1. ADVANCED NEURODIAGNOSTIC CENTER
2. CHRISTUS ST. FRANCIS CABRINI HOSPITAL
3. DR. JOHN C. SAMS
4. BUNKIE GENERAL HOSPITAL
5. RAPIDES REGIONAL MEDICAL CENTER
6. TULANE UNIVERSITY MEDICAL CENTER

NATIONAL MEDICAL SERVICES
3701 Welsh Rd, PO Box 433A, Willow Grove, PA 19090-0437
(215)657-4900 Fax: (215)657-2972
e-mail: nms@nmslab.com
ROBERT A. MIDDLEBERG, PhD, DABFT, DABCC, Laboratory Director

CONFIDENTIAL Analysis Report

Control # 807257

Date Received: 12/12/01

67

Name: GAUTHIER, CHAD

Date Reported: 02/05/02

TULANE DRUG ANALYSIS LABORATORY
ATTN: DEBBIE SCHWAB
1430 TULANE AVE, M068
NEW ORLEANS LA US 70112

I.D.: 436-53-5299

Report Status: ** FINAL REPORT **

SPECIMEN COLLECTION
Date: Not Provided
Time: Not Provided

202312 4

Analyte	Specimen	Results	Units	Rep.Limit	Reference Data/Comments

2661 METALS/METALLOIDS PANEL 1, BLOOD

LEAD	BLOOD	11	MCG/DL		ADULTS: USUALLY LESS THAN 30 MCG/DL BLOOD OCCUPATIONAL THRESHOLD (OSHA): 40 MCG/DL BLOOD BIOLOGICAL EXPOSURE INDEX (ACGIH): 30 MCG/DL BLOOD CHILDREN: BLOOD LEAD (MCG/DL) I. NORMAL <10 II. MODERATE 10-19 III. HIGH 20-44 IV. URGENT 45-69 V. EMERGENCY >70 ########## VARIOUS STATES REQUIRE THAT BLOOD LEAD LEVELS ABOVE CERTAIN CUTOFFS MUST BE REPORTED TO THE STATE IN WHICH THE PATIENT RESIDES. PLEASE CONTACT US IF YOU NEED ASSISTANCE IN SUPPLYING YOUR STATE WITH THE REQUIRED INFORMATION. ANALYSIS BY INDUCTIVELY COUPLED PLASMA/MASS SPECTROMETRY (ICP/MS).
ARSENIC	BLOOD	NONE DETECTED	MCG/L	5.0	PHYSIOLOGIC (UNEXPOSED NORMAL): LESS THAN 5 MCG/L. SEAFOOD CONSUMPTION WITHIN 2 TO 3 DAYS BEFORE SPECIMEN COLLECTION CAN MARKEDLY INCREASE TOTAL ARSENIC LEVELS. ########## VARIOUS STATES REQUIRE THAT LEVELS ABOVE CERTAIN CUTOFFS MUST BE REPORTED TO THE STATE IN WHICH THE PATIENT RESIDES. PLEASE CONTACT US IF YOU NEED ASSISTANCE IN SUPPLYING YOUR STATE WITH THE REQUIRED INFORMATION. ANALYSIS BY GRAPHITE FURNACE ATOMIC ABSORPTION SPECTROSCOPY (GFAAS).
MERCURY	BLOOD	3.9	MCG/L		RECOMMENDED BIOLOGICAL EXPOSURE INDEX (ACGIH):

(Additional Work on Report)

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e-mail: nms@nmslab.com
ROBERT A. MIDDLEBERG, PhD, DABFT, DABCC, Laboratory Director

CONFIDENTIAL Analysis Report

Control # 007257

Date Received: 12/12/01

67

Name: GAUTHIER, CHAD

Date Reported: 02/05/02

TULANE DRUG ANALYSIS LABORATORY
ATTN: DEBBIE SCHWAB
1430 TULANE AVE, M868
NEW ORLEANS LA US 70112

Report Status: ** FINAL REPORT **

I.D.: 436-53-5299

SPECIMEN COLLECTION
Date: Not Provided
Time: Not Provided

202312 4

Analyte	Specimen	Results	Units	Rep.Limit	Reference Data/Comments
					15 MCG/L IN BLOOD COLLECTED AT END OF SHIFT AT END OF WORKWEEK.
					********** VARIOUS STATES REQUIRE THAT BLOOD MERCURY LEVELS ABOVE CERTAIN CUTOFFS MUST BE REPORTED TO THE STATE IN WHICH THE PATIENT RESIDES. PLEASE CONTACT US IF YOU NEED ASSISTANCE IN SUPPLYING YOUR STATE WITH THE REQUIRED INFORMATION. ANALYSIS BY COLD VAPOR ATOMIC ABSORPTION SPECTROSCOPY (CVAAS).

2662 METALS/METALLOIDS PANEL 2, BLOOD

THALLIUM	BLOOD	NONE DETECTED	MCG/L	2.0	REFERENCE RANGE: LESS THAN 15 MCG/L. TOXIC: GREATER THAN 100 MCG/L. ANALYSIS BY INDUCTIVELY COUPLED PLASMA/MASS SPECTROMETRY (ICP/MS).
CADMIUM	BLOOD	NONE DETECTED	MCG/L	1.0	MINIMUM (OSHA) ACTION LEVEL FOR ENHANCED MEDICAL SURVEILLANCE: GREATER THAN 5 MCG CADMIUM/L WHOLE BLOOD ********** VARIOUS STATES REQUIRE THAT BLOOD CADMIUM LEVELS ABOVE CERTAIN CUTOFFS MUST BE REPORTED TO THE STATE IN WHICH THE PATIENT RESIDES. PLEASE CONTACT US IF YOU NEED ASSISTANCE IN SUPPLYING YOUR STATE WITH THE REQUIRED INFORMATION. ANALYSIS BY INDUCTIVELY COUPLED PLASMA/MASS SPECTROMETRY (ICP/MS).
MANGANESE	BLOOD	7.9	MCG/L		REFERENCE RANGE: 7 - 16 MCG/L. ANALYSIS BY INDUCTIVELY COUPLED PLASMA/MASS SPECTROMETRY (ICP/MS).
NICKEL	BLOOD	2.1	MCG/L		REFERENCE RANGE: 1 - 20 MCG/L. ANALYSIS BY INDUCTIVELY COUPLED PLASMA/MASS SPECTROMETRY (ICP/MS).

(Additional Work on Report)

NATIONAL MEDICAL SERVICES
3701 Welsh Rd, PO Box 433A, Willow Grove, PA 19090-0437
(215)657-4900 Fax: (215)657-2972
e-mail: nms@nmslab.com
ROBERT A. MIDDLEBERG, PhD, DABFT, DABCC, Laboratory Director

CONFIDENTIAL Analysis Report

Control # 887257

Date Received: 12/12/01

67

Name: GAUTHIER, CHAD

Date Reported: 02/05/02

TULANE DRUG ANALYSIS LABORATORY
ATTN: DEBBIE SCHWAB
1430 TULANE AVE, M868
NEW ORLEANS LA US 70112

Report Status: ** FINAL REPORT **

I.D.: 436-53-5299

SPECIMEN COLLECTION
Date: Not Provided
Time: Not Provided

202312 4

Analyte	Specimen	Results	Units	Rep.Limit	Reference Data/Comments
2667 METALS/METALLOIDS HAIR PANEL 1					
MERCURY	HAIR	NONE DETECTED	MCG/G	0.79	USUALLY 0.4 - 1.2 MCG/G. ANALYSIS BY COLD VAPOR ATOMIC ABSORPTION SPECTROSCOPY (CVAAS).
LEAD	HAIR	68.68	MCG/G	** ELEVATED **	USUALLY 5 - 29 MCG/G. ANALYSIS BY INDUCTIVELY COUPLED PLASMA/MASS SPECTROMETRY (ICP/MS).
ARSENIC	HAIR	NONE DETECTED	MCG/G	0.26	USUALLY 0.03 TO 3 MCG/G HAIR. ANALYSIS BY INDUCTIVELY COUPLED PLASMA/MASS SPECTROMETRY (ICP/MS).
2668 METALS/METALLOIDS HAIR PANEL 2					
MANGANESE	HAIR	0.42	MCG/G		USUALLY 0.3 TO 2.7 MCG/G ANALYSIS BY INDUCTIVELY COUPLED PLASMA/MASS SPECTROMETRY (ICP/MS).
CADMIUM	HAIR	0.26	MCG/G		IN NORMAL URBAN AND RURAL DWELLERS, NOT KNOWN TO BE

(Additional Work on Report)

NATIONAL MEDICAL SERVICES
3701 Welsh Rd, PO Box 433A, Willow Grove, PA 19090-0437
(215)657-4900 Fax: (215)657-2972
e-mail: nms@nmslab.com
ROBERT A. MIDDLEBERG, PhD, DABFT, DABCC, Laboratory Director

CONFIDENTIAL Analysis Report

67

TULANE DRUG ANALYSIS LABORATORY
ATTN: DEBBIE SCHWAB
1430 TULANE AVE, M068
NEW ORLEANS LA US 70112

Date Received: 12/12/01

Date Reported: 02/05/02

Report Status: ** FINAL REPORT **

Control # 007257

Name: GAUTHIER, CHAD

I.D.: 436-53-5299

SPECIMEN COLLECTION
Date: Not Provided
Time: Not Provided

202312

Analyte	Specimen	Results	Units	Rep.Limit	Reference Data/Comments
					OCCUPATIONALLY EXPOSED OR LIVING NEAR CONTAMINATING INDUSTRIES: 0.25 - 3.4 MCG/G (MEDIAN = 1.5 MCG/G). ANALYSIS BY INDUCTIVELY COUPLED PLASMA/MASS SPECTROMETRY (ICP/MS).
NICKEL	HAIR	NONE DETECTED	MCG/G	1.32	
					USUALLY 0.2 - 2 MCG/G ANALYSIS BY INDUCTIVELY COUPLED PLASMA/MASS SPECTROMETRY (ICP/MS).
THALLIUM	HAIR	NONE DETECTED	MCG/G	1.32	
					USUALLY LESS THAN 10 MCG/G ANALYSIS BY INDUCTIVELY COUPLED PLASMA/MASS SPECTROMETRY (ICP/MS).

0003 FORENSIC HANDLING

THIS ANALYSIS WAS PROCESSED WITH FORENSIC HANDLING AND PERFORMED UNDER CHAIN OF CUSTODY. THE CHAIN OF CUSTOD DOCUMENTATION IS ON FILE AT NATIONAL MEDICAL SERVICES, INC.

THE DATA GENERATED IN THE DETERMINATION OF THE ABOVE RESULTS ARE SCHEDULED TO BE DISCARDED 18 MONTHS FROM THE DATE OF THE ORIGINAL REPORT, UNLESS ALTERNATE ARRANGEMENTS ARE MADE BY YOU PRIOR THERETO.

THE REMAINDER OF THE SUBMITTED SPECIMEN(S) IS/ARE SCHEDULED TO BE DISCARDED SIX (6) WEEKS FROM THE DATE OF THIS REPORT UNLESS ALTERNATE ARRANGEMENTS ARE MADE BY YOU PRIOR THERETO.

(End of Report)

NATIONAL MEDICAL SERVICES
3701 Welsh Rd, PO Box 433A, Willow Grove, PA 19090-0437
(215)657-4900 Fax: (215)657-2972
e-mail: nms@nmslab.com
ROBERT A. MIDDLEBERG, PhD, DABFT, DABCC, Laboratory Director

CONFIDENTIAL Analysis Report

Control # 887258

Date Received: 12/12/01

67

Name: HARDY, RONNIE

Date Reported: 02/05/02

TULANE DRUG ANALYSIS LABORATORY
ATTN: DEBBIE SCHWAB
1430 TULANE AVE, M868
NEW ORLEANS LA US 70112

Report Status: ** FINAL REPORT **

I.D.: 434-37-8478

SPECIMEN COLLECTION
Date: Not Provided
Time: Not Provided

202336

Analyte	Specimen	Results	Units	Rep.Limit	Reference Data/Comments

2661 METALS/METALLOIDS PANEL 1, BLOOD

LEAD — BLOOD — 38 — MCG/DL — 7

RESULT WAS VERIFIED BY REPEAT ANALYSIS.

ADULTS: USUALLY LESS THAN 30 MCG/DL BLOOD
OCCUPATIONAL THRESHOLD (OSHA):
40 MCG/DL BLOOD
BIOLOGICAL EXPOSURE INDEX (ACGIH):
30 MCG/DL BLOOD

CHILDREN:

		BLOOD LEAD (MCG/DL)
I.	NORMAL	<10
II.	MODERATE	10-19
III.	HIGH	20-44
IV.	URGENT	45-69
V.	EMERGENCY	>70

****
VARIOUS STATES REQUIRE THAT BLOOD LEAD LEVELS ABOVE CERTAIN CUTOFFS MUST BE REPORTED TO THE STATE IN WHIC THE PATIENT RESIDES.
PLEASE CONTACT US IF YOU NEED ASSISTANCE IN SUPPLYING YOUR STATE WITH THE REQUIRED INFORMATION.
ANALYSIS BY INDUCTIVELY COUPLED PLASMA/MASS SPECTROMETRY (ICP/MS).

ARSENIC — BLOOD — NONE DETECTED — MCG/L — 5.0

PHYSIOLOGIC (UNEXPOSED NORMAL): LESS THAN 5 MCG/L. SEAFOOD CONSUMPTION WITHIN 2 TO 3 DAYS BEFORE SPECIME COLLECTION CAN MARKEDLY INCREASE TOTAL ARSENIC LEVELS
****
VARIOUS STATES REQUIRE THAT LEVELS ABOVE CERTAIN CUTOFFS MUST BE REPORTED TO THE STATE IN WHICH THE PATIENT RESIDES.
PLEASE CONTACT US IF YOU NEED ASSISTANCE IN SUPPLYING YOUR STATE WITH THE REQUIRED INFORMATION.
ANALYSIS BY GRAPHITE FURNACE ATOMIC ABSORPTION SPECTROSCOPY (GFAAS).

MERCURY — BLOOD — NONE DETECTED — MCG/L

(Additional Work on Report)

NATIONAL MEDICAL SERVICES
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e-mail: nms@nmslab.com
ROBERT A. MIDDLEBERG, PhD, DABFT, DABCC, Laboratory Director

CONFIDENTIAL Analysis Report

67

TULANE DRUG ANALYSIS LABORATORY
ATTN: DEBBIE SCHWAB
1430 TULANE AVE, M068
NEW ORLEANS LA US 70112

Date Received: 12/12/01

Date Reported: 02/05/02

Report Status: ** FINAL REPORT **

Control # 007258

Name: HARDY, RONNIE

I.D.: 434-37-8478

SPECIMEN COLLECTION
Date: Not Provided
Time: Not Provided 202336

Analyte	Specimen	Results	Units	Rep.Limit	Reference Data/Comments
				3.0	RECOMMENDED BIOLOGICAL EXPOSURE INDEX (ACGIH): 15 MCG/L IN BLOOD COLLECTED AT END OF SHIFT AT END O WORKWEEK.; ********** VARIOUS STATES REQUIRE THAT BLOOD MERCURY LEVELS ABOV CERTAIN CUTOFFS MUST BE REPORTED TO THE STATE IN WHIC THE PATIENT RESIDES. PLEASE CONTACT US IF YOU NEED ASSISTANCE IN SUPPLYING YOUR STATE WITH THE REQUIRED INFORMATION. ANALYSIS BY COLD VAPOR ATOMIC ABSORPTION SPECTROSCOPY (CVAAS).

2662 METALS/METALLOIDS PANEL 2, BLOOD

THALLIUM	BLOOD	NONE DETECTED	MCG/L	2.0	REFERENCE RANGE: LESS THAN 15 MCG/L. TOXIC: GREATER THAN 100 MCG/L. ANALYSIS BY INDUCTIVELY COUPLED PLASMA/MASS SPECTROMETRY (ICP/MS).
CADMIUM	BLOOD	NONE DETECTED	MCG/L	1.0	MINIMUM (OSHA) ACTION LEVEL FOR ENHANCED MEDICAL SURVEILLANCE: GREATER THAN 5 MCG CADMIUM/L WHOLE BLOO ********** VARIOUS STATES REQUIRE THAT BLOOD CADMIUM LEVELS ABOVE CERTAIN CUTOFFS MUST BE REPORTED TO THE STATE IN WHICH THE PATIENT RESIDES. PLEASE CONTACT US IF YOU NEED ASSISTANCE IN SUPPLYING YOUR STATE WITH THE REQUIRED INFORMATION. ANALYSIS BY INDUCTIVELY COUPLED PLASMA/MASS SPECTROMETRY (ICP/MS).
MANGANESE	BLOOD	8.4	MCG/L		REFERENCE RANGE: 7 - 16 MCG/L. ANALYSIS BY INDUCTIVELY COUPLED PLASMA/MASS SPECTROMETRY (ICP/MS).
NICKEL	BLOOD	3.3	MCG/L		REFERENCE RANGE: 1 - 28 MCG/L.

(Additional Work on Report)

NATIONAL MEDICAL SERVICES
3701 Welsh Rd, PO Box 433A, Willow Grove, PA 19090-0437
(215)657-4900 Fax: (215)657-2972
e-mail: nms@nmslab.com
ROBERT A. MIDDLEBERG, PhD, DABFT, DABCC, Laboratory Director

CONFIDENTIAL Analysis Report

67

TULANE DRUG ANALYSIS LABORATORY
ATTN: DEBBIE SCHWAB
1430 TULANE AVE, M068
NEW ORLEANS LA US 70112

Date Received: 12/12/01

Date Reported: 02/05/02

Report Status: ** FINAL REPORT **

Control # 007258

Name: HARDY, RONNIE

I.D.: 434-37-0478

SPECIMEN COLLECTION
Date: Not Provided
Time: Not Provided

202336 4

Analyte	Specimen	Results	Units	Rep.Limit	Reference Data/Comments
					ANALYSIS BY INDUCTIVELY COUPLED PLASMA/MASS SPECTROMETRY (ICP/MS).
					2667 METALS/METALLOIDS HAIR PANEL 1
MERCURY	HAIR	NONE DETECTED	MCG/G	0.97	USUALLY 0.4 - 1.2 MCG/G. ANALYSIS BY COLD VAPOR ATOMIC ABSORPTION SPECTROSCOPY (CVAAS).
LEAD	HAIR	71.61	MCG/G	** ELEVATED **	USUALLY 5 - 29 MCG/G. ANALYSIS BY INDUCTIVELY COUPLED PLASMA/MASS SPECTROMETRY (ICP/MS).
ARSENIC	HAIR	NONE DETECTED	MCG/G	0.32	USUALLY 0.03 TO 3 MCG/G HAIR. ANALYSIS BY INDUCTIVELY COUPLED PLASMA/MASS SPECTROMETRY (ICP/MS).
					0003 FORENSIC HANDLING
					THIS ANALYSIS WAS PROCESSED WITH FORENSIC HANDLING AND PERFORMED UNDER CHAIN OF CUSTODY. THE CHAIN OF CUSTOD DOCUMENTATION IS ON FILE AT NATIONAL MEDICAL SERVICES, INC.
					THE DATA GENERATED IN THE DETERMINATION OF THE ABOVE RESULTS ARE SCHEDULED TO BE DISCARDED 18 MONTHS FROM THE DATE OF THE ORIGINAL REPORT, UNLESS ALTERNATE ARRANGEMENTS ARE MADE BY YOU PRIOR THERETO.
					THE REMAINDER OF THE SUBMITTED SPECIMEN(S) IS/ARE SCHEDULED TO BE DISCARDED SIX (6) WEEKS FROM THE DATE OF THIS REPORT UNLESS ALTERNATE ARRANGEMENTS ARE MADE BY YOU PRIOR THERETO.

(End of Report)

Tulane University Health Sciences Center

SCHOOL OF MEDICINE
Department of Pharmacology SL-83
Toxicology Center
1430 Tulane Avenue
New Orleans, Louisiana 70112-2699
(504) 588-5587 Fax: (504) 587-7641

Dr. William J. George
Director

25 February 2002

Harold M. Ginzburg, M.D., J.D., M.P.H
Two Lakeway Center, Suite 630
3850 North Causeway Blvd.
Metairie, Louisiana 70002-1752

Dr. Ginzburg,

Please find enclosed results for tests performed per your request on Mr. Chad Gauthier and Mr. Ronnie Hardy. Our laboratory performed collections of hair and blood with these specimens being sent to the National Medical Services laboratory for heavy metals analysis, according to four testing panels. Panel #2661 and #2667 includes testing for Arsenic, Lead, and Mercury for blood and hair respectively. Panel #2662 and #2668 includes testing for Cadmium, Manganese, Nickel, and Thallium for blood and hair respectively. Pertinent client, chain of custody, and testing information is detailed below.

Name	DOB	SSN	Acc #	Specimen	Test Name	Test Code
Hardy, Ronnie	03/16/1964	434-37-0478	TDA-5981-A	EDTA blood	Metals Panel 1, Blood	2661
					Metals Panel 2, Blood	2662
			TDA-5979-A	Hair	Metals Panel 1, Hair	2667
					Metals Panel 2, Hair	2668
Gauthier, Chad	02/20/1968	436-53-5299	TDA-5982-A	EDTA blood	Metals Panel 1, Blood	2661
					Metals Panel 2, Blood	2662
			TDA-5980-A	Hair	Metals Panel 1, Hair	2667
					Metals Panel 2, Hair	2668

Final results are detailed on the confidential analysis report provided by National Medical Services. If any further information is needed, you may contact me directly at my office: 584-3742. I thank you for allowing us to service your needs. We look forward to working with you in the future.

Sincerely yours,

Jeffrey Mendler

Tulane
NIVERSITY
OSPITAL & CLINIC

Date: 03/10/03

IRWIN FRITCHIE URQUHART MOORE
STE. 2700
400 POYDRAS ST.
NO, LA 70130

Re: D000767028 RONNIE J HARDY

Dear Sir/Madam:

CERTIFICATION

I hereby certify that the attached constitutes a true and accurate copy of the Tulane University Hospital & Clinic record on the above named patient as of 03/10/03

These records were prepared by the Health Care Provider in the ordinary course of the business of the Health Care Provider at or near the time of the act, condition, or event.

Sincerely,

L H Clark

Director/Assistant Director/Coordinator
Health Information Management

RJH:TUH 00001

CONFINDENTAL

1415 Tulane Ave.
New Orleans, LA 70112

cc: billing
cc: radiology

Issued by the
UNITED STATES DISTRICT COURT
WESTERN DISTRICT OF LOUISIANA

RONNIE HARDY, ET AL.

V.

RANDALL DUCOTE, ET AL.

SUBPOENA IN A CIVIL CASE

CASE NUMBER: [1]02-1520A

TO: Custodian of Records, Tulane University Hospital & Clinic, 1415 Tulane Avenue, New Orleans, LA 70112

☐ YOU ARE COMMANDED to appear in the United States District Court at the place, date, and time specified below to testify in the above case.

Place of Testimony	COURTROOM
	DATE AND TIME

☐ YOU ARE COMMANDED to appear at the place, date, and time specified below to testify at the taking of a deposition in the above case.

PLACE OF DEPOSITION	DATE AND TIME

☒ YOU ARE COMMANDED to produce and permit inspection and copying of the following documents or objects at the place, date, and time specified below (list documents or objects):

Please see attached Exhibit "A"

PLACE	DATE AND TIME
Tulane University Hospital & Clinic, 1415 Tulane Avenue, New Orleans, LA 70112	March 26, 2003 at 10:00 a.m.

☐ YOU ARE COMMANDED to permit inspection of the following premises at the date and time specified below.

PREMISES	DATE AND TIME

Any organization not a party to this suit that is subpoenaed for the taking of a deposition shall designate one or more officers, directors, or managing agents, or other persons who consent to testify on its behalf, and may set forth, for each person designated, the matters on which the person will testify. Federal Rules of Civil Procedure, 30(b)(6).

ISSUING OFFICER SIGNATURE AND TITLE (INDICATE IF ATTORNEY FOR PLAINTIFF OR DEFENDANT)	DATE
/Attorney for Defendant	3-6-03

ISSUING OFFICER'S NAME, ADDRESS AND PHONE NUMBER

Stephanie L. Irwin, Irwin Fritchie Urquhart & Moore, LLC
400 Poydras Street, Suite 2700, New Orleans, LA 70130

Telephone: (504) 310-2113

(See Rule 45, Federal Rules of Civil Procedure, Parts C & D on Reverse)

[1]If action is pending in district other than district of issuance, state district under case number.

SOURCECORP
MAR 10 2003

PS___ DS___ JP___
OP___ Lab___ XRay___
ER___ Comp Ctd ✓
Other___

RJH:TUH 00002

CONFINDENTAL

Patient	Unit #	Service/Location	Stat	Date	Account #
HARDY,RONNIE	D000767028	MEDICINE CLINIC 12	REG POV	03/27/02	D00040070337

PATIENT

Soc Sec No	DOB	Age	Sex	MS	Race	Religion
434-37-0478	03/16/64	38	M	D	CA	

Address: 362 BORDELON
HESSMER,LA 71341
Home Ph: (318)481-6954 County: AVOYELLES

GUARANTOR

HARDY,RONNIE SS#: 434-37-0478
Address: 362 BORDELON
HESSMER,LA 71341
Home Ph: (318)481-6954 Parish: AVOYELLES
Relationship to Patient: PATIENT

OTHER GUARANTOR

SS#: --
Address:
Home Ph: County:
Relationship to Patient:

PERSON TO NOTIFY

HARDY,PAUL
485 HWY 3041
BUNKIE,LA 71322
Home Phone: (318)346-6878 Work Phone:
Relationship to Patient: FATHER

PATIENT EMPLOYER

HARDY TRUCKING
362 BORDELON RD
HESSMER,LA 71341
Work Phone: (318)481-6954
Occupation: SELF

GUARANTOR EMPLOYER

HARDY TRUCKING
362 BORDELON RD
HESSMER,LA 71341
Work Phone: (318)481-6954
Occupation: SELF

OTHER GUARANTOR EMPLOYER

Work Phone:
Occupation:

NEXT OF KIN

HARDY,PAUL
485 HWY 3041
BUNKIE,LA 71322
Home Phone: (318)346-6878 Work Phone:
Relationship to Patient: FATHER

INSURANCE#1

SELF PAY
1415 TULANE AVE
NEW ORLEANS, LA 70112
Phone
Contact

Policy #
Coverage #
Subscriber HARDY,RONNIE
Rel to Pt PATIENT
Eff. to
GROUP -
Rel Y Assign Y

AUTHORIZATION

Treat/Precert -
Ins Verif Not Required
Pro Review
Auth. Phone
IPLAN: 00000

INSURANCE#2

Phone
Contact

Policy #
Coverage #
Subscriber
Rel to Pt
Eff. to
Group
Rel Assign

AUTHORIZATION

Treat/Precert
Ins Verif
Pro Review
Auth. Phone
IPLAN:

INSURANCE#3

Phone
Contact

Policy #
Coverage #
Subscriber
Rel to Pt
Eff. to
Group
Rel Assign

AUTHORIZATION

Treat/Precert
Ins Verif
Pro Review
Auth. Phone
IPLAN:

OCCURRENCES

Code	Type	Date	Time
11	ONSET OF SYMPTOMS/ILLNESS	03/27/02	1315

CONDITIONS

Code Type

Special Program

Adm Priorty	Last Hospitalization	Admission Comment	Financial Class
EL			99

PHYSICIANS

Attending Physician	HCIS	Admitting Physician	HCIS	Emergency Room Physician	HCIS
Batuman,Vecihi	0998				
Prim Care Physician	HCIS	Family Physician	HCIS	Other Provider	

ADMISSION/REGISTRATION

Date	Time	Source	Rm/Bed	Arrival	Principal Admitting Diagnosis/Reason for Visit	Admitted By
03/27/02	1315	CLINIC REFERRED	/		VISIT	DAD,EAB

TULANE UNIVERSITY HOSPITAL AND CLINIC
1415 TULANE AVENUE
NEW ORLEANS, LOUISIANA 70112

REGISTRATION FORM

Printed 03/27/02 1315

RJH:TUH 00003

CONFINDENTAL

DATE: 3/27/02 TIME: 1:17pm

I hereby agree and give my consent for the admission and or treatment of _____ at Tulane University Hospital and Clinic, hereinafter referred to as the "Hospital", under the care of the attending physician, his associates, partners, assistants or designees. I consent to any and all inpatient hospital and outpatient clinic care, which encompasses diagnostic examinations and procedures. Including but not limited to x-ray examination, laboratory procedures, anesthesia, emergency room services and nursing or medical/surgical treatment which my physician, his or her associates, partners, assistants or designees may deem necessary or advisable, under the general and special instructions of the same, during my inpatient hospitalization and or outpatient appointments, and I acknowledge that no guarantees have been made me as to the results of examination or treatment. I acknowledge that as to any and all outpatient treatment this consent is going to include all future outpatient appointments. I hereby agree and consent to the following conditions

(1) MEDICAL AND SURGICAL TREATMENT. I agree and understand that all physicians, dentists and oral surgeons treating me or the patient in any way are responsible and liable for their own acts or omissions and the Hospital is not responsible or liable for the acts and omissions of the aforementioned. I am aware that the practice of medicine is not an exact science and further state that no guarantee has been or can be made as to the results of treatments or examinations in the Hospital.

(2) PRIVATE ROOM DIFFERENCE. I agree and understand that if I request a private room for myself or the patient, I am responsible for the entire private room difference.

☐ **I request a private room if available. _____ (Initialed)**

(3) PERSONAL VALUABLE AND BELONGINGS. It is understood and agreed that the hospital maintains a safe for the safekeeping of money, valuables and personal belongings and the Hospital shall not be liable for the loss or damage to any articles of personal property while I am hospitalized unless said articles are deposited with the hospital in the safe and receipts are issued describing said items.

☐ **I Decline to utilize the safe _____ (Initialed)** ☐ **I Elect to utilize the safe _____ (Initialed)**

(4) Power of Attorney, Execution of Living Will and Certification of Information Received.

☐ **I acknowledge that I have been informed of the State Law and have received a copy of the Louisiana State pamphlet and Tulane University Hospital & Clinic's policy regarding Advance Directives.**

Do you have an Advance Directive or Living Will? Yes ___ No ___
If no, do you wish to receive information about Advance Directives? Yes ___ No ___
If yes, do you wish to execute an Advance Directive or Living Will with or without Power of Attorney? Yes ___ No ___
If you have an Advance Directive, have you provided a most recent copy to Tulane University Hospital and Clinic? Yes ___ No ___
If yes, upon: ___ this admission; or ___ a previous admission.
Type of Advance Directive Provided:
___ Living Will ___ Power of Attorney ___ Living Will with Power of Attorney

☐ **I certify that I have received a copy of "My Right to Accept or Refuse Medical Treatment": _____ Initials**
☐ **I certify that I have received a copy of "An Important Message from Medicare".**
☐ **I certify that I have received a copy of "An Important Message from Champus".**
☐ **I certify that I have received a copy of "The Patient's Rights".**

(5) ASSIGNMENT OF INSURANCE BENEFITS. I hereby assign and authorize payment directly to the Hospital or Tulane University Medical Group (TUMG) of any benefits, sick benefits, injury benefits due because of liability of a third-party, or proceeds of all claims resulting from the liability of a third-party, payable by any party, organization, et cetera, to or for the patient unless the account for this hospital, outpatient treatment or series of outpatient treatments is paid in full upon discharge or completion of outpatient treatments. If eligible for Medicare, I request Medicare services and benefits. I further agree that this assignment will not be withdrawn or voided at any time until all accounts are paid in full. I understand that I am responsible for any hospital and professional (TUMG) charges not covered by my insurance company. The undersigned individually obligates himself to pay all accounts in accordance with the regular rates and terms of both the hospital and TUMG.

(6) PAYMENT AGREEMENT. The undersigned individually obligates himself to the payment of the Hospital account incurred by the patient in accordance with the regular rates and terms of the Hospital at the time of patient's discharge. If the patient fails to make payment when due and the account becomes delinquent or is turned over to a collection agency or an attorney for collection, the undersigned shall pay all collection agency fees, court costs and attorney's fees. The undersigned agrees that any patient or guarantor overpayments collected on the above admission or outpatient treatments may be applied directly to any delinquent account for which the patient or guarantor is legally responsible at the time of collection of the overpayment.

The undersigned certifies that he/she has read this entire document and is the patient, or is duly authorized by the patient or by the law to execute the above agreement and accepts and understands its terms.

(7) ASSIGNMENT OF PHYSICIAN BENEFITS. In the event that I, the patient, in addition to hospital benefits, am entitled to any physician(s) benefits of any type whatsoever arising out of a policy of insurance insuring me or any other party's liability to me, I hereby assign said benefits to any physicians, Tulane University Medical Group or ES Physicians rendering care or treatment during this stay or outpatient/clinic visits, to be applied to my bill.

(8) RELEASE OF MEDICAL INFORMATION. I authorize the Hospital, Physicians, ES Physicians or TUMG Physicians or any physician rendering care or treatment to release medical and supporting documentation of same as compiled in the medical records during this admission, outpatient, ES Physicians or TUMG Clinic visit for purposes of benefit payment.

(9) MEDICARE PATIENT CERTIFICATION. I certify that the information given by me in applying for payment under Title XVIII of the Social Security Act is correct. I authorize any holder of medical or other information about me to release to the Social Security Administration or its intermediaries or carriers any information needed for this or a related Medicare claim. I permit a copy of this authorization to be used in place of the original and request payment of authorized benefits be made on my behalf.

PATIENT _____ OR _____

Relationship of Agent or Representative _____ WITNESS _____ Agent or Representative

Tulane University Hospital & Clinic

1415 TULANE AVENUE
NEW ORLEANS, LA 70112

CONSENT AND CONDITIONS OF TREATMENT

87-627 8/00

RJH:TUH 00004

CONFINDENTAL

TULANE UNIVERSITY HOSPITAL AND CLINIC

1415 Tulane Avenue
New Orleans, LA 70112

PHYSICIAN'S PROGRESS NOTES

HARDY, RONNIE J
UNIT #: 76-70-28
DATE OF VISIT: 05/01/02
ACCOUNT #: 40442008
LOCATION: MEDICINE - MULTI-SPECIALTY

Mr. Hardy's date of visit is May 1, 2002, which it today. His date of birth is 03/16/1964. He is coming to this clinic to follow up on his evaluation of his industrial lead exposure which was associated with elevated blood lead levels. The patient since then has done a succimer lead mobilization test and during this visit he offers no new complaints but reports that he still has some musculoskeletal complaints. On examination, his heart rate is 86. His blood pressure is 120/80, his weight is 180 pounds. His temperature is 99 degrees and his head, eyes, ears, nose and throat are normocephalic. No adenopathy. Oropharynx normal. Sclera nonicteric. Cardiovascular S1 and S2 normal. No murmur or gallops. Lungs are clear to auscultation bilaterally. His abdomen is soft and nontender without organomegaly. Extremities show no edema. Neurologic is nonfocal.

Labs performed in Quest Diagnostics and through St. Francis Cabrini in Alexandria show 24-hour urine lead during 2 grams of succimer administration is 152 mcg. His blood lead checked 23 and 26 mcg which are much lower than previous readings. His basic metabolic panel - Creatinine is 1.3, BUN 21, electrolytes normal, calcium 10.1, liver profile normal, uric acid is 6.5. CBC within normal limits and these measurements were repeated on the 1st of April, creatinine was 1.2 and everything else is unchanged. Uric acid is 6.7. His 24-hour urine volume was 2500 and 24 hour urine protein was 100 mg which is also normal. Zinc protoporphyrin level is 28.

IMPRESSION: Industrial lead exposure, blood lead levels are gradually coming within the normal range. 24-hour urine lead excretion after succimer provocation 2000 mg yielded a value of 152 which represents a minimal body burden. Not generally associated with cardiovascular or renal morbidity, although blood lead levels is somewhat higher than the ambient levels. Given the totality of the findings, there is no indications for continued chelation therapy at this point. I recommended the patient to perhaps check back with me in approximately one year to see where he stands. Other than that, no follow up or treatment is necessary at this time. The findings, nevertheless, do establish initially toxic exposures which are spontaneously

CONFINDENTAL

clearing and the administration of the test dose of 2000 mg of succimer may have also had some therapeutic benefit.

Vecihi Batuman, M.D.

VB/TL595/97555
DD:05/01/02 DT:14:58:00
DT:05/02/02 TT:10:22:08

cc: Harold Ginzburg, M.D.

Each entry requires date, time, signature and title

Date	Time	Interdisciplinary Patient Notes
MAY 0 1 2002		
MEDICINE CLINIC		Hem [illegible] ok
		D/c [illegible]
		[illegible]

Interdisciplinary Patient Notes

N6301-L 07/98 (RC# 0258973)

RJH:TUH 00007

CONFINDENTAL

Primary/referring Physician _____

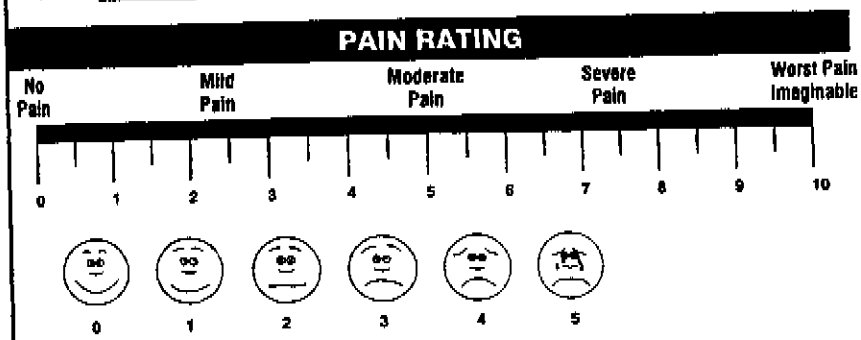
Address _____

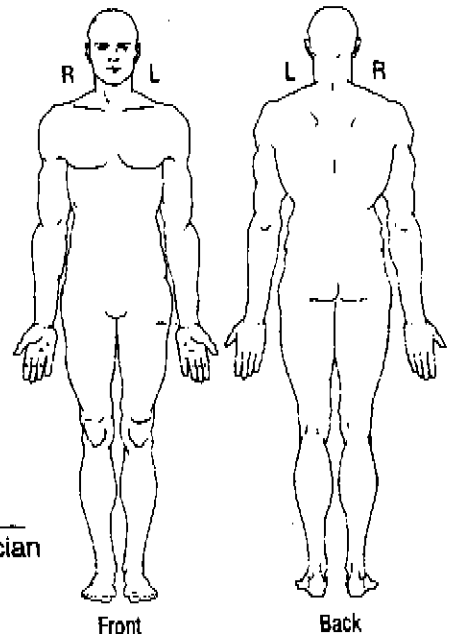
_____

Phone ( ) _____

T C F 99.0 oral / rectal / Axillary / Tympanic P 84 R 20 B/P 120/80 Wt 180 (Refer if 10% increase or decrease)

Ht/Len _____ Head Circumference (2 yrs & under) _____





Immunizations up to date per history ___ yes ___ no ___ given see progress note ___ referred to Primary Physician (18 yrs & under)

Nutritional Screen any yes answer requires an assessment

- Has your food intake changed in the past month ___ yes ___ no If yes has it ___ increased ___ decreased
- Do you have difficulty chewing ___ yes ___ no
- Do you have difficulty swallowing ___ yes ___ no
- Have you in the past 3 days experienced ___ nausea ___ vomiting ___ diarrhea
- Are you on tube feeding ___ yes ___ no if yes are you taking ordered amount ___ yes ___ no
- Do you receive feeding through your veins ___ yes ___ no
- Are you on a special diet ___ yes ___ no What kind _____

  If yes do you need help in understanding your diet ___ yes ___ no

_____ Notified of need for assessment

Functional Screen any yes answer requires an assessment

- Have there been changes in your daily activities at home or work ___ yes ___ no
- Have you experienced unusual tiredness ___ yes ___no If yes has it affected your daily activities ___ yes ___ no
- Have you had any unexplained falls in the past year ___ yes ___ no (under 3 years of age only)
- Has your participation in physical activities or play changed ___ yes ___ no

_____ Notified of need for assessment

Smoking by patient ___ yes ___ no in household ___ yes ___ no Smokeless tobacco use ___ yes ___ no

Alcohol use ___ no ___ yes ___ daily ___ frequently ___ social

Medical screening in past year PSA _____ Mammogram _____ Pap Smear _____

Vision _____ hearing _____ KIDMED _____ TB _____ Other _____

Signature/Title Date

Tulane
UNIVERSITY
HOSPITAL & CLINIC

1415 TULANE AVENUE
NEW ORLEANS, LA 70112

AMBULATORY SCREENING

RJH:TUH 00008

CONFINDENTAL

87-879

PATIENT HISTORY AND PHYSICAL

TULANE UNIVERSITY HOSPITAL AND CLINIC	HARDY, RONNIE TMC#: 76-70-28 ADMITTED: ACCOUNT #: 40070337

DATE OF BIRTH: March 16, 1964

Mr. Hardy came to this clinic referred by Dr. Ginsberg.

REASON FOR REFERRAL: Patient has had industrial lead exposure.

CHIEF COMPLAINT: Lead exposure and feeling weak, loss of appetite, loss of weight, and having unrelenting pains in his extremities.

HISTORY OF PRESENT ILLNESS: Mr. Hardy has worked this past summer for approximately two weeks in Baton Rouge in a battery recycling company in the maintenance department. The company is named Exide and the work place both indoors and outdoors was heavily contaminated with lead and he was working for a subcontractor and it was well recognized that the work place is heavily contaminated by lead dust and workers were advised to protect themselves. According to the patient, there was variable degree of protection depending on which group of contractors you might be affiliated with. The workers were provided with work clothes as well as a nose-mouth respirator, and he says that the respirator he was provided with was not the same kind that some other people had, particularly welders seemed to be more sturdy and he also reports that some follow up consultation with other doctors he was advised that this was not the proper kind of respirator. Also the respirator was not changed daily the dust in the cartilages and the filters were dusted off and was reused. Furthermore, he reports that he had to wear the respirator only when the supervisors were around.

He reports that at the end of the work day, his total body, all clothing, hair, and face would be covered by lead dust and taking showers would wash off muddy looking material off his body and he also felt the taste of the dusty material. It was metallic and it tasted bitter. Around the time he worked in this company, he had diarrhea for approximately three weeks, rarely had headache. He had significant loss in appetite and he says he lost 20 pounds over a span of a couple of months. He had one episode of vomiting, occasional nausea, no hematemesis or melena. No visual changes. No chest pain. No shortness of breath. No seizure. He did not have gout. He had no skin problems. He had joint pains and diffuse extremity pains. He was evaluated for this on multiple occasions. Approximately a month after he stopped working this place, he says his blood lead was measured at 76 mcg. No report is available at this time. He was referred to an

emergency room in Alexandria. He was advised there that they had no expertise on how to manage lead exposed workers. He was provided with some CDC material and he continued following up with other doctors. On a repeat measurement, his blood lead was 66. Last week his lowest blood lead was obtained at 37, according to the patient. No medication nor any chelation therapy was attempted, although this was discussed.

Evidently the case now is involving a legal suit.

REVIEW OF SYSTEMS: Apart from what is mentioned above is negative, particularly noteworthy is the absence of seizure and presence of neuropathy diagnosed by a Neurology consultant.

PAST MEDICAL HISTORY: Past medical history is negative. He had fracture when he was a child. He did not have any significant medical illness. Currently he is on no medication. He is not known to be allergic to any drug. He smokes about one pack per day. He drinks about a six pack of beer per week. He is now working as a truck driver. He has never consumed moonshine. He is divorced and he lives in a trailer home. Previously he lived in a brick home which was fairly new and renovated with adequate plumbing and electricity. No paint problems.

FAMILY HISTORY: His family history is his parents are 58 and 55, and they are in good health.

PHYSICAL EXAMINATION: Blood pressure is 130/100, will repeat measurements in the clinic. It showed on the left arm blood pressure ranging between 134 to 140 systolic/90 to 102 diastolic. On the other arm, it was 136/98. His heart rate is 86, temperature is 98.3, and respiratory rate is 20. He weighed 178 pound. In general, he looked alert, oriented, articulate and provides good details to his history. His examination of head, eyes, ears, nose, and throat is normocephalic. Neck is supple. No adenopathy. No bruits. No mass. No JVD. Eyes, extraocular movements are intact. Sclerae are nonicteric. Pupils are equally reactive to light and accommodation. Fundi are normal. Oropharynx is normal. Heart, S1 and S2 normal. No rub. No murmur. No gallop. Lungs are clear to auscultation bilaterally. His abdomen is soft, nontender without organomegaly. Extremities are normal peripheral pulses. No edema. Skin looks normal. Neurological exam is grossly nonfocal. Sensory exam is not performed.

LABORATORY DATA: No labs available. A urinalysis performed in the clinic was negative for protein or formed elements. No

N6301

Each entry requires date, time, signature and title

Date	Time	Interdisciplinary Patient Notes
MAR 27 2002 MEDICINE CLINIC		July 14 - Aug 7) Battery recycle worker - for working lead dust 6' deep - covered hand to toe c dust. Nose mouth respirator - 12 h shifts [illegible] task - Locked mouth [illegible]
		Drinking - x3/wk
		HA - ⊖ -
		Loss appetite - lost 20 lbs
		Had an open wound - open to lead-dust
		N/V ⊖ - (vomited once)
		No visual changes No CP / SOB
		No seizure - Gout.
		Joint pains - Skin
		> Truck Driver most of his life
		Doze operator. Saw a Family Dr (20 Aug)
		⊖ Welding. Pb = 76.5 → ER
		> Meds: ⊖. in Morgantown,
		All: NKDA St Francis, Colum'
		CDC -
		PMH - saw a Internist -
		15 yrs (no [illegible]) good health. V66 Sept.
		lowest 37 (last life
		FH - 58/55 [illegible] No medicine, Chelation was inpatient

Margin: Personal, Hand, Back [illegible] / Truck, Sensitive [illegible]

Interdisciplinary Patient Notes
N6301-L 07/98 (RC# 0258973)

HARDY, RONNIE 03/16/1964
MT UNIT #:
*******TODAY'S APPOINTMENT*******
PROVIDER: BATUMAN MD, VECIHI
REF PROV:
BILL AREA:
LOC: MEDICINE CLINIC
03/27/2002 NPO 01:20PM
SPECIAL BILL:
FSC1:
IDX VIS#:241166 MT ACC

RJH:TUH 00012

CONFINDENTAL

Each entry requires date, time, signature and title

Date	Time	Interdisciplinary Patient Notes
		[illegible] person [illegible]
		Hair started falling out
		Dictated
		# 82959
		[signature]

PATIENT IDENTIFICATION

Interdisciplinary Patient Notes
N6301-L 07/98 (RC# 0258973)

RJH:TUH 00013

CONFINDENTAL

Primary/referring Physician _____

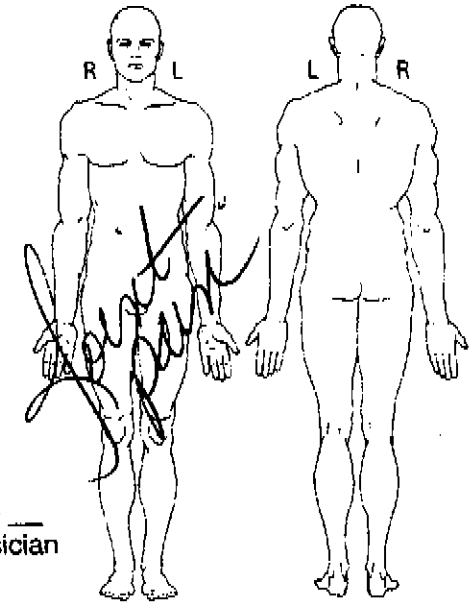
Address _____

_____

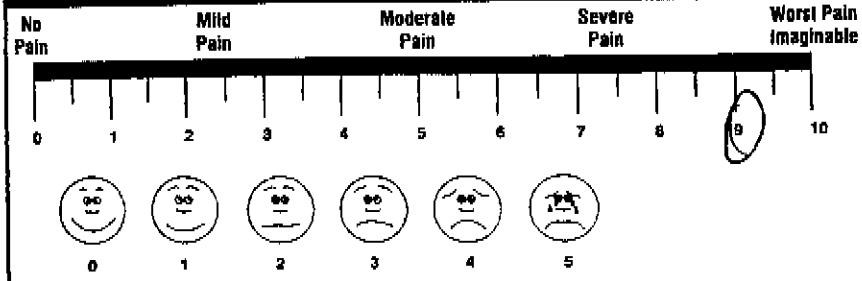
Phone ( ) _____

T F C 98 oral rectal Axillary Tympanic P 86 R 20 B/P 130/100 Wt 178 (Refer if 10% increase or decrease)

Ht/Len _____ Head Circumference (2 yrs & under) _____



PAIN RATING



Immunizations up to date per history ___ yes ___ no ___ given see progress note ___ referred to Primary Physician (18 yrs & under)

Nutritional Screen any yes answer requires an assessment

- Has your food intake changed in the past month ___ yes ✓ no If yes has it ___ increased ___ decreased
- Do you have difficulty chewing ___ yes ✓ no
- Do you have difficulty swallowing ___ yes ✓ no
- Have you in the past 3 days experienced ⊖ nausea ⊖ vomiting ⊖ diarrhea
- Are you on tube feeding ___ yes ✓ no if yes are you taking ordered amount ___ yes ✓ no
- Do you receive feeding through your veins ___ yes ✓ no
- Are you on a special diet ___ yes ✓ no What kind _____
  If yes do you need help in understanding your diet ___ yes ✓ no

_____ Notified of need for assessment

Functional Screen any yes answer requires an assessment

- Have there been changes in your daily activities at home or work ___ yes ✓ no
- Have you experienced unusual tiredness ✓ yes ___ no If yes has it affected your daily activities ✓ yes ___ no
- Have you had any unexplained falls in the past year ___ yes ✓ no (under 3 years of age only)
- Has your participation in physical activities or play changed ___ yes ✓ no

_____ Notified of need for assessment

Smoking by patient ✓ yes ___ no in household ___ yes ___ no Smokeless tobacco use ___ yes ___ no
Alcohol use ___ no ✓ yes ___ daily ___ frequently ___ social
Medical screening in past year PSA ____ Mammogram ____ Pap Smear ____
Vision No hearing Yes KIDMED ____ TB No Other _____

Signature/Title [signature] Date 3/27/02

Tulane
UNIVERSITY
HOSPITAL & CLINIC
1415 TULANE AVENUE
NEW ORLEANS, LA 70112

AMBULATORY SCREENING

87-679

HARDY,RONNIE 03/16/1964
MT UNIT #:
*******TODAY'S APPOINTMENT*******
PROVIDER: BATUMAN MD,VECIHI
REF PROV:
BILL AREA:
LOC: MEDICINE CLINIC
03/27/2002 NPO
SPECIAL BILL:
PSCL:
[illegible]

RJH:TUH 00014

CONFINDENTAL

Rapides Regional Medical Center

Box 30101
211 Fourth Street
Alexandria, LA 71301-8454
Phone (318) 473-3000
www.rapidesregional.com

CERTIFICATION OF MEDICAL EXPENSES/STATEMENT OF ACCOUNT

FACILITY NAME: Rapides Regional Medical Center
211 Fourth Street
Alexandria, LA 71301

DATE: 3/17/3

I hereby certify that the enclosed 5 **pages are TRUE AND CORRECT copies of Medical expenses in our possession concerning** Ronnie Hardy **for his/her care and treatment by this facility.**

Cynthia W. Errington
Patient Representative

Notary

3-17-03
Date

AN AFFILIATE OF THE RAPIDES HEALTHCARE SYSTEM, L.L.C.:
Avoyelles Hospital
Oakdale Community Hospital
Savoy Medical Center
Winn Parish Medical Center

RAPIDES REGIONAL MEDICAL CENTER 1903 Centennial Celebration 100 2003

#530191
2/26/02 Cli
8/31/01 IM

RECEIVED
MAR 10 2003

STEPHANIE L. IRWIN
DIRECT DIAL: (504) 310-2113
sirwin@irwinllc.com

IRWIN FRITCHIE URQUHART & MOORE LLC

COUNSELORS AT LAW

due 3/26/03

400 POYDRAS STREET • SUITE 2700
NEW ORLEANS, LOUISIANA 70130
TELEPHONE 504.310.2100
FACSIMILE 504.310.2101
www.irwinllc.com

RECEIVED
MAR 11 2003

March 6, 2003

215416252
R 20552985 ?

Custodian of Records
Rapides Regional Medical Center
211 Fourth Street
Alexandria, LA 71301

Re: *Ronnie Hardy and Chad Gauthier, et al v. Randall Ducote, et al.*
USDC, WDLA, Civil Action No. 02-1520A
Our File No. 10057.1

Dear Sir/Madam:

We are issuing Deposition Subpoenas Duces Tecum to you which will be served on you at your office. The subpoenas are scheduled for March 26, 2003, at 10:00 a.m. at your facility. The subpoena commands the production of all records for inspection and photocopying that you have **CHAD GAUTHIER, D/O/B: 02/1968, SS # 436-53-5299** and **RONNIE HARDY, SS # 434-37-0478.** I enclose a courtesy copy of the Subpoenas for your reference.

As I am sure you are aware, because this deposition is for the production of documents and things only, my firm will accept delivery of photocopies of all responsive documents by mail to:

Stephanie L. Irwin
Irwin Fritchie Urquhart & Moore LLC
400 Poydras Street, Suite 2700
New Orleans, Louisiana 70130

with a **certificate of authenticity**, on or before March 26, 2003. A certificate of authenticity is nothing other than a letter that sets forth that the records being forwarded are a true, correct and complete copy of all documents responsive to the Deposition Subpoenas Duces Tecum. If you have a notary public on the premises, we would prefer the certificate notarized. Otherwise, a signature to the letter is sufficient.

We will reimburse you for the costs of photocopying the records and postage for forwarding same. You can either include the invoice in the package or call me at (504) 310-2113 and I will

5 pages
cc: XRay
cc: BO
cc: Risk Mngt

SOURCECORP
MAR 13 2003
COPIED

FS PR
OP
ER
Other Bills

BR18 PAT INQ-BAD DEBT UNIT: 02348 FILE DATE: 03/11/03 REFER: 3-14-1

PAT NUM: 21546252 PT: O ADM: 02/26/02 FBIL: 03/04/02 BAL: 202.00
PAT NAME: HARDY RONNIE FC: 99 DIS: 02/26/02 PHYS: 9999 STAT: BD

BAD DEBT ACCOUNT INFORMATION

SSN: 434-37-0478 DOB: 03/16/64 SEX: M MR NUM: 530191 ADM SRC: 1
NAME: HARDY RONNIE J SERVICE CD: LAB ADM TYP: L
ADDR: 485 HWY 3041 INIT STMT DT: 03/05/02 PREV STAT: CA
COUNTY CD: AVO BD TYPE: NA

BUNKIE LA 71322

RESP PRTY: HARDY RONNIE J NUM:
ADDR: 485 HWY 3041 SSN: 434-37-0478
PHONE: 318-876-2588

BUNKIE LA 71322

DT TO BD: 02/04/03 W/O AMT: 202.00 CURRENT BAL: 202.00
LST PYMT: PYMT AMT: .00

ENTER-CONTINUE F1-HELP F3-EXIT F12-LINK ACT: PYMT

Rapides Regional Medical Center
211 Fourth Street
Alexandria, LA 71301-8454

BR10 PAT INQ-PAY/ALLOW/AD? UNIT: 02348 FILE DATE: ?3/11/03 REFER: 3-23-1

PAT NUM: 21546252 PT: O ADM: 02/26/02 FBIL: 03/04/02 BAL: 202.00
PAT NAME: HARDY RONNIE FC: 99 DIS: 02/26/02 PHYS: 9999 ROOM: STAT: BD

PAYMENT/ALLOWANCE/ADJUSTMENT INFORMATION

TYP	PROC	EFF DATE	AMOUNT	COMMENT/DESC	PLAN	DSCH/B-T	ENT DATE
W/O	999999	01/31/03	202.00-	BAD DEBT		02/26/02	02/04/03

ENTER-CONTINUE F1-HELP F3-EXIT F7-FIRST F8-NEXT F12-LINK ACT: COLL
LAST PAGE OF PAYMENTS SORTS: E E-ENT F-EFF
D A-ASC D-DSC

BR07 PAT INQ-FINANCIAL UNIT: 02348 FILE DATE: 0[illegible]/11/03 REFER: 3-18-1

PAT NUM: 21546252 PT: O ADM: 02/26/02 FBIL: 03/04/02 BAL: 202.00
PAT NAME: HARDY RONNIE FC: 99 DIS: 02/26/02 PHYS: 9999 ROOM: STAT: BD

FINANCIAL INFORMATION

TOTAL CHARGES	PAYMENTS	ADJUSTMENTS	UNPOSTED LT CHGS	ACCOUNT BAL
202.00	.00	202.00	.00	.00

	INS1	INS2	INS3	PATIENT
CURRENT PLN:				
INS DESC:				
CLAIM DATE:				
EST LIABLTY:				202.00
ACT PAYMENT:				.00
ADJUSTMENTS:				.00
ALLOWANCES:				.00
BALANCE DUE:				202.00
SYSTEM ADJ:				
MEMO:				

ENTER-CONTINUE F1-HELP F3-EXIT F12-LINK ACT: PYMT

COVERAGE INFORMATION : ENTER "COVR" AT "ACT"

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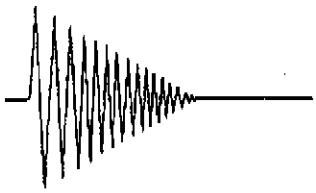
CAPS    FDX        3:07p   ?- 57
HCA     CS R7.6  STA: 0626  ACTIVITY: File Track                DATE:  03-13-03
Maint mEmo Let Not Fin Claim Reqst Both meDi Place mAil _
F3=Patient Inquiry  F7=Apply
==========================================================================
P/N       20552985 HARDY RONNIE                Fac  2348 RAPIDES REGIONAL MED     1
Rsp HARDY RONNIE                SSN 434-37-0478 Admit 08-31-01 Dsch 08-31-01 FC 99
Adr 1437 RICHE RD               Desk      80 CS 981  0 ZERO BALANCE
Adr                             BdAdr N   PType O   SD 99-99-99 WTD       99-99-99
C&S BUNKIE          LA          G/N                 EOD 99-99-99 Agy 999    Hold N
Zip 71322-        Ph (318)876-2588    Arrg Amt                  Lst Stmt 10-31-01
Lst Pt Pay        122.00  01-31-02    BdDebt NA Fbill 09-26-01 Delay
Ttl Chg        122.00  Bal                  Pt Due                 Pd        122.00
Ttl Cmbd Bal                  .00      Dlq Ins    -                      Dsk
Pri                                    CS
Due                 Pd                 SD          WTD                   DLY
Sec                                    Grp
Due                 Pd                 Ph (   )   -              Claim Sub
Ter                                    Pol#                          Ins'd
Due                 Pd                 TAuth                         AccDt 07-14-01
-----  Financial Transactions  -----------------  Notes  --------------------
02-01-02 009500 1        122.00-
09-12-01 781046 6        122.00
```

P/N 20552985 HARDY RONNIE Fac 2348 RAPIDES REGIONAL MED 1
Rsp HARDY RONNIE Ptype O Admit 08-31-01 Dsch 08-31-01 FC 99

Total Charges	Pat Payments	Ins Payments	Allowances	Net Balance
122.00	122.00-	.00	.00	.00

Ent-Date	Trn-Date	ProCod	Typ	Orignl Amt	Insur	Comment
02-01-02	01-31-02	009500	1	122.00-		CBA.AGENCY PAYMENT
09-12-01	08-31-01	781046	6	122.00		E & M LEVEL IV NP



Advanced Neurodiagnostic Center

FACSIMILE COVER SHEET

DATE: 12/12/2001

TO: Dr. Ginzburg

FAX #: 836-5578

FROM: Virginia

 # PAGES INCLUDING COVER: 4

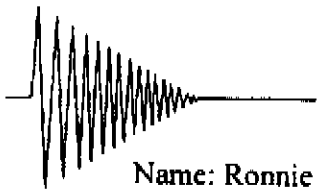
COMMENTS: RE: Ronnie Hardy

EMG Report

If you have any questions or problems regarding this transmission, please call (504) 885-3737.

NOTE: This message is intended for the use of the individual named above and may contain information that is priviledged and/or confidential. If you received this fax in error, please be notified that any dissemination, distribution, or copying of this communication is strictly prohibited. Please notify us immediately by telephone and return the original message to us at the address below via the U.S. Postal Services.

3409 N. Hullen Avenue, Suite 102 • Metairie, Louisiana 70002 • (504) 885-3737 • FAX (504) 885-5507



Advanced Neurodiagnostic Center

Name: Ronnie Hardy
Age: 37
Date of EMG: 12/11/01
Social Security Number: 434-37-0478

Date of Birth: 3/16/64
Sex: Female

Upper Extremities Nerve Conduction Study

Nerves	Distance(cm)	Latency(ms)	Amplitude	C.V.(m/s)
Right Median (motor)	24	Distal: 3.8[<4.5] Proximal: 8.6	Distal: 11.9[>3mV] Proximal: 10.8	49.6[>48]
Right Median (F Wave)		29.0		
Right Ulnar (motor)	32	Distal: 3.3[<3.6] AE: 9.1	Distal: 9.5[>5mV] AE: 9.7	54.0[>48]
Right Ulnar (F Wave)		31.7		
Right Median Palmar Sensory	8.0	2.2[<2.3]	72.5[>40μV]	
Right Ulnar Palmar Sensory	8.0	2.2[<2.2]	23.5[>11μV]	
Right Radial Sensory	10.0	2.5[<2.5]	20.0[>15μV]	
Other:				

3409 N. Hullen Avenue, Suite 102 • Metairie, Louisiana 70002 • (504) 885-3737 • FAX (504) 885-5507

Upper Extremities Nerve Conduction

Nerves	Distance(cm)	Latency(ms)	Amplitude	C.V.(m/s)
Left Median (motor)	22.0	Distal: 4.0[<4.5] Proximal: 32.0	Distal: 10.5[>3mV] Proximal: 32	48.8[>48]
Left Median (F Wave)		32		
Left Ulnar (motor)	32 18	Distal: 3.3[<3.6] AE: 9.9 BE: 6.9	Distal: 10.2[>5mV] AE: 10.2 BE: 9.8	47.4[>48] 48
Left Ulnar (F Wave)		29.2		
Left Median Palmar Sensory	8.0	2.3[<2.3]	88.3[>40µV]	
Left Ulnar Palmar Sensory	8	2.2[<2.2]	21.7[>11µV]	
Left Radial Sensory	10	2.6[<2.5]	20.8[>15µV]	
Other:				

NEEDLE EXAM OF UPPER EXTREMITIES

Left	Insertional Activity	Fibs	Fasc	Motor Unit Potentials
Bicep				
Deltoid				
Pronator				
Brachioradialis	Normal	0	0	Normal
APB				
FPL				
FDI	Normal	0	0	Normal
Thoracic Paraspinal				
Other Muscles				
Cervical Paraspinal				

Right	Insertional Activity	Fibs	Fasc	Motor Unit Potentials
Bicep				
Deltoid				
Pronator				
Brachioradialis	Normal	0	0	Normal
APB				
FPL				
FDI	Normal	0	0	Normal
Thoracic Paraspinal				
Other Muscles				
Cervical Paraspinal				

Summary: Nerve conduction studies of both upper extremities including F waves were abnormal with slow conduction velocities and prolonged latencies.. Needle examination of the selective muscles were normal.

Impression: Mild upper extremities motor and sensory neuropathies.

Morteza Shamsnia, M.D.

Rapides Regional Medical Center

Box 30101
211 Fourth Street
Alexandria, LA 71301-8454
Phone (318) 473-3000
www.rapidesregional.com

CERTIFICATION OF PATIENT'S MEDICAL RECORD

Except for those matters for which disclosure is prohibited by Louisiana or Federal law, I hereby certify that the attached are true and complete copies of the Medical Records of:

Ronnie Hardy

maintained by Rapides Regional Medical Center:

PATIENT TYPE	MR#	PT#	PATIENT TYPE	MR#	PT#
CU	530191	21546252			
IM	530191	Industrial Medicine			

ITEMIZED BILL ENCLOSED_____

ITEMIZED BILL WILL FOLLOW SEPARATELY_____

I further certify that: (a) I am the duly authorized custodian of the records, and, as such, have authority to certify the records; (b) The copies are true and correct copies of the originals thereof; and (c) The records were prepared by the personnel of the hospital or staff physicians, or persons acting under the control of the either, in the ordinary course of the business of the hospital at or near the time of the act, condition or event.

DATE: 3/21/03

BY: Kelli Campbell, RHIA

AN AFFILIATE OF THE RAPIDES HEALTHCARE SYSTEM, L.L.C.:
Avoyelles Hospital
Oakdale Community Hospital
Savoy Medical Center
Winn Parish Medical Center

RAPIDES REGIONAL MEDICAL CENTER 1903 Centennial Celebration 2003

RJH:RRM00001

CONFINDENTAL

#530191
(2) 2/26/02 CCI
(12) 8/31/01 IAA

RECEIVED
MAR 10 2003

IRWIN FRITCHIE
URQUHART & MOORE LLC
— COUNSELORS AT LAW —

STEPHANIE L. IRWIN
DIRECT DIAL: (504) 310-2113
sirwin@irwinllc.com

400 POYDRAS STREET • SUITE 2700
NEW ORLEANS, LOUISIANA 70130
TELEPHONE 504.310.2100
FACSIMILE 504.310.2101
www.irwinllc.com

Due 3/26/03

March 6, 2003

SOURCECORP
MAR 21 2003
COPIED

Custodian of Records
Rapides Regional Medical Center
211 Fourth Street
Alexandria, LA 71301

Re: *Ronnie Hardy and Chad Gauthier, et al v. Randall Ducote, et al.*
USDC, WDLA, Civil Action No. 02-1520A
Our File No. 10057.1

FS ___ DS ___ HP ___
OP ___ Lab ___ XRay ✓
ER ___ Comp Cht ✓

Dear Sir/Madam:

We are issuing Deposition Subpoenas Duces Tecum to you which will be served on you at your office. The subpoenas are scheduled for March 26, 2003, at 10:00 a.m. at your facility. The subpoena commands the production of all records for inspection and photocopying that you have **CHAD GAUTHIER, D/O/B: 02/1968, SS # 436-53-5299** and **RONNIE HARDY, SS # 434-37-0478.** I enclose a courtesy copy of the Subpoenas for your reference.

As I am sure you are aware, because this deposition is for the production of documents and things only, my firm will accept delivery of photocopies of all responsive documents by mail to:

14 pgs

Stephanie L. Irwin
Irwin Fritchie Urquhart & Moore LLC
400 Poydras Street, Suite 2700
New Orleans, Louisiana 70130

with a **certificate of authenticity**, on or before March 26, 2003. A certificate of authenticity is nothing other than a letter that sets forth that the records being forwarded are a true, correct and complete copy of all documents responsive to the Deposition Subpoenas Duces Tecum. If you have a notary public on the premises, we would prefer the certificate notarized. Otherwise, a signature to the letter is sufficient.

We will reimburse you for the costs of photocopying the records and postage for forwarding same. You can either include the invoice in the package or call me at (504) 310-2113 and I will

cc: XRay
cc: BO
cc: Risk Mngt

RJH:RRM00002
CONFINDENTAL

Date: 03/21/03
Time: 1030

Printed For EMR.GOUKA
Page 1

CENTRAL LOUISIANA HEALTHCARE SYSTEM PARTNERSHIP
PATIENT INQUIRY

Name: HARDY,RONNIE J
Admit No. E00021546252
Med Rec No. E000530191
Admit Diagnosis:

Age: 37 **Sex:** M
Loc: E.LABWO
Ser Date: 02/26/02

SPEC #: 0226:RA:H00211R
ENTR: 02/26/02-0917
COLL: 02/26/02-0922
RECD: 02/26/02-0928
STATUS: COMP **REQ #:** 02082844
SUBM DR: Undefined Provider
OTHR DR:
UPDATED: 02/26/02

ORDERED: COMPLETE BLOOD COUNT

Test	Result	Flag	Reference
CBC			
> WBC	11.4	H	5.0-10.0 K/MM3
> RBC	6.71	H	4.20-5.40 M/MM3
> HGB	17.5	H	12.0-16.0 GM/DL
> HCT	49.8		42.0-52.0 %
> MCV	87.2		82.0-95.0 FL
> MCH	30.6		27.0-31.0 PG
> MCHC	35.2		33.0-37.0 G/DL
> RDW	13.3		11.5-14.5 %
> PLATELET CT	263		150-450 K/MM3
> MPV	7.2		7.2-11.1 FL
> % SEG	76.2	H	40-70 %
> % MONO	3.8		3-9 %
> % EOS	1.7		0-5 %
> % BASO	0.5		0-1 %
> % LYMPH	17.8	L	25-45 %

** END OF REPORT **

RJH:RRM00003

CONFINDENTAL

Date: 03/21/03
Time: 1029

Printed For EMR.GOUKA
Page 1

CENTRAL LOUISIANA HEALTHCARE SYSTEM PARTNERSHIP
PATIENT INQUIRY

Name: HARDY,RONNIE J
Admit No. E00021546252
Med Rec No. E000530191
Admit Diagnosis:

Age: 37 **Sex:** M
Loc: E.LABWO
Ser Date: 02/26/02

SPEC #: 0226:RA:C00297R
ENTR: 02/26/02-0917
COLL: 02/26/02-0922
RECD: 02/26/02-0928
STATUS: COMP **REQ #:** 02082844
SUBM DR: Undefined Provider
OTHR DR:
UPDATED: 03/01/02

ORDERED: COMP METABOLIC PANEL
HEPATIC FUNCTION PANEL
URIC ACID
LEAD
ZINC PROTOPORPHYRIN

Test	Result	Flag	Reference
> SODIUM	141		135-148 MEQ/L
> POTASSIUM	4.2		3.3-5.1 MEQ/L
> CHLORIDE	103		100-112 MEQ/L
> CO2	26		21-32 MEQ/L
> ANION GAP	12		0-15
> GLUCOSE	63	L	70-120 MG/DL
> BUN	22	H	6-19 MG/DL
> CREATININE	1.3		0.9-1.5 MG/DL
> PROTEIN, TOTAL	7.6		5.9-8.4 GM/DL
> ALBUMIN	4.0		3.2-5.2 GM/DL
> GLOBULIN	3.6		G/DL
> A/G RATIO	1.1		1.1-1.8
> CALCIUM	9.7		8.4-10.7 MG/DL
> URIC ACID	7.0		3.4-7.0 MG/DL
> T. BILIRUBIN	0.4		0.1-1.2 MG/DL
DBIL			
> D. BILIRUBIN	0.1		0.0-0.3 MG/DL
> BILIRUBIN, IND	0.3		0.2-0.8 MG/DL
> SGOT (AST)	23		2-37 U/L
> SGPT (ALT)	17		0-40 U/L
> ALK PHOS	86		39-117 U/L
> LEAD	SEE REF LAB REPORT		
> ZINC PROTOPORPH	SEE REF LAB REPORT		
> OSMOLALITY	283		282-300 MOS/L

** END OF REPORT **

RJH:RRM00004

CONFINDENTAL

RAPIDES GENERAL HOSPITAL

A DIVISION OF RAPIDES REGIONAL MEDICAL CENTER

ALEXANDRIA, LOUISIANA 71301

OUTPATIEN REGISTRATI(

HARDY,RONNIE 37 M
Acct: E00020552985 M/R: E000530191
SSN: 434-37-0478 DoB: 03/16/64
1437 RICHE RD
BUNKIE, LA 71322
Smith,Robert Clay M.D. 08/31/01

MAIDEN NAME | AGE | MED. RECORD NO. | V.

CITY | STATE | ZIP | PAT. D O B

ONE NO. | SEX | R/C | M/S | PREV. ADMISSION | SOC. SEC. NO. | REG. DATE | ADMIT TIM

GUARANTOR NO. | MED. SVS. | SRC | FIN CL. | PARISH

PATIENT EMPLOYED BY | PATIENT OCCUPATION | PATIENT BROUGHT BY | CLERK | ACC. DATE | ACC. TIME | ACC. C

EMERGENCY CONTACT | EMERGENCY CONTACT ADDRESS | CITY | STATE | PHONE

GUARANTOR LAST NAME | FIRST | STREET ADDRESS | CITY | ST. | ZIP

GUARANTOR PH. NO. | GUARANTOR EMPLOYER | GUAR. SOC. SEC. NO. | REL.

CO. NO. | PLAN NO | INSURANCE CO. NAME | SUBSCRIBER NAME | POLICY NO. | GROUP NO.

DOCTOR | DIAGNOSIS OR PROCEDURE

ORAL | ALLERGIES | TETANUS | PREVIO TX

TE | RECTAL P. | R. | B.P. /

DISPOSITION

DX

RJH:RRM00005

CONFINDENTAL

☐ IMPROVED ☐ UNIMPROVED BUT STABLE ☐ ADMITTED ☐ EXPIR

CHART MEDICAL RECORDS

ATTENDING PHYSICIAN

AUTHORIZATION FOR TREATMENT AND RELEASE OF INFORMATION

GENERAL

This authorization form has been designed to insure that Rapides General Hospital (hereafter "Hospital") and you, the Patient or Patient's representative, have a mutual understanding regarding the medical treatment Patient receives here. Your signature below authorizes the performance of routine tests and examinations. However, during Patient's stay at the hospital, Patient's physician may perform certain operative or special medical procedures he has deemed beneficial in the diagnosis or treatment of Patient's condition. You should make certain that Patient's physician explains the nature and purpose of the operation and any special procedures so that you will understand the explanation given. Upon your authorization and written consent, such operations or procedures will be performed for Patient by Patient's physicians and/or other physicians selected by them.

CONSENT PROVISIONS

MY SIGNATURE BELOW CONSTITUTES MY ACKNOWLEDGEMENT THAT I: (i) authorize and consent to registration of Patient in the Hospital; (ii) authorize Hospital, its employees, the admitting physician and/or other physicians selected by the physician, to perform all necessary laboratory, diagnostic and operative or special medical procedures and to administer medication as ordered by Patient's physician; (iii) authorize Hospital, its employee, the admitting physician and/or other physicians selected by the physician, and such laboratory personnel as may be necessary, to perform all laboratory or diagnostic medical procedures deemed necessary to detect and prevent the spread of contagious diseases, and further authorize dissemination of such test results to Hospital's health care workers for the purpose of prevention of the spread of such contagious disease(s); (iv) authorize and request that Hospital to take possession of any tissues or parts removed and that it retain or dispose of same in accordance with the usual practice; (v) understand that the practice of medicine and surgery is not an exact science and that there is no guarantee or assurance as to the results that may be obtained through treatments or examinations.

RELEASE OF INFORMATION

I authorize Hospital, any Physician treating the Patient named on the reverse of this authorization form (hereafter the "Patient"), and any other holder of medical or other information about the Patient, to release to the insurance company or companies named on the reverse of this authorization form or such other insurance companies as are otherwise named by me, or to their agents or intermediaries, any information concerning this or any other hospitalization in order to obtain payment of the claim for this hospitalization. This release authorizes release for purposes of utilization review, financial audit or other reasons. I further authorize Hospital to release any medical or other information it possesses concerning the history of this or any other illness, including any treatment for alcohol, drug abuse, or HIV virus and any information concerning previous or pre-existing illnesses, and any diagnostic, therapeutic or other information whatsoever contained in Hospital's records of Patient in order to obtain payment for this hospitalization from the named insurance companies. This authorization shall continue until Hospital and Physician have received payment for this hospitalization.

TITLE XVIII

If applicable, I certify that the information given by me in applying for payment under Title XVIII of the Social Security Act is correct. I authorize any holder of medical or other information about me or Patient to release to the Social Security Administration or its intermediaries or carriers any information needed for this or a related Medicare/Medicaid claim and I request that payment of authorized benefits be made directly to Hospital and/or Physician.

EMERGENCY AUTHORIZATION

IF THIS AUTHORIZATION RELATES TO EMERGENCY TREATMENT, the undersigned has been informed of the emergency treatment considered necessary for the Patient whose name appears on the reverse hereof and acknowledges that the treatment and procedures will be performed by physicians, members of the house staff and employees of the hospital. AUTHORIZATION IS HEREBY GRANTED FOR SUCH TREATMENT AND PROCEDURES. The undersigned understands that a personal physician is to be selected by or on behalf of the patient if hospitalization or further treatment is required or immediately if complications arise. The undersigned has read and understands the above authorization and certifies that no guarantee or assurance has been made by Hospital as to the results that may be obtained.

DATE: 8-31-01 SIGNED: Ronnie Hardy
PATIENT
(Signature by mark must be witnessed)

WITNESS: K. Franks OR _____
AUTHORIZED PERSON
RELATIONSHIP TO PATIENT _____

RJH:RRM00006
CONFINDENTAL

HARDY,RONNIE 37 E000530191

E00020552985 1437 RICHE RD BUNKIE LA 71322 03/16/64

Smith,Robert Clay M (318)876-2588 M W D 434-37-0478 08/31/01 1350

E.IM E.U UNKNOWN E00020552985 E.IM ACHRA 99

FRAKI

SELF-EMPLOYED DRIVER

HARDY,UNK 1437 RICHE RD BUNKIE LA (318)876-2588 OT

HARDY,RONNIE 1437 RICHE RD BUNKIE LA 71322

(318)876-2588 SELF-EMPLOYED 434-37-0478 SA

SELF PAY (NO INSURANCE) HARDY,RONNIE 434370478

LEAD POISON

RJH:RRM00007

CONFINDENTAL

RAPIDES INDUSTRIAL MEDICINE

211 Fourth St.
Alexandria, LA 71301

5-13

AUTHORIZATION FOR INJURY TREATMENT

I. EMPLOYER INFORMATION: Todays Date: 8-31-01

Name of Company: Heart Self-Employed
Company Billing Address: _____
City _____ State _____ Zip _____
Phone No.: _____ Fax No.: _____
Contact Person for Verification / Information _____
Worker's Comp Carrier: _____
Address: _____
City _____ State _____ Zip _____
Phone No.: _____ Fax No.: _____ Attention: _____

{ } Our Company has light duty available. Please assign when feasible.

II. EMPLOYEE INFORMATION:

Employee's Name: HARDY (Last) BONNIE (First) J. (Middle) SS#: 434-37-0478
Maiden Name/Other: _____
Home Address: 1437 Riche RD.
City BUNKIE State LA Zip 71322
Marital Status: DIVORCed Phone No.: (318) 876-2588 DOB: 3-16-64 Age: 37
Occupation: OWNER HARDY'S Trucking Date of Injury: 7-14-01 Time of Injury: _____
Description of Injury: LEAD POISON

Have you been treated at this clinic for a previous injury? ____Yes ✓No (Pull D/C Chart)
Have you been treated for this injury by another physician ✓Yes ____No
If yes, name of doctor: DR. SAMS
Females only: **In the event an X-Ray is required; Are you or do you think you may be pregnant?** ____**Yes** ____**No**

III. Does the company require a post-accident drug screen? ____Yes ____No (Highlight/Yellow sticker)
IV. Does the company require a test for alcohol? ____Yes ____No
(If answer to III or IV is yes, verify that your drug testing information is on file.)

V. Is there another doctor who will receive information on this case? ____Yes ____No

VI. Do you have a preference of physician or other provider if referral is necessary? (Physical Therapist, Orthopedist)
____Yes ____No Name of physician or other restrictions _____

VIII. Do you want to receive Medical Treatment/Work Status by fax? ____Yes ____No
Fax No.: _____ To the Attn. of: _____

[ ] Verbal Authorization received from: _____ by: K. Franks
[ ] Incident Report Received by: _____

The following signature gives Rapides Industrial Medicine authorization to treat for a work-sustained injury. RJH:RRM00008 *CONFINDENTAL*

Employer Authorized Signature:(if available) _____

Patient seen as requested by Dr. John Sams per discussion

RAPIDES INDUSTRIAL MEDICINE

211 Fourth St.
Alexandria, LA 71301

5-13

AUTHORIZATION FOR INJURY TREATMENT

I. EMPLOYER INFORMATION: Todays Date: 8-31-01

Name of Company: Hart

Company Billing Address: _____

City _____ State _____ Zip _____

Phone No.: _____ Fax No.: _____

Contact Person for Verification / Information _____

Worker's Comp Carrier: _____

Address: _____

City _____ State _____ Zip _____

Phone No.: _____ Fax No.: _____ Attention: _____

{ } Our Company has light duty available. Please assign when feasible.

II. EMPLOYEE INFORMATION:

Employee's Name: HARDY (Last) RONNIE (First) J. (Middle) SS#: 434-37-0478

Maiden Name/Other: _____

Home Address: 1437 Riche RD.

City BUNKIE State LA Zip 71322

Marital Status: DIVORCed Phone No.: (318) 876-2588 DOB: 3-16-64 Age: 37

Occupation: OWNER HARDY'S TRUCKING Date of Injury: 7-14-01 Time of Injury: _____

Description of Injury: LEAD POISON

Have you been treated at this clinic for a previous injury? ___Yes ✓No (Pull D/C Chart)

Have you been treated for this injury by another physician ✓Yes ___No

If yes, name of doctor: DR. SAMS

Females only: **In the event an X-Ray is required; Are you or do you think you may be pregnant? ___Yes ___No**

III. Does the company require a post-accident drug screen? ___Yes ___No (Highlight/Yellow sticker)

IV. Does the company require a test for alcohol? ___Yes ___No

(If answer to III or IV is yes, verify that your drug testing information is on file.)

V. Is there another doctor who will receive information on this case? ___Yes ___No

VI. Do you have a preference of physician or other provider if referral is necessary? (Physical Therapist, Orthopedist)

___Yes ___No Name of physician or other restrictions _____

VIII. Do you want to receive Medical Treatment/Work Status by fax? ___Yes ___No

Fax No.: _____ To the Attn. of: _____

[ ] Verbal Authorization received from: _____ by: K. Franks

[ ] Incident Report Received by: _____

The following signature gives Rapides Industrial Medicine authorization to trea... RJH:RRM00009

for a work-sustained injury. CONFINDENTAL

Employer Authorized Signature:(if available) _____

Patient seen as requested by Dr. John Sams per discussion

RAPIDES INDUSTRIAL MEDICINE

211 Fourth St.
Alexandria, LA 71301

5-13

AUTHORIZATION FOR INJURY TREATMENT

I. EMPLOYER INFORMATION: Todays Date: 8-31-01

Name of Company: Hood

Company Billing Address: _____

City _____ State _____ Zip _____

Phone No.: _____ Fax No.: _____

Contact Person for Verification / Information _____

Worker's Comp Carrier: _____

Address: _____

City _____ State _____ Zip _____

Phone No.: _____ Fax No.: _____ Attention: _____

{ } Our Company has light duty available. Please assign when feasible.

II. EMPLOYEE INFORMATION:

Employee's Name: HARDY (Last) RONNIE (First) J. (Middle) SS#: 434-37-0478

Maiden Name/Other: _____

Home Address: 1437 Riche RD.

City BUNKIE State LA Zip 71322

Marital Status: DIVORCed Phone No.: (318) 876-2588 DOB: 3-16-64 Age: 37

Occupation: OWNER HARDY'S Trucking Date of Injury: 7-14-01 Time of Injury: _____

Description of Injury: LEAD POISON

Have you been treated at this clinic for a previous injury? ___Yes ✓No (Pull D/C Chart)

Have you been treated for this injury by another physician ✓Yes ___No

If yes, name of doctor: DR. SAMS

Females only: **In the event an X-Ray is required; Are you or do you think you may be pregnant? ___Yes ___No**

III. Does the company require a post-accident drug screen? ___Yes ___No (Highlight/Yellow sticker)

IV. Does the company require a test for alcohol? ___Yes ___No

(If answer to III or IV is yes, verify that your drug testing information is on file.)

V. Is there another doctor who will receive information on this case? ___Yes ___No

VI. Do you have a preference of physician or other provider if referral is necessary? (Physical Therapist, Orthopedist)

___Yes ___No Name of physician or other restrictions _____

VIII. Do you want to receive Medical Treatment/Work Status by fax? ___Yes ___No

Fax No.: _____ To the Attn. of: _____

[ ] Verbal Authorization received from: _____ by: K. Franks

[ ] Incident Report Received by: _____

The following signature gives Rapides Industrial Medicine authorization to treat ... for a work-sustained injury.

RJH:RRM00010

CONFINDENTAL

Employer Authorized Signature:(if available) _____

Patient seen as requested by Dr. John Sams per discussion

CONFINDENTAL

Rapides Regional Medical Center

211 Fourth St. • Alexandria, LA • 71301 • (318) 473-3000

☐ Emergency Department ☐ RRMC

☐ Red Ri[illegible] ☐ [illegible] Medicine

NAME HARDY,RONNIE 37 M
Acct: E00020552985 M/R: E000530191
SSN: 434-37-0478 DoB: 03/16/64
ADDRESS 1437 RICHE RD
BUNKIE, LA 71322
Smith,Robert Clay M.D. 08/31/01

Tb level
ZPP Level
FEP
RBC proto porphyrin -
T3/4 TSH

℞

☐ Generic Equivalent

REFILL 0 1 2 3 4 5 PRN

☐ Dispense as Written

HARDY,RONNIE
Acct: 00020552985 M/R: E000530191
SSN: 84-37-0478 DoB: 03/16/64
1437 RICHE RD
BUNKIE, LA 71322
Smith,Robert Clay M.D. 08/31/01

DIAGNOSIS/MEDICATION

CHRONIC PROBLEMS

DATE	DIAGNOSIS	MEDICATIONS Med, Dose, Route, Frequency	DATES					
		OTCs						
		SUPPLEMENTS						

ACUTE PROBLEMS

DATE	DIAGNOSIS	MEDICATIONS	DATES					

RIM.MEDS

RJH:RRM00012

CONFINDENTAL

Rapides Industrial Medicine
Work Status Report

Initial visit ✓
Follow up ___
Consultation ___
Other ___

Rapides Industrial Medicine
211 Fourth Street
Alexandria , Louisiana 71301
Phone 318-473-3131 Fax 318-473-3910

PATIENT INFORMATION

Time in 12:40 Time out ___ Date of Accident 7-14-01 Today's date 8-31-01
Employee Name Ronnie Hardy Employee's phone 318-876-2588
Employer ___ Employer's phone ___

DIAGNOSIS

Description of Injury Tb Exposure

X-Ray & Lab ___
Diagnosis: 1. Tb Exposure
2. ___
3. ___

TREATMENT

___ Minor first aide ___ Over counter meds ___ Anti-inflammatory meds ___ Scheduled pain meds ___ Muscle relaxants
___ Physical Therapy ___ Sutures\Wound care ___ Sling ___ Crutches ___ Splint/Cast/Boot ___ Tetanus Toxoid
___ Bloodborne pathogen protocol Other ___

WORK STATUS

✓ May work without restrictions ___ May work with restrictions or modifications ___ Unable to work Effective 8/31

Capabilities	None	<10%	50%	75%	100%
Sitting	[ ]	[ ]	[ ]	[ ]	[ ]
Walking or standing	[ ]	[ ]	[ ]	[ ]	[ ]
Bend/squat/twist/crawl	[ ]	[ ]	[ ]	[ ]	[ ]
Climb/work on heights	[ ]	[ ]	[ ]	[ ]	[ ]
Grasp/pinch	[ ]	[ ]	[ ]	[ ]	[ ]
Reach above shoulder	[ ]	[ ]	[ ]	[ ]	[ ]
Reach beyond forearm limits	[ ]	[ ]	[ ]	[ ]	[ ]

% of time at work

Total hour to work / day ___ hrs
Restrictions apply to ___ L Arm ___ R Arm ___ Both

Work level Lift /Push

Sedentary	[ ]	Negligible	- 10 lbs. max.
Light	[ ]	10 lbs. freq.	- 20 lbs. max.
Medium	[ ]	25 lbs. freq.	- 50 lbs. max.
Heavy	[ ]	50 lbs. freq.	- 100 lbs. max.
Very Heavy	[ ]	over 50 lbs.	- Over 100 lbs.

May operate hazardous machinery [ ] Yes [ ] No
May drive car/truck/forklift [ ] Yes [ ] No
May work overtime [ ] Yes [ ] No
Avoid irritants ___

9944
E9043
KTS 9/26

Other restrictions or clarifications ___

FOLLOW UP

Return Appointment ___No ✓Yes (M T W T (F) ___days ___wks) Date 9/7/01 Time 9:00a
Patient Referred to ___ Phone ___ Date ___ Time ___

Comments ___

Patient Education Barriers? ✓ No ___Yes ___ ✓Diagnosis ✓Meds ✓Work Status ___Verbal ___Written
___Demo ___Return Demo ___General ___ Signed [signature]

INFORMATION RELEASE

By signing, patient authorizes attending physician and/or hospital to release above information and other information acquired in the course of examination or treatment to his employer or its representative, or to a consulting physician or health care provider. Patient acknowledges above information and instructions.

Patient Signature ___ Physician Signature [signature]

RJH:RRM00013

CONFINDENTAL

Copies: White for Patient Yellow for employer (fax) and medical records. Pink for case manager.

Rapides Industrial Medicine
211 Fourth Street · Alexandria, LA 71301
318-473-3131

Patient: HARDY, Ronnie
Dictating Physician: Robert C. Smith, MD

Medical Record #: 530191
Date: 08-31-01

HISTORY OF PRESENT ILLNESS: 37-year-old white male who presented to our clinic on 08-31-01. Mr. Hardy had worked for Exide in Zachary, Louisiana. Their main function there was to clean a site that recycled batteries. Description of his work including grinding a dry tank that was 7 foot x 40 foot. Apparently, he was a subcontractor for Ducote Wrecking and Demolition out of Bunkie. He stated that he was issued a respirator mask that was black and had pink filters. He stated that he was continually coated in lead dust and he continually walked in this. His primary complaint is that is he has had diarrhea for the past 3 weeks and has had some new tendency toward tiredness and fatigue. He states that he has been seen by physicians in Bunkie and Cabrini. He is here today after a referral from Dr. John Sams. His primary occupation prior to doing this work 3 weeks ago is for Hardy's Trucking. He was a driver for them.

He presents with the only paperwork that I have from him from Acadian Medical Laboratories in Lafayette, Louisiana. The requesting physician was Dr. Donald Hines. It is dated 08-17-01. His blood lead level is 75.6. Additionally, there is some blood work that was obtained at Bunkie General Hospital on 08-17-01. Of note, it does not demonstrate an anemia and allowing for clinical variation. All parameters appear to be within normal limits. No other paperwork accompanies this patient.

I talked extensively with him for approximately 30 or 40 minutes regarding lead toxicity and his situation and condition.

PHYSICAL EXAM: On physical exam, I find no neurological deficits. He had what appeared to be normal mentation. His speech was within normal limits. Cranial nerve exam was within normal limits. The patient is alert and oriented times three. Cadence and speech are appropriate and within normal limits. Cranial nerves are intact to standard and basic evaluation. Eye tracking movements are within normal limits without strabismus. Tongue is midline. Face is symmetrical. Sensation is intact to light touch. There is no battle sign. Tympanic membranes are intact bilaterally. Cerebellar tests: heel to shin, tandem walking, finger to nose, and hand flop tests are within normal limits.

Upper extremity neurological exam is within normal limits. The patient has deep tendon reflexes of 2/4 bilaterally at the triceps/biceps and extensor muscle groups. Motor strength is 5/5 at the biceps, triceps, and the deltoids, including grip strength. Sensation is intact to detailed evaluation in dermatomal patterns. The neck has full range of motion in all planes, and there is no point tenderness on the midline of the cervical vertebrae.

Continues . . .

PHYSICAL EXAM: (continued)
Lower extremity neurological exam is within normal limits. Lower extremities appear neurovascularly intact. Motor function is 5/5 throughout the standard parameters. Sensation is intact to sharp and dull evaluation throughout standard dermatomal patterns. Toe walking and heel walking are within normal limits with downward going toes. Straight leg raise is negative in both sitting and supine positions. FABER test is normal. Station and gate are appropriate and within normal limits.

Abdomen is soft. Heart rate is regular without murmur, rub, or gallop. Lungs are clear bilaterally.

RECOMMENDATION/PLAN: I spoke with him regarding our plan to obtain thyroid studies, lead levels, blood work, and ZZP levels are also indicated. We made arrangements to obtain ZPP, FEP, and the above mentioned. However, it appears that the patient left prior to us obtaining these blood samples. It is my consideration that he left AMA. We would be glad to take care of him should he represent. I've encouraged him about the importance of following up and getting possibly a Neurology consult with an EMG at this time so that if that changes in the future, we would be able to have a baseline. Initially, he seems receptive to this; however, his stay had been prolonged due to another emergency within the clinic. He seemed frustrated by this, and he appears to have left.

RS,MD/bc

Robert C. Smith, MD

HARDY,RONNIE 37 M
Acct: E00020552985 M/R: E000530191
SSN: 434-37-0478 DoB: 03/16/64
437 RICHE RD
BUNKIE, LA 71322
Smith,Robert Clay M.D. 08/31/01

PIDES INDUSTRIAL MEDICINE
211 FOURTH STREET
ALEXANDRIA, LA 71301

BACK, NECK, SHOULDER, HAND, KNEE INJURY WORKSHEET

DATE: 8/31/01 DATE OF INJURY: 7/14/01 ALLERGIES: NKDA

VITALS: BP: 110/80 HR: 72 R: 16 T: 99.2 HT: 69½ in WT: 176 lbs

CC: Lead poison, diarrhea, occassional HA's, tiredness in afternoons

MED. RESPONSE: HELPS NO HELP NOT SURE N/A

PERSONAL MEDICAL HISTORY:

MEDICAL PROBLEMS (HX PUD):

Ø

HOSPITALIZATIONS: Ø

PREVIOUS WORK INJURY & LOSS OF WORK TIME:

Ø

SOCIAL: TOB: 1pk/day/10yrs ETOH: occassional DRUGS: Ø

EMPLOYER: Hardy's Trucking LENGTH OF EMPLOYMENT: 6 yrs POSITION: Truck driver

NURSE SIGNATURE D McClellan RN

PAIN SCALE 0 1 2 3 4 5 6 7 8 9 10

MOI:

EXAM NOTES:

IMPRESSION:

PLAN:

MD's
- Bunkie →
- Cabrini →
→ Toer.

Zachery - Recycle Batteries
EXIDE: 3 wks
- gear boxes
- grinding TANK DRY 7' x 40'
- ~~[illegible]~~ Crush - Recycle BATTERIES
Respirators: BLACK & pink filt

Mant.
Ducote wrecking! Demolition out Bunkie

- Safety -

RJH:RRM00016
CONFIDENTIAL

8/31/01 - Patient left facility without having blood drawn [illegible]

Bunkie General Hospital

Donald L Kannady, Administrator

427 Evergreen Street
P.O. Box 380
Bunkie, LA 71322
Telephone (318) 346-6681
Fax (318) 346-3314

BOARD OF COMMISSIONERS

James Mixon, Chairman
Don Pat Descant, Vice Chairman
Nancy Caruth, Secretary – Treasurer
Carl F. Jory, M.D.
Barbara Jones
Harry Normand
Jeff Keys

DATE: 3/20/03

I, Angela R. Hudson, RHIA, do hereby certify that I am the duly authorized custodian of medical records at Bunkie General Hospital, and as such have the authority to certify the attached medical records. I hereby certify that the records attached hereto consisting of 11 pages, constitute a true and correct copy of the records as your requested for the treatment of Ronnie Hardy. I hereby further certify that the attached records were prepared by the personnel of Bunkie General Hospital, staff physicians or persons acting under the control of either, in the ordinary course of hospital business at or near the time of the act, condition or event that is or was in the regular practice of Bunkie General Hospital to make such records in the ordinary course of the business of the hospital. This certification is made pursuant to the LRS 13:3715.1 and other applicable laws.

Angela R. Hudson

Angela R. Hudson, RHIA
Director of Health Information Management
Bunkie General Hospital

RJH:BGH00001

CONFINDENTAL

Issued by the

UNITED STATES DISTRICT COURT

WESTERN DISTRICT OF LOUISIANA

RONNIE HARDY, ET AL. **SUBPOENA IN A CIVIL CASE**

V.

CASE NUMBER: [1]02-1520A

RANDALL DUCOTE, ET AL.

TO: Custodian of Records, Bunkie General Hospital, Evergreen Highway, Bunkie, LA 71322

☐ YOU ARE COMMANDED to appear in the United States District Court at the place, date, and time specified below to testify in the above case.

Place of Testimony	COURTROOM
	DATE AND TIME

☐ YOU ARE COMMANDED to appear at the place, date, and time specified below to testify at the taking of a deposition in the above case.

PLACE OF DEPOSITION	DATE AND TIME

☒ YOU ARE COMMANDED to produce and permit inspection and copying of the following documents or objects at the place, date, and time specified below (list documents or objects):

Please see attached Exhibit "A"

PLACE	DATE AND TIME
Bunkie General Hospital, Evergreen Highway, Bunkie, LA 71322	March 26, 2003 at 10:00 a.m.

☐ YOU ARE COMMANDED to permit inspection of the following premises at the date and time specified below.

PREMISES	DATE AND TIME

Any organization not a party to this suit that is subpoenaed for the taking of a deposition shall designate one or more officers, directors, or managing agents, or other persons who consent to testify on its behalf, and may set forth, for each person designated, the matters on which the person will testify. Federal Rules of Civil Procedure, 30(b)(6).

ISSUING OFFICER SIGNATURE AND TITLE (INDICATE IF ATTORNEY FOR PLAINTIFF OR DEFENDANT)	DATE
/Attorney for Defendant	3-6-03

ISSUING OFFICER'S NAME, ADDRESS AND PHONE NUMBER

Stephanie L. Irwin, Irwin Fritchie Urquhart & Moore, LLC
400 Poydras Street, Suite 2700, New Orleans, LA 70130

Telephone: (504) 310-2113

(See Rule 45, Federal Rules of Civil Procedure, Parts C & D on Reverse)

[1]If action is pending in district other than district of issuance, state district under case number.

RJH:BGH00002

CONFINDENTAL

DUPLICATE BILLS

BILL DATE 3/18/03
BUNKIE GENERAL HOSPITA
PO BOX 380

BUNKIE LA 71322-0000

IRS# 720697593

P# : 002025
ADM # : 140199
ADMIT : 12/06/01
DISCH : 12/06/01
F CLS : 21 SELF PAY OUTP
DOB : 3/16/1964
RM/BED: /
AD SVC: OP OUTPATIENT
: HAROLD M GINZBURG

PATIENT: RONNIE HARDY

MURPHY, ROGERS, AND SLOSS
701 POYDRAS
SUITE 400
NEW ORLEANS LA 70139-0000

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DATE	SERVICE CODE	SERVICE DESCRIPTION	QTY	PRICE	AMOUNT	CPT
12/06	(PAYMENT)				25.00	
		TOTAL FOR PAYMENTS			25.00	
12/06	402005175	URIC ACID	1	67.25	67.25	84550
12/06	402025529	BILIRUBIN-DIRECT	1	89.50	89.50	82248
12/06	402041533	CMP COMPREHEN METAB PROF	1	115.00	115.00	80053
12/06	402002569	CBC AUTO W/AUTO DIFF	1	23.50	23.50	85024
12/06	402078891	ZINC PROTOPORPHYRIN	1	53.55	53.55	84630
12/06	402000076	LEAD LEVEL	1	67.00	67.00	83655
		TOTAL FOR LABORATORY OR (LAB)	6		415.80	
12/06	402030015	COLLECTION FEE	1	10.00	10.00	36415
		TOTAL FOR LAB/OTHER	1		10.00	

TOTAL CHARGES.....	425.80
LESS: DEPOSITS & PAYMENTS.....	25.00
PLEASE PAY THIS AMOUNT------->	400.80

RJH:BGH00003

CONFINDENTAL

BILL DATE 3/18/03 DUPLICATE BILLS

BUNKIE GENERAL HOSPITAL
PO BOX 380

BUNKIE LA 71322-0000

IRS# 720697593

PATIENT: RONNIE HARDY

PA # : 002025
ADM # : 140199
ADMIT : 12/06/01
DISCH : 12/06/01
F CLS : 21 SELF PAY OUTP
DOB : 3/16/1964
RM/BED: /
AD SVC: OP OUTPATIENT
: HAROLD M GINZBURG

MURPHY, ROGERS, AND SLOSS
701 POYDRAS
SUITE 400
NEW ORLEANS LA 70139-0000

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DATE	SERVICE CODE	SERVICE DESCRIPTION	QTY	PRICE	AMOUNT	CPT
		<<<< SUMMARY OF CHARGES >>>>>				
		TOTAL FOR LABORATORY OR (LAB)	6		415.80	
		TOTAL FOR LAB/OTHER	1		10.00	

TOTAL CHARGES.....	425.80
LESS: DEPOSITS & PAYMENTS.....	25.00
PLEASE PAY THIS AMOUNT------->	400.80

RJH:BGH00004

CONFINDENTAL

BILL DATE 3/18/03 DUPLICATE BILLS PAGE 1

BUNKIE GENERAL HOSPITAL
PO BOX 380

BUNKIE LA 71322-0000

IRS# 720697593

PA)# : 002025
ADM # : 139083
ADMIT : 11/19/01
DISCH : 11/19/01
F CLS : 21 SELF PAY OUTP
DOB : 3/16/1964
RM/BED: /
AD SVC: OP OUTPATIENT

PATIENT: RONNIE HARDY MD : CARL JORY

MURPHY, ROGERS, AND SLOSS
701 POYDRAS
SUITE 400
NEW ORLEANS LA 70139-0000

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DATE	SERVICE CODE	SERVICE DESCRIPTION	QTY	PRICE	AMOUNT	CPT
11/19	(PAYMENT)				25.00	
		TOTAL FOR PAYMENTS			25.00	
11/19	402002569	CBC AUTO W/AUTO DIFF	1	23.50	23.50	85024
11/19	402000076	LEAD LEVEL	1	67.00	67.00	83655
		TOTAL FOR LABORATORY OR (LAB)	2		90.50	
11/19	402030015	COLLECTION FEE	1	10.00	10.00	36415
		TOTAL FOR LAB/OTHER	1		10.00	

TOTAL CHARGES..... 100.50
LESS: DEPOSITS & PAYMENTS..... 25.00

PLEASE PAY THIS AMOUNT-------> 75.50

RJH:BGH00005

CONFINDENTAL

BILL DATE 3/18/03 DUPLICATE BILLS

BUNKIE GENERAL HOSPITAL
PO BOX 380

BUNKIE LA 71322-0000

IRS# 720697593

PA)# : 002025
ADM # : 139083
ADMIT : 11/19/01
DISCH : 11/19/01
F CLS : 21 SELF PAY OUTP
DOB : 3/16/1964
RM/BED: /
AD SVC: OP OUTPATIENT

PATIENT: RONNIE HARDY MD : CARL JORY

MURPHY, ROGERS, AND SLOSS
701 POYDRAS
SUITE 400
NEW ORLEANS LA 70139-0000

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DATE	SERVICE CODE	SERVICE DESCRIPTION	QTY	PRICE	AMOUNT	CPT
		<<<< SUMMARY OF CHARGES >>>>>				
		TOTAL FOR LABORATORY OR (LAB)	2		90.50	
		TOTAL FOR LAB/OTHER	1		10.00	

TOTAL CHARGES.....	100.50
LESS: DEPOSITS & PAYMENTS.....	25.00
PLEASE PAY THIS AMOUNT------->	75.50

RJH:BGH00006

CONFINDENTAL

BILL DATE 3/18/03 DUPLICATE BILLS

BUNKIE GENERAL HOSPITAL
PO BOX 380

BUNKIE LA 71322-0000

IRS# 720697593

PA # : 002025
ADM # : 132683
ADMIT : 8/17/01
DISCH : 8/17/01
F CLS : 21 SELF PAY OUTP
DOB : 3/16/1964
RM/BED: /
AD SVC: OP OUTPATIENT

PATIENT: RONNIE HARDY : MARY T HOOD

MURPHY, ROGERS, AND SLOSS
701 POYDRAS
SUITE 400
NEW ORLEANS LA 70139-0000

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DATE	SERVICE CODE	SERVICE DESCRIPTION	QTY	PRICE	AMOUNT	CPT
8/17	(PAYMENT)				25.00	
		TOTAL FOR PAYMENTS			25.00	
8/17	402041533	CMP COMPREHEN METAB PROF	1	115.00	115.00	80053
8/17	402002569	CBC AUTO W/AUTO DIFF	1	42.50	42.50	85024
8/17	402000076	LEAD LEVEL	1	67.00	67.00	83655
		TOTAL FOR LABORATORY OR (LAB)	3		224.50	
8/17	402030015	COLLECTION FEE	1	10.00	10.00	36415
		TOTAL FOR LAB/OTHER	1		10.00	

TOTAL CHARGES..... 234.50
LESS: DEPOSITS & PAYMENTS..... 25.00

PLEASE PAY THIS AMOUNT-------> 209.50

RJH:BGH00007

CONFINDENTAL

BILL DATE 3/18/03 DUPLICATE BILLS

BUNKIE GENERAL HOSPITA
PO BOX 380

BUNKIE LA 71322-0000

IRS# 720697593

P # : 002025
ADM # : 132683
ADMIT : 8/17/01
DISCH : 8/17/01
F CLS : 21 SELF PAY OUTP
DOB : 3/16/1964
RM/BED: /
AD SVC: OP OUTPATIENT

PATIENT: RONNIE HARDY : MARY T HOOD

MURPHY, ROGERS, AND SLOSS
701 POYDRAS
SUITE 400
NEW ORLEANS LA 70139-0000

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DATE	SERVICE CODE	SERVICE DESCRIPTION	QTY	PRICE	AMOUNT	CPT
		<<<< SUMMARY OF CHARGES >>>>>				
		TOTAL FOR LABORATORY OR (LAB)	3		224.50	
		TOTAL FOR LAB/OTHER	1		10.00	

TOTAL CHARGES.....	234.50
LESS: DEPOSITS & PAYMENTS.....	25.00
PLEASE PAY THIS AMOUNT------->	209.50

RJH:BGH00008

CONFINDENTAL

EMERGENCY ROOM RECORD

BUNKIE GENERAL HOSPITAL

740202 7

LAST NAME	FIRST NAME	MIDDLE	HOME PHONE	ADMIT DATE/TIME	AM PM	RELIGION
Hardy	Ronnie		346-9084	11/26/94 10	PM	Bapt

STREET ADDRESS	CITY	STATE	ZIP	AGE	DATE OF BIRTH	SEX	SS #; RP'S IF MINOR
Rt 1 Bx 20D	Bunkie	LA		30	3/16/64	M F	434-32-045

EMPLOYER	ADDRESS	PHONE NO.	COMPENSATION
			YES NO

RESPONSIBLE PARTY; PARENT OR GUARDIAN IF MINOR	ADDRESS	PHONE
		OP

MEDICARE; MEDICAID; INSURANCE INFORMATION - ADDRESS	GROUP NO	CONTRACT NO.

CONDITION ON ADMISSION ____ GOOD ✓ FAIR ____ POOR | CONDITION ON DISCHARGE ✓ GOOD ____ FAIR ____ POOR | DISPOSITION OF CASE ___ ADMIT ✓ HOME ___ DIED ___ DOA ___ DR'S OFFICE ___ TRANSFERRED

FAMILY DOCTOR / ER DOCTOR	ALLERGIES:	ROUTINE MEDICATIONS
Hines / Seyfarth	-NKA-	None

TEMP 98.7 P 78 R 28 BLOOD PRESSURE 129/76

NURSING ASSESSMENT & HISTORY: Adm to ER per ambulatory c laceration to Lt forearm - States he was bitten by a dog a few min ago - Alert, anxiety -

ER NURSE L Seyfarth

HISTORY: Bitten by dog few minutes ago dog 5 shots-now at Vets for observation

TETANUS: <5 y

PHYSICAL EXAM: WM i NAD 2cm lac of mid fore. NV + FN intact c FT

DIAGNOSIS: ① Dog Bite ② Lac Suture

2% plain Xylocaine c Bicarb Betadine prep sterile drape 2 simple int 4-0 nylon

TREATMENT: Augmentin 500 # TID # 15

Adult Dipth/Tetanus - VO Dr Seyfarth / L Seyfarth (RPD)

05 - 11/26/94

AUTHORIZATION FOR TREATMENT AND RELEASE OF INFORMATION This is to certify that the undersigned consents to any services of an emergency nature performed upon me or my dependent as deemed necessary or advisable by the attending physician(s). Authorization is hereby granted to the release of any or all information from this form as may be necessary for the completion of my hospital claims.

SIGNED X Ronnie Hardy (PERSON RESPONSIBLE) WITNESS J. Bowden

INSTRUCTIONS TO PATIENT
See Dr Hines 2-3 d Observe dog for 10 days
Take all meds as directed Return immediately if dog becomes ill

D/C TIME 11 20 A.M. P.M.

I hereby acknowledge receipt of the instructions indicated above. I understand that I have had emergency treatment only, and that I may be released before all of my medical or surgical conditions are known or treated. I will arrange for follow-up care as instructed above.

Witness Initial ____________ Date ________ X Ronnie Hardy (patient or representative signature)

ATTENDING OR HOUSE PHYSICIAN'S SIGNATURE ____________ DATE / / TIME A.M. P.M.

RJH:BGH00009

CONFINDENTAL

FORM NO. 0026 (4-89)

Bunkie General Hospital
Personalized Care and Concern

BUNKIE GENERAL HOSPITAL EMERGENCY ROOM
TELEPHONE 346-6681

DISCHARGE INSTRUCTION SHEET

NAME Ronnie Hardy

☐ ABDOMINAL COMPLAINT

Our physician believes that your abdominal problem will deminish in the next few days and that hospitalization is not required at the present time. The condition may change in the next 24 to 48 hours; therefore, please return to the hospital or contact your physician as soon as possible if any of the following symptoms or signs occur:

1. Pain becomes more severe or steady.
2. Vomiting persists or total lack of appetite develops.
3. Blood appears in vomitus, urine or stool.
4. Shaking chills or rising temperature occur.
5. Discoloration of skin, eyes, urine or stool.
6. Adbomen becomes distented (looks blown up).
7. Bowel movements are either too frequent or absent.
8. Condition falls to improve as expected.

You may drink clear liquids while at home (see section on vomiting and diarrhea for description of clear liquids); however, avoid solid foods until you are well.

☐ BURNS

The full extent of injury after burn is not always obvious at the time of initial treatment. Delayed tissue damage and infection may occur after initial care; therefore, it is important that you observe the following instructions:

1. Change the dressing every day or every other day.
2. Keep all follow-up appointments and referrals.
3. Infection is the biggest problem with burns. Keep everything in the area of the burn and the bandage clean. Always wash your hands thoroughly before touching the burn or changing the dressing.
4. Contact your physician or return to the hospital if any signs of infection occur (see signs of infection). Also, if any of the following occur, contact your physician:
   a. Shortness of breath
   b. Increased coughing
   c. Blurred vision
   d. Difficulty in swallowing

It is important that the burn area be kept elevated. Leave blisters alone. Take any prescribed antibiotics or pain medications as directed.

☒ TETANUS IMMUNIZATIONS

1. If you were given a tetanus toxiod injection while you were in the Emergency Department, make a note of the date.
2. It is normal for the arm to be sore or a slight amount of redness to be present at the site.
3. You may run a low-grade fever the next day.
4. If a more severe reaction occurs, see your physician.

☒ WOUND CARE (cuts, burns, abrasions, etc.)

1. Keep the dressing clean & dry
2. Change dressing in _____ days.
3. Watch for signs of infection: redness, swelling, red streaks, pus formation or excessive pain. CONTACT your physician if any of these signs occur.
   See your physician for removal of sutures in 7-10 day(s).

☐ NAUSEA/VOMITING AND/OR DIARRHEA

Begin clear liquids for 24 hours as tolerated: Jello, water, Gatorade, Pedialyte, flat Pepsi, Coke, 7-UP or gingerale, weak tea, Kool Aid, serve at Room temperature.

Avoid solid foods, milk or milk products, and citrus products.

If clear liquids are tolerated, progress to soft diet: applesauce, bananas, noodles, soup, soda crackers.

Regular diets may be resumed if above measures have controlled problem for 48 hours.

☐ ANIMAL BITES

1. Because animal bites are always heavily contaminated with bacteria, an infection may develop even when proper initial treatment has been given (see the separate instructions for wound care and signs of infection).
2. Take precautions against rabies by reporting the bite to the Police Department yourself.
3. If you are bitten by a pet, the owner should be asked to confine the animal for observation.
4. If you were bitten by a wild animal, keep the animal, whenever possible, in your possession until an examination for rabies can be made. Treatment for rabies, when necessary, can be arranged with your private physician.

☐ SPRAIN AND FRACTURE, SEVERE BRUISES

1. Elevate injured part
2. Ice packs during first 24 hours (only 20 minutes at a time)
3. Place ice in plastic or rubber bag
4. If ACE bandage too tight or too loose, notify physician.
5. If cast applied, keep it dry at all times
6. Do not apply pressure or weight on cast for 48 hours
7. Wriggle toes or fingers in cast
8. If the part swells, or gets cold, blue, numb, or if pain, have checked
9. Have cast checked in _____ days

☐ CARE OF CASTS

1. Keep cast dry at all times.
2. Keep the injured part elevated as much as possible.
3. Return to the Emergency Department or contact your physician immediately if exposed fingers or toes become cold, numb, painful or blue, or if you feel pressure or tightness in the casted area.
4. Do not put powder in the cast to scratch.
5. Do not probe under the cast to scratch.
6. All injuries that require casts require follow-up care. Be sure to see a physician on a regular basis.

The examination and treatment you have received has been on an emergency basis only and has not been intended to be a substitute for complete medical care.

I understand the above instructions. I understand that the intent of care has been of an emergency nature. For further care, diagnostic procedures or followup, I will contact my physician, or the one stated, and see him at the earliest convenience.

Ronnie Hardy
PATIENT'S SIGNATURE

Work/School Release

_____ You May Return To Work/School

_____ You May Return to Work/School On _____

_____ See Your Doctor For Follow-Up In _____ Days to obtain your work/school release.

RJH:BGH00010

CONFINDENTAL

_____
PHYSICIAN'S SIGNATURE

_____
Date

AML

LABORATORY REPORT

BUNKIE GENERAL HOSP
P.O. BOX 380 EVERGREEN HW
BUNKIE RT:4 ST:4
LA 71322

Acadiana Medical Laboratories, Ltd. P.O. Box 52607
7 Rue France Lafayette, La. 70505 (337) 233-5711

Patient Name HARDY, RONNIE (10066) Accession No. 01062949 Patient ID RH031664 OP Reported 08/20/2001 1943

Birthdate 37 YRS Sex U Race HINES, DONALD Requesting Physician Fasting Collected 08/17/2001 0957 Received 08/17/2001 1601

TEST NAME	RESULT	UNITS	REFERENCE
LEAD BLOOD 08/17/2001 0957	75.6 C	UG/DL	

RESULT VERIFIED BY REPEAT DETERMINATION.

REFERENCE RANGE:

CHILDREN (LESS THAN 6 YEARS OF AGE):

CDC CLASS*	BLOOD LEAD CONCENTRATIONS (UG/DL)
I	LESS THAN OR EQUAL TO 9
IIA	10-14
IIB	15-19
III	20-44
IV	45-69
V	GREATER THAN OR EQUAL TO 70

* REFER TO CURRENT CDC GUIDELINES FOR COMMENTS AND INTERVENTIONS RECOMMENDED FOR EACH CLASS.

ADULTS AND CHILDREN (6 YEARS OF AGE OR OLDER): LESS THAN 25 UG/DL

COMMENT 08/17/2001 0957
ATTEMPTED, NO ANSWER ON 08/20/01 19:08 AB

Faxed to RHC 8/21/01

RJH:BGH00011

C = CRITICAL VALUE

CONFINDENTAL

FINAL END OF REPORT

AML

Acadiana Medical Laboratories, Ltd. P.O. Box 52607
7 Rue France Lafayette, La. 70505 (337) 233-5711

LABORATORY REPORT

BUNKIE GENERAL HOSP
P.O. BOX 380 EVERGREEN HW
BUNKIE RT:4 ST:4
LA 71322

Patient Name	Accession No.	Patient ID		Reported
HARDY, RONNIE	(10066)01062949	RH031664	OP	08/21/2001 1122
Birthdate Sex Race	Requesting Physician	Fasting	Collected	Received
37 YRS U	HINES, DONALD		08/17/2001 0957	08/17/2001 1601

TEST NAME	RESULT	UNITS	REFERENCE
LEAD BLOOD 08/17/2001 0957	75.6 C	UG/DL	

RESULT VERIFIED BY REPEAT DETERMINATION.

REFERENCE RANGE:

CHILDREN (LESS THAN 6 YEARS OF AGE):

CDC CLASS*	BLOOD LEAD CONCENTRATIONS (UG/DL)
I	LESS THAN OR EQUAL TO 9
IIA	10-14
IIB	15-19
III	20-44
IV	45-69
V	GREATER THAN OR EQUAL TO 70

* REFER TO CURRENT CDC GUIDELINES FOR COMMENTS AND INTERVENTIONS RECOMMENDED FOR EACH CLASS.

ADULTS AND CHILDREN (6 YEARS OF AGE OR OLDER): LESS THAN 25 UG/DL

COMMENT 08/17/2001 0957
RESULTS CALLED TO GRETCHEN ON 08/21/01 08:23. CR
ATTEMPTED, NO ANSWER ON 08/20/01 19:08 AB
ATTEMPTED NO ANSWER, 08/21/01 00:15, DM

Faxed to KHC
8/21/01
GC

RJH:BGH00012
CONFINDENTAL

C = CRITICAL VALUE

FINAL END OF REPORT

BUNKIE GENERAL HOSPITAL LABORATORY
427 EVERGREEN HIGHWAY
BUNKIE, LOUISIANA 71322
318-346-6681

PATIENT ID: RH 031664 SAMPLE ID: 21842
PATIENT NAME: HARDY, RONNIE DRAWN BY: JM
BIRTHDATE: 03/16/1964 AGE: 37Y SEX: M COLL: 08/17/01 09:57
DOCTOR: HINES, DON STAT: N
LOCATION: OP ROOM: OP
PID COMMENT:
SID COMMENT:

TEST NAME	RESULTS	FLAGS	UNITS	REFERENCE RANGES	CODES
********** Panel: CBC					
WBC	11.8	H	10^3	4.8 - 10.8	JF
RBC	5.30	H	10^6	3.80 - 5.20	
HGB	16.4		G/DL	14.0 - 18.0	
HCT	45.1		%	42.0 - 52.0	
MCV	85.1		FL	80.0 - 94.0	
MCH	30.9		PG	27.0 - 31.0	
MCHC	36.4		G/DL	33.0 - 37.0	
PLT	238		10^3	140 - 440	
RDW-CV	13.0			11.5 - 14.5	
********** Panel: AUTO DIFF					
LYMPH	14.0	L	%	20.0 - 45.0	
MXD	5.5		%	2.0 - 15.0	
NEUT	80.5	H	%	45.0 - 80.0	
********** Panel: COMP. METABOLIC					
GLUCOSE	96.4		MG/DL	70.0 - 110.0	AR
BUN	15.1		MG/DL	7.0 - 18.0	
CREATININE	1.3		MG/DL	0.6 - 1.3	
BUN/CREA	11.6	L		12.0 - 20.0	
SODIUM	140.2		MMOL/L	140.0 - 148.0	
POTASSIUM	4.5		MMOL/L	3.6 - 5.2	
CHLORIDE	103.0		MMOL/L	100.0 - 108.0	
CO2	24.1		MMOL/L	21.0 - 32.0	
ANION GAP	17.6		MMOL/L	10.0 - 20.0	
ALBUMIN	4.5		G/DL	3.4 - 5.0	
TOTAL PROTEIN	7.2		G/DL	6.4 - 8.2	
GLOBULIN	2.7		MG/DL	2.3 - 3.5	
A/G	1.7			1.5 - 2.2	
ALKALINE PHOS	99.4		U/L	50.0 - 136.0	
ALT (SGPT)	76.8	H	U/L	30.0 - 65.0	
AST (SGOT)	33.2		U/L	15.0 - 37.0	
TOTAL BILI	0.8		MG/DL	0.0 - 1.0	
CALCIUM	9.3		MG/DL	8.8 - 10.5	
SEND OUT					AR

LEAD LEVEL TO AML

Result Code Expansion

JF REVIEWED BY: JF

RJH:BGH00013

CONFINDENTAL

AML

LABORATORY REPORT

BUNKIE GENERAL HOSP
P.O. BOX 380 EVERGREEN HW
BUNKIE RT:4 ST:4
LA 71322

Acadiana Medical Laboratories, Ltd. P.O. Box 52607
17 Rue France Lafayette, La. 70505 (337) 233-5711

Patient Name: HARDY, RONNIE
Accession No.: (10066)01149637
Patient ID: RH031664
Reported: 11/20/2001 1928

Birthdate: 37 YRS
Sex: M
Race:
Requesting Physician: JORY, CARL
Fasting:
Collected: 11/19/2001 1020
Received: 11/19/2001 1557

TEST NAME	RESULT	UNITS	REFERENCE
LEAD BLOOD 11/19/2001 1020	40.5 C	UG/DL	

RESULT VERIFIED BY REPEAT DETERMINATION.

REFERENCE RANGE:

CHILDREN (LESS THAN 6 YEARS OF AGE):

CDC CLASS*	BLOOD LEAD CONCENTRATIONS (UG/DL)
I	LESS THAN OR EQUAL TO 9
IIA	10-14
IIB	15-19
III	20-44
IV	45-69
V	GREATER THAN OR EQUAL TO 70

* REFER TO CURRENT CDC GUIDELINES FOR COMMENTS AND INTERVENTIONS RECOMMENDED FOR EACH CLASS.

ADULTS AND CHILDREN (6 YEARS OF AGE OR OLDER): LESS THAN 25 UG/DL

COMMENT 11/19/2001 1020
CALLED IN LEAD RESULT ON11/20/01 19:27MJ

Called to Dr Jory (Martha
11/20/01 AR

C = CRITICAL VALUE
A.M.L. WILL BE CLOSED THANKSGIVING DAY,NOV. 22ND AND RE-OPEN FOR A REGULAR WORKDAY FRIDAY, NOV. 23RD. IN CASE OF AN EMERGENCY, CALL 337-233-5711.

FINAL END OF REPORT

RJH:BGH00014

CONFINDENTAL

002025

BUNKIE GENERAL HOSPITAL LABORATORY
427 EVERGREEN HIGHWAY
BUNKIE, LOUISIANA 71322
318-346-6681

PATIENT ID: RH 031664
PATIENT NAME: HARDY, RONNIE
BIRTHDATE: 03/16/1964 AGE: 37Y SEX: M
DOCTOR: JORY, CARL
LOCATION: OP ROOM: OP
PID COMMENT:
SID COMMENT:

SAMPLE ID: 25215
DRAWN BY: MH
COLL: 11/19/01 10:12
STAT: N

TEST NAME	RESULTS	FLAGS	UNITS	REFERENCE RANGES	CODES
********** Panel: CBC					
BC	8.6		10^3	4.8 - 10.8	JF
BC	5.38	H	10^6	3.80 - 5.20	
GB	16.3		G/DL	14.0 - 18.0	
CT	49.1		%	42.0 - 52.0	
CV	91.3		FL	80.0 - 94.0	
CH	30.3		PG	27.0 - 31.0	
CHC	33.2		G/DL	33.0 - 37.0	
LT	220		10^3	140 - 440	
DW-CV	13.7			11.5 - 14.5	
********** Panel: AUTO DIFF					
YMPH	25.6		%	20.0 - 45.0	
XD	5.4		%	2.0 - 15.0	
EUT	69.0		%	45.0 - 80.0	
END OUT					JM

LEAD LEVEL TO AML

Result Code Expansion

JF REVIEWED BY: JF
JM REVIEWED BY JM

RJH:BGH00015

CONFINDENTAL

LABORATORY REPORT

Acadiana Medical Laboratories, Ltd. P.O. Box 52607
17 Rue France Lafayette, La. 70505 (337) 233-5711

BUNKIE GENERAL HOSP
P.O. BOX 380 EVERGREEN HW
BUNKIE RT:4 ST:4
LA 71322

Patient Name	Accession No.	Patient ID	Reported
HARDY, RONNIE	(10066)01165483	3/16/64 00	12/20/2001 1444

Birthdate	Sex	Race	Requesting Physician	Fasting	Collected	Received
37 YRS	U		GINZBURG, H		12/06/2001 1219	12/07/2001 1220

TEST NAME

LEAD BLOOD 12/06/2001 1219

LEAD WHOLE BLOOD OSHA
RESULT: 32.2 ug/dL
REFERENCE RANGE: (< 40.0) ug/dL

OSHA Industrial Reference Range for Lead:
Exposure . . . . . < 40 ug/dL
Toxic . . . . . > 40 ug/dL

Lead Whole Blood: Confirmed by repeat analysis.
This test or one or more of its components was developed and its performance characteristics determined by Specialty Laboratories. It has not been cleared or approved by the U.S. Food and Drug Administration. The FDA has determined that such clearance or approval is not necessary. This test is used for clinical purposes. It should not be regarded as investigational or for research. This laboratory is certified under the Clinical Laboratory Improvement Amendments of 1988 ('CLIA') as qualified to perform high complexity clinical laboratory testing.

@ Test Performed By:
Specialty Laboratories, Inc
2211 Michigan Avenue
Santa Monica, CA 90404
CLIA #05D0550302

RJH:BGH00016

CONFINDENTAL

A.M.L. WILL BE CLOSED CHRISTMAS & NEW YEAR'S DAY. WE WILL RE-OPEN THE DAY AFTER FOR A REGULAR WEDNESDAY SCHEDULE. IN THE EVENT OF AN EMERGENCY, CALL 337-[illegible].

AML
Acadiana Medical Laboratories, Ltd. P.O. Box 52607
17 Rue France Lafayette, La. 70505 (337) 233-5711

LABORATORY REPORT

003025

BUNKIE GENERAL HOSP
P.O. BOX 380 EVERGREEN HW
BUNKIE RT:4 ST:4
LA 71322

Patient Name	Accession No.	Patient ID	Reported
HARDY, RONNIE	(10066)011654A3	3/16/64 OP	12/20/2001 1444

Birthdate	Sex	Race	Requesting Physician	Fasting	Collected	Received
37 YRS	U		GINZBURG, H		12/06/2001 1219	12/07/2001 1220

TEST NAME

ZINC PROTOPORPH 12/06/2001 1219
ZINC PROTOPORPHYRIN NEW YORK [626203]

ZINC PROTOPORPHYRIN
RESULT: 90 ug/dL
REFERENCE RANGE: (< 100) ug/dL

NOTE: RESULT VERIFIED BY REPEAT ANALYSIS.
OSHA guideline: Less than 100 ug/dL

Test(s) performed at:
MEDTOX LABORATORIES
402 WEST COUNTY ROAD D
ST. PAUL, MN 55112

RJH:BGH00017
CONFIDENTIAL

A.M.L. WILL BE CLOSED CHRISTMAS & NEW YEAR'S DAY. WE WILL RE-OPEN THE DAY AFTER FOR A REGULAR WEDNESDAY SCHEDULE. IN THE EVENT OF AN EMERGENCY, CALL 337-233-5711.

002057

LABORATORY REPORT

Acadiana Medical Laboratories, Ltd. P.O. Box 52607
17 Rue France Lafayette, La. 70505 (337) 233-5711

BUNKIE GENERAL HOSP
P.O. BOX 380 EVERGREEN HW
BUNKIE RT:4 ST:4
LA 71322

Patient Name	Accession No.	Patient ID	Reported
HARDY, RONNIE	(10066)0116548	3/16/64 08	12/20/2001 1033
Birthdate Sex Race	Requesting Physician	Fasting	Collected / Received
37 YRS U	GINZBURG, H	12/06/2001 1219	12/07/2001 1220

TEST_NAME

LEAD BLOOD 12/06/2001 1219

LEAD WHOLE BLOOD OSHA
RESULT: 32.2 ug/dL
REFERENCE RANGE: (< 40.0) ug/dL

OSHA Industrial Reference Range for Lead:
Exposure . . . . . < 40 ug/dL
Toxic . . . . . > 40 ug/dL

Lead Whole Blood: Confirmed by repeat analysis.
This test or one or more of its components was developed and its performance characteristics determined by Specialty Laboratories. It has not been cleared or approved by the U.S. Food and Drug Administration. The FDA has determined that such clearance or approval is not necessary. This test is used for clinical purposes. It should not be regarded as investigational or for research. This laboratory is certified under the Clinical Laboratory Improvement Amendments of 1988 ('CLIA') as qualified to perform high complexity clinical laboratory testing.

Test Performed By:
Specialty Laboratories, Inc
2211 Michigan Avenue
Santa Monica, CA 90404
CLIA #05D0650302

Faxed to Dr Ginzburg 12/20/01 RR

RJH:BGH00018
CONFIDENTIAL

A.M.L. WILL BE CLOSED CHRISTMAS & NEW YEAR'S DAY. WE WILL RE-OPEN THE DAY AFTER FOR A REGULAR WEDNESDAY SCHEDULE. IN THE EVENT OF AN EMERGENCY, CALL [illegible].

002025

12/06/01 16:34 Page 1

BUNKIE GENERAL HOSPITAL LABORATORY
427 EVERGREEN HIGHWAY
BUNKIE, LOUISIANA 71322
318-346-6681

PATIENT ID: RH 031664 SAMPLE ID: 26145
PATIENT NAME: HARDY, RONNIE DRAWN BY:
BIRTHDATE: 03/16/1964 AGE: 37Y SEX: M COLL: 12/06/01 13:54
DOCTOR: GINZBURG, HAROLD STAT: N
LOCATION: OP ROOM: OP
PID COMMENT:
SID COMMENT:

TEST NAME	RESULTS	FLAGS	UNITS	REFERENCE RANGES	CODES
********** Panel: CBC					
WBC	12.2	H	10^3	4.8 - 10.8	AR
RBC	5.50	H	10^6	3.80 - 5.20	
HGB	16.3		G/DL	14.0 - 18.0	
HCT	47.6		%	42.0 - 52.0	
MCV	86.5		FL	80.0 - 94.0	
MCH	29.6		PG	27.0 - 31.0	
MCHC	34.2		G/DL	33.0 - 37.0	
PLT	232		10^3	140 - 440	
RDW-CV	13.3			11.5 - 14.5	
********** Panel: AUTO DIFF					
LYMPH	11.8	L	%	20.0 - 45.0	
MXD	1.7	L	%	2.0 - 15.0	
NEUT	86.5	H	%	45.0 - 80.0	
********** Panel: COMP. METABOLIC					
GLUCOSE	92.1		MG/DL	70.0 - 110.0	JF
BUN	10.0		MG/DL	7.0 - 18.0	
CREATININE	1.3		MG/DL	0.6 - 1.3	
BUN/CREA	7.7	L		12.0 - 20.0	
SODIUM	141.8		MMOL/L	140.0 - 148.0	
POTASSIUM	3.8		MMOL/L	3.6 - 5.2	
CHLORIDE	101.3		MMOL/L	100.0 - 108.0	
CO2	28.8		MMOL/L	21.0 - 32.0	
ANION GAP	15.5		MMOL/L	10.0 - 20.0	
********** Panel: HEPATIC					
ALBUMIN	3.9		G/DL	3.4 - 5.0	
TOTAL PROTEIN	7.3		G/DL	6.4 - 8.2	
GLOBULIN	3.4		MG/DL	2.3 - 3.5	
A/G	1.1	L		1.5 - 2.2	
ALKALINE PHOS	101.4		U/L	50.0 - 136.0	
ALT (SGPT)	37.4		U/L	30.0 - 65.0	
AST (SGOT)	16.9		U/L	15.0 - 37.0	
TOTAL BILI	0.4		MG/DL	0.0 - 1.0	
DIRECT BILI	0.15		MG/DL	0.00 - 0.30	
INDIRECT BILI	0.25		MG/DL	0.20 - 1.20	
CALCIUM	9.5		MG/DL	8.8 - 10.5	
URIC ACID	5.2		MG/DL	2.6 - 7.2	
SEND OUT					AR

LEAD LEVEL AND ZINC PROTOPORPHYRIN TO AMI

RJH:BGH00019
CONFIDENTIAL

Hardy Medical
Dr. Sams

MURPHY, ROGERS
& SLOSS
A PROFESSIONAL LAW CORPORATION

ONE SHELL SQUARE
701 POYDRAS STREET
SUITE 400
NEW ORLEANS, LOUISIANA 70139
TELEPHONE (504) 523-0400
FACSIMILE (504) 523-5574
EMAIL FIRM@MRSNOLA.COM

ROBERT H. MURPHY
E. CARROLL ROGERS
PETER B. SLOSS
GARY J. GAMBEL
JAMES M. JACOBS
CHARLES L. WHITED, JR.
MOLLY B. HALLORAN
JOHN H. MUSSER, V
SCOTT E. OLIPHANT
TODD M. KORBEL
CHARLES B. WALLACE
EMILY K. STEVENS

11 December 2001

Dr. John C. Sams
Medical Plaza, Suite 2A
201 Fourth Street
P. O. Box 30105
Alexandria, LA 71301-8438

16796

Re: Ronnie Hardy and Chad Gauthier
V. Exide
MRS Ref: 1368/2040

Dear Dr. Sams:

Enclosed please find our firm check, number 10986, dated 11 December 2001 for $153.00 representing payment in full for your services rendered our client, Ronnie Hardy, to date.

Further, we would appreciate your forwarding us a report of your findings relative to your examination of Mr. Hardy, including, any and all office notes, results of diagnostic tests, reports, etc. Enclosed is a Medical Release Authorization executed by Mr. Hardy granting you permission to forward us this information. Should you have any questions, do not hesitate to call the undersigned.

With kind regards, we remain

Very truly yours,

MURPHY, ROGERS & SLOSS

Sherri Hotard

Sherri Hotard, Secretary to
Gary J. Gambel

/SRH
Enclosure

Date 8-30-2001

Weight 181

Height 5'11"

BP 120/88

Name Ronnie J. Hardy

Address 1437 Riche Rd.

Bunkie, La 71322

Phone (H) 876-2588

DOB: 3-16-1964

Current Medications:

CC: ER follow up
Lead exposure 7-14-01 - 8-7-01
c/o diarrhea x 3 weeks; c/o occasional headaches
c/o feeling tired

From Bunkie
— Friend has maintenance contract
→ 9 dy turnaround @ [illegible]
Hired full time → [illegible]
60 dys and quit
Exide
CO - 57 in work environment
[illegible] to M Hines in Bunkie
— Saw May [illegible] in Hine [illegible]
Fri - 17 Aug 2001

Sent to Burlie Gen for
Bloodwork →
results Tuesday 21st

Sent to ER @ Cabrini –
Called poison control.
→ ordered another blood test
Monday –

Here today in F/U.

→ lead level 75 (Spec) → 66 (Monday)

A lead ~~[illegible]~~ toxicity.
P – Refer industrial medicine –
call in our re: tox.

---

201 Fourth St., Suite 2A
Box 30105
Alexandria, La. 71301

Ronnie J. Hardy
1437 Rich Rd.
Bunkie, La. 71322
DOB: 3-16-64
(H) 876-2588 (W) 481-6954

PHYSICAL EXAMINATION

Date 8-30-2001

Age: Stated 37 Apparent ___ Sex M Nutrition ___ Weight ___ Present 181
Ideal ___ Temp ___ Pulse ___ Respiration ___ B.P. Rt.Arm ___ Leg ___
Lt.Arm 120/88 Leg ___

Constitution:
- Sthenic
- Hyposthenic
- Hypersthenic

Eyes:
- E.O.M.
- Pupils
- Sclerae
- Light
- Accom.
- Conjunct.

Fundus:
- Normal
- Spasm
- Sclerosis
- A/V ratio
- Disc
- HEM. or exud

Ears:
- External
- Canals
- Drums
- DISCH.
- Hearing

Nose:
- Septum
- TURB.
- Disch.
- Obstr.

Mouth:
- Lesions
- Teeth:O.K.
- Poor Rep.
- Dentures
- Gums
- Tongue

Pharynx and Larynx:
- Injected
- Lesions
- Pur.sec.
- Tonsils
- Voice

Neck:
- Enlarged thyroid
- Thyroid nodules
- Other glands
- Rigidity
- Masses
- Trachea
- Abnormal Pulsations

Chest:
- Asymmetrical
- Emphysema
- Deformity

Expansion
Spine & Back
- Lordosis

Kyphosis
Scoliosis
Limitation of motion
- Tenderness
- Spasm

Cardiovascular:

Heart:
- Size
- Thrills
- Sounds
- Arrhythmia
- Murmurs

Arteries:
- Quality of pulse
- Elasticity

	R	L
Carotid		
Radial		
Ulnar		
Femoral		
Popliteal		
Dors.Pedis		
Post.Tibial		

Veins:
- Abn.distention
- Abn.pattern
- Varicose veins

Lungs:
- Clear
- Abnormal

Breast
- Tender
- Masses
- Nipple changes
- Discharge

PHYSICAL EXAMINATION (continued)

Lymphatic:
- Normal
- Adenopathy
  - Cervical
  - Axillary
  - Epitrochlear
  - Inguinal

Abdomen:
- Scars
- Hernia
- Hepatomegaly
- Splenomegaly
- Tenderness
- Masses
- Rigidity
- Distention
- Abn.pulsations

Genito-urinary
- External genitalia
- Kidneys

Rectal:
- Cul-de-sac
- Mass
- Fissure
- Hemorrhoids
- Prostate
  - Consistency
  - Nodules
  - Enlarged
  - Tender

Extremities:
- Color change:
  - Elevation
  - Dependent

Edema
Feet
Joints
Bones
Muscles

Skin and Mucous Membranes:
- Abn. color
- Abn.Texture
- Icterus
- Lesions

Hair and nails:
- Normal
- Abnormal

Neurologic:
- Cranial nerves
- Muscles

Sensation:
- Superficial
- Position
- Vibration

Coordination
Involuntary movements
Superficial reflexes:
- Corneal
- Abdominal
- Cremasteric

Tendon reflexes:
- Upper extremity
- Lower extremity

Pathological Signs:
- Babinski
- Hoffmann
- Romberg
- Other

Gait

Personality estimate: Intelligence_____ Cooperation_____

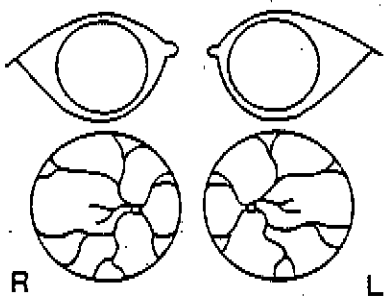
Mood_____ Memory_____ Insight_____ Anxiety_____ Fears_____

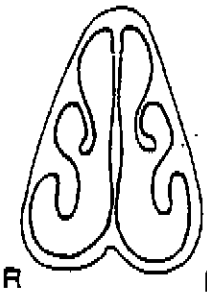
Behavior_____ Other Traits_____

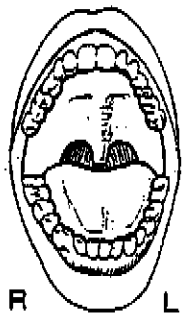
Pertinent findings:

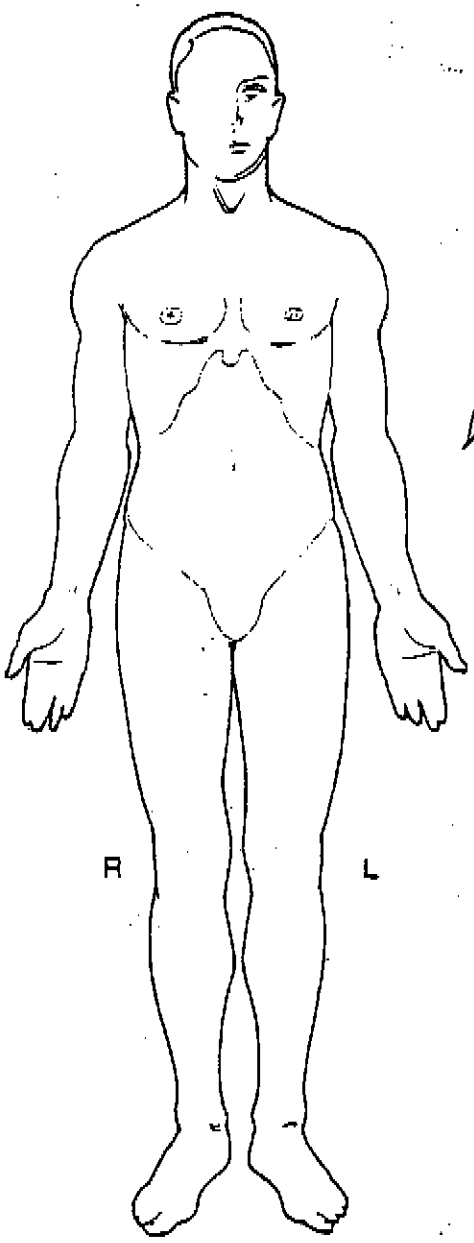
Patient name Ronnie J. Hardy Number 16796

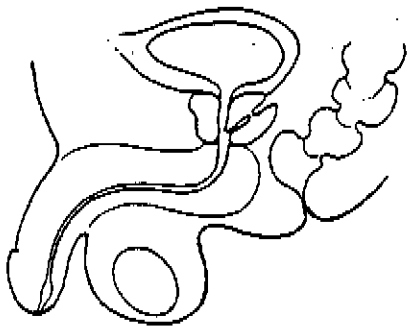
Date 8-30-2001

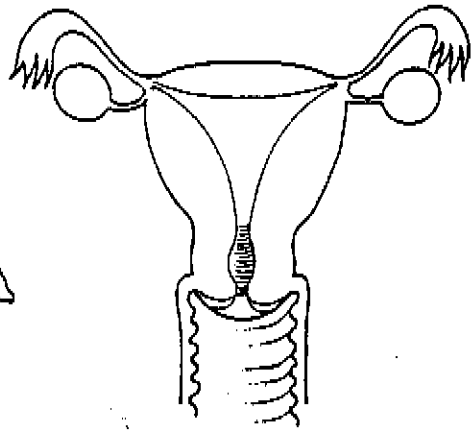


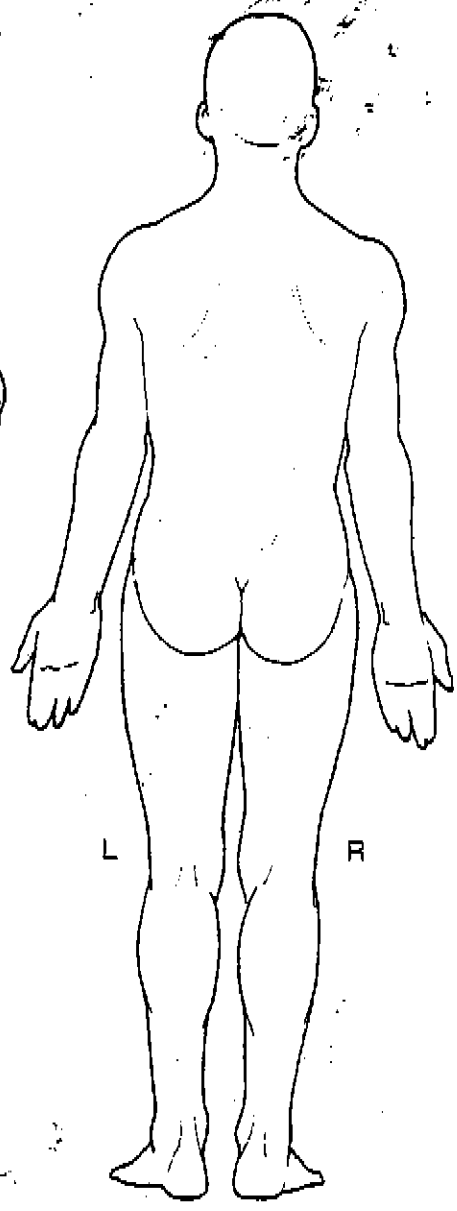


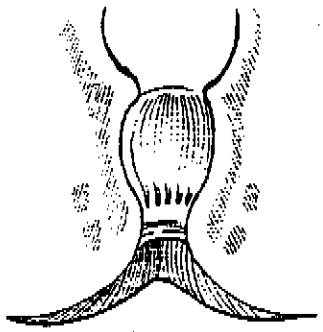












Signature _____

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NAME: Ronnie J. Hardy
8-30-2001

DATE	PROBLEM LIST	MEDICATIONS	BEGUN	STOPPED
8/30/01	Lead Exposure Tobacco Abuse, Anxiety			

NAME: Ronnie Hardy		DATE: 8-30-01		
URINALYSIS		COLOR: Yellow	APPEARANCE: Clear	
☐ Microscopic	☐ Specific Gravity	1.0 | 0	☐ Ketones	(-)
☐ Epith. Cells/LPF	☐ PH	7.5	☐ Blood	(-)
☐ RBC/HPF	☐ Protein SSA	(-)	☐ Bile	(-)
☐ WBC/HPF	☐ Glucose	(-)	☐ Phenylketone	
☐ CASTS/LPF	☐ Total Reducing Substances		☐ Nitrite	(-)
☐ Amorphous	☐ Urobilinogen	0.2	☐ Leukocytes	(-)
☐ Crystals	☐ Porphyrins		COMMENTS	
☐ Bacteria	☐ Cystine			
	☐ Osmolality	$mOsm/kg.$ (Normal 300-1000)		

JOHN C. SAMS, M.D.
INTERNAL MEDICINE
MEDICAL PLAZA, SUITE 2A
201 FOURTH STREET
BOX 30105
ALEXANDRIA, LOUISIANA 71301-8438

TELEPHONE: (318) 448-1217
FAX: (318) 442-9621

March 21, 2003

AFFIDAVIT

I hereby swear that the attached medical records were prepared in the ordinary course of business and are a true copy of all of the records of Ronnie Hardy in my possession.

Dolores Stokes

Dolores Stokes
Office Manager

RJH:JCS00001
CONFINDENTAL

8-31-01 V.O. Dr. Sims. Informed pt. to [illegible] appt c̄ Industrial Medicine. Rhoveaux, CN

33 pages

RJH:JCS00002

CONFINDENTAL

Sent to Burlie Gen for
Bloodwork →
results Tuesday 21st

Sent to ER @ Cabrini –
Called poison control.
→ ordered another blood test
Monday –

Here today in F/U.

Spent Many
→ Lead level 75 → 66

A Lead ~~[illegible]~~ toxicity.
P – Refer [illegible] –
call in [illegible] re: tx.

RJH:JCS00003
CONFINDENTAL

Date 8-30-2001

Weight 181

Height 5'11"

BP 120/88

Name Ronnie J. Hardy

Address 1437 Riche Rd.

Bunkie, La 71322

Phone (H) 876-2588

DOB: 3-16-1964

Current Medications:

CC: ER follow up
Lead exposure 7-14-01 - 8-7-01
c/o diarrhea x 3 weeks ; c/o occasional headaches
c/o feeling tired

From Bunkie
— friend has maintenance contract
→ 9 dy turnaround @ [illegible]
Hired full time → [illegible]
60 dys and quit
Exide
CO - 57 in work environment
Student to M Hines in Bunkie
— Saw May Hood in Hines & office
Friday - 17 Aug 2001

RJH:JCS00004

CONFINDENTAL

Box 30105
Alexandria, La. 71301

Bunkie, La 71322
DOB: 3-16-
(H) 876-2588 (W) 481-6954

PHYSICAL EXAMINATION

Date 8-30-2001

Age: Stated 37 Apparent ___ Sex M Nutrition ___ Weight ___ Present 181
Ideal ___ Temp ___ Pulse ___ Respiration ___ B.P. Rt.Arm ___ Leg ___
Lt.Arm 120/88 Leg ___

Constitution:
- Sthenic
- Hyposthenic
- Hypersthenic

Eyes:
- E.O.M.
- Pupils
- Sclerae
- Light
- Accom.
- Conjunct.

Fundus:
- Normal
- Spasm
- Sclerosis
- A/V ratio
- Disc
- HEM. or exud

Ears:
- External
- Canals
- Drums
- DISCH.
- Hearing

Nose:
- Septum
- TURB.
- Disch.
- Obstr.

Mouth:
- Lesions
- Teeth:O.K.
- Poor Rep.
- Dentures
- Gums
- Tongue

Pharynx and Larynx:
- Injected
- Lesions
- Pur.sec.
- Tonsils
- Voice

Neck:
- Enlarged thyroid
- Thyroid nodules
- Other glands
- Rigidity
- Masses
- Trachea
- Abnormal Pulsations

Chest:
- Asymmetrical
- Emphysema
- Deformity

Expansion
Spine & Back
- Lordosis

Kyphosis
Scoliosis
Limitation of motion
- Tenderness
- Spasm

Cardiovascular:

Heart:
- Size
- Thrills
- Sounds
- Arrhythmia
- Murmurs

Arteries:
- Quality of pulse
- Elasticity

	R	L
Carotid		
Radial		
Ulnar		
Femoral		
Popliteal		
Dors.Pedis		
Post.Tibial		

Veins:
- Abn.distention
- Abn.pattern
- Varicose veins

Lungs:
- Clear
- Abnormal

Breast
- Tender
- Masses
- Nipple changes
- Discharge

RJH:JCS00005

CONFINDENTAL

PHYSICAL EXAMINATION (continued)

Lymphatic:
- Normal
- Adenopathy
  - Cervical
  - Axillary
  - Epitrochlear
  - Inguinal

Abdomen:
- Scars
- Hernia
- Hepatomegaly
- Splenomegaly
- Tenderness
- Masses
- Rigidity
- Distention
- Abn.pulsations

Genito-urinary
- External genitalia
- Kidneys

Rectal:
- Cul-de-sac
- Mass
- Fissure
- Hemorrhoids
- Prostate
  - Consistency
  - Nodules
  - Enlarged
  - Tender

Extremities:
- Color change:
  - Elevation
  - Dependent

Edema
Feet
Joints
Bones
Muscles

Skin and Mucous Membranes:
- Abn. color
- Abn.Texture
- Icterus
- Lesions

Hair and nails:
- Normal
- Abnormal

Neurologic:
- Cranial nerves
- Muscles

Sensation:
- Superficial
- Position
- Vibration

Coordination
Involuntary movements
Superficial reflexes:
- Corneal
- Abdominal
- Cremasteric

Tendon reflexes:
- Upper extremity
- Lower extremity

Pathological Signs:
- Babinski
- Hoffmann
- Romberg
- Other

Gait

Personality estimate: Intelligence_____ Cooperation_____

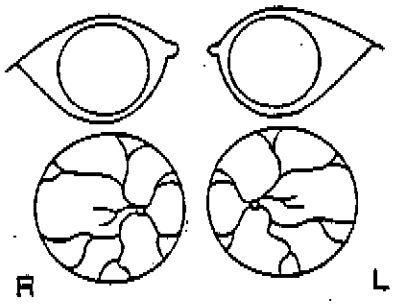
Mood_____ Memory_____ Insight_____ Anxiety_____ Fears_____

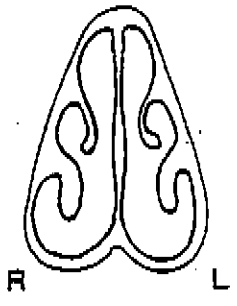
Behavior_____ Other Traits_____

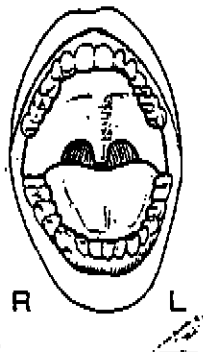
Pertinent findings:_____

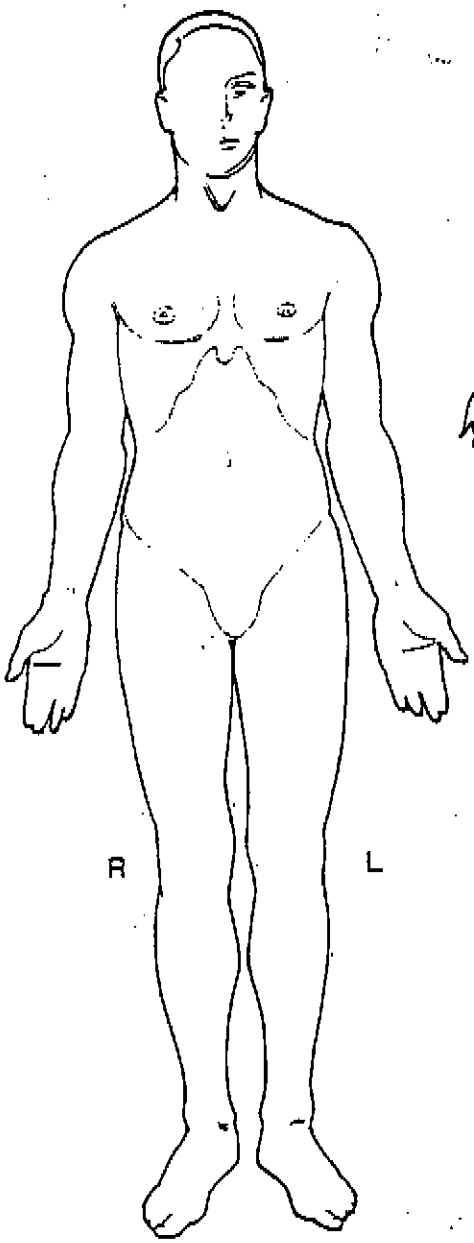
Patient name Ronnie J. Hardy Number 16796

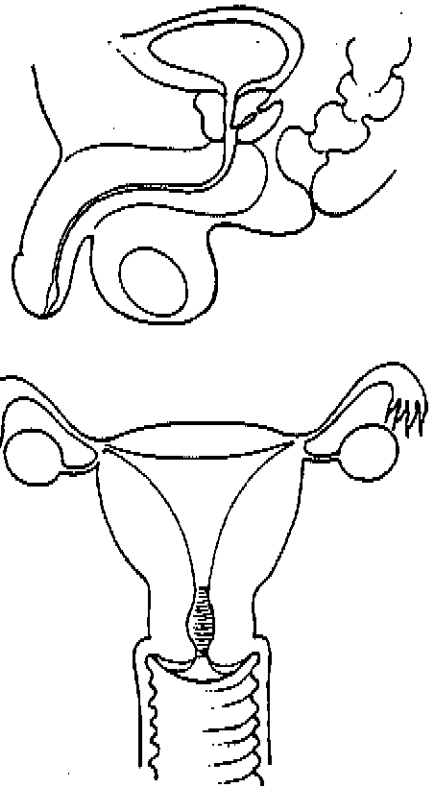
Date 8-30-2001

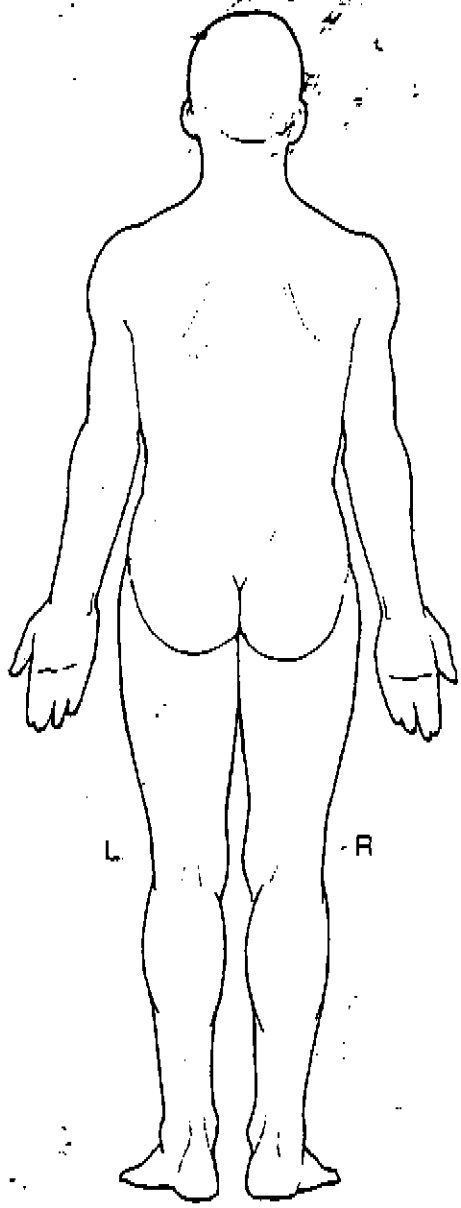


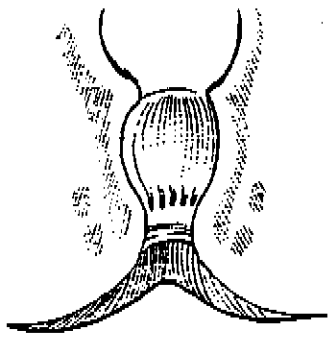












Signature _____

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RJH:JCS00007

CONFINDENTAL

PATIENT'S PERSONAL HISTORY

Date 8-30-01

SSN: 434-37-0478

JOHN C. [illegible]MS, M.D.
201 4TH [illegible], STE. 2A BOX 30105
MEDICAL PLAZA BLDG.
ALEXANDRIA, LA. 71301-8438
TELEPHONE (318) 448-1217

Confidential Record: Information contained here will not be released except when you have authorized us to do so.

Last Name	First	Middle	Birth Date	Age	Birth Place
HARDY	RONNIE	J.	3-16-64	37	BUNKIE

Address	City	State	Zip	Home Phone	Business Phone
1437 Riche Rd.	BUNKIE	LA.	71322	876-2588	481-6954

Occupation	Medicare No.	Medicaid No.	Sex	Marital Status	Religion
OWNER - HARDY'S TRUCKING			(M) F	DIVORCED	BAPT.

Insurance Company _____ Insurance No. _____

Person to Notify PAUL HARDY Relationship FATHER

Address 485 HWY 3041 Phone Number 346-6878

Date of Last Physical Examination 8-10-01 Doctor HINES

Family or Referring Physician HINES Address BUNKIE

FAMILY HISTORY	Sex	If Living: Age	If Living: Health	If Deceased: Age at Death	If Deceased: Cause
Father		57	GOOD		
Mother		35	GOOD		
Brothers/Sisters* (Circle Sex)					
ANTHONY	(M) F	39	GOOD		
	M F				
	M F				
	M F				
	M F				
Husband/Wife					
Sons/Daughters* (Circle Sex)					
MARIEE	M (F)	7	GOOD		
	M F				
	M F				
	M F				
	M F				

Since some names may be used for either men or women, please circle sex for each Brother, Sister, Son or Daughter.

Do you know of any blood relative who has or had: (Circle and give relationship)

Stroke		Epilepsy		Heart Attack		Nervous breakdown	
Cancer		Suicide		Stomach ulcers			
		Migraine				Rheumatic heart	
High blood Pressure		Asthma		Kidney disease			
Tuberculosis		Hay fever		Goiter		Insanity	
Diabetes		Bleeding tendency		Arthritis		Congenit heart	
Leukemia				Colitis			

RJH:JCS00008

CONFINDENTAL

PERSONAL HABITS: (Circle)

1PPD

(Yes) No Do you regularly smoke? Cigarettes ☑ Pipe ☐ Cigars ☐ For how many years? 10

Yes (No) Do you usually drink over 6 cups of coffee per day?

Yes (No) Do you regularly drink alcohol? 1 oz. per day ☐ 2 oz. per day ☐ 4 oz. per day ☐ over 6 oz. ☐
BEER. 1 bottle per day ☐ 2 bottles per day ☐ over 4 bottles per day ☐

(Yes) No Do you have difficulty in falling asleep?

(Yes) No Do you awaken early in the morning without apparent cause?

No regular exercise program

MEDICATIONS:

Are you presently taking any of the following medications? (Circle)

Yes	No	Aspirin, bufferin, anacin	Yes	No	Tranquilizers
Yes	No	Blood pressure pills	Yes	No	Weight reducing pills
Yes	No	Cortisone	Yes	No	Blood thinning pills
Yes	No	Cough medicine	Yes	No	Dilantin
Yes	No	Digitalis	Yes	No	Shots
Yes	No	Hormones	Yes	No	Water pills
Yes	No	Insulin or diabetic pills	Yes	No	Antibiotics
Yes	No	Iron or poor blood medications	Yes	No	Barbiturates
Yes	No	Laxatives	Yes	No	Birth control pills
Yes	No	Sleeping pills	Yes	No	Phenobarbital
Yes	No	Thyroid medicine	Yes	No	Other drugs not listed

Write in the names and year of any operations which you have had:

NONE

Name any drugs to which you are allergic:

NONE

Write in the names of any diseases you have had which required hospitalization:

NONE

Serious Illnesses which you have had: (not requiring hospitalization)

NONE

Serious injuries or accidents:

NONE

To be answered by WOMEN only: (Circle)

Yes	No	Are you still having regular monthly menstrual periods?	
Yes	No	Have you ever had bleeding between your periods?	When? _____
Yes	No	Do you have very heavy bleeding with your periods?	When? _____
Yes	No	Do you feel bloated and irritable before your period?	
Yes	No	Are you now on or have you ever taken the birth control pill?	When? _____
Yes	No	Have you ever had a miscarriage?	When? _____
Yes	No	Have you ever had a discharge from the nipple of your breast?	When? _____
Yes	No	Do you regularly have the cancer test of the cervix?	Date of last test _____

How many children born alive _____ How many miscarriages _____

How many stillbirths _____ How many cesarean operations _____

How many premature births _____ Any complication of pregnancy _____

Date of last menstrual period _____

To be answered by men and women: (Circle)

(Yes)	No	Do you frequently have severe headaches? (If yes, answer the following):
Yes	(No)	Do they cause visual trouble?
(Yes)	No	Do they occur on one side of the head?
Yes	(No)	Do they awaken you at night from sleep?
(Yes)	No	Do they feel like a tight hat band?
Yes	(No)	Do they hurt most in the back of the head and neck?
(Yes)	No	Does aspirin relieve them?

Yes	(No)	Have you ever fainted?	Yes	(No)	Have you ever had a convulsion?
(Yes)	No	Spells of dizziness?	Yes	(No)	Double vision?
Yes	(No)	Spells of weakness of an arm or leg?	Yes	(No)	Pains in ear?
Yes	(No)	Ringing in ears?	Yes	(No)	Nosebleeds?

Yes	(No)	Do you frequently have bleeding gums?	Yes	(No)	Do you frequently have a sore tongue?
Yes	(No)	Do you frequently have trouble swallowing?	(Yes)	No	Do you frequently have nausea and vomiting?
Yes	(No)	Do you frequently have hoarseness?			

Have you ever had shortness of breath?: (Circle)

Yes	(No)	Doing your usual work?	(Yes)	No	Which causes you to cough?
Yes	(No)	Climbing a flight of stairs?	Yes	(No)	Accompanied by wheezing?
Yes	(No)	Which awakens you at night?	Yes	(No)	Have you ever coughed blood?
Yes	(No)	Do you have a chronic cough?	(Yes)	No	Do you cough up much sputum?

Have you ever had chest pain or tightness in the chest which begins when: (Circle)

Yes	(No)	When exerting yourself?	Yes	(No)	Radiates down the arm?
Yes	(No)	When walking against a wind?	Yes	(No)	Disappears if you rest?
Yes	(No)	When walking up a hill?	Yes	(No)	Occurs only at rest?
Yes	(No)	After a heavy meal?	Yes	(No)	When walking fast?
Yes	(No)	When upset or excited?	Yes	(No)	When walking in cold weather?
Yes	(No)	Palpitations	If you have chest pain or tightness please explain _____		
Yes	(No)	Do you sleep on more than one pillow?			

Have you recently had pain in the stomach which: (Circle)

Yes	(No)	Occurs 1 - 2 hours after a meal?
Yes	(No)	Is brought on by eating fried foods, gassy foods?
Yes	(No)	Awakens you at night?
Yes	(No)	Is relieved by antacid medications?
Yes	(No)	Is relieved with milk or eating?
Yes	(No)	Occurs while eating or immediately after?
(Yes)	No	Is relieved by a bowel movement?
Yes	(No)	Loss of appetite?

RJH:JCS00010

CONFINDENTAL

If you have had a change in bowel habit recently answer the following: (Circle)

When or since when?

(Yes)	No	Crampy pain in the abdomen?	3 weeks
(Yes)	No	Alternating diarrhea and constipation?	
(Yes)	No	Pain during or after bowel movement?	
Yes	(No)	Mucous in the stool?	
Yes	(No)	Blood in the stool?	
Yes	(No)	Ribbon-like stools?	
Yes	(No)	Black stools?	
Yes	(No)	Require use of strong laxatives or enemas?	

Have you had: (Circle)

Yes	(No)	Burning when urinating?	
Yes	(No)	Loss of control of bladder?	
Yes	(No)	Blood in the urine?	
Yes	(No)	Dark colored urine?	
Yes	(No)	Trouble starting to urinate?	
Yes	(No)	Trouble holding the urine?	
Yes	(No)	Getting up frequently at night?	
Yes	(No)	Passed a kidney stone?	

Have you recently had: (Circle)

Yes	(No)	Pains in calves of legs when walking?	
Yes	(No)	Cramps in legs at night?	
Yes	(No)	Pain in the big toe?	
Yes	(No)	Varicose veins?	
Yes	(No)	Phlebitis or inflamed leg veins?	
Yes	(No)	Swelling in the ankles?	

To be answered by MEN only: Have you ever had: (Circle)

Yes	(No)	Loss of sexual activity? For how long?
Yes	(No)	Treatment for genitals (private parts)?
Yes	(No)	Discharge from penis?
Yes	(No)	Hernia (rupture)?
Yes	(No)	Prostate trouble?

Describe briefly your present medical symptoms:

Diarrhea, sleepy, Tired

RJH:JCS00011

CONFINDENTAL

NAME Ronnie J. Hardy
8-30-2001

DATE	PROBLEM LIST	MEDICATIONS	BEGUN	STOPPED
8/30/01	Lead Exposure Tobacco Abuse, Anxiety			

RJH:JCS00012
CONFINDENTAL

MURPHY, ROGERS
& SLOSS
A PROFESSIONAL LAW CORPORATION

ONE SHELL SQUARE
701 POYDRAS STREET
SUITE 400
NEW ORLEANS, LOUISIANA 70139
TELEPHONE (504) 523-0400
FACSIMILE (504) 523-5574
EMAIL FIRM@MRSNOLA.COM

ROBERT H. MURPHY
E. CARROLL ROGERS
PETER B. SLOSS
GARY J. GAMBEL
JAMES M. JACOBS
CHARLES L. WHITED, JR.
MOLLY B. HALLORAN
JOHN H. MUSSER, V
SCOTT E. OLIPHANT
TODD M. KORBEL
CHARLES B. WALLACE
EMILY K. STEVENS

11 December 2001

Dr. John C. Sams
Medical Plaza, Suite 2A
201 Fourth Street
P. O. Box 30105
Alexandria, LA 71301-8438

16796

Re: Ronnie Hardy and Chad Gauthier
V. Exide
MRS Ref: 1368/2040

Dear Dr. Sams:

Enclosed please find our firm check, number 10986, dated 11 December 2001 for $153.00 representing payment in full for your services rendered our client, Ronnie Hardy, to date.

Further, we would appreciate your forwarding us a report of your findings relative to your examination of Mr. Hardy, including, any and all office notes, results of diagnostic tests, reports, etc. Enclosed is a Medical Release Authorization executed by Mr. Hardy granting you permission to forward us this information. Should you have any questions, do not hesitate to call the undersigned.

With kind regards, we remain

Very truly yours,

MURPHY, ROGERS & SLOSS

Sherri Hotard

Sherri Hotard, Secretary to
Gary J. Gambel

/SRH
Enclosure

RJH:JCS00013
CONFINDENTAL

MEDICAL AUTHORIZATION

STATE OF LOUISIANA
PARISH OF ORLEANS

BEFORE ME, the undersigned authority, personally came and appeared:

RONNIE HARDY

DATE OF BIRTH: March 16 1964

SSN #: 434-37-0478

who, after first being duly sworn, did depose and say:

That he does hereby authorize all doctors who have treated him and all hospitals in which he has been a patient to give to the law firm of MURPHY, ROGERS & SLOSS, or any of its representatives, any and all information relative to any treatment he may have had by any doctor or hospital, including x-rays, medical reports, medical records, hospital charts, HIV test results and records, drug test results and records, alcohol test results and records, and psychiatric/psychological test results and records.

That he does hereby authorize all doctors and hospitals to procure photostatic copies of all records, physicians' and nurses' reports and notes, x-ray, and any and all other documents concerning, or in any way concerned with, the treatment which was administered to him.

That he does hereby further authorize all doctors who have treated him to submit to the law firm of MURPHY, ROGERS & SLOSS, or its representatives, a medical report setting forth the history, diagnosis, prognosis, and medical opinion concerning all treatment he may have had.

That a photostatic copy of this authorization may serve as an original. This does authorize verbal conversation pertaining to the patient's condition.

Ronnie Hardy
RONNIE HARDY

SWORN TO AND SUBSCRIBED BEFORE ME THIS 11th DAY OF December, 2001.

NOTARY PUBLIC

12/11/01
Date

RJH:JCS00014
CONFINDENTAL

NDOR:

CHECK NO:

IR REF. NO.	YOUR INVOICE NUMBER	INVOI ATE	INVOICE AMOUNT	AN NT PAID	DISCOUNT TAKEN

$ 153.00

168/2040 - Medical treatment on8/30/01
Ronnie Hardy

RJH:JCS00015

CONFINDENTAL

PLEASE DO NOT STAPLE IN THIS AREA

APPROVED OMB-0938-0008

MURPHY, ROGERS, AND SLOSS
701 POYDRAS ST. SUITE 40
NEW ORLEANS, LA 70139

HEALTH INSURANCE CLAIM FORM

PICA

PICA

1. MEDICARE (Medicare #) | MEDICAID (Medicaid #) | CHAMPUS (Sponsor's SSN) | CHAMPVA (VA File #) | GROUP HEALTH PLAN (SSN or ID) | FECA BLK LUNG (SSN) | OTHER (ID)

1a. INSURED'S I.D. NUMBER (FOR PROGRAM IN ITEM 1): 434370478

2. PATIENT'S NAME (Last Name, First Name, Middle Initial): HARDY, RONNIE J

3. PATIENT'S BIRTH DATE: 03 16 64 SEX: M [X] F [ ]

4. INSURED'S NAME (Last Name, First Name, Middle Initial): HARDY, RONNIE J.

5. PATIENT'S ADDRESS (No., Street): 1437 RICHE RD

6. PATIENT RELATIONSHIP TO INSURED: Self [X] Spouse [ ] Child [ ] Other [ ]

7. INSURED'S ADDRESS (No., Street): 1437 RICHE RD

CITY: BUNNKIE STATE: LA

8. PATIENT STATUS: Single [ ] Married [ ] Other [X]

CITY: BUNNKIE STATE: LA

ZIP CODE: 71322 TELEPHONE (Include Area Code): (318) 876 2588

Employed [ ] Full-Time Student [ ] Part-Time Student [ ]

ZIP CODE: 71322 TELEPHONE (INCLUDE AREA CODE): (318) 876 2588

9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial):

10. IS PATIENT'S CONDITION RELATED TO:

11. INSURED'S POLICY GROUP OR FECA NUMBER:

a. OTHER INSURED'S POLICY OR GROUP NUMBER:

a. EMPLOYMENT? (CURRENT OR PREVIOUS) YES [X] NO [ ]

a. INSURED'S DATE OF BIRTH: 03 16 64 SEX: M [X] F [ ]

b. OTHER INSURED'S DATE OF BIRTH: MM DD YY SEX: M [ ] F [ ]

b. AUTO ACCIDENT? YES [ ] NO [X] PLACE (State):

b. EMPLOYER'S NAME OR SCHOOL NAME:

c. EMPLOYER'S NAME OR SCHOOL NAME:

c. OTHER ACCIDENT? YES [ ] NO [X]

c. INSURANCE PLAN NAME OR PROGRAM NAME: MURPHY, ROGERS, AND SLOSS

d. INSURANCE PLAN NAME OR PROGRAM NAME:

10d. RESERVED FOR LOCAL USE

d. IS THERE ANOTHER HEALTH BENEFIT PLAN? YES [ ] NO [X] If yes, return to and complete item 9 a-d.

READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM.

12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.

SIGNED: SIGNATURE ON FILE DATE: 10/16/01

13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below.

SIGNED: SIGNATURE ON FILE

14. DATE OF CURRENT: MM DD YY — ILLNESS (First symptom) OR INJURY (Accident) OR PREGNANCY (LMP): ILLNESS

15. IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS, GIVE FIRST DATE MM DD YY

16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION MM DD YY FROM TO MM DD YY

17. NAME OF REFERRING PHYSICIAN OR OTHER SOURCE: JOHN C. SAMS MD

17a. I.D. NUMBER OF REFERRING PHYSICIAN: B65743

18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES MM DD YY FROM TO MM DD YY

19. RESERVED FOR LOCAL USE

20. OUTSIDE LAB? YES [ ] NO [X] $ CHARGES

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY. (RELATE ITEMS 1,2,3 OR 4 TO ITEM 24E BY LINE)

1. 784.9
2.
3.
4.

22. MEDICAID RESUBMISSION CODE: ORIGINAL REF. NO.:

23. PRIOR AUTHORIZATION NUMBER: 19D0464649

24. A DATE(S) OF SERVICE From MM DD YY	To MM DD YY	B Place of Service	C Type of Service	D PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS	MODIFIER	DIAGNOSIS CODE	E	F $ CHARGES	G DAYS OR UNITS	H EPSDT Family Plan	I EMG	J COB	K RESERVED FOR LOCAL USE
1 08 30 01	08 30 01	11		99204		1		135.00	1				
2 08 30 01	08 30 01	11		81002		1		18.00	1				
3													
4													
5													
6													

25. FEDERAL TAX I.D. NUMBER: 72-1149017 SSN [ ] EIN [X]

26. PATIENT'S ACCOUNT NO.: SAM16796

27. ACCEPT ASSIGNMENT? (For govt. claims, see back) YES [ ] NO [X]

28. TOTAL CHARGE: $ 153.00

29. AMOUNT PAID: $

30. BALANCE DUE: $ 153.00

31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.)

10/16/01

SIGNED DATE

32. NAME AND ADDRESS OF FACILITY WHERE SERVICES WERE RENDERED (If other than home or office)

33. PHYSICIAN'S, SUPPLIER'S BILLING NAME, ADDRESS, ZIP CODE & PHONE#

JOHN C. SAMS MD
201 4TH ST. STE 2A
ALEXANDRIA, LA 71301

PIN# GRP#

(APPROVED BY AMA COUNCIL ON MEDICAL SERVICE 8/88)

PLEASE PRINT OR TYP

RJH:JCS00016

CONFINDENTAL

RM HCFA-1500 (12-90)
RM OWCP-1500 FORM RRB-1500

JOHN C. SAMS, M.D.
INTERNAL MEDICINE
MEDICAL PLAZA, SUITE 2A
201 FOURTH STREET
BOX 30105
ALEXANDRIA, LOUISIANA 71301-8438

TELEPHONE: (318) 448-1217
FAX: (318) 442-9621

October 17, 2001

Murphy, Rogers, & Sloss
One Shell Square
701 Poydras Street. Suite 400
New Orleans, LA 70139

Attention: Sherry Hotard

The claim on Mr. Ronnie J. Hardy has been sent to you per our conversation on October 16, 2001 regarding payment. If you need to contact or office regarding this matter, please call Dr. John Sams Office at 318-448-1217 and speak with Dolores Stokes, Office Manager. Thank you for your assistance regarding this matter.

Respectfully,

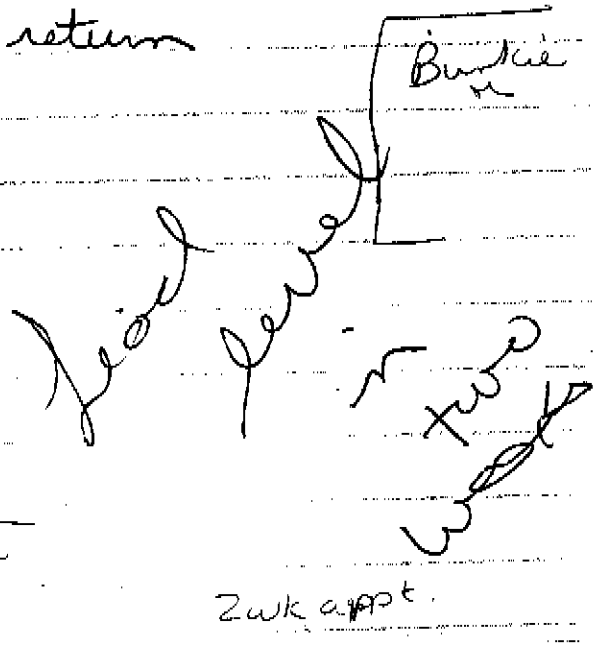
Dolores Stokes, Office Manager

RJH:JCS00017
CONFINDENTAL

Do you want him

to return

Bunkie



Lead level in two weeks

OU c̄

2wk appt.

RJH:JCS00018

CONFINDENTAL

Murphy, Rosen, Sloss

Sherry Hotard

701 Poydras St.
Ste 400
N.O. La.
70139

RJH:JCS00019

CONFINDENTAL

DEA # AS7735232

JOHN C. [illegible]AMS, M.D.
201 FOURTH STREET
SUITE 2A
ALEXANDRIA, LA 71301
318-448-1217

NAME Ronnie Hardy

ADDRESS _____ DATE 8/31/01

℞ (Please Print)

Lead Level

Dx: Lead Toxicity

☐ LABEL

REFILL ____ TIMES PRIN NR

John C. Sams

_____ M.D. _____ M.D.

PRODUCT SELECTION PERMITTED DISPENSE AS WRITTEN

31-OCT-00 01-100109646-10-21921_0003

RJH:JCS00020

CONFINDENTAL

DEA # AS7735232

JOHN C. SAMS, M.D.
201 FOURTH STREET
SUITE 2A
ALEXANDRIA, LA 71301
318-448-1217

NAME Ronnie Hardy DATE 8/31/01

ADDRESS

℞ (Please Print)

Lead Level

Dx: Lead Toxicity

☐ LABEL

REFILL TIMES PRINT NET

John C Sams M.D.

PRODUCT SELECTION PERMITTED

M.D.

DISPENSE AS WRITTEN

01-100109848-10-21921_0003

31-OCT-00

RJH:JCS00021

CONFINDENTAL

RAPIDES REGIONAL MEDICAL CENTER

Industrial Medicine
211 Fourth St.
Alexandria, LA 71301

FAX COVER SHEET

Date: 08-31-01 **Time:** _____ **# of Pages:** _____

To: Medical Records

Dr. Sams

Fax#: ( ) 442-9621 **Phone#:** ( ) _____

****

From: Kim

Fax#: (318) 473-3910 **Phone#:** (318) 473-3131

Memo: WORK STATUS REPORT Please fax record on Ronnie Hardy ASAP. Patient is here now.

Thank you,

Kim

Note: **This message is intended only for the individual or entity to which it is addressed and may contain information that is privileged, confidential and exempt from disclosure under applicable law. If the reader of this message is not the intended recipient or the employee or agent responsible for delivering the message 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 notify us immediately by telephone and return the original message to us at the above address via the U.S. Postal Service.**

RJH:JCS00022

CONFINDENTAL

RAPIDES
INDUSTRIAL MEDICINE
A SERVICE OF RAPIDES REGIONAL MEDICAL CENTER

211 FOURTH STREET
ALEXANDRIA, LA 71301-8421
318-473-3131
FAX 318-473-3910

Consent to Obtain Information

I, Ronnie Hardy give my consent for

Dr John Sams to release to Rapides Industrial Medicine any information or copies acquired in the course of my treatment.

Witness

Patient

8/30/04
Date

SS# 434-37-0478

DOB - 3-16-64

VHA

TOTAL P.02

RJH:JCS00023

CONFINDENTAL

Keep appt c̄ industrial mill

Ronnie Hardy
(Will call back)

You wanted him to call this morning.

Also, wanted you to know he spoke c̄ a friend who worked c̄ him + his Lead level was 40. Test done ṫ month p̄ working.

Ruthanne

RJH:JCS00024
CONFINDENTAL

Workmans Comp

Murphy, Rogers, & Sloss

Gary Gambel.
One Shell Square

RJH:JCS00025
CONFINDENTAL

Regard Ronnie Hardy

file as Workman's Comp

Sherry will return call

MURPHY, ROGERS & SLOSS
A PROFESSIONAL LAW CORPORATION

GARY J. GAMBEL
ATTORNEY AT LAW

ONE SHELL SQUARE
701 POYDRAS ST., SUITE 400
NEW ORLEANS, LA 70139
TELEPHONE (504) 523-0400
FACSIMILE (504) 523-5574
NIGHT (504) 523-5259
GGAMBEL@MRSNOLA.COM

Sue ← contact

Jennifer Willis → name of Atty handling w/c

504-488-6300

RJH:JCS00026

CONFINDENTAL

Acadiana Medical Laboratories, Ltd. P.O. Box 52607
117 Rue France Lafayette, La. 70505 (337) 233-5711

LABORATORY REPORT

BUNKIE GENERAL HOSP 002025
P.O. BOX 380 EVERGREEN HW
BUNKIE RT:4 ST:4
LA 71322

HARDY, RONNIE (10066) 01062949 RH031664 OP 08/20/2001 1943

37 YRS U HINES, DONALD Fasting 08/17/2001 0957 08/17/2001 1601

TEST NAME	RESULT	UNITS	REFERENCE
LEAD BLOOD 08/17/2001 0957	75.6 C	UG/DL	

RESULT VERIFIED BY REPEAT DETERMINATION.

REFERENCE RANGE:

CHILDREN (LESS THAN 6 YEARS OF AGE):

CDC CLASS*	BLOOD LEAD CONCENTRATIONS (UG/DL)
I	LESS THAN OR EQUAL TO 9
IIA	10-14
IIB	15-19
III	20-44
IV	45-69
V	GREATER THAN OR EQUAL TO 70

* REFER TO CURRENT CDC GUIDELINES FOR COMMENTS AND INTERVENTIONS RECOMMENDED FOR EACH CLASS.

ADULTS AND CHILDREN (6 YEARS OF AGE OR OLDER): LESS THAN 25 UG/DL

COMMENT 08/17/2001 0957
ATTEMPTED, NO ANSWER ON 08/20/01 19:08 AB

faxed to RBC 8/21/01

RJH:JCS00027

C = CRITICAL VALUE

CONFINDENTAL

FINAL END OF REPORT

08-20-01 18:27 From-BCH MEDICAL RECORDS 3183463314 T-017 P.03 F-182

Acadiana Medical Laboratories, Ltd. P.O. Box 52607
7 Rue France Lafayette, La. 70505 (337) 233-3711

LABORATORY REPORT

002025

BUNKIE GENERAL HOSP
P.O. BOX 380 EVERGREEN HW
BUNKIE RT:4 ST:4
LA 71322

Client Name	Accession No.	Patient ID	Reported

HARDY, RONNIE (10066)01062949 RH031664 OP 08/21/2001 1122
Patient Sex Race Requesting Physician Fasting Collected Received

37 YRS U HINES, DONALD 08/17/2001 0957 08/17/2001 1601

TEST NAME	RESULT	UNITS	REFERENCE
LEAD BLOOD 08/17/2001 0957	75.6 C	UG/DL	

RESULT VERIFIED BY REPEAT DETERMINATION.

REFERENCE RANGE:

CHILDREN (LESS THAN 6 YEARS OF AGE):

CDC CLASS*	BLOOD LEAD CONCENTRATIONS (UG/DL)
I	LESS THAN OR EQUAL TO 9
IIA	10-14
IIB	15-19
III	20-44
IV	45-69
V	GREATER THAN OR EQUAL TO 70

* REFER TO CURRENT CDC GUIDELINES FOR COMMENTS AND INTERVENTIONS RECOMMENDED FOR EACH CLASS.

ADULTS AND CHILDREN (6 YEARS OF AGE OR OLDER): LESS THAN 25 UG/DL

COMMENT 08/17/2001 0957
RESULTS CALLED TO GRETCHEN ON 08/21/01 08:23. CR
ATTEMPTED, NO ANSWER ON 08/20/01 19:08 AB
ATTEMPTED NO ANSWER, 08/21/01 00:15, DM

Faxed to KHC
8/21/01
CL

RJH:JCS00028

CONFINDENTAL

C = CRITICAL VALUE

08-30-01 16:27 From-BGH MEDICAL RECORDS 3193483314 T-017 P.02 F-192

002025
94

08/17/01 11:13 Page 1

BUNKIE GENERAL HOSPITAL LABORATORY
427 EVERGREEN HIGHWAY
BUNKIE, LOUISIANA 71322
318-346-6681

PATIENT ID: RH 031664 SAMPLE ID: 21842
PATIENT NAME: HARDY, RONNIE DRAWN BY: JM
BIRTHDATE: 03/16/1964 AGE: 37Y SEX: M COLL: 08/17/01 09:57
DOCTOR: HINES, DON STAT: N
LOCATION: OP ROOM: OP
PID COMMENT:
SID COMMENT:

TEST NAME	RESULTS	FLAGS	UNITS	REFERENCE RANGES	CODES
********** Panel: CBC					
WBC	11.8	H	10^3	4.8 - 10.8	JF
RBC	5.30	H	10^6	3.80 - 5.20	
HGB	16.4		G/DL	14.0 - 18.0	
HCT	45.1		%	42.0 - 52.0	
MCV	85.1		FL	80.0 - 94.0	
MCH	30.9		PG	27.0 - 31.0	
MCHC	36.4		G/DL	33.0 - 37.0	
PLT	238		10^3	140 - 440	
RDW-CV	13.0			11.5 - 14.5	
********** Panel: AUTO DIFF					
LYMPH	14.0	L	%	20.0 - 45.0	
MID	5.5		%	2.0 - 15.0	
NEUT	80.5	H	%	45.0 - 80.0	
********** Panel: COMP. METABOLIC					
GLUCOSE	96.4		MG/DL	70.0 - 110.0	AR
BUN	15.1		MG/DL	7.0 - 18.0	
CREATININE	1.3		MG/DL	0.6 - 1.3	
BUN/CREA	11.6	L		12.0 - 20.0	
SODIUM	140.2		MMOL/L	140.0 - 148.0	
POTASSIUM	4.5		MMOL/L	3.6 - 5.2	
CHLORIDE	103.0		MMOL/L	100.0 - 108.0	
CO2	24.1		MMOL/L	21.0 - 32.0	
ANION GAP	17.6		MMOL/L	10.0 - 20.0	
ALBUMIN	4.5		G/DL	3.4 - 5.0	
TOTAL PROTEIN	7.2		G/DL	6.4 - 8.2	
GLOBULIN	2.7		MG/DL	2.3 - 3.5	
A/G	1.7			1.5 - 2.2	
ALKALINE PHOS	99.4		U/L	50.0 - 136.0	
SGPT (ALT)	76.8	H	U/L	30.0 - 65.0	
SGOT (AST)	33.2		U/L	15.0 - 37.0	
TOTAL BILI	0.8		MG/DL	0.0 - 1.0	
CALCIUM	9.3		MG/DL	8.8 - 10.5	
END OUT					AR

LEAD LEVEL TO AML

RJH:JCS00029

CONFINDENTAL

Result Code Expansion

08-30-01 18:27 From-BGH MEDICAL RECORDS 3193463314

NAME: Ronnie Hardy | DATE: 8-30-01

URINALYSIS

COLOR: Yellow | APP: Clear

☐ Microscopic	☐ Specific Gravity	1.010	☐ Ketones	Neg
☐ Epith. Cells/LPF	☐ PH	2.5	☐ Blood	Neg
☐ RBC/HPF	☐ Protein SSA	Neg	☐ Bile	Neg
☐ WBC/HPF	☐ Glucose	Neg	☐ Phenylketone	
☐ CASTS/LPF	☐ Total Reducing Substances		☐ Nitrite	Neg
☐ Amorphous	☐ Urobilinogen	0.2	☐ Leukocytes	Neg
☐ Crystals	☐ Porphyrins		COMMENTS	
☐ Bacteria	☐ Cystine			
	☐ Osmolality		$mOsM/kg.$ (Normal 300-1000)	

RJH:JCS00030

CONFINDENTAL

Send to: EQ51279
Christus St. Frances Cabrini Hospital
3330 Masonic Drive
Alexandria, LA 71301

01239-00089 UAB

Quest Diagnostics

33608 Ortega Hwy, San Juan Capistrano, CA 92675
CLIENT SERVICES - (800) 553-5448
Directors: D.A. Fisher MD, J.C. Nelson MD, R.E. Reitz MD, W.B. Panton MD PhD, M.K. Samoszuk MD, F.P. Espinoza MD

PATIENT NAME:	HARDY, RONNIE			COLLECTION TIME STAMP:	08/27/2001 08:25
PATIENT ID:	442959			RECEIVED TIME STAMP:	08/28/2001 02:53
PATIENT AGE:	37 YR	PATIENT SEX:	Male	REPORTING TIME STAMP:	08/28/2001 22:19
ACCESSION NO:	24193267	SAMPLE ID NO:	M17033	STATUS:	FINAL
OTHER ID NO:	512791047275	ORDERING DR:	HAWTHORNE, HARRY R.		
CONSULTANTS:	none				
REMARKS:					

Test	Result *=Out of Range	Units	Reference Range
Lead, Blood	66*	ug/dL	SEE BELOW

RESULTS CONFIRMED BY REPEAT ANALYSIS.
ARTERIAL/VENOUS SAMPLE

INTERPRETATION OF BLOOD LEAD TEST RESULTS AND FOLLOW-UP ACTIVITIES: CLASS OF CHILD BASED ON BLOOD LEAD CONCENTRATION

Class	Blood lead concentration (ug/dL)	Comment
I	9 or less	A child in Class I is not considered to be lead-poisoned.
IIA	10-14	Many children (or a large proportion of children) with blood lead levels in this range should trigger community-wide childhood lead poisoning prevention activities. Children in this range need to be rescreened more frequently.
IIB	15-19	A child in Class IIB should receive nutritional and educational intervention and more frequent screening. If the blood level persists in this range, environmental investigation and intervention should be done.
III	20-44	A child in Class III should receive environmental evaluation and remediation and a medical evaluation. Such a child may need pharmacologic treatment of lead poisoning.
IV	45-69	A child in Class IV will need both medical and environmental interventions, including chelation therapy.
V	70 or more	A child with Class V lead poisoning is a medical emergency. Medical and environmental management must begin immediately.

Source: Center for Disease Control, Preventing Lead Poisoning in Young Children, October 1991.

ORIGINAL PRINTED AT 08/29/2001 07:08

QUEST DIAGNOSTICS INCORPORATED

RJH:JCS00031

CONFINDENTAL

08/30/2001 13:32 318-448-4929 CABRINI DP LAB

Send to: EQ51279
Christus St. Frances Cabrini Hospital
3330 Masonic Drive
Alexandria, LA 71301

Quest Diagnostics

33608 Ortega Hwy, San Juan Capistrano, CA 92675
CLIENT SERVICES - (800) 553-5445
Directors: D.A. Fisher MD, J.C. Nelson MD, R.E. Reitz MD, W.B. Paxton MD PhD, M.K. Samoszuk MD, P.P. Espinoza MD

PATIENT NAME:	HARDY, RONNIE			COLLECTION TIME STAMP:	08/27/2001 08:25
PATIENT ID:	442959			RECEIVED TIME STAMP:	08/28/2001 02:53
PATIENT AGE:	37 YR	PATIENT SEX:	Male	REPORTING TIME STAMP:	08/28/2001 22:19
ACCESSION NO:	24193267	SAMPLE ID NO:	M17033	STATUS:	FINAL
OTHER ID NO:	512791047275	ORDERING DR:	HAWTHORNE, HARRY R.		
CONSULTANTS:	none				
REMARKS:					

Test	Result *=Out of Range	Units	Reference Range

Adults without occupational exposure reference range: Less than 10 ug/dL.
OSHA industrial reference range: Less than 40 ug/dL.

ORIGINAL PRINTED AT 08/29/2001 07:08

QUEST DIAGNOSTICS INCORPORATED

RJH:JCS00032

CONFINDENTAL

08/30/2001 13:32 318-448-4929

AUTHORIZATION FOR DISCLOSURE OF MEDICAL INFORMATION

TO WHOM IT MAY CONCERN:

This will be your authorization to allow **Dr. John C. Sams, 201 4th St., Suite 2A, Box 30105, Alexandria, La. 71301** to examine any and all of my medical records; to obtain, at his, its, or their expense, photostatic copies of such records as he, it, or they may desire; to discuss my medical records as he, it, or they may desire; to discuss any medical history, examination, and treatment with physicians, nurses, and other health care providers who have treated or examined me.

I specifically waive the limitations and restrictions placed upon disclosure and dissemination of such information and records by Louisiana Revised Statue 13:3734, as amended by Act 477 of the regular session of the Louisiana Legislature of 1985.

I further certify that no action to recover damages, in tort or for workers compensation under federal or state law is presently pending. I further certify that no other legal proceeding is presently pending which has my physical condition at issue.

I further agree that this authorization shall be valid and effective unless and until it is revoked by me writing and that a photocopy of this authorization may serve as an original.

Ronnie Hardy
SIGNATURE OF PATIENT

8-30-01
DATE

RECORDS RELEASE

Date _____

To _____
DOCTOR OR HOSPITAL

_____
ADDRESS

I hereby authorize and request you to release

To _____
DOCTOR OR HOSPITAL

_____
ADDRESS

the complete medical records in your possession, concerning my illness and/or treatment during the period

From _____ To _____

Signed Ronnie Hardy
(Patient or Nearest Relative)

_____ _____
WITNESS RELATIONSHIP

RJH:JCS00033

CONFINDENTAL

4/4/2959

MURPHY, ROGERS
& SLOSS
A PROFESSIONAL LAW CORPORATION

ONE SHELL SQUARE
701 POYDRAS STREET
SUITE 400
NEW ORLEANS, LOUISIANA 70139
TELEPHONE (504) 523-0400
FACSIMILE (504) 523-5574
EMAIL FIRM@MRSNOLA.COM

ROBERT H. MURPHY
E. CARROLL ROGERS
PETER B. SLOSS
GARY J. GAMBEL
JAMES M. JACOBS
CHARLES L. WHITED, JR.
MOLLY B. HALLORAN
JOHN H. MUSSER, V
SCOTT E. OLIPHANT
TODD M. KORBEL
CHARLES B. WALLACE
EMILY K. STEVENS

8.22.01 ER - 5

8.27.01 OP-4

01239-00089

4 December 2001

Christus Health
2600 North Loop West, Suite 240
Houston, TX 77092

Attn: Gary Nay, Esq.

Re: Patient: Ronnie Hardy
Account No.: 0123400189
MRS Ref: 1368/2040

Dear Mr. Nay:

This letter will serve to confirm my assistant's discussions with "Tony" of your Bad Debt Department wherein she advised that St. Frances Cabrini Hospital will accept a letter of guarantee of payment of the debt owed by our client, Ronnie Hardy, for the treatment he received at that facility on 8/22/01 and 8/27/01. We therefore advise that Gary J. Gambel of this firm has been retained to represent Mr. Ronnie Hardy in connection with a claim for lead poisoning as a result of exposure on the job. This will further confirm that this firm, on behalf of Mr. Hardy, guarantees payment of reasonable charges for services rendered at St. Frances Cabrini Hospital out of the proceeds of any recovery had in this matter. Please forward copies of the outstanding invoices and all related medical records, as well as all future billing invoices and/or correspondence relative to Mr. Hardy's treatment to undersigned counsel. Enclosed is a copy of a Medical Release Authorization permitting you to forward this information to us. Should you have any questions, please do not hesitate to contact the undersigned.

3/12 - T/C Med Records 318/487-1122 - Katy "[redacted]" - Release of Record Dpt.
Fx - 318/448-6995

FYI

MAR 21 2002

COPIED

FB ✓ DS ___ HP ___
OP ___ Lab ✓ XRay ✓
ER ✓ Comp Chl ___
Other ___

km mailed prepay 3/13/02

✓ CC: BO
Interoffice
Bills

ABS

442959

CHRISTUS
ST. FRANCES CABRINI
Hospital

01739-00314164

191184

3330 Masonic Drive · Alexandria · LA 71301
Telephone (318) 487-1122

FOR Hardy, Ronnie

ADDRESS M17033 DATE 8/22/07

℞ Lead level draw
for Monday 8/27/07
in a.m.

Lead Exposure

Dr Joseph Hawthorne

DEA NO. BH0123481 M.D.

REFILL ⓪ 1 2 3 4 5 FORM NO. 00678501

Send to: EQ51279
Christus St. Fr...es Cabrini Hospital
3330 Masonic Drive
Alexandria, LA 71301

01239-00029 UAB

Quest Diagnostics

33608 Ortega Hwy, San Juan Capistrano, CA 92675
CLIENT SERVICES - (800) 553-6445
Directors: D.A. Fisher MD, J.C. Nelson MD, R.E. Reitz MD, W.B. Paxton MD PhD, M.K. Samoszuk MD, F.P. Espinoza MD

PATIENT NAME:	HARDY, RONNIE			COLLECTION TIME STAMP:	08/27/2001 08:25
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CONSULTANTS:	none				
REMARKS:					

Test	Result *=Out of Range	Units	Reference Range
Lead, Blood	66*	ug/dL	SEE BELOW

RESULTS CONFIRMED BY REPEAT ANALYSIS.
ARTERIAL/VENOUS SAMPLE

INTERPRETATION OF BLOOD LEAD TEST RESULTS AND FOLLOW-UP ACTIVITIES: CLASS OF CHILD BASED ON BLOOD LEAD CONCENTRATION

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III	20-44	A child in Class III should receive environmental evaluation and remediation and a medical evaluation. Such a child may need pharmacologic treatment of lead poisoning.
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Source: Center for Disease Control, Preventing Lead Poisoning in Young Children, October 1991.

Send to: EQ51279
Christus St. Fr...es Cabrini Hospital
3330 Masonic Drive
Alexandria, LA 71301

Quest Diagnostics

33608 Ortega Hwy, San Juan Capistrano, CA 92675
CLIENT SERVICES - (800) 553-6445
Directors: D.A. Fisher MD, J.C. Nelson MD, R.E. Reitz MD, W.B. Paxton MD PhD, M.K. Samoszuk MD, F.P. Espinoza MD

PATIENT NAME:	HARDY, RONNIE			COLLECTION TIME STAMP:	08/27/2001 08:25
PATIENT ID:	442959			RECEIVED TIME STAMP:	08/28/2001 02:53
PATIENT AGE:	37 YR	PATIENT SEX:	Male	REPORTING TIME STAMP:	08/28/2001 22:19
ACCESSION NO:	24193267	SAMPLE ID NO:	M17033	STATUS:	FINAL
OTHER ID NO:	512791047275	ORDERING DR:	HAWTHORNE, HARRY R.		
CONSULTANTS:	none				
REMARKS:					

Test	Result *=Out of Range	Units	Reference Range

Adults without occupational exposure reference range: Less than 10 ug/dL.
OSHA industrial reference range: Less than 40 ug/dL.

102

ABS

01234-00189 /ERF/F36
HARDY.RONNIE
37Y AOG M 0000442959 082201
ADMITTING.PHYSICIAN.A ER

MONTH	DAY	YEAR

TRIAGE TIME AM PM

ARRIVED ALLERGIES: WALKING ☒ WC ☐ AMBULANCE ☐ OTHER ☐

AGE | SEX | R/C | M/S

ACUITY CODE | PRIVATE M.D.

HOME MED: ☐ SEE MED HX SHEET

HOME PHONE (

HT. ____ WT ____ LBS / KG DATE OF LAST TETANUS ____

____ AM PM T. ____ O R P. ____ R. ____ B/P ____ / ____

____ AM PM T. ____ O R P. ____ R. ____ B/P ____ / ____

____ AM PM T. ____ O R P. ____ R. ____ B/P ____ / ____

LEVEL OF CONSCIOUSNESS ☐ CONSCIOUS ☐ SEMI-CONSCIOUS ☐ UNCONSCIOUS

BRIEF HISTORY / TRIAGE ASSESSMENT

RN SIGNATURE ____

NURSES NOTES:

PEAK FLOW: Pre Tx ____ Post Tx ____

O2 SATURATION: PreO2 Init ____ Post O2 Init ____

EKG ☐ Ordered ☐ Done In computer

X RAY ☐ Ordered ☐ Done In computer

ABGs ☐ Ordered ☐ Done In computer

MONITOR ☐ Ordered ☐ Done In computer

PULSE OX ☐ Ordered ☐ Done In computer

OXYGEN O2 per ____ @ ____ L/Min

OTHER

C/O lead exposure

HPI - Pt was exposed to huge amounts of lead on job. Quit the job. C/O diarrhea for 1 wk.

No H/O - weakness, colic, CNS symptoms.

PE G: 37 y/o WM NAD

Heart - Supple, mucous membrane moist, no lymphadenopathy

TxPTA ____

NOTIFIED: ☐ WAR ☐ EYE BANK ☐ POLICE ☐ CORONER ☐ LOPA ☐ RELATIVE ☐ PASTORAL CARE ☐ POISON CNT ☐ FUNERAL HOME

BY WHOM: ____ TIME: ____ AM PM

DIAGNOSIS: ① Lead Poisoning ② Diarrhea

☐ Pt Requested E.D. Physician ☑ Pt Referred to E.D. Physician

Dr. Sams Paged Called at 1430 AM PM

Dr. ____ Notified at ____ AM PM

Dr. arrived @ ____

M.D. Hx & Px: ☐ See dictation

Poison Control - Called at 1415 states no treatment needed at this time

→ States that he will follow patient in WS Clinic next week.

Gums normal.

Heart - RRR c murmur

Lungs - CTA (B)

Abd - SNTND

Ext - ∅ cyanosis edema

CNS - Strength, reflexes, coordination normal.

Attending Note (1500): Pt given literature on Lead Poisoning. WM

M.D. Orders: ☐ EKG ☐ Monitor ☐ ABGs ☐ Pulse Oximetry ☐ O2 per ____ @ ____ L/M

Lab: Repeat Lead level on

X-Ray: Monday 8/27/01 in a.m.

Pt to see Dr. Sams in 1 week

Other: ____

Attending Physician: [signature] M.D.

DISPOSITION: ☑ AMA ☐ Walkout ☐ Signed Time ____ AM PM

Admitted: ☐ Time ____ AM PM Room ____

Discharged: ☐ Time 3:10 pm AM PM

Condition: ☐ Unchanged ☐ Improved ☑ Stable ☐ Critical ☐ Expired

Instructions sheet given to patient ☑ Yes ☐ No

Form No. 0116810

AUTHORIZATION FOR EMERGENCY TREATMENT

The undersigned has been informed of the emergency treatment considered necessary for the patient whose name appears on the reverse hereof and that the treatment and procedures will be performed by physicians, members of the house staff and employees of the hospital. Authorization is hereby granted for such treatment and procedures.

The undersigned understands that a personal physician is to be selected by or on behalf of the patient within 24 hours if hospitalization or further treatment is required, or immediately if complications arise.

The undersigned has read the above authorization and understands the same and certifies that no guarantee or assurance has been made as to the results that may be obtained.

CONSENT TO PHOTOGRAPH: I authorize the hospital, its agents or employees and the attending physician to take photographs, motion pictures or to televise during a surgical or other procedure while I am a patient in this hospital, subject to the following conditions:
1. That the name of the patient or the undersigned shall not be used to identify said photographs, motion pictures or televising.
2. That said photographs, motion pictures or televising be used only for purposes of medical study, research or education.

This consent to photograph expressly releases from liability all personnel of this hospital, the hospital as well as the operating physician, consultants, assistants and the attending physician.

Date 8-22-01 Time _____ A.M. / P.M. Signed Ronnie Hardy
PATIENT

Witness SF- Or _____
AUTHORIZED PERSON RELATIONSHIP

Both authorizations must be signed by the patient, or by an authorized person in the case of a minor or when patient is physically or mentally incompetent.

AUTHORIZATION FOR RELEASE OF INFORMATION

Authorization is hereby granted to release to the _____
NAME OF INSURANCE COMPANY OR COMPANIES

such information as may be necessary for the completion of my hospitalization claims.

Date 8-22-01 Signed Ronnie Hardy
PATIENT

Or _____
AUTHORIZED PERSON RELATIONSHIP

TELEPHONE CONSENT FOR EMERGENCY TREATMENT OF MINORS

The nature of the condition and the anticipated medical treatment of _____
NAME OF PATIENT

have been explained to and authorized by _____
LEGAL REPRESENTATION RELATIONSHIP

via monitored telephone call at _____ M on _____
TIME DATE

The undersigned attest to their participation in this call and to the fact that consent to treatment was given by the above named person.

DATE _____ _____
INTERMANT WITNESS (STAFF)

RELEASE FROM RESPONSIBILITY FOR DISCHARGE

_____
DATE

This is to certify that I, _____ a patient in St. Frances Cabrini Hospital am leaving the hospital against the advice of the attending physician and the hospital administration. I acknowledge that I have been informed of the risk involved and thereby release the attending physician and the hospital from all responsibility for any ill effects which may result from such discharge.

Witness _____

Witness _____

(To be signed by the legal representative in charge of a minor or of a patient who is not competent mentally, otherwise by the patient.

CHRISTUS St. Frances Cabrini Hospital

Emergency Department
318-448-6750
Assessment Sheet

MR # 0000442959 Sex: Male DOB: 03/16/1964
Name: **Hardy, Ronnie J**
Phone: (318)876-2588
Address: 1437 RICHE RD, BUNKIE, LA 71322
Room: TX1 Account # 0123400189 Age: 37

Complaint: **Lead Poisoning**
Arrival Date/Time: **10:40 08/22/2001**
Arrived by: **Private Vehicle**
Mobility: **Ambulatory**
Primary Care: **Unassigned,**
Accompanied By: **Friend/Family**

Acuity: **2 - Urgent**
Insurance:
Amb/Helicopter:
Referring Facility:
Emergency Physician: **Hathorn, MD, Joseph**

Complaint Code: **Environment/Exposure/Drowning**
Treatment PTA:

Triage Nurse: **ERVIN, KENNETH**

Medical Hx: **-None**
Tetanus History: **< 5 years**
Social History: **Smoker - 1 ppd, Etoh use - occasional, Drug use - none**
Weights: **stated: 175 lbs, birth:**
LMP Date:

Medications

Medication	Dosage	Freq	Prescribing Phys	Started
*No home medicines				

Allergy

Allergy	Allergic Reaction
*NKDA	

Vital Signs

Inits	Time	Temp	Blood Pressure	Pulse	Resp
KE	10:45	97.1 O	132/72 Automatic,Sitting,Right Arm	95	6

Pain

Time	Scale

Pulse Oximetry

Time	%
10:46	99

Pupils

Time	L(mm)	R(mm)

Glasgow Coma

Time	Score

Disposition Information
Primary Diagnosis: **Diarrhea**
Secondary Diagnosis:
Disposition: **Disch - Home**
Report Called By:
Prescriptions:
Discharge Instructions:
Disability Statement:
Follow-up Care:
Discharge Time: **15:03 08/22/2001**

Family Notification:
Report Given To:

Appt Date/Time:

MR # 0000442959 Sex: Male DOB: 03/16/1964
Name: **Hardy, Ronnie J**
Phone: (318)876-2588
Address: 1437 RICHE RD, BUNKIE, LA 71322
Room: TX1 Account # 0123400189 Age: 37

Orders

Medications Administered
(none)

IVs Administered
(none)

Triage/Initial Assessment

10:43 08/22/2001 - Initial Triage Info -- KENNETH ERVIN
Chief Complaint: Lead Poisoning
Complaint Category: Environment/Exposure/Drowning
Initial Triage Acuity: 2 - Urgent
Presenting Complaints: Diarrhea
Duration: 4 days
Quick Assessment: AIRWAY Intact, BREATHING no respiratory distress, NEURO alert & oriented x3, GI diarrhea
Significant Neg. Findings: Denies nausea, Denies fever, Denies vomiting
Note: PT REFERRED BY M HOOD RNP FROM BUNKIE CLINIC FOR LEAD POISONING. EXPOSED FROM JULY 14 TO AUG 7. LAB RESULT FROM BUNKIE GENERAL FAXED.

Assessment

10:41 08/22/2001 - Arrival Information -- KENNETH ERVIN
Mode of Arrival: Private Vehicle
Mobility: Ambulatory
Accompanied By: Friend/Family

10:44 08/22/2001 - Past Medical History -- KENNETH ERVIN
Medical history: -None
Family history: -NONE
Surgical history: -None
Social history: Smoker - 1 ppd, Etoh use - occasional, Drug use - none
TB Screen: No risk identified
Immunization History: < 6 years

10:44 08/22/2001 - Medicine -- KENNETH ERVIN
Medication A: *No home medicines

10:44 08/22/2001 - Patient Metrics -- KENNETH ERVIN
Stated weight: 175
Stated weight unit: lbs

10:44 08/22/2001 - Allergy Information -- KENNETH ERVIN
Allergy A: *NKDA

10:45 08/22/2001 - Vital Signs -- KENNETH ERVIN
Temp: 97.1 Oral
BP: 132/72, Automatic, Sitting, Right Arm, Regular cuff
HR: 95, Regular
Resp: 6, Regular

10:46 08/22/2001 - Oximetry -- KENNETH ERVIN
Oxygen: 99% Room Air

15:03 08/22/2001 - Discharge Condition -- Jodie Nugent, RN
Acuity: 2 - Urgent
Condition: Stable
Mobility at Discharge: Ambulatory
Patient Teaching: Written dx instructions reviewed w/ pt, Follow-up plan of care reviewed w/ pt, Pt voiced understanding of plan of care
Mode of Discharge: Private Vehicle

CHRISTUS ST. FRANCES CABRINI
Hospital

01234-00189 /ERF/F36
HARDY,RONNIE
371 AOG M 0000442959 082201
ADMITTING PHYSICIAN EP

ADVANCE DIRECTIVE/DURABLE POWER OF ATTORNEY FOR HEALTHCARE ACKNOWLEDGEMENT FORM

TO BE COMPLETED BY ADMITTING:

DO YOU HAVE A LIVING WILL? _____ YES ✓ NO

DO YOU HAVE A DURABLE POWER OF ATTORNEY FOR HEALTHCARE? _____ YES ✓ NO

IF YES, COPY OBTAINED FROM: _____PATIENT _____PATIENT FAMILY _____TRANSFER PAPERS

REQUESTED FROM MEDICAL RECORDS: ____PATIENT WILL PROVIDE COPY AT ADMISSION _____

INFORMATION ON LIVING WILL, DURABLE POWER OF ATTORNEY, & ORGAN PROCUREMENT PROVIDED ✓

ADMIT PERSON SIGNATURE SF. DATE 8-22-01

Admitting RN to review the following with the patient/family and check the appropriate answer below:

☐ Patient has provided a LIVING WILL and/or DURABLE POWER OF ATTORNEY FOR HEALTHCARE and DOES NOT wish to make changes at this time.

☐ Patient has provided a LIVING WILL and/or DURABLE POWER OF ATTORNEY FOR HEALTHCARE and DOES wish to make changes at this time.
Follow up request from _____Social Work _____Spiritual Care _____Patient Representative

☐ Patient has NOT executed a LIVING WILL or DURABLE POWER OF ATTORNEY FOR HEALTHCARE. Patient has been informed of their right to do so and wants MORE information –
Follow up request from _____Social Work _____Spiritual Care _____Patient Representative

☐ Patient executed: a NEW LIVING WILL and/or

☐ NEW DURABLE POWER OF ATTORNEY FOR HEALTHCARE

Attending physician notified about the patient's directive ☐ YES ☐ NO

ADMITTING RN SIGNATURE_____DATE_____

COMMENTS

DATE	TIME		SIGNATURE

REV 8/00

53909 0104145

01239-00089 08/27/01 08:14 SP 03/16/64 37Y M 1 S LAB - OFF PVR

HARDY,RONNIE
1437 RICHE RD
BUNKIE LA 71322
434-37-0478
(318)876-2588

DUCOTE WRECKING
EVERGREEN HWY
JERRY CITY OH 43437-0478

HARDY,RONNIE
1437 RICHE RD
BUNKIE LA 71322
434-37-0478
(318)876-2588
SELF

DUCOTE WRECKING
EVERGREEN HWY
JERRY CITY OH 43437-0478

HARDY,PAUL
485 HWY 3041
BUNKIE LA 71322
000-00-0000
(318)346-6878

V82.5-SCREEN-CONTAMINATION NEC NO 3 1 *WALK

HATHORN,JOSEPH,T HARDY,RONNIE 08/22/01 N Y N LONGPINE AOC LC

HATHORN,JOSEPH,T ALLERGY +NKDA PREC#:

DISCHARGED DATE:

FINAL DIAGNOSIS:

BLOODLESS
MRSA MI
VRE MI
TB MI

OTHER DIAGNOSIS:

MRSA (VS)
VRE (VS)
TB (VS)

CODES

PROCEDURES:

COMPLICATIONS: