work restrictions and/or disability. For this reason, completion of Disability Insurance forms, FIMA forms, or other similar forms is NOT the responsibility of the emergency department physician. You should see your personal physician or company doctor for recheck and completion of these forms in a timely fashion.

If you have more questions or problems with your medical condition or the treatment, see your doctor or call us at (540) 332-4444 or 932-4444.

My signature indicates that I understand, and have received a copy of, the above instructions.



H.EDMURNOT

## AMC Augusta Medical Center PO Box 1000, Fishersville, VA 22939 540-932-4000 or 540-332-4000 www.augustamed.com

DOB AGE 33 SEX F
AMM/SER 09/11/07

AGE 33 SEX F
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## AMC Augusta Medical Center PO Box 1000, Fishersville, VA 22939 540-932-4000 or 540-332-4000 www.augustamed.com

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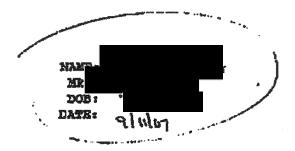
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ADJUSTA MEDICAL CENTER
DEPARTMENT OF RADIOLOGY
78 MEDICAL CENTER DELYE
FISHERSVILLE, VIRGINIA 22939



#### PENALE PATIENT INQUIRY FOR RADIOLOGY PROCEDURES

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I, [	anam	not .X . pregnant.
I am or am not _	X breast-feeding.	
Date of last period:	Buenes Ago. A	14,25th, 2007
My signature below sign accurate to the best of	ities that the informa my knowledge.	tion provided above is
	Fatient or Guard	9/11/07 Date
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H. FACESHIT

## AMC Augusta Medical Center PO Box 1000, Fishersville, VA 22939 540-932-4000 or 540-332-4000 www.augustamed.com

## AGE 33 SEX P ADM/SER 09/11/07

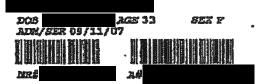
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H.EDPATREC

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#### **Emergency Department Patient Record**

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## AMC Augusta Medical Center PO Box 1000, Fishersville, VA 22939 540-932-4000 or 540-332-4000 www.augustamed.com

### DCB AGE 33 ADM/SER 09/11/07 SEX T PIRÍ

**Emergency Department Nursing Continuation Sheet** 

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A.CONTREA

## AMC Augusta Medical Center PO Box 1000, Flahersyllle, VA 22939 540-932-4000 or 540-332-4000 www.augustamed.com

Consent To Admission and / or Treatment

1. Consent: I voluntarily consent to treatment by Augusta Health Care, Inc. ("Hospital"), its agents, employees, and contractors as deemed necessary by my attending physician(e) or his/her consultants, associates or designees, including but not limited to x-rays, laboratory tests, anesthesia, medical or surgical procedures, nursing care and other hospital inpatient or outpatient services. I recognize that physicians and others rendering such services may not be employees of the hospital, but are independent contractors.

2. No guaranty or warranty: The practice of medicine and surgery is not an exact science. Diagnosis and treatment may involve risk, including injury or death. I acknowledge that no guarantees or warrantics have been made

regarding results of any examination or treatment.

3. Use of Specimens, etc.: Hospital may retain, pholograph, preserve and/or use for scientific or teaching purposes, or dispose of in it's discretion and specimens or lissues taken from me (Patient) during this hospitalization

and/or treatment.

4. Release of Health Information / Notice of Privacy Practices: I understand that the Hospital may release information from my medical and billing records in accordance with the provisions of the Health Insurance Portability and Accountability Act (HIPAA) and statutory regulations of the Commonwealth of Virginia. My signature below acknowledges that I have received a copy of the federal Notice of Privacy Practices at or prior to this service encounter.

5. Valuables: I have been afforded an opportunity to deposit my (Patient's) valuables and money with the Hospital for a safe keeping and unless deposited, I agree that the Hospital shall not be liable for loss or damage to any such

personal property

6. Advance Directive: Upon admission to the hospital (adults only), I have received information regarding my right by state law and pursuant to the hospital policy to execute an Advance Directive to refuse life sustaining procedures

under certain circumstances.

7. Notice of Deemed Consent for HIV, Hepatitis B & C Blood Testing: The Virginia Code authorizes health care providers to test patients for HIV and Hepatitis B & C when provider or someone employed by/under direction or control of provider is exposed to bodily fluids of the patient in a manner which, according to current guidelines of the Center for Disease Control, may transmit HIV or Hepatitis B or C viruses. In the event of such and exposure, I am deemed to have consented to testing and release of results to person(s) exposed.

8. Assignment of Benefits: In consideration of services rendered pursuant to this Consent whether during a single admission or on a continuing basis including and intent(s) born to me during this admission), I agree to pay full charges for their services less any amounts paid by third party payors, and I hereby assign to the Hospital and any independent Contractors/Providers to the extent necessary to satisfy and outstanding indebtedness, all sums payable to Patient pursuant to any health benefit plan, policy of insurance, (including health, liability, uninsured, under insured, motorist or medical payments insurance) and/or pursuant to any settlement of judgement arising out

of or related to any this party source.

9. Medicare Patients: If I (Pallent) am a Medicare patient, I request that payment be made on my behalf, and I assign the benefits payable for services furnished to me by Augusta Health Care, Inc., including physicians services to the physician furnishing the services to the Hospital, or authorize such physician or the Hospital to submit a claim to Medicare for payment for me. I understand that I am responsible for any deductibles and the applicable percentages of the reasonable charges. I authorize any holder of medical or other information about me (Patient) to release to the Social Security Administration or it's intermediaries or carriers any Information needed for this/related Medicare/Medicaid Claim.

Medicare Inpatient: A copy of Important Message From Medicare has been provided to mo.

10. Subsequent Release of Detailed Billing Information: My signature below shall be deemed written authorization for the Hospital to release to me Itemized and detailed billing information regarding admission and/or services rendered pursuant to this Consent upon my later request. I further authorize and consent to the Hospital providing to the authorized representative named below, upon their written request, a copy of confidential itemized or detailed billing information or other itemized or detailed information for a period up one year from the date of signature.

skinalum			a series manifolds de la
signature. Name of Authorized Representative	•	Relationship	
I have read this consent and been given the	opportunity to ask ques	tions and I accept it's terms:	
		MARKEN	19/11/07
Signature of Patterningsponsible Party	Relationship	Witness	'Ne/a

# Revised 2/2004 DRS DRS

#### COMMONWEALTH OF VIRGINIA

### Virginia Central Registry for

Brain Injury & Spinal Cord Injury

Section 51.5-11 of the Code of Virginia mandates that the Department (of Rehabilitative Services)...

establish and maintain a central registry of persons who sustain spinal cord injury... and brain injury.

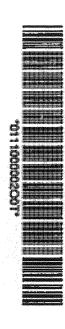
Every hospital...shall report to the Department... any person sustaining brain injury and... spinal cord injury.

PLEASE PRINT CLEARLY AND LEGIBLY!

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· 5.	INITIAL CONDITIO	N OF PATIENT (	heck all	that apply)	•
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*	If yes, how long?	Less than 1 hour Unknown	****	Over 1 hour, less than 24	
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#### 000002

ATTN: TIFFINI HAILS
ESIS GM CENTRAL CLAIMS
MAIL CODE 482 C19B561
PO BOX 300
DETROIT MI 48265-3000



#### **ATTENTION**

Confidential information enclosed. To be viewed by authorized persons only.

If you have questions regarding any information you have requested, please call the phone number on the enclosed invoice

Health Information is reproduced by HealthPort, a health information outsourcing service. Your healthcare facility contracts with HealthPort to process authorized copies of medical records.

Reproductions are made from the medical facility's original records. The confidentiality of these records is protected by federal and state laws and regulations, including the Health Insurance Portability and Accountability Act (HIPAA).

If you requested items that are not maintained in the medical record, your request for those items was forwarded to the appropriate department and will be sent under separate cover. Likewise, information that you asked to have delivered to another address is sent separately.

This package may or may not contain medical records, depending on what was requested and how it was processed.



ESIS/GM Central Claims Unit P.O. Box 300 Mail Code 482 C19 B61 Detroit, MI 48265-3000 800.888.0164 rel 313.665.0911 fax

Tiffini Halls Chins Administrator

May 22, 2008

Dr. Guire

Augusta Pain Management Center

Attention: Medical Records Department

70 Medical Center Circle, Suite 305

Fisherville, VA 22939

RE:

Our File No.:

Our Client:

Patient Name:

Date/Event:

Date of Birth:

JUN 0 2 MET

1

RECEIVED
JUN 27 2008
ESIS-GM CLAIMS UNIT

General Motors Corporation

ESIS-GM C
September 7, 2007

Dear Dr. Guire:

ESIS is the third party administrator handling claims on behalf of General Motors Corporation.

Please provide me with a complete copy of

medical records and medical bills for the

above incident.

Enclosed please find the Authorization for Use and/or Disclosure of Confidential Medical Information form for your file. If there is a copying charge for these records, please forward the records along with your invoice and your Tax Identification Number.

Thank you for your cooperation.

Claims Administrator

Enclosure

AUGUSTA PAIN MANAGEMENT CENTER

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#### **Emergency Department Dictation**

Patient:	Acct #: Status: DEP ER	Loc: ED1
MR#:	Age/Sex: 33/F DOB;	Adm Phys: Sally I Tucker Dict Phys: Tucker, Sally I
Report #: 0913-0357	Admit Date: 09/11/07	Discharge Date: 09/11/07

#### Status of this Report is Signed Please note that Reports in Draft Status are not Final Reports

#### \*\*\* Report is final after physician e-signature \*\*\*

CHIEF COMPLAINT: Evaluation of injuries from an MVA.

HISTORY OF PRESENT ILLNESS: This is a 33-year-old white female that was the seatbelted driver in an MVA which occurred on September 7, 2007. She said she was in her car and she has been having some problems with it. When she went to turn at a gas station, it did not turn and she went straight ahead, running into the big metal protecting object that protects the pump. She says the car is not drivable. She hit her head on the top of the car above the windshield. She had no loss of consciousness. She said she had neck pain right away and it hurts in her neck to swallow. She says that radiates all the way down to her back. She has been having muscle spasms in her brain and she says she cannot move from her waist down after sitting straight up in class. She says she massages her back and then she is able to get up and move. She said she has had this numbness off and on over the last 4 years. She says today when she walked to school her head was spinning and she felt a little nauseous. She had no vomiting.

PAST MEDICAL HISTORY: Old record reviewed and positive for chronic neck and back pain since 1997 secondary to an MVA. She says she has a history of asthma. She has IBS and it has been questioned whether she has anorexia nervosa. She says she has a history of low blood sugar and she has had a right pneumothorax secondary to trigger point injection, and she says she has short-term and long-term memory loss. FAMILY HISTORY: Positive for diabetes, cancer, and her mother has lung problems and

SOCIAL HISTORY: The patient is a nonsmoker, nondrinker.

VITAL SIGNS: Blood pressure 97/69, pulse 71, respirations 18, her temp is 35.6, pulse ox is 97% on room air which is normal per my interpretation.

GENERAL: She is a well-developed, thin white female in no acute distress.

PSYCH: Normal affect.

SKIN: No rashes. She has no abrasions.

HEENT: Normocephalic, atraumatic.

NECK: Tender. There is no step-off. She has no adenopathy.

HEART: Regular rate and rhythm without murmur.

LUNGS: Clear to auscultation bilaterally.

ABDOMEN: Positive bowel sounds, soft, and nontender. No masses or organomegaly.

GU: Negative for CVA tenderness.

MUSCULOSKELETAL: The patient has tenderness from the neck all the way down to her

lumbar region. She has no bony deformities.

NEURO: She is alert and oriented. Her strength is 4/5 in the left grip and left lower

**Emergency Department Dictation** Page 1 of 1

Signed 09/14/07 0806

Patient:	Acct #:	
Unit#:	Report #: 0913-0357	

extremity, 5/5 in the right lower extremity and right upper extremity. The patient is somewhat inconsistent with her strength though on testing.

HOSPITAL COURSE: The patient had a head CT and a C-spine CT which were both negative. Trauma T-spine was negative per my interpretation. A trauma LS-spine was negative per my interpretation. They are both negative for fracture. Patient was given Motrin p.o. and Vicodin to go. The patient has had these symptoms intermittently for 4 years now and I do not think they were caused by the accident that she had on September 7. 2007. She did hit her head but she shows no evidence of intracranial abnormality, and I would ask her to follow up with either Dr. Lenker as the Mary Baldwin College doctor or one of the Augusta affiliated doctors for followup. The patient lives in West Virginia but says she does not want to see any doctors in West Virginia. She travels to this area to attend Mary Baldwin College.

- DISCHARGE DIAGNOSES
- 1. ACUTE EVALUATION STATUS POST MOTOR VEHICLE ACCIDENT.
- 2. MINOR HEAD INJURY.

DISPOSITION: Patient was discharged to home. She is given a prescription for Vicodin #10, instructed to use over-the-counter NSAIDs.

TUCS/Proscript

D: 9/11/2007 8:50:00 PM EST

T: 9/12/2007 3:20:03 PM EST

J: 88-880072727

cc: Leon Lenker. MD - faxed

Electronically Signed/Signature on File: Sally I Tucker
Date/Time Signed: 09/14/07 0806

#### **Emergency Department Dictation**

Patient:	Acct #:	Loc: ED1
	Status: DEP ER	
MR#	Age/Sex: 33/F	Adm Phys: Sally I Tucker
8 5 5 5 W 90 4	DOB;	Dict Phys: Tucker, Sally
Report #: 0912-0291	Admit Date: 09/11/07	Discharge Date: 09/11/07

Status of this Report is Signed Please note that Reports in Draft Status are not Final Reports

#### \*\*\* Report is final after physician e-signature \*\*\*

CHIEF COMPLAINT: Evaluation of injuries from an MVA. HISTORY OF PRESENT ILLNESS: This is a 33-year-old white female that was the seatbelted driver in an MVA which occurred on September 7, 2007. She said she was in her car and she has been having some problems with it. When she went to turn at a gas station, it did not turn and she went straight ahead, running into the big metal protecting object that protects the pump. She says the car is not drivable. She hit her head on the top of the car above the windshield. She had no loss of consciousness. She said she had neck pain right away and it hurts in her neck to swallow. She says that radiates all the way down to her back. She has been having muscle spasms in her brain and she says she cannot move from her waist down after sitting straight up in class. She says she massages her back and then she is able to get up and move. She said she has had this numbness off and on over the last 4 years. She says today when she walked to school her head was spinning and she felt a little nauseous. She had no vomiting.

PAST MEDICAL HISTORY: Old record reviewed and positive for chronic neck and back pain since 1997 secondary to an MVA. She says she has a history of asthma. She has IBS and it has been questioned whether she has anorexia nervosa. She says she has a history of low blood sugar and she has had a right pneumothorax secondary to trigger point injection, and she says she has short-term and long-term memory loss. FAMILY HISTORY: Positive for diabetes, cancer, and her mother has lung problems and

SOCIAL HISTORY: The patient is a nonsmoker, nondrinker.

VITAL SIGNS: Blood pressure 97/69, pulse 71, respirations 18, her temp is 35.6, pulse ox is 97% on room air which is normal per my interpretation.

GENERAL: She is a well-developed, thin white female in no acute distress.

PSYCH: Normal affect.

SKIN: No rashes. She has no abrasions.

HEENT: Normocephalic, atraumatic.

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HEART: Regular rate and rhythm without murmur.

LUNGS: Clear to auscultation bilaterally.

ABDOMEN: Positive bowel sounds, soft, and nontender. No masses or organomegaly.

GU: Negative for CVA tenderness.

MUSCULOSKELETAL: The patient has tenderness from the neck all the way down to her

lumbar region. She has no bony deformities.

NEURO: She is alert and oriented. Her strength is 4/5 in the left grip and left lower

**Emergency Department Dictation** Page 1 of 1

Signed 09/13/07 0640

	Acct #:
Patient:	AUGUR.
	- LB 44- 0048 0004
Unit#:	Report #: 0912-0291
I Walle Wa	

extremity, 5/5 in the right lower extremity and right upper extremity. The patient is somewhat inconsistent with her strength though on testing.

HOSPITAL COURSE: The patient had a head CT and a C-spine CT which were both negative. Trauma T-spine was negative per my interpretation. A trauma LS-spine was negative per my interpretation. They are both negative for fracture. Patient was given Motrin p.o. and Vicodin to go. The patient has had these symptoms intermittently for 4 years now and I do not think they were caused by the accident that she had on September 7, 2007. She did hit her head but she shows no evidence of intracranial abnormality, and I would ask her to follow up with either Dr. Lenker as the Mary Baldwin College doctor or one of the Augusta affiliated doctors for followup. The patient lives in West Virginia but says she does not want to see any doctors in West Virginia. She travels to this area to attend Mary Baldwin College.

DISCHARGE DIAGNOSES

- 1. ACUTE EVALUATION STATUS POST MOTOR VEHICLE ACCIDENT.
- 2. MINOR HEAD INJURY.
  DISPOSITION: Patient was discharged to home. She is given a prescription for Vicodin #10, instructed to use over-the-counter NSAIDs.

TUCS/ProScript

- D: 9/11/2007 8:50:00 PM EST
- T: 9/12/2007 3:20:03 PM EST
- J: 88-880072727
- co Leon Lenker, MD faxed

Electronically Signed/Signature on File: Sally i Tucker
Date/Time Signed: 09/13/07 0640

Augusta Medical Center 78 Medical Center Drive Fishersville, VA 22939 Department of Radiology (540) 332-4400 (540) 932-4400

Patient:	Acct #: DEP ER	MR #:
Tech: SSH.JWN	Age/Sex: 33F	Loc: ED1
Report #: 0912-0156	Phys: Sally I Tucker	Pat phone #:
Transcriptionist: deh	Dict Date: 09/11/07 1751	Trans Date: 09/12/07 1115

Date of Service: 09/11/07

Exam(s): 0911-0068 CT/CT \* Head w/o Contrast; 0911-0069 CT/CT \* Cervical w/o Contrast

DOB: Dictating Radiologist: Shashank Parekh

Diagnosis: HEAD AND NECK PAIN FROM MVC

Reason for Exam: R/O BLEED

#### \*HEAD CT 9/11/07

There are no intra-axial or extra-axial lesions demonstrated. There is no evidence of hemorrhage or hydrocephalus. No midline shift or mass effect is identified. The visualized paranasal sinuses are clear.

#### IMPRESSION:

Negative examination.

#### UNENHANCED AXIAL CT OF THE CERVICAL SPINE WITH MULTIPLANAR REFORMATION

Alignment is normal. There is no significant disc space narrowing or vertebral compression. No bony fracture is seen. Atlantoaxial distance is normal. No definite intraspinal abnormality is seen.

IMPRESSION: Negative examination.

Dictated by Shashank Parekh, MD

Reported by: Shashank Parekh, M.D. Signed by: PARS <<Signature on File>>

Date/Time signed: 09/12/07 1659

C: No Family Doc for this Patient; Sally I Tucker

RADIOLOGY REPORT

Signed

Page 1 of 1

Augusta Medical Center 78 Medical Center Drive Fishersville, VA 22939 Department of Radiology (540) 332-4400 (540) 932-4400

	and the second s	
Patient:	Acct #:	MR#:
6 and as an a a and	Status: DEP ER	
Tech: RAD.ATS	Age/Sex: 33F	Loc: ED1
Report #: 0912-0446	Phys: Sally I Tucker	Pat phone #:
Transcriptionist: mep	Dict Date: 09/12/07 1048	Trans Date: 09/12/07 1826
I I [ BI   SUI   DU UU U U U U U U U U U U U U U U U U		

Date of Service: 09/11/07

Exam(s): 0911-0055 XED/XED Thoracic Spine Trauma; 0911-0056 XED/XED

Lumbosacral Spine Trauma

DOB: Dictating Radiologist: Matthew P Shapiro MD

Diagnosis: HEAD AND NECK PAIN FROM MVC Reason for Exam: MVC MAJ3

\*LUMBOSACRAL SPINE:

09/12/07

INDICATION:

Back pain. Trauma from motor vehicle collision.

Five views of the lumbar spine demonstrate lumbar vertebrae to be intact with normal alignment. Disc spaces appear preserved.

IMPRESSION:

Negative.

\*THORACIC SPINE:

09/12/07

INDICATION:

Back pain. Injury from motor vehicle collision.

AP and lateral views of the thoracic spine demonstrate thoracic vertebrae to be intact with normal alignment.

IMPRESSION:

Negative.

Dictated by Matthew Shapiro, MD

Reported by: Matthew P Shapiro MD, M.D. Signed by: SHAMP <<Signature on File>>

RADIOLOGY REPORT

Signed

Page 1 of 1

		1
Dellant	Acet #:	9
Canali		1
Unit #:	Report #: 0912-0446	1
1 4/1916 S7- Harris Har		_

Date/Time signed: 09/13/07 1002

C: No Family Doc for this Patient; Sally ! Tucker

Augusta Medical Center 78 Medical Center Drive Fishersville, VA 22939 Department of Radiology (540) 332-4400 (540) 932-4400

Patient:	Acct #: DEP ER	MR#:
Tech: RAD.PJE	Age/Sex: 33F	Loc: ED1
Report #: 0918-0249	Phys: Asher Brand MD	Pat phone #: (304)478-3102
Transcriptionist: law	Dict Date: 09/18/07 0915	Trans Date: 09/18/07 1629

Date of Service: 09/17/07

Exam(s): 0917-0053 XED/XED \* Nasal Bones

DOB: Dictating Radiologist: Shashank Parekh

Diagnosis: HEADACHE, NECK PAIN AND EPISTAXIS

Reason for Exam: INJURY

NASAL BONES: 09/17/07

Three images.

No displaced fracture is seen. Orbital rims appear intact. There is no fluid in the sinuses. There is questionable soft tissue swelling over the left face.

IMPRESSION:

No evidence of fracture.

Dictated by Shashank Parekh, MD

Reported by: Shashank Parekh , M.D.
Signed by: PARS <<Signature on File>>

Date/Time signed: 09/19/07 0841

C: Asher Brand, MD; No Family Doc for this Patient

Signed

RADIOLOGY REPORT

#### **AUGUSTA PAIN MANAGEMENT CENTER**

Medical Office Building, Suite 305 70 Medical Center Circle Fishersville, Virginia 22939 Telephone (540) 932-5747 (540) 332-5747 Victor C. Lee, M.D. Darlinda Grice, M.D. D. Preston Grice, M.D. Mary Luebben, FNP Holly Robedeau, Psy. D

PATIENT NAME:
DOB:
AMC #:

Status of report is Signed

\*\*Report is final only after physician signature\*\*

**DATE OF SERVICE: 05/19/2008** 

REFERRING PHYSICIAN: Michael Plautz, MD

CHIEF COMPLAINT: Neck, shoulder and headache pain. The patient is also complaining of diffuse back and spine pain.

HISTORY OF PRESENT ILLNESS/INTERIM HISTORY: The patient was last seen in clinic by me on February 5, 2008. Since that time the patient has had MRI of the lumbosacral spine. This essentially revealed no abnormalities whatsoever. She was also seen by a local rheumatologist. She returns to the clinic today stating that "I got knots in my head." She says she is having diffuse raised lesions on her head that are painful. She also says that she is having pain in her neck and spots on her neck that "fill up with fluid." She says she can actually feel the fluid in her neck. She also notes that when she pushes on her spinous process at approximately the C7-T1 level, this makes pain radiate all the way down her spine and into her talibone. She complains of numbness and tingling in the arms and hands. She says that when she lies on her back her arms go numb and when she lies on her belly her legs go numb. She denies any bowel or bladder incontinence. She continues on her Zanaflex. She says this helps her to sleep, but only gives her about 1 hour per night.

ALLERGIES/ADVERSE DRUG REACTIONS: Local anesthetics, penicillin, sulfa, valproic acid, Zonegran, fentanyl TTS, tramadol.

**MEDICATIONS:** Zanaflex.

REVIEW OF SYSTEMS: The patient is complaining of diffuse neck, shoulder and head pain as per HPI. She is also complaining of some shortness of breath, which is associated with the heat, as well as diarrhea and swelling into her hands and fingers. She denies any chest pain, nausea or vomiting, constipation or bowel or bladder incontinence.

#### PHYSICAL EXAMINATION

VITAL SIGNS: Pulse 76, blood pressure 126/82.

GENERAL: Well-developed, well-nourished, extremely thin white female who is awake, alert and oriented and in no acute distress. She has a flat affect; however, at times appears to have pressured speech with notable lack of intonation. She at times appear to be slightly tangential.

HEENT: Normocephalic, atraumatic. There is some slight tendemess to palpation into the right occipital region. There are no overt palpable masses on the cranium or scalp. The area that the patient says there is a mass is an area of tendemess just above the frontalis bone about 1/4 of the way up the skull. She questions whether or not I could feel the mass. I feel no other masses on the skull. There are multiple plercings throughout the face to include the ears, nose and lip.

NECK: Supple without lymphadenopathy. Cervical range of motion is within functional limits. I do not

detect any "fluid" on the patient's neck. There is no swelling or lymphadenopathy. There is some slight tightness and tenderness into the cervical paraspinal musculature and trapezia bilaterally.

BACK/SPINE: There is diffuse tenderness throughout the lumbosacral spine, which goes all the way up the thoracic spine.

EXTREMITIES: Upper and lower limbs without swelling or edema.

NEUROLOGIC/MENTAL STATUS: Awake, alert and oriented, fluent speech, follows commands. Strength - 5/5 throughout upper and lower limbs bilaterally. Reflexes - Unable to obtain throughout upper limbs bilaterally. Sensory - Grossly intact to light touch throughout upper limbs bilaterally.

#### **IMPRESSION**

- 1. Chronic diffuse cervical pain. Once again, I am uncertain of the exact nature of the patient's pain. The patient's magnetic resonance imaging is completely normal.
- 2. Notable myofascial pain overlay.
- 3. Consider the possibility of cervical facet mediated pain. The patient however, does not always have a consistent exam with this.
- 4. Strongly consider the possibility of somatization disorder. While I always like to make this a diagnosis of exclusion, I am once again coming to a realization that this might be exactly what is happening with the patient.
- 5. Lumbosacral pain. Once again, I do not know the nature of the patient's pain.
- 6. Suboptimal response to conservative therapy.
- 7. Question of fibromyalgia. This was brought up by a rheumatologist that she had recently seen.

#### **RECOMMENDATIONS**

- 1. Trial of Lyrica. I am somewhat at a loss at to what else to begin to try for the patient. If she does have fibromyalgia this would be an optimal treatment given that this is the only FDA approved medication for fibromyalgia.
- 2. Referral to pain psychology. I would really like our pain psychologist to take a look at this patient overall. While again I believe the patient is thoroughly perceiving some type of pain, I am uncertain of the nature of this. Also, I would like to more aggressively rule out the possibility of a somatization disorder.
- 3. Consider intermittent trigger point injections. Again, I really do not want to aggressively pursue these.
- 4. The patient is to continue other medications as previously prescribed.
- 5. The patient is to follow up with her PCP as previously scheduled.
- 6. The patient is to return to the clinic in approximately 16 weeks for a followup visit.

Approximately 25 minutes were spent with the patient total.

D. Preston Grice, MS, MD

GRIDP/ProScript D: 5/19/2008 9:39:00 PM EST T: 5/20/2008 8:53:24 PM EST

J: 89-891943492

Electronically Signed/Signature on File: D Preston Grice MD 05/30/08 1918

# Augusta Pain Management Cent. 70 Medical Genter Circle, Suite 305 Fishersville, VA 22939

#### PATIENT ASSESSMENT

Date: 3/14/08 Patient Name:	Acct #:	
BP: 16/8, - Pulse: 16 Chief Complaint: nowk should	EN Neck LB Dain	
	4 5 6 7 8 9 10 Worst Pain	
Activity Level Today: No Limits Due to Pain 0 1 2 3		
Pain Description: CI□Sharp CI□Dull		
("C"Constant "I" Intermittent) CI Stabbing CI Heavy		
C(LE) Gnawing C I ☑ Aching ☐ Other	(CID Sickening CID Tiring/Exhausting	
Do you have any weakness?   No Yes Where?		
What makes your pain better?		
What makes your pain worse? Think Clear he work your Division of the Clear he would be well as the control of t	contidad?	
No Relief 10% 20% 30% 40% 50% 60% 70% 80%		
Do you have a driver available: ☐ No ☐ Yes ☐ N/A	How many hours do you sleep a night? 3	
Where is your pain located? Circle area on body diagram	List of Current Pain Medication(s)	
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下。[三] //处理/		
	Changes in Medication List?   No  Yes	
12 m	Changes in Drug Allergies? 13-No 11 Yes	
·w	Comments:	
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	Mindson Management (1998) (199	
	Nurse/CMA Signature:	
- AA	Plicewich PCT	
	Flacetick FCI	
New Problems: 1100 1 Yes Wille Mike him > 117 /200		
OBC:   ONOne O Yes Number (Reference OBC description in front of chart)		
Impression/Recommendation/Plan of Care:		
- American		
a lolly (of children		
<u> </u>		
Physician/Practitioner Signature:		

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#### **AUGUSTA PAIN MANAGEMENT CENTER**

Medical Office Building, Suite 305 70 Medical Center Circle Fishersville, Virginia 22939 Telephone (540) 932-5747 (540) 332-5747 Victor C. Lee, M.D. Douglas DeGood, PhD Darlinda M. Grice, M.D. D. Preston Grice, M.D. Mary M. Luebben, FNP

DATE: 01/24/08

PATIENT NAME:

DOB:

AMC#:

Status of report is Signed

\*\*Report is final only after physician signature\*\*

DATE OF SERVICE: 1/24/2008

#### OFFICE PROCEDURE NOTE

#### DIAGNOSES

- 1. Cervical occipital pain, 726.90.
- 2. Cervicobrachial pain, 723.9.
- 3. Myalgla, unspecified, 729.1.

PROCEDURE: Trigger point injections, three or more sites (20553).

BRIEF CLINICAL NOTE: The patient is a 33-year-old, white female with chronic neck, shoulder and back pain with a history of being in several motor vehicle accidents. Her most recent MVA was in September 2007 in which she sustained a minor facial injury with some nasal problems and swallowing issues. A CT and CT of the cervical spine from September 2007 did not show any abnormalities in either her head or her neck and no abnormalities were noted with ENT consultation. The patient had previously been followed in pain management by Dr. Adetayo Mabadele but was recently referred back to pain management and was seen by Dr. Preston Grice on November 19, 2007. MRI of the cervical spine which was done on January 2, 2008 was a normal examination but the patient continues to have multiple complaints of neck pain with radiation into the base of the skull as well as down into the shoulders and upper back. She has ongoing muscle spasms as well episodic numbress in her hands and legs. She also has ongoing weakness in her arms and legs. She was last seen in clinic on January 16, 2008 and was prescribed baclofen for her muscle spasms but today reports that it made her spasms worse instead of better. She finds she is having increasing tingling into her hands and numbness into her legs if she lies on her side. She has had some swelling in the left posterior lateral neck and also has intermittent swelling into the wrist joints and left knee. She has a significant family history of rheumatold arthritis and also has been treated for some type of vasculitis at her home in West Virginia but unfortunately her primary care physician is deceased. She was scheduled for trigger point injections with Dr. Preston Grice but these had to be canceled so we are proceeding with trigger point injections today.

DESCRIPTION OF PROCEDURE: Patient was identified and written and verbal consent was obtained. A copy is on the patient's chart. Tender areas were identified in the bilateral semispinalis cervicis, splenius capitis, levator scapula and upper trapezii. The skin was cleaned well isopropyl alcohol and a 27-gauge 1-1/4-inch needle was used for injection. Each trigger point was injected with 0.5-1 mL of Carbocaine 0.5% after negative aspiration for blood, fluid or air. Extra care was taken because of the patient's prior history of pneumothorax but that was with a pectoral trigger point injection that was done by Dr. Adetayo Mabadeje. A total of nine sites were injected and a total of 9 mL of Carbocaine 0.5% was used. No adverse effects were noted and the patient tolerated the injections well. She was observed for a period of 10 minutes and then was discharged comfortable and ambulatory. The patient was given some samples of tizanidine 2 mg and 4 mg and can try 2 mg 1 p.o. up to t.l.d. for muscle spasm or 1 to 2 at bedtime. She is to call for a prescription if these are effective. She was also prescribed a medrol 4 mg

Re:

taper with instructions. We will send her for a CMP, thyroid profile, CRP, rheumatoid factor, CBC with diff, ESR, urinalysis and ANA, HLAB27 and vitamin D level. She was referred to Augusta Rheumatology and is waiting for an appointment.

D. Preston Grice, MD Dictated by Mary Luebben, FNP

**LUEMM/ProScript** 

D: 1/25/2008 5:37:00 PM EST T: 1/27/2008 6:25:01 PM EST

J: 89-891867494

cc: Mary Baldwin College

Electronically Signed/Signature on File: Mary Luebben NP 01/30/08 1308

D Preston Grice MD 01/28/08 1923

#### Augusta Pain Management Center 70 Medical Center Circle, Suite 305 Fishersville, VA 22939

PATIENT ASSESSMENT

Date: 1/24/C Y Patient Name:	Acct #:		
BP: 101/10 Pulse: 16 Chief Complaint: 14 14 Should			
Activity Level Today: No Limits Due to Pain 0 1 2 3			
Pain Description: CIGSharp CIGDull	CIO Throbbing CIO Hot Burning		
("C"Constant "I" Intermittent) CI Stabbing CI O Heavy			
C(I G Gnawing C I W Aching	CI□ Sickening CI□ Tiring/Exhausting		
Do you have any weakness? G'No GYes Where?			
What makes your pain better? Nothing			
What makes your pain worse? Sitting Standing	Siccerco		
Overall, how much pain relief have medications/treatments p	rovided?   Complete Pelief		
No Relief 10% 20% 30% 40% 50%, 60% 70% 80%  Do you have a driver available:   No EYes   NA	How many hours do you sleep a night? 2 4		
Where is your pain located? Circle area on body diagram	List of Current Pain Medication(s)		
1 9 mm	& needed		
	Buloten mude buck tighter -		
15/31 1/3/6/1	Sleene less.		
LANGE LANGE			
	Changes in Medication List? □'No □ Yes		
	Changes in Drug Allergies?		
湖			
RIGHT LEFT LEFT IN A RIGHT	Comments:		
FOR LOW!	Hunds type long - 1-eys gard		
	numb it lays on side		
	,		
	Nurse/CMA Signature: \		
	() Willie PCT		
New Problems: Q No GYes Krat			
OBC:   None   Yes Number (Reference OBC description in front of chart)			
Impression/Recommendation/Plan of Care:			
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Physician/Practitioner Signature: 1/1/)	N + U T IV		
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#### AUGUSTA PAIN MANAGEMENT CENTER

Medical Office Building, Sulte 305 70 Medical Center Circle Fishersville, Virginia 22939 Telephone (540) 932-5747 (540) 332-5747 Victor C. Lee, M.D.
Douglas DeGood, PhD
Darlinda M. Grice, M.D.
D. Preston Grice, M.D.
Mary M. Luebben, FNP

DATE: 02/05/08

PATIENT NAME: DOB: MANUEL DOB:

Status of report is Signed

\*\*Report is final only after physician signature\*\*

DATE OF SERVICE: 02/05/2008

REFERRING PHYSICIAN: Michael Plautz, MD

<u>CHIEF COMPLAINT</u>: Neck, shoulder and head pain. She is also complaining of some other diffuse symptoms throughout the entire thorax, down into the lower limbs.

HISTORY OF PRESENT ILLNESS/INTERIM HISTORY: The patient was last seen in clinic on January 7, 2008. That was for a nurse followup visit. She underwent some trigger points at that time by our nurse practitioner. She returns to the clinic today with several complaints. The bulk of her pain however, is going from her neck up into the occiput. She says she has had a headache for 3 days. We tried her on some steroids before her last visit. She says this helped her head and neck a little bit, as well as some of her low back pain. She said it made the stiffness in her hands somewhat better; however, did not really make any significant improvement there. Today, she rates her pain as 10/10 on the NRS. Again, she is complaining of neck, shoulder and hip pain, as well as low back pain. There are some general diffuse complaints about joint stiffness. She complains of no other really upper limb radicular symptoms or lower limb radicular symptoms. She notes that her trigger point injections that she had recently helped the right side of her neck, but did not help the left. She is uncertain if the occipital nerve blocks did anything. As mentioned above, she notes that the Medrol taper that we had her on seemed to help somewhat, but did not provide any sustained benefit. She is complaining of some swelling at the joints of her hands. She continues on her Zanaflex. It provides her with some benefit, but nothing significant. If she takes 2 it will make her sleepy and she will get up to 3 hours of sleep before waking up.

ALLERGIES/ADVERSE DRUG REACTIONS: Local anesthetics, penicillin, sulfa, valproic acid, Zonegran, fentanyl TTS, tramadol.

<u>REVIEW OF SYSTEMS</u>; The patient is complaining of diffuse neck, shoulder and head pain as per HPI. She is also complaining of diffuse pain into her back, as well as some numbness and tingling that goes down into the legs. She denies any chest pain, shortness of breath, nausea, vomiting, diarrhea, constipation or bowel or bladder incontinence.

#### PHYSICAL EXAMINATION

VITAL SIGNS: Pulse 76, blood pressure 90/60.

GENERAL: Well-developed, well-nourished, very thin white female who is awake, alert and oriented, no acute distress.

HEENT: Normocephalic, atraumatic. There are multiple piercings throughout the face to include the ears, nose and lip. There is some slight tenderness to palpation in the occipital regions bilaterally. NECK: Supple without lymphadenopathy. There is some slight tightness into the left cervical paraspinal musculature and trapezia; however, there is nothing grossly or overtly noted in terms of spasms or trigger

points.

BACK/SPINE: There is some slight tightness into the left rhombold and levator scapula. But again, there are no overt trigger points noted.

EXTREMITIES: There is some notable dryness of the skin with scaling and flaking on the back of the hands. There is however, no overt joint swelling noted. There is some mild erythema of the skin, but again it appears to be more related to weathering and chaffing as opposed to frank erythema associated with the joints or swelling. Lower limbs without swelling or edema.

NEUROLOGIC/MENTAL STATUS: Awake, alert and oriented, fluent speech, follows commands. Strength - 5/5 throughout upper and lower limbs bilaterally. Sensory - Grossly intact to light touch throughout upper and lower limbs bilaterally. Reflexes - 1+ throughout upper and lower limbs bilaterally.

#### **IMPRESSION**

- 1. Chronic diffuse cervical pain. I am uncertain of the exact nature of the patient's pain. She has no overt abnormalities for findings on her magnetic resonance imaging. Her cervical range of motion is within functional limits. While the patient describes a variety of pain in the neck, I have no specific source of it at this time.
- 2. Myofascial pain. While there appears to be a myofascial pain overlay, there does not appear to be any frank trigger points or muscle spasms.
- 3. Consider the possibility of facet mediated pain. The patient however, again has good range of motion in the neck. There is no overt facet arthropathy noted on magnetic resonance imaging.
- 4. Consider the possibility of somatization disorder. While I always like to make this a diagnosis of exclusion, I am coming to the point where I do not have any really good diagnosis on which to base the significant amount of pain that the patient is describing. The patient has previously had, by her reports, a traumatic brain injury. This very well could be a contributing factor to her underlying perception.
- 5. Lumbosacral pain. Once again, I have no known source of her pain.
- 6. Consider the possibility of connective tissue disorder. The patient has expressed that she has been previously diagnosed with some type of unspecified vasculitis. Unfortunately, I have no records that account for this. I will not rule out the possibility of such a condition. The patient is notably thin. One must wonder if she does have some type of underlying connective tissue problem, rheumatological condition such as scieroderma.
- 7. Suboptimal response to conservative therapy. Again, I do not know specifically where to turn with the patient on this given her lack of tolerance to the multiple medications.

#### RECOMMENDATIONS

- 1. MRI of the lumbosacral spine. I would like to see what is going on with the patient at this time. I can not account for what is producing her lumbosacral pain or her lower limb radicular symptoms.
- 2. Referral to rheumatology. The patient has not pursued it at this time.
- 3. Obtain records from West Virginia. These supposedly account for all the patient's underlying medical conditions that have previously been problematic for her and yet may explain some of her symptoms.
- 4. Continue Zanaflex.
- 5. Consider intermittent trigger points; however, I do not necessarily want to pursue these aggressively without further diagnosis.
- 6. The patient is to continue other medications as previously prescribed.
- 7. The patient is to follow up with her PCP as previously scheduled.
- 8. The patient is to return to the clinic in approximately 8 weeks for nurse followup visit and 16 weeks to see me.

Approximately 25 minutes were spent with the patient total.

D. Preston Grice, MS. MD

**GRIDP/ProScript** 

Re:

D: 2/7/2008 7:41:00 AM EST T: 2/9/2008 8:01:09 PM EST

J: 89-891875295

Electronically Signed/Signature on File: D Preston Grice MD 02/21/08 1229

#### Augusta Pain Management Center 70 Medical Center Circle, Suite 305 Fishersville, VA 22939

#### PATIENT ASSESSMENT

Date: 1/5/03 Patient Name:	Acct#:		
BP:9060 Pulse: 76 Chief Complaint: Nead Daire	1		
Pain Score Today: No Pain 0 1 2 3			
Activity Level Today: No Limits Due to Pain 0 1 2 3			
Pain Description: CIUSharp CIUDull	CID Throbbing CIO Hot Burning		
("C"Constant "I" Intermittent) CI @ Stabbing CI @ Heavy			
C(Î) Gnawing C) I Aching	ČI□ Sickening ČI□ Tiring/Exhausting		
	ands andlegs		
What makes your pain better? Nath 113			
What makes your pain worse?	ared of time, Standing, Laying dear		
Overall, how much pain relief have medications/treatments r No Relief 10% 20% 30% 40% 50% 60% 70% 80%	Orovided?  6 00% Complete Delief		
Do you have a driver available: $\square$ No $\square$ Yes $\square$ N/A	How many hours do you sleep a night?		
Where is your pain located? Circle area on body diagram	List of Current Pain Medication(s)		
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	Changes in Medication List? ② No □ Yes		
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New Problems:   No EYes Victi			
OBC: QNone Q Yes Number 6 (Reference OBC description in front of chart)			
Impression/Recommendation/Plan of Care:			
	/ /		
Physician/Practitioner Signature:			

1 muscle tightness cold weather

#### **AUGUSTA PAIN MANAGEMENT CENTER**

Medical Office Building, Suite 305 70 Medical Center Circle Fishersville, Virginia 22939 Telephone (540) 932-5747 (540) 332-5747

Victor C. Lee, M.D. Douglas DeGood, PhD Darlinda M. Grice, M.D. D. Preston Grice, M.D. Mary M. Luebben, FNP

DATE: 01/16/08

PATIENT NAME: DOB: AMC #:

Status of report is Signed

\*\*Report is final only after physician signature\*\*

DATE OF SERVICE: 01/07/2008

**FOLLOWUP VISIT** 

REFERRING PHYSICIAN: Michael Plautz, MD

CHIEF COMPLAINT: Neck and shoulder pain.

HISTORY OF PRESENT ILLNESS: The patient is a 33-year-old white female who had been previously seen in the Pain Management Center for neck and shoulder pain, but had not been seen since October 2005. She was recently referred back to pain management following another motor vehicle accident in September 2007, when she was attempting to pull into a gas station, but could not turn her vehicle and ended up crashing her car. She sustained a facial injury and when her pain worsened, she developed some nasal problems and swallowing issues. She was referred to a local ENT specialist. Head CT and CT of the cervical spine from September 11, 2007 did not show any abnormalities in either her head or neck. She was then referred back the patient management and was seen by Dr. Preston Grice on November 19, 2007. She returns today rating her pain at 10/10 on the NRS. Since her last visit she was sent for an MRI of the cervical spine that was done on January 2, 2008, that was a normal MRI examination of the cervical spine.

Today, she is complaining of pain in the posterior neck that radiates up to the base of the skull and then down into the shoulders and upper back. She has muscle spasms up into the back of her head, which will produce headaches. There is also pain that radiates down into the arm, mostly to the elbows that is worse in the left arm than the right. Her hands and legs intermittently go numb, especially when she is sitting or lying down. She has ongoing weakness in her arms, especially with gripping, as well as in her tegs, mostly with lying or sitting. She denies any bowel or bladder incontinence. She notes that when she chews, she feels something poking into her throat and she hears a grinding noise when she moves her neck from side to side. She also complains of ongoing lower back pain. She has intermittent swelling into the lower extremities, especially if she has been on her feet for very long. This is from an undefined vasculitis, which she was previously treated for until her primary care physician in West Virginia died. She is from West Virginia, but attends Mary Baldwin College in Staunton and has not been established with any local physician, except for the one on campus. She has been involved in at least 6-8 motor vehicle accidents, as well as one bad snowboarding accident and has had ongoing complaints of neck, back and joint pain since about 1997.

In terms of medication, the patient is not currently taking any pain medications. She had been prescribed hydrocodone APAP after one of her emergency room visits, but is now out of them. Under Dr. Adetayo Mabadeje's care, she had been on fentanyl patch, which was fairly effective until she developed a skin reaction to the adhesive. She had been on Flexeril that was somewhat helpful. Dr. Grice did not want to prescribe any narcotics until the etiology of her pain could be determined.

ALLERGIES/ADVERSE DRUG REACTIONS: Penicillin, sulfa, valproic acid, preservatives, local

anesthetics, Zonegran, fentanyl TTS, tramadol. The patient reports that she is gluten intolerant, but denies any allergies to iodine, shellfish, seafood, strawberries or IV contrast.

<u>REVIEW OF SYSTEMS</u>: The patient is complaining of neck, shoulder and head pain as per HPI. She has intermittent headaches, significant sleep disturbance, deficit in left eye vision and left ear hearing, easy bruising, cold and heat intolerance, intermittent diarrhea and knee pain. Otherwise, review of systems are negative.

#### PHYSICAL EXAMINATION

VITAL SIGNS: Blood pressure 108/58, pulse 60.

GENERAL: The patient is a well-developed, very thin, somewhat pale white female, who is awake, alert and oriented, and in no acute distress. The patient is friendly nondistended interactive.

HEENT: Head is normocephalic, atraumatic. The patient has noted tenderness through the occipital regions bilaterally. She has an upper partial dental plate. Otherwise, oropharynx is clear.

NECK: Cervical range of motion is within functional limits. She has significant tightness in the cervical paraspinal musculature and into the upper trapezia and levator scapula.

LUNGS: Clear to auscultation bilaterally.

HEART: Regular rate and rhythm.

ABDOMEN: Soft and nonlender.

EXTREMITIES: Lower limbs without outstanding edema, although she does have some slight brawny discoloration over the shins bilaterally and has very thin tapering fingers with skin dryness of the hands. BACK/SPINE: There is tendemess to palpation in the levator scapula and rhombolds bilaterally. There is some tenderness along the spinous processes at approximately T8-9, as well as along the spinous processes at about the L5 level. Seated straight leg raise is negative bilaterally.

NEUROLOGIC/MENTAL STATUS: Awake, alert and oriented, fluent speech, follows commands. Strength is 5/5 throughout upper and lower limbs bilaterally. Reflexes are difficult to elicit in the upper extremities, 1+ throughout lower limbs bilaterally. Sensory is grossly intact to light touch total in both upper and lower limbs bilaterally.

#### **IMPRESSION**

- 1. Subacute cervical pain with recent exacerbation following another motor vehicle accident.
- 2. ? Upper limb radicular pain.
- 3. Notable myofascial pain with significant tightness today through the cervical paraspinal muscles and into the upper trapezia.
- 4. Unspecified vasculitis, currently not undergoing any treatment. The patient has not been seen by rheumatology.
- 5. Multiple medication intolerances.
- 6. Occipital neuralgia.
- 7. Unspecified endocrine problem.

#### RECOMMENDATIONS

- 1. After discussion with Dr. Preston Grice the patient was scheduled for some trigger point injections with Dr. Grice to include some occipital nerve blocks.
- 2. Trial of baclofen 5 mg, 1-2 p.o. up to t.l.d. p.r.n. for muscle spasms.
- 3. Referral to rheumatology since she appears to have some underlying autoimmune condition.

Mary Luebben, FNP D. Preston Grice, MS, MD

LUEMM/ProScript

D: 1/8/2008 7:56:00 PM EST T: 1/9/2008 11:53:33 AM EST

J: 89-891856071

Electronically Signed/Signature on File: Mary Luebben NP 01/17/08 1819 D Preston Grice MD 01/18/08 1352 Augusta Pain Management Cente.
70 Medical Center Circle, Suite 305
Fishersville, VA 22939

#### PATIENT ASSESSMENT

Date: 17/00' Patient Name:					Acct#:
BP: 100/58 Pulse: 6 Chief Complaint:	enico	X Q V	JBP		
Pain Score Today: No Pain	0 1 2	3 4	5 6 7	890	0 Worst Pain
Activity Level Today: No Limits Due to Pain					O Severely Limited Due to Pair
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Do you have a driver available: O No Vyes O					
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Medical Office Building, Suite 305 70 Medical Center Circle Fishersville, Virginia 22939 Telephone (540) 932-5747 (540) 332-5747

Victor C. Lee, M.D. Douglas DeGood, PhD Darlinda M. Grice, M.D. D. Preston Grice, M.D. Mary M. Luebben, FNP

DATE: 11/19/07

PATIENT NAME:

DOB: AMC #:

Status of report is Signed

\*\*Report is final only after physician signature\*\*

REFERRING PHYSICIAN: Michael Plautz, MD

CHIEF COMPLAINT: Neck and shoulder pain.

HISTORY OF PRESENT ILLNESS: The patient is a 33-year-old white female who had been previously seen in the Pain Management Center for neck and shoulder pain. She has not been seen since October 2005. She had previously had a motor vehicle accident. She ended up being referred to the clinic here because of another motor vehicle accident she had. In September 2007, she notes she was attempting to pull into a gas station, when she could not turn her vehicle. She ended up crashing her car. She notes that her air bag did not work and she ended up sustaining a facial injury. She did not end up seeing a doctor back home in West Virginia; however, ended up being seen in the emergency room at AMC. She appears to have been there on 3 occasions. Her pain progressively got worse and worse, as well as some nasal problems and swallowing issues. She ended up being referred to a local ENT specialist. There was nothing specifically that could be done for her surgically. Subsequently, she was referred back to the Pain Management Center for further evaluation and treatment.

In terms of the patient's pain, she has quite an elaborate description of what happens with it. She says the pain goes principally from the neck, over into the shoulders. She then points in the area down to the rhomboids. She says it sounds like there is "sand grinding" in her neck. There is pain that also radiates down her back and into her legs. There is pain that also radiates up the neck, into the base of the skull. She says when it radiates up into her skull, it will produce muscle spasms in the back of her head and "knots." There is also pain that radiates down the arm, to the elbows. It is much worse on the left than the right. She notes that her hands and legs go numb, in particular when she is sitting or lying down. She says the hands notably go numb when she goes to sleep. Intermittently, she has some weakness into the arms, in particular, grip. Intermittently, the legs will go numb, principally with lying or sitting. She denies any bowel or bladder incontinence. Her pain is typically made worse with prolonged standing or sitting. Riding in a car will increase her pain, as well as riding a bicycle. Sweeping will increase her pain. Coughing, sneezing and bowel movements do not increase her pain. Her pain is made better with "moving certain ways." Ice does not help.

In terms of workup, the patient has had a CT of the cervical spine, which is negative. She has not had an MRI. She has had x-rays, which reveal no overt abnormalities. She has previously had an EMG in 1997; however, we do not have a copy of this. She has not had a triple phase bone scan. She has not been seen by a neurosurgeon or orthopedic spine surgeon. In terms of treatment, she has not undergone any physical therapy. She has previously used a TENS unit; however, currently does not have pads for it. She has not had any neuroaxial injections or trigger point injections since her last accident. She has not tried acupuncture or other alternative medicine therapy. She has not tried magnets and has not seen a chiropractor.

Re:

Date of Service: 11/19/07

In terms of medications, she currently has been using some hydrocodone, which had been provided to her by the emergency room. She also admits to having taken some of her mother's hydrocodone. She has previously been on Ultram, which she said she no longer could tolerate. She had been on Flexeril, which she says helps somewhat. Zonegran in the past did not provide her with any benefit. She has not been on oral corticosteroids.

<u>PAST MEDICAL/SURGICAL HISTORY:</u> Hypoglycemia, unspecified jaw surgery, reactive airway disease, unspecified vasculitis, irritable bowel syndrome.

ALLERGIES/ADVERSE DRUG REACTIONS: Penicillin, sulfa, valproic acid, preservatives in local anesthetics. Zonegran, fentanyi TTS, tramadol. The patient denies any allergies to lodine, shellfish, seafood, strawberries or IV contrast.

MEDICATIONS: None.

SOCIAL HISTORY: The patient denies tobacco, ethanol or illicit substance use. She is single and currently resides in Hambleton, West Virginia. She commutes back and forth and intermittently will stay in Staunton, Virginia. She is currently attending Mary Baldwin College. She has recently changed her major and is expecting to be present for another approximately 3 years.

<u>FAMILY HISTORY</u>: Uncle - Diabetes. Grandmother - Diabetes. Mother - Hypertension. Aunt - Cancer. Great aunt - Cancer.

<u>REVIEW OF SYSTEMS:</u> The patient is complaining of neck, shoulder and head pain as per HPI. She is also complaining of some recent problems with epistaxis, sputum production, diarrhea, back pain, knee pain, deficits in left eye vision and left ear hearing, easy bruising, sleep disturbance, cold and heat intolerance. Otherwise, remainder of the review of systems are negative.

#### PHYSICAL EXAMINATION

VITAL SIGNS: Pulse 104, blood pressure 94/60.

GENERAL: Well-developed, well-nourished, thin white female who is awake, alert and oriented. No acute distress.

HEENT: Normocephalic, atraumatic. EOMI. The patient has noted tendemess through the occipital regions bilaterally. There are multiple piercings of the ears, lips, eyebrow and other facial features. NECK: Range of motion is grossly within functional limits. There is some noted tenderness into the cervical paraspinal musculature and trapezia bilaterally. There is however, no significant tightness, cords or trigger points. Cervical loading produces lumbosacral pain.

LUNGS: Clear to auscultation bilaterally.

HEART: Regular rate and rhythm.

ABDOMEN: Nontender and nondistanded, soft.

EXTREMITIES: Upper and lower limbs without swelling or edema. There is no overt atrophy into the upper or lower limbs.

BACK/SPINE: There is tenderness to palpation in the levator scapula and rhombolds bilaterally. Once again, there is no overt tightness noted. There is a tattoo in the upper back. There is tenderness to palpation along the spinous processes at approximately the T8-9 level. There is also tenderness along the spinous processes at approximately the L5 level. In general, the patient is notably thin and the spinous processes are quite pronounced in the lumbosacral spine.

SKIN: Taltoo as per above. There are multiple plercings as per above.

LYMPHATICS: Upper and lower limbs without swelling or edema. Without cervical lymphadenopathy. NEUROLOGIC/MENTAL STATUS: Awake, alert and oriented, fluent speech, follows commands. Cranial nerves - Cranial nerves II through XII are grossly intact. Strength - 5/5 throughout upper and lower limbs bilaterally. Reflexes - Trace biceps and triceps bilaterally, 2+ throughout lower limbs bilaterally. Hoffmann

Re:

Date of Service: 11/19/07

reflex is negative bilaterally. Sensory - Grossly intact to light touch throughout upper and lower limbs bilaterally.

#### **IMPRESSION**

- 1. Subacute cervical pain. The patient has recently been involved in a motor vehicle accident, further exacerbating her neck problems.
- 2. Upper limb radicular pain.
- 3. Myofascial pain. Despite the fact the patient complains notably of pain, there does not appear to little, if any tightness or trigger points.
- 4. Upper limb radicular symptoms. I am very suspicious and concerned about the numbness the patient is complaining about.
- 5. Probable cervical disk herniation versus degenerative disk disease.
- 6. Otherwise, at this time, I do not have a good working idea of what specifically is going on in the patient's neck.
- 7. Multiple medication intolerances.
- 8. Previous issues with a variety of medications. Many of these the patient either did not tolerate or did they did not provide her with significant benefit.
- 9. Past medical history as per above.
- 10. Review of systems as per above.
- 11. Occipital neuralgla.

#### RECOMMENDATIONS

- 1. First and foremost, we need to figure out what is going on with the patient's neck. We need a much better working diagnosis.
- 2. MRI of the cervical spine.
- 3. Consider initiating physical therapy after cervical spine MRI.
- 4. Consider occipital nerve blocks. The patient appears to have a fairly obvious occipital neuralgia.
- 5. Consider an analgesic in the future. I however, want to see what the patient actually has. If there is no overt pathology, I am honestly not looking at prescribing a narcotic for this patient.
- 6. Consider cervical trigger point injections.
- Consider cervical epidural steroid injection depending on the results.
- 8. Consider pain psychology.
- 9. The patient is to continue other medications as previously prescribed.
- 10. The patient is to follow up with her PCP as previously scheduled.
- 11. The patient is to return to the clinic in approximately 4-6 weeks for nurse followup visit and 12-16 weeks to see me.

Approximately 65 minutes were spent with the patient total.

D. Preston Grice, MS, MD

GRIDP/ProScript

D: 11/19/2007 6:29:00 PM EST T: 11/20/2007 12:03:03 PM EST

J: 89-891827260

Augusta Pain Management Center
70 Medical Center Circle, Suite 305
Fishersville, VA 22939

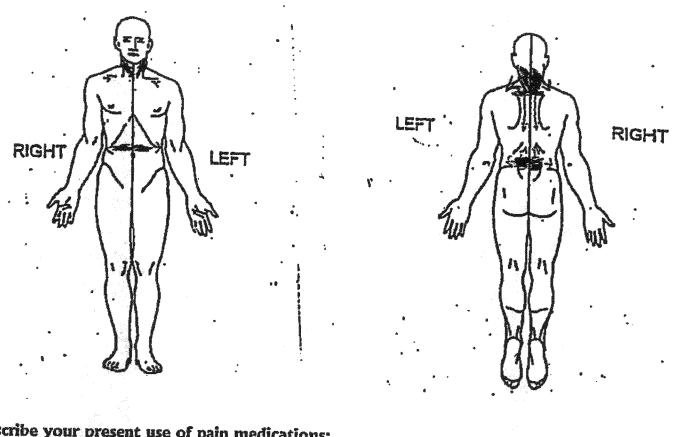
# PATIENT ASSESSMENT

Date: 11/10/67 Patient Name:	Acct#:					
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	4 5 6 7 8 9 (10) Worst Pain					
Activity Level Today: No Limits Due to Pain 0 1 2 3	4 5 6 7 8 9 10 Severely Limited Due to Pain					
Pain Description: CO Sharp CI Dull						
("C"Constant "I" Intermittent) OI PStabbing QIP Heavy						
CIO Gnawing OI D'Aching						
Do you have any weakness? □ No ☑Yes Where? No	ck, I gue iz back					
What makes your pain better? Nothing						
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Do you have a driver available: ☐ No @Yes ☐ N/A	How many hours do you sleep a night? 5					
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# Augusta Pain Management Patient Questionnaire

Thank you for takin	ag the tir	ne to ans	wer thi	s ques	tionnaire.	Please bring it with you to your appointment
Name						Nickname
Who referred you to	the pain	clinic?				Phone number
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When did your pain p related, following illn	roblem b	regin and rgery, it j	how did ust beg	d your ; an) LIS	pain probl T DATE A	em first start? (motor vehicle accident, fall, job ND TIME OF INJURY
If your pain is due to Yes No	a specific Explain	: accident				had similar pain before that accident or injury:
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Have you been hospita If yes, how many time	lized for s?	your pain	In the	past? \	(es	
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						pain) to 10 (worst pain imaginable)
PRESENT level of pains	3 4	5 6	7	8 9	9 (TÕ)	(worst pain)
WORST level of pain: 0 1 2 (no pain)	3 4	5 6	7	8 5	9 10	(worst pain)
EAST level of pain: 0 1 2 3 (no pain)	3 4	5 6	7	8 9	7 10	(worst pain)
0 1 2 (3	3) 4	of pain is 6  6  RE TUN	7	8 9		(the level at which you can function)?

Please shade in the areas below that represent your areas of pain (where do you hurt)? Use arrows to draw radiating pain or pain that moves around.



You should list ALL of your Current Medications on the back of the Yellow Patient Summary Sheet

MEDICATION	DAILY AMOUNT	EFFECTIVENESS	SIDE EFFECTS
	•	•	
	Management		

PREVIOUS TREATMEN	IT/PRC	<b>JCEDURE</b>	iS – Loof	c at	each treatmen	it list	ed in the first c	olumn and cl	toose the
most appropriate answe	r for e	ach.							هم القبية بأنها متجيد ينتها يرقيق والهار
TREATMENT TYPE	DAT	E TRIED	HELPF	UL	NOT HELPF	UL	COMMENT:	5	B0000000
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Nerve Block			1			Manage Ma			
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Look at chart below. The first column lists treatments and activities, put an X in most appropriate response-RELIEVES WORSENS NO CHANGE COMMENTS Mild exercise X Heavy exercise Walking Massage Sitting Standing Touch Heat pack Ice pack Hot temp Cold temp Weather Bright lights Eating Alcohol **Emotional** stress Urination Defecation Noise People (crowds) Music Sleeping Menstrual cycle DONT GET FNOUCH Rolling in bed Constant Moving from standing to sitting Constant Stairs Fatigue **Current Marital Status** Single \_X\_Living with significant other \_\_\_\_Married \_\_\_\_Divorced \_\_\_\_Widowed \_\_\_\_Separated Marital Status When Pain Problem Began \_\_\_\_Single \_X\_Living with significant other \_\_\_\_Married \_\_\_\_Divorced \_\_\_\_Widowed \_\_\_\_Separated Number of Children O Ages \_\_\_\_\_ Are you Pregnant? \_\_\_\_ Level of Education College Senion Names of people living with you Santonia Cooper Are you currently working? YES X NO Occupation: COllege Signing Is this the same occupation you had when the pain started? X YES NO If not working, did you stop working because of pain? YES \_\_\_\_\_ NO What type of job did you do before your pain started? College STUDENT is there anything else you would like to share that may benefit your treatment? NEED SOMETHING THAT WILL TAKE THES PRIN AWAY LIKE TO have a sine what NORMAL LIFE

SID : AUGUSTA PAIN MGNT

Number L1 : 5403325748 Number L2 :

Date: 10-25-87 12:35

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AUGUSTA PAIN MANAGEMENT CENTER 70 MEDICAL CENTER CIRCLE, SUTTE 305 FISHERSVILLE, VA 2220 (540) 932-5749 (540) 932-5749 FAX (540) 932-5749

#### INITIAL EVALUATION CONFIRMATION

the following patient has been scheduled in to see our Physician here at augusta pain management center per your Request:

REFERRED BY MICHAEL Plautz, MD DATE & CHECK IN TIME OF SCHEDULED APPT: 4 50 AM 2008 check Gne MD Preston CONSULTING PHYSICIAN:



PATIENT

"Please be aware that we bo not contact the patient with this information. Inform patient that a packet of information will be mailed to them to fully complete. And bring in this date. Also instruct them to bring in insurance cards and all pain medications that they are cerestly taking."

THANK YOU FOR YOUR COOPERATION.

Victor C. Lee, MD D. Preston Grice, MD Darlinda Grice, MD Mary Luebben, NP Douglas DeGood, PhD 70 Medical Center Circle, Suite 305 Fishersville, VA 22939

Telephone: (540)332-5747 Fax Number: (540)332-5748

New	<b>Patient</b>	Referral	Request
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HEA I append Hotelian Wadanay
DATE:
REFERRING PHYSICIAN NAME: Michael Plant MD
OFFICE TELEPHONE: 245-7010 FAX: 245-701
ADDRESS: 70 medical Center Circle Ste 104
PATIENT'S NAME:
DIAGNOSIS/REASON FOR CONSULT: Church Wark hark namely Date Win Harting Months of Lances Was the Late of the patient is being seen or has been seen at any other pain clinic before the patient on any pain medications of devices.  Have you prescribed the patient any pain medications No  These questions must be completed before patient is seen.
APPT. TYPE: ( Referral for Evaluation and Treatment( ) Consultation Only ( ) First Available Physician ( ) Psychological Evaluation with Dr. DeGood ( ) Referral for Procedure Type
*SIGNATURE OF REFERRING PHYSICIAN: M. PLAV 12
ADDITIONAL INFORMATION:
Patient's SS#:Patient's DOB:
Patient's Phone Number:
Patient's Address:
Hambleton, WV
Type of Insurance: State Form Puto Name of PCP:
**Please send a copy of patients insurance card/ workers comp information**
Policy#: See attached Group#:
DOCTOR Preston Grice MD
Appointment Date and Time: 2-4-() C. (1020)  Augusta Pain Management will mail the Patient an Information Pack Completed? (Yes) No. 10-25-07  **IF ALL NEEDED INFORMATION IS NOT RECEIVED AT TIME OF REFERRAL, A Packet DELAY IN SCHEDULING THE APPOINTMENT WILL OCCUR.**
Ma: led,

# Augusta Pain Management

Pain Management Spreadsheet

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6. Average Energy									
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Medical Office Building, Suite 305 70 Medical Center Circle Fishersville, Virginia 22939 Telephone (540) 932-5747 (540) 332-5747

Victor C. Lee, M.D.
Darlinda Grice, M.D.
D. Preston Grice, M.D.
Mary Luebben, FNP
Holly Robedeau, Psy. D

PATIENT NAME:  DOB:  AMC #-
Status of report is Signed **Report is final only after physician signature**
DATE OF SERVICE: 05/28/2008
Due to time restrictions the Psychosocial Evaluation will be completed after the patient's next visit.
Presenting Information: Is a 33-year-old sincle, white female. She is currently in a relationship with a significant other whose name is age 19. The women live together in an apartment here in Augusta County. The patient was raised in West Virginia and lived there until 4 years ago when she moved to Augusta County, Virginia to attend Mary Baldwin College. She is pursuing a Bachelor's degree in marketing with a minor in environmental science and biology. The patient was referred by Dr. Preston Grice here at Augusta Pain Management Center for Psychological Services for assistance in pain and stress management. If appeared for the interview dressed in long shorts and T-shirt. She stated that she weighs 120 pounds and is 5 feet 9-1/2 inches tall. She is lean and thin. Multiple piercings with pins decorate her body in her ears, lip, chin, and eyebrow, along with tattoos. Her hair is trimmed short and spiked with streaks. The patient is a friendly, cooperative person with good communication skills.
Past Developmental & Social History: The patient's mother and father are alive and reside in her hometown of Parsons, West Virginia, where her elder half-sister, age 48, lives with her 2 children. Her father is age 65, and the patient describes him as disabled as a result of a job-related injury. Her mother, age 66, still works as a custodian in the local grade school and as well takes in 2 people, one with mental illness, and the other with an amputated leg, for care within the home. The patient described her mother as a workaholic and extremely supportive.
attended high school in her hometown until she transferred in her sentor year to another high school which had "better schooling" in business and computers. She graduated from high school with a 3.5 average and attended the local community college, Davidson Elkins College, where she studied business administration and biology for a year and a half. At that point, her education was interrupted by the first of several motor vehicle accidents. The patient subsequently moved to Augusta County 4 years ago to attend Mary Baldwin College in pursuit of a degree in marketing with environmental science and biology as her minors. The patient reported that completion of this degree has been interrupted by additional motor vehicle accidents. The patient expects to graduate in June 2008, if she is granted permission by Dr. Grice to return to school. The patient noted, "Dr. Grice says he is not ready to release me to return back to school." She expressed an interest in returning to school this September 2008, if she is medically approved. The patient notes that her goals for a career are within the

The patient noted that due to a head injury in her first and subsequent accidents, her mother manages most of her financial obligations. The patient is on full Social Security disability, and her checks go to her mother, who then takes care of paying most of her bills. The patient does manage her apartment rental and food, etc. Ms. Lambert advised that she is not considered capable of taking care of her bills due to her difficulty in recall and staying on task. She was active in high school as a member of the high school

field of environmental sciences, i.e. freshwater testing within the government. But she is also interested in

animal care and may become a Veterinarian.

basketball team and softball team. The patient reports no marriages, nor pregnancies. She denies any current legal issues. However, she is in discussion with General Motors over her most recent accident in September 2007, where she reports that the steering function of her Chevy Cobalt would not operate, thus resulting in her driving into a building.

Cognitive & Emotional Functioning: The patient was alert and criented with good eye contact during the session. Speech was extremely pressured. She appeared above average in Intelligence. Deficits in thought processes included difficulty staying on task, some evidence of circumstantiality and tangentiality. No hallucinations or delusions were reported. There were deficits in memory and recall in a number of areas including previous medical treatments. Attention deficits were present during the interview. She presented with psychomotor agitation; but this could be due to discomfort as a result of pain and/or hyperactivity. Mood was stable during the interview with some apprehension. Affect was varied. The patient did not appear to be emotionally overwhelmed.

denied any previous or present suicidal ideation or plans. The patient noted that she was previously seen for psychiatric treatment in Morgantown, West Virginia after her first accident in 1995. She indicated that she was diagnosed as PTSD with brain damage which included short-term and long-term memory loss. She also noted a bipolar diagnosis. She notes that she does not take any medication for the bipolar diagnosis because she was "altergic to the medication and manages fine without it."

Later in the interview recalled that she had been diagnosed with obsessive-compulsive disorder in West Virginia in the late 1990s. The patient went on to describe that in her life she has always had lot of energy and "even now" is extremely active despite her pain. She noted that she scrubs the floors regularly to make sure that there is no dirt and organizes her closet and her partner's closet and does all the cooking and repairs in the home. The patient denied that she has ever been diagnosed with ADHD. However, it is recommended that she be evaluated for ADHD. This may be contributing to her pressured speech, psychomotor agitation, difficulty attending, and issues in recall.

Cognitive issues described above prompt the recommendation that Ms. Lambert be evaluated by a Psychiatrist for evaluation and centralization of her psychiatric services.

50 minutes were spent in the session with the patient today.

Due to time restrictions, a complete Psychosocial Evaluation will be completed at our next appointment in 1 week.

Holly Robedeau, Psy.D Staff Psychologist Augusta Pain Management Center

ROBHG/ProScript D: 5/28/2008 1:13:00 PM EST T: 5/28/2008 3:01:06 PM EST J: 89-891948742

Electronically Signed/Signature on File: Holly G Robedeau Psy.D. 06/10/08 1514

Alak Tarina

Holly G Robedeau, Psy.D. Ticketf Patient: Today's Charge Date/Tame: <u>05/26/06</u> 1100 MR# MU\_57215 SS#: DOB: Payment, Pat Phone: Adde: HAHBLETON. Refer Dr: Plautz, Michael R. Mi-Type: APHPS Patient Balance: /115.00 PCP Hame: MARY BALLWIN COLLEGE Last Chg On: Cf./19. J6 11)5 276.28 \*\*\* MOIVIERS \*\*\* DXI Code 117 117. Care 110.46 Code 53 Discontinued Procedure Anthë 21 Prolonged EAM 0X3 Code 22 Unusual Procedure 58 Staged Procedure 24 EAM During Global 59 Distinct Proc Service IN52 DX4 Code Authi DX5 Codo 25 Separate ESM Proc LT Stdo DX6 26 Professional Comp RT Side Code Injusy Date/Time 50 Bilatoral Proc GA Maiver of Liability 51 Multiple Proc GY Medicare Exclusion NEXT APPT LAB & CTHER TESTS MEED MEXT APPT: TIME NEW VISIT Mins INJECTIONS/NERVE BLOCKS EMG/NERVE CONDUCTION STUDIES 99201PM Problem Focused 90772PH Therapeutic Inj - SC IN 95860PM DKG 1 Emeraty 10 99202FM Empanded 95961PM EMG 2 Entremities 20 907742M Therapeutic Inj - IV \_\_\_20605FM Joint Inj Intermed (Wrist/Elbow) 99203FM Dotailed 95863PM EXG 3 Entremities 30 991047N Comprehensive 1 106:07% Joint Inj Major (Shoulder/Mip) 95864PM DW 4 E::trepities 45 99205PM Comphenensive II 95867PM EMS Cramini Unilatere. 60 New Consult \_\_20551PM TPI Single Tendom Origin 95866PM EMG Cranial Bilateral 992417M Problem Focused 10 \_30552PM 95869FM ENG Thoracic Paraspiral TPI 1-2 Sites 99242PM Empanded 20 95070FM EMG Other \_\_64415PM Brachial Plecus 99243PM Detailed 95900PM Nerve Conduct Motor 30 \_\_64405FN Greater Occipitel : \_\_64405FH Illoinguinal Herre 993447H Comphehensive I 95903PM Herve Conduct Noto: FWAVE Greater Occipitel Herve 45 992458% Comprehensive II 60 95904PM Norre Conduct Sonsory ESTAB VISIT 64400PM Trigeminal 95925PM SSEP Short Lat UE 99211PM Nurse Visit 95926PM SSEP Short Lat LE 3, 64412PM Spinal Accessory 99212PM Problem Focused 10 644187M Suprascapular 95933PM Blink Reflex 99213PH E:panded 15 64420PM Intercostal - Single 95934PM H-Refle:: GCS Muscle 99214FM Detailed 644219M 95936PM H-Refle: Other 25 Intercostal - Multiple 992159M Comprehenalve 40 64430PM Pudendal PSYC SERVICES li300FM Interlesional up to 7 sites 90801PM Eval %/c Test 90804PM Therapy Outpt MEDICATIONS (Specify #Units) \_\_64450PM Other Peripheral 30~6C 25-30 J0475PM Baclofor 10mg/U 90906PM Therapy Outpt 45-50 J0476PM Baclofen Intra Trial 50xcq 90808PM Therapy Outpt J0702PM Botamehasone per 3mg/U 75-90 90901PH Biofeedoack Train 30 J0735Rf Clonidine Log/U 909757M Therapy/Biofdbk 25-30 \_\_J1200PM Diphenhydramine up to 50mg IMPLANTABLE THERAPY \_\_J3010Mf Fentanyl 0.lmg/U 30376PH Therapy/BioScibk 45-50 01996FM Cathoter Maintenence 90846PM Therapy/Fan w/o Pt 30 95970PM Stim Analysis w/o Proc J1170PM Hydromorphone up to 4mg 95971FM Stip Analysis w/Prog 2094°FM Therapy/Fan W/Pt S0092PK Hydromorphone 250mg 30 \_\_J10857K OTHER \_623678M Pump Analysis w/o Prog Ketorolac per 15mg/U 978192M Acupuncture lst 15 62368PM Pump Analysis e/Prog J0670PM Mepivacaine per 10m1/U J1020FM Mathylpredaisolone 20mg 97911PM Acupuncture ea addt 15 95990FM Pump Refill, Hurso 97813FM Acupuncture E-S 1st 15 959119M Pump Refill, Physician J1030FM Methylprednisologe 40mg J2250PM Midazolam per img/U 97814FM Acupuncture E-S addt 15 J227184 Korphine 100mg/U 99358PM Case Mgs Conf.: 30-60 OTHER 99359PM Case Mgr Confl add: 30 S0930PM Morphine 500mg/U 99372PM Phone Conference 99075APM Deposition - 1 hour J7040291 Hornal Saline 500ml/U 15 99373PM Prone Conference J3490BPM Pheno: Aqueous 61 30. \_\_J3490DPM Phenol 89. 9909DPH Reports per/unit 99455PM Work/Dis E:an per/hr J2550FM Prometha: ine up to 50mg/U 99456PM Work/Dis Eman non/treat J3490PM Sufuntanil 0.35mg/C 99075PM Ked Testamony por unit J33028M Triamcipologe - Aristocort per arg/0 99075APM Deposition in office 60 J330394 Triamcinolone - Aristospun per bmg/: 99456PM DE J2301PK Triazcinolone - Menalog per 10mg/C

## Augusta Pain Management Patient Follow up Sheet

Patient Follow up S	hcet
DATE: Shalos Patient Follow up S.	[ ]Telephone or Walk In Patient
PATIENT NAME:	SS#:
PATIENT'S DATE OF BIRTH:PHO	ONE NUMBER:
SA LEVEL	
Schedule Patient Return to Office in Weeks [] F	•
Schedule with: [] Lee [] P. Grice [] D. Grice [] Lucbbe	n []/Robedeau [] Nurse
Schedule this type appt: Follow up []20 min []46   TPI []20 min []46   EMG []60 min []96   ESI []40 min []66   []Pump Fill/Reprogram []0   []Nurse Visit Reason:	0 min
Discuss/Evaluate for:	
Cancel or Reset other appointments	
Request Schedule Fluoro appointment inWeeks [] Find the Company of the Com	irst Available [] Priority [] Work In
Schedule ESI [] Cervical [] Thoracic [] Li Facet [] Cervical [] Thoracic [] Li SNRB [] Cervical [] Thoracic [] Li min/hr Denervation [] Cervical [] Thoracic [] Li [] Other	umbar
Request Procedure Follow-up in 2 Weeks with: [] Lee []P. ( [] Do Not schedule separate procedure Follow up []Do	Grice []D. Grice [] Luebben o Telephone Procedure Follow up
DATE/TIME OF SCHEDULED OR APPOINTMENT	
DATE/TIME OF FOLLOW UP VISIT	
Date and Name Or Notified (4284)  Purple Instruction Sheet [ ] Given to patient [ ] Reviewed	d over the telephone
Refer to Other	
Reason Copy Put in/given to:	

4-4-08

70 Medical Center Circle. Suite 305 \* Fishersville, VA 22039 \* Phone (540)332-5747 or (540)032-5747 \* Fax (540)332-5748

D Preston Grice, MD W. Kenziel Account 8 Patient: Tickets Today's Charge Late/Tame: 01/19,08 1:00 894: DOM: 07/15/1974 MR# MN257715 Payment Pat Phone: Addr: Hampleton, W Refer Dr: Gilon, Dan Linkle M. M. Patient Balance: Last Chg On: 32 No 3: to Du Typo: AIK.!!! PCP Ramo: Grave, Landing, R. MU ense cité à \*\*\* MODIFIERS \*\*\* Code Authi DX2 Code 21 Prolonged ESM 53 Discontinued Procedure DXI Code 22 Unusual Procedure 58 Staged Procedure THS2 DXA Code 24 EGM During Global 59 Distinct Proc Service Authe **DX5** Code 25 Separate ESM Proc LT Side DXG 26 Professional Comp Code RT Sido Injury Date/Time 50 Bilateral Proc GA Waiver of Liability 51 Multiple Proc CY Medicare Exclusion NEXT APPT TIME LAB & OTHER TESTS HELD NEXT APPT: NEW VISIT Mins INJECTIONS/NERVE BLOCKS EMG/NERVE CONDUCTION STUDIES \_\_9900!PM Frobl-s Focused 90"72PM Therapeutic In; - 5C IN 10 \_ 95960PM EMS : Entromity 99202:4K Empanded 90774FK Therapeutic Inj - IV 20 95861PM EG : Entremities 992017K Detailed 30 2060aFW Joint Inj Intermed (Wrist/Elpow) 95663PK ENG 3 Entremation 2061088 Joint Inj Hajor (Shoulder/Hip) 99204PM Compresentaine i 45 9.864PM EMG 4 Entremities 99205PM Comphehensive II e( \_\_ 203507M 77I Sizglo Terdon Sheath/Lighten 35867PM DES Cranial Unilatoral NEW CONSULT \_1)551FM 171 Single Tendon Origin 95364PM ENG Crantal Bilateral \_9914.in Froblem Focused 10 95869PM DWG Thoracic Paraspinal 59743PM Espanded \_\_\_30553F4 TP: 3+ Sites 13 95870FM EMG Othe: f4415E4 Brachial Plomus 99243FM Petailed 30 95900PM Warme Conflict Hotor 99244Rs Compnehensive : \_\_6440571 Greater Occipital Herve 45 9590JPM Nerve Conduct Hotor FWAVE 9924574 Comprehensive II \_64415P% Illoinguinal Merve \_95904PM Herve Conduct Sensory 60 ESTAB VISIT 95925fm SSEF Short Lat Je 6-4009K Trigosinai \_39211FM Nurse Visit 64412PM Spinal Accessory 95924FH SSEP Short Lat LE 99212PM Problem Pocused IC 6:41878 Suprascapular 95933FM Blick Refle:: 991.3FK Empanded 64410PM Intercostal - Single 95934PM N-Rofle: GCS Miscle FRITTH Detailed \_\_6447194 Intorcostal - Multiple 959362% H-Refle: Other 972.5PM Comprehensive 64430PM Puderdal PSYC SERVICES 1:300PM Interlesional up to 7 sites 90 for Eval w/o fost 32-60 6445CRK Other Peripheral MEDICATIONS (Specify Number) 9000421 Thorapy Cutpt 25-37 \_:0475PM Baulofen lüng/U 90804711 Therapy Outpt 45-50 JC476PM Baclofen Intra Trial 50mg 904)93% Therapy Outpt 75-30 J0701FH Betackbasone per 3mg/U 909 / PM Birfeedback Train 3ù J0735PM Clonidine lmg/U 96475FM Therapy Blotchk 25-30 IMPLANTABLE THERAPY \_\_Ji200PM Dipherhydramine up to 5(m) 903767% Therapy/Blotdok 45-50 \_\_C1996PM Catceter Maintenance J3010PH Fentanyl 0.log.U \_90846P4 Therapy/Fam w/o Pt 30 95970PH Stim Analysis w/o Prog J1170PM Hydrozorphone up to 4Eq 9084784 Thesapy/Fam w/Pt 9597191 Stiz Analysis w/9rog 30 90092FN Hydronorphone 250mg OTHER \_J1885PM Resorolac per 15mg/U 62367PM Pump Analysis w/o Prog 978:0PM Acupuncture lst lö 62368PM Pump Analysis w/Prog J0670FM Mepivacaine per 10x1/U 9599074 1mp Refill, Micae 979:12: Acupuncture ea addt 15 J1020PM Kathylpredmisolone 20eq 97813RK Acupanature E-3 1st 15 \_95911PM Aump Refill, Physician 21030PM Mathylprednisolone 40mg 97914RK Acupuncture E-S addt 15 \_\_CCCSORE Midazolan per lag/U \_333718M Morphine 100mg/U 9935874 Case Mar Confl 30-66 99359PH Case Mg: Cor.(1 add: 30 OTHER SO930F4 Horphice 500mg/U 99372FM Phone Conference \_99075APH Deposition - 1 hour έŝ 93337K Phone Conference 30+ \_\_J349CBPM Pheacl Aqueous f? 99090FM Reports per/unit :5 J3490DFM Phenol 89% \_99435PM Work/Dis Enam per/hr \_\_JD55CPM Promethatine up to 50mg/C +94-6FM Work/Dis Eman non/treat \_\_J3490PM Sufentanil 0.Cimg/C 39075FM Med Testimony per unit J3302FM Triamounolone - Azistocomt per (mg// 39375APM Deposition in office 60 J3103PM Triametholone - Aristosput per 5mg/3 99456PM DKE J3301PM Trianginolene - Fenalty the Dimen's

### Augusta Pain Management Patient Follow up Sheet

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DATE:	[ ]Telephone or Walk In Patient
PATIENT NAME:	SS#:
PATIENT'S DATE OF BIRTH:	PHONE NUMBER:
SA LEVEL	
Schedule Patient Return to Office in Weeks	
	[] WOIK III
Schedule with: [] Lee [] P. Grice [] D. Grice	DeGood [] Nurse
Schedule this type appt:  Follow up []20 min TPI [] 20 min EMG [] 60 min ESI [] 40 min [] Pump Fill/Reprogram [] Nurse Visit Reason:	[] 40 min [] 60 min [] 40 min [] 60
Discuss/Evaluate for:	
Cancel or Reset other appointments	
Request Schedule Fluoro appointment in	[] Lumbar [] Caudal
	[]P. Grice []D. Grice []Luebben []Do Telephone Procedure Follow up
DATE/TIME OF SCHEDULED OR APPOINTMENT	
DATE/TIME OF FOLLOW UP VISIT	
Date and Name Or Notified (4284)  Purple Instruction Sheet [ ] Given to patient [ ] Re	vicwed over the telephone
Refer toOther	
Reason	
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5-28-08 / 7.14-08	The state of the s

AUGUSTA PAIN MANAGEMENT CENTAL:
AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION

AUTHO	RIZATION FOR RI	ELEASE OF MEDIC	LAL INFORMATION	
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At the request of the individual, I	atients Name)	do hereby at		to release:
DATES OF:	utens name)		(Name of Facility)	
DISCHARGE SUMMARY HISTORY & PHYSICAL PROGRESS NOTES OPERATIVE NOTES I do I do NOT	LABORA RADIOLO EKG/EEG	INFORMATION TORY REPORTS DGY REPORTS #/CARDIAC CATH	/	paracondrina committe de describencia com a companya propriato de la companya propriato del companya propriato de la companya propriato del companya propriato de la companya propriato del companya propriato
	(Human Immunodeficit treatment for alcohol at	ency Virus) Infection, pe	sychiatric care and/or psychological	drome) or HIV lassessment, and
INFORMATION RELEASE TO:	AUGUSTA PAIN MA 70 MEDICAL CENTI SUITE 305 FISHERSVILLE, VA		ER .	
PURPOSE OF DISCLOSURE:  REFERRAL TO SPECIALIST LEGAL INVESTIGATION OTHER (specify)	INSURANCE PERSONAL	WORKERS CO		
Please provide current telephone nu		: Basicania		
If I have questions about disclosure of			ain Management @ 932.5747 or 33	2.5747.
Upon request, I will be given a copy of				
I hereby authorize disclosure of the he date of signature. I understand that I n prior to notification of cancellation. I class of persons or facility receiving it, provider to whom this is authorized managed.	nay cancel this request w understand that the infor , and would then no lone	rith written notification mation used or disclose or be protected by feder	by that it will not effect any inform d may be subject to re-disclosure b	ation; released v the person or
			d 215/08	
Signature of individual or guardian of Personal Representative of patient's	or		Date	99/00/00/04/04/04/04/04/04/04/04/04/04/04/
Average turn-around-time is 15 days	, <del>, ,</del>			
Note: There may be a charge for a per	sonal copy of your recor	ds. Augusta Pain Mana	agement will invoice you directly.	
MEDICAL INFOR	MATION RELEASE	BY AUGUSTA PAIR	N MANAGEMENT CENTER	
ENTIRE LAB IDS HP GOTHER RAD IMP	EKG OP MUNIZATIONS	RECORD	S SPECIALIST	
		DATE		

Orig 1/03, Rev 4/03, 6/04

70 Medical Center Circle, Suite 305 \* Fishorsville, VA 22939 \* Phone (640)332-5747 or (540)932-5747 \* Fax (640)332-5748

193937° D Preston Grice, MD Ticket# Account 0: Patient Zoday's Charge Date/Time: 02/05/08 1100 \$5**4** : m: 07/15/1974 ma Payment HAMBLETON. WV Refer Or: Miller, Theresa MD Pat Phono: CELL Adde: PCP Name: HARY BALDWIN COLLEGE Type: APMC0 Pationt Balanco: Last Chg Co: 01/24:08 \*\*\* MINIPIERS \*\*\* THEL STATE PARM INSURANCE Code DX1 Authi DX2 Code 21 Prolonged ESM 53 Discontinued Procedure DX3 22 Unusual Procedure 58 Staged Procedure Code 24 EiH During Global INS2 DX4 Code 59 Distinct Proc Service Auchi DX5 Code 25 Separate ESM Proc LT Side RT Side 26 Professional Como DX6 Code 11 Injury Date/Time 50 Dilateral Proc GA Waiver of Liability Si Multiple Proc GY Medicare Exclusion TOE IAR & OFFICE TESTS WEED MEYT ADOP-MEXT APPT NEW VISIT Mins INJECTIONS/NERVE BLOCKS EMG/NERVE CONDUCTION STUDIES \_95860PM ENG 1 Extremity \_99201PM Problem Focused 10 90773PM Therapoutic Inj - SC IN 99202PM Empanded 20 90774PH Therapeutic Inj - IV 95861PM DMG 2 Entrematics 99203PH Detailed 30 95863PM EMG 3 Entremities \_\_\_C0610FM Joint Inj Major (Shoulder/Mip) \_99204PH Comprehensive : 958649M EMG 4 Extremities 45 99205PH Comphenensive II 60 10550PM TPI Single Tendon Sheath/Ligament 95867PM EMG Crania: Unilatera: ÑEW CONSULT 95869PM THE Cranial Bilateral \_99241FH Problem Focused \_\_\_20552PM TPI 1-2 81tes 95069PM EMG Thoracic Paraspinal 10 99242PM Empanded 20 20553PM TPI 3+ Sites 95870PM EMG Other \_\_64415FM Brachial Plemus 99243PM Detailed 95900PM Herve Conduct Motor 30 \_99244PM Comphehensive I \_\_64405PM Groater Occipital Nervo 9590324 45 Merve Conduct Motor FWAVE Nerve Conduct Sensory 99245PM Comprehensive II 60 64425PM Illoinguinal Herve 95904294 ESTAB VISIT 95925PM SSEP Short Lat UE 64400PM Trigeminal SSEP Short Lat LE 99211PM Purse Visit 5 64412FM Spinal Accessory 95926FM Blink Reflex 99212PM Problem Focused 10 64410PM Suprascapular 95933PH 95934PM H-Reflex GCS Muscle 64420PM Intercostal - Single 992137M Expanded **C25** 99214FM Detailed 64421PM Intercostal - Multiple 95936PM H-Rofle: Other 99215PM Comprehensive 64410PM Pudendal PRYC SERVICES 11900PM Interlesional up to 7 sites MEDICATIONS (Specify Sunits) 90801PM Eval w/o Test 30~60 64450FM Other Peripheral 25-30 J0475PM Baclofen :Omg/U 90004PM Therapy Outpt 90d06FH Therapy Outpt J0476PM Baclofen Intra Trial 50xco 45-50 90808PM Therapy Outpt 75-80 J0702PM Botamehasono per 3mg/U 90901PM Biofeedback Train 30 J0735PH Closidine lag/U IMPLANTABLE THERAPY J1200F4 Diphenhydramine up to 50mg 90875FM Therapy/Stordbk 25-30 90876PM Therapy/Biofdbk 01996PM Catheter Haintenence \_\_J3010PM Fontanyl 0.lmg/U 45-50 90846PM Therapy/Fam w/o Pt 30 95970PN Stim Analysis w/o Proc J1170PH Eydromorphone up to 423 S0092PM Hydrocorphone 250mg 90847PM Therapy/Fam w/Pt 30 95971PM Stim Analysis w/Pzoq \_J1885PM Ketorolac per 15mg/U OTHER 62367PM Pump Analysis w/o Prog 97810PM Acupuncture 62368PH Pump Analysis w/Prog J0670PM Mepivacaine per 10ml/U 1st 15 978117M Acupuncture ea addt 15 95990PM Pump Refill, Durae J10207H Methylpredmisolone 20mg J1030PM Hethylpredmisolone 40mg 97813FM Acupuncture E-S let 15 9591174 Pump Refill, Physician 978149M Acupuncturo E-S addt 15 J2250PM Midacolam per lmg/U 99358PM Case Ngr Confl 30-60 J2271PM Morphine 100mg/U 99359PH Case Mgr Confl addt 30 S0930PH Morphine 500mg/U 39372PM Phone Conference 15 99075AFM Deposition - 1 hour J7040FM Normal Saline 500ml/U 99373PM Phone Conference J3490BPM Phenol Aqueous 61 30+ 99080PH Reports per/unit J3490DFM Phenol 89% 994557M Work/Dis Eman per/hr J2550PM Promethanine up to 50mg/U J3490PM Sufentanil 0.05mg/V 994567M Work/Dis Eman mon/treat 99075PM Ned Testimony per unit J3302PM Triancinolomo - Aristocort per 5mg/U J3303PM Triancinolone - Aristospan per ing/U 99075APA Deposition in office 60 J3301PM Triamcinolone - Kenalog per 10mg/U 99456PH IME

No

# Augusta Pain Management Patient Follow up Sheet

DATE: $\frac{\partial /5 / \partial 8}{\partial }$ Patient Follow up Sheet		
PATIENT NAME:SS#:		
PATIENT'S DATE OF BIRTH:PHONE NUMBER:		
SA LEVEL		
Schedule Patient Return to Office in Weeks [] First Available [] Priority [] Work In		
Schedule with: [] Lee [] P. Grice [] Luebben [] DeGood [] Nurse		
Schedule this type appt:   Follow up   []20 min   []40 min   []60 min   TPI   []20 min   []40 min   []60 min   EMG   []60 min   []90 min   ESI   []40 min   []60 min   []60 min   []Pump Fill/Reprogram   []0ther   []Nurse Visit Reason:		
Discuss/Evaluate for:		
Cancel or Reset other appointments		
Request Schedule Fluoro appointment inWeeks [] First Available [] Priority [] Work In Schedule with: [] Lee [] P. Grice [] D. Grice		
Schedule ESI [] Cervical [] Thoracic [] Lumbar [] Caudal Facet [] Cervical [] Thoracic [] Lumbar SNRB [] Cervical [] Thoracic [] Lumbar min/hr Denervation [] Cervical [] Thoracic [] Lumbar [] Other		
Request Procedure Follow-up in 2 Weeks with: [] Lee [] P. Grice [] D. Grice [] Luebben [] Do Not schedule separate procedure Follow up [] Do Telephone Procedure Follow up		
DATE/TIME OF SCHEDULED OR APPOINTMENT		
DATE/TIME OF FOLLOW UP VISIT		
Date and Name Or Notified (4284) Purple Instruction Sheet [ ] Given to patient [ ] Reviewed over the telephone		
Other Control		
Reason Copy Put in/given to:		

SID : AUGUSTA PAIN MGNT

Number L1 : 5483325748 Number L2 :

Date: 01-24-08 13:84

Date/Tine	1-24 13:03
Dialled number	92457171
Subscriber	548 245 7171
Durat.	0'45"
Mode	NORMAL
Pages	4
On	Line 2
Status	Correct

Augusta Rheumatolesti and cottoronosis M. Soot Hoperals To Maded Earler Gole, Suin 108 Fabricale, VI. 2018 Telephone (Sep. 45 + 16) Fab Number (Sep. 245 + 17)
ONIC 117108 New Patient Referral Request  AUTOMORPHISM TO CONTRACT OF CONTRACT CONTR
PATIENTS NAME  TYPE THE GLA DIMPLED FRANCE OF A CALLED THE STATE O
Patient's 889  Patient's Proces Namber:  Patient's Proces Namber:  Patient's Address:  Hombleton, WV
Type of insurance Chir Farano Name of PCP. Thereo miles and remains based a Logy of positives have made a construction followed in Poley P
State Form Ins  ph Act 953  ph Act 953  Frederick mo 20105  ph 966-991-3658  Claim representative  oft. 986-613-3759  Carol Englishes Litt 54 7939  For 186-613-3759

### AUGUSTA RHEUMATOLOGY AND OSTEOPOROSIS

M. Scott Hogenmiller
70 Medical Center Circle, Suite 108
Fishersville, VA 22939

Telephone:

(540) 245-7170 Fax Number: (540) 245-7171

DATE: 1708			
REFERRING PHYSICIAN NAME: D. PICSTO GYLCO, 1000.			
OFFICE TELEPHONE: 5747FAX: 5748			
ADDRESS: TO MCOLICUL LENSEN CINCIC Suite 305			
PATIENT'S NAME:			
DIAGNOSIS/REASON FOR CONSULT: 33 yli femal: with history it			
APPT TYPE: () Referral for Evaluate and Treatment () Consult Only *SIGNATURE OF REFERRING PHYSICIAN:			
*SIGNATURE OF REFERRING PHYSICIAN:			
ADDITIONAL INFORMATION:			
Patient's SS#Patient's DOB:			
Patient's Phone Number			
Patient's Address: Hambleton, WV.			
Type of Insurance: State Farmano Name of PCP: Theresa miller mo Please send a copy of patients insurance card/ workers comp Information Policy #: Group# Visits:			
Please send all pertinent records  *Were Records Sent: YES/NO DOCTOR Appointment Date and Time:			
Augusta Rheumatology and Osteoporosis will mail the Patient an Information Pack  Completed? Yes/No			
0-0-4053			
- $        -$			
for 886-613-3964 Chief Englebicht ext 7939			

AUGUSTA PAIN MANAGEMENT CENTER
70 Medical Center Circle, Suite 305 \* Fishersville, VA 22939 \* Phone (540)332-5747 or (540)932-5747 \* Fax (540)332-5748

	Mary NP Luebben	
Account 8: Patie Date/Time: 01/24/08 1140 SS8: Pat Phone: CELL Addr: Patient Balance: Last	DOB: 07/15/1974 MR6 M HAMBLETON, NV thg On: 01/07/08 Type:	70day's Charge 0257215 Payment Refer Dr: APRIP120 PCP Name: MARY BALDWIN COLLEGE
INSI STATE FARM INSURANCE Auths	DXI 1 2 3 3 Code Code Code	*** MCDIFIERS *** 21 Prolonged EIM 53 Discontinued Procedure
INS2 Autho	DX4 Code	22 Unusual Procedure 24 EIM During Global 25 Separato EIM Proc 26 Professional Comp ET Side
Injury Date/Time 7, 7		50 Bilateral Proc GA Waiver of Liability 51 Multiple Proc GY Medicare Exclusion
HEXT APPYTD6S	LAB & OTHER TESTS NEED HEXT APPT:	
NEW VISIT  99201PH Problem Focused 10  99202PH Empanded 20  99203PH Detailed 30  99204PH Comprehensive I 45  99205PH Comprehensive II 60  NEW CONSULT  99241PH Problem Focused 10  99242PH Empanded 20  99244PH Comprehensive II 45  99244PH Comprehensive II 60  ESTAB VISIT  99211PH flurse Visit 99212PH Problem Focused 10  99214PH Detailed 10  99214PH Detailed 11  99214PH Detailed 15  99214PH Detailed 25  99215PH Comprehensive 40	INJECTIONS/NERVE BLOCKS  30772PM Therapeutic Inj - SC IM  90774PM Therapeutic Inj - IV  10605PM Joint Inj Intermed (Wrist/Elbow)  20610PM Joint Inj Intermed (Wrist/Elbow)  20530PM TPI Single Tendon Sheath/Ligament  20535PM TPI Single Tendon Crigin  20532PM TPI 1-2 Sites  20532PM TPI 1-2 Sites  64435PM BrachtsI Pleaus  64405PM Greater Occipital Nerve  64405PM Trigominal  64412PM Spinal Accessory  64418PM Suprascapular  64420PM Intercostal - Single  64420PM Intercostal - Multiple  64430PM Pudondal	EMG/NERVE CONDUCTION STUDIES  93860PM EMG 1 Entremity  95861PM EMG 2 Entremities  95863PM EMG 3 Entremities  95864PM EMG 4 Entremities  95864PM EMG Cranial Unilatoral  95866PM EMG Cranial Unilatoral  95866PM EMG Cranial Bilateral  95869PM EMG Other  95800PM Merue Conduct Notor  95900PM Merue Conduct Notor  95903PM Nerve Conduct Motor FMAVE  95904PM Herve Conduct Sensory  95925PM SSEP Short Lat UE  95933PM SSEP Short Lat LE  95933PM H-Reflem GCS Numcle
PSYC SERVICES	11900PM Interlegional up to 7 sites 64450PM Other Peripheral  IMPLANTABLE THERAPY 01936PM Cathoter Haintenence 95970PM Stim Analysis w/o Prog 62367PM Pump Analysis w/Prog 62368PM Pump Analysis w/Prog 95990PM Pump Refill, Hurse 95911PM Pump Refill, Physician	MEDICATIONS (Specify Nunts)  J0475PM Baclofen 10mg/U  J0476PM Baclofen Intra Trial 50meg  J0702PM Betamehasone per 3mg/U  J0713PM Clonidine lmg/U  J1200PM Diphenhydramine up to 50mg  J3010PM Fentanyl 0.lmg/U  J1170PM Hydromorphone up to 4mg  S0092PM Hydromorphone 250mg  J1085PM Ketorolac per 15mg/U  J0670PM Mepivacaine per 10ml/U  J1020PM Hethylpredmisolone 20mg  J1036PM Methylpredmisolone 40mg
97814PM Acupuncture E-S addt 15 99359PM Case Mgr Confl 30-60 99359PM Case Mgr Confl addt 30 99372PM Phone Conference 15 99373PM Phone Conference 30- 99080PM Reports per/unit 15 99455PM Mork/Dis Eram per/hr 99456PM Work/Dis Eram non/treat 99075PM Med Testimony per unit 93075APM Deposition in office 60 99456PM INE	OTHER  99075ARM Deposition - 1 hour	

Cu. became 110

70 Medical Center Circle, Suite 305 \* Fishersville, VA 22939 \* Phone (540)332-5747 or (540)932-5747 \* Fax (540)332-5748

#### Mary NP Luebben Account 8: Patient: Tick Today's Charge Date/Time. 01/07/06 0940 SSP: DOB: 07/15/1474 9473.0 Payment Pat Phone: Addr: HAMBLETON, KV Refer Dr: Hiller, Theresa MD Patient Balance: PCP Name: No Family Duc for th Last Chg On: Type: APH20 James 1, 11 mgi štir par' \*\*\* MIDIFIERS \*\*\* Code Code Authi mx2 21 Prolonged ESM 53 Discontinued Procedure DX3 Code 22 Unusual Procedure 50 Staged Procedure 1N32 DX4 Code 24 Eam During Global 59 Distinct Proc Service Lath DXS Code 25 Separate ESM Proc LT Side DXS Code 26 Professional Comp RT Side Injury Date/Time 50 Bilateral Proc GA Waiver of Liability 51 Multiple Proc GY Medicare Exclusion HERT APPT The LAB & OTHER TESTS HEED NEXT APPT: NEW VISIT Mine INJECTIONS/NERVE BLOCKS EMG/NERVE CONDUCTION STUDIES 99201PM Problem Focused 10 90772PM Therapeutic Inj - SC IN 95860PM EMG 1 Emtremity 99202FX Empanded 90774PM Thorapeutic Inj - IV 20 95861PM ENG ? Estremities 992C3PM Detailed \_\_20605fff Joint In) Intermed (Wrist/Elbow) 30 95863PK ENG 3 Entremities 39204PK Comprehensive I 45 20610FM Joint Inj Major (Shoulder/Hip) 95864PM EMG 4 Emication 99205PM Comphehensive II 20550PM TP1 Single Tendon Sheath/Ligament 95067PM EMS Cramial Unilateral 60 \_\_20551PH TPI Single Tendon Origin NEW CONSULT 95868PM DWG Cranial Bilateral \_\_20552FH TPI I-2 Sites 99241PM Problem Focused 10 \_\_95869PH ENG Thoracic Paraspinal 99242PM Empanded 20 20553994 TPI 3+ Sites 95870FM EKG Other \_\_64415PM Brachtal Plemus 99243PM Detailed 959007M Herve Conduct Hotor \_64405PM \_95903PM Nerve Conduct Hotor FWAVE 99244FM Comphehensive I Greater Occipital Nervo 45 99345F% Comprehensive II 60 64425PX Illoinguinal Nerve 95904PM Nerve Conduct Sensory ESTAB VISIT 64400PM Trigeninal 95925FM SSEP Short Lat UE Walliew Murae Visia 64412PM Spinol Accessory 5 95926PM SSEP Short Lat LE \*#1:1PM Problem Focused 10 64410PA: Suprescapular 9593374 Blink Bafle: 99213FM Empanded 15 64420PM Intercostal - Single 95934PM N-Rofle: GCS Nuscle ₹99214PM Detailed 64421FK Intercostal - Kultaple 25 95936PM H-Rofler Other 99215R4 Comprehensive 40 64430PM Pudendal

11900@M Interlesional up to 7 sites

MEDICATIONS (Specify SUnits)

J0476PM Backofen Intra Trial 50mcg

J0702PH Botamehasone por 3mg/U

Clonidine lmg/U

J1200FM Diphonhydramine up to 50mg

Hydromorphone up to 4mg

Ketorolac per 15mg/U

J0475FH Baclofen 10mg/U

J3010FH Fentanyl 0.lmg/U

50092PM Hydrosorphone 250cg

J0670FM Memivacaine mer 10ml/U

J1020FM Mcthylpredmisolome 20mg

J1030FM Methylprednisolone 40mg

J25507M Promethatine up to 50mg/U

Sufentanil 0.05rg/U

J3302PM Triamcinolone - Aristoport per 5mg/l J3303PM Triamcinolone - Aristoppan per 5mg/U

J33017M Triancinolone - Kenalog per 1907/1

J2250PM Mida:olam per lmg/U

J2271FM Morphine 100mg/U

J3490BPM Phonol Aqueous 6%

\_\_50930PM Horphine 500mg/U \_\_J7040PM Normal Saline 500ml/U

J34900PM Phenol 89%

J0735PM

J1170PM

\_\_J1885FM

J3490PM

64450PM Other Peripheral

\_\_01996FH Catheter Maintenence

95970PM Stim Analysis w/o Prog

62367FM Pump Analysis w/o Prog

95911PH Pump Refill, Physician

95971PM Stim Abalysis w/Prog

62368PH Pump Analysis w/Prog

95990PM Pump Refill, Warse

99075APH Deposition - 1 hour

IMPLANTABLE THERAPY

PSYC SERVICES

OTHER

90801PM Eval w/o Test

90904PM Therapy Outpt

90906FM Therapy Outpt

90808PM Therapy Outpt

90901PM Biofeedback Train

90875FM Therapy/Blofdbk

90846FM Therapy/Fab w/o Pt 30

970:15% Acupuncture ea addt 15

97614FM Acupuncture E-S addt 15

993587M Case Mgr Confl 30-60

99359PM Case Mgr Confl addt 30

99372PM Phone Conference

99373FN Phone Conference

99080FM Reports per/unit

20456FY 2ME

99455PM Work/Cls Eman per/hr

93456PM Work/Dis Eman non/treat

99075FM Med Testimony per unit

99175APM Deposition in office 60

\_97813FM Acupuncture E-S lat 15

90876PM Therapy/Blofdbk

93947PM Therapy/Fam w/Pt

978109M Acupuncture

30-60

25-30

45-50

75-80

25-30

45-50

lst 15

30

30

15

30+

15

OTHER

# Augusta Pain Management Patient Follow up Sheet

DATE: [] Telephone or Walk in Patient		
PATIENT NAME: SS#:		
PATIENT'S DATE OF BIRTH:PHONE NUMBER:		
SA LEVEL		
Schedule Patient Return to Office in Weeks [] First Available [] Priority [] Work In		
Schedule with: [] Lee [] P. Grice [] D. Grice [] Luebben [] DeGood [] Nurse		
Schedule this type appt:   Follow up		
Discuss/Evaluate for:		
Cancel or Reset other appointments		
Request Schedule Fluoro appointment in Weeks [] First Available [] Priority [] Work In Schedule with: [] Lee [] P. Grice [] D. Grice		
Schedule ESI [] Cervical [] Thoracic [] Lumbar [] Çaudal  Facet [] Cervical [] Thoracic [] Lumbar  SNRB [] Cervical [] Thoracic [] Lumbar  min/hr Denervation [] Cervical [] Thoracic [] Lumbar  [] Other		
Request Procedure Follow-up in 2 Weeks with: [] Lee [] P. Grice [] D. Grice [] Luebben [] Do Not schedule separate procedure Follow up		
DATE/TIME OF SCHEDULED OR APPOINTMENT		
DATE/TIME OF FOLLOW UP VISIT		
Date and Name Or Notified (4284)  Purple Instruction Sheet [] Given to patient [] Reviewed over the telephone		
Other		
Refer to		
Reason Copy Put in/given to:		

VUGUSTA PAIN MANAGEMENT CENTER
70 Medical Center Circle, Suite 30. Fishersville, VA 22939 \* Phone (540)332-5747 or (540)832-5747 \* Fax (540)332-5748

D Preston Grice, MD

Account 8: Paties	Ticker Ticker	Today's Charge 7 K
Date/Time: 11/19/07 1020 SSF:	DCB: 07/15/1974 MRI	Payment
Pat Phone: CELL Addr:		Refer Dr: Plautz, Michael R. NO
Patient Balance: 0.00 Last C	ing On: 17/04/95 Typg!	IV PCP Name: Hiller, Theresa HD
INSI STATE PASK INSURANCE	DXI 123-Y Code	*** MODIFIERS ***
	DX2 9:35.9. Code	21 Prolonged ECM 53 Discontinued Procedure
IMS2 & 1 1 4 4	DX3 4.2 9.1 4 Code	22 Unusual Procedure 58 Staged Procedure
	bx4 7 5 1 1 Q code	24 EDF During Global 59 Distinct Proc Service
§	DX5Codo	25 Separate ESM Proc W Side
	DX6	26 Professional Comp RT Side
Injury Date/Time	41176	50 Bilateral Proc GA Waiver of Liability
		51 Multiple Proc GY Medicare Exclusion
NEXT APPT TD/D	lad a other tests need next appt:	
NEW VISIT Mine	Transmin American	
NEW VISIT Mins	INJECTIONS/NERVE BLOCKS	EMG/NERVE CONDUCTION STUDIES
99301PH Expanded 10	90772PM Therapoutic Inj - SC IM	_95860PM DKG 1 Entremity
99203PM Detailed 30	_ 90774PX Therapeutic Inj - IV	_95861PK EMS 2 Emergenities
99204PM Comprehensive I 45		_95863PM DMG 3 Entremities
992057H Comphehensive II 60	20610PM Joint Inj Major (Shoulder/Hip)	95964Rf ERS & Emrosities
NEW CONSULT		
_99241FM Problem Focused 10	ZUSSIM THI SINGLE TELCON ORIGIN	95868PM EMG Cranial Bilateral
39242FH E::panded 20	10553PM TPL 3- Sites	959697W ENG Thoracic Paraspinal
99243PM Detailed 30	0357m	_9587074 EMS Other
99244FH Comphohensive I 45	64405PM Greator Occipital Nerve	95900PH Norve Conduct Motor
79245PM Comprehensive II (60)	64425PM Illoinguinal Hervo	95903FM Herve Conduct Motor FMAVE 95904FM Herve Conduct Sensory
ESTAB-VISIT	64400PM Trigeminal	95925PH SSEP Short Let UE
99211PM Nurse Visit 5	64412PM Spinal Accessory	95926FH SSEP Short Lat LE
99212PH Problem Focused 10	64418FM Suprascapular	95933FM Blink Reflem
99213PM Empanded 15	64420PM Intercostal - Single	9593194 Birk Reflex GCS Muscle
99214FM Detailed 25	644217M Intercostal - Multiple	95936PH R-Reflem Other
99215FM Comprehensive 40	64430PM Pudendal	
PSYC SERVICES		Approximation of the control of the
90801P4 Eval u/o Test 30-60	64450PH Other Peripheral	MEDICATIONS (Specify Sunits)
90604PM Therapy Outpt 25-30	autina sesabitosees	JO475PM Baclofen 10mg/U
97806FK Therapy Outpt 45-50		J0476PH Baclofen Intra Trial 10mcg
POSOBRY Therapy Outpt 75-80		J0702PM Betacehasone per 3xq/U
209915M Biofeedback Trais. 30		J0735FM Clonidine lmg/U
_90875PM Therapy/Biofcbk 25-30	IMPLANTABLE THERAPY	J1200PH Diphenhydramine up to 50mg
90876PM Therapy/Blofdbk 45-50	O1996FM Catheter Maintenence	J3010Rf Fentanyl 0.lmg/U
_90846R4 Therapy/Fam w/o Pt 30	95970FM Stim Analysis w/o Prog	J1170PM Hydromorphone up to 4mg
_908475M Therapy/Fam w/Pt 30	_95971PH Stim Analysis w/Prog	S0092PH Hydromorphone 150mg
OTHER	_60367FM Pump Analysis w/o Prog	J1885PH Ketorolac per 15cg/U
_97810PM Acupuncture 1st 15	62366RK Pump Analysis w/Prog	
_97611PM Acupuncture ea addt 15	95990PM Pump Refill, Murac	71020PM Methylpredmisolone 20ma
_97813PH Acupuncture E-S 1st 15	95911PM Pump Refill, Physician	J1030PM Methylprednisolone 40mo
_97814PH Acupuncture E-S addt 15	AND CONTRACTOR OF THE PROPERTY	J22507H Midacolea per lng/U
99358PM Case Mgr Conf: 30-60	#800-brand-#800-granners	J2271PM Morphine 100mg/U
39359PM Case Kgr Confl addt 30	OTHER	50930PM Morphine 500ag/U
393727M Phone Conference 15	99075APM Deposition - 1 hour	J7040PM Normal Saline 500ml/U
99373PM Phone Conference 30+		JJ490BFM Phenol Aqueous 6%
_93050FM Reports per/unit 15		
39455FM: Work/Dis Eman per/lus		JISSOFM Promethatine up to SOme/U
99456PH Work/Dis Emai non/treat		J3490PM Sufentanil 0.05mg/U
_ 99075PM Hed Testimony por unit		J3302PM Triancinolone - Aristocort per 5mg/C
99075APM Deposition in office 60	### ### ### #### #####################	J3303FM Triancinolone - Ariatospan per Seg/U
99456PH INE		

# Augusta Pain Management Patient Follow up Sheet

DATE: [ ]Telephone or Walk In Patient		
PATIENT NAME: SS#:		
PATIENT'S DATE OF BIRTH: PHONE NUMBER:		
SA LEVEL 12-16		
Schedule Patient Return to Office in Weeks [] First Available [] Priority [] Work In		
Schedule with: [] Lee [] P. Grice [] D. Grice [] Luebben [] DeGood [] Nurse		
Schedule this type appt:   Follow up   []20 min   []40 min   []60 min   []9 min		
Discuss/Evaluate for:		
Cancel or Reset other appointments		
Request Schedule Fluoro appointment in Weeks [] First Available [] Priority [] Work In Schedule with: [] Lee [] P. Grice [] D. Grice  Schedule ESI [] Cervical [] Thoracic [] Lumbar [] Caudal Facet [] Cervical [] Thoracic [] Lumbar SNRB [] Cervical [] Thoracic [] Lumbar min/hr Denervation [] Cervical [] Thoracic [] Lumbar [] Other		
Request Procedure Follow-up in 2 Weeks with: [] Lee [] P. Grice [] D. Grice [] Luebben [] Do Not schedule separate procedure Follow up [] Do Telephone Procedure Follow up  DATE/TIME OF SCHEDULED OR APPOINTMENT		
DATE/TIME OF FOLLOW UP VISIT		
Date and Name Or Notified (4284)  Purple Instruction Sheet [] Given to patient [] Reviewed over the telephone		
Refer to		
Reason		

State Farm®
Providing Insurance and Financia \_\_arvices
Home Office, Bloomington, Illinois 61710



September 10, 2007

HAMBLETON, WV

Frederick PIP Office PO Box 953 Frederick, MD 21705

RE:

Claim Number:

Date of Loss; Our insured: 9/7/2007

Dear

It has been reported that you were injured in a motor vehicle accident on 9/7/2007. You are entitled to Medical Payments coverage based on the terms of State Farm® policy number

For the bodily injury caused by the motor vehicle accident, we will pay reasonable expenses incurred for medical services if the medical services are provided within one year immediately following the date of the accident, up to the coverage limit of \$25,000.00. Medical services means treatments, procedures and other services that are necessary to achieve maximum medical improvement, rendered by a licensed healthcare provider, commonly recognized throughout the medical profession, primarily designed to serve a medical purpose and not experimental and not for research. Reasonable expenses mean the lowest of usual and customary fees charged by a majority of healthcare providers who provide similar medical services in the geographic area in which the charges were incurred.

We have the right to obtain and use utilization reviews, peer reviews and medical bill reviews to determine if the incurred charges are reasonable expenses.

Under the terms of the policy, any person making a claim under the Medical Payments coverage shall be examined by physicians chosen and paid for by us, as often as we reasonably may require. A copy of the report will be sent to the person upon written request. The person, or his or her legal representative, shall authorize us to obtain all medical reports and records.

The policy requires you to reimburse us for payments made under the Medical Payments coverage if the same expenses were paid under the liability coverage of a person also insured with State Farm (includes State Farm Mutual Automobile Insurance Company and its affiliated companies). The policy requires you pass your rights of recovery to us or hold in trust and reimburse us for any recovery from other parties not insured by State Farm.

If you wish to present a claim, we will need your medical information, reports, and bills. Please complete and sign the enclosed Medical Authorization and return it to us in the envelope

48-5489-687 Page 2 September 10, 2007

provided. This authorization will allow your medical providers to furnish State Farm with the medical information we need to process your claim.

It is likely one claim team will be assigned to handle your Medical Payments Coverage and, if applicable, any other claim presented under this policy would be assigned to a different handler. To expedite the handling of your claim or claims, your signed Medical Authorization may be used to evaluate your claim for Medical Payments coverage, as well as any other claim presented under this policy. However, if you prefer that this authorization not be used for other claims under this policy, please advise us in writing.

Please retain this letter for your personal records, as it identifies your claim number and the representative handling the Medical Payments coverage portion of your claim. If you wish to submit medical bills or other correspondence, include your name and claim number, and mail them to the address at the top of this letter.

Please provide this address to your medical providers in the event they wish to submit their bills directly to us. Please be advised we may pay the injured person or any other person or organization performing the services.

The Medical Payments coverage has other terms and conditions not listed in this letter. For further details of the coverage, please refer to your policy.

If you have any questions, please contact us at (866) 891-3658 x7939.

Sincerely, Carol Englebrecht Claim Representative for Claim Processor Unit P4 Phone: (866) 891-3658 x7939 Fax: (888) 613-3969

State Farm Mutual Automobile Insurance Company

Enclosures: Medical Authorization

Postage Paid Return Envelope



# AUTHORIZATION FOP RELEASE OF INFORMATION

NOTE: Property and Casualty insurance is excluded from the definition of "health plan" in the privacy rules developed pursuant to the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and is not a covered entity. However, this authorization meets the core elements criteria set forth in the HIPAA privacy rule, Section 164.508 (c).

Hower	ver, this authorization meets the core elements criteria set forth in the HIPAA privacy rule, Section 164.508 (c).
Name	of injured Person hereinafter referred to as the "Injured Person")
Social	Security Number of Injured Person:
Date o	of birth of Injured Person: <b>Exercise</b>
State f	Farm Claim No.:
) autho	rize.
(1)	any medical, psychological, psychiatric, osteopathic or chiropractic physician, dentist, any other medical practitioner of healthcare provider, hospital, clinic, rehabilitation facility, nursing home, or any other healthcare facility to disclose information from the medical and healthcare records of the injured Person. I understand that the specific type of information to be disclosed includes, but is not limited to, medical and healthcare records and any other information including any history, treatment records, diagnosis, prognosis, narrative reports, and billing records. This authorization also permits my medical providers to discuss in person, by telephone, electronically, or by mail, medical options conclusions, treatment plans and other information; and
(2)	any firm, employer, or insurance company to furnish information about the earnings, loss of earnings, work history workers' compensation claim, and other medical information in its/their possession concerning the injured Person, as well as, Event Data Recorder (EDR) information, photographs and other information about the physical damage to the vehicle(s) involved in the accident; and
(3)	any educational organization to furnish the school records of the injured Person to
State I (herein	Farm Mutual Automobile Insurance Company, its subsidiaries and affiliates, its claim associates, and legal representatives tafter referred to collectively as "State Farm").
any, for occurrent of their reconnect may in disclose	prize the use of the above information to permit State Farm to investigate, process, and determine the amount payable, it reall claims made under any State Farm property and casualty insurance policy that applies to the accident or rence on 9/7/2007. I understand as part of the claim handling process, State Farm may disclose medical or other ation obtained by this authorization to physicians, dentists, other medical or healthcare providers or other professionals for eview and professional opinion. This information may also be released to other insurance companies for their use in the citien with insurance transactions, or as required or permitted by law, information obtained pursuant to this authorization atter be redisclosed and may not be protected under the HIPAA privacy rule. I understand that I may refuse to authorization of all or some of the requested information, but that refusal may potentially cause a delay in processing, or result in the of, insurance benefits for the pending injury claim(s).
authori referer	uthorization may be revoked at any time, except to the extent that State Farm has taken action in reliance on this ization prior to notice of revocation. Such revocation must be in writing, dated, signed, and include the claim number need above. I understand that revocation of this authorization may potentially cause a delay in processing, or result in the of, insurance benefits for the pending injury claims(s).
authori	uthorization is valid for the duration of the claim referenced above, and a photocopy is as valid as the original. This ization specifically applies to records made before, during, and after the date of signing this authorization for as long as the zation is in effect.
i have that i π	read the authorization and signed this document as a free and voluntary act for the purposes noted above. I understand nay obtain a copy of this authorization upon written request submitted to State Farm.
Any per applical	son who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an tion for insurance is guilty of a crime and may be subject to fines and confinement in prison.
Date: _	

Description of personal representative's authority or relationship to patient

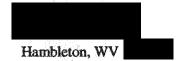
Signature of Individual or personal representative

# Augusta Pain Management Center Insurance Referral/Preauthorization Flow Sheet

Patient's Name:	Referring Physician:
Insurance: State Jan INS	PCP:
Address: 20.80 × 953	Claim Number:
fc 866-891-3658	Date of Injury: 9/7/07
Case Manager/Adjuster Name & Number: Cla	um representactive
Date Documen	Claim Number:
unit sue me adolie	es to send Claims to
	_
2/11/28 called for little appt to	r mrz + send bill to State Farm
of colocal to thom.	
	Statedann ins Co. She
for in to atrustice suth	relington if ty is in relation
	*
	4



August 11, 2008



RE:

Date of Event: September 7, 2007

File Number:

652566

Client:

**General Motors Corporation** 



As you know, ESIS provides claims handling services to General Motors involving product liability claims.

This letter is a follow up to our conversation of August 11, 2008.

A review of your claim involving a 2005 Chevrolet Cobalt has been completed.

ESIS must respectfully deny your claim for any damages.

Sincerely,

Tiffini Hails