

July 30, 2007

Page 1 of 1

CORBOY & DEMETRIO

# news releases

March 20, 2007

## \$19.5 Million Settlement in Medical Negligence Case

A former Global Controller for Chicago-based Citadel Hedge Funds has agreed to a \$19,500,000 settlement of his medical negligence claim against Evanston Northwestern Healthcare Corporation.

Ted Baxter, 41, alleged that Evanston Hospital failed to treat him with the clot busting drug, tPA, after he presented to its Emergency Department on April 21, 2005, with symptoms suggestive of stroke. He further alleged that after being admitted to the hospital, nurses failed to respond to his wife's repeated requests for him to be re-evaluated. Baxter's stroke went undiagnosed and evolved throughout the next 12 hours, resulting in significant expressive and receptive aphasia. He is permanently disabled from his job at Citadel.

According to David R. Barry of Corboy & Demetrio, who represents the Baxters:

This case is a great example of how our civil justice system can work. Evanston did its investigation, realized that mistakes were made and immediately indicated an interest in trying to get the case resolved through mediation. Former Presiding Judge of the Circuit Court Donald O'Connell did his usual extraordinary job

"I give Evanston a great deal of credit for doing the right thing and allowing the Baxters to move forward with their lives. Evanston prides itself on being an outstanding stroke center, and the level of care here was clearly not up to its standards," said Barry.

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Law Offices of Corboy & Demetrio, A Professional Corporation  
33 N Dearborn Street • Chicago, IL 60602 • ph. 312.346.3191 • fax. 312.346.5562

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four victims of the 9/11 terrorist attacks *pro bono*. These families received settlements from the Victim Compensation Fund, which brought them a measure of closure.

Our firm also represents plaintiffs in recent tragedies such as the Cook County Administration Building fire, the Lincoln Park porch collapse, and the soccer goal collapse litigation.

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Personally Prepped By: Jeanette C.

This Document Was Received With:

- Original Death Certificate
- Raised Seal Present On:  
\_\_\_\_\_
- Certified Document:  
\_\_\_\_\_
- No Raised Seals
- No Certified Documents
- EMSI Best Copy available  
(Please Index)
- Original Policy
- Prepaid Envelope For:
- Referenced Enclosure Was Not Found:  
\_\_\_\_\_

Returned Post Office Mail:

- Not Deliverable
- Return To Sender
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- Insufficient Address
- Forwarding Order Expired

Notes:

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### Adjustments

- COLA
- FICA
- General Cal Worksheet
- Other  
(Activities/Financial Check/Bill)
- Overpayment Worksheet
- Partial Cal Worksheet
- Pension
- Personal Check
- Rehab Earnings
- Salary Adjustment
- SLF Check
- SLF Check Undeliverable
- Social Security
- SS Award
- SS Calc Worksheet
- SS Reimbursement
- WCB

### General Docs

- Authorizations
- Change of Address
- Complaints
- Correspondence
- EFT Forms
- E-Mail
- FML
- Job Description
- Notice of Return to Work
- Notice of Death
- Other Adjustments
- Other
- Police / Accident Report
- Proof of Age
- Surveillance
- Surveillance Bill
- Unassigned Doc Type  
(Personal Profiles)

### General Worksheet

- Telephone Template

### Legal Docs

- Appeal
- Court Order
- Demand
- Full and Final Release
- Other
- POA / Guardianship
- Subrogation

### Medical Docs

- APS Behavioral Health Condition
- APS Supplementary
- Clinical Notes
- FCE
- IME
- Internal Medical Opinion
- Internal Psychiatric Opinion
- List of Providers
- Medical Bills
- Other Medical
- Surveillance

### New Claim Docs

- Attending Physician Statement
- Complete Claim Package
- Employee Statement
- Enrollment Card
- Employer Statement
- Notice of Claim
- Other New Claim Documents
- Partial Claim Package
- Sun Advisor
- Telephonic
- Transitional Claim Form
- Unassigned Doc Type

### Rehab Docs

- Rehab Bills
- External Vendor Corresp
- FCE Report
- Other
- Rehab Correspondence
- TSA / LMS

Updated: September 24, 2007

SUN BAXTER 000918



# CLAIMS BUREAU USA, INC.

P.O. Box 1100, BURLINGTON, MA 01803

(800) 651-0460 • WWW.CLAIMSBUREAU.COM • FAX (800) 651-0496

DATE	10/3/2007
INVOICE#	032256
AGENT	DN

<b>INVOICE</b>
Sun Life Financial Robert Goodall One Sun Life Executive Park Wellesley Hills, MA 02481

FILE NO	230605-00981-00
ASSURED	Ted Baxter
SUBJECT	Ted Baxter
D/A	4/22/05
SERVICE DATES	

QUANTITY	DESCRIPTION	RATE	TOTAL
13.5	HOURS - INVESTIGATION	65.00	877.50
270	AUTO-MILEAGE	0.45	121.50

IRS# 300220189

<b>Total</b>	<b>\$999.00</b>
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SUN BAXTER 000919

Personally Prepped By: Jeanette C.

This Document Was Received With:

- Original Death Certificate
- Raised Seal Present On:  
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- No Raised Seals
- No Certified Documents
- EMSI Best Copy available  
(Please Index)
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Notes:

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- Pension
- Personal Check
- Rehab Earnings
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- SLF Check
- SLF Check Undeliverable
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- FCE Report
- Other
- Rehab Correspondence
- TSA / LMS

Updated: September 24, 2007

SUN BAXTER 000920



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

1-800-247-6875

October 10, 2007

Mark D. DeBofsky  
Law Offices of Daley, DeBofsky & Bryant  
55 W Monroe St., Ste 2440  
Chicago, IL 60601

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

Dear Mr. DeBofsky:

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

Mr. Baxter's policy contains the following terms and provisions:

### **Total Disability Benefit**

If an Employee is Totally Disabled, the Net Monthly Benefit will be calculated based on the Total Disability Benefit formula. An Employee qualifies for this benefit if:

- the Employee is not working or is earning less than 20% of his Indexed Total Monthly Earnings; and
- during the Elimination Period and the next 36 months, the Employee, because of Injury or Sickness, is unable to perform the Material and Substantial Duties of his Own Occupation.

After Total or Partial Disability benefits combined have been paid for 36 months, the Employee will continue to qualify for this benefit if he is unable to perform with reasonable continuity any Gainful Occupation for which he is, or becomes, reasonably qualified for by education, training or experience.

To determine the Total Disability Benefit:

1. Take the lesser of:
  - a. the Employee's Total Monthly Earnings multiplied by the Benefit Percentage (shown in Section I, Schedule of Benefits); or
  - b. the Maximum Monthly Benefit (shown in Section I, Schedule of Benefits); then
2. Subtract Other Income Benefits from the amount determined in Step 1.

Page 2  
Ted Baxter

### **Other Income Benefits**

Other Income Benefits are those benefits provided or available to the Employee while a Long

SUN BAXTER 000921

Term Disability Benefit is payable. These Other Income Benefits, other than retirement benefits, must be provided as a result of the same Total or Partial Disability payable under this Policy. Other Income Benefits include:

9. Any amount due to income replacement or lost wages the Employee receives by compromise, settlement or other method as a result of a claim for any Other Income Benefit.

### **Lump Sum Payment**

If an Employee receives a lump sum payment for any Other Income Benefits, Sun Life will prorate the lump sum on a monthly basis over the time period specified for the lump sum payment. If no time period is stated, the lump sum payment will be prorated on a monthly basis over a reasonable period of time as determined by Sun Life.

### **Adjustment of Benefits**

The Employee must notify Sun Life in writing, within 31 days of receipt of notice, of the amount of Other Income Benefits when it is approved or if the amount is adjusted (other than for cost of living increases). Sun Life will make an adjustment to the Net Monthly Benefit payment when Sun Life receives written notice of the amount of the Other Income Benefit.

If after Sun Life makes an adjustment to the Net Monthly Benefit the Employee has been underpaid, Sun Life will immediately make a lump sum refund of the amount that has been underpaid to the Employee.

If after Sun Life makes an adjustment to the Net Monthly Benefit the Employee has been overpaid, the Employee must reimburse Sun Life the amount of the overpayment within 31 days of the award. Sun Life has the right to reduce or eliminate future LTD benefit payments until the amount of the overpayment has been repaid. During the overpayment reimbursement period, the Minimum Monthly Benefit will not apply.

As discussed, we received the report of the September 26, 2007 visit with Mr. Baxter. In follow up, we are requesting that Mr. Baxter provide us with a complete copy of the March 2007 Settlement Agreement with Evanston Hospital. We are requesting this documentation to determine whether the additional income received, as a result of the settlement, would fall under the above referenced Other Income Benefit provision.

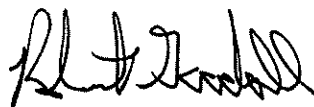
Page 3

Ted Baxter

Additionally, we are still awaiting the Authorization forms and Attending Physician's Statement as previously requested and forwarded to Mrs. Baxter on August 28, 2007.

Should you have any questions regarding this matter, please feel free to call me at 1-877-260-9778, extension 7107.

Sincerely,



Robert Goodall

Claim Consultant  
Group Long Term Disability  
SC 3208



To: medical records Fax: 1-3129227449

From: Jacksonville Telepro Team  
ocna

Date: 08/31/07 12:33PM Page 2 of 4



CASE#: P825482-01  
TEAM: 8504  
DESK: 6  
DATE: 8/31/2007

**RECORDS REQUEST**

RETURN FAX#: (800)365-1962

NAME: TED BAXTER  
SSN: XXX-XX-3725  
DOB: 11,  
STATE: IL

**INSURANCE  
BENEFITS  
PENDING**

COMPANY: SUN LIFE FINANCIAL  
ACCT#: 005766  
POLICY#:

230805-00981  
UNKNOWN

FACILITY: MICHIGAN AVENUE INTERNISTS, LLC  
ADDRESS: 200 S. MICHIGAN STE #805  
CITY/ST: CHICAGO, IL 60604  
PH#: (312)922-3815  
FAX#: (312)922-7449

REQUESTER: OTIS GOODA  
U/N TEAM:

**SPECIAL INSTRUCTIONS: PLEASE RETURN THIS FORM WITH RECORDS**

Dr: TERENCE SULLIVAN MD AGENT: GOODALL 9727909902, AGENCY: AL  
L TREATMENT NOTES, CONSULTS, LAB/TEST RESULTS AND CORRESPONDENCE SINCE 11/05-CUR  
RENT 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 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.

8/31/2007 12:19:34 IDRPTBUN 69133 8504 6

12

CONTINUATION

NAME

ADDRESS

M. Ted Baxter  
174 w/ shoes

DATE

11-10-05

Still improving, pt does not think food enough  
Gangt output speed. Congestive better and  
more spontaneous. Long Gase

Med

none

110/68 P24 G24

+  
none

Exam Stable

Syn CINE residual apnea  
Some Varicella  
Sp anoxic event  
Sp chronic ASD  
IvC Filter  
GEM

John R. Hill

IV 2+ units

D

*GC*

2007-10-04

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

Patient Name: Tecl Baxter

Date: 8-13-07

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

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

Weight: 169.2

T: \_\_\_\_\_

P: 66

R: \_\_\_\_\_

BP: 100/60

	NL	See Note
ROS	<input type="checkbox"/>	<input type="checkbox"/>
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"/>

CC: cough

HPI: 12y's chronic PMS  
comp w/asthma, SOB, cough  
4 weeks, new products

Medications:

(Furazolidone)  
Pseudoephedrine  
ATB  
Other  
low

Abnormal Findings:

	No	See
Neuro	<input type="checkbox"/>	<input type="checkbox"/>
Ext	<input type="checkbox"/>	<input type="checkbox"/>
PFSH	<input type="checkbox"/>	<input type="checkbox"/>
Past	<input type="checkbox"/>	<input type="checkbox"/>
Family	<input type="checkbox"/>	<input type="checkbox"/>
Social	<input type="checkbox"/>	<input type="checkbox"/>

NAFLD adenomas  
(F PMS)

Data:

	NL	See Note
Exam	<input type="checkbox"/>	<input type="checkbox"/>
Eyes	<input type="checkbox"/>	<input type="checkbox"/>
ENT/mouth	<input type="checkbox"/>	<input type="checkbox"/>
Neck	<input type="checkbox"/>	<input type="checkbox"/>
Breasts	<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"/>
GU	<input type="checkbox"/>	<input type="checkbox"/>
Musc	<input type="checkbox"/>	<input type="checkbox"/>
Skin	<input type="checkbox"/>	<input type="checkbox"/>
Ext	<input type="checkbox"/>	<input type="checkbox"/>
Neuro	<input type="checkbox"/>	<input type="checkbox"/>

Impression: Comp - 2' L PMS

Plan: Albuterol  
Montelukast 10 mg daily  
call in 4-6 weeks

Results/Communication:

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

Patient Name: Ted Baxter

Date: 11.13.06

DOB: 11.17.63

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

Weight: 167 1/2

T: \_\_\_\_\_

P: 72/60

R: \_\_\_\_\_

BP: 98/60

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"/>
Ext	<input type="checkbox"/>	<input type="checkbox"/>

CC: Flu

HPI:

App, Well, 10h had recurrent  
SE in AZ. Saw TADDER AND P  
LAUNDRY. NO PROBLEMS SINCE  
W. DE C. INT. TONI

Abnormal Findings:

Medications:

LAUNDRY - 300 AM  
Aspirin - 100mg  
Clonidine 100mg  
ASA -  
Alprazolam 200mg PRN  
MUSC  
ORALCIN

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"/>

Data:

Exam	NL	See Note
Eyes	<input type="checkbox"/>	<input type="checkbox"/>
ENT/mouth	<input type="checkbox"/>	<input type="checkbox"/>
Neck	<input type="checkbox"/>	<input type="checkbox"/>
Breasts	<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"/>
GU	<input type="checkbox"/>	<input type="checkbox"/>
Musc	<input type="checkbox"/>	<input type="checkbox"/>
Skin	<input type="checkbox"/>	<input type="checkbox"/>
Ext	<input type="checkbox"/>	<input type="checkbox"/>
Neuro	<input type="checkbox"/>	<input type="checkbox"/>

Impression:

S/P RASD. CVA & Aphasia  
5% d/o  
9/10

Plan:

in P. O. Taker  
Review LABS from AZ  
P. O. Abuse  
Alcoholism? etiology. JJ

Results/Communication:

3/7/06 Ep. of Aphasia @ home 3/18/07. LASTED 4-10  
seen at N. H. H. P. 5/2 CT/MRI brain 6-7. FL in TADDER

JD



Quest on Demand™

QUEST DIAGNOSTICS INCORPORATED

PATIENT INFORMATION  
BAKTER, TED

REPORT STATUS Final

DOB: 11                      Age: 41  
GENDER: M

ORDERING PHYSICIAN  
SULLIVAN, TERENCE

SPECIMEN INFORMATION  
SPECIMEN: WX203317K  
REQUISITION: 0001994  
IAP 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  
REPORTED: 09/13/2005    00:20

Test Name	In Range	Out of Range	Reference Range	Lab
<b>LIPID PANEL</b>				
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
<b>COMPREHENSIVE-METABOLIC PANEL</b>				
GLUCOSE	97		65-99 MG/DL	CB
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/l/b/s  
U/nd*

Performing Laboratory Information:

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

*tz*

Chest AP

BAXTER, TED - 000102324522

\* Final Report \*

Result Type: Chest AP  
 Result Date: 19 March 2007 0:20  
 Result Status: Authenticated  
 Result Title: Chest AP (portable)  
 Performed By: SHAH, SAUMIL on 19 March 2007 0:10  
 Verified By: STRIMLING, ARNOLD on 20 March 2007 8:44  
 Encounter info: 000090779216, NMH, Observation, 3/18/2007 - 3/19/2007

\* Final Report \*

Reason For Exam  
 CHEST PAIN, BED-4

Report  
 REASON FOR EXAM: 43-year-old male with chest pain.

COMPARISON: None.

TECHNIQUE: Portable semierect AP radiograph of the chest was obtained.

FINDINGS: The heart size is normal. The mediastinal and hilar contours are normal. The lungs and pleural spaces are clear. The thoracic musculoskeletal structures and upper abdomen are normal.

Impression  
 NORMAL PORTABLE CHEST.

Signature Line  
 \*\*\*Final Report\*\*\*

THE ATTENDING RADIOLOGIST INTERPRETED THIS STUDY WITH THE RESIDENT WHOSE NAME APPEARS BELOW, AND FULLY AGREES WITH THE REPORT AND HAS AMENDED THE REPORT WHEN NECESSARY:

Attending Radiologist: STRIMLING, ARNOLD  
 Radiology Resident: SHAH, SAUMIL SS  
 Date Signed Off: 03/20/2007 08:44  
 Transc. by: KW 03/19/2007 03:24

*3/20/07*  
 (Handwritten signature and date)

Printed by: SULLIVAN, TERENCE P.  
 Printed on: 3/21/2007 12:03

Page 1 of 2  
 (Continued)

MRA Head WWO Contrast

BAXTER, TED - 000102324522

\* Final Report \*

Impression

COMBINED IMPRESSION:

UNREMARKABLE NECK MRA.

NO SIGNIFICANT CHANGE IN MILD ATTENUATION OF LEFT MIDDLE CEREBRAL ARTERY SINCE 06-28-05.

NO ANEURYSM

Signature Line

\*\*\*Final Report\*\*\*

THE ATTENDING RADIOLOGIST INTERPRETED THIS STUDY WITH THE RESIDENT WHOSE NAME APPEARS BELOW, AND FULLY AGREES WITH THE REPORT AND HAS AMENDED THE REPORT WHEN NECESSARY:

Attending Radiologist: BARTLETT, ERIC S.  
Radiology Resident: KAAKAI, RAMI  
Date Signed Off: 03/19/2007 12:47  
Transc. by: SC 03/19/2007 11:46  
Dictated by: BARTLETT, ERIC S.

Completed Action List:

- \* Order by Emergency-Room, Dept on 19 March 2007 0:54
- \* Perform by Vinci, Judith on 19 March 2007 4:25
- \* VERIFY by BARTLETT, ERIC S. on 19 March 2007 12:47

Printed by: SULLIVAN, TERENCE P.  
Printed on: 3/21/2007 12:02

Page 2 of 2  
(End of Report)

**MRA Head WWO Contrast**

**BAXTER, TED - 000102324522**

\* Final Report \*

Result Type: MRA Head WWO Contrast  
 Result Date: 19 March 2007 4:25  
 Result Status: Authenticated  
 Verified By: BARTLETT, ERIC S. on 19 March 2007 12:47  
 Encounter info: 000090779216, NMH, Observation, 3/18/2007 - 3/19/2007

010-014

**\* Final Report \***

**Reason For Exam**  
APHASIA, BED-4

**Report**

**MRA HEAD WITH AND WITHOUT CONTRAST AND MRA NECK WITH CONTRAST**

**CLINICAL HISTORY:** 43-year-old man with history of old left MCA territory infarct presents with seizure.

**TECHNIQUE:** Head MRA was performed using time of flight technique. Neck MRA was performed using phase contrast technique.

**COMPARISON:** Concurrent brain MRI and head MRA on 06-28-05.

**FINDINGS:**

**NECK MRA:** The origins of the vertebral and common carotid arteries are patent bilaterally. The subclavian arteries are unremarkable. The common carotid arteries are unremarkable. The carotid bulbs are within normal limits. The visualized internal carotid arteries are unremarkable. There is no significant stenosis, flow gap, or aneurysm.

**HEAD MRA:** There is no significant change in mild attenuation of the left MCA. The right middle cerebral and bilateral anterior cerebral arteries are unremarkable. The petrous and cavernous internal carotid arteries are unremarkable bilaterally. Bilateral posterior communicating arteries are present. There is no flow gap or aneurysm. The left vertebral artery is dominant. At the vertebrobasilar junction, there is either abutting of the distal V4 segment or there is an area of nonunion of the proximal basilar artery. The posterior cerebral arteries are unremarkable bilaterally. There is no flow gap or aneurysm.

Printed by: SULLIVAN, TERENCE P.  
Printed on: 3/21/2007 12:02

Page 1 of 2  
(Continued)



MRA Neck W Contrast

BAXTER, TED - 000102324522

\* Final Report \*

Impression

COMBINED IMPRESSION:

UNREMARKABLE NECK MRA.

NO SIGNIFICANT CHANGE IN MILD ATTENUATION OF LEFT MIDDLE CEREBRAL ARTERY SINCE 06-28-05.

NO ANEURYSM.

Signature Line

\*\*\*Final Report\*\*\*

~~THE ATTENDING RADIOLOGIST INTERPRETED THIS STUDY WITH THE RESIDENT WHOSE NAME APPEARS BELOW, AND FULLY AGREES WITH THE REPORT AND HAS AMENDED THE REPORT WHEN NECESSARY:~~

Attending Radiologist: BARTLETT, ERIC S.  
Radiology Resident: KAAKAJI, RAMI  
Date Signed Off: 03/19/2007 12:47  
Transc. by: SC 03/19/2007 11:46  
Dictated by: BARTLETT, ERIC S.

Completed Action List:

- \* Order by GISONDI, MICHAEL A. on 19 March 2007 4:15
- \* Perform by Vinci, Judith on 19 March 2007 5:10
- \* VERIFY by BARTLETT, ERIC S. on 19 March 2007 12:47

20070319 1300

MRA Neck W Contrast

BAXTER, TED - 000102324522

\* Final Report \*

Result Type:	MRA Neck W Contrast
Result Date:	19 March 2007 5:10
Result Status:	Authenticated
Verified By:	BARTLETT, ERIC S. on 19 March 2007 12:47
Encounter info:	000090779216, NMH, Observation, 3/18/2007 - 3/19/2007

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3  
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**\* Final Report \***

Reason For Exam  
stroke/seizure

Report

MRA HEAD WITH AND WITHOUT CONTRAST AND MRA NECK WITH CONTRAST

CLINICAL HISTORY: 43-year-old man with history of old left MCA territory infarct presents with seizure.

TECHNIQUE: Head MRA was performed using time of flight technique. Neck MRA was performed using phase contrast technique.

COMPARISON: Concurrent brain MRI and head MRA on 06-28-05.

FINDINGS:

NECK MRA: The origins of the vertebral and common carotid arteries are patent bilaterally. The subclavian arteries are unremarkable. The common carotid arteries are unremarkable. The carotid bulbs are within normal limits. The visualized internal carotid arteries are unremarkable. There is no significant stenosis, flow gap, or aneurysm.

HEAD MRA: There is no significant change in mild attenuation of the left MCA. The right middle cerebral and bilateral anterior cerebral arteries are unremarkable. The petrous and cavernous internal carotid arteries are unremarkable bilaterally. Bilateral posterior communicating arteries are present. There is no flow gap or aneurysm. The left vertebral artery is dominant. At the vertebrobasilar junction, there is either abutting of the distal V4 segment or there is an area of nonunion of the proximal basilar artery. The posterior cerebral arteries are unremarkable bilaterally. There is no flow gap or aneurysm.

Printed by: SULLIVAN, TERENCE P.  
Printed on: 3/21/2007 12:02

Page 1 of 2  
(Continued)

MR Brain WWO Contrast

BAXTER, TED - 000102324522

\* Final Report \*

2  
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3  
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0

NO SIGNIFICANT INTERVAL CHANGE SINCE 06/28/05.

**Signature Line**

\*\*\*Final Report\*\*\*

THE ATTENDING RADIOLOGIST INTERPRETED THIS STUDY WITH THE RESIDENT WHOSE NAME APPEARS BELOW, AND FULLY AGREES WITH THE REPORT AND HAS AMENDED THE REPORT WHEN NECESSARY:

Attending Radiologist: BARTLETT, ERIC S.

Radiology Resident: KAAKAJI, RAMI

Date Signed Off: 03/19/2007 12:47

Transc. by: DA 03/19/2007 11:26

Dictated by: BARTLETT, ERIC S.

**Completed Action List:**

- \* Order by GISONDI, MICHAEL A. on 19 March 2007 4:15
- \* Perfozm by Vinci, Judith on 19 March 2007 5:10
- \* VERIFY by BARTLETT, ERIC S. on 19 March 2007 12:47

Printed by: SULLIVAN, TERENCE P.  
Printed on: 3/21/2007 12:02

Page 2 of 2  
(End of Report)

MR Brain WWO Contrast

BAXTER, TED - 000102324522

\* Final Report \*

Result Type:	MR Brain WWO Contrast
Result Date:	19 March 2007 5:10
Result Status:	Authenticated
Verified By:	BARTLETT, ERIC S. on 19 March 2007 12:47
Encounter info:	000090779216, NMH, Observation, 3/18/2007 - 3/19/2007

000102324522

\* Final Report \*

Reason For Exam  
stroke/seizure

Report

CLINICAL HISTORY: 43-year-old man with history of left MCA territory infarct presents with seizure.

TECHNIQUE: Brain MRI was performed. Sagittal T1, axial T1, T2, FLAIR, diffusion, diffusion ADC, GRE, as well as coronal GRE, T2, FLAIR, and axial and coronal postcontrast T1 images were obtained.

COMPARISON: Concurrent head MRA and brain MRI on 06/28/05.

FINDINGS: The ventricles, sulci, and basal cisterns are stable. There is no hydrocephalus, mass effect, midline shift, or pathologic extra-axial collections.

Again identified is a left MCA territory old infarct with encephalomalacia predominantly in the left temporal lobe and also in the posterior left frontal, anterior left parietal, and left corona radiata. There is associated left cortical spinal tract wallerian degeneration and ex vacuo dilatation of the left lateral ventricle. Hemosiderin deposition is identified along areas of prior infarct. There is no acute infarct. No new areas of abnormal enhancement are present. The major intracranial vascular flow voids are present.

Coronal images demonstrate symmetric mesial temporal lobe structures without focal abnormal signal intensity characteristics.

Impression

OLD LEFT MCA TERRITORY INFARCT.

NO ACUTE STROKE.

Printed by: SULLIVAN, TERENCE P.  
Printed on: 3/21/2007 12:02

Page 1 of 2  
(Continued)

Personally Prepped By: Carol C.

This Document Was Received With:

- Original Death Certificate
- Raised Seal Present On:  
\_\_\_\_\_
- Certified Document:  
\_\_\_\_\_
- No Raised Seals
- No Certified Documents
- EMSI Best Copy available  
(Please Index)
- Original Policy
- Prepaid Envelope For:
- Referenced Enclosure Was Not Found:  
\_\_\_\_\_

Returned Post Office Mail:

- Not Deliverable
- Return To Sender
- Not At This Address
- Insufficient Address
- Forwarding Order Expired

Notes:

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### Adjustments

- COLA
- FICA
- General Cal Worksheet
- Other  
(Activities/Financial Check/Bill)
- Overpayment Worksheet
- Partial Cal Worksheet
- Pension
- Personal Check
- Rehab Earnings
- Salary Adjustment
- SLF Check
- SLF Check Undeliverable
- Social Security
- SS Award
- SS Calc Worksheet
- SS Reimbursement
- WCB

### General Docs

- Authorizations
- Change of Address
- Complaints
- Correspondence
- EFT Forms
- E-Mail
- FML
- Job Description
- Notice of Return to Work
- Notice of Death
- Other Adjustments
- Other
- Police / Accident Report
- Proof of Age
- Surveillance
- Surveillance Bill
- Unassigned Doc Type  
(Personal Profiles)

### General Worksheet

- Telephone Template

### Legal Docs

- Appeal
- Court Order
- Demand
- Full and Final Release
- Other
- POA / Guardianship
- Subrogation

### Medical Docs

- APS Behavioral Health Condition
- APS Supplementary Clinical Notes
- FCE
- IME
- Internal Medical Opinion
- Internal Psychiatric Opinion
- List of Providers
- Medical Bills
- Other Medical
- Surveillance

### New Claim Docs

- Attending Physician Statement
- Complete Claim Package
- Employee Statement
- Enrollment Card
- Employer Statement
- Notice of Claim
- Other New Claim Documents
- Partial Claim Package
- Sun Advisor
- Telephonic
- Transitional Claim Form
- Unassigned Doc Type

### Rehab Docs

- Rehab Bills
- External Vendor Corresp
- FCE Report
- Other
- Rehab Correspondence
- TSA / LMS

Updated: September 24, 2007

SUN BAXTER 000936

**DALEY DEBOFSKY & BRYANT**

---

**FACSIMILE TRANSMITTAL SHEET**

---

TO:

**Robert Goodall**

FROM:

**Marvet M. Sweis,  
Paralegal for Mark D. DeBofsky, Esq.**

COMPANY:

**SunLife**

DATE:

**OCTOBER 11, 2007**

FAX NUMBER:

**781-304-5537**

TOTAL NO. OF PAGES INCLUDING COVER:

**7**

PHONE NUMBER:

**RE: Ted Baxter**

CC:

---

URGENT     FOR REVIEW     PLEASE COMMENT     PLEASE REPLY     PLEASE RECYCLE

---

NOTES/COMMENTS:

**CONFIDENTIAL**

This communication may contain privileged and confidential information. It is intended only for the use of the recipient named above. If you are not the intended recipient of this communication, or the employee or agent responsible for delivering it to the intended recipient, you are hereby notified that any dissemination, distribution, or copying of this communication is strictly prohibited. If you have received this communication in error, please immediately notify us by collect telephone call and return the original message to us at the address above via United States Postal Service.

---

55 WEST MONROE SUITE 2440  
CHICAGO, ILLINOIS 60603  
(312) 372-5200  
FAX (312) 372-2778

SUN BAXTER 000937

LAW OFFICES

**Daley, DeBofsky & Bryant**

October 11, 2007

Robert Goodall  
SunLife  
P.O. Box 81830  
Wellesley Hills, MA 02481  
By Facsimile: 781.304.5537

RE: Ted Baxter

Dear Mr. Goodall:

With respect to our client, Ted Baxter, as we discussed yesterday, we take the position that Sun Life has no right to offset against Mr. Baxter's benefits any sums he received on account of his medical malpractice settlement. The "Other Income Benefits" provisions of the policy do not encompass the medical malpractice lawsuit. Nor do we believe that the provision you cited, which states that Other Income Benefits includes "any amount you receive due to income replacement or lost wages paid to you by compromise, settlement or other method as a result of a claim for any Other Income Benefit," is applicable. Particularly since the attached release does not specify payment of lost income, we do not see how that provision is applicable.

According to *In re Unisys Corp. Long-Term Disability Plan ERISA Litig.*, 97 F.3d 710 (3d Cir. 1996), where an offset provision in a disability insurance policy is ambiguous, the insurer may not claim a greater right than what is indicated. Clearly, Social Security and workers' compensation fall within the Other Income Benefits provisions, and you are already offsetting the Social Security benefits. As we have indicated, the workers' compensation claim is contested and is unlikely to result in any recovery or, at best, a nominal recovery. Consequently, in view of the general language in the policy, there is no basis whatsoever to claim an offset in relation to the third party recovery Mr. Baxter has obtained.

Therefore, we anticipate the Mr. Baxter's benefits will be continuing at the present scheduled amount. Should there be any development with respect to the workers' compensation claim, we will promptly notify you.

55 W Monroe St  
Ste 2440  
Chicago, Illinois 60603

VOICE (312) 372-5200  
FAX (312) 372-2778  
WEB ddbchicago.com

Frederick J. Daley Jr.  
Mark D. DeBofsky  
David A. Bryant  
Marcie E. Goldbloom  
James R. Comerford  
Violet H. Borowski  
Sandra M. Dye  
Gregory A. Benker

Of Counsel  
Heather F. Aloe

If you have any questions, please contact us. Thank you for your attention to this matter.

Very truly yours,



Mark D. DeBofsky  
MDD/ms

Enclosure

cc: Kelly/Ted Baxter





From:

liens will be satisfied out of the proceeds of this settlement.

This release contains the ENTIRE AGREEMENT between the parties hereto, and the terms of this release are contractual and not a mere recital. The undersigned have CAREFULLY READ this release, fully understand it, and sign this as the free and voluntary act of the undersigned.

WITNESS our hand(s) and seal(s) this 18th day of April 2007.

READ BEFORE SIGNING

OCT-10-2007(WED) 14:50

Corboy and Demetrio

(FAX)3123464226

P.002/004

Baxter and Kelly Baxter, at anytime, as more fully forth in the Complaint at Law. It shall be payable upon execution of the release and settlement agreement and entry of the appropriate dismissal order.

Ted Baxter and Kelly Baxter for the aforesaid consideration, does hereby expressly agree to indemnify and hold forever harmless Evanston Northwestern Healthcare d/b/a Evanston Hospital, and all other persons and corporations, from and against any loss from any further claims and demands, of whatsoever kind or nature, that may hereafter be made or brought by anyone for the purpose of enforcing a further claim for damages resulting or to result from the aforesaid occurrence.

It is further agreed that this Release expresses a full and complete SETTLEMENT of a liability claimed and denied regardless of the adequacy of the aforesaid payment made, and that said payment and the acceptance of this Release shall not operate as an admission of liability on the part of anyone, nor as an estoppel, waiver, or bar with respect to any claim the parties released may have against the undersigned. No inducements or representations have been made by agents or attorneys of the parties hereby released as to the legal liability or other responsibility of any party claimed responsible, nor has any representation been made to us as to the nature or extent of injuries or disabilities. It is agreed that this Release applies to known injuries as well as to unknown and is intended to be a full and complete disposition of the entire claim or cause.

It is further understood and agreed that the above payment is made in the compromise of a doubtful and disputed claim, and that the payment is not to be construed as an admission of any liability therefore, such a liability having been expressly denied.

All parties agree to participate fully and to execute any and all supplementary documents

From:

10/11/2007 13:44

#431 P.006/007

Oct 10 07 11:10p Ted W. Baxter  
LET TO-LOU (WLU) 14:21 LDRDGY AND VENETRIO

13126549959  
(FRX)3123064226

p.3  
P. 003/004

and to take all additional actions which may be necessary or appropriate to give full force and effect to the basis terms and intent of this release and settlement agreement.

It is further agreed that Ted Baxter and Kelly Baxter will satisfy any and all liens of whatever nature which may have accrued as a result of medical care and treatment and that such liens will be satisfied out of the proceeds of this settlement.

This release contains the ENTIRE AGREEMENT between the parties hereto, and the terms of this release are contractual and not a mere recital. The undersigned have CAREFULLY READ this release, fully understand it, and sign this as the free and voluntary act of the undersigned.

WITNESS our hand(s) and seal(s) this 18th day of April 2007.

READ BEFORE SIGNING

Ted Baxter  
Ted Baxter

Kelly Baxter  
Kelly Baxter

State of Illinois  
County of Cook

Subscribed and sworn to before me this 18th day of April, 2007

Tavarus Adams  
NOTARY PUBLIC



From:

Oct 10 07 11:10p Ted W. Baxter  
UCI-10-COVIL(WCU) 10/10/07 Lordoy and Uemetrio

13126549959  
(PHX)3123862226

p.2  
P.004/004



**BlueCross BlueShield  
of Illinois**

**RELEASE OF LIEN**

WHEREAS, A LIEN HAS BEEN ASSERTED BY HEALTH CARE SERVICE CORPORATION, a Mutual Legal Reserve Company, d/b/a Blue Cross and Blue Shield of Illinois (hereafter "HCSC") against Ted Baxter (hereinafter "Insured") to the extent that HCSC has provided benefits for medical services rendered to Ted Baxter resulting from an injury or illness caused by the act or omission of another person. Case Number 05158IL0016030.

NOW, THEREFORE, KNOW ALL MEN BY THESE PRESENT THAT HCSC for and in consideration of the sum of **Thirty-One Thousand One Hundred Eighty-Eight Dollars and fifty cents (\$31,188.50)** paid to HCSC by Insured, the receipt of which is hereby acknowledged, for itself and its heirs, representatives, successors, and assigns, has removed, released, relinquished, satisfied and forever discharged Insured from any and all claims, debts, demands, rights and causes of action HCSC has or may have arising from and based upon Insured's Blue Cross and Blue Shield of Illinois case number **05158IL0016030** and contract pertaining thereto and arising from or relating to benefits provided by HCSC for medical services rendered to Ted Baxter resulting from an injury or illness caused by the act or omission of another person on 04/21/05.

WITNESS MY HAND AND SEAL this 29<sup>th</sup> day of May, 2007.

*Norma Thomas*

Blue Cross and Blue Shield of Illinois Authorized Representative  
Corporate Reimbursement/Subrogation

Subscribed and sworn to  
before me this 29<sup>th</sup>  
day of May, 2007.

*Les Alberts*

Notary Public





CASE# P825482-01  
TEAM 8504  
DESK 6  
DATE 8/31/2007

3rd RECORDS REQUEST

RETURN FAX#: (800)365-1962

NAME: TED BAXTER  
SSN: XXX-XX-3725  
DOB: 11/  
STATE: IL

**INSURANCE  
BENEFITS  
PENDING**

COMPANY: SUN LIFE FINANCIAL  
ACCT#: 005766  
POLICY#:

230605-00981  
UNKNOWN

FACILITY: TERENCE SULLIVAN M.D.  
ADDRESS: 200 S MICHIGAN AVE STE #830  
CITY/ST: CHICAGO, IL 60604  
PH#: (312)922-3815  
FAX#: (312)922-7449

REQUESTER: OTIS GOODA  
U/W TEAM:

SPECIAL INSTRUCTIONS: PLEASE RETURN THIS FORM WITH RECORDS

AGENT: GOODALL 9727909902 , AGENCY: AL

L TREATMENT NOTES, CONSULTS, LAB/TEST RESULTS AND CORRESPONDENCE SINCE 11/05-CUR  
RENT DATE.

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

PENDING PENDING PENDING

27

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 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.

	Normal		1 Oct2006
	Range	Units	08:50
<b>HEMATOLOGY</b>			
			----MCH----
HEMOGLOBIN	(13.2-17.5)	g/dl	13.9
Hematocrit	(38.7-48.3)	%	38.4
Red Blood Cells	(4.21-5.61)	X10 <sup>12</sup> /L	4.36
MCV	(80.8-98.6)	fL	90.3
MCH	(27.4-33.4)	pg	31.8
MCHC	(33.4-35.2)	g/dL	35.2 *
RDW	(11.8-15.6)		12.9
<b>WHITE BLOOD CELLS</b>			
	(4.2-10.2)	x10 <sup>9</sup> /L	4.2
Neutrophils	(42-78)	%	57.1
Lymphocytes	(18-52)	%	26.4
Monocytes	(4.0-11.9)	%	8.3
Eosinophils	(0-6.6)	%	7.5 *
Basophils	(0-1.9)	%	0.7
Abs. Neutrophils	(1.4-6.6)	X10 <sup>9</sup> /L	2.39
Abs. Lymphocytes	(1.0-3.4)	X10 <sup>9</sup> /L	1.10
Abs. Monocytes	(0.2-0.8)	X10 <sup>9</sup> /L	0.35
Abs. Eosinophils	(0.0-0.4)	X10 <sup>9</sup> /L	0.32
Abs. Basophils	(0.0-0.2)	X10 <sup>9</sup> /L	0.03
<b>PLATELETS</b>			
	(151-355)	X10 <sup>9</sup> /L	143 *
MPV	(6.3-10.3)	fL	7.3

2  
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 0

	Normal		1 Oct2006
	Range	Units	08:50
<b>DIFFERENTIAL</b>			
			----MCH----
Nucleated RBC	(0)	%	0.0

	Normal		1 Oct2006
	Range	Units	08:50
<b>CHEMISTRY</b>			
			----MCH----
EP Sodium	(135-145)	mEq/L	139
EP Potassium	(3.8-5.0)	mEq/L	4.6
Chloride	(100-108)	mEq/L	105
CO2	(22-29)	mEq/L	21 *
Blood Urea Nitrogen	(8.0-24.0)	mg/dL	16.9
Creatinine	(0.8-1.3)	mg/dL	1.3
Glucose(S)	(70-100)	mg/dL	164 *
Anion Gap			13

**MICROBIOLOGY**

No MICRO data for this request

**FINDINGS**

No pending tests for this request

*Ted Baxter*



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  
REPORTED: 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/HDLR RATIO	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	

*9/13/05  
4/21/05*

Performing Laboratory Information:

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

*tz*

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]  
[<20] UNITS

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  
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

2  
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

7  
0  
1  
2  
ODTC

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

1  
4  
0

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

06/22/2005  
00:49

NORTHWESTERN MEMORIAL HOSPITAL  
PATHOLOGY LABORATORIES  
CHICAGO, ILLINOIS 60611

EPISODE REPORT  
PAGE: 1

NAME: BYRNE JR, RAYMOND (M39Y)  
MRN : 356686238  
ACCT: 75483925  
SSN : 356-

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

ODTC

T67368 COLL: 06/21/2005 17:15 REC: 06/21/2005 17:37 PHYS: SULLIVAN, TERENCE

C-REACTIVE PROTEIN	*0.8	[<0.8]	MG/DL
SEDIMENTATION RATE	*0	[3-10]	MM/HR
PROTHROMBIN TIME			
PT	*18.3	[12.3-14.3]	SEC
INR	*1.6	[0.9-1.1]	

INR should be used to monitor warfarin therapy.

Asterisk (\*) = OUT OF NORMAL RANGE.

BYRNE JR, RAYMOND

END OF REPORT

PAGE: 1

06/21/2005  
00:49

NORTHWESTERN MEMORIAL HOSPITAL  
PATHOLOGY LABORATORIES  
CHICAGO, ILLINOIS 60611

2  
EPISODE REPORT  
PAGE: 1  
7

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

0  
1  
DDTC

=====

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

4  
0

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: WX918614H  
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 B30  
CHICAGO, IL 60604-2482

2  
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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	90.8		80.0-100.0 FL	
MCH	31.0		27.0-33.0 PG	
MCHC	34.5		32.0-36.0 G/DL	
RDW	13.0		11.0-15.0 %	
PLATELET COUNT	172		140-400 THOUS/MCL	
ABSOLUTE NEUTROPHILS	2964		1500-7000 CELLS/MCL	
ABSOLUTE LYMPHOCYTES	2516		850-3900 CELLS/MCL	

BAXTER, TED - WX918614H

Page 1 - Continued on Page 2

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07/08/05 08:26 0221442 11/11

SUN BAXTER 000952



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

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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 68191  
Laboratory Director: ANTHONY U. THOMAS, M.D., CLIA: 14D0417852

BAXTER, TED - WX910614H

Page 2 - End of Report

Chest AP

BAXTER, TED - 000102324522

\* Final Report \*

Result Type: Chest AP  
 Result Date: 19 March 2007 0:20  
 Result Status: Authenticated  
 Result Title: Chest AP (portable)  
 Performed By: SHAH, SAUMIL on 19 March 2007 0:10  
 Verified By: STRIMLING, ARNOLD on 20 March 2007 8:44  
 Encounter info: 000090779216, NMH, Observation, 3/18/2007 - 3/19/2007

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**\* Final Report \***

**Reason For Exam**  
CHEST PAIN, BED-4

**Report**  
REASON FOR EXAM: 43-year-old male with chest pain.

COMPARISON: None.

TECHNIQUE: Portable semierect AP radiograph of the chest was obtained.

FINDINGS: The heart size is normal. The mediastinal and hilar contours are normal. The lungs and pleural spaces are clear. The thoracic musculoskeletal structures and upper abdomen are normal.

**Impression**  
NORMAL PORTABLE CHEST.

**Signature Line**  
\*\*\*Final Report\*\*\*

THE ATTENDING RADIOLOGIST INTERPRETED THIS STUDY WITH THE RESIDENT WHOSE NAME APPEARS BELOW, AND FULLY AGREES WITH THE REPORT AND HAS AMENDED THE REPORT WHEN NECESSARY:

Attending Radiologist: STRIMLING, ARNOLD  
 Radiology Resident: SHAH, SAUMIL SS  
 Date Signed Off: 03/20/2007 08:44  
 Transc. by: KW 03/19/2007 03:24

*3/20/07*  
*STR*

Printed by: SULLIVAN, TERENCE P.  
 Printed on: 3/21/2007 12:03

Page 1 of 2  
 (Continued)

MRA Neck W Contrast

BAXTER, TED - 000102324522

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\* Final Report \*

Result Type: MRA Neck W Contrast  
Result Date: 19 March 2007 5:10  
Result Status: Authenticated  
Verified By: BARTLETT, ERIC S. on 19 March 2007 12:47  
Encounter info: 000090779216, NMH, Observation, 3/18/2007 - 3/19/2007

\* Final Report \*

Reason For Exam  
stroke/seizure

Report

MRA HEAD WITH AND WITHOUT CONTRAST AND MRA NECK WITH CONTRAST

CLINICAL HISTORY: 43-year-old man with history of old left MCA territory infarct presents with seizure.

TECHNIQUE: Head MRA was performed using time of flight technique. Neck MRA was performed using phase contrast technique.

COMPARISON: Concurrent brain MRI and head MRA on 06-28-05.

FINDINGS:

NECK MRA: The origins of the vertebral and common carotid arteries are patent bilaterally. The subclavian arteries are unremarkable. The common carotid arteries are unremarkable. The carotid bulbs are within normal limits. The visualized internal carotid arteries are unremarkable. There is no significant stenosis, flow gap, or aneurysm.

HEAD MRA: There is no significant change in mild attenuation of the left MCA. The right middle cerebral and bilateral anterior cerebral arteries are unremarkable. The petrous and cavernous internal carotid arteries are unremarkable bilaterally. Bilateral posterior communicating arteries are present. There is no flow gap or aneurysm. The left vertebral artery is dominant. At the vertebrobasilar junction, there is either abutting of the distal V4 segment or there is an area of nonunion of the proximal basilar artery. The posterior cerebral arteries are unremarkable bilaterally. There is no flow gap or aneurysm.

Printed by: SULLIVAN, TERENCE P.  
Printed on: 3/21/2007 12:02

Page 1 of 2  
(Continued)



MR Brain WWO Contrast

BAXTER, TED - 000102324522

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\* Final Report \*

NO SIGNIFICANT INTERVAL CHANGE SINCE 06/28/05.

**Signature Line**

\*\*\*Final Report\*\*\*

THE ATTENDING RADIOLOGIST INTERPRETED THIS STUDY WITH THE RESIDENT WHOSE NAME APPEARS BELOW, AND FULLY AGREES WITH THE REPORT AND HAS AMENDED THE REPORT WHEN NECESSARY:

Attending Radiologist: BARTLETT, ERIC S.

Radiology Resident: KAAKAJI, RAMI

Date Signed Off: 03/19/2007 12:47

Transc. by: DA 03/19/2007 11:26

Dictated by: BARTLETT, ERIC S.

**Completed Action List:**

- \* Order by GISONDI, MICHAEL A. on 19 March 2007 4:15
- \* Perform by Vinci, Judith on 19 March 2007 5:10
- \* VERIFY by BARTLETT, ERIC S. on 19 March 2007 12:47

Printed by: SULLIVAN, TERENCE P.  
Printed on: 3/21/2007 12:02

Page 2 of 2  
(End of Report)

\* Final Report \*

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Result Type: MR Brain WWO Contrast  
Result Date: 19 March 2007 5:10  
Result Status: Authenticated  
Verified By: BARTLETT, ERIC S. on 19 March 2007 12:47  
Encounter info: 000090779216, NMH, Observation, 3/18/2007 - 3/19/2007

\* Final Report \*

Reason For Exam  
stroke/seizure

Report

CLINICAL HISTORY: 43-year-old man with history of left MCA territory infarct presents with seizure.

TECHNIQUE: Brain MRI was performed. Sagittal T1, axial T1, T2, FLAIR, diffusion, diffusion ADC, GRE, as well as coronal GRE, T2, FLAIR, and axial and coronal postcontrast T1 images were obtained.

COMPARISON: Concurrent head MRA and brain MRI on 06/28/05.

FINDINGS: The ventricles, sulci, and basal cisterns are stable. There is no hydrocephalus, mass effect, midline shift, or pathologic extra-axial collections.

Again identified is a left MCA territory old infarct with encephalomalacia predominantly in the left temporal lobe and also in the posterior left frontal, anterior left parietal, and left corona radiata. There is associated left cortical spinal tract wallerian degeneration and ex vacuo dilatation of the left lateral ventricle. Hemosiderin deposition is identified along areas of prior infarct. There is no acute infarct. No new areas of abnormal enhancement are present. The major intracranial vascular flow voids are present.

Coronal images demonstrate symmetric mesial temporal lobe structures without focal abnormal signal intensity characteristics.

Impression

OLD LEFT MCA TERRITORY INFARCT.

NO ACUTE STROKE.

Printed by: SULLIVAN, TERENCE P.  
Printed on: 3/21/2007 12:02

Page 1 of 2  
(Continued)

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

Patient Name: Tecl Baxter

Date: 8-13-07

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

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

Weight: 169.2

T: \_\_\_\_\_

P: 66

R: \_\_\_\_\_

BP: 100/66

	NL	See Note
ROS	<input type="checkbox"/>	<input type="checkbox"/>
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"/>
Ext	<input type="checkbox"/>	<input type="checkbox"/>
	No Chng	See Note
PFSH	<input type="checkbox"/>	<input type="checkbox"/>
Past	<input type="checkbox"/>	<input type="checkbox"/>
Family	<input type="checkbox"/>	<input type="checkbox"/>
Social	<input type="checkbox"/>	<input type="checkbox"/>
	NL	See Note
Exam	<input type="checkbox"/>	<input type="checkbox"/>
Eyes	<input type="checkbox"/>	<input type="checkbox"/>
ENT/mouth	<input type="checkbox"/>	<input type="checkbox"/>
Neck	<input type="checkbox"/>	<input type="checkbox"/>
Breasts	<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"/>
GU	<input type="checkbox"/>	<input type="checkbox"/>
Musc	<input type="checkbox"/>	<input type="checkbox"/>
Skin	<input type="checkbox"/>	<input type="checkbox"/>
Ext	<input type="checkbox"/>	<input type="checkbox"/>
Neuro	<input type="checkbox"/>	<input type="checkbox"/>

CC: Cough

HPI:

12+ chronic PND  
Cough worse in morning, sitting  
Wheez. New products

Abnormal Findings:

Normal exam  
(PND)

Data:

Impression: Cough - 2 h PND

Plan:

Albuterol  
Montelukast 10 mg daily  
Call in 4 weeks

Medications:

(for review)  
Piracetam 800mg  
AT Ben  
OTC meds  
low

Results/Communication:

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

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 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"/>
Ext	<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/mouth	<input type="checkbox"/>	<input type="checkbox"/>
Neck	<input type="checkbox"/>	<input type="checkbox"/>
Breasts	<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"/>
GU	<input type="checkbox"/>	<input type="checkbox"/>
Musc	<input type="checkbox"/>	<input type="checkbox"/>
Skin	<input type="checkbox"/>	<input type="checkbox"/>
Ext	<input type="checkbox"/>	<input type="checkbox"/>
Neuro	<input type="checkbox"/>	<input type="checkbox"/>

CC:

HPI:

Medications:

Abnormal Findings:

Data:

Impression:

Plan:

Results/Communication:

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

Patient Name: Ted Baxter Date: 11.13.00  
 DOB: 11 Allergies: \_\_\_\_\_  
 Weight: 167 1/2 T: \_\_\_\_\_ P: 72/50 R: \_\_\_\_\_ BP: 98/60

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"/>
Ext	<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/mouth	<input type="checkbox"/>	<input type="checkbox"/>
Neck	<input type="checkbox"/>	<input type="checkbox"/>
Breasts	<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"/>
GU	<input type="checkbox"/>	<input type="checkbox"/>
Musc	<input type="checkbox"/>	<input type="checkbox"/>
Skin	<input type="checkbox"/>	<input type="checkbox"/>
Ext	<input type="checkbox"/>	<input type="checkbox"/>
Neuro	<input type="checkbox"/>	<input type="checkbox"/>

CC: Flu.  
 HPI: Am, Well. 10/1 had recurrent  
SE in AZ. Saw TADDER AND P  
LAMICIL. No problems since  
wide of. Ind. to 200  
 Abnormal Findings:

Medications: LAMICIL - 300 BID  
Aspirin - 100mg  
ASA -  
Aspirin 200 PM  
MUS  
ORAL

Data: φ  
φ

Impression: S. 4 ASD. CVA 5 Aphasia  
3rd fl  
9/10

Plan: Fl. D. TADDER  
Review LABS from AZ  
Fl. D. Above  
-Halt...? et al. 57

Results/Communication:

3/7/00 Ep. of Aphasia @ home 3/12/00. LASCED < 10  
seen at N. H. Thayer SE CT/MAT from 6-7. Fl. in TADDER

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

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

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"/>
Ext	<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/mouth	<input type="checkbox"/>	<input type="checkbox"/>
Neck	<input type="checkbox"/>	<input type="checkbox"/>
Breasts	<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"/>
GU	<input type="checkbox"/>	<input type="checkbox"/>
Musc	<input type="checkbox"/>	<input type="checkbox"/>
Skin	<input type="checkbox"/>	<input type="checkbox"/>
Ext	<input type="checkbox"/>	<input type="checkbox"/>
Neuro	<input type="checkbox"/>	<input type="checkbox"/>

CC:

HPI:

Abnormal Findings:

Data:

Impression:

Plan:

Medications:

**Results/Communication:**

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

Patient Name: Ted Baxter

Date: 5/22/02

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/mouth	<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: PTL CVA

HPI: W/ll until 3/06 had SE  
Alcoida kept to sedating so  
being switched to Lamictal.  
Full year offhand

Abnormal Findings:

(+) Aphasia

Impression: S, am i Aphasia + memory  
9/01  
SE

Plan: ✓ (Lam) - Discontinue → re-evaluate  
with 123.

↓

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

Patient Name: Ted Baxter

Date: 9/2/15

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

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

Weight: \_\_\_\_\_

T: \_\_\_\_\_ P: LL R: \_\_\_\_\_

BP: 116/70

- |           |                                     |                          |
|-----------|-------------------------------------|--------------------------|
| 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"/> |
| Pulses    | <input type="checkbox"/>            | <input type="checkbox"/> |

CC: here for LVA

HPI: Senior level vial but ASD closed & problem

Freey pro. abn. Wally def.

Attend speech for weekly w/pe report

chronic, non-productive cough. to decrease

upper system

Abnormal Findings:

Speech much more spont. and fluid

(B) IRRAS find ROM

meds  
Aspirin 100mg  
Lipitor  
Phen

Impression: Sp Embolic (CVA) LVA  
Sp IVC RILK for (B) IRRAS  
Varicose veins  
Sp ASD closure  
cough - 1/2 6/15

Plan: -) to document with PPE at this time

1 see Sp for consideration

1 VLA/COPE

RV units

9/2/15  
SPM ALP box 2015



CONTINUATION

NAME Ted Baxter

ADDRESS

DATE 6/6/05

(41)

4/21/05 while sitting in wife had sudden onset

Aphasia. Taken to Swanton St. ? St. ? com.

PHH

eventually seen by nurse, large CT scan

MU/00 Baxter  
- PASEK

Large vein

ventricles seen. Course completed by art -

sp. func. film

film showed out of coordinate due to hemorrhage

PSH

4

transformation / order.

MV Nham

110/82 M60

Identified

Med

Threat die

med sup

Lipidol 105

by die

c. mi, py

ASA

MW sy

2-4 ch x 1000-1000

of sp. for in co. Desvite  
M60, left ch.  
M60

Name Ted Baxter 11- Date 6/7/05  
Pharmacy & Number 847-256-0881 Doctor TS  
RX Amox + clavulic acid 500mg #4 RF phw  
Take All 4 2 hours  
Per. Dr. before Ambul initials SK @ 3:05 PM 6/7/05  
201-394-5385

6/8/05 mailed letter for insurance company to pt. — A. K. B.

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. 2 hrs before Doctor initials SK @ 10:35 AM 6/21/05  
201-394-5385 Kelly

NAME  
ADDRESS

Teed Baxter

DATE

7/7/65

TV (how ASD) closure next week and concerned  
about "hump" (2) why of such. not sure how  
long it has been there. (F.L.H.)  
& can solve. Recent test clean (?) problem (12) kids

Exon Alpha

Misdiagnosis is

Throat clean

neck lymph

Several shots (9) and clean look. L.H.  
on back

Up Adenopathy & def. hump

✓ L.H., L.H.

no. Re. group

or no. present ASD clean gl. ASD on

DS

8/29/05 - pt. called and OK

2  
0  
0  
9  
:  
1  
:  
2  
:  
1  
:  
4  
:  
1

CONTINUATION

NAME Mr. Ted Baxter  
ADDRESS 174 w/shoes

DATE 11-10-05

Still improving, pt does not think food enough  
Gag & output speed. Coping better and  
more spontaneous. Loaf Gums

Med

none

110/68 124/68

+ normal

9.5m Spoke

Sp. C.V. residual synthesis  
Severe Varicella  
Sp. anoxic event  
Sp. chronic ASD  
IVC Filter  
Gen

Refer to chart

RV 3.4 units

▽

Personally Prepped By: Chris R.

This Document Was Received With:

- Original Death Certificate
- Raised Seal Present On:  
\_\_\_\_\_
- Certified Document:  
\_\_\_\_\_
- No Raised Seals
- No Certified Documents
- EMSI Best Copy available  
(Please Index)
- Original Policy
- Prepaid Envelope For:
- Referenced Enclosure Was Not Found:  
\_\_\_\_\_

Returned Post Office Mail:

- Not Deliverable
- Return To Sender
- Not At This Address
- Insufficient Address
- Forwarding Order Expired

Notes:

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### Adjustments

- COLA
- FICA
- General Cal Worksheet
- Other  
(Activities/Financial Check/Bill)
- Overpayment Worksheet
- Partial Cal Worksheet
- Pension
- Personal Check
- Rehab Earnings
- Salary Adjustment
- SLF Check
- SLF Check Undeliverable
- Social Security
- SS Award
- SS Calc Worksheet
- SS Reimbursement
- WCB

### General Docs

- Authorizations
- Change of Address
- Complaints
- Correspondence
- EFT Forms
- E-Mail
- FML
- Job Description
- Notice of Return to Work
- Notice of Death
- Other Adjustments
- Other
- Police / Accident Report
- Proof of Age
- Surveillance
- Surveillance Bill
- Unassigned Doc Type  
(Personal Profiles)

### General Worksheet

- Telephone Template

### Legal Docs 2

- Appeal
- Court Order
- Demand
- Full and Final Release
- Other
- POA / Guardianship
- Subrogation

### Medical Docs 1

- APS Behavioral Health  
Condition 4
- APS Supplementary
- Clinical Notes
- FCE
- IME
- Internal Medical Opinion
- Internal Psychiatric  
Opinion
- List of Providers
- Medical Bills
- Other Medical
- Surveillance

### New Claim Docs

- Attending Physician  
Statement
- Complete Claim Package
- Employee Statement
- Enrollment Card
- Employer Statement
- Notice of Claim
- Other New Claim  
Documents
- Partial Claim Package
- Sun Advisor
- Telephonic
- Transitional Claim Form
- Unassigned Doc Type

### Rehab Docs

- Rehab Bills
- External Vendor Corresp
- FCE Report
- Other
- Rehab Correspondence
- TSA / LMS

# Sun Life Assurance Company of Canada

## Long Term Disability Claim Packet – Attending Physician



### Attending Physician's Statement – Physical conditions only

#### 1 Patient Information

The patient is responsible for any costs associated with the completion of this form.

Please print clearly

Name of Patient (first, middle initial, last) <i>Ted W Baxter</i>	<input checked="" type="checkbox"/> M <input type="checkbox"/> F	Social Security number <i>084-</i>	Date of birth (m/d/y) <i>13-</i>
Do you believe this patient is competent to endorse checks? .....			<input type="checkbox"/> Yes <input type="checkbox"/> No

#### 2 Diagnosis and History

Provide general information about diagnosis and history in this section. Then, please elaborate in section(s) 3 – 6 as appropriate.

Diagnosis including any complications <i>① MCA Embolic CVA</i>	
Objective findings/investigative testing (i.e., x-rays, EKGs, MRIs, laboratory data, etc.) <i>Aphasia</i>	
Subjective findings <i>Aphasia</i>	
Date symptoms first appeared or date of accident <i>4/21/05</i>	If injury due to a motor vehicle accident, indicate in which state the accident occurred.
Patient's Height: <i>5'9"</i>	Patient's Weight: <i>168</i>
Blood Pressure: <i>100/60</i>	
Is condition due to injury/sickness arising out of patient's employment?... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
Names and addresses of other treating physicians (if applicable) <i>Jesse Taber MD, Evanston Hosp., Evanston Ill</i>	
If pregnancy, please provide the following information: • Expected delivery date: _____ • Actual delivery date: _____ • C-Section? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Describe any complications that would extend this disability longer than a normal pregnancy	

#### 3 Treatment

Include in description any surgery, therapeutic modalities, psychological intervention and medications prescribed.

Date of first visit <i>6/6/05</i>	Date of last visit <i>8/13/07</i>	Date of last examination <i>8/13/02</i>
Frequency of treatment..... <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Other (please specify: <i>As needed</i> )		
Description of Treatment <i>Monitor cholesterol / medication</i>		

#### 4 Progress

Patient:  Unchanged  Improved  Retrogressed  Ambulatory  Bed confined

If retrogressed, please explain:

Has patient been hospital confined?.....  Yes  No From: \_\_\_\_\_ To: \_\_\_\_\_

If yes, provide name of hospital

Continued on next page

**5 Restrictions and Limitations**

Please note that additional occupational information may be required.

Patient is able to use hand for repetitive actions such as:

	Simple Grasping	Firm Grasping	Fine Manipulation
Left	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Right	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

In a typical work day, patient is able to:

	Continuously	Frequently	Occasionally	Negligible
Drive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Walk	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sit	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stand	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bend	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Squat	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Climb	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Twist	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Push	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pull	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Balance	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kneel	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crawl	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reach above shoulder level	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lift <u>20</u> lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Carry <u>20</u> lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Is the patient capable of working within these restrictions/limitations? .....  Yes  No

**Physical Impairment**

- No limitation of functional capacity** - (no restrictions)
- Medium capacity** - (lifting, carrying, pushing, pulling 20-50 lbs. occasionally; 10-25 lbs. frequently; or up to 10 lbs. constantly)
- Light capacity** - (lifting, carrying, pushing, pulling 20 lbs. occasionally; 10 lbs. frequently; or negligible amount constantly. Can include walking and/or standing frequently even if the weight is negligible. Can include pushing or pulling of arm or leg controls.)
- Sedentary capacity** - (lifting, carrying, pushing, pulling 10 lbs. occasionally. Mostly sitting, may involve standing or walking for brief periods of time.)
- Comments** (please explain):

**Cardiac (if applicable) - Functional capacity (American Heart Association)**

- No limitation
- Slight limitation
- Marked limitation
- Complete limitation

Continued on next page



2  
0  
0  
7  
0  
3  
1  
3  
0  
3

**6 Prognosis**

How long will those limitations apply? (estimated)  
 6 weeks     8 weeks     12 weeks     longer


**7 Remarks**

Please use this space for any additional comments.  
  
Pt with Aphasia

**8 Certification and Signature**

Remember to provide your full address and Tax ID number.  
  
A stamp or signature of a person other than the examining physician is not acceptable.

I certify that the above statements are true and complete. I have read and understand the Fraud Warning on page 2 of this packet.

Name of Attending Physician (first and last name) <b>TERENCE P. SUDEWAD, MD, SC</b>		Degree/Specialty	
Street address <b>200 S. Michigan Avenue Suite 830</b>		City	State   Zip Code
Tax ID number <b>Chicago, IL 60604</b>		Telephone number	Fax number
Attending Physician Signature X 			Date <b>10/9/07</b>

Please be sure to return the completed Attending Physician's Statement to:

Sun Life Assurance Company of Canada  
Group Long Term Disability Claims  
P.O. Box 81830  
Wellesley Hills, MA 02481  
Fax: (781) 304-5537