Baxter, Ted (MR # 014701940)

Encounter Date: 06/29/2005

ASS/PLAN: still aphasic.

some occasional plapitations echc, holter, look for AF.

coumadin in 6 months after playin is ceased for DVT prophylaxis.

Thank you for involving me in the pare of Ted Baxter

Andrew Hamilton MD. PhD Office Ph 847 570 2250

Pager 2454

Questionnaire ASSESS/SCREEN BASIC ELEMENTS - OFFICES

Question

SUBMET ONO FURTHER ACTION NEEDED

Comment

PAIN: Score: Refer to Vital Signs section

of today's visit

BARRIERS TO LEARNING

NUTRITIONAL STATUS **FUNCTIONAL STATUS**

ABUSE/EXPLOITATION: Is anyone causing you to feel unsafe or abused in your home?

LANGUAGE NO PROBLEMS 'DENTIFIED

NO PROBLEMS IDENTIFIED

Marie Programme Company of the Compa

Prescriptions Ordered This Encounter

None

Patient Prescription Taking

Reported ARICEPT 10 MG PO TABS

CLOPIDOGREL BISULFATE 75 MG PO TABS

ASPIRIN 325 MG PC TABS

OMEGA 3 120-180 MG PO CAPS

AMOXICILLIN 500 MG PO CAPS

LIPITOR 10 MG PO TABS

HEXAVITAMINS PO TABS

Dosage

1 tab every hs 1 Tab PO DAILY x 6 months

1 TABLET DAILY

1 daily

4 PO 2 hours prior to dental work

1 PO qhs

I tebiet by mouth daily

Medication Comments

DENIES

Encounter

At Start of Proscription ARICEPT 10 MG PO TABS ΩlaΩ 30

Rofllia

8/1/2005

End 2/2/2006

Sig - Route: 1 tab every hs - Orel

Class: Auto Fax

(Taking/Discontinued)

Could in Accepted by TABER, JESSE on Mon Aug. 1, 2005-3:09 PM

CLOPIDOGREL BISULFATE 75 MG PO TABS

7/13/2005

1/13/2006

(Taking) Sig - Route: 1 Tab PO DAILY x 6 months - Oral

Class: EV CCC Discharge

ASPIRIN 325 MG PO TABS (Taking)

6/29/2005

Sig - Route: 1 TABLET DAILY - Oral

Baxter, Ted (MR # 014701940) Printed by HERNANDEZ, ROSA LIA [300311] at 9/1... Page 20 of 24

Baxter, Ted (MR # 014701940) Printed by HERNANDEZ, ROSA LIA [300311] at 9/1... Page 21 of 24

Baxter, Ted (MR # 014701940) Printed by HERNANDEZ, ROSA LIA [300311] at 9/1... Page 23 of 24

Letters TABER, JESSE on 6/29/2005

TABER, JESSE on 6/29/2005

Voiced Sent

Modications **Prescriptions** Ordered This None

Encounter

Patient Proscription

Reported ASPIRIN 325 MG PO TABS

Taking OMEGA 3 120-180 NG PO CAPS

AMOXICILLIN 500 MG PO CAPS LIPITOR 10 MG PO TABS

HEXAVITAMINS PO TABS

Dosage

1 TABLET DAILY

1 deily

4 PO 2 hours prior to dental work

1 PO ghs

1 tablet by mouth daily

Medication Comments

DENIES

Meds

Comments as DENIES

of 04/21/2005

Level Of Level of Service

Service OFFICE/OUTPT VISIT, EST, LEVIL V [99215]

Previous Visit Date & Time

Provider Department Neuro Evss

MD MD

DROERS ALACED OR RELEASED THIS ENCOUNTER HAS THE HEALTH HERE

Visit Scan(s) There are no scans of this type.

Patient Scan(s) ADVANCE DIRECTIVE omis: 1 of 3 Scan on: 04/24/200512:55 PM by: ZZANTAZO, KATHRYN [122489]

Figurame: S. prd. 2610217. TIE ADVANCE DIRECTIVE cmts: 2 of 3 Scan on: 04/24/20051256 PM by: ZZANTAZO. KATHRYN [122489] Filename: S-pro-2610218.11F ADVANCE DIRECTIVE crits: 3 of 3 Scan on: 04/24/200512:56 PM by: ZZANTAZO_KATHRYN [122489]

Firename: S-prd-2610219.JIF ADVANCE DIRECTIVE crits. 1 of 2 Scan on: 04/24/2005/257 PM by: 22ANTAZC, KATHRYN [122429]

Filename, S-pro-2610220, FIF ADVANCE DIRECTIVE cmts: 2 of 2 Scen on: 04/24/200512:58 PM by: ZZANTAZO, KATHRYN [122489]

Flename: S-prd-2610221 TIF

ADVANCE DIRECTIVE Scen on 04/24/2005 1.00 PM by ZZANTAZO, KATHRYN 12/24891 Filename: S-cro-

26 10227, TIF ADVANCE DIRECTIVE crits: POWER OF ATTORNEY 4/4/07 Scen on: 08/2*/2007 4:59 PM by: ZARATE,

CARLOS [116338] Fliename, S-prd-6392384, T/F

Baxter, Ted (MR # 014701940) Printed by HERNANDEZ, ROSA LIA [300311] at 9/1... Page 24 of 24

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POWER OF ATTORNEY

Invitation Pener to make Charitable and Other Gifts Anow All den By Giper Presentei

, residian St rad W. Baxter , do bereby Tulkyo, Japan Bies Gin \$ 202, 4-22-3 Japan in , residint at constitute and appoint my wife, Kelly S. Barter Anomoy-in-Fact, for me and in my name, place and strad, so make, alga, seel, endowse, my true and lawful accept, execute, acknowledge and deliver any and all ocatracts, agreements, specialties, acquittances, assignments, leases, transfers, deads, instruments of conveyance, mortgages, bonds, much, checks, drafts, bills of exchange, orders for the payment of money and other instruments and obligations of every kind, whether of a similar or a different nature, and generally to do all things which in the judgment of said Amorney are necessary or advisable to be done for me or on my behelf, either within the State of New York or elsewhere in the world, in connection with my affairs and business or in connection with my property as hereinafter defined; and in perticular, without in any way limiting the broad and general powers which it is my intention to confer upon said Amprory, on my behalf and for my account, and either in my name or otherwise:

- (1) to enceive all dividends and interest which may be or become payable on any shares of stock, bonds, notes or other securities as hereinafter defined;
- (2) to buy and sell stocks, bonds and other securities and commodities and other property through any firm or firms of broken or otherwise, and to pay customsty brokerage and other communium and expenses in connection therawith;
- (3) to vote as my proxy at any meeting of a corporation, association or other entry, or of securityholders of a corporation, essociation or other entity, in respect of any stock or other tecurities held by me and for that perpose to sign any proxy or other introment
- (4) to commence and carry on, or to defend, all sections, suits or other proceedings which affect or may affect anything in which I or my property may be in any who concerned, and to settle or discontinue the same;
- (\$) to demand, me for, enforce payment of and receive and give discharges for all moneys, debet, rests and other claims of every kind belonging to me;
- (6) to sende, compromise or submit to arbitration all accounts, claims and disputes between me and any other person as bereinafter defined;
- (7) to deposit all income and other moneys becoming payable to me or realized from my property with any bank, trust company, parenership or other person, as said Amorney may deem advisable, and to withdraw, by check or otherwise, and invest the same in such investments, or to use the same for such other purposes, as said Artorney may utem advisable:
- (8) to make such arrangements for the custody or safekeeping of any or all of my property as said Attorney may does advisable, and from time to time to change or terminate any arrangements for such custody or safekeeping which have heretofore been or may hereafter be made:
- (9) to consent to and participane in any teorganization, liquidation, merger, consolidation or readjustment of any cosporation, association or other entity the stocks or other securities of which I may hold, and in connection therewith to exchange such socurities for now accurities and to make much payments or other commitments as said Amorocy may doom advisable;
- (10) to pay, out of my funds, any and all debts, taxes, expenses and amounts now or hereafter owing, or believed by said Attorney to be owing, by me to say person;



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I hereby give and grant to said Attorney full power and authority to make gifts on my behalf (i) to charkable organizations in the form of cash or property or incrests in property provided that in the judgment of said Attorney such gifts are deductible for tax purposes, and/or (ii) to individuals, to trustees or to custodiant under the Uniform Oiths to Minors Act in the form of each or property or interests in property, whether in amounts equal to the annual exclusion for gift tax purposes or in greater or lesser amounts.

I hereby give and grant to said Attorney full power and authority to place all or any part of my easers in a revocable must of which I shall be the sole beneficiary (but with power of withdrawal reserved to my said Attorney for any purpose authorized or permitted under this power of automey) with remainder payable to my estate, in such form as may be approved by Mestri. Craveth, Swaize & Moore or by my regular legal counsel, with any one or more individuals (including my said Attorney) and/or a corporation as trustee or trustees thereof.

The authority granted by this instrument shall extend not only to all peoperty which I now own or possess but also to all property which, while this power of attorney shall continue in force and unrevoked, I or said Attorney, acting hereunder, may acquire by purchase, exchange, gift, devise, bequest or in any other manner.

Said Attorney shall have full power to appoint a substitute or substitutes to excluse in the place and stead of said Attorney, and as my attorney-in-fact or attorneys-in-fact, any or all of the powers (including the powers granted by this paragraph) which by this instrument I have conferred upon mid Attorney, and at the pleasure of said Attorney to revoke any such appointment.

I hereby give and grant to said Anomey full power and authority to do and perform every act or thing which said Atomney may deem necessary or advisable in and about the premises as fully to all intents and purposes as I could do if I were presonally present and acting and I hereby ratify and confirm all that said Anomey or any activating or substitutes appointed as above provided shall lawfully do or came to be done by virtue hereof.

THIS POWER OF ATTORNEY SHALL NOT BE AFFECTED BY MY SUBSEQUENT DISABILITY OR INCOMPETENCE.

IN WITHERS WHEEROF, I have become set my hand and scal this "I day of Juna .

Rd W. Bred 1.

In the presence of:

Common M. Belt 3

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STATE OF NEW YORK

On this 7th day of June 1996, before the personally came Ted W. Bander, to me known to be the individual described in and who executed the foregoing power of attorney, and acknowledged that he executed said instrument.

Flotary Public
Anni J., Zoler
Many Public, But of New Yolk
No. 81 (5)01607
GudDed in New York Descript
Committee Each and New York
Committee Committee Committee Committee Committee
Committee Committ

SUN BAXTER 000808

7.09 55 13

- (11) to borrow money in such amounts as said Astorney may deem advisable, and to execute therefor notes, bonds or other obligations on such terms as said Attorney may deam advisable;
- (12) to give security for any money so borrowed by the mortgage or pledge of any of any property and to execute, acknowledge and deaver such instruments as said. Attended they may deem appropriate to make such mortgage or pledge effective:
- (13) to sell, convey, exchange or otherwise dispose of any or all of my real estate,

 lesses, lessabilities or other property partaking of the nature of real estate, for such
 prices and upon such terms and conditions, and either with or without covenants and
 restrictions and either at private or public sale, all as said Amorney may deem
 advisable, and to sign, seal, execute, acknowledge and deliver contracts of sale or
 exchange, assignments and dends or other intermedut of conveyance, and to mortgage,
 develop, after, repair, improve, insure, let or lease, manage and otherwise deal with
 any of such real estate or other property and each and every part thereof, in such
 manner and to such extent and for such length of time and upon such sorms and
 conditions as said Amorney may deem advisable;
 - (14) to make, execute and sie any and all declarations, returns, waivers, consents, and other instruments or forms relating to Federai, State, municipal and other taxes or assessments, including income, property, excise and other taxes of whatever nature and whether imposed by any domestic or by any foreign authority, and in connection with any such taxes or assessments due or claimed or believed to be due from me or in respect of any property or rights which I may own or in which I may have any laterest, in appear and represent me before the United States Treasury Department, or the Insernal Revenue Service, or any representatives thereof, or the State Tax Commission of New York or any other governmental or municipal body or authority of whatever nature, domestic or foreign, or any representatives of any thereof, and to conduct and transact any case, claim or matter whatsoever before said Department. Service, Commission or other body or surbonty or the representatives of any thereof in respect of any and all things pertaining to any such taxes or assessments, and in connection therewith to exercise all such rights and privileges, and to have such access to all records and property, as I might exercise or have:
 - (15) to have score to any and all safe deposit boxes or vaults held by me or in my name and to withdraw the contents thereof;
 - (15) on such terms as said Attorney may deem advisable, so appoint agents or hire employees or retain legal ocunted or other advisers for the purpose of carrying out any axion authorized by this instrument and to revoke any such appointment or hiring or retainer, and
 - (17) to execute in my same all instruments of any kind which said America may deves advisable or convenient for the exercise of any of the powers conferred by this instrument.

Wherever used in this instrument, the term "accurides" shall mean and include bonds, notes, debennues, mortgages, obligations, warrants and stocks of any kind or class, and such other evidences of indebtedness and certificates of interest as are availly referred to by the term "accurides"; the erm "property" shall mean and include real, personal and mixed property of every kind and wherever situate (including, without limiting the generality of the foregoing, securides as above defined) and shall include every kind of right, tide and interest, legal or equitable and whether beneficial or otherwise, in or to say of the foregoing; and the serm "person" shall mean and include any individual, corporation, autocation, parmersalp, government, bureau, agency or other endoy, whether domestic or foreign, of any lifed and whether acting on his, her ar in own or in any fiduciary or other capacity or interest.

"LIVING WILL"

By Tod W. Baxter

TO MY PAMILY, MY PHYSICIAN, MY LAWYER:

If the time comes when I can no longer take part in decisions for my own future, and am unable to direct my physician as to my own modical care, let this statement stand as the testament of my wishes.

If there is no reasonable expectation of my recovery from physical or mental disability, I request that I be allowed to die and not be kept alive by artificial means or heroic measures, and expressly consent to and ask for the issuance of an order not to resuscitate me. When my time comes. I ask that my treatment be limited to measures to make I therefore ask that me confortable and relieve pain. artificial life support (including nutrition, hydration, cardiac resuscitation and mechanical respiration) not be started or continued if it is unlikely to reverse the course of my illness. Death is as such a reality as birth, growth, and maturity -- it is the one certainty. I do not fear death as much as I fear the indignity of deterioration, dependence, and hopeless pain. I ask for maximum pain relief, even if that hastens the moment of death.

BAXTER, YED CH, JOHN 047019405111 11/17/83 M 2007.09.25 13:15

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This request is made after careful reflection, while

I am in good health and spirits. I recognize it places a
heavy burden of responsibility upon you, and it is with the
intention of sharing that responsibility and of mitigating any
feelings of quilt that this statement is made.

Dated:

June 7 , 1996.

2128

I declare that the person who signed this document in my presence is known to me and appeared to me to be of sound mind and not under any durens or undue influence.

Acres Coleman residing at 50 East 72 NO St.

Ny, NG 10071

Pt. Washingen NY 11050

BAXTER, TED GH, JCHN 0147019405111 11/17/63 h

HEALTH CARE PROXY

BY Ted W. Baxter

TO MY PANILY, MY PHYSICIAMS, MY LAWYER:

I appoint my wife Kally 5 Baxter

Now living at Submarks Takes 150 Takes, as my Health
Care Agent authorized to make health care decisions in my
stead should I at any time lack the capacity to make such
decisions for myself (whether by reason of disability,
incompetence or otherwise). Upon the determination by my
attending physician that I lack the capacity to make health
care decisions, I hereby authorize my Health Care Agent to
make any decisions I otherwise could make involving consent,
refusal of consent, or withdrawal of consent to any care,
treatment, service or procedure (including artificial nutrition and hydration) to maintain, diagnose, or treat me for
any physical or mental condition whatever.

This proxy shall remain in effect until expressly revoked by me.

Dated: New York, N.Y. Jant 7 , 1996.

I declare that the person who signed this document in my presence is known to me and appeared to me to be of sound aind and not under any duress or undue influence. I am not the person appointed as Agent by this document.

Fitness Chummin. Balt Frestding at IO East 92 to ft.

Ny , Ny 1001

BIEROS Preph Calamai residing at 133 Soundian Drive

At. Washington, NY 11050

EAXTER, TED OH, 40HN 0147019405111 11/17/63 A .09 .25 13 · L

BAXTER.TED

Scan on POWER OF ATTORNEY 4/4/07 by

TED BALTER 11/17/43

McDERNOTT WILL & EMERY LLP 227 West Monroe Street Chicago, Illinois 60606-6098

ILLINOIS STATUTORY SHORT FORM POWER OF ATTORNEY FOR HEALTH CARE

(NOTICE: THE PURPOSE OF THIS POWER OF ATTORNEY IS TO GIVE THE PERSON YOU DESIGNATE (YOUR "AGENT") BROAD POWERS TO MAKE HEALTH CARE DECISIONS FOR YOU, INCLUDING POWER TO REQUIRE, CONSENT TO OR WITHDRAW ANY TYPE OF PERSONAL CARE OR MEDICAL TREATMENT FOR ANY PHYSICAL OR MENTAL CONDITION AND TO ADMIT YOU TO OR DISCHARGE YOU. FROM ANY HOSPITAL, HOME OR OTHER INSTITUTION. THIS FORM DOES NOT IMPOSE A DUTY ON YOUR AGENT TO EXERCISE GRANTED POWERS; BUT WHILE POWERS ARE EXERCISED, YOUR AGENT WILL HAVE TO USE DUE CARE TO ACT FOR YOUR BENEFIT AND IN ACCORDANCE WITH THIS FORM AND KEEP A RECORD OF RECEIPTS, DISBURSEMENTS AND SIGNIFICANT ACTIONS TAKEN AS AGENT. A COURT CAN TAKE MANY THE POWERS OF YOUR AGENT IF IT FINDS THE AGENT S NOT ACTING PROPERLY. YOU MAY NAME SUDCESSOR AGENTS UNDER THIS FORM BUT NOT CO-AGENTS, AND NO HEALTH CARE PROVIDER MAY BE NAMED, UNLESS YOU EXPRESSLY LIMIT THE DURATION OF THIS POWER IN THE MANNER PROVIDED BELOW. UNTIL YOU REVOKE THIS POWER OR A COURT ACTING ON YOUR BEHALT TERMINATES IT, YOUR AGENT MAY EXERCISE THE POWERS GIVEN HERE THROUGHOUT YOUR LIFETIME, EVEN AFTER YOU BECOME DISABLED. THE POWERS YOU GIVE YOUR AGENT, YOUR RIGHT. TO REVOKE THOSE POWERS AND THE PENALTIES FOR VIOLATING THE LAW ARE EXPLAINED MORE FULLY IN SECTION 4-5, 4-6, 4-9 AND 4-10(b) OF THE ILLINO'S "POWERS OF ATTORNEY FOR MEALTH CARE LAW OF WHICH THIS FORM IS A PART (SEE THE END OF THIS FORM). THAT LAW EXPRESSLY PERMITS THE USE OF ANY DIFFERENT FORM OF POWER OF ATTORNEY YOU MAY DESIRE. IF THERE IS ANYTHING ABOUT THIS FORM THAT YOU DO NOT UNDERSTAND, YOU SHOULD ASK A LAWYER TO EXPLAIN IT TO YOU.

POWER OF ATTORNEY MADE 4 15 - April , 2007. 1. I Ted W. Bexter, of Chicago, Illinois. PROOF THERE BUT BOXTON OF PROCEED nemby appoint my wife, Kelly S. Baxter, of Chicago, Illinois. as my efformoy-in-fact (my "agent") to act for me and in my name (in any way I could act in person) to make any and all decisions for me concerning my pergritual care, medical treatment, hospitalization and health care and to require, withhold or withdraw any type of medical treatment or procedure, even though my death may ensure. My agent shall have the same access to my medical records that I have, including the right to decione the contents to others. My agent shall also have full power to authorize an autopsy and direct the disposition of my remains. EFFECTIVE UPON MY DEATH, MY AGENT HAS THE FULL POWER TO MAKE AN ANATOMICAL GIFT OF THE FOLLOWING (INITIAL ONE): ---Any ground, besures, or eyes suitable for transplantation or seed for insecurch or education. Specific organa:__ initialed None. initialed (THE ABOVE GRANT OF POWER IS INTENDED TO BE AS BROAD AS POSSIBLE SO THAT YOUR AGENT WILL HAVE AUTHORITY TO MAKE ANY DECISION YOU COULD MAKE TO DETAIN OR TERMINATE ANY TYPE OF HEALTH CARE, INCLUDING WITHDRAWAL OF FOOD AND WATER AND OTHER LIFE-SUSTAINING MEASURES, IF YOUR AGENT BELIEVES BUCH ACTION WOULD BE CONSISTENT WITH YOUR INTENT AND DESIRES. IF YOU WISH TO LIMIT THE SCOPE OF YOUR AGENTS POWERS OR PRESCRIBE SPECIAL RULES OR LIMIT THE POWER TO MAKE AN ANATOMICAL CIFT, AUTHORIZE AUTOPSY OR DISPOSE OF REMAINS, YOU MAY DO SO IN THE FOLLOWING PARAGRAPHS. 2. The powers granted above shall not include the following powers or shall be subject to the following rules or limitations (here you may include any apacitic limitations you deem appropriate, such as: your own definition of when the custaining measures should be withheld; a direction to continue food and duists or life-scalaining treatment in all events, or instructions to refuse any specific types of treatment that are inconsistent with your religious befiefs or unacceptable to you for any other neason, such as blood transfusions, electro-convulsive therapy, amoutation, psychosurgery, voluntary admission to a mental institution, etc.): No limitations.

BAXTER, TED Scan on POWER OF ATTORNEY 4/4/07 by

TED BARTER!

SLEJECT, SOME GE	Fe-sustaining treatment is of particular importance. For your convenience in dealing with that neral statements concerning the withholding or removal of life-sustaining treatment are set u agree with one of these statements, you may instal that statement; but no not initial more than 2
Initialed	I do not want my life to be prolonged nor do I want life-sustaining treatment to be provided or continued if my agent believes the burders of the treatment curweigh the expected benefits. I want my agent to consider the reflet of suffering, the expense involved and the quality as well as the possible extension of my life in making decisions concerning the sustaining treatment.
initaled	I warm my life to be prolonged and I warm life-sustaining treatment to be provided or continued unloss t am in a come which my attainding physician believes to be impressible, in accordance with reasonable medical standards at the time of I reference. If and when I have suffered treversible come, I warm the sustaining treatment to be withheld or discontinued.
befaile:	I want my life to be prolonged to the greatest extent possible without regard to my condition, the chances I have for recovery or the cost of the procedures.
POWERS OF ATTOR FRANTED IN THIS PO YOUR DEATH, AND B THE BEGINNING DATE	TORNEY MAY BE AMENDED OR REVOKED BY YOU IN THE MANNER PROVIDED IN SECTION 4-6 OF THE ILLINOIS NEY FOR HEALTH CARE LAW (SEE ATTACHED FORM) ABSENT AMENDMENT OR REVOCATION, THE ALTHORITY WER OF ATTORNEY WILL BECOME EFFECTIVE AT THE TIME THIS POMER IS BIGNED AND WILL CONTINUE UNTIL EYOND IF ANATOMICAL CIFT, AUTOPSY OR DISPOSITION OF PEMAINS IS AUTHORIZED, UNLESS A LIMITATION ON E OR DURATION IS MADE BY INITIALING AND COMPLETING EITHER OR BOTH OF THE FOLLOWING)
3. () This power	of adorney shall become effective immediately. (From a base date or even during now islame such as could generalize of your deading, when you went they gover to fire one effect)

4. () This power	of ettorney of all terminate on
	185 BRXEST. regraph 5, a person shall be considered to be incompetent if and while the person is a minor or an adjusticated incompetent or terson is untable to give prompt and infelligent consideration to health care methers, as certified by a licensed physicism.
PPOINTED, YOU MAYOUR AGENT IF THE	WE YOUR AGENT AS GUARDIAN OF YOUR PERSON, IN THE EVENT A COURT DECIDES THAT ONE SHOULD BE Y, BUT ARE NOT REQUIRED TO, DO SO BY RETAINING THE FOLLOWING PARAGRAPH. THE COURT WILL APPOINT ! COURT FINDS THAT SUCH APPOINTMENT WILL SERVE YOUR BEST INTERESTS AND WEUFARE. STRIKE OUT ! DO NOT WANT YOUR AGENT TO ACT AS GUARDIAN.)
6 If a guardian of m scurity.	y person is to be appointed, I nominate the agent acting under this power of attorney as such guardian, to serve without bond or
7 I am fully informed	d as to all the contents of this form and understand the full import of this grant of powers to my agent
	Signer 74 W. Basto
	Ted W. Baxter
	had an opportunity to read the above form and has signed the form or acknowledged his or her eignature or mark on the form in
ny presence.	He Residing as Western Springs R
924	Her Residing as: Western Syringi II Residing as: Western Syringi II (Normal)
· •	(manum)

BAXTER, TED Scan on POWER OF ATTORNEY 4/4/07 by

	AFO WALLER	
	ute	7163
(YOU MAY, BUT ARE NOT REQUIRED TO, REQUEST YOUR AGE BELOW IF YOU INCLUDE SPECIMEN SIGNATURES IN THIS POWE THE SIGNATURES OF THE AGENTS.)	ENT AND SUCCESSOR AGENTS TO PROVIDE SPECIMEN SIGNATI IR OF ATTORNEY, YOU MUST COMPLETE THE CERTIFICATION OPPO	UREES DSITE
Specimen signatures of agent (and successors).	Foorbify that the algnatures of my agent (and successors) are correct.	ξ
		_ <u></u>
Kelly S. Baxter	Fad W. Baxter	; ; 1
Thomas Baxter	Ted W. Baxter	<u></u> 5

Scan on POWER OF ATTORNEY 4/4/07 by BAXTER,TED

> TED BAKTEA! 11/17/63

Excerpts from Illacis Powers of Attorney for Health Care Law

Section 4-6. Limitations on health care agencies. Nathor the abending physician nor any other health care provider may act as agent under a health care agency; however, a person who is not administering health care to the patient may act as health care agent for the patient even though the person is a physician or otherwise licensed, certified, sutherized, or permitted by law to administer health care in the cedinary course of business or the precise of a profession.

Section 4-6. Revocation and amendment of health care agencies.

- (a) Every health care agency may be revoked by the principal at any time, without regard to the principal's mental or physical condition, by any of the tollowing methods:
 - 1. By being obstarated, burnt, torn or otherwise destroyed or defoodd in a menner indicating intention to revoke;
 - 2. By a written severation of the agency signed and deted by the principal or person acting at the direction of the principal; or
- 5. By an oral or any other expression of the intent to revoke the agency in the presence of a witness 18 years of age or older who signs and dates a writing confirming that such expression of intent was mude.
- (b) Every health care agency may be amended at any time by a written amendment aigned and dated by the principal or person acting at the direction of the principa.
- (c) Any person, other than the agent, to whom a revocation or amendment is communicated or delivered shall make all ressonable efforts to inform the agent of that fact as gromatly as possible.

Section 4-9. Permittes. All persons shall be subject to the following exections in relation to health care agencies, in addition to all other sanctions applicable under any pitter law or rule of professional conduct:

- (a) Any person shall be civily liable who, without the principal's consent, willfully conceals, cancels or alters a health care agency or any amendment or revocation of the agency or who tatalities or lorges a health care agency, amendment or revocation.
- (b) A person who ledstries or forges a health care agency or willfully conceals or willholds personal knowledge of an amendment or revocation of a health cere agency with the intent to cause a withholding or withdrawel of five-existating or dealth-designing procedures contrary to the intent of the principal and thereby, because of such act, directly causes life-existating or dealth-delaying procedures to be withheld or withdraws and death to the patient to be hastened shall be subject to prosecution for involuntary manufacilities.
- (c) Any person who requires or prevents execution of a health care agency as a condition of insuring or providing any type of health care services to the patient shall be chilly liable and guilty of a Class A misdemeanor.

Section 4-10. Statutory short form power of attorney for health care.

- (is) Puragraph (a) sets out the form of the statutory health care power that is reproduced on this form.)
- (b) The statutory short form power of attorney for health care (the "statutory neath care power") authorizes the agent to make any and all health care decisions on behalf of the principal which the principal could make if present and under no disability, subject to any limitations on the granted powers that appear on the form, to be exercised in such manner as the agent deeme consistent with the intent and desires of the principal. The agent will be under no duty to exercise gramed powers or to assume control of or responsibility for the principal's health care; but when granted powers are exercised, the agent will be required to use due care to act for the benefit of the principal in accordance with the terms of the attaining health care decisions. The agent may act in person or flough others reasonably employed by the agent for that purpose but may not delegate exchangly to make health care decisions. The agent may sign and deliver at instruments, negotiate and enter into all agreements and do at other ages reasonably reconstant to implement the exercise of the powers granted to the agent. Without limiting the generality of the foregoing, the stability health care power shall include the following powers, subject to any limitations appearing on the form:
- (1) The agent is authorized to give consent to and authorize or refuse, or to withhold or withdraw consent to, any and all types of medical cons, treatment or procedures relating to the physical or mental health of the principal, including any medication program, surgical procedures, life-substaining treatment or provision of food and fullds for the principal.
- (2) The agent is authorized to admit the principal to or discharge the principal from any and all types of hospitals, institutors, norms, residential or number fulfilles, treatment centers and other health care institutions providing personal care or treatment for any type of physical or mestal condition. The agent shall have the same right to visit the principal in the hospital or other institution as is granted to a spouse or adult child of the principal, any rule of the institution to the contrary notwitistanding.
- (3) The agent is authorized to contract for any and all types of health case services and facilities is the name of end on behalf of the principal and to bind the principal to pay for all such services and facilities, and to have and exercise those powers over the principals properly as are authorized under the statutory property power, to the extent the agent deems necessary to pay health care costs; and the agent shall not be personally soble for any services or care coeracted for an bohaf of the principal.

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(4) At the principal's expense and subject to responsible rules of the health care provider to prevent distriction of the principal's health care, the agent shall have the same right the principal has to examine and copy and consent to disclosure of all the principal's medical records that the agent deems relevant to the exercise of the agent's powers, whether the records relate to mental health or any other medical condition and whether they are, in the possession of or recintained by any physician, psychiatrist, psychologist, therepist, hospital, nursing home or other health care provider.

(5) The agent is authorized to direct that an eutopsy be made pursuant to Section 2 of "An Act in relation to autopsy of dead bodies". speroved August 13, 1965, including all emendments; to make a disposition of any part or all of the principal's body pursuant to the Illinois Anatomical Cliff Act, as now or hereafter amended; and to direct the disposition of the principal's remains.

CH99 4791215-1.077539.0010

TED BAXTER?

11/17/13

LIVING WILL DECLARATION

This declaration is made this 4th day of April . 2007.

I, TED W. BAXTER, being of sound mind, willfully and voluntarily make known my desires regarding death delaying procedures as follows:

If at any time I should have an incurable and irreversible injury, disease, or illness judged to be a terminal condition by my attending physician who has personally examined me and has determined that my death is imminent except for death delaying procedures. I do not want my life to be prolonged nor do I want life-sustaining treatment to be provided or continued if my physician believes the burdens of the treatment outweigh the expected benefits. I want my physician to consider the relief of suffering, the expense involved and the quality as well as the possible extension of my life in making decisions concerning life-sustaining treatment.

In the absence of my ability to give directions regarding the use of such death delaying procedures, it is my intention that this declaration shall be honored by my family and physician as the final expression of my legal right to refuse medical or surgical treatment and accept the consequences from such refusal.

Signed

Ted W. Baxter, Declarant

City, County and State of Residence

Chicago, Cook County

Illinois

The declarant is personally known to me and I believe the declarant to be of sound mind. I saw the declarant sign the declaration in my presence (or the declarant acknowledged in my presence that the declarant had signed the declaration) and I signed the declaration as a witness in the presence of the declarant. I did not sign the declarant's signature above for or at the direction of the declarant. At the date of this instrument, I am not entitled to any portion of the estate of the declarant according to the laws of intestate succession or, to the best of my knowledge and belief, under any will of declarant or other instrument taking effect at declarant's death, or directly financially responsible for declarant's medical care.

Witness

Witness

C1099 4791256-1.077539.0010

SOLVED AVAILABLE DE LOUIS DE LO

No pending tests for this regions

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BAXTER, TED

MAYO CLINIC

6-864-581-1

ENC# 15740889 ON (250) 10/23/06

Clinical Notes Report

10/1/2006-EDY-EM-Bob Dennis Dietrich D.O.

CHIEF COMPLAINT/PURPOSE OF VISIT:

11

EMERGENCY DEPARTMENT VISIT

TIME OF VISIT: 0820.

CHIEF COMPLAINT: Seizure.

HISTORY OF PRESENT ILLNESS:

A 42-year-old male who is status post a patent foramen ovals induced stroke back in April of 2005. He had some remaining expressive aphasia that remains. He was doing well until about January 2005 when he had his first seizure and since that time has been on Kappra. He was recently switched to Lamictal as apparently his Keppra is giving off some GI side effects. He is on about 500 mg of Lamictal a day at this time. He was out here in Arizona traveling from Chicago, went to exercise, and had another witnessed seizure that lasted about five minutes. He did fall and his his head. Some bruising on his left forehead and was brought into the ER for treatment. Interestingly his other seizure back in January was also exercise induced at a gym. At this point in time the patient did have an apparent short postictal phase of about 10 to 15 minutes according to EMS. Now on arrival he is back to baseline mental status according to the wife.

PAST MEDICAL/SURGICAL HISTORY

SURGICAL HISTORY: For closure of his patent foramen ovale.

MEDICAL HISTORY: For prior stroke in April of 2005 and a seizure in January of 2006. His baseline partial expressive aphasia.

ALLERGIES:

None.

SOCIAL HISTORY:

Negative for tobacco or illicit drugs. He does occasionally drink alcohol. Last drink was yesterday evening.

CURRENT MEDICATIONS:

- 1. Lamictal.
- 2. Arloept.
- 3. Lipitor.
- 4. Aspirin.
- 5. A multivitamin.

SYSTEMS REVIEW:

He complains of a little bit of a headache near his left forehead at a 3/10. He denies any current visual disturbance, any rhinorrhea, any epistaxis, any neck pain, any auditory deficit. He states he has baseline speech expressive aphasia which is receptive and wife feels like his speech is normal. He denies any neck pain, any chest pain, shortness of breath, abdominal pain. He has had no vomiting, no bowel or bladder incontinence, no melena or diarrhea, no focal weakness, no rash. He does have an abrasion over the left shin, left forehead. He does not recall last tetanus. He denies weight loss, heat or cold intolerance, any other skin lesions, or fever or any trauma outside of the fall with the seizure.

PAGE 1 OF 2

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BAXTER, TED

MAYO CLINIC

6-864-581-1

ENC#15760889

VITAL BIGNS:

Temperature: 36.6 C

Blood pressure: 111/60 Pulse: 85 Respirations 20.

PHYSICAL EXAMINATION:

General Multi-System Examination (Primary PE Codes)

VITALS: Sat 95% on room air and is adequate.

GENERAL: Patient appears in no acute duress. He has some slowed speech and a little slowed mentation but otherwise given appropriate time does answer all questions appropriately. HEAD: Examination shows a little bit of facial swelling just above his zygomatic arch and near the

upper portions of the left orbit with a small abrasion over this area. The rest of the head is normocephalic, atraumatic. His pupils are equal, round, and reactive to light and accommodation. Extraocular movements are intact. This show no hemotympanum.

NECK: Shows no midline tenderness.

LUNGS: Clear bilaterally.

HEART: Regular rate and rhythm without murmur.

ABDOMEN: Nontender, soft. Good bowel sounds. No rebound or guarding.

EXTREMITIES: Exemination shows equal grip strength. Normal plantar flexion strength. He has got a

small abrasion over the left shin. No other bony tenderness noted.

BACK: Nontender. No bruising is noted.

IMPRESSION/REPORT/PLAN:

EMERGENCY DEPARTMENT COURSE: Patient had a head CT done. It showed an old left middle cerebral artery stroke, ischemic changes but nothing acute. No bleed. No obvious fracture. We did not do facial bone CT as it would clinically not change our outcome. Patient had blood studies done that showed a normal white count of 4.2, H&H of 14 and 39, BMP was normal, glucose normal at 164. Patient's EKG showed a normal sinus rhythm without any acute \$T-T wave changes. The patient has remained stable here. I spoke to his neurologist, Dr. [Homer], on call for his regular neurologist, Dr. [Taber], back in Chicago and they have recommended adding Lyrica 75 mg b,i.d. to his baseline regimen, to have him avoid exercise until he gets back home, and to discharge him and do outpatient followup.

ASSESSMENT:

- #1 Breakthrough seizure.
- #2 Multiple abrasions.

PLAN: Discharge home. Use ke, anti-inflammatory, topical antibiotic as needed for the abrasions. Continue his Lamictal at routine doses, start Lyrica at 75 mg b.i.d. and follow up with Dr. [Taber], his neurologist, on return home. Of course in the interim not to drive or swim or be in any place of heights where he can be injured.

DD: 10/01/2006 10:45 hours DT: 10/01/2006 11:12 hours

GENERAL NOTE INFO:

Provider: Bob Dennis Diebrich D.O.

Status: Trx

PAGE 2 OF 2

9

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Page 1 of 2 57060625 View Lab Results 36299290 - BAXTER, TED User: NHAGADOR 26 6 PD # 5 5704 0419 ħ 27 20 n .. 21 Age: 42 Years User Name: NHAGADOR DOB: 11/17/1963 Sec: M Pleast: 38299290 Norme: BAXTER, TED 1 22 1 23 1 23 1 24 Perhology Hendhook Last Updated ACCN Number Order Test Code Organ Yout Name ACCN: 08-050-1382 Apdated:02/19/2008 07:22 GLUCM GLUCOSE, WHOLE BLOOD, POC Collectod:02/16/2006 11:34 GLUCOSE WHOLE ELOOD (GLUC-WB mo/d 107 CCN: 08-041-2289 CK MB ISOZYME Updated:02/16/2006 14:44 CKMB Collected:02/16/2006 11:30 NO/ML CK MB (SCZYME (CKMB) 13 CIOB Reference range: C.D -Hew Reference Range 10/19/05 NOTE ACCN: 08-049-2398 URINE MACROSCOPIC Updated:02/16/2006 13:37 UMAC Collected:02/18/2008 13:32 COLOR OF URINE (UCOLOR) Morma) Normal APPEARANCE APPEAR Normal Norma < 1.036 BPECIFIC GRAVITY (SP GR 1.030 4.6-0.0 PH OF URINE (UPH NEGATIVE LEUKOCYTE ESTEPASE (LEUK EST MEG NITRITE (NITRITE NEGATIVE NEG PROTEIN (PROTEIN NEG astmorti. QLUCOSE, URINE (QLUCOSE NEGATIVE HEGATIVE KETONES (KETONES) NEGATIVE MEG ez mardi UROBILIN (UROBILIN) NEGATIVE BOURUBIN, URINE (BILIRUBIN HEG 8L000 (8L000) NEGATIVE MEG ACCN: 08-049-2283 TROPONIN /pdeted:02/18/2006 13:30 TROP Ocilected:02/18/2006 11:30 0.00-0.29 NG/ML TROPONIN (TROP 40,01 HOTE: New Reference Range 10/18/05 ADCN: 08-049-2232 Updated:02/18/2006 13:14 P17 PROTHROMBIN TIME Collected:02/18/2006 11:30 PT SECONDS (PT SECONDS 9.5-11.2 BEC 11.5 # INR INR 1.1 ACCN: 06-049-2232 PARTIAL THROMBOPLASTIN TIME PTT Jodetect 02/18/2006 13:14 Collected:02/18/2006 11:30 PARTIAL THROMBOPLASTIN TIME (PTT) 23.3-30.2 SEC 22.7 If the arry is being used to monitor heperin, the current therspeutic range .m 49 ~ 91 meconds. ACCN: 06-049-2233 CREATINE PHOSPHOKINASE Updated:02/18/2006 13:02 TCK Collected:02/18/2006 11:30 CREATINE PHOSPHORINASE (TCK 30-240 AUL 149

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View Lab Results 36299290 - BAXTER, TED User: NHAGADOR

Page 2 of 2

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Pathology Handbook

https://carewebwe.med.umich.edu/careweb/JSP/careweb/JSP/results/viewLabResult.jsp

2/22/2006

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Summary: 1. Hormal LV ejection fraction. 2. PA systolic pressure cannot be accurately estimated due to inadequate TR signal A closure device is seen well-seated in the interatrial septum. There is no intracardisc shunt on the atrial level on color	1 3
Doppler. 3. Compared to the previous study, no significant changes found.	5

Ted Baxter

8/6/2005

Page 3 of 3



Medical Group

Jasse Taber, M.D. Department of Neurology Evension Hospital 2650 Ridge Avenue Berension, IL 60201 (947) 570-2570 (847) 570-2073 fax

June 11, 2007

Terrence Sullivan, M.D. Michigan Avenue Internists 200 S. Michigan Avenue, Suite 201 Chicago, IL 60604

Re: Mr. Ted Baxter SSN: xxx-xx-3725

DOB: 11.

Dear Terry,

I had the pleasure of seeing Mr. and Mrs. Baxter today for a follow up visit. He reports that his last seizures was in late March. His wife, who witnessed the event, stated that Ted started mumbling (he recalls that he was singing) His speech began to improve in a few minutes, although it did not return close to baseline until about 90 minutes later (and not fully to baseline until the following day). Mrs Baxter reports that her husband was struggling physically with her (he did not want her to call 911), but without any other abnormal movements. At the time, she reports that he also was staring and did not seem "really there", although the staring and decreased awareness only lasted a few minutes. He was discharged the following morning from NMH. He denies any intercurrent illness, missed sleep, or missed medications at the time of the seizure.

He reports that his speech is improving.

He denies headache, dizziness, diplopia, amaurosis fugax, dysphagia, weakness, numbness, tingling, spine pain, or tremor. He reports that he is sleeping pretty good.

MEDICATIONS:

Current outpatient prescriptions:

B COMPLEX 100 PO TABS	1 daily	Disp:	Ri1: 0
NEW DRUG	Ceralin Forte	Disp:	Rfl: 0
LAMICTAL 150 MG PO TABS	2 TABLET TWICE DAILY	Disp: 3 mos	Rfl: 3
LIPITOR 10 MG PO TABS	1 PO qAM	Disp:	Rs: 0
ACIPHEX 20 MG PO TBEC	I TABLET EVERY	Disp:	Rfl:

MORNING

ARICEPT 10 MG PO TABS	I tab po q hs	Disp: 3 mo	Rfl: 3
ASPIRIN 325 MG PO TABS	I TABLET DAILY	Disp:	Rfl:
OMEGA 3 120-180 MG PO	1 daily	Disp:	Rfl:0
CAPS			
AMOXICILLIN 500 MG PO CAPS	4 PO 2 hours prior to dental work	Disp:	Rs:
EXCEDRIN 250-250-65 MG PO TABS	2 TABLETS EVERY 6 HOURS AS NEEDED FOR HA	Disp:	Rfl:

PHYSICAL EXAM:

BP 98/49 | Pulse 52 | Wt 170 lbs (77.111 kg)

SPEECH: no dysarthria, dysnomia, mildly decreased fluency, with some paraphasic errors MENTAL STATE: grossly normal insight, judgment, attention, fund of knowledge, and orientation

CRANIAL NERVES: subtle right facial, EOMI, no nystagmus

MOTOR: minimally decreased finger tapping on the right, moves all fours equally

CEREBELLAR: gast is normal

IMPRESSION:

- 1. Localization related epilepsy with two generalized tonic clonic seizures occurring 2/18/06 and 10/1/06, and a complex partial seizure (aphasia and decreased awareness) in March 2007. He is currently taking Lamietal 150 mg, two twice daily, without side effects. When he took Keppra (up to 1500 mg twice daily) he had a worsening in his aphasia, stomach upset (nausea and vomiting), and irritability. The EEG 3/10/06 showed moderate slowing on the left temporal area (including sleep and wake).
- 2. Cardioembolic left middle cerebral artery stroke on 4/21/05. Trans-esophageal echocardiogram demonstrated an ancurysmal interatrial septum (excursion of 1.6 cm), patent foramen ovale (0.6 cm in diameter when unroofed) with left to right flow. His recovery was been complicated by a deep vein thrombosis while at RIC, which was treated with a filter in the inferior vena cava (and not anticoagulation due to a small amount of hemorrhage noted on a follow up CT of the head, and recency of the stroke). He had PFO closure on 7/12/05.

PLAN & INSTRUCTIONS:

- 1. I ordered a follow up Lamictal, vitamin D level, and liver profile.
- 2. After reviewing these blood tests, we might consider a slight dose increase in Lamictal.
- 3. Follow up visit in six months.
- 4. He was given a copy of this letter.
- 5. I will review Piracetam (the Baxters are interested in this therapy).

Sincerely,

Jesse Taber, M.D.

Cc: Richard Harvey, M.D. 345 E. Superior Rehabilitation Institute of Chicago Chicago, IL 60611 Fax: 312-238-4516

Ted Feldman, M.D.



Medical Group

Jesse Taber, M.D. Department of Neurology Evanston Hospital 2650 Ridge Avenue Burch 309 Evanston, It. 60201 (847) 570-2570 (847) 570-2073 fax

December 21, 2006

Terrence Sullivan, M.D. Michigan Avenue Internists 200 S. Michigan Avenue, Suite 201 Chicago, IL 60604

Re: Mr. Ted Baxter SSN: 084 5

DOB: 11/1

Dear Terry,

I had the pleasure of seeing Mr. and Mrs. Baxter today for a follow up visit. He denies any seizures, and states that he is tolerating lamictal without problems.

He denies headaches, dizziness, dysphagia, change in his speech (although his wife feels it has improved somewhat over the past two weeks), dysphagia, weakness, numbress, tingling, or problems with memory (although his wife states that he sometimes forgets things).

MEDICATIONS:

Current	Author	iant	PROCE	ntione.
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EXCEDRIN 250-250-65 MG	2 TABLETS EVERY 6	Disp:	Rfl:
PO TABS	HOURS AS NEEDED	-	
	FOR HA		
LIPITOR 10 MG PO TABS	1 PO qAM	Disp:	Rfl: 0
ACIPHEX 20 MG PO TBEC	1 TABLET EVERY	Disp:	Rfl:
	MORNING	_	
NEW DRUG	Mentalin (herb	Disp:	R:1:0
	combination) daily	•	
HYDROCODONE-	1 TABLET EVERY	Disp: 20	R:1: 1
ACETAMINOPHEN 5-500	HOURS AS NEEDED HA		
MG PO TABS			
ARICEPT 10 MG PO TABS	l tab po q hs	Disp: 3 mo	RA: 3
ASPIRIN 325 MG PO TABS	I TABLÉT DAILY	Disp:	Rfl:
HEXAVITAMINS PO TABS	1 tablet by mouth daily	Disp:	Ríl:
OMEGA 3 120-180 MG PO	1 daily	Disp:	Rs: 0

CAPS

AMOXICILLIN 500 MG PO

4 PO 2 hours prior to

Rfl:

CAPS

dental work

LAMICTAL 150 MG PO

2 TABLET TWICE

Disp: 1 mo Rfl: 3

Disp:

TABS

DAILY

PHYSICAL EXAM:

BP 103/53 | Pulse 57 | Temp (Src) 98.1 (Oral) | Ht 5'9" (1.75m) | Wt 170 lbs 3.2 oz (77.2kg)

SPEECH: mildly decreased fluency and some paraphasic errors

MENTAL STATE: grossly normal insight, attention

CRANIAL NERVES: slight right facial

MOTOR: moves all fours equally

CEREBELLAR: gait shows slightly decreased arm swing on the right

IMPRESSION:

- 1. Localization related epilepsy with two generalized tonic clonic seizures occurring 2/18/06 and 10/1/06. He is currently taking Lamictal 150 mg, two twice daily, without side effects. When he took Keppra (up to 1500 mg twice daily) he had a worsening in his aphasia, stomach upset (nausen and vomiting), and irritability. The EEG 3/10/06 showed moderate slowing on the left temporal area (including sleep and wake).
- 2. Cardioembolic left middle cerebral artery stroke on 4/21/05. Trans-esophageal echocardiogram demonstrated an aneurysmal interatrial septum (excursion of 1.6 cm), patent forumen ovale (0.6 cm in diameter when unroofed) with left to right flow. His recovery was been complicated by a deep vein thrombosis while at RIC, which was treated with a filter in the inferior vena cava (and not anticoagulation due to a small amount of hemorrhage noted on a follow up CT of the head, and recency of the stroke). He had PFO closure on 7/12/05.

PLAN & INSTRUCTIONS:

- 1. I drew blood work today for a Lamictal level.
- 2. Follow up visit in six months.
- 3. He will need a follow up CBC and CMP in the next few months, and my office will call him at that time to arrange the testing.
- 4. Follow up visit in six months.
- 5. He was given a copy of this letter.

Sincerely,

Jesse Taber, M.D.

Cc:

Richard Harvey, M.D.
345 E. Superior
Rehabilitation Institute of Chicago
Chicago, IL 60611



Medical Group

Jesse Taber, M.D. Department of Neurology Evension Hospital 2650 Ridge Avenue Burch 309 Evension, it. 60201 (847) 570-2570 (847) 570-2573 fex

October 23, 2006

Terrence Sullivan, M.D. Michigan Avenue Internists 200 S. Michigan Avenue, Suite 201 Chicago, IL 60604

Re: Mr. Ted Baxter

SSN: 084 DOB: 11/

Dear Terry,

I had the pleasure of seeing Mr. and Mrs. Baxter today for a follow up visit. He had another seizure three weeks ago, while visiting Arizona. He had arrived the night prior, and had been exercising the next morning for about 30 minutes, prior to taking his medication. He believes that he did not get enough sleep the night before, and his wife reports that he had a restless night's sleep and had awoken with a headache. He had a Margarita and a beer the night prior (on occasion he may have one or two drinks). He denies being ill at the time, or having missed any medications.

Mr. Baxter reports that at the beginning of the spell, he was unable to talk (although no one was with him). He then lost consciousness and had a generalized tonic clonic seizure. He was brought to a local hospital, where he had a CT of the head (showing only the prior left sided infarct), and the ER physician contacted on of my colleagues who recommended adding Lyrica 75 mg BID. When I became aware of this event (via email from Mrs. Baxter), I advised not starting this drug and instead raising the dose of the Lamictal.

He denies feeling dizzy or unsteady at present, although the first week after the dose increase he felt "a little off" per his wife. He denies headaches, diplopia, change in strength or sensation, change in speech or memory. He is currently sleeping well, except that it takes an hour to fall asleep, which is perhaps a little worse since increasing the dose of Lamictal (although his wife is uncertain if there has been a change in his ability to fall asleep).

MEDICATIONS:

Current outpatient prescriptions:

EXCEDRIN 250-250-65 MG

2 TABLETS EVERY 6

Rfl:

Disp:

PO TABS

HOURS AS NEEDED

	FOR HA		
LIPITOR 10 MG PO TABS	1 PO qAM	Disp:	R:10
ACIPHEX 20 MG PO TBEC	I TABLET EVERY MORNING	Disp:	Rfl:
NEW DRUG	Mentalin (herb combination) daily	Disp:	Rfl: 0
LAMOTRIGINE 100 MG PO TABS	2.5 qAM and 3 qhs for one week, then 3 BID	Disp: 0	Rfi: 0
HYDROCODONE-	1 TABLET EVERY	Disp: 20	RA: 1
ACETAMINOPHEN 5-500	HOURS AS NEEDED HA	-	
MG PO TABS		•	
ARICEPT 10 MG PO TABS	l tab po q hs	Disp: 3 mo	Rff: 3
ASPIRIN 325 MG PO TABS	1 TABLET DAILY	Disp:	Rs:
HEXAVITAMINS PO TABS	1 tablet by mouth daily	Disp:	Rfl:
OMEGA 3 120-180 MG PO	l daily	Disp:	Rfl: 0
CAPS	·	•	
AMOXICILLIN 500 MG PO	4 PO 2 hours prior to	Disp:	Rfi:
CAPS	dental work		
LAMICTAL 150 MG PO TABS	2 TABLET TWICE DAILY	Disp: 1 mo	Rfl: 3

PHYSICAL EXAM:

BP 120/58 | Pulse 50 | Temp (Src) 97.6 (Oral) | Resp 18 | Ht 5' 9" (1.75m) | Wt 169 lbs (76.7kg)

SPEECH: mild dysfluency, dysnomia, paraphasic errors, good comprehension

MENTAL STATE: alert, appropriate

CRANIAL NERVES: EOMI, no nystagmus, slight right facial

MOTOR: moves all fours equally CEREBELLAR: gait is stable

IMPRESSION:

- 1. Localization related epilepsy with two generalized tonic clonic seizures occurring 2/18/06 and 10/1/06. He is currently taking Keppra at 1500 mg twice daily, with a worsening in his aphasia, stomach upset (nausea and vomiting), and irritability. The EEG 3/10/06 showed moderate slowing on the left temporal area (including sleep and wake).
- 2. Cardioembolic left middle cerebral artery stroke on 4/21/05. Trans-esophageal echocardiogram demonstrated an aneurysmal interatrial septum (excursion of 1.6 cm), patent foramen ovale (0.6 cm in diameter when unroofed) with left to right flow. His recovery was been complicated by a deep vein thrombosis while at RIC, which was treated with a filter in the inferior vena cava (and not anticoagulation due to a small amount of hemorrhage noted on a follow up CT of the head, and recency of the stroke). He had PFO closure on 7/12/05.

PLAN & INSTRUCTIONS:

I. We discussed "seizure threshold', and I advised that he limit his alcohol to only one drink at night (one regular or two light beers, one glass of wine, one ounce of harder liquor), and that he always try to get at least eight hours of sleep nightly.

- 2. I asked Ted to get me a list of the ingredients in the herbal preparation he takes (Mentalin).
- 3. I advised that he cannot drive at present, and that he must postpone the behind the wheel driving evaluation for at least six months.
- 4. Follow up visit in two months.
- 5. He was given a copy of this letter.
- 6. I activated MyChart so that they could contact me directly via email.
- 7. We discussed seizure first aid, which includes never putting anything in his mouth during an attack, and after the spell rolling him onto his side so that he does not inhale his saliva. If he has more than one seizure in a row, his wife should call 911.
- 8. I advised that he move the Lamictal from bedtime to dinner, to reduce the possibility that this medicine causes insomnia. I told him he did not need to take the two doses of Lamictal exactly 12 hours apart, and if he took them longer than about 9 hours apart, he would be fine.

Sincerely,

Jesse Taber, M.D.

Cc: Richard Harvey, M.D. 345 E. Superior Rehabilitation Institute of Chicago Chicago, IL 60611

Ted Feldman, M.D.



Medical Group

Jesse Taber, M.D. Department of Neurology Evension Hospital 2650 Ridge Avenue Burch 309 Evension, IL 60201 (847) 570-2570 (847) 570-2073 fex

March 8, 2006

Terrence Sullivan, M.D. Michigan Avenue Internists 200 S. Michigan Avenue, Suite 201 Chicago, IL 60604

Re: Mr. Ted Baxter

SSN: 084 DOB: 11

Dear Terry,

I had the pleasure of seeing Mr. and Mrs. Baxter today for a follow up visit. About two weeks ago, he had a witnessed seizure (witnessed while he was working out on an elliptical trainer at a YMCA). He was reported to be staring into space, and then had bilateral upper extremity jerking, his head fell to one side, and he was out of it for four to five minutes. He came to in the ambulance (the event happened while he was in Michigan). While he was in the ER, he had a CT scan showing changes compatible with the prior stroke, and a negative blood panel. He was seen by a neurologist, and started on Keppra, which he is currently taking at 1500 mg twice daily.

Mr. Baxter denies any clear side effects from the drug, although he was initially tired when he started it. His wife reports that he had a "huge decline in his speech when he started taking it", but this has improved, although not to where he was prior to starting the drug. She states that today his speech has gotten to between 70 - 85% of his pre-Keppra baseline.

Mrs. Baxter also states that in the past week, he has had three episodes of waking with a stomach ache, with emesis. She also reports that he has been moodier since starting Keppra.

He has not had any other scizures. He has not had any staring spells, automatisms, dystonic postures, jerking, versive head or eye deviation. He denies any deja-vu, jamais-vu, dreamy states, or micro or macropsia.

He denies dizziness, headaches, diplopia, amaurosis fugax, dysphagia, hearing changes, weakness, or numbress or tingling.

He is exercising regularly. He is reading, and doing many hours of therapy on his own daily, including using computer programs for aphasia.

MEDICATIONS:

No current hospital medications on file as of 3/8/06.

Outpatient prescriptions as of 3/8/06:

KEPPRA 500 MG PO TABS	3 PO BID	Disp:	Rs:
VITAMIN C 500 MG PO	1 TABLET DAILY	Disp:	Rfi:
TABS		•	
COQ10 50 GM PO POWD	1 daily	Disp:	Rfl: 0
GRAPESEED EXTRACT 500-	1 daily	Disp:	Rfl: 0
50 MG PO CAPS	-		
SELENIUM 200 MCG PO	1 daily	Disp:	Rfl: 0
TABS	,	•	
L-CARNITINE 200 MG PO	l daily	Disp:	Rfl: 0
CAPS	-	.	
PYCNOGENOL 154-25 MG	1 daily	Disp:	Rfl: 0
PO CAPS			
PYRIDOXINE HCL 100 MG	I daily (dose in mg?)	Disp:	Rfl: 0
PO TABS	. wand (mone minib.)	Diop.	
ARICEPT 10 MG PO TABS	1 tab po q hs	Disp: 30	Rfl: 2
ASPIRIN 325 MG PO TABS	I TABLET DAILY	Disp:	Rs:
LIPITOR 10 MG PO TABS	1 PO ghs	Disp:	Rfl: 0
HEXAVITAMINS PO TABS	l tablet by mouth daily	Disp:	RЛ:
OMEGA 3 120-180 MG PO	l daily	Disp:	RA: 0
CAPS			
AMOXICILLIN 500 MG PO	4 PO 2 hours prior to	Disp:	Rfl:
CAPS	dental work	-	

PHYSICAL EXAM:

BP 95/51 | Pulse 49 | Wt 170 lbs (77.1kg)

SPEECH: mixed aphasia, but markedly improved fluency and comprehension

MENTAL STATE: grossly normal

CRANIAL NERVES: EOMI without nsytagmus, right facial asymmetry

MOTOR: moves all fours

CEREBELLAR: minimal right sided weakness

IMPRESSION:

- 1. Localization related epilepsy with generalized tonic clonic seizure occurring 2/18/06. He is currently taking Keppra at 1500 mg twice daily, with a worscning in his aphasia, stomach upset (nausea and vomiting), and irritability.
- 2. Cardioembolic left middle cerebral artery stroke on 4/21/05. Trans-esophageal echocardiogram demonstrated an aneurysmal interatrial septum (excursion of 1.6 cm), patent foramen ovale (0.6 cm in diameter when unroofed) with left to right flow. His recovery was been complicated by a deep vein thrombosis while at RIC, which was treated with a filter in the inferior vena cava (and not anticoagulation due to a small amount of

hemorrhage noted on a follow up CT of the head, and recency of the stroke). He had PFO closure on 7/12/05.

PLAN & INSTRUCTIONS:

- 1. I have ordered an EEG (electroencephalogram). (Call 1-847-570-2575 to schedule the test.
- 2. We discussed the side effects of Keppra, and the possible benefit of changing to a different agent (probably Lamictal). Lamictal is generally well tolerated on a day to day basis, and of all the seizure medication is the drug most likely to actually improve focus and attention. Occasionally, side effects including dizziness, headache, and blurry vision can occur. Some patients also have insomnia which is actually a good occurrence, as these people typically become more alert and better have better focus on the drug. If insomnia develops, it usually goes away if the nighttime dose is moved earlier in the day, say at dinner time. The most serious side effect with Lamictal is a hypersensitivity reaction, which occurs in between 1 in 300 to 1 in 1000 patients. This reaction usually develops within a few days to several morths of starting the drug, and usually begins with a rash anywhere on the body. The rash is often red, bumpy, and itches. At times, the rash is associated with problems with internal organs, including bone marrow, liver, lung, or kidney injury; deaths have also been reported. It must be emphasized that most rashes with this drug do not develop into this serious reaction, however if any rash occurs, you will need to stop the drug and call us as soon as possible. Note that Mr. Baxter will be going to Tampa for a speech research project on Sunday and be away for five weeks. I advised he not start Lamictal until
- 3. I suggested that he and his wife could get additional information about seizures, epilepsy, and anticonvulsant medication at the Epilepsy Foundation of America websiet (www.efa.org).
- 4. We discussed seizure first aid.
- Move any sharp objects out of the way during a seizure.
- Never put anything in someone's mouth during a seizure.
- After a convulsion, roll the person on their side to let any saliva run out of the mouth. (Note that this step does not need to be practiced if someone does not fall during a seizure).
- If a seizure seems unusually long (say more than a few minutes), or more than one seizure occurs within five to ten minutes time, call 911.
- 5. We talked about the concept of seizure threshold the likelihood a seizure will or will not occur which is affected by sleep, stress, diet, alcohol (he can have a glass of wine or beer a few times weekly), intercurrent illness, blood sugar.
- 6. I advised avoidance of any avoidance of any decongestants or antihistamines, as these drugs lower seizure threshold. We discussed that Robitussin DM (or the generic equivalent) is safe to use for treatment of cough. We also discussed that over the counter pain medications and antacids may interfere with some seizure medications.
- 7. We reviewed the prior MRI images on our PACs unit.
- 8. I asked him to get me the amount of vitamin B6 (pyridoxine) in milligrams.
- 9. Follow up visit in six to eight weeks.
- 10. He was given a copy of this letter.
- 11. We discussed the fact that Aricept could increase seizure risk, however for now I suggested he not stop the drug.

12. We discussed state law in Illinois which generally states that someone must be seizure free for six months seizure prior to driving. We also discussed that the patient is responsible for contacting the Secretary of State's office, to notify them of the diagnosis of seizures. (Note that he will have a driver's evaluation in the spring).

Sincerely,

Jesse Taber, M.D.

Ce: Richard Harvey, M.D. 345 E. Superior Rehabilitation Institute of Chicago Chicago, IL 60611

Ted Feldman, M.D.

Medical Group

Jesse Taber, M.D. Department of Neurology Evension Hospital 2650 Ridge Avenue Burch 309 Evension, IL 80201 (847) 570-2570 (847) 570-2073 fax

June 29, 2005

Terrence Sullivan, M.D. Michigan Avenue Internists 200 S. Michigan Avenue, Suite 201 Chicago, IL 60604

Re: Mr. Ted Baxter

SSN: 084-DOB: 11/

Dear Terry,

I had the pleasure of seeing Mr. and Mrs. Baxter today for a follow up visit. He reports that he has been good, and has noted improvement in strength and speech. He is walking now without any assistive device, and he has not fallen. His right arm is also improving. Mrs. Baxter reports that his strength has rapidly improved. He is about to start therapy with the left hand placed in a pot holder mit. Ted is now able to converse, despite his aphasia, and his wife is able to understand him. He is able to read (he picks articles that he is interested in reading).

He is exercising up to 30 minutes up to most days on the treadmill, in addition to activities in therapy.

Ted denies any numbress, tingling, frequent headaches (although he complained of a headache yesterday and this morning), dizziness, diplopia, dysphagia (he is eating regular consitency foods), incontinence, or depression.

MEDICATIONS:

No hospital prescriptions on file as of 6/29/05.

Outpatient prescriptions as of 6/29/05:

ASPIRIN 325 MG PO TABS	1 TABLET DAILY 1 PO qhs 1 tablet by mouth daily 1 daily	Disp:	Rfi:
LIPITOR 10 MG PO TABS		Disp:	Rfi: 0
HEXAVITAMINS PO TABS		Disp:	Rfi:
OMEGA 3 120-180 MG PO		Disp:	Rfi: 0
CAPS AMOXICILLIN 500 MG PO CAPS	4 PO 2 hours prior to dental work	Disp:	Rfl:

PHYSICAL EXAM:

BP 98/60 | Pulse 57

LUNGS: CTA

COR RRR

EXTREMITIES: no edema

SPEECH: fluent, frequent literal and semantic paraphasic errors, follows two step

commands

MENTAL STATE: alert, appropriate

CRANIAL NERVES:

[] pupils: 3mm OU without APD

reactive to light and accommodation visual fields full to static finger counting

III, IV, VI extra ocular movements intact, slight alternating exotropia

V facial sensation intact, normal masseters
VII facial motor - right UMN weakness

VIII hearing normal IX & Xpalate elevates symmetrically

XI shoulder elevation weak on the right

XII tongue protrusion midline

MOTOR:

Pronator drift - right

Tone - mildly increased right arm

Fine motor coordination – decreased on the right (but able to touch each finger independently to his thumb on the right hand)

Bulk - normal

Strength -

	Right	Left
Deltoid	4	5
Biceps	4	5
Triceps	4	5
Brachioradialis	4	5
Opponens pollicis	4	5
Dorsal interossei	3	5
Extensor pollicia Longus	3+	5
Psoas	4+	5
Gluteus maximus	4	5
Quadriceps	4+	5
Hamstrings	4	5
Dorsiflexion	4	5
Extensor hallucis longus	4	5
Plantar flexion	4	5

DTRs: Right Left

Biceps	2	1
Triceps	2	1
Brachioradialis	2	1
Patellar	2+	2
Ankle	2+	2
Plantars	Up	Up

SENSATION:

Vibration - moderately decreased on the right, normal to mildly decreased on the left Pin prick - normal all fours

CEREBELLAR:

Finger to nose – slower on right, normal left
Rapid alternating movements – slower on the right, normal on the left
Toe to finger – slow on the right, normal on the left
Gait – right hemiparesis

IMPRESSION:

Cardioembolic left middle cerebral artery stroke on 4/21/05. Trans-esophageal echocardiogram demonstrated an aneurysmal interatrial septum (excursion of 1.6 cm), patent foramen ovale (0.6 cm in diameter when unroofed) with left to right flow. His recovery has been complicated by a deep vein thrombosis white at RIC, which was treated with a filter in the inferior vena cava (and not anticoagulation due to a small amount of hemorrhage noted on a follow up CT of the head, and recency of the stroke). He is scheduled to have the PFO closed on 7/12/05.

PLAN:

- 1. I await the results of the PFO closure next month.
- 2. Since Ted has had such dramatic improvement so far, and is so driven, I fully expect that he will continue to improve with regards to strength, speech, and thinking. I told him and his wife that I have never seen anyone with a similar stroke do so well so soon
- 3. Follow up appointment in two months. (Call 1-847-570-1793 to make the appointment).
- 4. He was given a copy of this letter.

Sincerely,

Jesse Taber, M.D.

Cc:

Richard Harvey, M.D. 345 E. Superior Rehabilitation Institute of Chicago Chicago, IL 60611

Ted Feldman, M.D.

Order		VITAMIN	D-25 HYDROXY., BL [LAB5810] (Order#78151119)
Order information	Order Date 6/11/2007	Ordering User Jesse Tabe:	Department Neuro Evss
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Standing Order Information	Remaining Occurrences 0/1	Expires 6/11/2008	<u>i.gat.Released</u> 6/11/2007
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Verbon Hills Specialty Care 205 North Milwanbee avence Verbon Hills, IL 60061 +47-941-7970 PROMB 047-941-7971 FAX

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ALBUMIN	4.0	3.5	5.5	GM/DL	Fin
BILIRUBIN TOTAL	0.9	0.1	1,4	MG/DL	Fin
BILIRUBIN DIRECT	0.1	0.0	0.4	MG/DL	Fin
ALK PHOSPHATASE	36	0	115	IUIL	, Fin
SGOT		0	41	IU/L	Fin
SGPT	48	0	63	IU/L	Fin
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Baxter, Ted (MR # 014701940) Printed by HERNANDEZ, ROSA LIA [300311] at 9/13/... Page 1 of 1

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