

91



CASE# N531576-01  
TEAM 4501  
DESK 3  
DATE 10/10/2006

RECORDS REQUEST

RETURN FAX#: (800)723-8564

NAME: TED BAXTER  
SSN: 084-  
DOB: 11,  
STATE: IL

**INSURANCE  
BENEFITS  
PENDING**

COMPANY: SUN LIFE FINANCIAL  
ACCT#: 005766  
POLICY#: 230605-00981  
-00

FACILITY: MICHIGAN AVE INTERNISTS  
ADDRESS: 200 S MICHIGAN AVE STE #830  
CITY/ST: CHICAGO, IL 60604  
PH#: (312)922-3815

REQUESTER:  
U/W TEAM:

SPECIAL INSTRUCTIONS: PLEASE RETURN THIS FORM WITH RECORDS  
Dr: REQUEST ALL TREATMENT NOTES, TES/LAB RES  
ULTS FOR 8/05-CURRENT DATE.

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

RETURN TO: P.O. Box 494  
TEAM: 4501

Omaha NE 68101-0494  
PHONE: (888)296-1891

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11/03/2006 10:43:59 IDRPRTBUN 8112 4501 3

SUN BAXTER 000573

Terence P. Sullivan, M.D., S.C.

Patient Name: Ted Baxter Date: 9/20/05

DOB: \_\_\_\_\_ Allergies: \_\_\_\_\_

Weight: \_\_\_\_\_ T: \_\_\_\_\_ P: 66 R: \_\_\_\_\_ BP: 110/70

ROS	NL	See Note
Const	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Eyes	<input type="checkbox"/>	<input type="checkbox"/>
ENT/mouth	<input checked="" type="checkbox"/>	<input type="checkbox"/>
CV	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Resp	<input checked="" type="checkbox"/>	<input type="checkbox"/>
GI	<input checked="" type="checkbox"/>	<input type="checkbox"/>
GU	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Musc	<input type="checkbox"/>	<input type="checkbox"/>
Skin	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Neuro	<input type="checkbox"/>	<input type="checkbox"/>
Psych	<input type="checkbox"/>	<input type="checkbox"/>
Endo	<input type="checkbox"/>	<input type="checkbox"/>
Hem/lymph	<input type="checkbox"/>	<input type="checkbox"/>
PFSH	No Chng	See Note
Past	<input type="checkbox"/>	<input type="checkbox"/>
Family	<input type="checkbox"/>	<input type="checkbox"/>
Social	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Exam	NL	See Note
Eyes	<input checked="" type="checkbox"/>	<input type="checkbox"/>
ENT/mouth	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Neck	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Breasts	<input type="checkbox"/>	<input type="checkbox"/>
Resp	<input checked="" type="checkbox"/>	<input type="checkbox"/>
CV	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Chest	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Abdomen	<input type="checkbox"/>	<input type="checkbox"/>
Lymph	<input type="checkbox"/>	<input type="checkbox"/>
GU	<input type="checkbox"/>	<input type="checkbox"/>
Rectal	<input type="checkbox"/>	<input type="checkbox"/>
Musc	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Skin	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Neuro	<input type="checkbox"/>	<input type="checkbox"/>
Psych	<input type="checkbox"/>	<input type="checkbox"/>
Pulsés	<input type="checkbox"/>	<input type="checkbox"/>

CC: Asymptomatic CVA

HPI: Senior level visual but ASD closed & problem  
Feeling poor. 6-8/2005. Wally day.  
At home speed for weekly wipe report  
chronic, non-productive cough. As close  
to system

Abnormal Findings:

Speed much more sport. and fluid  
(P14242 9-20-05)

meds  
Amphet 10mg  
Lipitor  
Plavix

Impression:

Sp. Embolic Cerebral CVA  
Sp. IVC AKA in (R) IVC  
Various views  
Sp. ASD closure  
causal. by GSW

Plan:

-) It doesn't hurt PPI at this time  
1. See Sp. for consideration  
1. IVC AKA / GSW  
RV 4/2005

9/20/05  
STMT ALP Oct 2005  
P

NAME

Ted Baxter

ADDRESS

DATE

6/6/05

(41)

9/21/05 while sitting in wife's hotel room

Aphasia. Taken to Swanton SA +? 52, 1/2 cm.

PMH

Overhead view of m. base, large ctm mca

MW/O = Bwky  
- Th3/L

Barlow view

lateral view. Course completed by DVS →

S/F/F/F/F/F/F/F

plate placed out of commission due to hemorrhage

P5H

transformation / 30 min.

4

MV Nham

110/02 M60

Identical

Thrust die

med spr

by ch

c. m. j. y

MW Syf

2-10-10 x 10-10-10

Med

Lipidw/05

NSA

M of 9 in wt cv. Dignity  
AW/000, 1/1/01 ch.  
P/000

Name Ted Baxter 11-17-63 Date 6/7/05  
Pharmacy & Number 847-256-0881 Doctor TS  
RX Amoxicillin 500mg #4 RF PMW

Take #4 2 hours

Per. Dr. Byrne Dentist initials SK @ 3:05pm 6/7/05  
201-394-5385

6/8/05 mailed letter for insurance company to pt. — J. King

Name Ted Baxter 11-17-63 Date 6/21/05  
Pharmacy & Number 847-256-2908 Doctor TS  
RX Amoxicillin 500mg RF (12)  
#4

Per. Dr. Byrne Dentist initials SK @ 10:35am 6/21/05  
201-394-5385 Kelly

NAME

Ted Baxter

ADDRESS

DATE

7/7/65

TD (long ASD) closure meet well and concerned  
 about "lump" (C) side of neck. not sure how  
 long it has been there. (F) (C) (M)  
 & can see. Recent teeth decay (P) problem (R) side

Exam Right

Thyroid gland is

throat side

med side

Several shits (D) and (L) side (L) (M)

no lumps

Up Adenopathy - left base

✓ LSC, LCH

no Re growth

out to proceed ASD closure (L) (M)

DS

9/29/05 - pt. called and op

NAME Mr. Ted Baxter

DATE 11-10-05

ADDRESS 174 w/shoes

Still improving, pt does not think joint enough  
Gang to output speed. Comprehending better and  
more spontaneous. Laugh Gaze

Meds

none

110/65 124/80

+ none

Exam Suck

Syn CVAE residual aphasia  
Severe Varicosities  
Sp anisocoria event  
Sp cerebellar ataxia  
IVC Filter.  
Germ

Refer to 1st

IV 3.4 months

⊕



Quest on Demand™

REPORT STATUS **Final**

QUEST DIAGNOSTICS INCORPORATED

PATIENT INFORMATION  
**BAXTER, TED**

DOB: 11,  
GENDER: M

Age: 41

ORDERING PHYSICIAN  
**SULLIVAN, TERENCE**

SPECIMEN INFORMATION  
SPECIMEN: WX203317K  
REQUISITION: 0001994  
LAB REF NO: CC0912

ID: BAXTE000

CLIENT INFORMATION  
22440685  
TERENCE P. SULLIVAN, MD  
200 S MICHIGAN AVE STE 830  
CHICAGO, IL 60604-2402

COLLECTED: 09/12/2005 15:05  
RECEIVED: 09/12/2005 21:39  
REFORTED: 09/13/2005 00:20

Test Name	In Range	Out of Range	Reference Range	Lab
LIPID PANEL				
TRIGLYCERIDES	80		<150 MG/DL	CB
CHOLESTEROL, TOTAL	125		<200 MG/DL	CB
HDL CHOLESTEROL	62		> OR = 40 MG/DL	CB
LDL-CHOLESTEROL	47		<130 MG/DL (CALC)	CB
CHOL/HDLRATIO	2.0		<5.0 (CALC)	CB
COMPREHENSIVE METABOLIC PANEL				CB
GLUCOSE	97		65-99 MG/DL FASTING REFERENCE INTERVAL	
UREA NITROGEN (BUN)	18		7-25 MG/DL	
CREATININE	1.2		0.5-1.4 MG/DL	
BUN/CREATININE RATIO	15		6-25 (CALC)	
SODIUM	140		135-146 MMOL/L	
POTASSIUM	4.3		3.5-5.3 MMOL/L	
CHLORIDE	104		98-110 MMOL/L	
CARBON DIOXIDE	26		21-33 MMOL/L	
CALCIUM	9.4		8.5-10.4 MG/DL	
PROTEIN, TOTAL	7.2		6.0-8.3 G/DL	
ALBUMIN	4.3		3.5-4.9 G/DL	
GLOBULIN	2.9		2.2-4.2 G/DL (CALC)	
ALBUMIN/GLOBULIN RATIO	1.5		0.8-2.0 (CALC)	
BILIRUBIN, TOTAL	0.6		0.2-1.5 MG/DL	
ALKALINE PHOSPHATASE	48		20-125 U/L	
AST	20		2-50 U/L	
ALT	20		2-60 U/L	

*g/lb/s  
4/13/05*

Performing Laboratory Information:

CB QUEST DIAGNOSTICS WOOD DALE 1355 MITTEL BOULEVARD WOOD DALE IL 60191 Laboratory Director: ANTHONY V. THOMAS, M.D.

*tz*

BAXTER, TED - WX203317K

Page 1 - End of Report



06/23/2005  
00:49

NORTHWESTERN MEMORIAL HOSPITAL  
PATHOLOGY LABORATORIES  
CHICAGO, ILLINOIS 60611

EPISODE REPORT  
PAGE: 1

NAME: BAXTER, TED (M41Y)  
MRN : 102324522  
ACCT: 75426361  
SSN : 084-

DR: SULLIVAN, TERENCE P. (1557)  
200 S. MICHIGAN, 805  
CHICAGO, IL  
606040000

LOC: DIAGNOSTIC TESTING CENTER

ODTC

M29716 COLL: 06/20/2005 09:18 REC: 06/20/2005 09:31 PHYS: BURKE, ALLAN M.

ANA-8 PROFILE  
ANTI-DNA ANTIBODY  
Sm QUANTITATIVE

NEGATIVE [NEG] UNITS  
[<20]

3

REFERENCE RANGE:

<20 UNITS = NEGATIVE  
20-39 UNITS = WEAK POSITIVE  
40-80 UNITS = MODERATE POSITIVE  
>80 UNITS = STRONG POSITIVE

[<20] UNITS

RNP/Sm QUANTITATIVE

3

REFERENCE RANGE:

<20 UNITS = NEGATIVE  
20-39 UNITS = WEAK POSITIVE  
40-80 UNITS = MODERATE POSITIVE  
>80 UNITS = STRONG POSITIVE

[<20] UNITS

SSA(Ro) QUANTITATIVE

4

REFERENCE RANGE:

<20 UNITS = NEGATIVE  
20-39 UNITS = WEAK POSITIVE  
40-80 UNITS = MODERATE POSITIVE  
>80 UNITS = STRONG POSITIVE

[<20] UNITS

SSB(La) QUANTITATIVE

2

REFERENCE RANGE:

<20 UNITS = NEGATIVE  
20-39 UNITS = WEAK POSITIVE  
40-80 UNITS = MODERATE POSITIVE  
>80 UNITS = STRONG POSITIVE

[<1.0] UNITS

HISTONE SEMI-QUANTITATIVE

0.5

REFERENCE RANGE:

<1.0 UNITS = NEGATIVE  
1.0-1.5 UNITS = WEAK POSITIVE  
1.5-2.5 UNITS = MODERATE

POSITIVE

>2.5 UNITS = STRONG POSITIVE

Asterisk (\*) = OUT OF NORMAL RANGE.

BAXTER, TED

CONTINUED

PAGE: 1

06/23/2005  
00:49

NORTHWESTERN MEMORIAL HOSPITAL  
PATHOLOGY LABORATORIES  
CHICAGO, ILLINOIS 60611

EPISODE REPORT  
PAGE: 2

NAME: BAXTER, TED (M41Y)  
MRN : 102324522  
ACCT: 75426361  
SSN : 084

LOC: DIAGNOSTIC TESTING CENTER

DR: SULLIVAN, TERENCE P. (1557)  
200 S. MICHIGAN, 805  
CHICAGO, IL  
606040000

ODTC

M29716 COLL: 06/20/2005 09:18 REC: 06/20/2005 09:31 PHYS: BURKE, ALLAN M.

ANA-8 PROFILE

Sc1-70 QUANTITATIVE

(CONTINUED)

[<20]

UNITS

5

REFERENCE RANGE:

<20 UNITS = NEGATIVE  
20-39 UNITS = WEAK POSITIVE  
40-80 UNITS = MODERATE POSITIVE  
>80 UNITS = STRONG POSITIVE

Jo-1 QUANTITATIVE

[<20]

UNITS

4

REFERENCE RANGE:

<20 UNITS = NEGATIVE  
20-39 UNITS = WEAK POSITIVE  
40-80 UNITS = MODERATE POSITIVE  
>80 UNITS = STRONG POSITIVE

Asterisk (\*) = OUT OF NORMAL RANGE.

BAXTER, TED

END OF REPORT

PAGE: 2

06/22/2005  
00:49

NORTHWESTERN MEMORIAL HOSPITAL  
PATHOLOGY LABORATORIES  
CHICAGO, ILLINOIS 60611

EPISODE REPORT  
PAGE: 1

NAME: BAXTER, TED (M41Y)  
MRN : 102324522  
ACCT: 75426361  
SSN : 084-

LOC: DIAGNOSTIC TESTING CENTER

DR: SULLIVAN, TERENCE P. (1557)  
200 S. MICHIGAN, 805  
CHICAGO, IL  
606040000

ODTC

M29716 COLL: 06/20/2005 09:18 REC: 06/20/2005 09:31 PHYS: BURKE, ALLAN M.

FACTOR V LEIDEN

Negative for the Factor V Leiden  
mutation.

ASSAY DESCRIPTION: After DNA isolation, the DNA is hybridized with probes specific for both the normal and abnormal Factor V (bp 1691) gene. When these probes bind to the appropriate DNA sequence the probe is digested and a fluorescent molecule is released. The fluorescence is read using a scanner to determine the presence of normal and abnormal genes.

This test was developed and its performance characteristics determined by the Northwestern Memorial Hospital Pathology Laboratory. It has not been cleared or approved by the U.S. Food and Drug Administration. Since reagents and or equipment that are not FDA approved are utilized for this testing, these results should only be used adjunctively for patient management.

Asterisk (\*) = OUT OF NORMAL RANGE.

BAXTER, TED

END OF REPORT

PAGE: 1

06/21/2005  
00:49

NORTHWESTERN MEMORIAL HOSPITAL  
PATHOLOGY LABORATORIES  
CHICAGO, ILLINOIS 60611

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NAME: BAXTER, TED (M41Y)  
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200 S. MICHIGAN, 805  
CHICAGO, IL  
606040000

ODTC

M29716 COLL: 06/20/2005 09:18 REC: 06/20/2005 09:31 PHYS: BURKE, ALLAN M.

C-REACTIVE PROTEIN	<0.5	[<0.8]	MG/DL
HOMOCYSTEINE	8.20	[4.5-12.5]	UMOL/L

Asterisk (\*) = OUT OF NORMAL RANGE.

BAXTER, TED

END OF REPORT

PAGE: 1



QUEST DIAGNOSTICS INCORPORATED  
CLIENT SERVICE 800.323.5917

SPECIMEN INFORMATION  
SPECIMEN: WX910614H  
REQUISITION: 8906132

COLLECTED: 07/07/2005  
RECEIVED: 07/07/2005 20:17 CT  
REPORTED: 07/08/2005 02:44 CT

PATIENT INFORMATION  
BAXTER, TED

DOB: 11 AGE: 41  
GENDER: M FASTING: U  
SSN:  
ID:  
PHONE:

REPORT STATUS FINAL REPRINT

ORDERING PHYSICIAN  
SULLIVAN, TERENCE

CLIENT INFORMATION  
C22440685 2300000  
TERENCE P. SULLIVAN, MD  
200 S MICHIGAN AVE STE 830  
CHICAGO, IL 60604-2402

Test Name	In Range	Out of Range	Reference Range	Lab
LD		75 L	100-250 U/L VERIFIED BY REPEAT ANALYSIS	CB
COMPREHENSIVE METABOLIC PANEL				CB
GLUCOSE	76		65-99 MG/DL FASTING REFERENCE INTERVAL	
UREA NITROGEN (BUN)	13		7-25 MG/DL	
CREATININE	1.2		0.5-1.4 MG/DL	
BUN/CREATININE RATIO	11		6-25 (CALC)	
SODIUM	140		135-146 MMOL/L	
POTASSIUM	3.7		3.5-5.3 MMOL/L	
CHLORIDE	105		98-110 MMOL/L	
CARBON DIOXIDE	24		21-33 MMOL/L	
CALCIUM	9.4		8.5-10.4 MG/DL	
PROTEIN, TOTAL	7.1		6.0-8.3 G/DL	
ALBUMIN	4.3		3.5-4.9 G/DL	
GLOBULIN	2.8		2.2-4.2 G/DL (CALC)	
ALBUMIN/GLOBULIN RATIO	1.5		0.8-2.0 (CALC)	
BILIRUBIN, TOTAL	0.6		0.2-1.5 MG/DL	
ALKALINE PHOSPHATASE	46		20-125 U/L	
AST	28		2-50 U/L	
ALT	32		2-60 U/L	
CBC (INCLUDES DIFF/PLT)				CB
WHITE BLOOD CELL COUNT	6.5		3.8-10.8 THOUS/MCL	
RED BLOOD CELL COUNT	4.47		4.20-5.80 MILL/MCL	
HEMOGLOBIN	13.9		13.2-17.1 G/DL	
HEMATOCRIT	40.3		38.5-50.0 %	
MCV	90.0		80.0-100.0 FL	
MCH	31.0		27.0-33.0 PG	
MCHC	34.5		32.0-36.0 G/DL	
RDW	13.8		11.0-15.0 %	
PLATELET COUNT	172		140-400 THOUS/MCL	
ABSOLUTE NEUTROPHILS	2964		1500-7800 CELLS/MCL	
ABSOLUTE LYMPHOCYTES	2516		850-3900 CELLS/MCL	

BAXTER, TED - WX910614H

Page 1 - Continued on Page 2

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07/08/05 08:26 0921442 11/13

SUN BAXTER 000586



QUEST DIAGNOSTICS INCORPORATED

REPORTED: 07/08/2005 02:44 CT

PATIENT INFORMATION  
BAXTER, TED

DOB: 11/ AGE: 41  
GENDER: M FASTING: U

REPORT STATUS FINAL REPRINT

ORDERING PHYSICIAN  
SULLIVAN, TERENCE

Test Name	In Range	Out of Range	Reference Range	Lab
HARD COPY TO FOLLOW				
ABSOLUTE MONOCYTES	787		200-950 CELLS/MCL	
ABSOLUTE EOSINOPHILS	195		15-500 CELLS/MCL	
ABSOLUTE BASOPHILS	39		0-200 CELLS/MCL	
NEUTROPHILS	45.6		%	
LYMPHOCYTES	38.7		%	
MONOCYTES	12.1		%	
EOSINOPHILS	3.8		%	
BASOPHILS	0.6		%	

PERFORMING LABORATORY INFORMATION

CB QUEST DIAGNOSTICS WOOD DALE, 1355 MITTEL BOULEVARD, WOOD DALE, IL 60191

Laboratory Director: ANTHONY V. THOMAS, M.D., CLIA: 14D0417052

BAXTER, TED - WX910614H

Page 2 - End of Report

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87/08/05 08:26 0921442 12/13

SUN BAXTER 000587

# MICHIGAN AVENUE INTERNISTS, L.L.C.

200 S. MICHIGAN AVENUE, STE. 805  
CHICAGO, IL 60604  
(312) 922-3815

PATIENT: Baxter, Ted

DOCTOR: Sullivan

MICROSCOPIC URINE		DATE	HEIGHT	WEIGHT	BLD. SUGAR
DATE	RESULTS				
		6/6/05	5' 10"	167	280mg

DATE	HCG	RAPID STREP

URINE RESULTS	

HEMOCCULTS	
DATE	+/-

Terence P. Sullivan, M.D., S.C.

Patient Name: Ted Baxter Date: 5/22/04

DOB: \_\_\_\_\_ Allergies: \_\_\_\_\_

Weight: \_\_\_\_\_ T: \_\_\_\_\_ P: \_\_\_\_\_ R: \_\_\_\_\_ BP: \_\_\_\_\_

ROS	NL	See Note
Const	<input type="checkbox"/>	<input type="checkbox"/>
Eyes	<input type="checkbox"/>	<input type="checkbox"/>
ENT/mouth	<input type="checkbox"/>	<input type="checkbox"/>
CV	<input type="checkbox"/>	<input type="checkbox"/>
Resp	<input type="checkbox"/>	<input type="checkbox"/>
GI	<input type="checkbox"/>	<input type="checkbox"/>
GU	<input type="checkbox"/>	<input type="checkbox"/>
Musc	<input type="checkbox"/>	<input type="checkbox"/>
Skin	<input type="checkbox"/>	<input type="checkbox"/>
Neuro	<input type="checkbox"/>	<input type="checkbox"/>
Psych	<input type="checkbox"/>	<input type="checkbox"/>
Endo	<input type="checkbox"/>	<input type="checkbox"/>
Hem/lymph	<input type="checkbox"/>	<input type="checkbox"/>
PFSH	No Chng	See Note
Past	<input type="checkbox"/>	<input type="checkbox"/>
Family	<input type="checkbox"/>	<input type="checkbox"/>
Social	<input type="checkbox"/>	<input type="checkbox"/>
Exam	NL	See Note
Eyes	<input type="checkbox"/>	<input type="checkbox"/>
ENT/moüth	<input type="checkbox"/>	<input type="checkbox"/>
Neck	<input type="checkbox"/>	<input type="checkbox"/>
Breasts	<input type="checkbox"/>	<input type="checkbox"/>
Resp	<input type="checkbox"/>	<input type="checkbox"/>
CV	<input type="checkbox"/>	<input type="checkbox"/>
Chest	<input type="checkbox"/>	<input type="checkbox"/>
Abdomen	<input type="checkbox"/>	<input type="checkbox"/>
Lymph	<input type="checkbox"/>	<input type="checkbox"/>
GU	<input type="checkbox"/>	<input type="checkbox"/>
Rectal	<input type="checkbox"/>	<input type="checkbox"/>
Musc	<input type="checkbox"/>	<input type="checkbox"/>
Skin	<input type="checkbox"/>	<input type="checkbox"/>
Neuro	<input type="checkbox"/>	<input type="checkbox"/>
Psych	<input type="checkbox"/>	<input type="checkbox"/>
Pulses	<input type="checkbox"/>	<input type="checkbox"/>

CC: FTL CVA

HPI: Will admit 3/06 had S2  
Placidin kept to sedating so  
being switched to Lamictal.  
Full year otherwise

Abnormal Findings:  
(+) Aphasia

Impression: Symptomatic Aphasia + memory  
9/22  
S2

Plan: ✓ (Lam) - Done at 4/10 - reported as  
well 1/23.  
↓

*Handwritten notes on right side of box:*  
met  
Kept on 1/20/04  
Lamictal → 9/22  
Arise by  
L. p. 1/20/04



Prepped By: Christina

- Personal and Confidential.

\_\_\_\_\_

- Raised Seal Present on:

\_\_\_\_\_

- Referenced enclosure was not found.

\_\_\_\_\_

- This document was manually split. Index to circled acct.
- This document was received damaged.
- Death Certificate is an original
- Please split clone.
- This document received with prepaid envelope:

UPS FEDEX DHL PO

Notes:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Adjustments**

- Manual Check Request/CHES
- Manual Check request/Non-CHES
- Rehab Earnings
- Social Security
- SS Award
- SS Reimbursement
- Unassigned
- WCB (Workman's Comp)
- Unassigned

**General Docs**

- Authorization
- Change of Address
- EFT Forms
- Job Description
- Notice of Return to Work
- Proof of Age
- Request for Name Change
- Unassigned (Personal Profiles, etc)

**General Docs File Owner**

- Complaints
- Correspondence
- Notice of Death
- Unassigned

**Investigation Docs**

- Activities Check/Bill
- Surveillance/Bill
- Surveillance Request
- Unassigned

**Legal Docs File Owner**

- Court Order (includes Child Support)
- Demand
- Full and Final Release
- Legal Appeal
- Power of Attorney (POA)
- Subrogation
- Unassigned

**Medical Docs**

- Clinical notes
- FCE (Functional Capacity Evaluation)
- IME (Independent Medical Evaluation)
- Other Medical
- Medical Bills
- Unassigned

**Rehab Docs**

- External vendor Correspondence
- Rehab Bills
- Rehab Correspondence
- Rehab FCE
- Rehab third Party Document
- Unassigned
- Rehab Visit Report
- Unassigned

**Calculation Worksheet**

- Generic Calculation Worksheet
- Rehab Worksheet
- SS Worksheet
- Unassigned

**New Claim Docs**

- Attending Physician Statement
- Complete Claim Package
- Employee Statement
- Employer Statement
- Notice of Claim
- Other New Claim Documents
- Partial claim Package
- Sun Advisor
- Transitional Claim Package

# Sun Life Assurance Company of Canada

## Authorization



### 1. Authorization for Release and Disclosure of Health Related Information

This Authorization complies with the HIPAA Privacy Rule.

It is important for you to read and sign all three Authorizations. Incomplete information could delay your application..

I HEREBY AUTHORIZE any: (a) physician, health care provider, health plan, medical professional, hospital, clinic, laboratory, therapist, pharmacy or other medical or health care facility that has provided payment, treatment or services to me or on my behalf; (b) benefit plan administrator; (c) employer; (d) insurance company; (e) insurance support organization; or the Medical Information Bureau, Inc., to disclose my entire medical record and any other protected health information concerning me to Sun Life Assurance Company of Canada ("The Company") its subsidiaries, affiliates, third party administrators and reinsurers.

I understand that such information may include records relating to my physical or mental condition such as diagnostic tests, physical examination notes and treatment histories, which may include information regarding the diagnosis and treatment of human immunodeficiency virus (HIV) infection, sexually transmitted diseases and mental illness, and the use of alcohol, drugs and tobacco, but shall not include psychotherapy notes.

By my signature below, I acknowledge that any agreements I have made to restrict my protected health information do not apply to this Authorization, and I instruct any entity named above to release and disclose my entire medical record without restriction.

I understand that The Company will use the information it obtains to: (a) underwrite my application for coverage, (b) make eligibility, risk rating, policy issuance and enrollment determinations; (c) obtain reinsurance; (d) administer claims and determine or fulfill responsibility for coverage and provision of benefits; (e) administer coverage; and/or (f) conduct other legally permissible activities that relate to any coverage I have or have applied for with The Company.

If this Authorization is signed in connection with a claim for insurance benefits, I hereby authorize The Company to disclose any information it obtains about me to any: (a) insurance company; (b) third party administrator; (c) rehabilitation or vocational professional; and (d) treating physician, psychologist or therapist/counselor of mine, for the purpose of verifying, evaluating, negotiating, determining and/or adjudicating my claim. I further authorize The Company to disclose any information it obtains about me to the Medical Information Bureau, Inc.

I understand that The Company will not disclose information it obtains about me except as authorized by this Authorization; as may be required or permitted by law; or as I may further authorize. I understand that if information is redisclosed as permitted by this Authorization, it may no longer be protected by applicable federal privacy law.

This Authorization shall apply to information relating to my dependents where applicable.

I understand that: (a) this Authorization shall be valid for 24 months from the date I sign it; (b) I may revoke it at any time by providing written notice to the Group Compliance Department, Sun Life Financial, SC 2260, One Sun Life Executive Park, Wellesley Hills, Massachusetts, 02481, subject to the rights of any person who acted in reliance on it prior to receiving notice of its revocation; and (c) my authorized representative and I are entitled to receive a copy of the Authorization upon request.

A copy of this Authorization shall be as valid as the original.

270605-  
00981-88

Print Name of Employee or Authorized Representative <i>Kelly Baxter</i>	Group Policy Number <i>067534</i>
Signature of Employee or Authorized Representative X <i>Kelly Baxter for Ted Baxter</i>	Date (m/d/y) <i>12-1-06</i>

**3. Authorization for Release and Disclosure of Non-Health Related Information**

This Authorization complies with the HIPAA Privacy Rule.

It is important for you to read and sign all three Authorizations. Incomplete information could delay your application.

I HEREBY AUTHORIZE any: (a) physician, health care provider, health plan, medical professional, hospital, clinic, laboratory, therapist, pharmacy or other medical or health care facility that has provided payment, treatment or services to me or on my behalf; (b) benefit plan administrator; (c) employer; (d) insurance company; (e) insurance support organization; (f) state department of motor vehicles; (g) consumer reporting agency; (h) financial institution; (i) government agency, or the Medical Information Bureau, Inc., Social Security Administration, Internal Revenue Service or the Veteran's Administration, to disclose to Sun Life Assurance Company of Canada ("The Company") its subsidiaries, affiliates, third party administrators, and reinsurers, any and all non-health information relating to me, including, but not limited to, (a) my employment earnings; (b) my occupational duties; (c) my credit history; (d) insurance benefits I may be receiving or have received; (e) Social Security benefits I, or my dependents, may be receiving or have received; (f) insurance claims I may have filed or insurance coverage I may have; (g) traffic accident reports relating to me; and (h) any other financial information relating to me.

I understand that The Company will use the information it obtains to: (a) underwrite my application for coverage, (b) make eligibility, risk rating, policy issuance and enrollment determinations; (c) obtain reinsurance; (d) administer claims and determine or fulfill responsibility for coverage and provision of benefits; (e) administer coverage; and/or (f) conduct other legally permissible activities that relate to any coverage I have or have applied for with The Company.

If this Authorization is signed in connection with a claim for insurance benefits, I hereby authorize The Company to disclose any information it obtains about me to any (a) insurance company; (b) third party administrator; (c) rehabilitation or vocational professional; and (d) treating physician, psychologist or therapist/counselor of mine, for the purpose of verifying, evaluating, negotiating, determining, and/or adjudicating my claim. I further authorize The Company to disclose any information it obtains about me to the Medical Information Bureau, Inc.

I understand that The Company will not disclose information it obtains about me except as authorized by this Authorization; as may be required or permitted by law; or as I may further authorize. I understand that if information is redisclosed as permitted by this Authorization, it may no longer be protected by applicable federal privacy law.

This Authorization shall apply to information relating to my dependents where applicable.

I understand that: (a) this Authorization shall be valid for 24 months from the date I sign it; (b) I may revoke it at any time by providing written notice to the Group Compliance Department, Sun Life Financial, SC 2260, One Sun Life Executive Park, Wellesley Hills, Massachusetts, 02481, subject to the rights of any person who acted in reliance on it prior to receiving notice of its revocation; and (c) my authorized representative and I are entitled to receive a copy of the Authorization upon request.

A copy of this Authorization shall be as valid as the original.

*See attached letter*

Print Name of Employee or Authorized Representative	Group Policy Number
Signature of Employee or Authorized Representative X	Date (m/d/y)

**2. Authorization for Release and Disclosure of Psychotherapy Notes**

This Authorization complies with the HIPAA Privacy Rule.

It is important for you to read and sign all three Authorizations. Incomplete information could delay your application.

I HEREBY AUTHORIZE any: (a) physician, health care provider, health plan, medical professional, hospital, clinic, therapist or other medical or health care facility that has provided payment, treatment or services to me or on my behalf; (b) insurance company; and (c) insurance support organization to disclose any psychotherapy notes relating to me to Sun Life Assurance Company of Canada ("The Company") its subsidiaries, affiliates, third party administrators and reinsurers.

By my signature below, I acknowledge that any agreements I have made to restrict my protected health information do not apply to this Authorization, and I instruct any entity named above to release and disclose all psychotherapy notes relating to me without restriction.

I understand that The Company will use the information it obtains to: (a) underwrite my application for coverage, (b) make eligibility, risk rating, policy issuance and enrollment determinations; (c) obtain reinsurance; (d) administer claims and determine or fulfill responsibility for coverage and provision of benefits; (e) administer coverage; and/or (f) conduct other legally permissible activities that relate to any coverage I have or have applied for with The Company.

If this Authorization is signed in connection with a claim for insurance benefits, I hereby authorize The Company to disclose any information it obtains about me to any: (a) insurance company; (b) third party administrator; (c) rehabilitation or vocational professional; and (d) treating physician, psychologist or therapist/counselor of mine, for the purpose of verifying, evaluating, negotiating, determining, and/or adjudicating my claim.

I understand that The Company will not disclose information it obtains about me except as authorized by this Authorization; as may be required or permitted by law; or as I may further authorize. I understand that if information is redisclosed as permitted by this Authorization, it may no longer be protected by applicable federal privacy law.

This Authorization shall apply to information relating to my dependents where applicable.

I understand that: (a) this Authorization shall be valid for 24 months from the date I sign it; (b) I may revoke it at any time by providing written notice to the Group Compliance Department, Sun Life Financial, SC 2260, One Sun Life Executive Park, Wellesley Hills, Massachusetts, 02481, subject to the rights of any person who acted in reliance on it prior to receiving notice of its revocation; and (c) my authorized representative and I are entitled to receive a copy of the Authorization upon request.

A copy of this Authorization shall be as valid as the original.

Print Name of Employee or Authorized Representative	Group Policy Number
Signature of Employee or Authorized Representative X	Date (m/d/y)

See attached letter

Personally Prepped By: Todd Sandstrom

- Personal and Confidential.

- Raised Seal Present on:

- Referenced enclosure was not found.

- This document was manually split. Index to circled acct.
- This document was received damaged.
- Death Certificate is an original
- Please split clone.
- This document should be indexed as an OUTBOUND Document
- This document received with prepaid envelope:

UPS FEDEX DHL PO

Notes:

### Adjustments

- Manual Check Request/CHES
- Manual Check request/Non-CHES
- Rehab Earnings
- Social Security
- SS Award
- SS Reimbursement
- WCB (Workman's Comp)
- Unassigned

### General Docs

- Authorization
- Change of Address
- EFT Forms
- Job Description
- Notice of Return to Work
- Proof of Age
- Request for Name Change
- Unassigned (Personal Profiles, etc)

### General Docs File Owner

- Complaints
- Correspondence
- Notice of Death
- Unassigned

### Investigation Docs

- Activities Check/Bill
- Credit Check/Bill
- Financial Check/Bill
- Surveillance/Bill
- Surveillance Request
- Unassigned

### Legal Docs File Owner

- Court Order (includes Child Support)
- Demand
- Full and Final Release
- Legal Appeal
- Power of Attorney (POA)
- Subrogation
- Unassigned

### Medical Docs

- Clinical notes
- FCE (Functional Capacity Evaluation)
- IME (Independent Medical Evaluation)
- Other Medical
- Medical Bills
- Unassigned

### Rehab Docs

- External Vendor Correspondence
- Rehab Bills
- Rehab Correspondence
- Rehab FCE
- Rehab third Party Document
- Rehab Visit Report
- Unassigned

### Calculation Worksheet

- Generic Calculation Worksheet
- 100 Percent Partial Calculation Worksheet
- 50 Percent Partial Calculation Worksheet
- Rehab Worksheet
- SS Worksheet
- Unassigned

### New Claim Docs

- Attending Physician Statement
- Complete Claim Package
- Employee Statement
- Employer Statement
- Notice of Claim
- Partial claim Package
- Sun Advisor
- Transitional Claim Package



Sun Life Assurance  
Company of Canada  
SC 3208  
One Sun Life Executive Park  
Wellesley Hills, MA 02481-5699

1-800-247-6875

October 9, 2006

Kelly S. Baxter  
55 East Erie St.  
Unit #2305  
Chicago IL 60611

Re: Policy No. 067534-GD-Long Term Disability  
Control # 230605-00981-00  
Claimant: Ted Baxter

Dear Mrs. Baxter:

This is in follow up to our recent conversation concerning Mr. Baxter's continuing claim of Total Disability under the above referenced Long Term Disability Contract.

In order to initiate our evaluation of his continuing claim of Total Disability, we are requesting that you and Mr. Baxter's physician complete the enclosed forms.

**Please complete and return the enclosed Disability Information Update, Supplemental Information Questionnaire, Claimant Activity Questionnaire and Authorization forms on behalf of Mr. Baxter. The Attending Physician's Statement form should be forwarded to his current attending physician to complete and return to our office.**

For your convenience, a self addressed stamped envelope is enclosed. Should you have any questions regarding this matter, please feel free to call me at 1-877-260-9778, extension 7107.

Sincerely,

A handwritten signature in black ink, appearing to read "Robert Goodall".

Robert Goodall  
Claim Consultant  
Group Long Term Disability  
SC 3208

Enclosure

## CLAIMANT ACTIVITY QUESTIONNAIRE

Name: Ted Baxter

Policy: 067534-

Please check the activities you do and how often you do them. If you need help with any of these activities, please explain below. If "Never" is checked, please explain why. If these activities have changes due to your condition, please explain why in the last column.

Activity	Several Times/Day	Daily	Weekly	Monthly	Never	Description/Example
Drive					X	
Cook						
Clean House					X	
Do Yard Work					X	
Shop				X		
Read	X					Doesn't understand every thing
Childcare					X	
Repair Things					X	
Grooming		X				
Play Cards/Games					X	
Attend Sporting Events				X		Not monthly but occasionally
Attend Church				X		Sometimes
Visit Relatives				X		
Visit Friends						Sometimes not monthly
Talk to Neighbors				X		
Talk on Phone				X		
Hobbies (name)			X watching sports			To family but they don't understand everything
Other Activities (name)				X movies		he doesn't understand what they are saying
Volunteer Activities					X	
Pay Bills/Handle Finances					X	
Dine out/Go to Movies			X			
Attend School/Classes					X	Can't read, write or speak fully

Additional Comments or Remarks:

## Activities of Daily Living

1. What do you do on a typical day? Please include things like household chores, hobbies, entertainment activities, etc. Please be as specific as possible, and give examples.

Reads the newspaper - still doesn't comprehend everything.  
helps me with the laundry, helps me with the dishes,  
watches TV (sports)

- How long do these activities take? Have any of these changed because of your condition? If so, how?

takes hours to read a few sections of the newspaper  
everything takes longer.

2. Who prepares and cooks your meals? Kelly (wife)

- If yourself, how often and what types of food do you cook?

- If you do not prepare your meals, please explain why.

Ted's apraxia interferes with the process.

3. What shopping do you do? Where do you shop and how often? Ted sometimes goes to the grocery store with me but not often.

- If you do not do your own shopping, please explain why not.

# Ted doesn't know what we need + I can't explain the details of the items. He doesn't understand what I'm saying.

4. What household chores do you do? (Example: cleaning, cooking, laundry, etc.)

some laundry, helps with the dishes.

- If you do not do household chores or need help with them, please explain why.

Ted gets tired very easily.



5. How frequently do you go out of your home? *everyday*

- What prevents you from leaving your house more frequently?

- When you go out, do you:

Walk  Ride the bus \_\_\_\_\_ Drive a car \_\_\_\_\_ Other (explain) \_\_\_\_\_

- Where do you typically go? *Coffee shop*

- If you need help to go out, please explain why.

6. How often do you get together with family, friends, neighbors, co-workers or others? What do you do?

*Monthly. It's very hard for Ted to interact with people. It needs to be one-on-one ~~or meet people~~. They usually get together at our apartment or go out to lunch/dinner.*

- How has this changed since your condition started?

*It has decreased*

7. Who depends on you for care? (Example: spouse, children, parents, pets, etc.) What assistance do you provide them?

*Nobody - He does walk the dog occasionally*

- Has this changed since your condition began? If so, please explain.

*Ted can't help me the way he did before - just with everyday household chores.*

8. Do you feel that you have a problem with alcohol or drug abuse? *No*

- If yes, what help or treatment have you sought for the problem? When? Where?

- If yes, what effect does it have on your ability to work?

- When did it become a problem for you?

9. How many hours a day do you spend watching television? *1-2 hours*

- What programs do you watch? *Sports*

- How has your television viewing changed since your condition began?

*Ted doesn't understand TV shows so he mostly watches sports.*

10. How many hours a day do you sleep? *9 hours per night plus a 1-2 hour nap*

- When do you sleep?

- Has this changed because of your condition? *Yes*

- If yes, please describe how it has changed.

*Ted ~~is~~ has been very tired since his stroke. He sleeps a lot more.*

11. Has your condition affected your ability to care for your personal needs? Yes

- If so, please describe:

Ted Can't go to the dr. alone or make any phone calls.  
I need to take care of that for him

12. What other activities of daily living have changed since your condition began?

He doesn't understand everything he is reading  
so I open all the mail + handle all of  
the financial issues.

Basically everything in Ted's life has changed.

# Sun Life Assurance Company of Canada

## Disability Information Update



To be completed by the disability claimant. Please print clearly.

### 1 Information about the claimant

Your name (first, middle initial, last) <b>Ted William Baxter</b>		Social Security Number <b>01814</b>	
Street address <b>55E. Erie St #2305</b>		Phone number <b>312 654 9949</b>	
City <b>Chicago</b>	State <b>IL</b>	Zip code <b>60611</b>	
Name of your employer <b>Citadel was prior employer</b>		Group policy number <b>0107534</b>	

1. Since you became disabled, have you acquired (or do you plan to acquire) any additional education or training?  Yes  No *not at this time*
2. Are you currently working or have you worked at any time since the inception of your disability for any employer or in your own business?  Yes  No

If Yes, please describe below:

### 2 Income information

These questions should be answered to reflect your current income status. Please answer "yes" or "no" to each source of income other than Sun Life Assurance Company of Canada Long Term Disability Benefits. For every "yes" answer, indicate the current amount of each periodic benefit (per week or per month).

Have you received, or are you receiving, income from any of the following sources?

	Yes	No	Current Amount	Per Week	Per Month
1. Social Security or Railroad Retirement Act	<input checked="" type="checkbox"/>	<input type="checkbox"/>	\$ <b>2142<sup>00</sup></b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
a) Primary (amount for person disabled) .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	\$ <b>---</b>	<input type="checkbox"/>	<input type="checkbox"/>
b) Dependent .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$ <b>---</b>	<input type="checkbox"/>	<input type="checkbox"/>
2. Workers' Compensation or similar legislation .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$ <b>---</b>	<input type="checkbox"/>	<input type="checkbox"/>
3. Group, Franchise or Wholesale Income Replacement Plan .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$ <b>---</b>	<input type="checkbox"/>	<input type="checkbox"/>
4. Veteran's Administration or Welfare Plan .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$ <b>---</b>	<input type="checkbox"/>	<input type="checkbox"/>
5. Monthly Income Disability Benefit from any Group Life policies .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$ <b>---</b>	<input type="checkbox"/>	<input type="checkbox"/>
6. Federal, State, Provincial, Municipal or other Government Agency .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$ <b>---</b>	<input type="checkbox"/>	<input type="checkbox"/>
7. Pension or Retirement Allowance .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$ <b>---</b>	<input type="checkbox"/>	<input type="checkbox"/>
8. Wages, Salary, Commissions and fees for Personal Services Rendered .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$ <b>---</b>	<input type="checkbox"/>	<input type="checkbox"/>
9. Other sources .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$ <b>---</b>	<input type="checkbox"/>	<input type="checkbox"/>

**3 Additional Information**

For any "Yes" answer in Section 2, provide the following information.

Name and address of income source	Policy or Claim No., if any	Exact date benefits commenced or will commence
Social Security Disability	084-50 3725AA	10/05

**4 Certification and Signature**

I certify that the above statements are true and complete and I authorize physicians, hospitals and my employer to release information with respect to this claim. I understand that some states require Sun Life Assurance Company of Canada to notify me that any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.

Signature of claimant x <i>Ted W Baxter</i>	Date signed <i>12-1-06</i>
--	-------------------------------

*→ signed by wife Kelly*

**Personally Prepped By: Todd Sandstrom**

- Personal and Confidential.

\_\_\_\_\_

- Raised Seal Present on:

\_\_\_\_\_

- Referenced enclosure was not found.

\_\_\_\_\_

- This document was manually split. Index to circled acct.
- This document was received damaged.
- Death Certificate is an original
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- This document should be indexed as an OUTBOUND Document
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UPS FEDEX DHL PO

Notes:

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\_\_\_\_\_

Adjustments
<ul style="list-style-type: none"><li>○ Manual Check Request/CHES</li><li>○ Manual Check request/Non-CHES</li><li>○ Rehab Earnings</li><li>○ Social Security</li><li>○ SS Award</li><li>○ SS Reimbursement</li><li>○ WCB (Workman's Comp)</li><li>○ Unassigned</li></ul>

General Docs
<ul style="list-style-type: none"><li>○ Authorization</li><li>○ Change of Address</li><li>○ EFT Forms</li><li>○ Job Description</li><li>○ Notice of Return to Work</li><li>○ Proof of Age</li><li>○ Request for Name Change</li><li>○ Unassigned (Personal Profiles, etc)</li></ul>

General Docs File Owner
<ul style="list-style-type: none"><li>○ Complaints</li><li>○ Correspondence</li><li>○ Notice of Death</li><li>○ Unassigned</li></ul>

Investigation Docs
<ul style="list-style-type: none"><li>○ Activities Check/Bill</li><li>○ Credit Check/Bill</li><li>○ Financial Check/Bill</li><li>○ Surveillance/Bill</li><li>○ Surveillance Request</li><li>○ Unassigned</li></ul>

Legal Docs File Owner
<ul style="list-style-type: none"><li>○ Court Order (includes Child Support)</li><li>○ Demand</li><li>○ Full and Final Release</li><li>○ Legal Appeal</li><li>○ Power of Attorney (POA)</li><li>○ Subrogation</li><li>○ Unassigned</li></ul>

Medical Docs
<ul style="list-style-type: none"><li>○ Clinical notes</li><li>○ FCE (Functional Capacity Evaluation)</li><li>○ IME (Independent Medical Evaluation)</li><li>○ Other Medical</li><li>○ Medical Bills</li><li>○ Unassigned</li></ul>

Rehab Docs
<ul style="list-style-type: none"><li>○ External Vendor Correspondence</li><li>○ Rehab Bills</li><li>○ Rehab Correspondence</li><li>○ Rehab FCE</li><li>○ Rehab third Party Document</li><li>○ Rehab Visit Report</li><li>○ Unassigned</li></ul>

Calculation Worksheet
<ul style="list-style-type: none"><li>○ Generic Calculation Worksheet</li><li>○ 100 Percent Partial Calculation Worksheet</li><li>○ 50 Percent Partial Calculation Worksheet</li><li>○ Rehab Worksheet</li><li>○ SS Worksheet</li><li>○ Unassigned</li></ul>

New Claim Docs
<ul style="list-style-type: none"><li>○ Attending Physician Statement</li><li>○ Complete Claim Package</li><li>○ Employee Statement</li><li>○ Employer Statement</li><li>○ Notice of Claim</li><li>○ Partial claim Package</li><li>○ Sun Advisor</li><li>○ Transitional Claim Package</li></ul>

Kelly Baxter  
55 E. Erie St. #2305  
Chicago, IL 60611  
312-654-9949

December 1, 2006

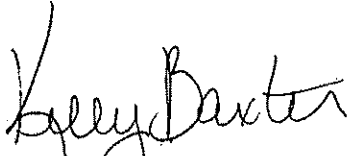
Dear Mr. Goodall,

Enclosed are the documents required regarding Ted Baxter's (Policy #067534) long term disability.

I would prefer at this time, however, to refrain from signing the release form you provided. If there is specific information you are seeking, please feel free to contact me and I will be happy to help obtain what is needed.

Thank you for your continued work on our case. We appreciate your diligence and efforts on our behalf.

Regards,

  
Kelly Baxter

**SUPPLEMENTAL INFORMATION QUESTIONNAIRE**

Insured's Name: Ted Baxter Policy No.: 0167534

Please provide full and complete responses, indicating "none" where applicable. If more space is needed, please feel free to use the back of this form.

1. Name(s) and complete address(es) of any medical care provider you consulted for any condition between Dec 2005 and Dec 2006.

*if you have the Dr's Ted saw prior to Dec 2005*

Name of Doctor	Complete Address
<u>Dr. Sullivan</u>	<u>2010 S Michigan Ave #805 Chicago, IL 60604</u>
<u>Dr. Taber</u>	<u>2650 Ridge Ave Evanston, IL 60201</u>
<u>Dr. Zakarija</u>	<u>675 N. S. Clair Chicago, IL 60611</u>

2. Indicate the name(s) and complete address of any hospital/clinic where you received medical treatment, consultation, care or services (including diagnostic measures) Between Dec 2005 and Dec 2006.

Name of Hospital/Clinic	Complete Address	Date Treated
<u>Mayo Hospital</u>	<u>85054 5777 E. Mayo Blvd Phoenix, AZ</u>	<u>10/1/06</u>
<u>Univ of Michigan Hospital</u>	<u>1500 E. Medical Center Dr Ann Arbor MI 48109</u>	<u>2/18/06</u>

3. List any medications or prescribed drugs taken for any reason between April 2005 and Dec 2006

Name of drug or medicine	Prescription No.	Pharmacy	Date 6/05 - Present	Physician
<u>Aricept</u>	<u>02044792</u>	<u>Walgreens</u>	<u>6/05-current</u>	<u>Dr Taber</u>
<u>Lipitor</u>	<u>02504484</u>	<u>Walgreens</u>	<u>4-22-05-current</u>	<u>Sullivan</u>
<u>Achaphex</u>	<u>02504480</u>	<u>Walgreens</u>	<u>6/05-current</u>	<u>Sullivan</u>
<u>Keppra</u>	<u>Don't know</u>	<u>Walgreens</u>	<u>2/10/05-current</u>	<u>Taber</u>
<u>Lamictal</u>	<u>02044795</u>	<u>Walgreens</u>	<u>5/06-current</u>	<u>Taber</u>
<u>Plavix</u>	<u>Don't know</u>	<u>Walgreens</u>	<u>7/05-1/06</u>	<u>Dr Feldman</u>

\* all Prescriptions have been transferred to Prime Therapeutics

PT



4. Please provide the complete address of any pharmacy listed in question #3.

Name of Pharmacy

Complete Address (include Street/City/State/Zip)

Walgreens  
Prime Therapeutics

641 N. Clark St Chicago IL 60610  
PO Box 650041 Dallas, TX 75265 PH 877-357-7462

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5a. Who is your current medical carrier?

Complete Address (include Street/City/State/Zip)

Blue Cross Blue Shield

300 E Randolph Chicago IL 60601

5b. Have you changed medical carriers in the last two years? No

If yes, please provide the name of your prior medical carrier \_\_\_\_\_  
and their complete address \_\_\_\_\_

**FRAUD NOTICE**

Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties. This includes the Employer and Attending Physician's portion of the claim form.

X Paul W. Baxter  
Signature

Signed by wife Kelly

12-1-06  
Date

5/27/2005

**Personally Prepped By: Todd Sandstrom**

- Personal and Confidential.

\_\_\_\_\_

- Raised Seal Present on:

\_\_\_\_\_

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UPS FEDEX DHL PO

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Adjustments
<ul style="list-style-type: none"><li>○ Manual Check Request/CHES</li><li>○ Manual Check request/Non-CHES</li><li>○ Rehab Earnings</li><li>○ Social Security</li><li>○ SS Award</li><li>○ SS Reimbursement</li><li>○ WCB (Workman's Comp)</li><li>○ Unassigned</li></ul>

General Docs
<ul style="list-style-type: none"><li>○ Authorization</li><li>○ Change of Address</li><li>○ EFT Forms</li><li>○ Job Description</li><li>○ Notice of Return to Work</li><li>○ Proof of Age</li><li>○ Request for Name Change</li><li>○ Unassigned (Personal Profiles, etc)</li></ul>

General Docs File Owner
<ul style="list-style-type: none"><li>○ Complaints</li><li>○ Correspondence</li><li>○ Notice of Death</li><li>○ Unassigned</li></ul>

Investigation Docs
<ul style="list-style-type: none"><li>○ Activities Check/Bill</li><li>○ Credit Check/Bill</li><li>○ Financial Check/Bill</li><li>○ Surveillance/Bill</li><li>○ Surveillance Request</li><li>○ Unassigned</li></ul>

Legal Docs File Owner
<ul style="list-style-type: none"><li>○ Court Order (includes Child Support)</li><li>○ Demand</li><li>○ Full and Final Release</li><li>○ Legal Appeal</li><li>○ Power of Attorney (POA)</li><li>○ Subrogation</li><li>○ Unassigned</li></ul>

Medical Docs
<ul style="list-style-type: none"><li>○ Clinical notes</li><li>○ FCE (Functional Capacity Evaluation)</li><li>○ IME (Independent Medical Evaluation)</li><li>○ Other Medical</li><li>○ Medical Bills</li><li>○ Unassigned</li></ul>

Rehab Docs
<ul style="list-style-type: none"><li>○ External Vendor Correspondence</li><li>○ Rehab Bills</li><li>○ Rehab Correspondence</li><li>○ Rehab FCE</li><li>○ Rehab third Party Document</li><li>○ Rehab Visit Report</li><li>○ Unassigned</li></ul>

Calculation Worksheet
<ul style="list-style-type: none"><li>○ Generic Calculation Worksheet</li><li>○ 100 Percent Partial Calculation Worksheet</li><li>○ 50 Percent Partial Calculation Worksheet</li><li>○ Rehab Worksheet</li><li>○ SS Worksheet</li><li>○ Unassigned</li></ul>

New Claim Docs
<ul style="list-style-type: none"><li>○ Attending Physician Statement</li><li>○ Complete Claim Package</li><li>○ Employee Statement</li><li>○ Employer Statement</li><li>○ Notice of Claim</li><li>○ Partial claim Package</li><li>○ Sun Advisor</li><li>○ Transitional Claim Package</li></ul>



CASE#: N531572-01  
TEAM: R300  
DESK: 1  
DATE: 10/10/2006

**RECORDS REQUEST**

RETURN FAX# (800)365-1962

NAME: TED BAXTER  
SSN: 340-  
DOB: 11/  
STATE: IL

**INSURANCE  
BENEFITS  
PENDING**

COMPANY: SUN LIFE FINANCIAL  
ACCT#: 005766  
POLICY#: 230605 00981  
'00

FACILITY: 1P55E TABER MD  
ADDRESS: 2650 RIDGE AVE  
CITY/ST: EVANSTON, IL 60201  
PH#: (847)570-2570

REQUESTER: OGDALL  
H/W TEAM:

**SPECIAL INSTRUCTIONS:** PLEASE RETURN THIS FORM WITH RECORDS  
ALL TREATMENT NOTES, LAB/TEST RESULTS AND CONSULTATIONS FOR THE PERIOD OF 11/05  
CURRENT DATE.

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

RETURN TO: P.O. Box 2729  
TEAM: 8504

Jacksonville FL 32203-2729  
PHONE: (800)456-6921

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  
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3/20/2007 6:23:27 IORPH18UN 69113 8504

124450

Office Visit

Ted Baxter (MRN 014701940)

Visit and Patient Information

Contact Information	Date & Time	Provider	Department	Encounter #	Center
	12/21/2006 1:30 PM	JESSE TABER, MD, MD	Neuro Evss	15818507	EMOB

Patient Information	Patient Name	Sex	DOB	SSN
	Baxter, Ted	Male	11	xxx-xx-3725

Patient Demographics	Address	Phone
	55 E. ERIE ST. # 2305 CHICAGO, IL 60611	312-654-9949 (Home)

Allergies

Allergies as of 12/21/2006 (No Known Allergies)  
Date Reviewed: 8/21/2006

Immunizations

Pending Health Maintenance Patient has no pending health maintenance at this time

Problem List

Problem List as of 12/21/2006	Problem	Noted
	EXPRESSIVE LANGUAGE DISORDER[315.31]	4/22/2005
	SECUNDUM ATRIAL SEPT DEF[745.5]	4/22/2005
	Comment: 4/22/2005- TEE demonstratres mobile IAS with aneurysm formation, excursion > 1.5 cm, PFO seen.- good lip on the PFO with measured size of 0.6 cm	
	CEREBRAL EMBOLUS W CEREBR INFARCT[434.11]	6/29/2005
	LATE EFF,CV DIS,SP/LANG DEF,APHASIA[438.11]	6/29/2005
	VARICOSE VEIN OF LEG NOS[454.9]	8/4/2005
	EPILEPSY[345.90A]	10/23/2006

Current Vitals

User	Date&Time	BP	Pulse	Temp.(Src)	Resp	Ht	Wt
SUTTON, ERICA	12/21/2006 1:31 PM	103/53	57	98.1 °F (36.7 °C) (Oral)	N/A	5' 9" (1.753 m)	170 lbs 3.2 oz (77.202 kg)
HC	N/A						
Vitals - Last Recorded		103/53	57	98.1 °F (36.7 °C) (Oral)		5' 9" (1.753 m)	170 lbs 3.2 oz (77.202 kg)

Pain Information (Last Filed)	Score	Location	Comments	Edu?
	0			

Visit Summary

**Referring Provider** Terrence Sullivan

**Reason for Visit** POSSIBLE SEIZURE

**Diagnoses** EPILEPSY [345.90A] - Primary  
LATE EFF,CV DIS,SP/LANG DEF,APHASIA [438.11]

**Progress Notes** JESSE TABER, MD Tue Dec 19, 2006 5:35 PM Signed  
See letter for complete visit note.

**Questionnaire ASSESS/SCREEN BASIC ELEMENTS - OFFICES**

Question	Answer	Comment
PAIN: Score: Refer to Vital Signs section of today's visit	0 NO FURTHER ACTION NEEDED	
NUTRITIONAL STATUS	NO PROBLEMS IDENTIFIED	
ABUSE/EXPLOITATION: Is anyone causing you to feel unsafe or abused in your home?	NO	

**Letters** TABER, JESSE on 12/19/2006 Sent

**Medications**

Prescriptions Ordered This Encounter	Prescription	Disp	Refills	Start	End
	LAMICTAL 150 MG PO TABS Sig: 2 TABLET TWICE DAILY Class: Print Script Route: Oral	3 mos	3	12/21/2006	

Discontinued Medications	Prescription	Reason for Discontinue
	LAMOTRIGINE 100 MG PO TABS LAMICTAL 150 MG PO TABS	Discontinued by another Health Care Provider Reorder

Patient Reported Taking	Prescription	Dosage
	LAMICTAL 150 MG PO TABS	2 TABLET TWICE DAILY
	EXCEDRIN 250-250-65 MG PO TABS	2 TABLETS EVERY 6 HOURS AS NEEDED FOR HA
	LIPITOR 10 MG PO TABS	1 PO qAM
	ACIPHEX 20 MG PO TBEC	1 TABLET EVERY MORNING
	NEW DRUG	Mentalin (herb combination) daily
	HYDROCODONE-APAP 5-500 MG PO TABS	1 TABLET EVERY HOURS AS NEEDED HA
	ARICEPT 10 MG PO TABS	1 tab po q hs
	ASPIRIN 325 MG PO TABS	1 TABLET DAILY
	HEXAVITAMINS PO TABS	1 tablet by mouth daily
	OMEGA 3 120-180 MG PO CAPS	1 daily
	AMOXICILLIN 500 MG PO CAPS	4 PO 2 hours prior to dental work

**Medication**

Comments DENIES

Outpatient Current Meds as of 12/21/2006	Prescription	Disp	Refills	Start	End
	LAMICTAL 150 MG PO TABS (Taking) Sig: 2 TABLET TWICE DAILY Class: Print Script Route: Oral	3 mos	3	12/21/2006	
	EXCEDRIN 250-250-65 MG PO TABS (Taking) Sig: 2 TABLETS EVERY 6 HOURS AS NEEDED FOR HA Class: Historical Med Route: Oral			10/23/2006	
	LIPITOR 10 MG PO TABS (Taking) Sig: 1 PO qAM Class: Historical Med Route: Oral		0	10/23/2006	
	ACIPHEX 20 MG PO TBEC (Taking) Sig: 1 TABLET EVERY MORNING Class: Historical Med Route: Oral			10/23/2006	
	NEW DRUG (Taking) Sig: Mentalin (herb combination) daily Class: Historical Med		0	10/23/2006	
	HYDROCODONE-APAP 5-500 MG PO TABS (Taking) Sig: 1 TABLET EVERY HOURS AS NEEDED HA Class: Auto Fax Route: Oral Cosign: Accepted by TABER, JESSE on Mon Jun 26, 2006 3:36 PM	20	1	6/26/2006	
	ARICEPT 10 MG PO TABS (Taking) Sig: 1 tab po q hs Class: Print Script Route: Oral	3 mo	3	6/6/2006	
	ASPIRIN 325 MG PO TABS (Taking) Sig: 1 TABLET DAILY Class: Historical Med Route: Oral			6/29/2005	
	HEXAVITAMINS PO TABS (Taking) Sig: 1 tablet by mouth daily Class: Historical Med Route: Oral			6/29/2005	
	OMEGA 3 120-180 MG PO CAPS (Taking) Sig: 1 daily Class: Historical Med Route: Oral		0	6/29/2005	
	AMOXICILLIN 500 MG PO CAPS (Taking) Sig: 4 PO 2 hours prior to dental work Class: Historical Med Route: Oral			6/29/2005	
	LAMOTRIGINE 100 MG PO TABS (Discontinued) Sig: 2.5 qAM and 3 qhs for one week, then 3 BID Class: Historical Med Route: Oral Reason for Discontinue: Discontinued by another Health Care Provider	0	0	10/2/2006	12/21/2006
	LAMICTAL 150 MG PO TABS (Discontinued)	1 mo	3	10/2/2006	12/21/2006

PHOTOCOPIED FROM ORIGINAL

Sig: 2 TABLET TWICE DAILY  
 Class: Phone In  
 Route: Oral  
 Reason for Discontinue: Reorder  
 Cosign: Accepted by TABER, JESSE on Mon Oct 2, 2006 12:47 PM

**Orders**

Lab and Imaging Orders	Order	Ordered on
	LAMOTRIGINE, BL - Lab and Imaging Orders	12/21/06

**Level of Service**

Level of Service	Level of Service
	OFFICE/OUTPT VISIT, EST, LEVL IV [99214]

**Instructions and Follow-Up**

Follow-up and Disposition	Disposition
	Return in about 6 months (around 6/21/2007).

Previous Visit	Date & Time	Provider	Department
	10/26/2006 1:37 PM	JESSE TABER, MD, MD	Neuro Evss

**Routing History**

Communication Management History	Recipient	Method	User	Date
	TERRENCE SULLIVAN, MD, MD	Fax	Jesse Taber [2915]	Letter: created on 12/19/2006 by Jesse Taber
	Richard Harvey, M.D.	Fax	Jesse Taber [2915]	Letter: created on 12/19/2006 by Jesse Taber
	TED FELDMAN, MD, MD	Fax	Jesse Taber [2915]	Letter: created on 12/19/2006 by Jesse Taber

**ORDERS PLACED OR RELEASED THIS ENCOUNTER**

LAMOTRIGINE, BL [LAB5867] Order #: 70731058

Children of Order #70731058

Order #: 70732968 (Completed)

Component Results	Component	Value	Flag	Low	High	Units	Status
	LAMOTRIGINE, P/S	6.0				ug/mL	Fin
Comment: -- EXPECTED VALUES --1.0-4.0 (Trough) Test performed at/or referred by: Mayo Medical Laboratories 200 First Street SW Rochester, MN 55905 Robert M. Kisabeth, MD Medical Director							

**Result History** [LAMOTRIGINE, BL \(Order#70732968\) on 12/22/06 - Order Result History Report](#)

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

**Patient Scan(s)** Clinical Unknown cmts: 1 of 3  
Clinical Unknown cmts: 2 of 3  
Clinical Unknown cmts: 3 of 3  
Clinical Unknown cmts: 1 of 2  
Clinical Unknown cmts: 2 of 2  
Clinical Unknown cmts:

**Patient Instructions** None

**Encounter Status** Closed by TABER, JESSE on 12/21/06 at 2:00 PM

**Document List** Encounter Document List  
 There is no document attached to this encounter.

**Document List** Patient Document List  
 Clinical Unknown (Document Not Signed)  
 Clinical Unknown (Document Not Signed)  
 Clinical Unknown (Document Not Signed)  
 Clinical Unknown (Document Not Signed)  
 Clinical Unknown (Document Not Signed)  
 Clinical Unknown (Document Not Signed)

**Document List** Order Document List  
 There is no document attached to this order.

**Office Visit**

Ted Baxter (MRN 014701940)

**Visit and Patient Information**

Contact Information	Date & Time	Provider	Department	Encounter #	Center
	10/23/2006 8:00 AM	JESSE TABER, MD, MD	Neuro Evss	15760889	EMOB

Patient Information	Patient Name	Sex	DOB	SSN
	Baxter, Ted	Male	11	xxx-xx-3725

Patient Demographics	Address	Phone
	55 E. ERIE ST. # 2305 CHICAGO, IL 60611	312-654-9949 (Home)

**Allergies**

**Allergies as of 10/23/2006** (No Known Allergies)

Date Reviewed: 8/21/2006



PHYSICIAN'S OFFICE

**Immunizations**

**Pending Health Maintenance** Patient has no pending health maintenance at this time

**Problem List**

Problem List as of 10/23/2006	Problem	Noted
	EXPRESSIVE LANGUAGE DISORDER[315.31]	4/22/2005
	SECUNDUM ATRIAL SEPT DEF[745.5]	4/22/2005
	<b>Comment:</b> 4/22/2005- TEE demonstrates mobile IAS with aneurysm formation, excursion > 1.5 cm, PFO seen.- good lip on the PFO with measured size of 0.6 cm	
	CEREBRAL EMBOLUS W CEREBR INFARCT[434.11]	6/29/2005
	LATE EFF,CV DIS,SP/LANG DEF,APHASIA[438.11]	6/29/2005
	VARICOSE VEIN OF LEG NOS[454.9]	8/4/2005
	EPILEPSY[345.90A]	10/23/2006

**Current Vitals**

User	Date&Time					
JONES, PHYLLIS	10/23/2006 8:03 AM					
<b>BP</b>	<b>Pulse</b>	<b>Temp.(Src)</b>	<b>Resp</b>	<b>Ht</b>	<b>Wt</b>	
120/58	50	97.6 °F (36.4 °C) (Oral)	18	5' 9" (1.753 m)	169 lbs (76.658 kg)	
<b>HC</b>						
N/A						
<b>Vitals - Last Recorded</b>	<b>BP</b>	<b>Pulse</b>	<b>Temp.(Src)</b>	<b>Resp</b>	<b>Ht</b>	<b>Wt</b>
	120/58	50	97.6 °F (36.4 °C) (Oral)	18	5' 9" (1.753 m)	169 lbs (76.658 kg)

Pain Information (Last Filed)	Score	Location	Comments	Edu?
	0			

**Visit Summary**

**Referring Provider** Terrence Sullivan

**Reason for Visit** Seizures

**Diagnoses** EPILEPSY [345.90A]  
CEREBRAL EMBOLUS W CEREBR INFARCT [434.11]

**Progress Notes** JESSE TABER, MD Sun Oct 22, 2006 5:44 PM Signed  
See letter for complete visit note.

Scan on: 11/06/2006 3:09 PM by Zarate, Carlos [116338] Documentation document type- EXTERNAL DOCUMENTS cmts: Labs/Mayo Clinic 10/1/06  
Scan on: 11/06/2006 3:08 PM by Zarate, Carlos [116338] Documentation document type- EXTERNAL DOCUMENTS cmts: Consult rpt/Mayo Clinic B. Dietrich 10/1/06

**Letters** TABER, JESSE on 10/22/2006 Sent

**Medications**

**Prescriptions  
Ordered This  
Encounter** None

Discontinued Medications	Prescription	Reason for Discontinue
	COQ10 50 GM PO POWD	Self-discontinued
	GRAPSEED EXTRACT 500-50 MG PO CAPS	Self-discontinued
	L-CARNITINE 200 MG PO CAPS	Self-discontinued
	PYCNOGENOL 154-25 MG PO CAPS	Self-discontinued
	PYRIDOXINE HCL 100 MG PO TABS	Self-discontinued
	SELENIUM 200 MCG PO TABS	Self-discontinued
	VITAMIN C 500 MG PO TABS	Self-discontinued
	LIPITOR 10 MG PO TABS	Self-discontinued

Patient Reported Taking	Prescription	Dosage
	EXCEDRIN 250-250-65 MG PO TABS	2 TABLETS EVERY 6 HOURS AS NEEDED FOR HA
	LIPITOR 10 MG PO TABS	1 PO qAM
	ACIPHEX 20 MG PO TBEC	1 TABLET EVERY MORNING
	NEW DRUG	MentalIn (herb combination) daily
	LAMOTRIGINE 100 MG PO TABS	2.5 qAM and 3 qhs for one week, then 3 BID
	HYDROCODONE-APAP 5-500 MG PO TABS	1 TABLET EVERY HOURS AS NEEDED HA
	ARICEPT 10 MG PO TABS	1 tab po q hs
	ASPIRIN 325 MG PO TABS	1 TABLET DAILY
	HEXAVITAMINS PO TABS	1 tablet by mouth daily
	OMEGA 3 120-180 MG PO CAPS	1 daily
	AMOXICILLIN 500 MG PO CAPS	4 PO 2 hours prior to dental work

**Medication  
Comments** DENIES

Outpatient Current Meds as of 10/23/2006	Prescription	Disp	Refills	Start	End
	EXCEDRIN 250-250-65 MG PO TABS (Taking) Sig: 2 TABLETS EVERY 6 HOURS AS NEEDED FOR HA Class: Historical Med Route: Oral			10/23/2006	
	LIPITOR 10 MG PO TABS (Taking) Sig: 1 PO qAM Class: Historical Med Route: Oral		0	10/23/2006	
	ACIPHEX 20 MG PO TBEC (Taking) Sig: 1 TABLET EVERY MORNING Class: Historical Med Route: Oral			10/23/2006	
	NEW DRUG (Taking) Sig: MentalIn (herb combination) daily Class: Historical Med		0	10/23/2006	
	LAMOTRIGINE 100 MG PO TABS (Taking/Discontinued) Sig: 2.5 qAM and 3 qhs for one week, then 3 BID Class: Historical Med Route: Oral	0	0	10/2/2006	12/21/2006
	HYDROCODONE-APAP 5-500 MG PO TABS	20	1	6/26/2006	

(Taking)  
**Sig:** 1 TABLET EVERY HOURS AS NEEDED HA  
**Class:** Auto Fax  
**Route:** Oral  
**Cosign:** Accepted by TABER, JESSE on Mon Jun 26, 2006 3:36 PM

ARICEPT 10 MG PO TABS (Taking)	3 mo	3	6/6/2006	
<b>Sig:</b> 1 tab po q hs				
<b>Class:</b> Print Script				
<b>Route:</b> Oral				
ASPIRIN 325 MG PO TABS (Taking)			6/29/2005	
<b>Sig:</b> 1 TABLET DAILY				
<b>Class:</b> Historical Med				
<b>Route:</b> Oral				
HEXAVITAMINS PO TABS (Taking)			6/29/2005	
<b>Sig:</b> 1 tablet by mouth daily				
<b>Class:</b> Historical Med				
<b>Route:</b> Oral				
OMEGA 3 120-180 MG PO CAPS (Taking)		0	6/29/2005	
<b>Sig:</b> 1 daily				
<b>Class:</b> Historical Med				
<b>Route:</b> Oral				
AMOXICILLIN 500 MG PO CAPS (Taking)			6/29/2005	
<b>Sig:</b> 4 PO 2 hours prior to dental work				
<b>Class:</b> Historical Med				
<b>Route:</b> Oral				
LAMICTAL 150 MG PO TABS (Discontinued)	1 mo	3	10/2/2006	12/21/2006
<b>Sig:</b> 2 TABLET TWICE DAILY				
<b>Class:</b> Phone In				
<b>Route:</b> Oral				
<b>Cosign:</b> Accepted by TABER, JESSE on Mon Oct 2, 2006 12:47 PM				
VITAMIN C 500 MG PO TABS (Discontinued)			3/8/2006	10/23/2006
<b>Sig:</b> 1 TABLET DAILY				
<b>Class:</b> Historical Med				
<b>Route:</b> Oral				
<b>Reason for Discontinue:</b> Self-discontinued				
COQ10 50 GM PO POWD (Discontinued)		0	3/8/2006	10/23/2006
<b>Sig:</b> 1 daily				
<b>Class:</b> Historical Med				
<b>Route:</b> Oral				
<b>Reason for Discontinue:</b> Self-discontinued				
GRAPESEED EXTRACT 500-50 MG PO CAPS (Discontinued)		0	3/8/2006	10/23/2006
<b>Sig:</b> 1 daily				
<b>Class:</b> Historical Med				
<b>Route:</b> Oral				
<b>Reason for Discontinue:</b> Self-discontinued				
SELENIUM 200 MCG PO TABS (Discontinued)		0	3/8/2006	10/23/2006
<b>Sig:</b> 1 daily				
<b>Class:</b> Historical Med				
<b>Route:</b> Oral				
<b>Reason for Discontinue:</b> Self-discontinued				
L-CARNITINE 200 MG PO CAPS (Discontinued)		0	3/8/2006	10/23/2006
<b>Sig:</b> 1 daily				
<b>Class:</b> Historical Med				
<b>Route:</b> Oral				

<p><b>Reason for Discontinue:</b> Self-discontinued                  PYCNOGENOL 154-25 MG PO CAPS                  (Discontinued)                  Sig: 1 daily                  Class: Historical Med                  Route: Oral</p>	0	3/8/2006	10/23/2006
<p><b>Reason for Discontinue:</b> Self-discontinued                  PYRIDOXINE HCL 100 MG PO TABS                  (Discontinued)                  Sig: 1 daily (dose in mg?)                  Class: Historical Med                  Route: Oral</p>	0	3/8/2006	10/23/2006
<p><b>Reason for Discontinue:</b> Self-discontinued                  LIPITOR 10 MG PO TABS (Discontinued)                  Sig: 1 PO qhs                  Class: Historical Med                  Route: Oral</p>	0	6/29/2005	10/23/2006

PHOTO COPY OF ORIGINAL

**Orders**

<b>Other Orders</b>	<b>Order</b> ENHFIRST PLATINUM ACTIVATION - Other Orders	<b>Ordered on</b> 10/23/06
---------------------	---	-------------------------------

**Level of Service**

**Level of Service** OFFICE/OUTPT VISIT,EST,LEVL V [99215]  
LOS History Recorded

**Instructions and Follow-Up**

**Follow-up and Disposition** **Disposition**  
 Return in about 2 months (around 12/23/2006).

Previous Visit	Date & Time	Provider	Department
	10/02/2006 12:28 PM	JESSE TABER, MD, MD	Neuro Evss

**ORDERS PLACED OR RELEASED THIS ENCOUNTER**

ENHFIRST PLATINUM ACTIVATION [9999998] Order #: 67773606

**Visit Scan(s)** Clinical Unknown cmts: Consult rpt/Mayo Clinic B. Dietrich 10/1/06  
Clinical Unknown cmts: Labs/Mayo Clinic 10/1/06

**Patient Scan(s)** Clinical Unknown cmts: 1 of 3  
Clinical Unknown cmts: 2 of 3  
Clinical Unknown cmts: 3 of 3  
Clinical Unknown cmts: 1 of 2  
Clinical Unknown cmts: 2 of 2  
Clinical Unknown cmts:

**Patient Instructions** None

<b>Encounter Status</b>	Closed by TABER, JESSE on 10/23/06 at 8:40 AM
<b>Document List</b>	<b>Encounter Document List</b> Clinical Unknown (Document Not Signed) Clinical Unknown (Document Not Signed)
<b>Document List</b>	<b>Patient Document List</b> Clinical Unknown (Document Not Signed) Clinical Unknown (Document Not Signed) Clinical Unknown (Document Not Signed) Clinical Unknown (Document Not Signed) Clinical Unknown (Document Not Signed) Clinical Unknown (Document Not Signed)
<b>Document List</b>	<b>Order Document List</b> There is no document attached to this order.

**Office Visit**

Ted Baxter (MRN 014701940)

**Visit and Patient Information**

Contact Information	Date & Time	Provider	Department	Encounter #	Center
	3/8/2006 11:00 AM	JESSE TABER, MD, MD	Neuro Evss	13195606	EMOB

Patient Information	Patient Name	Sex	DOB	SSN
	Baxter, Ted	Male	11	xxx-xx-3725

Patient Demographics	Address	Phone
	55 E. ERIE ST. # 2305 CHICAGO, IL 60611	312-654-9949 (Home)

**Allergies**

**Allergies as of 3/8/2006** (No Known Allergies)  
Date Reviewed: 7/13/2005

**Immunizations**

**Pending Health Maintenance** Patient has no pending health maintenance at this time

**Problem List**

Problem List as of 03/08/2006	Problem	Noted
	EXPRESSIVE LANGUAGE DISORDER[315.31]	4/22/2005
	SECUNDUM ATRIAL SEPT DEF[745.5]	4/22/2005
	Comment: 4/22/2005- TEE demonstrates mobile IAS with aneurysm formation, excursion > 1.5 cm, PFO seen.- good lip on the PFO with measured size of 0.6 cm	

CEREBRAL EMBOLUS W CEREBR INFARCT[434.11]  
LATE EFF,CV DIS,SP/LANG DEF,APHASIA[438.11]  
VARICOSE VEIN OF LEG NOS[454.9]

6/29/2005  
6/29/2005  
8/4/2005

**Current Vitals**

<b>User</b>	<b>Date&amp;Time</b>				
HOARE, TAMIKA	03/08/2006 11:26 AM				
<b>BP</b>	<b>Pulse</b>	<b>Temp.(Src)</b>	<b>Resp</b>	<b>Ht</b>	<b>Wt</b>
95/51	49	N/A (N/A)	N/A	N/A	170 lbs (77.111 kg)
<b>HC</b>					
N/A					
<b>Vitals - Last Recorded</b>	<b>BP</b>	<b>Pulse</b>		<b>Wt</b>	
	95/51	49		170 lbs (77.111 kg)	

**Pain Information** No pain information on file

**Visit Summary**

**Referring Provider** Terrence Sullivan

**Reason for Visit** Seizures

**Diagnoses** CONVULSIONS, OTHER [780.39] - Primary  
CEREBRAL EMBOLUS W CEREBR INFARCT [434.11]  
LATE EFF,CV DIS,SP/LANG DEF,APHASIA [438.11]  
SCANNING AMB DOCUMENTS [SCANNING]

**Progress Notes** JESSE TABER, MD Wed Mar 8, 2006 7:23 AM Signed  
See letter for complete visit note.

SUSAN MURRAY BEERHORST Thu Mar 16, 2006 2:44 PM Addended  
Addended by: BEERHORST, SUSAN MURRAY on: 3/16/2006 2:44:14 PM

Modules accepted: Orders

Scan on: 03/23/2006 3:13 PM by Zarate, Carlos [116338] Documentation document type- EXTERNAL DOCUMENTS.cmts: Consult rpt/J. Kutcher 2/18/06

**Letters** TABER, JESSE on 3/8/2006 Sent

**Medications**

**Prescriptions Ordered This Encounter** None

Patient Reported Taking	Prescription	Dosage
	KEPPRA 500 MG PO TABS	3 PO BID
	VITAMIN C 500 MG PO TABS	1 TABLET DAILY
	COQ10 50 GM PO POWD	1 daily
	GRAPSEED EXTRACT 500-50 MG PO CAPS	1 daily
	SELENIUM 200 MCG PO TABS	1 daily
	L-CARNITINE 200 MG PO CAPS	1 daily
	PYCNOGENOL 154-25 MG PO CAPS	1 daily
	PYRIDOXINE HCL 100 MG PO TABS	1 daily (dose in mg?)
	ARICEPT 10 MG PO TABS	1 tab po q hs
	ASPIRIN 325 MG PO TABS	1 TABLET DAILY
	HEXAVITAMINS PO TABS	1 tablet by mouth daily
	OMEGA 3 120-180 MG PO CAPS	1 daily
	AMOXICILLIN 500 MG PO CAPS	4 PO 2 hours prior to dental work
	LIPITOR 10 MG PO TABS	1 PO qhs

Medication Comments  
DENIES

Outpatient Current Meds as of 03/08/2006	Prescription	Disp	Refills	Start	End
	KEPPRA 500 MG PO TABS (Taking/Discontinued) Sig: 3 PO BID Class: Historical Med Route: Oral			3/8/2006	3/10/2006
	VITAMIN C 500 MG PO TABS (Taking/Discontinued) Sig: 1 TABLET DAILY Class: Historical Med Route: Oral			3/8/2006	10/23/2006
	COQ10 50 GM PO POWD (Taking/Discontinued) Sig: 1 daily Class: Historical Med Route: Oral		0	3/8/2006	10/23/2006
	GRAPSEED EXTRACT 500-50 MG PO CAPS (Taking/Discontinued) Sig: 1 daily Class: Historical Med Route: Oral		0	3/8/2006	10/23/2006
	SELENIUM 200 MCG PO TABS (Taking/Discontinued) Sig: 1 daily Class: Historical Med Route: Oral		0	3/8/2006	10/23/2006
	L-CARNITINE 200 MG PO CAPS (Taking/Discontinued) Sig: 1 daily Class: Historical Med Route: Oral		0	3/8/2006	10/23/2006
	PYCNOGENOL 154-25 MG PO CAPS (Taking/Discontinued) Sig: 1 daily Class: Historical Med Route: Oral		0	3/8/2006	10/23/2006
	PYRIDOXINE HCL 100 MG PO TABS		0	3/8/2006	10/23/2006

<b>(Taking/Discontinued)</b>					
Sig: 1 daily (dose in mg?)					
Class: Historical Med					
Route: Oral					
ARICEPT 10 MG PO TABS		30	2	2/13/2006	6/6/2006
<b>(Taking/Discontinued)</b>					
Sig: 1 tab po q hs					
Class: Phone In					
Route: Oral					
ASPIRIN 325 MG PO TABS	<b>(Taking)</b>			6/29/2005	
Sig: 1 TABLET DAILY					
Class: Historical Med					
Route: Oral					
HEXAVITAMINS PO TABS	<b>(Taking)</b>			6/29/2005	
Sig: 1 tablet by mouth daily					
Class: Historical Med					
Route: Oral					
OMEGA 3 120-180 MG PO CAPS	<b>(Taking)</b>		0	6/29/2005	
Sig: 1 daily					
Class: Historical Med					
Route: Oral					
AMOXICILLIN 500 MG PO CAPS	<b>(Taking)</b>			6/29/2005	
Sig: 4 PO 2 hours prior to dental work					
Class: Historical Med					
Route: Oral					
LIPITOR 10 MG PO TABS	<b>(Taking/Discontinued)</b>		0	6/29/2005	10/23/2006
Sig: 1 PO qhs					
Class: Historical Med					
Route: Oral					

11/11/06 10:11 AM ORDER FROM PHARMACY

**Orders**

Lab and Imaging Orders	Order	Ordered_on
	<u>GLUCOSE, BL</u> - Lab and Imaging Orders	3/16/06
	<u>CK-MB, BL</u> - Lab and Imaging Orders	3/16/06
	<u>URINALYSIS - MACROSCOPIC</u> - Lab and Imaging Orders	3/16/06
	<u>TROPONIN I, BL</u> - Lab and Imaging Orders	3/16/06
	<u>PTT, BL</u> - Lab and Imaging Orders	3/16/06
	<u>PT (PROTHROMBIN TIME), BL</u> - Lab and Imaging Orders	3/16/06
	<u>CREATINE KINASE, BL</u> - Lab and Imaging Orders	3/16/06
	<u>MAGNESIUM, BL</u> - Lab and Imaging Orders	3/16/06
	<u>PHOSPHORUS, BL</u> - Lab and Imaging Orders	3/16/06
	<u>BASIC METABOLIC PNL W EST GFR</u> - Lab and Imaging Orders	3/16/06
	<u>CBC W DIFFERENTIAL</u> - Lab and Imaging Orders	3/16/06
	<u>CT HEAD W/O CONTRAST</u> - Lab and Imaging Orders	3/16/06
	<u>XRAY CHEST SINGLE VIEW</u> - Lab and Imaging Orders	3/16/06

Other Orders	Order	Ordered_on
	<u>ORDER ROUTINE EKG</u> - Other Orders	3/16/06
	<u>ORDER EEG</u> - Other Orders	3/8/06

**Level Of Service**

Level Of Service    Level\_of\_Service  
 OFFICE/OUTPT VISIT,EST,LEVL V [99215]



**Instructions and Follow-Up**

**Follow-up and Disposition**  
 Disposition: Return in about 7 weeks (around 4/26/2006).

Previous Visit	Date & Time	Provider	Department
	03/02/2006 12:02 PM	JESSE TABER, MD, MD	Neuro Evss

**ORDERS PLACED OR RELEASED THIS ENCOUNTER**

ORDER EEG [ORDEEG001] Order #: 56632172

Children of Order #56632172

**Result Narrative**  
 Order #: 56757477 (Completed)  
 MCAHON, JOHN 3/10/2006 6:08:54 PM  
 EVANSTON NORTHWESTERN HEALTHCARE  
 CLINICAL NEUROPHYSIOLOGY LABORATORY  
 EEG  
 Patient Name: Ted Baxter  
 Order #: 56757477  
 Test #: E06-523  
 Social Security Number: 084-50-3725  
 Date of Birth: 11/17/1963  
 Referring Physician: Dr. Taber  
 Neurophysiologist: Dr. McMahon  
 Date of Service: 3/10/2006  
 ICD9: 780.39  
 Room/Bed: EEG EV  
 Clinical Information: Embolic left cerebral infarct 2005, with recent first seizure.  
 Medications: Include Keppra.  
 CONDITIONS OF RECORDING: A 17 channel Bio-Logic digital electroencephalogram with EKG monitor was obtained. The 10-20 Measuring system was utilized prior to application of 21 scalp electrodes. Longitudinal and coronal bipolar montages and ear reference montage were used with usual gain and filter settings.  
 FINDINGS: In waking there is a symmetric, well sustained, well regulated, 9-10 Hz resting occipital rhythm that blocks normally with eye opening. Left hemisphere slowing is evident intermittently. Most of the slowing is moderate amplitude 4-7 Hz activity, but there is occasional 3 Hz slowing as well. This activity localizes to the parasagittal plane in coronal bipolar montages, but localizes less crisply in parasagittal bipolar montage. It has anterior quadrant predominance. Low voltage fast activity is present in normal amounts.  
 Photic stimulation over a stimulus frequency range from 1 to 24 Hz induces occipital activity at some of the tested frequencies but does not otherwise activate the record. Hyperventilation was not performed.  
 Spontaneously occurring drowsiness and stages II sleep are well represented and are electrographically unremarkable except for the left hemisphere differential slowing seen in waking. There are no paroxysmal abnormalities.  
 IMPRESSION: Abnormal Electroencephalogram. Left hemisphere slow activity.  
 COMMENTS: The abnormality noted is consonant with the history of left hemisphere infarct. No specifically epileptiform abnormalities are present.  
 Neurophysiologist: John McMahon, M.D.  
 Department of Neurology

GLUCOSE, BL [LAB501] Order #: 57060619

Results Scan on: 3/23/06 3:14 PM by: Zarate, Carlos [116338] Documentation: document type- EXTERNAL DOCUMENTS cmts: Labs/Univ Michigan 2/18/06

CK-MB, BL [LAB5834] Order #: 57060620

Results Scan on: 3/23/06 3:15 PM by: Zarate, Carlos [116338] Documentation: document type- EXTERNAL DOCUMENTS cmts: Labs/Univ Michigan 2/18/06

URINALYSIS - MACROSCOPIC [LAB6650] Order #: 57060621

Results Scan on: 3/23/06 3:15 PM by: Zarate, Carlos [116338] Documentation: document type- EXTERNAL DOCUMENTS cmts: Labs/Univ Michigan 2/18/06

TROPONIN I, BL [LAB5298] Order #: 57060622

Results Scan on: 3/23/06 3:16 PM by: Zarate, Carlos [116338] Documentation: document type- EXTERNAL DOCUMENTS cmts: Labs/Univ Michigan 2/18/06

PTT, BL [LAB612] Order #: 57060623

Results Scan on: 3/23/06 3:16 PM by: Zarate, Carlos [116338] Documentation: document type- EXTERNAL DOCUMENTS cmts: Labs/Univ Michigan 2/18/06

PT (PROTHROMBIN TIME), BL [LAB616] Order #: 57060624

Results Scan on: 3/23/06 3:17 PM by: Zarate, Carlos [116338] Documentation: document type- EXTERNAL DOCUMENTS cmts: Labs/Univ Michigan 2/18/06

CREATINE KINASE, BL [LAB516] Order #: 57060625

Results Scan on: 3/23/06 3:17 PM by: Zarate, Carlos [116338] Documentation: document type- EXTERNAL DOCUMENTS cmts: Labs/Univ Michigan 2/18/06

MAGNESIUM, BL [LAB581] Order #: 57060626

Results Scan on: 3/23/06 3:19 PM by: Zarate, Carlos [116338] Documentation: document type- EXTERNAL DOCUMENTS cmts: Labs/Univ Michigan 2/18/06

PHOSPHORUS, BL [LAB511] Order #: 57060627

Results Scan on: 3/23/06 3:19 PM by: Zarate, Carlos [116338] Documentation: document type- EXTERNAL DOCUMENTS cmts: Labs/Univ Michigan 2/18/06

BASIC METABOLIC PNL W EST GFR [LAB571] Order #: 57060628

Results Scan on: 3/23/06 3:20 PM by: Zarate, Carlos [116338] Documentation: document type- EXTERNAL DOCUMENTS cmts: Labs/Univ Michigan 2/18/06

CBC W DIFFERENTIAL [LAB58] Order #: 57060629

Results Scan on: 3/23/06 3:20 PM by: Zarate, Carlos [116338] Documentation: document type- EXTERNAL DOCUMENTS cmts: Labs/Univ Michigan 2/18/06

CT HEAD W/O CONTRAST [A0269019] Order #: 57060630

MICROFILM

**Results** Scan on: 3/23/06 3:21 PM by: Zarate, Carlos [116338] Documentation: document type- EXTERNAL DOCUMENTS cmts: Radiology rpt/Univ. Michigan 2/18/06

**ORDER ROUTINE EKG [93005] Order #: 57060631**

**Results** Scan on: 3/20/06 8:04 PM by: Beldia, Hadjilla [105236] Documentation: document type- EXTERNAL DOCUMENTS cmts: ECG GRAPHIC/UNIV. OF MICHIGAN

**XRAY CHEST SINGLE VIEW [A0261800] Order #: 57060632**

**Results** Scan on: 3/23/06 3:21 PM by: Zarate, Carlos [116338] Documentation: document type- EXTERNAL DOCUMENTS cmts: Radiology rpt/Univ. Michigan 2/18/06

**Visit Scan(s)** Clinical Unknown cmts: Consult rpt/J. Kutcher 2/18/06

**Patient Scan(s)** Clinical Unknown cmts: 1 of 3  
Clinical Unknown cmts: 2 of 3  
Clinical Unknown cmts: 3 of 3  
Clinical Unknown cmts: 1 of 2  
Clinical Unknown cmts: 2 of 2  
Clinical Unknown cmts:

**Patient Instructions** None

**Encounter Status** Closed by TABER, JESSE on 3/8/06 at 12:18 PM

**Document List** Encounter Document List  
Clinical Unknown (Document Not Signed)

**Document List** Patient Document List  
Clinical Unknown (Document Not Signed)  
Clinical Unknown (Document Not Signed)  
Clinical Unknown (Document Not Signed)  
Clinical Unknown (Document Not Signed)  
Clinical Unknown (Document Not Signed)  
Clinical Unknown (Document Not Signed)

**Document List** Order Document List  
There is no document attached to this order.

## Medical Group

Jesse Taber, M.D.  
Department of Neurology  
Evanston Hospital  
2650 Ridge Avenue  
Burch 309  
Evanston, IL 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-  
DOB: 11.

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, numbness, tingling, or problems with memory (although his wife states that he sometimes forgets things).

### MEDICATIONS:

#### Current outpatient prescriptions:

EXCEDRIN 250-250-65 MG PO TABS	2 TABLETS EVERY 6 HOURS AS NEEDED FOR HA	Disp:	Rfl:
LIPITOR 10 MG PO TABS	1 PO qAM	Disp:	Rfl: 0
ACIPHEX 20 MG PO TBEC	1 TABLET EVERY MORNING	Disp:	Rfl:
NEW DRUG	Mentalin (herb combination) daily	Disp:	Rfl: 0
HYDROCODONE- ACETAMINOPHEN 5-500 MG PO TABS	1 TABLET EVERY HOURS AS NEEDED HA	Disp: 20	Rfl: 1
ARICEPT 10 MG PO TABS	1 tab po q hs	Disp: 3 mo	Rfl: 3
ASPIRIN 325 MG PO TABS	1 TABLET DAILY	Disp:	Rfl:
HEXAVITAMINS PO TABS	1 tablet by mouth daily	Disp:	Rfl:

PHOTOCOPIED FROM ORIGINAL

OMEGA 3 120-180 MG PO 1 daily Disp: Rfl: 0  
CAPS  
AMOXICILLIN 500 MG PO 4 PO 2 hours prior to Disp: Rfl:  
CAPS dental work  
LAMICTAL 150 MG PO 2 TABLET TWICE Disp: 1 mo Rfl: 3  
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 (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:

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

Ted Feldman, M.D.

REPRODUCTION OF THIS DOCUMENT IS PROHIBITED

## Medical Group

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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 one 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:

PHOTOCOPIED FROM

Current outpatient prescriptions:

EXCEDRIN 250-250-65 MG PO TABS	2 TABLETS EVERY 6 HOURS AS NEEDED FOR HA	Disp:	Rfl:
LIPITOR 10 MG PO TABS	1 PO qAM	Disp:	Rfl: 0
ACIPHEX 20 MG PO TBEC	1 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	Rfl: 0
HYDROCODONE-ACETAMINOPHEN 5-500 MG PO TABS	1 TABLET EVERY HOURS AS NEEDED HA	Disp: 20	Rfl: 1
ARICEPT 10 MG PO TABS	1 tab po q hs	Disp: 3 mo	Rfl: 3
ASPIRIN 325 MG PO TABS	1 TABLET DAILY	Disp:	Rfl:
HEXAVITAMINS PO TABS	1 tablet by mouth daily	Disp:	Rfl:
OMEGA 3 120-180 MG PO CAPS	1 daily	Disp:	Rfl: 0
AMOXICILLIN 500 MG PO CAPS	4 PO 2 hours prior to dental work	Disp:	Rfl:
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:

- 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).
- 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. 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 discussd 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.