

NA
AD
Tele

RESPONSIBLE PARTY
EMPLOYER
Insurance
Date of Birth

RVPS

Sex

MSW

JUL 20 1988

works to lots of
lead - blood work for
that?

1/22/80

Naprosyn 500

7-20-88

Concerned about working around some lead and the possibility of having some lead intoxication. Heavy metal screen is drawn. Additionally, he has had some arthritic and bursitis discomfort.

P: Naprosyn 500 mg.

8-24-88 Chart notes sent to RVPS for

1-18-89

wanted letter for unemployment concerning his
stern - told we had not seen him for that
& would have to see. Said he couldn't to forget it.

JUL 20 1988

Chart not
tuned
for a lot of stuff

13
M/8 med
M/9 & similar
FD. light
work

Right hand numbness, tired, fatigue, backache, neck stiffness. Denies allergies. No surgeries. Drinks a 6 pack a d. Family history of diabetes. O: Lungs clear. Heart regular. BP good. Frontal and maxillary sinus tenderness. History of chronic sinus problems and uses nasal inhalor. P: CBC, screen, profile, thyroid, sed rate. Discussed getting off alcohol and getting on a multiple vitamin. Put him on antibiotic for low grade sinus infection and f/u.

EXHIBIT L

JUL 27 1993

Test results

② Athletes foot

③ - Needs G's -

138/84

Fingers numb

██████████ 7-27-93

Review of lab work. Needs Beconase. Arms and fingers numb, especially at night when he sleeps, he awakens occasionally with arms and fingers will be numb. Sleeps on his stomach. Asked him to change that.

Lab work is reviewed, is relatively normal with the exception of elevated uric acid noted. When he saw Dr. Mersch, Dr. Mersch indicated he drinks a 6-pack of beer a d and I've told him that is not a good idea. Also tells me he has a brother who may need kidney transplant. Advised him to be very careful because if he is going to be a donor for his brother he needs to be in good health.

A: Allergic rhinitis. Refill of Beconase given.

P: As noted. ██████████

APR 27 1994

Cancel

2-22-95 - Pt req to see office mgmt - when he e. went to bill to come back to off mgmt office ^{8:35am} pt had left _{ES}

EXHIBIT _____

December 17, 2007

Page 1

Chart Document

Patient A

Home: [REDACTED]

Male: [REDACTED] Old [REDACTED] SSN: [REDACTED]

PCP: DR B

Ins: [REDACTED]

01/12/2001 - Transcription: S: 50-year-old Caucasian male here with complaint of gout flare-

Provider: Dr. C MD

Location of Care: PHG [REDACTED]

S: 50-year-old Caucasian male here with complaint of gout flare-up in his right foot. He has had history of gout in the past. He is otherwise fairly healthy. He has some allergies. He is a fairly healthy individual. He is on no medications and has had no allergies to medications. Nonsmoker.

O: Examination reveals right foot with the great toe base is red, swollen, painful and warm to the touch, consistent with gout.

A/P: 1. Gouty flare-up. Will place him on Indocin 50 mg t.i.d. with food until his symptoms improve. Will follow up p.r.n.

Dr. C MD:sb

Signed by Dr. C MD on 01/17/2001 at 8:29 AM

[Redacted]

Patient: A

Home: _____ Office: _____

Male: _____ Old DOB: _____ SSN: _____
PCP: DR. B

Ins: [Redacted]

09/29/2006 - Office Visit: Check heel

Provider: DR. B

Location of Care: PMG [Redacted]

VITAL SIGNS

BP: 128/84mm Hg Cuff Size: Large Location: Right arm

Chief Complaint: Check heel
Initials: CN

Chief Complaint: Check heel

HPI: Right heel pain x 3-4mo

Review of Systems

General: Denies fevers, chills, sweats, anorexia, fatigue, malaise, weight loss.

Musculoskeletal: Denies back pain, joint pain, joint swelling, muscle cramps, muscle weakness, stiffness, arthritis. Heel pain

PHYSICAL EXAM

General: well nourished, healthy appearing, no distress

Extremities: very tender over the plantar fascia

ASSESSMENT AND PLAN

1. FIBROMATOSIS PLANTAR FASCIAL (ICD-728.71)

counseling relative to shoes, ibuprophen

Disposition: Return if not better

Social History Data

Problems:

GOUT NOS (ICD-274.9)

RHINITIS, ALLERGIC NOS (ICD-477.9)

OTITIS EXTERNA, ACUTE (ICD-380.10)

FRACTURE, PHALANGES OF HAND CLOSED (ICD-818.00)

FIBROMATOSIS; PLANTAR FASCIAL (ICD-728.71)

Medications:

INDOCIN 50 MG CAP (INDOMETHACIN) 1 po tid with food prn pain

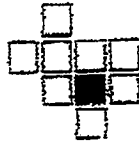
IBUPROFEN 200 MG TABS (IBUPROFEN) prn

ADVIL TAB 200MG (IBUPROFEN) 3 TID WITH FOOD

Signed by: DR. B

on 09/29/2006 at 12:45 PM

[REDACTED]



RADIOLOGICAL GROUP, P.C.
OCT 16 2006

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

Patient A

October 2, 2006

Dr. B, M.D.

DOB:

CONSULTATION, RIGHT CALCANEUS: Films are presented from Central Point Medical Group dated 09/29/06 for review.

CLINICAL HISTORY: Pain.

TECHNIQUE: Two views of the right calcaneus were obtained. No comparison studies are available for review.

FINDINGS: The visualized bones appear normal in mineralization. No acute fractures or dislocations are identified. No abnormal areas of sclerosis are seen to suggest a healing stress fracture. Small calcaneal spurs are seen, both on the plantar surface and at the Achilles tendon insertion site. Mild degenerative changes are seen in the mid-foot and at the first tarsometatarsal joint.

IMPRESSION:

1. Small calcaneal spurs as described.
2. Mild multifocal degenerative changes.

[REDACTED] Radiology Group

mm

Patient A

Home:

Office

Male
PCP:Old Dist:
DR B:

SSN:

Ins:

12/04/2007 - Office Visit: Poss Gout

Provider: DR B

Location of Care: Providence Medical Group

VITAL SIGNS

BP: 140/ 80 mm Hg Cuff Size: Regular Location: Right arm

Chief Complaint: Poss gout. Patient states he is having a hard time taking the Indocin. Arthritis and pain in right heel

Medications reviewed - no changes

Problems reviewed - no changes

Allergies reviewed - no changes

HPI**Context**

patient does suffer from gout for several years. Is taken indomethacin in the past for acute attacks but this seems to be really uncomfortable and bothers his stomach quite a bit. He is concerned because the last attack was very severe it is foot and knee. He is concerned about how to stop this from happening again.

Problem List (including changes): - reviewed

Medication List (including changes): - reviewed

Allergies List: - reviewed

No Known Allergies

Review of Systems

General: Denies fevers, chills, sweats, anorexia, fatigue, malaise, weight loss.

Musculoskeletal: Complains of joint pain. Denies back pain, joint swelling, muscle cramps, muscle weakness, stiffness, arthritis.

Physical Exam**CONSTITUTIONAL**

patient presents in no acute distress

ANKLE/FOOT PAIN

benign exam with the exception of discomfort also has discomfort in his hip.

ASSESSMENT AND PLAN**1. GOUT NOS (ICD-274.9)**

I talked with he and his wife at length about the allopurinol and recommend we start him on at which we

Patient A

Home:

Office:

Male Old DOB:

SSN:

PCP: Dr. B

Ins:

will do at 100 mg daily have also given him a prescription for colchicine to use for an acute attack if this happens. I have indicated that we may need to increase his medication if this dosage does not help him.

Disposition: Return if not better

Total time of visit: greater than 20 minutes - 75% of visit was spent on Counseling
Counseled patient on: gout and its treatment.

Signed by: Dr B on 12/04/2007 at 12:46 PM