

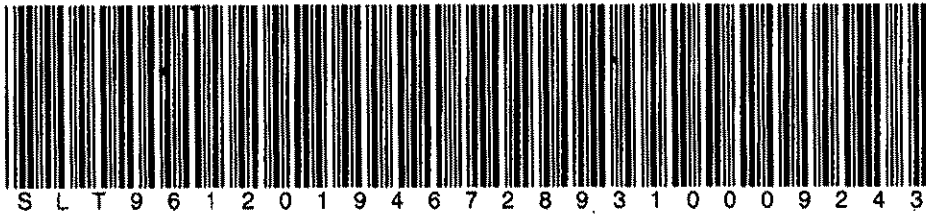
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BY

Gabby  
Cid

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**Rosenberg Deposition Services, LLC**  
1 N. LaSalle Street - Suite 2101  
Chicago, IL 60602  
312-442-9087 Fax 312-442-9095

**Date:** 10/10/2005

**Case:** TED BAXTER

-vs

CITADEL INVESTMENT GROUP

05WC40121

**Re:** TED BAXTER

**To:** SUN LIFE ASSURANCE COMPANY OF CANADA  
RECORDS DEPARTMENT (781) 237-6030  
ONE SUN LIFE EXECUTIVE PARK SC 3277  
WELLESLEY HILLS MA 02481-5699

Attached hereto is a Subpoena Duces Tecum requiring the production of certain records, documents and things relating to:

TED BAXTER

Please advise the undersigned if you require any advance payment and the amount. A check will be forwarded to you.

Telephone Number to Call: 800-248-3290

Yours truly,

A handwritten signature in cursive script that reads "Kelli D. Goodwin".

KELLI D. GOODWIN

**REMINDER: YOU ARE REQUIRED TO SIGN THE "RECORDS CERTIFICATION" OR THE "NO RECORDS STATEMENT" ATTACHED TO THE SUBPOENA !!!!**

ILLINOIS WORKER'S COMPENSATION COMMISSION

TED BAXTER

Employee/Petitioner;

-vs-

CITADEL INVESTMENT GROUP

Employer/Respondent.

Case No. 05WC40121

Date Of Occurrence: 4/21/2005

SUBPOENA - (FOR RECORDS ONLY) \*

TO: SUN LIFE ASSURANCE COMPANY OF CANADA
RECORDS DEPARTMENT (781) 237-6030
ONE SUN LIFE EXECUTIVE PARK SC 3277
WELLESLEY HILLS, MA 02481-5699

YOU ARE COMMANDED TO PRODUCE RECORDS TO:
ROSENBERG DEPOSITION SERVICES, LLC,
ONE NORTH LASALLE STREET, SUITE 2101, CHICAGO, IL 60602
ON THE 10TH DAY OF NOVEMBER, 2005.

YOU ARE COMMANDED ALSO TO BRING THE FOLLOWING:

YOU ARE FURTHER COMMANDED TO BRING:
PLEASE PROVIDE ANY AND ALL RECORDS IN REGARD TO TED BAXTER.

NAME: TED BAXTER DOB: 11/17/1963 SSN: 084-50-3725

\* YOUR PRESENCE WILL NOT BE REQUIRED IF SAID RECORDS, ON OR IN YOUR POSSESSION OR CONTROL, ARE PROVIDED BEFORE THE DATE INDICATED HEREIN. YOUR FAILURE TO APPEAR IN RESPONSE TO THIS SUBPOENA WILL SUBJECT YOU TO PENALTIES PRESCRIBED BY

WITNESS Dennis X. Ruth OCTOBER 10TH 2005
Dennis X. Ruth



Issued at the request of:

Name/Firm: LAUREN HIER CHUBB INSURANCE COMPANY
Attorney For:
Address: 233 S WACKER DRIVE SUITE 4700
City: CHICAGO State: IL Zip Code: 60606-
Telephone:

NOTICE: ALL RECORDS ARE TO BE DELIVERED TO:
ROSENBERG DEPOSITION SERVICES, LLC,
ONE NORTH LASALLE STREET, SUITE 2101,
CHICAGO, IL 60602

**CERTIFICATE OF SERVICE**

I certify that I served this Subpoena Duces Tecum by delivering a copy via Federal Express Delivery,

Federal Express Tracking Number: 467289310009243

on **OCTOBER 10TH, 2005**

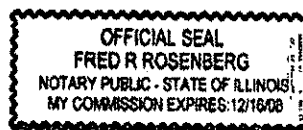
  
KELLI D. GOODWIN

SUBSCRIBED AND SWORN TO BEFORE ME

THIS 10TH DAY OF OCTOBER, 2005



NOTARY PUBLIC





**Rosenberg Deposition Services, LLC**

1 N. LaSalle Street - Suite 2101

Chicago, IL 60602

312-442-9087 Fax 312-442-9095

10/10/2005

RDS869

**RECORDS CERTIFICATION**

**IN RESPONSE TO THE SUBPOENA ISSUED, I HEREBY CERTIFY THAT THE RECORDS SUBMITTED HERewith ARE A COMPLETE SET OF ALL THE RECORDS IN MY/OUR POSSESSION OR CONTROL RELATING TO:**

**TED BAXTER**

Date

Signature

Number of Pages Submitted

Printed Name of Signatory

**Doctor/Hospital/Facility Responding To Subpoena:**

SUN LIFE ASSURANCE COMPANY OF CANADA  
ONE SUN LIFE EXECUTIVE PARK  
SC 3277  
WELLESLEY HILLS MA 02481-5699  
(781) 237-6030

**NO RECORDS STATEMENT**

**I HEREBY CERTIFY THAT A THOROUGH AND DILIGENT SEARCH OF MY/OUR FILES WAS MADE AND I/WE FIND THERE ARE NO RECORDS PERTAINING TO:**

**TED BAXTER**

Date

Signature

Printed Name of Signatory

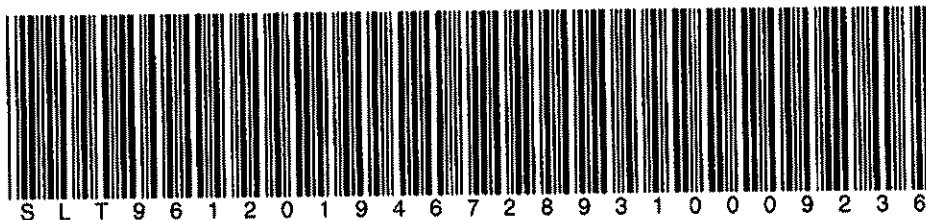
**Doctor/Hospital/Facility Responding To Subpoena:**

SUN LIFE ASSURANCE COMPANY OF CANADA  
ONE SUN LIFE EXECUTIVE PARK  
SC 3277  
WELLESLEY HILLS MA 02481-5699  
(781) 237-6030

Prepped by  
Tara Ferguson

# Tracking Number

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**Rosenberg Deposition Services, LLC**  
1 N. LaSalle Street - Suite 2101  
Chicago, IL 60602  
312-442-9087 Fax 312-442-9095

**Date:** 10/10/2005

**Case:** TED BAXTER

-vs

CITADEL INVESTMENT GROUP

05WC40121

**Re:** TED BAXTER

**To:** SUN LIFE FINANCIAL, LTD.

ROBERT GOODAL

(972) 790-9902

ONE SUN LIFE PARK

SC 3208

WELLESLEY HILLS

MA

02481-5699

Attached hereto is a Subpoena Duces Tecum requiring the production of certain records, documents and things relating to:

TED BAXTER

Please advise the undersigned if you require any advance payment and the amount. A check will be forwarded to you.

Telephone Number to Call: 800-248-3290

Yours truly,

KELLI D. GOODWIN

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ILLINOIS WORKER'S COMPENSATION COMMISSION

TED BAXTER

Employee/Petitioner;

-vs-

CITADEL INVESTMENT GROUP

Employer/Respondent.

Case No. 05WC40121

Date Of Occurrence: 4/21/2005

SUBPOENA - (FOR RECORDS ONLY) \*

TO: SUN LIFE FINANCIAL, LTD.
ROBERT GOODAL (972) 790-9902
ONE SUN LIFE PARK SC 3208
WELLESLEY HILLS, MA 02481-5699

YOU ARE COMMANDED TO PRODUCE RECORDS TO:
ROSENBERG DEPOSITION SERVICES, LLC,
ONE NORTH LASALLE STREET, SUITE 2101, CHICAGO, IL 60602
ON THE 10TH DAY OF NOVEMBER, 2005.

YOU ARE COMMANDED ALSO TO BRING THE FOLLOWING:

YOU ARE FURTHER COMMANDED TO BRING:
PLEASE PROVIDE ANY AND ALL RECORDS IN REGARD TO TED BAXTER.

NAME: TED BAXTER DOB: 11 SSN: 084-

\* YOUR PRESENCE WILL NOT BE REQUIRED IF SAID RECORDS, ON OR IN YOUR POSSESSION OR CONTROL, ARE PROVIDED BEFORE THE DATE INDICATED HEREIN. YOUR FAILURE TO APPEAR IN RESPONSE TO THIS SUBPOENA WILL SUBJECT YOU TO PENALTIES PRESCRIBED BY

WITNESS Dennis X. Ruth OCTOBER 10TH 2005
Dennis X. Ruth



Issued at the request of:

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Attorney For:
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CHICAGO, IL 60602

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Federal Express Tracking Number: 467289310009236 on OCTOBER 10TH, 2005 .

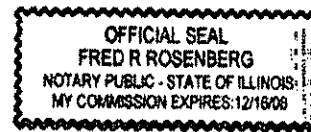
Kelli D. Goodwin  
KELLI D. GOODWIN

SUBSCRIBED AND SWORN TO BEFORE ME

THIS 10TH DAY OF OCTOBER, 2005 .

Fred R. Rosenberg

NOTARY PUBLIC





**Rosenberg Deposition Services, LLC**  
 1 N. LaSalle Street - Suite 2101  
 Chicago, IL 60602  
 312-442-9087 Fax 312-442-9095

10/10/2005

RDS868

**RECORDS CERTIFICATION**

**IN RESPONSE TO THE SUBPOENA ISSUED, I HEREBY CERTIFY THAT THE RECORDS SUBMITTED HEREWITH ARE A COMPLETE SET OF ALL THE RECORDS IN MY/OUR POSSESSION OR CONTROL RELATING TO:**

**TED BAXTER**

Date

Signature

Number of Pages Submitted

Printed Name of Signatory

**Doctor/Hospital/Facility Responding To Subpoena:**

SUN LIFE FINANCIAL, LTD.  
 ONE SUN LIFE PARK  
 SC 3208  
 WELLESLEY HILLS MA 02481-5699  
 (972) 790-9902

**NO RECORDS STATEMENT**

**I HEREBY CERTIFY THAT A THOROUGH AND DILIGENT SEARCH OF MY/OUR FILES WAS MADE AND I/WE FIND THERE ARE NO RECORDS PERTAINING TO:**

**TED BAXTER**

Date

Signature

Printed Name of Signatory

**Doctor/Hospital/Facility Responding To Subpoena:**

SUN LIFE FINANCIAL, LTD.  
 ONE SUN LIFE PARK  
 SC 3208  
 WELLESLEY HILLS MA 02481-5699  
 (972) 790-9902

Prepped by  
Tara Ferguson



Sun Life Assurance  
Company of Canada  
SC3225  
One Sun Life Executive Park  
Wellesley Hills, MA 02481-5699  
1-800-247-6875

October 18, 2005

Citadel Investment Group, L.L.C.  
Attn: Darlene Wright  
131 S Dearborn Street  
Chicago, IL 60603

COPY

RE: Name of Insured: Ted Baxter  
Policyholder Name: Citadel Investment Group  
Group Policy Number: 67534 - Group Life Insurance Benefit

Dear Mr. Baxter:

We have determined that Ted Baxter is currently eligible for Group Life Insurance Waiver of Premium benefit under the Group Policy referenced above.

Further extensions of this benefit may be available if we receive periodic proof satisfactory to us that Ted Baxter remains Totally Disabled as defined by the Group Policy. We will contact Mr. Baxter directly when further proof is required.

Currently, Ted Baxter has \$300,000.00 of Group Life Insurance and \$500,000.00 of Optional Life Insurance in force. Please keep in mind that this amount may decrease, or coverage may terminate, depending on the age of the insured and their retirement or employment status. Reduction and termination levels are defined in your Group Policy and employee handbook. Please refer to these documents for complete details.

Our records indicate that Kelly Baxter is the named beneficiary for these Group Life Insurance Benefits. Ted Baxter may change the named beneficiary at any time by contacting this office and completing the appropriate forms.

Should you have any questions, please call us at (800) 247-6875.

Sincerely,

A handwritten signature in cursive script that reads "Margaret Bailey".

Margaret Bailey  
Claims Administrator  
Group Life Claims Dept.  
SC 3225

cc: Group LTD Benefits Dept.  
Ted Baxter

Sun Life Assurance Company of Canada  
is a member of the Sun Life Financial group of companies.  
[www.sunlife-usa.com](http://www.sunlife-usa.com) SLPC 7567

SUN BAXTER 000472

**PREPPED BY:**

**TODD**

**SANDSTROM**

ENSI  
(888)296-1891

RECORDS REQUEST

NO. L260701-01  
CTL 03161906  
PO BOX 494  
TEAM: 4501  
OMAHA NE 68101-0494

PLEASE RETURN THIS FORM  
WITH COPIES OF RECORDS

NAME: ~~JOHN~~ TED BAXTER

DATE: 11/04/2005

ADDRESS: IL

CO. NAME: SUN LIFE FINANCIAL m

D.O.B.: 11/

ACCT. NO.: 5766

S.S. NO.: 084-1

CASE NO.: 230605-00981  
-00

FACILITY: JESSE TABER MD  
ADDRESS : 2650 RIDGE AVE BURCH BUILDING STE 309  
EVANSTON, IL 60201

REQUESTER: RGODDALL

PHONE NO: 847/570-2570  
FAX NO : 847/570-2073

U/W TEAM: KH

DESK: 5 TEAM: 4501

-----  
\*\*\*PLEASE RETURN THIS COVERSHEET WITH RECORDS\*\*\*  
-----

\* SPECIAL INSTRUCTIONS:

ALL TREATMENT NOTES, TESTS AND CONSULTATIONS SINCE JULY 2005.

These documents may contain confidential health information that is privileged and legally protected from disclosure by federal law including the Health Insurance Portability and Accountability Act (HIPAA). This information is intended only for the use of the individual or entity named above. If you are not the intended recipient, you are hereby notified that reading, disseminating, disclosing, distributing, copying, acting upon or otherwise using the information contained in this correspondence is strictly prohibited. If you have received this information in error, please notify the sender immediately and destroy these documents.

11/04/2005 11:32:33 IDR212 3974 4520 1



**RECORDS REQUEST ATTACHMENT**

005766

4501

FOR **TED BAXTER**

Attached is a request for records. Please process as soon as possible and thank you for following any special instructions.



NOV 09 2005  
PD BOX 494  
OMAHA NE 68101-0494

JESSE TABER MD  
ATTN: MEDICAL RECORDS  
2650 RIDGE AVE BURCH BUILDING STE 309  
EVANSTON IL 60201

NOV 09 2005  
Mail records and/or invoices to the above address

APS # L260701-01  
DESK # 05  
DATE 11/04/2005

**CHARTONE**  
NOV 09 2005

OFFICE NOTES AND TYPED REPORTS FROM 7/05 TO PRESENT.

PLEASE RETURN THE ATTACHED REQUEST WITH THE RECORDS.

THE TIMELY COMPLETION OF THIS REQUEST WILL SPEED THE EVALUATION OF A PENDING CLAIM. PLEASE ADVISE IF FEE WILL EXCEED \$50.00. THANK YOU

FEEL FREE TO FAX RECORDS TO OUR TOLL FREE FAX NUMBER (800) 723-8564. PLEASE INCLUDE THIS PAGE.

IF THERE ARE ANY QUESTIONS, CALL TOLL FREE 1-888-296-1891 AND ASK FOR MELISSA COE (8AM-5PM CENTRAL STANDARD TIME).

I APPRECIATE ALL YOUR HELP!

104784

EVANSTON NORTHWESTERN HEALTHCARE

**Diagnoses** Visit Diagnoses  
SECUNDUM ATRIAL SEPT DEF [745.5]  
CEREBRAL EMBOLUS W CEREBR INFARCT [434.11]

**Diagnosis Edit**

Information	Diagnosis	User	Time	Action
	CEREBRAL EMBOLUS W CEREBR INFARCT [434.11]	SILVER, RENA	Fri Jul 1, 2005 1:26 PM	Added
	SECUNDUM ATRIAL SEPT DEF [745.5]	SILVER, RENA	Fri Jul 1, 2005 1:26 PM	Added

**ED Notes** No notes of this type exist for this admission.

**ED Disposition** None.

**Follow-up Provider** None.

**Discharge Instructions** Discharge Instructions  
None.

**ED Events**

END OF REPORT

ED /Epic Chc# 10764469

Ted Baxter

HISTORY & PHYSICAL NOTE/Epic Enc#  
10764469

EVANSTON NORTHWESTERN HEALTHCARE

H&P Summary

<u>Author</u>	<u>Service</u>	<u>Author Type</u>	<u>Filed</u>
SILVER, RENA	(none)	Advanced Practice Nurse	07/01/2005 1351

History: Rena Silver, APN; patient interviewed by phone; records reviewed  
 PCP: Dr Sullivan  
 Cardiologist: Andrew Hamilton  
 Neurologist: Jesse Taber

CC: CVA; PFO

HPI: (HPI original note Dr Eliades 4/26/05) Ted Baxter is a 41-year-old right-handed gentleman I am seeing at the request of Dr. John Oh. Mr. Baxter was admitted to Evanston Hospital on the 22nd of this month (April) with new onset of aphasia and right upper extremity weakness. This occurred early on the morning of admission. The patient had returned from a flight from London and was watching television when he had sudden onset of inability to speak. In the emergency room he had a negative CT of the brain and CT of the chest was negative for PE. He was treated with aspirin. Because of the prolonged onset of the symptoms he did not receive TPA. MRI showed left subinsular diffusion defect, as well as left caudate diffusion defect. There was probable narrowing in the left middle cerebral artery on MRA. He was admitted to the intensive care unit and had quite bit of brain swelling from a fairly large stroke and even had neurosurgery consulted to see if he needed craniectomy. This was not necessary. Today he is much more awake and alert, and according to the nursing service is able to stand at edge of bed. The rest of the stroke workup is in progress.

Full work up ensued with carotid dopplers showing no stenosis, LE dopplers negative for DVT. TTE showed normal ventricular function with mobile intra-atrial septum suggesting PFO. TEE performed 4/22/05 showed no intracardiac thrombi, no atherosclerosis in aorta. With bubble study there was a right to left shunt noted without valsalva. A PFO of 0.6cm was seen.

He continued to improve and transferred to RIC for therapy. He developed DVT at RIC treated with Vena Cava filter but no anticoagulation due to small amount of hemorrhage nte on follow up CT scan. He is followed by Dr Taber and was noted in office visit 6/29/05 as having having improved expression & comprehension with fluent speech but frequent literal & semantic paraphasic errors His R sided strength is improving , walking without assistance. Coagulation studies are in process.

ALLERGY No Known Allergies.

PMH

Previous Medical History:

Ted Baxter

HISTORY & PHYSICAL NOTE/Epic Enc#  
10764469

CEREBRAL THROMB CEREBRAL INFARCT  
4/2005

Comment:  
large Left MCA

SECUNDUM ATRIAL SEPT DEF

PSH  
There is no previous surgical history on file.

REVIEW OF SYSTEMS:

CONSTITUTIONAL: pertinent negatives: denies dizziness; occais headache

EYES: no double vision

CARDIOVASCULAR: pertinent negatives: denies palpitations, chest pain,  
dyspnea on exertion, lower extremity edema . + varicose veins

GI: eating regular food, normal bowels

GU: negative

NEUROLOGIC: no numbness ,tingling, R side stregnth improving; walks on TM

PSYCHIATRIC: negative depression

SH

Lives with wife Kelly

MEDS

Outpatient prescriptions as of 6/30/05:

ASPIRIN 325 MG PO TABS

1 TABLET DAILY

Disp:

Rfl:

LIPITOR 10 MG PO TABS

1 PO qhs

Disp:

Rfl: 0

HEXAVITAMINS PO TABS

1 tablet by mouth daily

Disp:

Rfl:

OMEGA 3 120-180 MG PO CAPS

1 daily

Disp:

Rfl: 0

Ted Baxter

HISTORY & PHYSICAL NOTE/Epic Enc#  
10764469

10764469

AMOXICILLIN 500 MG PO CAPS  
4 PO 2 hours prior to dental work  
Disp:  
Rfl:

ARICEPT 5 MG PO TABS  
1 PO qhs for four weeks, then 10 mg qhs  
Disp: 5 weeks  
Rfl: 0

Plavix 75mg qd beginning 7/8/05

LABS awaiting labs from NWM

CBC:

WBC 6.6 04/29/2005  
RBC 4.34 04/29/2005  
HGB 13.8 04/29/2005  
HCT 39.9 04/29/2005  
PLT 145 04/29/2005

BMG:

GLU 113 04/29/2005  
NA 139 04/29/2005  
K 4.0 04/29/2005  
CL 109 04/29/2005  
CO2 25 04/29/2005  
BUN 7 04/29/2005  
CREAT 0.9 04/29/2005  
CA 9.1 04/29/2005  
PT 10.5 04/22/2005  
INR 1.0 04/22/2005  
PTT 24 04/22/2005

Lipid Profile:

CHOL 171 04/22/2005  
TRIG 28 04/22/2005  
HDL 50 04/22/2005  
LDL 115 04/22/2005

Physical Exam on arrival

Assessment: 41YO with large Left MCA CVA and PFO.

Plan: Plan for device closure of PFO. Procedure & risks have been described in detail to wife including bleeding, cva, mi, erosion by phone. Will discuss w/ Ted Baxter on arrival. Pamphlet mailed. Consents sign on arrival. Plavix script called to Wags 847-256-0881 to begin 7/8/05. Ancef pre & post.

Rena Silver

Nurse Practitioner, Cardiac Cath Lab

Authenticated by  
TED E. FELDMAN, MD.  
On 10/05/05 5:54:01 PM

Ted Baxter

HISTORY & PHYSICAL NOTE/Epic Enc#  
10764469

Pager 8623

<u>Author</u>	<u>Service</u>	<u>Author Type</u>	<u>Filed</u>
FELDMAN, TED	(none)	Physician	07/12/2005 1052

physical exam:

Pulses all 2+/symmetric  
 lungs clear  
 S1S2 no M  
 No edema  
 expressive aphasia  
 R arm & leg weakness

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END OF REPORT

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Ted Baxter

D/C INSTRUC NOTE AUDIT TRAIL/Epic  
Ehc# 10764469

**EVANSTON NORTHWESTERN HEALTHCARE**

**Discharge Instructions**

BAXTER, TED (MR #014701940)

<u>Date</u>	<u>Status</u>	<u>User</u>	<u>User Type</u>	<u>Note Type</u>
07/13/05 0931	Pended	REYES, NICOLE	Registered Nurse	Original

Note:

EVANSTON NORTHWESTERN HEALTHCARE  
Discharge Instructions - Patent Foramen Ovale

Name: Ted Baxter

Admission Date: 7/12/2005

Discharge Date: / /2005

You had Amplatzer device closure of Patent Foramen Ovale by Dr. Feldman

**MEDICATIONS:**

Plavix 75mg daily x 6 months

ASPIRIN 325 MG PO TABS  
1 TABLET DAILY

LIPITOR 10 MG PO TABS  
1 daily

HEXAVITAMINS PO TABS  
1 tablet daily

OMEGA 3 120-180 MG PO CAPS  
1 daily

ARICEPT 5 MG PO TABS  
as directed

For the next 12 months you must take an antibiotic before any dental procedures: Amoxicillin 2 grams by mouth 1 hour before dental procedure.

Take all your medications as directed. Do NOT stop any medication unless instructed by your doctor. Carry a list of your current medications.

DIET: Low Sodium (2000mg salt), Low Cholesterol, Low Fat

**FOLLOW-UP APPOINTMENTS:**

Call today for follow-up appointment: In 3 weeks with Dr. Hamilton (Cardiologist). You will need a regular echo (transthoracic) in 6 months. At that time please call to schedule 847-570-2065 at Evanston or at Highland Park 847-480-3753; the order has been placed in the system.

**INSTRUCTIONS/ ACTIVITIES/ RESTRICTIONS: Non-Smoker**

You may resume sexual activity within 5 days.

To allow your groin site to heal, please follow these additional instructions:

No deep knee bends or heavy lifting (no more than 15 pounds) for 1 week.

Epic - COZ - MR - BAXTER, TED

Ted Baxter

D/C INSTRUC NOTE AUDIT TRAIL/Epic  
Acct# 10764469

F:\Epic\Audit Trail\10764469.D

Note:

You may shower 24 hours after the procedure. No bath tubs or swimming for at least 5 days.

Keep site clean and dry. Do NOT apply ointments or creams.

Call your doctor if you have pain or swelling at the procedure puncture site.

**NORMAL OBSERVATIONS** at the groin puncture site:

Mild soreness or tenderness can last for a week.

Minimal oozing from the groin site.

Possible bruising that can last two weeks or more.

Formation of a small lump (dime to quarter size) which can last up to eight weeks.

**WATCH FOR THE FOLLOWING SIGNS AND SYMPTOMS:**

Call your doctor if you have:

Dizziness, lightheadedness, palpitations or new shortness of breath.

Develop a rash, hives, or itching

Angina or chest pain

I have received these instructions and understand there are several steps I can take to control the risk factors associated with heart disease. I have been advised not to smoke. I understand the instructions on this form regarding medications, diet, activities and scheduling follow-up visits to my doctor(s). I have reviewed and understand the above instructions.

Patient Signature: \_\_\_\_\_

Clinician Signature: \_\_\_\_\_

DESTINATION UPON DISCHARGE: Home

END OF REPORT



**Evanston Hospital - Cardiac Catheterization Lab**

**FLWSHEET (C)**

**Cardiac Catheterization Report:**

Printed: 07/12/2005 12:52 Page: 1

ID: 3E05752 Name: BAXTER, TED

Date: 07/12/2005 Time: 10:33:00

Sex: Male Date-of-birth: 11/

Age: 41 Years

Height: 175 cm

Weight: 72.5 kg

BSA: 1.88

**Name Role**  
 Feldman, Ted MD Physician  
 Pacis, Michelle RN Monitoring Person  
 Marguerite, Mike CVT Circulating Person  
 Salinger, Michael MD Assisting Physician

BAXTER, TED  
 HAMILTON, ANDREW J  
 0147019405181



**Refer Cardiologist:** Hamilton, Andrew M.D. **Refer Hospital:** Evanston Hospital

**Procedure At:** Evanston Hospital **Refer Internist:** **Other:**

**Soc Sec #:** 084 **Account #:** 0147019405181 **Address:** **City:** **State:** **Zip:** **Phone:**

**Allergies:** NKA **Patient Status:** Outpatient-Elective **Patient Origin:** OP **Room #:**

**Medical History**

CVA, Hypercholesterolemia

**HCT:** 39.3 **HgB:** 13.2 **PT:** **PTT:** **BUN:** 12.0 **Creatinine:** 1.1 **INR:** **Chol:**  
**Sodium:** 136 **Potassium:** 4.3 **Glucose:** 216 **Platelets:** 148.0 **LDL:**

Time	Medication	Amount	Route	Given By	Read Back By
10:58	Buffered lidocaine	15CC	SQ	Feldman, Ted MD	Pacis, Michelle RN
11:16	Heparin	6000U	IV	Feldman, Ted MD	Pacis, Michelle RN
11:46	Heparin	2000U	IV	Feldman, Ted MD	Pacis, Michelle RN
12:07	Buffered lidocaine	15CC	SQ	Feldman, Ted MD	Pacis, Michelle RN
12:11	Heparin	3000U	IV	Pacis, Michelle RN	Pacis, Michelle RN

: Feldman, Ted MD

**Name Nursing Intervention Nursing Diagnosis**  
 Mounce, Jeff RN Plan of care initiated according to cath lab protocol.

**Physician Procedure**  
 Feldman, Ted MD PFO Closure  
 Feldman, Ted MD Venogram

**Time IV Fluids Concentration Rate IV Site**  
 10:57 D5/.45NS 1000cc 200CC/H Lt Hand

**Entry Removal Catheter Vendor Intervention Device**  
**Access Site Method**  
 10:58 11:25 6F Short Sheath Cordis  
 Femoral Vein Right Percutaneous  
 10:59 11:00 0.35in x 145cm Curved Guide Wire Dalg  
 Femoral Vein Right Via Sheath  
 10:59 11:00 .038 x 150 Straight MC Guide Wire Cordis  
 Femoral Vein Right Via Sheath

Evanston Hospital - Cardiac Catheterization Lab

FLWSHEET (C)

Cardiac Catheterization Report:

Printed: 07/12/2005 12:52 Page: 2

ID: 3E05752 Name: BAXTER, TED

Date: 07/12/2005 Time: 10:33:00

Sex: Male Date-of-birth: 11 Age: 41 Years Height: 175 cm Weight: 72.5 kg BSA: 1.88

11/17/83 M  
 0147019405181  
 11/17/83 M

11:00	11:04	6F Pigtail 145	Cordis
Femoral Vein Right		Via Sheath	
11:11		11F Long Sheath	Cordis
Femoral Vein Left		Percutaneous	
11:11	12:47	AcuNav 10Fr 90cm Intracardiac Echo Catheter	
Femoral Vein Left		Via Sheath	
11:13	11:18	5F MP-2	Cordis
Femoral Vein Right		Via Sheath	
11:25	11:26	Amplatz Guide Wire 0.035 x 260	
Femoral Vein Right		Via Sheath	
11:25	11:51	8 F 80 cm Delivery System	
Femoral Vein Right		Via Sheath	
11:28	11:31	Amplatz ASD-12mm	AGA PFO/ASD closure device
Femoral Vein Right		Via Sheath	
11:35	11:37	Amplatz ASD-16mm	AGA PFO/ASD closure device
Femoral Vein Right		Via Sheath	
11:49	12:39	11F Long Sheath	Cordis
Femoral Vein Right		Sheath Exchange	
11:53	11:55	10mm	Microvena other
Femoral Vein Right		Via Sheath	
11:58	12:08	MPA 1 9 FR VISTA BRITE TIP	Cordis guide catheter
Femoral Vein Right		Via Sheath	
12:11	12:49	11F Long Sheath	Cordis
Femoral Artery Right		Percutaneous	
12:18	12:28	MPA 1 9 FR VISTA BRITE TIP	Cordis guide catheter
Femoral Artery Right		Via Sheath	
12:18	12:27	10mm	Microvena other
Femoral Artery Right		Via Sheath	
12:31	12:35	Amplatz Guide Wire 0.035 x 260	
Femoral Vein Right		Via Sheath	
12:34	12:35	.035 x 260 J Tip Guide Wire	Cordis
Femoral Vein Right		Via Sheath	
12:39		9 F 80 cm Delivery System	
Femoral Vein Right		Via Sheath	
12:41	12:44	Amplatz ASD-18mm	AGA PFO/ASD closure device
Femoral Vein Right		Via Sheath	

BAXTER, TED  
 HAMILTON, ANDREW J  
 0147019405181



Entry	Removal	Catheter	Vendor	Intervention Device	Access Site	Method
12:02	12:05	10mm	Microvena	other	Femoral Vein Right	Via Sheath

Evanston Hospital - Cardiac Catheterization Lab

FLOW SHEET (C)

Cardiac Catheterization Report:

Printed: 07/12/2005 12:52 Page: 3

ID: 3E05752 Name: BAXTER, TED

Date: 07/12/2005 Time: 10:33:00

Sex: Male Date-of-birth: 11/

Age: 41 Years

Height: 175 cm

Weight: 72.5 kg

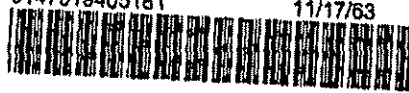
BSA: 1.88

Entry	Closure Device	Access Site
12:11	Closer-S 6F deployed	Femoral Artery Right
Time	ACT	ACT Value
11:21	DONE	282
11:56	DONE	286
12:46	DONE	273

BAXTER, TED  
HAMILTON, ANDREW J  
0147019405181

11/17/63

M



Time	Comments
10:50	Patient seen in holding area by physician. EPIC chart reviewed. Consent for planned procedure, correct patient, and correct procedure verified by Physician and RN. Patient arrived into procedure room. Patient prepped and draped per Cardiac Cath Lab protocol. Supplies and devices for planned procedure in procedure room. GONAD SHIELD APPLIED.
10:56	Physician scrub. "Time Out" taken, correct patient and correct planned procedure verified by the physician and RN. Conscious Sedation Protocol initiated.
11:08	300CC 0.9NS BOLUS INFUSING
11:28	AMPLATZER 12MM DEVICE INSERTED- NOT DEPLOYED.
11:36	AMPLATZER 16MM DEVICE DEPLOYED.
12:28	DEVICE RETRIEVED. VSS.
12:44	AMPLATZER 18MM DEVICE DEPLOYED.
12:50	Procedure complete.

Time	Condition
10:33	No: 1 Rest
11:39	No: 2 Post Angio

Time	Pressure
11:07	Condition: 1 Seqnr: 2 HR: 63 (ECG) SpO2: 100% NIBP:102/57/74
11:16	Condition: 1 Seqnr: 3 HR: 62 (ECG) LA 10/10/5 SpO2: 98% NIBP:91/48/63
12:17	Condition: 2 Seqnr: 5 HR: 65 (ECG) AO 87/52/68 SpO2: 99% NIBP:103/56/74

Time	NIBPs	NIBPd	NIBPm
10:37	91	56	76
10:52	102	57	74
11:08	91	48	63
11:22	103	56	70
11:37	104	56	73
11:52	115	59	76
12:07	103	56	74
12:22	112	64	80
12:37	124	63	74

Time	Pulse rate	SpO2
10:39	60	97
10:44	66	100

Evanston Hospital - Cardiac Catheterization Lab

FLWSHEET (C)

Cardiac Catheterization Report:

Printed: 07/12/2005 12:52 Page: 4

ID: 3E05752 Name: BAXTER, TED

Date: 07/12/2005 Time: 10:33:00

Sex: Male Date-of-birth: 11, Age: 41 Years Height: 175 cm Weight: 72.5 kg BSA: 1.88

10:49	69	100
10:54	67	100
10:59	63	100
11:04	58	98
11:09	57	100
11:14	58	98
11:19	64	98
11:24	62	98
11:29	64	99
11:34	58	99
11:40	63	99
11:45	60	100
11:50	63	99
11:55	66	99
12:00	67	100
12:05	61	100
12:10	65	99
12:15	67	99
12:20	63	99
12:25	70	99
12:30	64	99
12:36	68	99
12:41	68	100
12:46	63	100
12:51	60	100

BAXTER, TED  
HAMILTON, ANDREW J  
0147018405181

11/17/83

M



Time	Rhythm	Pain (0-10)	Pain Loc	Intervention	Lvl of Cons	RR	Assessed by
10:57	SR/60	0			Awake	18	Pacis, Michelle RN
12:49	SR/63	0			Awake	18	Pacis, Michelle RN

Contrast Type/Amount Amount Infused (cc)  
Isovue 370 190

Fluoroscopy time (min): 28.32

Time	Activity	Respirations	Circulation	Lvl of Cons	Color
10:57	Moves 4 extremities	Able to deep breath	BP +/- 20% Pre-Anes level	Awake-Oriented x3	Normal Skin Tones
10	Pacis, Michelle RN				

Evanston Hospital - Cardiac Catheterization Lab

FLWSHEET (C)

Cardiac Catheterization Report:

Printed: 07/12/2005 12:52 Page: 5

ID: 3E05752 Name: BAXTER, TED

Date: 07/12/2005 Time: 10:33:00

Sex: Male Date-of-birth: 11/

Age: 41 Years

Height: 175 cm

Weight: 72.5 kg

BSA: 1.88

12:49 Moves 4 extremities Able to deep breath BP +/- 20% Pre-Anes level Awake-Oriented x3 Normal Skin Tones  
10 Pacis, Michelle RN

IV Amount (cc): 150 Output (cc): 0 Patient Sent To: Holding Area

Examination Date: 07/12/2005 Start Time: 10:33:00 Procedure Time (Min): 138 End Time: 12:51:00

BAXTER, TED  
HAMILTON, ANDREW J  
0147019405181

11/17/83



M

07-12-2005 12:52:52

4

Evanston Hospital - Cardiac Catheterization Lab

Hemodynamics

Cardiac Catheterization Report:

Printed: 07/12/2005 12:52 Page: 1

ID: 3E05752 Name: BAXTER, TED

Date: 07/12/2005 Time: 10:33:00

Sex: Male Date-of-birth: 11/

Age: 41 Years

Height: 175 cm


Weight: 72.5 kg

BSA: 1.88

	Condition: 1	Condition: 2
	10:33	11:39
Interventions	Rest	Po Anglo
Heart rate	11:16 62 (ECG)	12:17 65 (ECG)
Pressures		
LA (A/V/M)	11:16 10/10/5	
AO (S/D/M)		12:17 87/52/68
Oxygens		

	Condition: 1	Condition: 2
	10:33	11:39
Interventions	Rest	Po Anglo
Ventricular items		
Gradients		
Flows and shunts		
Pulm/Syst Flow Ratio	1.00	1.00

BAXTER, TED  
 HAMILTON, ANDREW J  
 0147019405181 11/17/63 M





EVANSTON NORTHWESTERN HEALTHCARE

BAXTER, TED HAMILTON, ANDREW J 0147019405181

11/17/03 M



CARDIAC CATHETERIZATION/PCI CONSENT

14130-013 (4/2005)

I hereby consent to and authorize the performance of a procedure/ operation upon myself (name of patient, or myself)

for the following purpose :

Cardiac Catheterization (insertion of catheters via blood vessels to the heart), PFO closure of Amplatzer device, Coronary Angiography (injection of dye to take x-ray pictures of the heart), and Coronary Artery Angioplasty and/or Atherectomy and/or Stent Placement "hole in heart"

The procedure/operation is to include whatever procedures are required in attempting to accomplish such purpose. If any conditions are revealed at the time of the operation that were not recognized before and which call for procedures in addition to those originally contemplated, I authorize the performance of such procedures.

- a. I understand that the procedure/operation will be performed by Dr. Feldman and whomever he/she designates as assistants.
b. Dr. Feldman and Physician Designee N/A has fully explained to me the nature and purpose of the procedure/operation including the inherent risks and benefits, as well as alternatives and complications.
c. I have had sufficient opportunity to discuss my condition and treatment with Dr. Feldman and Physician Designee N/A. All my questions have been answered to my satisfaction.
d. I further consent to the administration of such sedation/anesthesia as may be considered necessary or desirable in the judgement of the Medical Staff of Evanston Northwestern Healthcare.
e. If any tissues or other body parts are removed, I consent to their use for medical treatment of others and to their disposal by authorities of Evanston Northwestern Healthcare.
f. I consent to the taking of any photographs or videotapes in the course of this procedure/operation for the purpose of advancing medical/staff education and performance improvement within ENH provided that my name is not used in this connection.
g. I consent to the admittance of observers for the purpose of advancing medical education.
h. I consent to the admittance of Healthcare Industry Representatives to provide technical advice to the healthcare team.
i. In the event that blood product administration may be needed, I have reviewed the separate consent for transfusion. (Reverse side of this form).

My signature below verifies that my physician has explained the need for the procedure/operation including the risks, benefits, side effects and potential problems related to recuperation and any reasonable alternatives with their associated risks, benefits and side effects. The physician/physician designee explained to me the potential consequences if I do not receive the recommended treatment. The physician/physician designee also explained to me the likelihood of achieving the goals that were identified for the procedure/operation and confidentiality limitations (if any). The physician has answered all my questions and I consent to the procedure/operation as noted above.

[Signature] Patient or person authorized to consent for patient

11/12/2005 10:30 Date/Time

myself Relationship of authorized person

Witness: I, [Signature], hereby attest that the named patient/authorized person has signed the consent in my presence.

BAXTER, TED  
HAMILTON, ANDREW J  
0147019405181

11/17/83 M



TRANSFUSION CONSENT

- 1) I hereby consent to and authorize transfusion of blood and blood components as deemed necessary by the physicians caring for me at Evanston Northwestern Healthcare. I have been told what benefits are desired from this transfusion, what the most important risks are, and have received information regarding possible alternatives to transfusion.
- 2) I understand that, as with other treatments, transfusions occur when my physician(s) or their staff/assistants judge the potential benefits of blood for me outweigh any potential harm. However, transfusions do not always produce the desired results. Neither the physicians, the hospital, nor the staff have made any warranty or guaranty concerning these desired benefits.
- 3) I recognize that, although individuals donate blood voluntarily and are carefully screened by questioning and disease testing according to current practice and Federal regulations, there is still a small risk of transmission of infectious agents.
- 4) I understand that transfusions can cause fever or allergic reactions. I understand that there is a small risk of decreased survival of red blood cells due to undetectable incompatibility between myself and the donor's blood, and that there are other rare harmful effects of transfusion that can occur at the time of transfusion or at a later time.
- 5) I have been informed of the following **ALTERNATIVES**:
  - a. Autologous blood (storing my own blood prior to surgery). This method must be anticipated weeks prior to planned surgery.
  - b. Directed donor blood (blood donated by individuals expressly for my use). This method must be anticipated days prior to the needed transfusion. I have been informed that there is no scientific data to suggest that directed donor blood is safer than blood in the routine blood supply.
- 6) I further understand that while the Hospital Blood Bank will attempt to supply any autologous or directed donor blood prior to transfusing blood from the routine blood supply, medical circumstances may require that other or additional blood components may be required for my care in the judgement of my physician(s).

My signature below verifies that my physician has explained the need for a transfusion of blood components including the risks, benefits, side effects and alternatives has been explained to me. All of my questions have been answered and I consent to transfusion.

	7/12/2005 10 <sup>30</sup>	Myself
Patient or person authorized to consent for patient	Date/Time	Relationship of authorized person
	7/12/2005 10 <sup>30</sup>	
Witness to Signature	Date/Time	

**REFUSAL OF TRANSFUSION**

I hereby authorize and consent **ONLY** to the transfusion of my own donated blood (autotransfusion). I refuse all other blood and blood components.

I hereby authorize and consent **ONLY** to the transfusion of blood from my directed donor(s). I refuse all other blood and blood components.

I hereby refuse all blood and blood components.

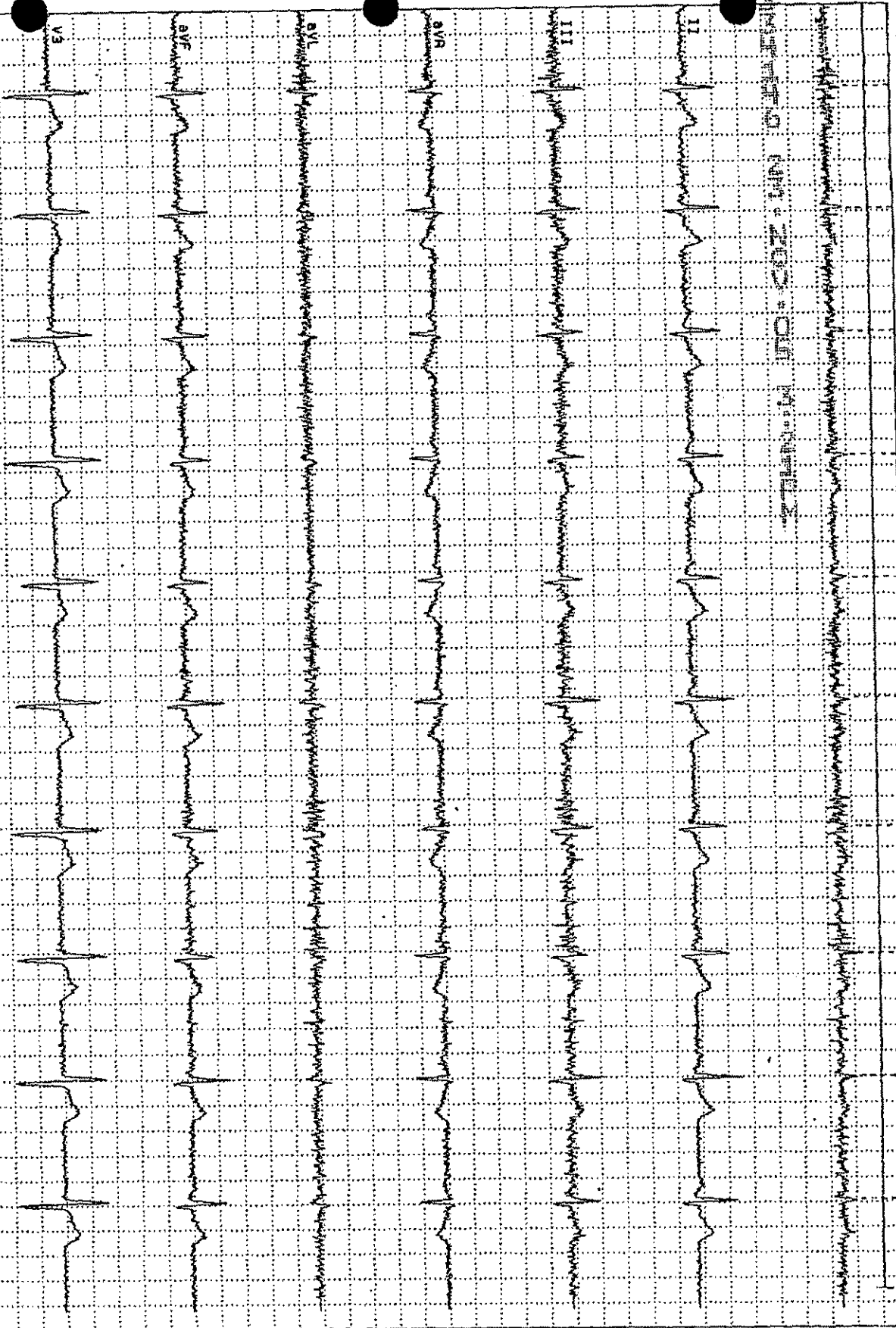
I understand that my refusal of blood or blood components and products may seriously endanger my life, or the life of the patient I represent, and may result in my or his/her death. Knowing this, I agree to assume the risks and responsibilities for such ill effects.

_____	_____	_____
Patient or person authorized to consent for patient	Date/Time	Relationship of authorized person

Witness: I, \_\_\_\_\_, hereby attest that the named patient/authorized person has signed the consent in my presence



PRINTED: 07/12/2005 12:52

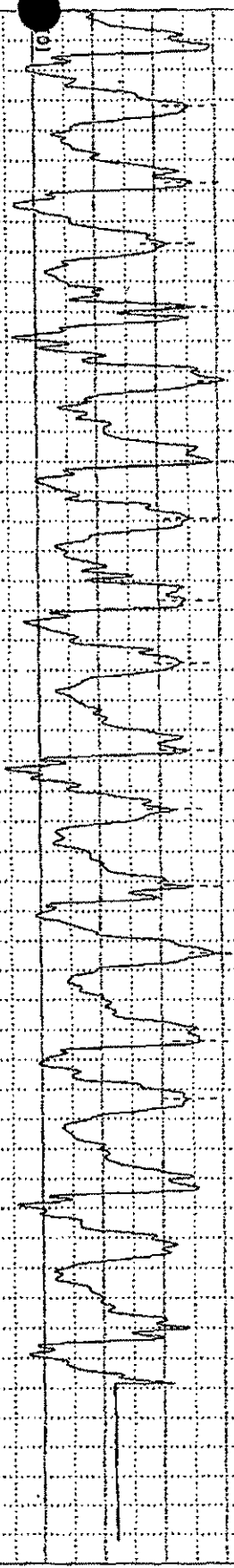
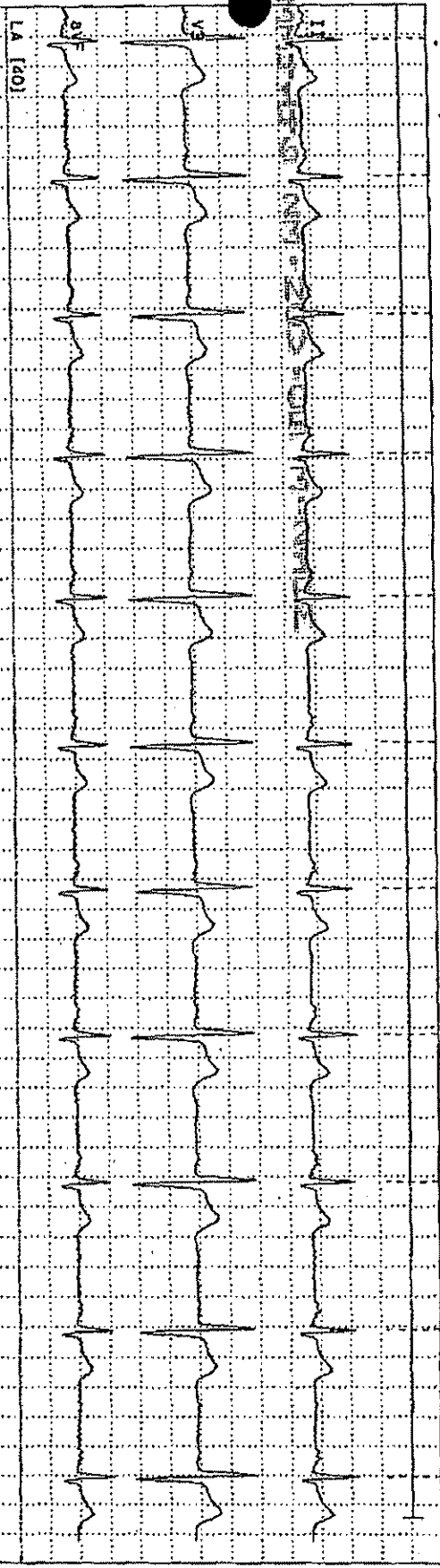


ID: 3E05752 Name: BAXTER, TED Date: 07/12/2005 Time: 11:07:54 Cor: BAXTER, TED  
 Sequence: 2 SPO2: 100% NIBP: 102/57/74  
 HR: 63 ECG  
 Sample length: 10 s Paper speed: 25 mm/s Page: 1(1)

HAMILTON, ANDREW J  
 0147019405181  
 11/17/83  
 M

Printed: 07/12/2005 12:52 1

HAMILTON

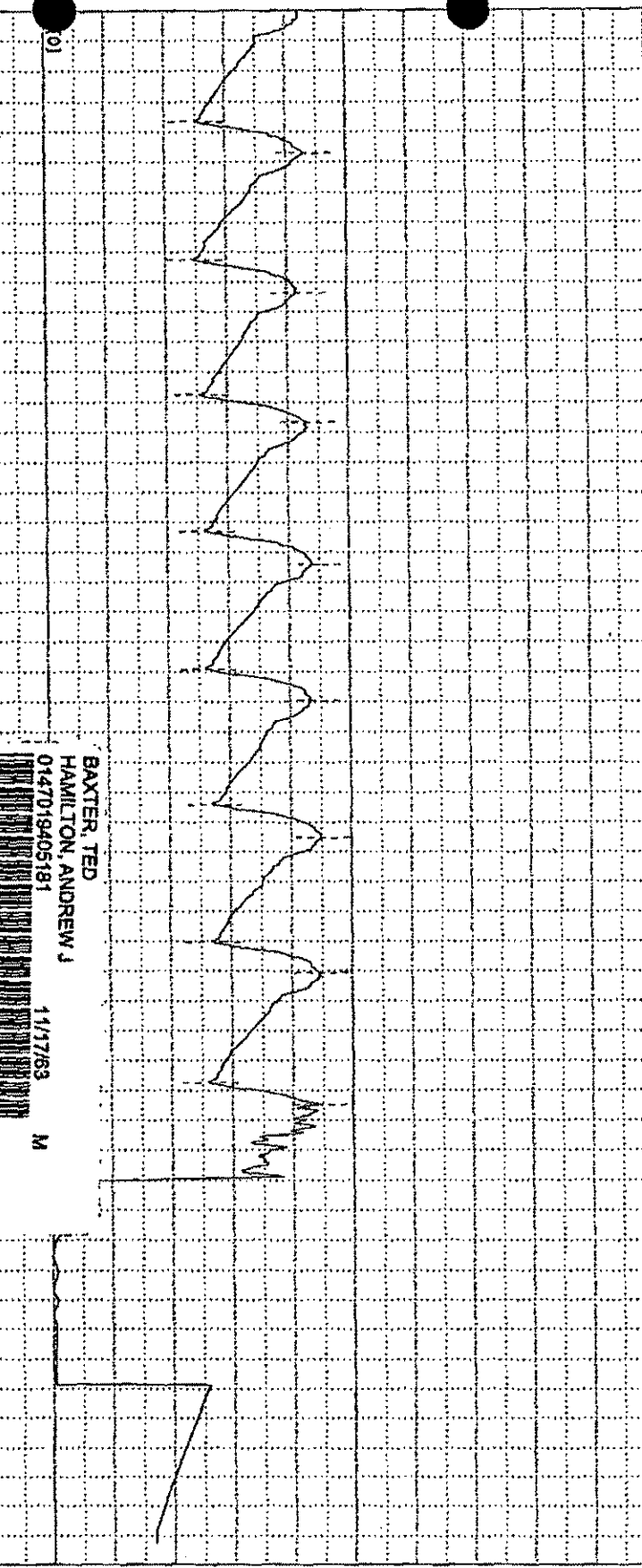
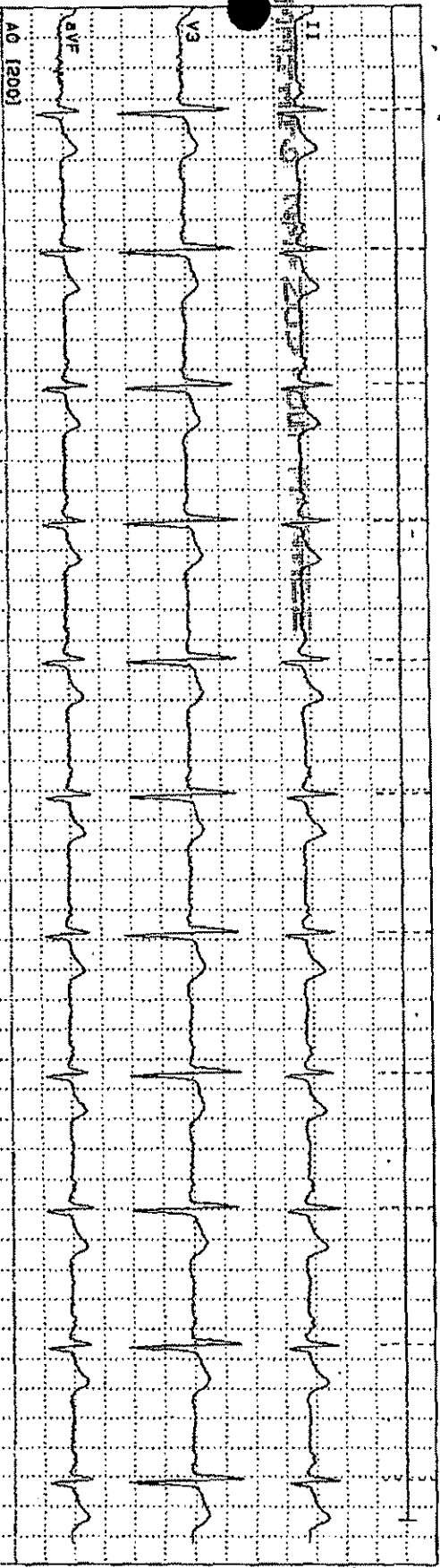


BAXTER, TED  
 HAMILTON, ANDREW J  
 0147018405181  
 11/17/83 M

ID: 3E05752 Name: BAXTER, TED Date: 07/12/2005 Time: 11:16:31 Condition: 1  
 Sequence: 3 LA A/V/M 10/10/5 SPO2: 98% NIBP: 91/48/63  
 HR: 62 ECG  
 Sample length: 10 s Paper speed: 25 mm/s Page: 1 (1)

Printed: 07/12/2005 12:52 2

F-01



01

ID: 3E05752 Name: BAXTER, TED Date: 07/12/2005 Time: 12:17:07 Condition:

Sequence: 5 AO S/D/M 87/52/88 SpO2: 99% NIBP: 103/56/74

HR: 65 ECG Sample length: 10 s Paper speed: 25 mm/s Page: 1 (1)

BAXTER, TED  
 HAMILTON, ANDREW J  
 0147019405181  
 11/17/63  
 M



Printed: 07/12/2005 12:52





# CARDIAC CATHETERIZATION FINAL REPORT

## Evanston Hospital

was seen to be detached from the aortic rim. It embolized into the aorta, where it was snared via an 11F sheath & removed. Ultimately and 18mm Aplazter was placed on the atrial septal defect successfully. Doppler echocardiography, angiography, and contrast echocardiography were used to verify correct positioning of the device before the delivery catheter was released. Contrast echocardiography and Doppler echocardiography were repeated to assess the residual shunt. The bilateral venous sheaths were removed using manual compression.

**BAXTER, TED**  
0147019405181  
7/12/2005

### Hemodynamic Data

Height, cm: 175 Weight, kg: 72.5 BSA: 1.88 m<sup>2</sup>

State: 1: Rest

### Pressures

Site	Pressures, mm Hg	HR
LA	10/10/5	62

### IVC Injection

Angiography demonstrated a patent IVC filter with no visible thrombi

### Summary

PFO with large resting shunt in ICE  
Successful closure

### Plan

ASA, plaxiv & coumadin  
SBE prophylaxis or 6-12 months

Final report electronically signed by feldmant Tuesday,  
July 12, 2005

Evanston Northwestern Healthcare  
Department of Cardiac Graphics

ECG REPORT

Patient Name: BAXTER, TED  
Account #: 0147019405181  
Exam Date: 07/13/2005  
Exam Time: 12:52:54 PM CDT  
Result Date: 07/14/2005  
Resulting Provider: LAMPERT, MARK B.

Ventricular Rate	50 BPM
Atrial Rate	50 BPM
P-R Interval	142 ms
QRS Duration	86 ms
QT	416 ms
QTc	379 ms
P Axis	40 degrees
R Axis	42 degrees
T Axis	41 degrees

DIAGNOSIS:

Sinus bradycardia

Otherwise normal ECG

When compared with ECG of 21-APR-2005 22:00,

No significant change was found

INTERPRETED AND CONFIRMED BY: MARK LAMPERT (147)

Overread By: MARK LAMPERT MD

<http://museweb2:museweb2@museemc000/musescripts/museweb.dll?RetrieveTestByDateTi>

#-CHINA-NO-COZ-IN-SH-HAO-#

EVANSTON NORTHWESTERN HEALTHCARE  
DEPARTMENT OF PATHOLOGY AND LABORATORY MEDICINE

Patient Name: BAXTER, TED  
Patient Acct#: 0147019405181  
Sex: M DOB: 11,  
Med Rec #: 084503725  
Admit Date: 07/12/05  
Disch Date: 07/13/05

Location: ECCCE 240701  
Physician: HAMILTON, ANDREW  
Reported: 07/16/2005 05:33  
\*\* MEDICAL RECORDS REPORT \*\*

\*\*\*\*\* BIOCHEMISTRY \*\*\*\*\*

Test Name	GLUCOSE	SODIUM	POTASSIUM	CHLORIDE
Reference Ranges	60-99 MG/DL	133-145 MEQ/L	3.5-5.3 MEQ/L	98-108 MEQ/L
07/12/05 08:18 ML	216 H	136	4.3	107
Test Name	CO2	BUN	CREATININE	CALCIUM
Reference Ranges	23-32 MEQ/L	17-23 MG/DL	0.7-1.4 MG/DL	8.5-10.3 MG/DL
07/12/05 08:18	25	12	1.1	9.0

KEY FOR MICRO RESULTS: -- NEW RESULT

Patient Name Patient Acct# Rm/Bed Age Sex Physician  
BAXTER, TED 0147019405181 240701 41 M HAMILTON, ANDREW

KEY FOR ABNORMAL COLUMN: L-LOW, H-HIGH, AB-ABNORMAL, P-PANIC

FOR RESULTS AND INFORMATION CALL 847-663-2100 \*\*\*\* Key for Site codes 0=Evanston 1=Glenbrook 2 or 3=Highland Park  
Evanston Hospital \*\* Glenbrook Hospital Highland Park Hospital  
2650 Ridge Avenue 2100 Pfingsten Road 718 Glenview Avenue  
Evanston, IL 60201 Glenview, IL 60025 Highland Park, IL 60035  
Director: T. Victor, M.D. Director: R. Goldschmidt, M.D. Director: Barbara M. Golden, M.D.

DISCHARGE LAB REPORT - EPIC RESULTS - DO NOT SCAN  
582 of 665 PRINTED 07/16/2005 06:01 Page: 1 of 2

I - CHINA - 2005 - 07 - 16 - 05 - 33

EVANSTON NORTHWESTERN HEALTHCARE  
DEPARTMENT OF PATHOLOGY AND LABORATORY MEDICINE

Patient Name: BAXTER, TED  
Patient Acct#: 0147019405181  
Sex: M DOB: 11/  
Med Rec #: 084503725  
Admit Date: 07/12/05  
Disch Date: 07/13/05

Location: ECCCE 240701  
Physician: HAMILTON, ANDREW  
Reported: 07/16/2005 05:33  
\*\* MEDICAL RECORDS REPORT \*\*

\*\*\*\*\* HEMATOLOGY \*\*\*\*\*

COMPLETE BLOOD COUNT

Test Name	WBC	RBC	HEMOGLOBIN	HCT
Reference Ranges	4.0-10.0 THOU/CU MM	4.30-5.90 M/UL	13.0-17.0 GM/DL	39.0-51.0 %
07/12/05 08:18	4.3	4.34	13.2	39.3
Test Name	MCV	MCH	MCHC	RDW
Reference Ranges	81.0-99.0 CU MICRONS	27.0-33.0 UUG	32.5-36.5 %	11.6-14.8 %
07/12/05 08:18	90.6	30.4	33.5	13.5
Test Name	PLATELET COUNT			
Reference Ranges	150-400 THOU/CU MM			
07/12/05 08:18	148	L		

KEY FOR MICRO RESULTS: - - NEW RESULT

Patient Name Patient Acct# Rm/Bed Age Sex Physician  
BAXTER, TED 0147019405181 240701 41 M HAMILTON, ANDREW

KEY FOR ABNORMAL COLUMN: L-LOW, H-HIGH, AB-ABNORMAL, P-PANIC

FOR RESULTS AND INFORMATION CALL 847-663-2100 \*\*\*\* Key for Site codes 0-Evanston 1-Glenbrook 2 or 3-Highland Park  
Evanston Hospital \*\* Glenbrook Hospital Highland Park Hospital  
2650 Ridge Avenue 2100 Pfingsten Road 718 Glenview Avenue  
Evanston, IL 60201 Glenview, IL 60025 Highland Park, IL 60035  
Director: T. Victor, M.D. Director: R. Goldschmidt, M.D. Director: Barbara M. Golden, M.D.

F. CHAFFIN'S NIN-200-011 H-11111



EVANSTON NORTHWESTERN HEALTHCARE

**Diagnoses**    Visit Diagnoses  
 SECUNDUM ATRIAL SEPT DEF [745.5]  
 VARICOSE VEIN OF LEG NOS [454.9]

**Diagnosis Edit Information**

<u>Diagnosis</u>	<u>User</u>	<u>Time</u>	<u>Action</u>
VARICOSE VEIN OF LEG NOS [454.9]		2005 10:20 AM	Added
SECUNDUM ATRIAL SEPT DEF [745.5]		2005 10:20 AM	Added

**ED Notes**    No notes of this type exist for this admission.

**ED Disposition**    None.

**Follow-up Provider**    None.

**Discharge Instructions**    Discharge Instructions  
 None.

**ED Events**

END OF REPORT

11110605  
 SUN BAXTER  
 08/06/2005



**Evanston Northwestern  
Healthcare  
Cardiac Imaging Centers ICAEL**



**Echocardiogram  
Evanston Cardiac Imaging**

Name: Ted Baxter      Sex: M      Age: 41 years      Date: 8/6/2005  
 Order #: OP46551303      DOB: 11      Time: 10:25:28 AM  
 SSN #: 084      Ht: 175.26 cm      BP: /      mm Hg  
 Reading MD: Pansy Tung MD      Wt: 77.11 kg      BSA: 1.93

Ref. Physician: Hamilton, A MD,  
 ICD9 Codes: s/p ASD closure  
 Study Details: The image quality is good. The rhythm was sinus. Previous study was available for comparison to the current study.  
 CPT Codes: Using standard views and projections, a full 2D/M-mode(93307 26), full pulse wave, continuous wave Doppler(93320 26), and Color flow Doppler imaging(93325 26) echocardiogram was performed.  
 Sonographer: MV

<b>2D</b>			
LVED	5.13 cm (3.4-5.2)	LVEF (Mod)	67.2 % (>55)
LVES	3.23 cm (2.3-3.8)	LV SV	43.7 ml
IVS	0.75 cm (0.6-1.0)	LV CO	2.23 l/min
LVPW	0.88 cm (0.6-1.1)	LV CI	1.16 l/min/m2
AoRoot	1.93 cm (1.4-2.6)	LA Area	
AoSTJ	2.60 cm (1.7-3.4)	LVED Vol	47.12 ml/m2 (<65)
AoAsc	3.23 cm (2.1-3.4)	LVES Vol	15.47 ml/m2 (<25)
LA	3.16 cm (2.3-3.8)	LV Mass Index	58.7 g/m2 (<90)
RVD		MV area plan	
<b>Doppler</b>			
AoV mean grad	3.7 mmHg	AoV VTI	0.260 m
AoV pk grad	6.2 mmHg	LVOT VTI	0.275 m
AoV Vmax	1.24 m/s (<1.6)	LVOT VMax	1.20 m/s
AoV area (VTI)	3.95 cm2	RVOT VTI	
MV mean grad		Qp/Qs	
MV area, P1/2 t			
AR P1/2 t			
TR Vmax			
RVSP	(<32)		
RAP	5 mmHg		

Evanston Northwestern Healthcare

Evanston Northwestern Healthcare  
Department of Cardiac Graphics

ECG REPORT

Patient Name: BAXTER, TED  
Account #: 0147019405218  
Exam Date: 08/04/2005  
Exam Time: 11:44:28 AM CDT  
Result Date: 08/12/2005  
Resulting Provider: WEISS, IRA WILLIAM

Ventricular Rate	48 BPM
Atrial Rate	48 BPM
P-R Interval	140 ms
QRS Duration	98 ms
QT	440 ms
QTc	393 ms
P Axis	6 degrees
R Axis	52 degrees
T Axis	45 degrees

DIAGNOSIS:

Sinus bradycardia  
Left atrial abnormality  
Otherwise normal ECG  
Since previous tracing - no significant change  
INTERPRETED AND CONFIRMED BY: IRA WEISS (103)  
Overread By: IRA WEISS MD

[http://museweb2:museweb2@museemc000/musescripts/museweb.dll?RetrieveTestByDateTi:](http://museweb2:museweb2@museemc000/musescripts/museweb.dll?RetrieveTestByDateTi)

11-08-05 11:44:28 AM CDT

*PREPPED  
BY  
HAYDOCK HARRIS*

STPHM-14 UNO-COZ-1419 Q-11-11-10-14

ENSI  
(888)296-1891

RECORDS REQUEST

HD.: L261763-01  
STL.: 03162429  
PO BOX 494  
TEAM: 4501  
OMAHA NE 68101-0494

PLEASE RETURN THIS FORM  
WITH COPIES OF RECORDS

NAME: TED BAXTER

DATE: 11/02/2005

ADDRESS: IL

CO. NAME: SUN LIFE FINANCIAL

D.O.B.: 11/

ACCT. NO.: 5766

S.S. NO.: 084-50-3725

CASE NO.: 230605-00981

-00

FACILITY: REHABILITATION INSTITUTE OF CHICAGO

ADDRESS: 345 E SUPERIOR ST RM 1682

CHICAGO, IL 60611

PHONE NO: 312/238-1668

REQUESTER: RGDALL

DESK: 7 TEAM: 4501

U/N TEAM: NH

\*\*\*\*\*PLEASE RETURN THIS COVERSHEET WITH RECORDS\*\*\*\*\*

\* SPECIAL INSTRUCTIONS:

ALL THERAPY NOTES AND TEST RESULTS FROM  
JULY 2005-CURRENT.

These documents may contain confidential health information that is privileged and legally protected from disclosure by federal law including the Health Insurance Portability and Accountability Act (HIPAA). This information is intended only for the use of the individual or entity named above. If you are not the intended recipient, you are hereby notified that reading, disseminating, disclosing, distributing, copying, acting upon or otherwise using the information contained in this correspondence is strictly prohibited. If you have received this information in error, please notify the sender immediately and destroy these documents.

12/31/2005 9:16:21 IDR212 8112 4501 7

SUN BAXTER 000503

**RECORDS REQUEST ATTACHMENT**

005766

4501

FOR TED BAXTER

Attached is a request for records. Please process as soon as possible and thank you for following any special instructions.



PO BOX 494  
OMAHA NE 68101-0494

REHABILITATION INSTITUTE OF CHICAGO  
ATTN: MEDICAL RECORDS  
345 E SUPERIOR ST RM 1622  
CHICAGO IL 60611

Mail records and/or invoices to the above address.

APS # L261763-01  
DESK # 07  
DATE 11/03/2005

*197491 / 359819  
OP 11/10/05  
OP 10/31/05  
2/10/05*

*BRI*

**ALL THERAPY NOTES AND TEST RESULTS FROM  
JULY 2005 TO PRESENT**

**PLEASE RETURN THE ATTACHED REQUEST WITH THE RECORDS.**

**THE TIMELY COMPLETION OF THIS REQUEST WILL SPEED THE EVALUATION OF A  
PENDING CLAIM. PLEASE ADVISE IF FEE WILL EXCEED \$50.00. THANK YOU**

**FEEL FREE TO FAX RECORDS TO OUR TOLL FREE FAX NUMBER (800) 723-8564.  
PLEASE INCLUDE THIS PAGE.**

*NOV 07 REC'D*

**IF THERE ARE ANY QUESTIONS, CALL TOLL FREE 1-888-296-1891 AND  
ASK FOR NICOLE LYMAN (8AM-3PM CENTRAL STANDARD TIME).**

*11/20/05  
12/19/05  
12/25*

**I APPRECIATE ALL YOUR HELP!**



Rehabilitation  
Institute of  
Chicago

Date: 12/1/05

Fax #: 8-4516

Dear Dr. Harney:

Patient Name: Banks, Ted MR#: 1359819 DOB: 111

Your patient was:  Seen for Evaluation  Seen for Recheck  Discharged

By:  Occupational Therapy  Physical Therapy  Speech Therapy

Location of Therapy/Department:  RIC 345 East Superior  RIC Arthritis  RIC Pain

RIC Northshore  RIC/CSSOR  RIC Hyde Park  RIC Chatham

Clinical Impression

Evaluation Findings  Progress/Gains:

- 1. Pt making continued-slow progress. Pt met 2 goals this month.
- 2. Current level: repetition of short sentences; WE 1-2 sentences;

Deficit Findings: OE in response to questions + for serial conversation.

- 1. Modest Broca's Aphasia
- 2.

Plan of care:

Continue therapy: Frequency 3x/week x Duration 4 weeks For: \_\_\_\_\_

New goals: Continue to work on POC related to OE/WE (-apnea drills w/word retention)

Discharge therapy

Recommendations/Referrals:

Sincerely,

Therapist: Melissa L. Purvis, MSW, SLP

Confirmation of Medical Necessity to be completed by physician. Please sign and fax to 312-238-1212.

Agree with the above care: \_\_\_\_\_

Revise plan of care as follows: \_\_\_\_\_

Physician Signature: [Signature] Date: 12/9/05

# Rehabilitation Institute of Chicago

## Speech-Language Pathology Outpatient Note

Outpatient Services

Treatment Interval: \_\_\_\_\_ to \_\_\_\_\_  
 Number of sessions this interval: \_\_\_\_\_  
 Onset of treatment: 6/1/85  
 Sessions since onset of treatment: \_\_\_\_\_

Name: Baxter Ted Birth Date: 11/19/28  
 Date: 135819 Account #: 1119087  
 Physician: Hollaway  
 Diagnosis: Stroke  
 Precautions: \_\_\_\_\_  
 Insurance Provider: Self Pay

File / Video File Items	Previous Status	Current Status	RICFAS Items	Previous Status	Current Status	File / Video File (copy) RI/PA/S/Key	Key / Performance Descriptions
Comprehension QV8	5		Reading Comprehension	3		7 = Complete 6 = Standby Prompt (90+%) 5 = Max Prompt (75%-90%) 4 = Min Prompt (50%-74%) 3 = Mod. Prompt (50%-74%) 2 = Extra time	AC = Auditory Comprehension OE = Oral Expression RC = Reading Comprehension WE = Written Expression SP = Speech Production SM = Swallowing
Expression QV8	2		Written Expression Speech Production Orality/Swallowing	0		1 = Total Assist (< 25%) 0 = Refused/Not Eval'd	LTG = Long Term Goal STG = Short Term Goal C = Cueing = No Change NA = Not Addressed
Money Management				0			

Current Goals	Goal Met Progress (Y/N)	New Goals
① DEE suggestion of 5-7 word sentences at each = mod ① + 101 accuracy		
② 90% accuracy during complex word retrieval tasks @ 10 min of activities		
③ DEE of 2 sentences given level = mod ① + 101 accuracy		
④ DEE of a 5 minute conversation re. daily activities = mod ① for strategies & 85% accuracy / intelligibility		

Objective Findings/Interpretation (Improvements and/or limitations, why goals not met)  
 Long Term Goals were reviewed and remain as previously stated:  Yes  No (if No, see revisions above)

Patient Goals:  
 Plan of Care:  Continue Speech Therapy \_\_\_\_\_ times per week for \_\_\_\_\_ weeks to address \_\_\_\_\_  
 Discharge Therapy  Other: \_\_\_\_\_

Therapist: \_\_\_\_\_ Date: \_\_\_\_\_ Attachments: Page 1 of \_\_\_\_\_







# Speech-Language Pathology Outpatient Note

Rehabilitation Institute of Chicago

Outpatient Services

Number of sessions this interval: 8  
Treatment interval: 11/1/85 to 11/15/85  
Onset of treatment: 11/1/85  
Sessions since onset of treatment: 5/6

Name: Baxter, Ted M M O F  
Date: 11/1/85 Birth Date  
MR #: 135787 Account #: 1122331  
Physician: Harvey / Aphasia  
Diagnosis: Stroke / Aphasia  
Precautions: D  
Insurance Provider: SUP Reg

Reading	Comprehension	Speech Production	Language Management
3	3	3	3

### Current Goals

① DE/Repetition of 8-10 word sentences 2x/d N ↑  
 ② DE of 1-3 target verbs during word retrieval  
 ③ DE/Use of 2 sentences given level 1 word N  
 ④ DE of 5 minute conversation re: daily activities in mind + 80% accuracy  
 ⑤ DE of 1-3 target verbs during word retrieval  
 ⑥ DE/Use of 2 sentences given level 1 word N  
 ⑦ DE of 5 minute conversation re: daily activities in mind + 80% accuracy

Objective Findings/Interpretation (improvements and/or limitations, Why goals not met)  
 Long Term Goals were reviewed and remain as previously stated: Yes  No  (If No, see revisions above)

Plan of Care: Continue Speech Therapy 3 times per week for 12 weeks to address above goals.

Discharge Therapy  Other: \_\_\_\_\_

Therapist: Melissa Q. Lewis, MSc SLP

Date: 11/1/85

Attachments: Page 1 of 2

Name: Baxter, T. S.  
 MR #: 157879 Account #: 1619037  
 Date: 8/1/05

# Speech-Language Pathology Daily Documentation

Rehabilitation  
Institute of  
Chicago

Goal #	Goal #	Goal #	Goal #	Goal #	Goal #	Comments / Patient/Family Teaching
1 6 words - max 0-50% acc.	2 VOP	3 2 synt. given	4 DND	5 DND	6 45	8/1/05
11/14/05	Synonym/antonym Min 80%	1 sentence - 75%	DND	DND	0	Rate; word retrieval - Pt Verbalized Understanding
11/14/05	Description Test Min 85%	DND	Next 70% acc.	0	45	Next
11/14/05	Category Test Min 80%	DND	Min- next 70%	0	45	Next
11/14/05	Min 80%	DND	Mod for complete sentence 65%	0	45	Next
11/14/05	Min 80%	DND	Mod 70%	0	45	Next
11/14/05	Min 80%	DND	Min- mod 70%	0	45	Next
12/1/05	Min 85%	DND	Min- mod 70%	0	45	Next
12/1/05	Min 85%	DND	Min- mod 70%	0	45	Next
12/1/05	Min 85%	DND	Min 75% mod	0	45	Next

Additional Comments:  
Missed at Review 8/1/05



Rehabilitation  
Institute of  
Chicago

Date: 11/9/05

Fax #: 4-4516

Dear Dr. Herzway:

Patient Name: Banks, Ted MR#: 135987 DOB: 11

Your patient was:  Seen for Evaluation  Seen for Recheck  Discharged  
By:  Occupational Therapy  Physical Therapy  Speech Therapy  
Location of Therapy/Department:  RIC 345 East Superior  RIC Arthritis  RIC Pain  
 RIC Northshore  RIC/CSSOR  RIC Hyde Park  RIC Chatham

Clinical Impression

- Evaluation Findings  Progress/Gains:
  1. Pt continued to make progress towards goals. Pt met 3/4 goals
  2. this month. Improved repetition of short phrases, ↑ WE at sentence level + ↑ OE of sentences. Further work needed at this level.
- Deficit Findings:
  1. Continued Mod. Broca's Aphasia

Plan of care:

- Continue therapy: Frequency 3x/week x Duration 6 weeks For: \_\_\_\_\_  
New goals: Again Excited  
and Retard
- Discharge therapy OE at sentence level  
WE at sentence level
- Recommendations/Referrals:

Sincerely,

Therapist: Melissa D. Puccio, MEd-SLP

Confirmation of Medical Necessity to be completed by physician. Please sign and fax to 312-238-1212.

I agree with the above care: \_\_\_\_\_

Revise plan of care as follows: \_\_\_\_\_

Physician Signature: [Signature] Date: 11/11/05







Rehabilitation  
Institute of  
Chicago

# Speech-Language Pathology Daily Documentation

Patient Name: Baxter, Ted  
 RIC Number: 135 7879  
 Date: 11/17/05

Date	Goal # 1 4-5 syll words or 3-4 words SV	Goal # 2 OR 4 words	Goal # 3 VE sentences	Goal # 4 DE 12 sentence length	Goal #	Pain Assessment	Interdisciplinary Care Provided	Total Minutes of Therapy Provided	Comments	Therapist's Initials
10/16/05	4-5 syll words or 3-4 words SV	3 words min	63% acc min	1st. word - enorm 70% match for rate + least fidelity 70% acc.	0	0		45		MBP
10/17/05	70% min	4 words or paragraphs	75% min		0	0		45		MBP
10/17/05	4-5 syll words or 3-4 words SV	DND	67% min	DND	0	0		45		MBP
10/17/05	4-5 syll words or 3-4 words SV	4 words in 2 pr.	71% min	70% acc min	0	0		45		MBP
10/17/05	4-5 syll words or 3-4 words SV	DND	70% min	DND	0	0		45		MBP
10/17/05	4-5 syll words or 3-4 words SV	3 words or 2 pr.	75% min	A fine point on goal + 3 today.	0	0		45		MBP
10/17/05	DND See comments	DND	75% min	70% acc min at least 10 of 12 words difficulty & opinion. 75% acc.	0	0		40		MBP
10/17/05	90% min	3 words or 2 pr.	75% min	75% acc. min	0	0		45		MBP
10/17/05	DND See comments	DND	75% min	75% acc. min	0	0		45		MBP
Signature: <u>National Renaissance</u> Initials: <u>Signature</u> Additional Comments:										



### Speech Language Pathology Outpatient Progress Note

Treatment Interval: 1/10/15 to 1/17/15 Number of Sessions this Interval: 10  
 Onset of Treatment: 4/15/14 Sessions since Onset of Treatment: 48

Patient Name: Baker Ted  
 NIC Number: 1359284  
 Physician: Herman  
 Diagnosis: Stroke/ Aphasia  
 Precurators: Q  
 Insurance provider: Self pay

FIM / Wee FIM Items	Previous Status	Current Status
Comprehension A/B	4	5
Expression V/W/B	2	3
Problem Solving	0	0
Memory	0	0
Social Interaction	5	5

RICFAS Items	Previous Status	Current Status
Reading Comprehension	3	3
Written Expression	2	2
Speech Production	0	0
Chemistry/Swallowing	1	1
Money Management	0	0

FIM / Wee FIM (Grade)	RICFAS Key
7 = Complete	5 = Standby Prompt (50%-75%)
6 = Modified	4 = Min. Prompt (75%-90%)
a. hearing/aid	3 = Mod. Prompt (50%-75%)
b. self cue	2 = Max. Prompt (25%-49%)
c. support device	1 = Total Assist (<25%)
d. other time	0 = Refused / Not Evaluated

Key / Performance Descriptors
AC = Auditory Comprehension
OE = Oral Expression
RC = Reading Comprehension
WE = Written Expression
SP = Speech Production
SW = Swallowing
LIG = Long Term Goal
STG = Short Term Goal
C = Caring
- = No Change
NA = Not Addressed

Current Goals	Goal Met (Y/N)	Progress (↑/↓/→)	New Goals
① DE/Repetition of 4-5 syllable words on short phrases Struck in mind + retention	Y		① DE/Repetition of 8-10 word sentences Struck in mind + 80% accuracy
② DE of 2 paragraphs via oral reading in mind + less than 4 total errors	Y		② Oral Expression of 1-3 target words during word retrieval exercises in mind + 80% accuracy
③ DE/RE of 1 sentence (3 words) given lead to use in a sentence in mind + 80% accuracy	Y		③ DE/RE of 2 sentences given lead in mind + 80% accuracy
④ DE of 1-2 sentences in response to question 2. correct information in mind + 80% accuracy	N		④ Continue Long Term Goals were reviewed and remain as previously stated: <input type="checkbox"/> Yes <input type="checkbox"/> No (If No, see revisions above)

Objective Findings/Interpretation (Improvements and/or limitations, Why goals not met):  
 Pt met 3 of 4 goals this month. Pt continued to make steady progress each month. Requires daily repetition to do daily repetition exercises.  
 Patient Goals: To ↑ DE/RE of daily ideational/abstract.

Plan of Care:  Continue Speech Therapy 1 times per week for 10 weeks to address \_\_\_\_\_  
 Discharge Therapy  Other \_\_\_\_\_

Therapist: M. Baker, D. P. Pineda, M. S. S. S. Date: 1/17/15 Additional Documentation Attached: Yes/No Page 2/3

Referring Physician:  I agree with the treatment plan outlined above  
 Revise Plan of Care as follows: \_\_\_\_\_

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_





Rehabilitation  
Institute of  
Chicago

Date: 10/6/05

Fax #:

Dear Dr. Heaney:

Patient Name: Baker, Ted MRN: 135 989 DOB: 11/

Your patient was:  Seen for Evaluation  Seen for Recheck  Discharged  
By:  Occupational Therapy  Physical Therapy  Speech Therapy  
Location of Therapy/Department:  RIC 345 East Superior  RIC Arthritis  RIC Pain  
 RIC Northshore  RIC/CSSOR  RIC Hyde Park  RIC Graham

**Clinical Impression**

Evaluation Findings  Progress/Gains:

- 1. Pt continues to make gains + progress towards goals. Improved
  - 2. CE for short phrases/Nonverbal Speech - Pt continues to increase repetition of longer syllables (5) + short phrases few.
- Deficit Findings: clear needed
- 1. Nonverbal Block's Aphasia
  - 2.

**Plan of care:**

- Continue therapy: Frequency 3x/week x Duration 6-8 For: \_\_\_\_\_
- New goals: CE of 1-2 sentences in response to question related to personal information/activities.
- Discharge therapy: Repetition of 4-5 syllable words or short phrases
- Recommendations/Referrals: UE of sentence given word.

Sincerely,

Therapist: Melissa A. Pennington, SLP

Confirmation of Medical Necessity to be completed by physician. Please sign and fax to 312-238-1212.

I agree with the above care: \_\_\_\_\_

Revise plan of care as follows: \_\_\_\_\_

Physician Signature: [Signature] Date: 10/7/05