BUNKIE GENERAL HOSPITAL
BUNKIE, LOUISIANA 71322

X-RAY REPORT

Name Gauthier, Chad Age 29 Rm. No. ER

Date 09-21-97 D.O.B. 03-26-97 SEX WM X-ray No. 10284

Anatomical part or region LEFT HAND

CLINICAL HISTORY: R/O foreign body base hand left

Kumar
Attending Physician

==========

LEFT HAND: No fractures, joint space abnormalities or radiopaque soft tissue foreign objects are seen.

IMPRESSION: NORMAL STUDY.

Dr. J. RILEY REED, M.D.
RADIOLOGIST

JRR/dlm
09-22-97

CPG:BGH 00051

CONFINDENTAL

BUNKIE GENERAL HOSPITAL
P. O. BOX 380
BUNKIE, LOUISIANA 71322
318-346-6681

015503

MMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMM

LAST NAME GAUTHIER
FIRST NAME CHAD
DOB: 02/26/68
DRAW TIME: 08:10
DRAW DATE: 07/06/98
ROOM: OP

SEX: M
PID/SS#: CG 022668
SID: 20657
DOCTOR: MORRISON-LEMOIE
DATE: 07/06/98

TEST NAME	RESULTS	FLAG	REFERENCE RANGE	UNITS	CODES
GLUCOSE	95		70 - 106	MG/DL	

MMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMM

LAST NAME: GAUTHIER
FIRST NAME CHAD
DOCTOR: MORRISON-LEMOIE
ROOM: OP .

DATE/TIME: 07/06/98 10:49

TECH: ____________

CPG:BGH 00052

CONFINDENTAL

BUNKIE GENERAL HOSPITAL

RECORD # 015503-047335

EMERGENCY ROOM RECORD

Last Name	First Name	M	Home Phone	Fin Class	Admit Serv	Adm Date Time	Relg:
GAUTHIER	CHAD		(318)346-4236	25 INSURANCE	ER EMER ROOM	7/05/98 13:52	Cath

Address 1	Address 2	City	ST Zip Code	Age	DOB	Sex	SS#
111 ORANGE ST. BOX 5		BUNKIE	LA 71322-0000	30	2/26/1968	M	436-53-5299

Employer	Address	Phone #	Occupation	Compensation
		(000)000-0000		

Responsible Party	Address	City	St Zip Code	Phone #
				(000)000-0000

Insurance	Address	Phone #	Certificate	Group Name	Group #
930 OCHSNER HEALTH PLAN	ONE GALLERIA BLVD	(504)836-6600	43653529901		
		(000)000-0000			
		(000)000-0000			

Family Doctor: Lemoine

ER Doctor: Morrison

Condition on Admit: ✓ GOOD __FAIR __POOR

Admitted to ER: ✓ AMB. __STRETCHER __WC

Allergies: NKDA

Medications: Ø

NURSING

Nursing Assessment: Adm to ER per ambulatory - c/o feeling light-headed - c/o tightness across chest x 1 arm - dizzy. Alert, oriented.

Time	Temp	B/P	Pulse	R
1406	99	158/102	111	20
1501		156/93	88	

Nurse: L Duffer

Past Medical History: __NONE __COPD

__ASTHMA __CAD __CABG __DM __HTN

__PUD __CVA __SEIZURE __CA

__LMP

__SURGERY

__OTHER

__LAST TETANUS

Social History:

✓ SMOKING __ETOH

(+) dip

__PPD __DRUGS

Resides:

__AT HOME __NURSING HOME __OTHER

	CXR ✓
O	OTHER XRAY
R	CBC ✓
D	CHEM 6 (+) Tylenol
	GHP
E	PULSE OX
R	EKG ✓
	UA ✓
S	OTHER LAB

Orders:

1405 Clonidine 0.2 mg VO Dr. Morrison / L Duffer

AUTHORIZATION FOR TREATMENT AND RELEASE OF INFORMATION: This is to certify that the undersigned consents to any servic 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 Chad Gauthier

Witness: _____

Relationship to patient: _____

CPG:BGH 00053

CONFINDENTAL

BUNKIE GENERAL HOSPITAL

GAUTHIER, CHAD 015503
047339
02-26-68
ER
30
MORRISON/LEMOINE
07-05-98

DOCTOR Morrison	DATE REQUESTED 7/5/98	IN - TIME - OUT	
TECH MC	DATE REPORTED 7/5/98	X VOIDED	X MID STREAM
		X CLEAN CATCH	CATHETERIZED

X Routine / Urinalysis — ACC # 28637

Color Yellow ☐ Clear ☐ Hazy ☐ Cloudy

LAB - URINALYSIS

TEST	UNITS	RESULTS		NORMALS
GLUCOSE	g/dl	X Negative	Positive ____	Negative
BILIRUBIN		X Negative	Positive ____	Negative
KETONE	mg/dl	X Negative	Positive ____	Negative
SPECIFIC GRAVITY		1.030		1.010 – 1.025
pH		5.5		6.0
PROTEIN	mg/dl	☐ Negative	Positive 3+	Negative
UROBILINOGEN	Eu	☐ Negative	Positive 0.2	0.2 – 1 Eu
NITRATE		X Negative	Positive ____	Negative
BLOOD		X Negative	Positive ____	Negative
LEUKOCYTES		X Negative	Positive ____	Negative
COMMENTS:				

X Microscopic Examination

WBC	Rare	/HPF
RBC	None seen	/HPF
Epithelium Cells	2-5	/HPF
Cast		/LPF
Bacteria	1+	
Yeasts		
Crystals		
Mucous		
Amorphous	1+	
Trichomonas		
X SPECIMEN SUBMITTED FOR C&S		

BUNKIE GENERAL HOSPITAL
427 EVERGREEN ST. • P.O. BOX 380
BUNKIE, LOUISIANA 71322

CHART

CPG:BGH 00055

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BUNKIE GENERAL HOSPITAL
P. O. BOX 380
BUNKIE, LOUISIANA 71322
318-346-6681

MMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMM

LAST NAME	GAUTHIER	SEX:	M
FIRST NAME	CHAD	PID/SS#:	CG 022668
DOB:	02/26/68	SID:	20637
DRAW TIME:	14:25	DOCTOR:	MORRISON-LEMOIE
DRAW DATE:	07/05/98	DATE:	07/05/98
ROOM:	ER		

TEST NAME	RESULTS	FLAG	REFERENCE RANGE	UNITS	CODES
GLUCOSE	172	HIGH	70 - 106	MG/DL	
BUN	15		9 - 23	MG/DL	
CREATININE	1.2		0.7 - 1.5	MG/DL	
BUN/CREATININE	12.4		12.0 - 20.0	RATIO	
SODIUM	143		141 - 148	MEQ/L	
POTASSIUM	4.3		3.5 - 5.5	MEQ/L	
CHLORIDE	104		103 - 112	MEQ/L	
AST/SGOT	12	LOW	16 - 40	IU/L	
CK	142		45 - 235	IU/L	
LDH	115		101 - 218	IU/L	

TEST NAME	RESULTS	FLAG	REFERENCE RANGE	UNITS	CODES
BICARBONATE	24.8		22.0 - 28.0	MEQ/L	

CPG:BGH 00056

CONFINDENTAL

MMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMM

LAST NAME:	GAUTHIER	DATE/TIME:	07/05/98 15:05
FIRST NAME	CHAD		
DOCTOR:	MORRISON-LEMOIE	TECH:	
ROOM:	ER		

07/05/1998 14:37

BUNKIE GENERAL
EVERGREEN HIGHWAY, P.O. BOX 380, BUNKIE, LOUISIANA 71322
318-346-6681

Patient: GAUTHIER, CHAD
Patient Number: CG 022668

Physician: MORRISON-LEMOINE
Sex: M Birthdate: 02/26/1968 Location: ER

Specimen Number: 20637

Coll. Date: 07/05/1998 Coll. Time: 14:25
Service Date: 07/05/1998 Service Time: 14:37

TESTS	RESULTS	NORMAL RANGE	UNITS
HEMATOLOGY			
WBC	8.8	4.8-10.8	x10^3
RBC	5.51 H	3.8-5.2	x10^6
HGB	16.1	14-18	g/dL
HCT	47.5	42-52	%
MCV	86.2	80-94	fl
MCH	29.2	27-31	pg
MCHC	33.9	33-37	g/dL
PLT	336	140-440	x10^3
LYMP%	39.1	20-45	%
MXD%	10.3	2-15	%
NEUT%	50.6	45-80	%
LYMPH#	3.4		x10^3
MXD#	0.9		x10^3
NEUT#	4.5		x10^3
RDW-CV	14.5		fl
MPV	9.2		fl

Bunkie General Hospital

BUNKIE, LOUISIANA

X-RAY REPORT

015503

		MR#:			
Name:	GAUTHIER, CHAD	**Age/sex:**	30/WM	**Rm No:**	ER
Date:	07-05-98	**DOB:**	02-20-68	**X-ray No:**	10284

Anatomical part of region: EPA & LATERAL CHEST

Clinical History: Hypertension

Attending Physician: MORRISON

EPA & LATERAL CHEST: (07-05-98) Heart size appears within normal limits. No definite mediastinal or hilar mass.

Lungs and costophrenic angles grossly clear, allowing for the patient's size.

IMPRESSION: ESSENTIALLY NEGATIVE CHEST.

J.P. HIGGINS, M.D.

JPH/dlm
07/06/98

CONFINDENTAL

GROTHER, CHAD

26-Feb-1968
Male Caucasian

Room: ER L

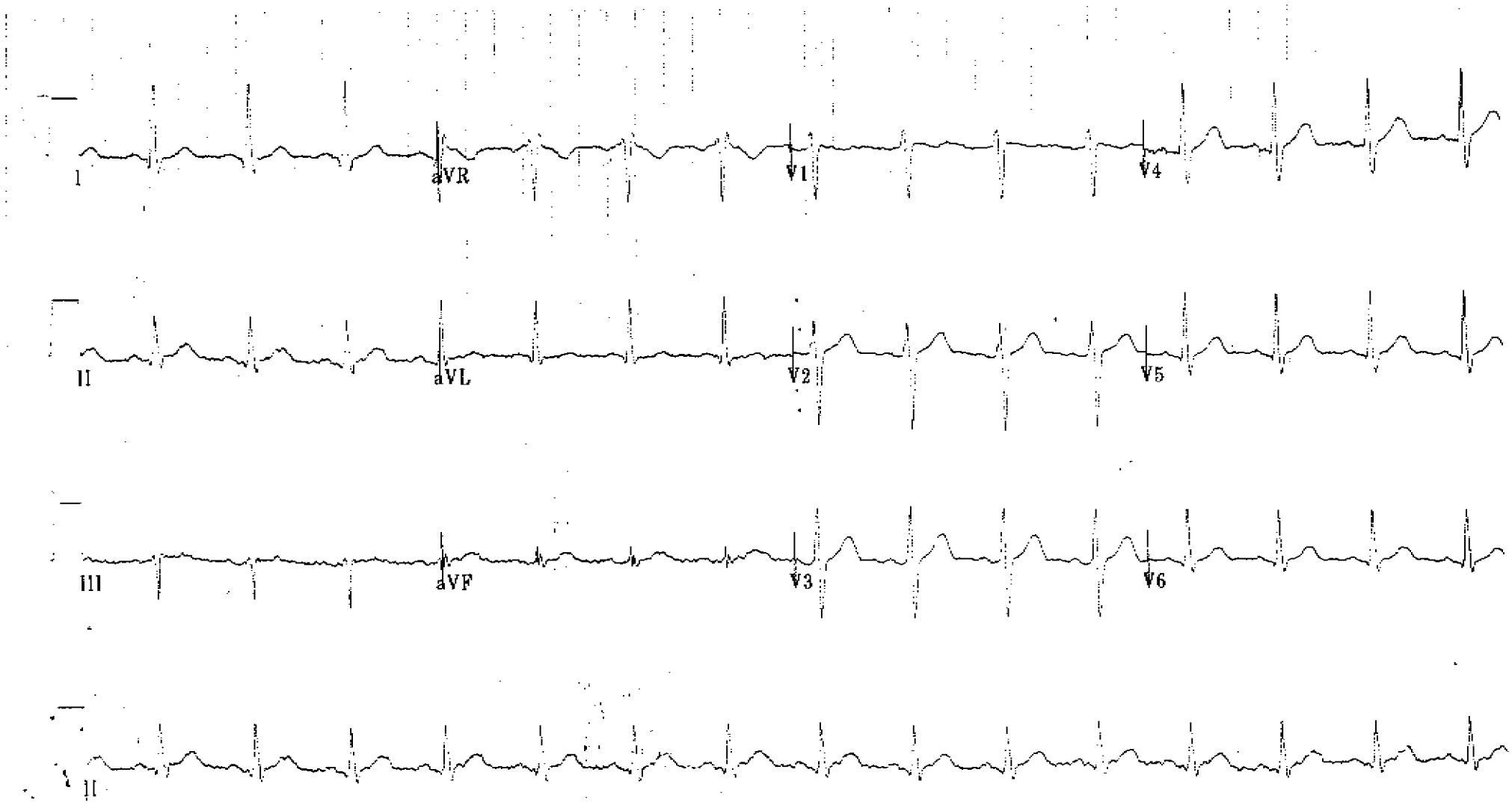
Vent. rate	91 bpm
PR interval	146 ms
QRS duration	110 ms
QT/QTc	352/433 ms
P-R-T axes	40 2 50

Normal sinus rhythm
Normal ECG

Technician: HOPE

Reviewed by:

CPG:BGH 00059
CONFINDENTIAL



100 Hz 25.0 mm/s 10.0 mm/mV 4 by 2.5s + 1 rhythm ld MACVU 002E 12SL^{tm} v250

26-Feb-1968
Male Caucasian

Room: ER L

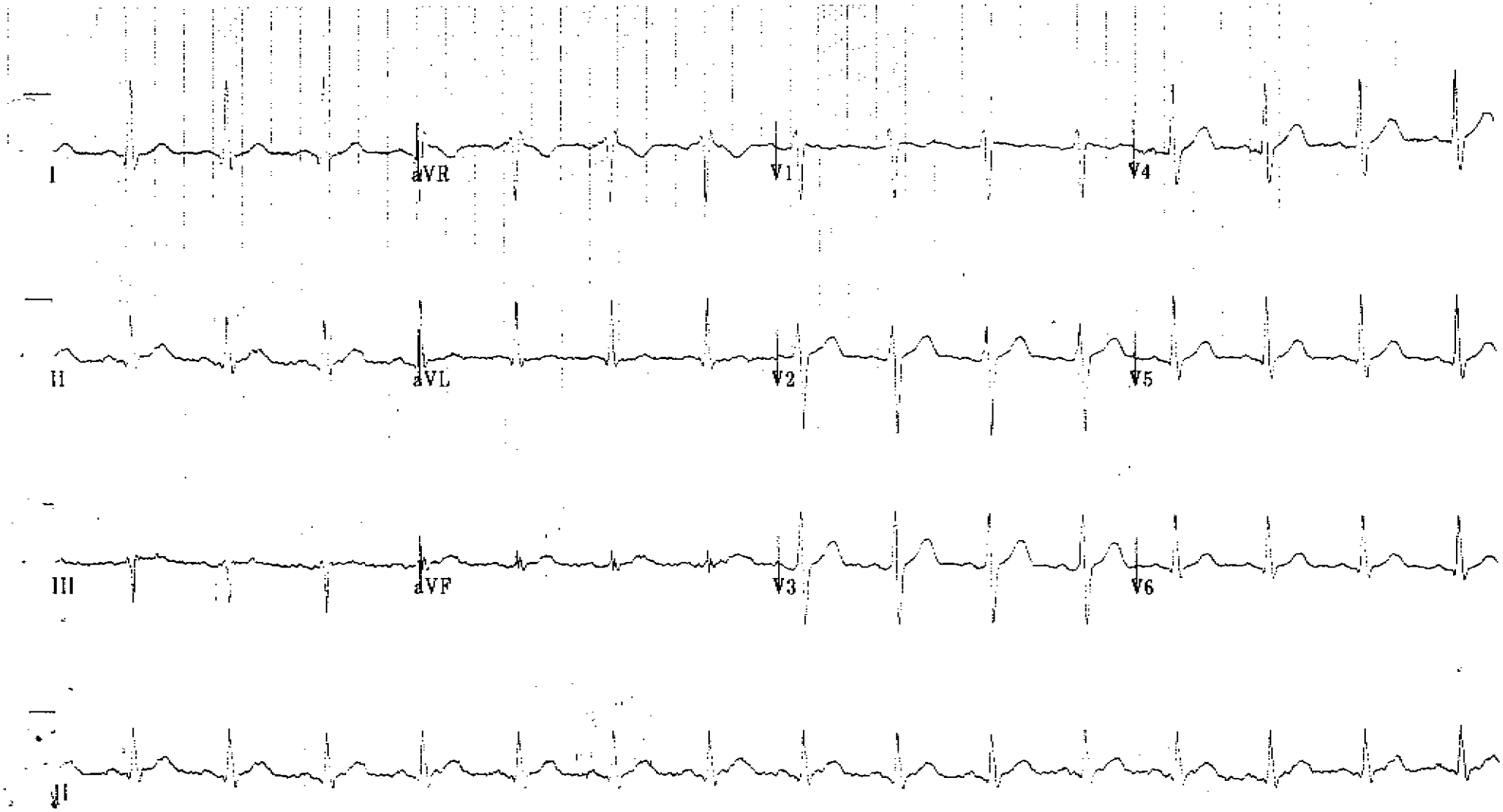
Vent. rate 91 bpm
PR interval 146 ms
QRS duration 110 ms
QT/QTc 352/433 ms
P-R-T axes 40 2 50

Normal sinus rhythm
Normal ECG

Technician: HOPE

CPG:BGH 00060
CONFIDENTIAL

Reviewed by:



100 Hz 25.0 mm/s 10.0 mm/mV 4 by 2.5s + 1 rhythm ld MACVU 002E 12SL^{tm} v250

015503

BUNKIE GENERAL HOSPITAL
P. O. BOX 380
BUNKIE, LOUISIANA 71322
318-346-6681

LAST NAME	GAUTHIER	SEX:	M
FIRST NAME	CHAD	PID/SS#:	CG 022068
DOB:	02/20/68	SID:	22771
DRAW TIME:	08:15	DOCTOR:	LEMOINE
DRAW DATE:	09/03/98	DATE:	09/03/98
ROOM:	OP		

TEST NAME	RESULTS	FLAG	REFERENCE RANGE	UNITS	CODES
GLUCOSE	103		70 - 106	MG/DL	
BUN	13		9 - 23	MG/DL	
CREATININE	1.3		0.7 - 1.5	MG/DL	
BUN/CREATININE	10.1	LOW	12.0 - 20.0	RATIO	
SODIUM	150	HIGH	141 - 148	MEQ/L	
POTASSIUM	4.7		3.5 - 5.5	MEQ/L	
CHLORIDE	111		103 - 112	MEQ/L	
CHOLESTEROL	183		150 - 240	MG/DL	
TRIGLYCERIDES	232	HIGH	0 - 210	MG/DL	
TOTAL PROTEIN	8.0		6.4 - 8.3	G/DL	
ALBUMIN	5.1	HIGH	3.0 - 5.0	G/DL	
ALKALINE PHOSPHATASE	89		36 - 92	IU/L	
AST/SGOT	13	LOW	16 - 40	IU/L	
BILIRUBIN TOTAL	1.1		0.4 - 1.4	MG/DL	
CALCIUM	10.3	HIGH	8.7 - 10.2	MG/DL	

CPG:BGH 00061

CONFINDENTAL

LAST NAME: GAUTHIER
FIRST NAME CHAD
DOCTOR: LEMOINE
ROOM OP

DATE/TIME: 09/03/98 1:18

TECH: _____

[illegible]

[illegible]
EVERGREEN MONROE, P.O. BOX 280, MONROE, LOUISIANA 71202
318-345-[illegible]

Patient: [illegible] Physician: [illegible]
[illegible] Date: [illegible]

Specimen Number: [illegible] Collect Date: [illegible] Collect Time: [illegible]
Receive Date: [illegible] Receive Time: [illegible]

TESTS	RESULTS		NORMAL RANGE	UNITS
HEMATOLOGY				
WBC	9.8		[illegible]	[illegible]
RBC	3.31	H	[illegible]	[illegible]
HGB	10.9		14-18	[illegible]
HCT	27.0		[illegible]	%
MCV	86.8		80-94	fl
MCH	29.4		[illegible]	[illegible]
MCHC	33.9		31-37	[illegible]
PLT	304		150-450	[illegible]
LYMPH%	35.3		20-40	%
MXD%	8.1		2-18	%
NEUT%	56.7		45-80	%
LYMPH#	3.4			[illegible]
MXD#	0.7			[illegible]
NEUT#	5.5			[illegible]
RDW CV	13.9			[illegible]
[illegible]	[illegible]			

[illegible]
Patient: [illegible] Collected: [illegible] Received: [illegible]

CPG:BGH 00062

CONFIDENTAL

PATIENT'S NAME: Chad Gauthier D.O.B.: 2-26-68

DATE: 9-03-18 PHYSICIAN: Dr. Lemoine

BUNKIE GENERAL HOSPITAL

P.O. BOX 380

BUNKIE, LOUISIANA 71322

015503

TREADMILL STRESS TEST

(informed consent by patient)

In order to evaluate the functional performance and capacity of the heart, lungs and blood vessels, I hereby consent voluntarily to perform an exercise test. I understand that I shall be questioned and examined by a physician and have an electrocardiogram recorded (to show whether or not testing should proceed), after which I shall run or walk on a treadmill or bicycle ergometer with speed and gradient increasing every 2-3 minutes until the limits of fatigue, breathlessness, chest pain, and/or other symptoms are of such severity that I should stop the effort. My electrocardiogram will be monitored while I am exercising.

I understand that the risks of testing include occasional changes in the rhythm of my heart beats and the possibility of excessive changes in blood pressure, so that there is a remote chance of my fainting or an even remote chance of a heart attack, particulary if I take a hot shower shortly after strenuous exercise testing. I have been assured that professional supervision will protect me against injury, by providing appropriate precautionary measures, and that in the unlikely event these precautions are insufficient, hospital treatment will be available to me.

I have been given to understand that the benefits of testing include quantitative assessment of working capacity and critical appraisal of the disorders or disease that impair capacity, and that this knowledge facilitates better treatment and more accurate prognosis for further cardiac events.

I have been assured that I have the right to withdraw from the tests at anytime, with impunity, that confidential information about me will not be given to non-medical persons (such as employers and insurance agents) without my consent, and that my welfare will be protected.

I fully understand, and I am aware, that there maybe something unforseen by the doctor that could occur that is not mentioned here and I understand that the doctor cannot be responsible for such.

My doctor has advised me that he will answer any question I may wish to ask him regarding this procedure.

Chad Gauthier
(patient's signature)

L Dupuy
(witness)

Jean R. Rescant
(witness)

CPG:BGH 00063

BGH FORM# 0099

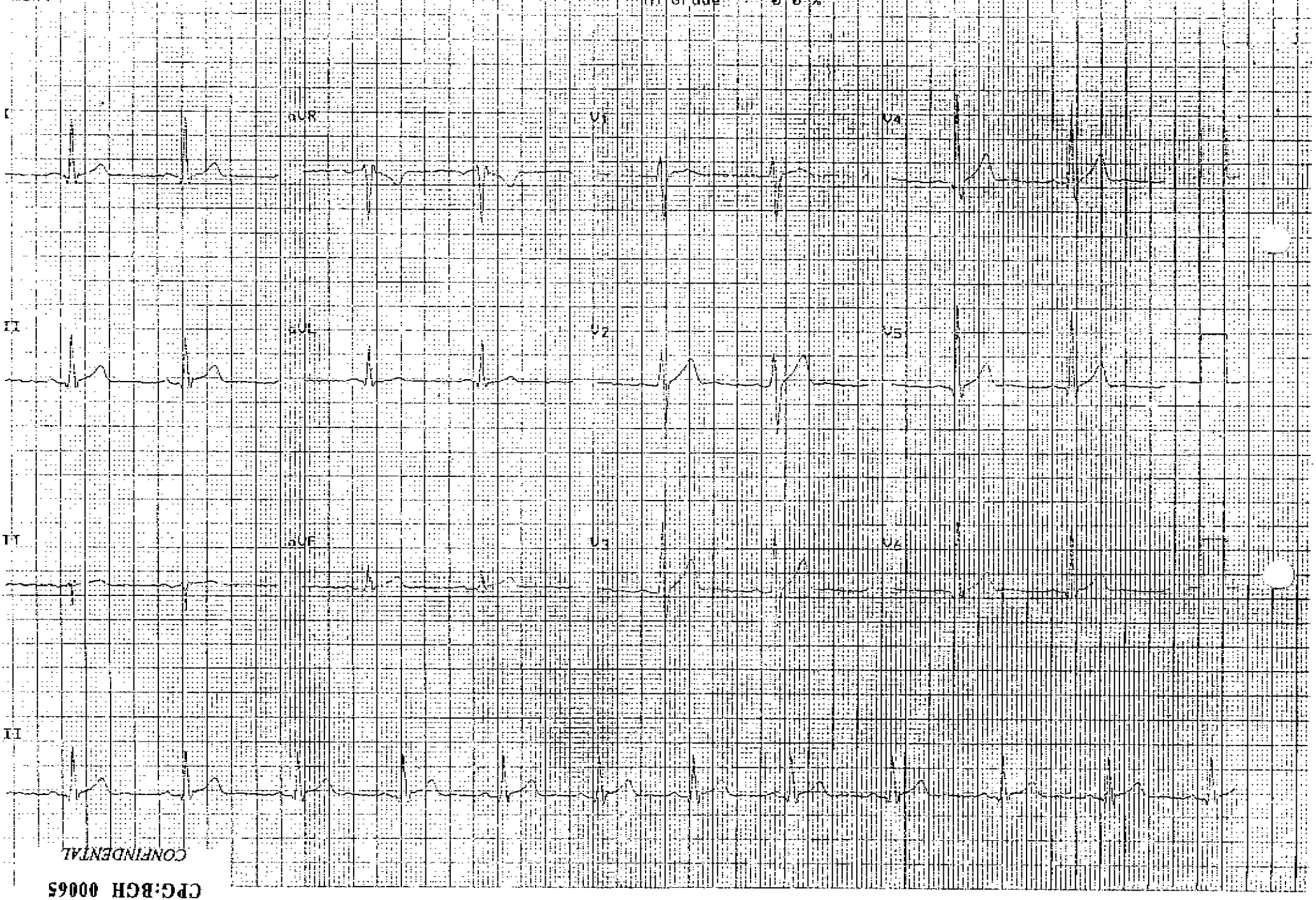
CONFINDENTAL

END OF FINAL REPORT

CPG:BGH 00064

CONFINDENTIAL

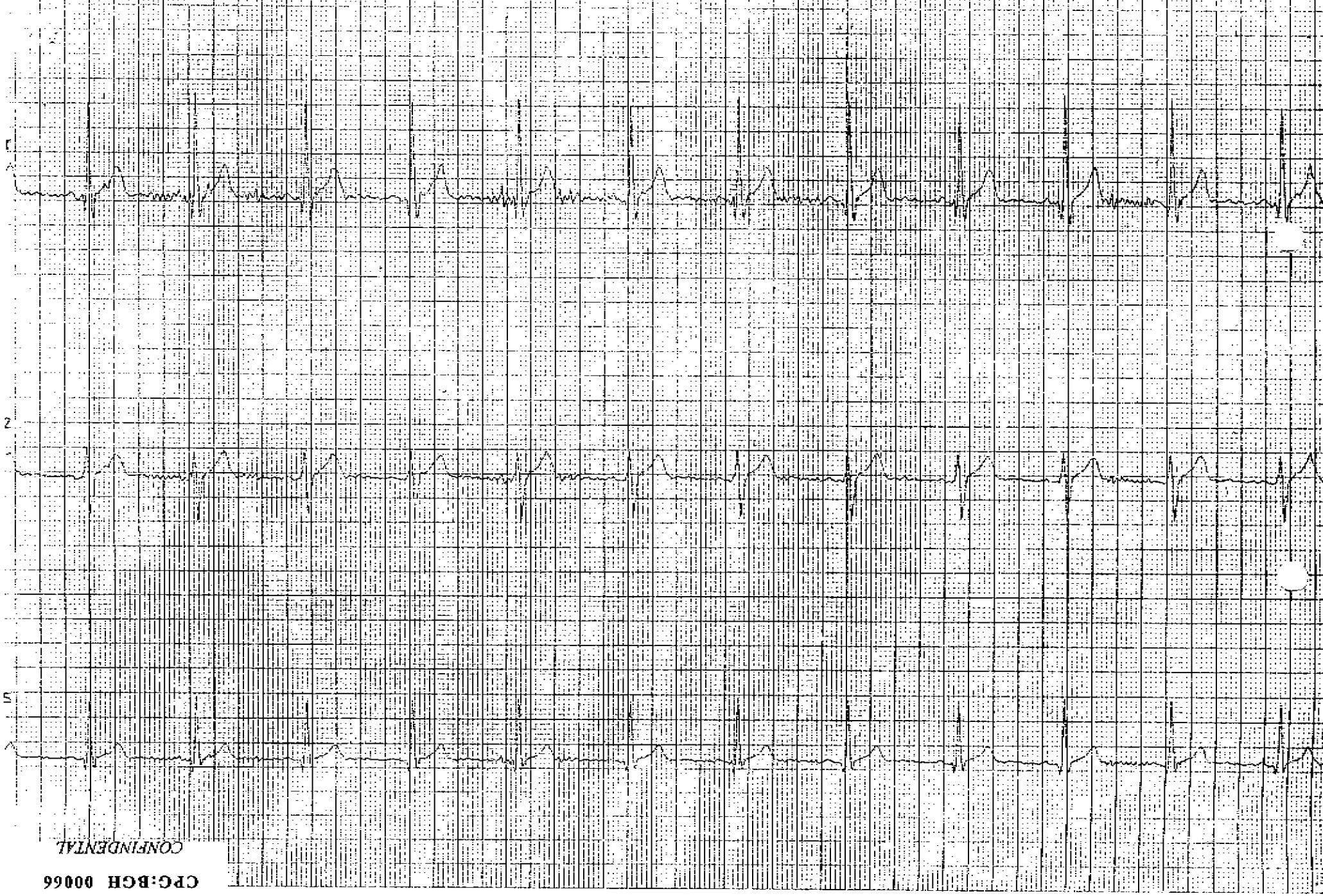
Lead simultaneous Gain: 10 mm/mV Baseline filter On Rec. Speed: 25 mm/sec
JTHIER, TCHAD Artifact filter On Protocol : BRUCE
rent heartrate: 67 Current SBP: 139 METS: 1.0 Stage : REST
get heartrate: 161 Current DBP: 82 RPE: -- TM Speed : 0.0 mph
mment : TM Grade : 0.0 %



CONFIDENTIAL

CPG:BCH 00065

CTC SCREEN Gain: 10 mm/mV Baseline Filter On Rec. Speed: 25 mm/sec
UTHIER, ICHAD Artifact Filter On Protocol : BRUCE
rrent heartrate: 73 Current SBP: 139 METS: 1.0 Stage : REST
get heartrate: 101 Current DBP: 82 RPE: -- TM Speed : 0.0 mph
ment: TM Grade : 0.0 %



CONFIDENTIAL

CPC:BCH 00066

CONFINDENTAL

RHYTHM
GAUTHIER, ICHAD
Current heartrate: 71
Target heartrate: 161
Comment:

Gain: 10 mm/mV
Current SBP: 139
Current DBP: 82

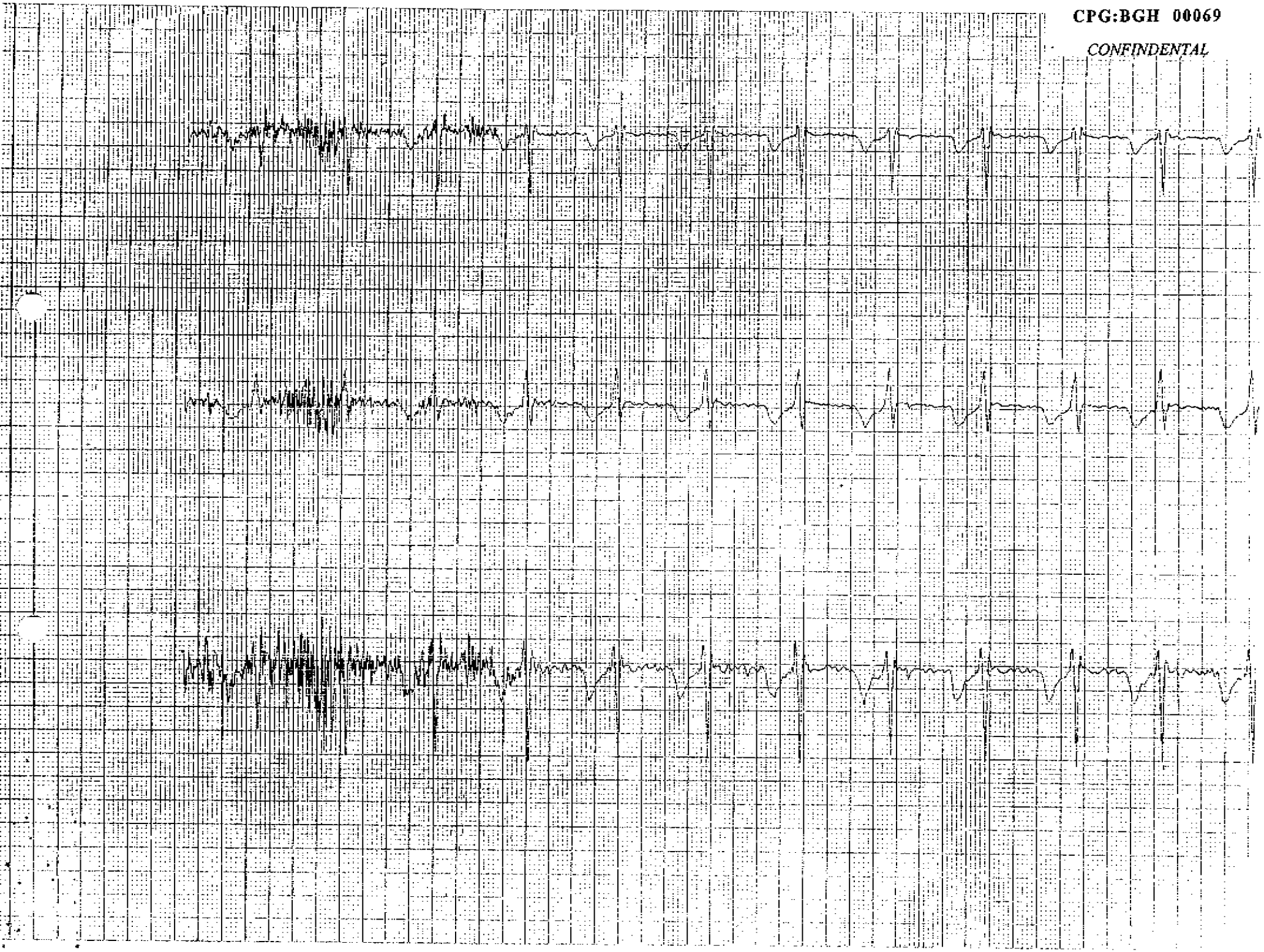
Baseline filter On
Artifact filter On
METS 1.0
RPE --

Rec. Speed: 25 mm/sec
Protocol : BRUCE
Stage : REST
TM Speed : 0.0 mph
TM Grade : 0.0 %

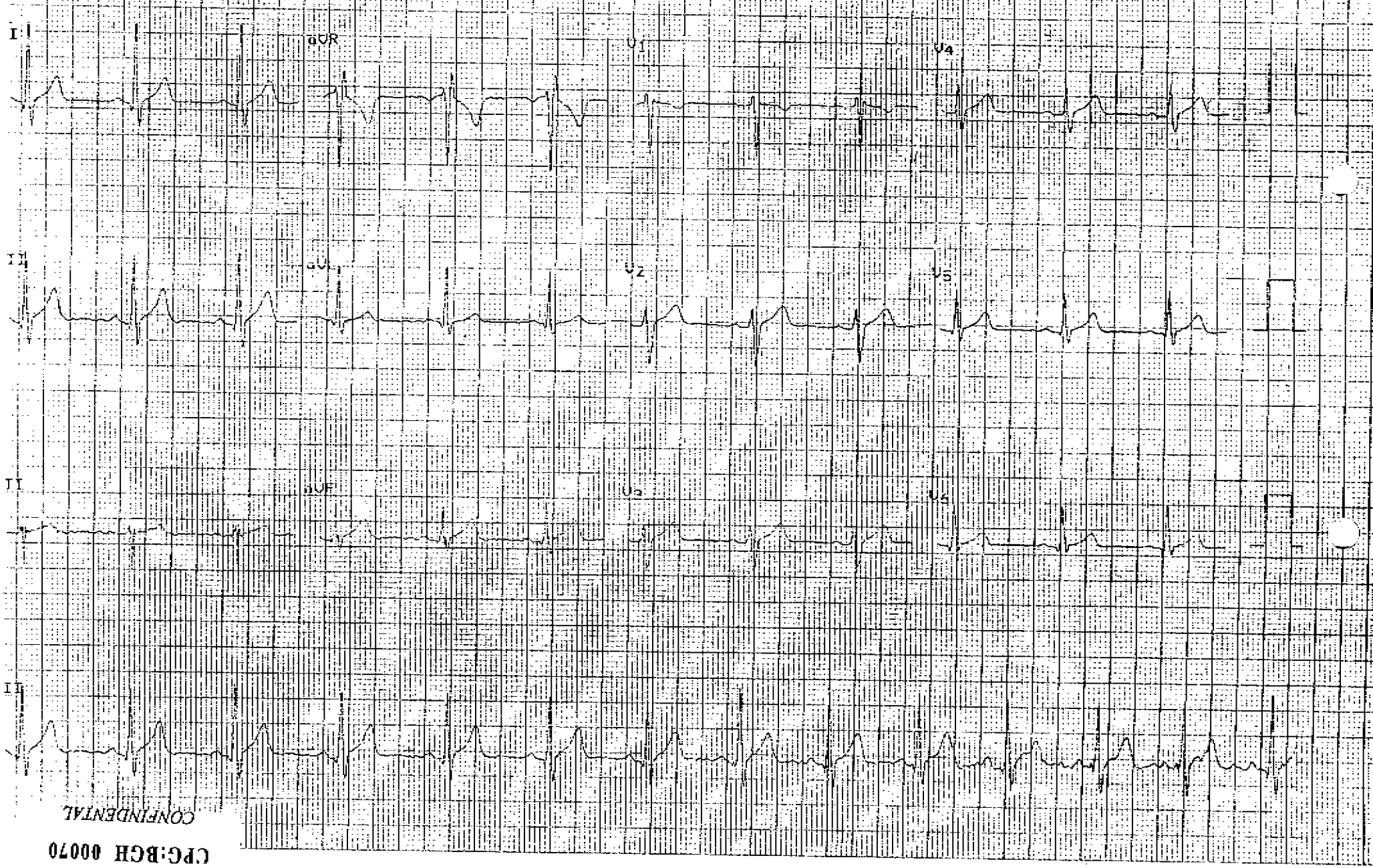
CONFIDENTIAL

CPG:BCH 00068

CONFINDENTAL



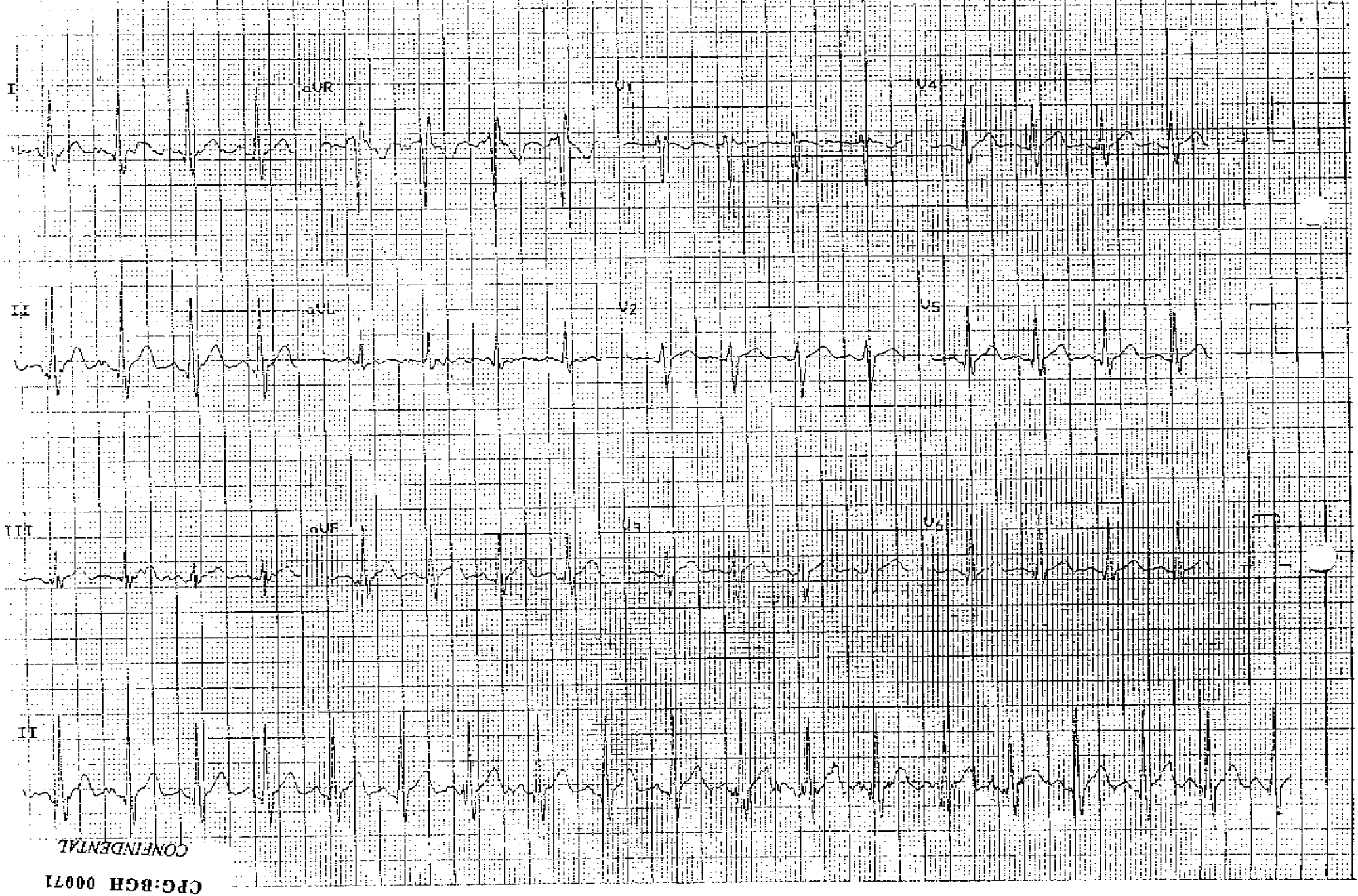
Lead simultaneous | Gain: 10 mm/mV | Baseline filter On | Rec. Speed: 25 mm/sec
UTHIER, ICHAO | Artifact filter On | Protocol: BRUCE
rrent heartrate: 71 | Current SBP: 162 | METS: 1.0 | Stage: STANDING
rget heartrate: 161 | Current DBP: 98 | RPE: -- | TM Speed: 0.0 mph
mment: | TM Grade: 0.0 %



CONFIDENTIAL

CPG:BGH 00070

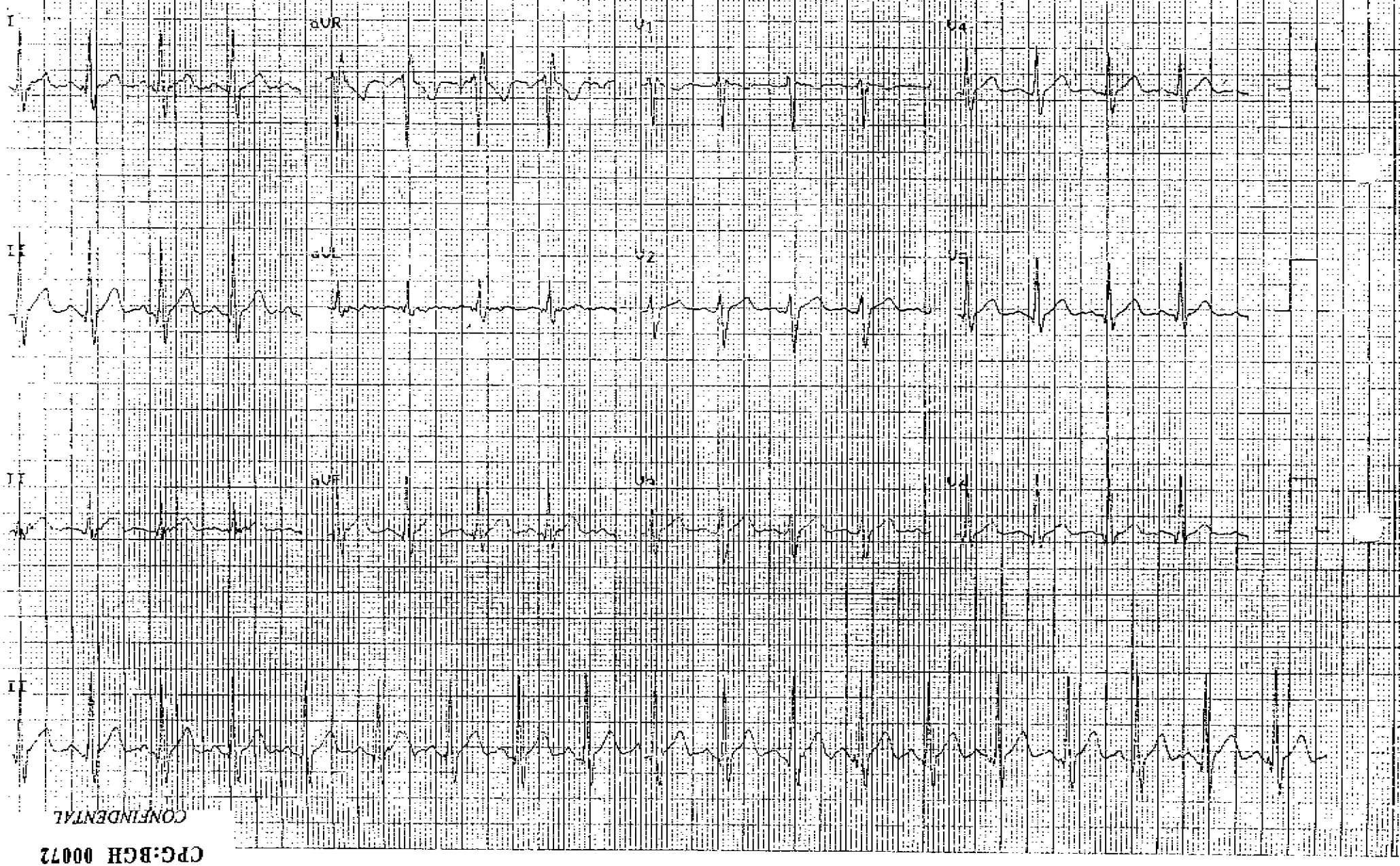
:-Lead simultaneous | Gain: 10 mm/mV | Baseline filter: On | Rec. Speed: 25 mm/sec
UTHIER, CHAD | Artifact filter: On | Protocol: BRUCE
rrent heartrate: 108 | Current SBP: 195 | METS: 4.6 | Stage: 1 01:00 01:00
rget heartrate: 161 | Current DBP: 96 | RPE: -- | TM Speed: 1 / mph
mment: | TM Grade: 10.0 %



CONFIDENTIAL

CPG:BGH 00071

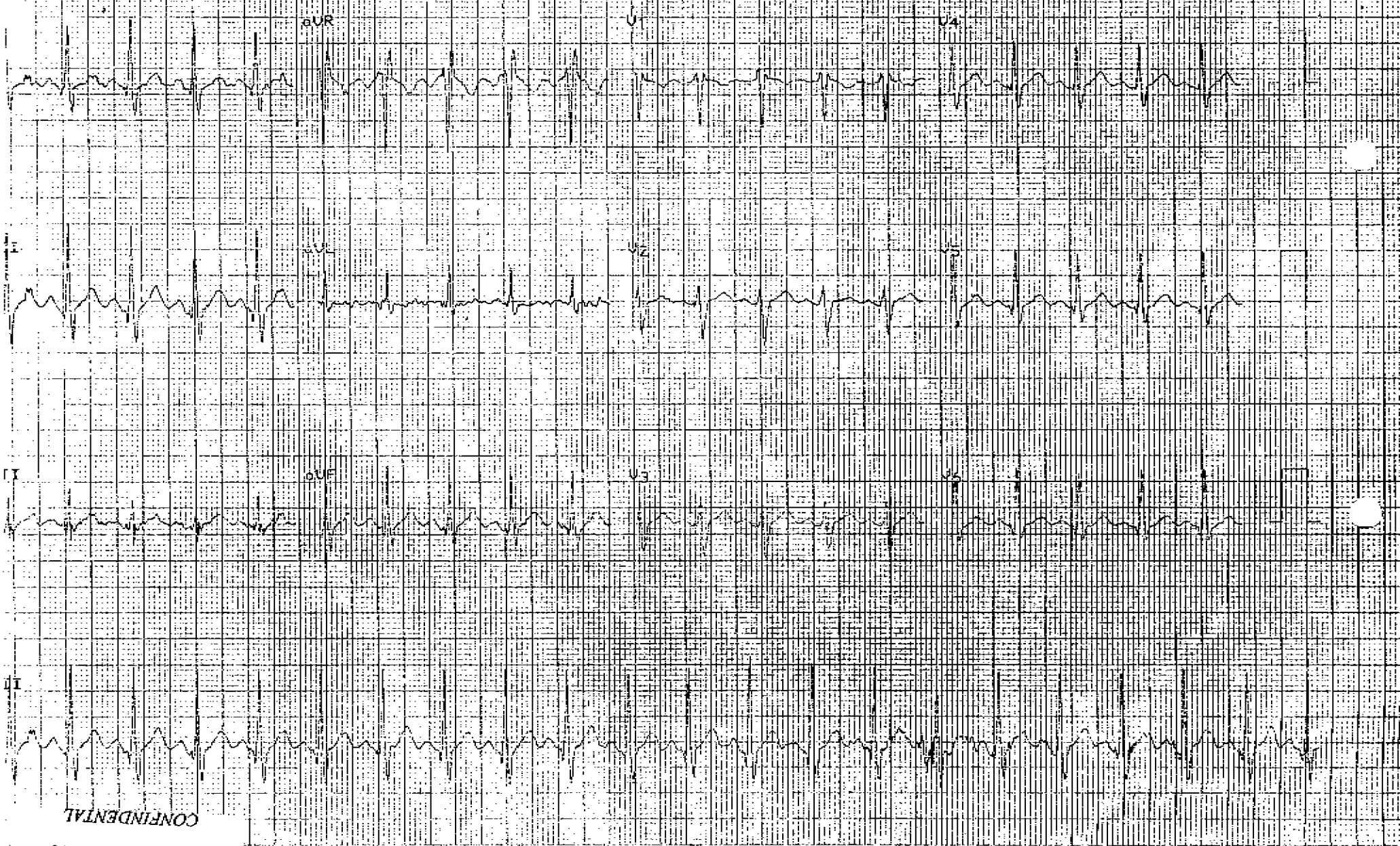
Lead simultaneous Gain: 10 mm/mV Baseline filter On Rec. Speed: 25 mm/sec
UTHIER, CHAD Artifact filter On Protocol : BRUCE
rent heartrate: 107 Current SBP: 180 METS: 4.6 Stage : 1 02:50 02:50
get heartrate: 161 Current DBP: 95 RPE: -- TM Speed : 1.7 mph
mment: TM Grade : 10.0 %



CONFIDENTIAL

CPG:BGH 00072

Lead simultaneous Gain: 10 mm/mV Baseline filter On Rec Speed: 25 mm/sec
THIER, CHAD Artifact filter On Protocol: BRUCE
rent heartrate: 123 Current SBP: 181 METS: 7.0 Stage: 2 01:30 04:30
get heartrate: 161 Current DBP: 88 RPE: -- TM Speed: 2.5 mph
ment: TM Grade: 12.0 %



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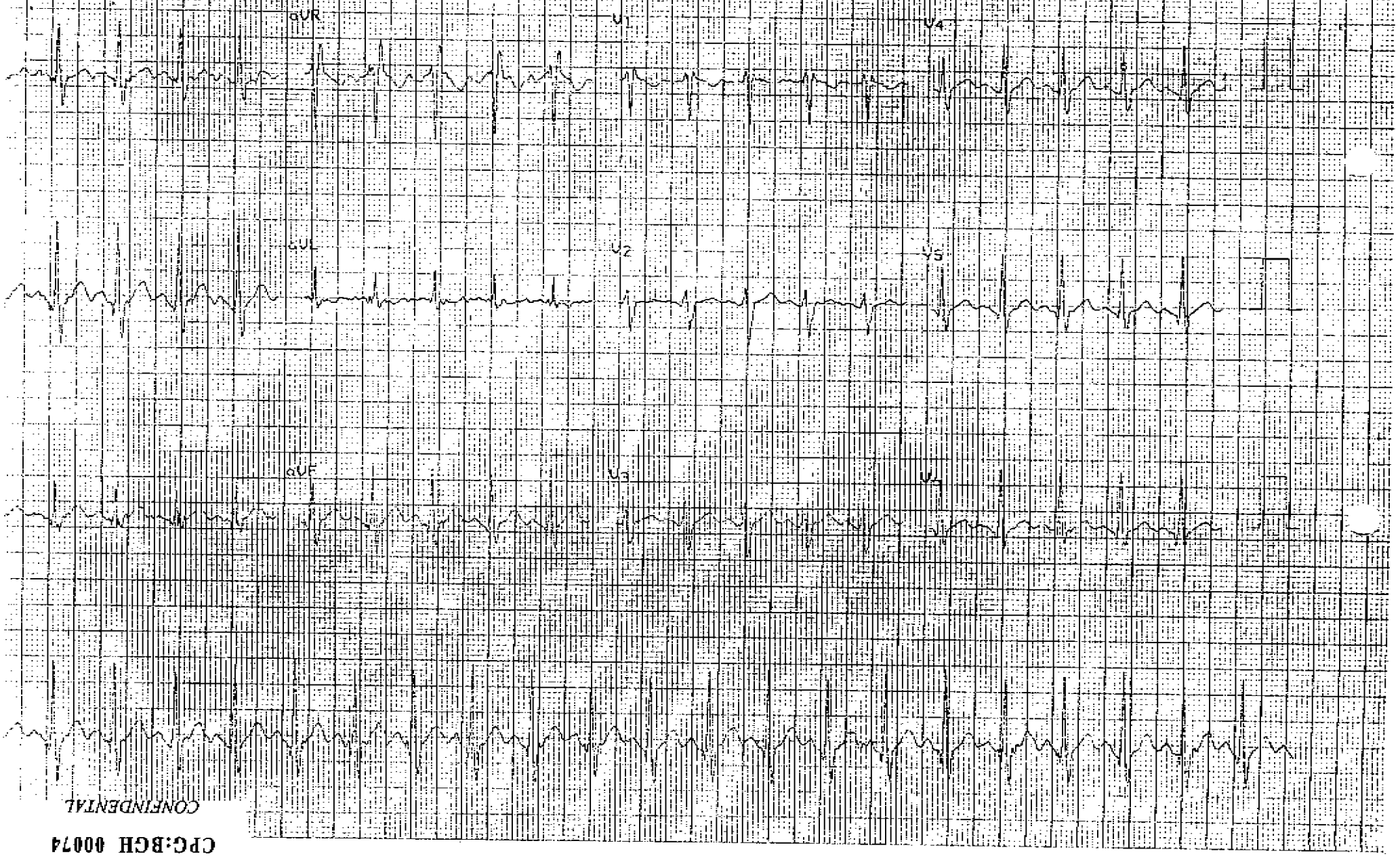
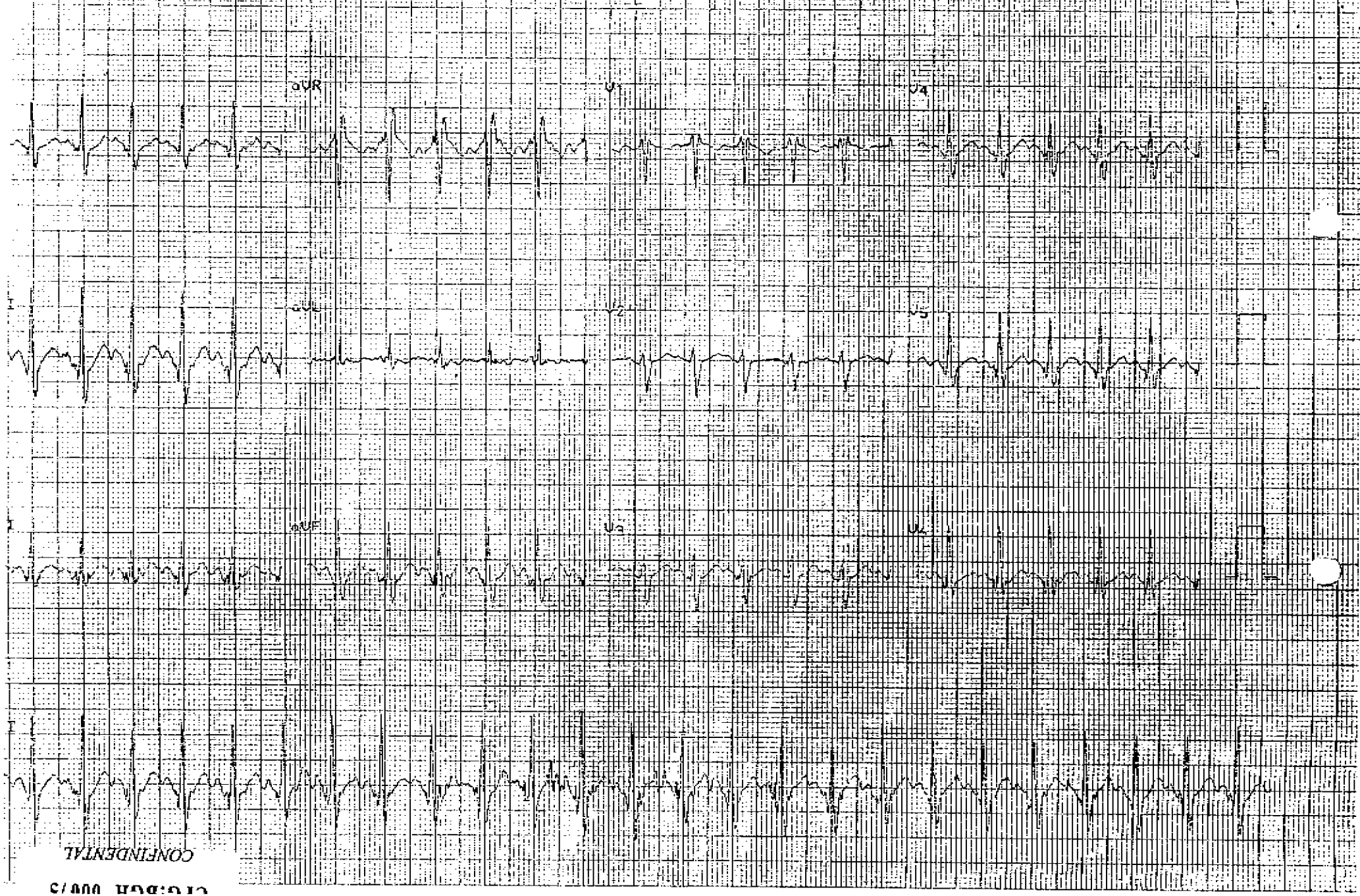
ead simultaneous Gain: 10 mm/mV Baseline filter On Rec. Speed: 25 mm/sec
HIER, ICHAD Artifact filter On Protocol : BRUCE
ent heartrate: 128 Current SBP: 215 METS: 7.0 Stage : 2 02:50 05:50
et heartrate: 161 Current DBP: 88 RPE: -- TM Speed : 2.5 mph
ent: TM Grade : 12.0 %



CONFIDENTIAL

CPG:BCH 00074

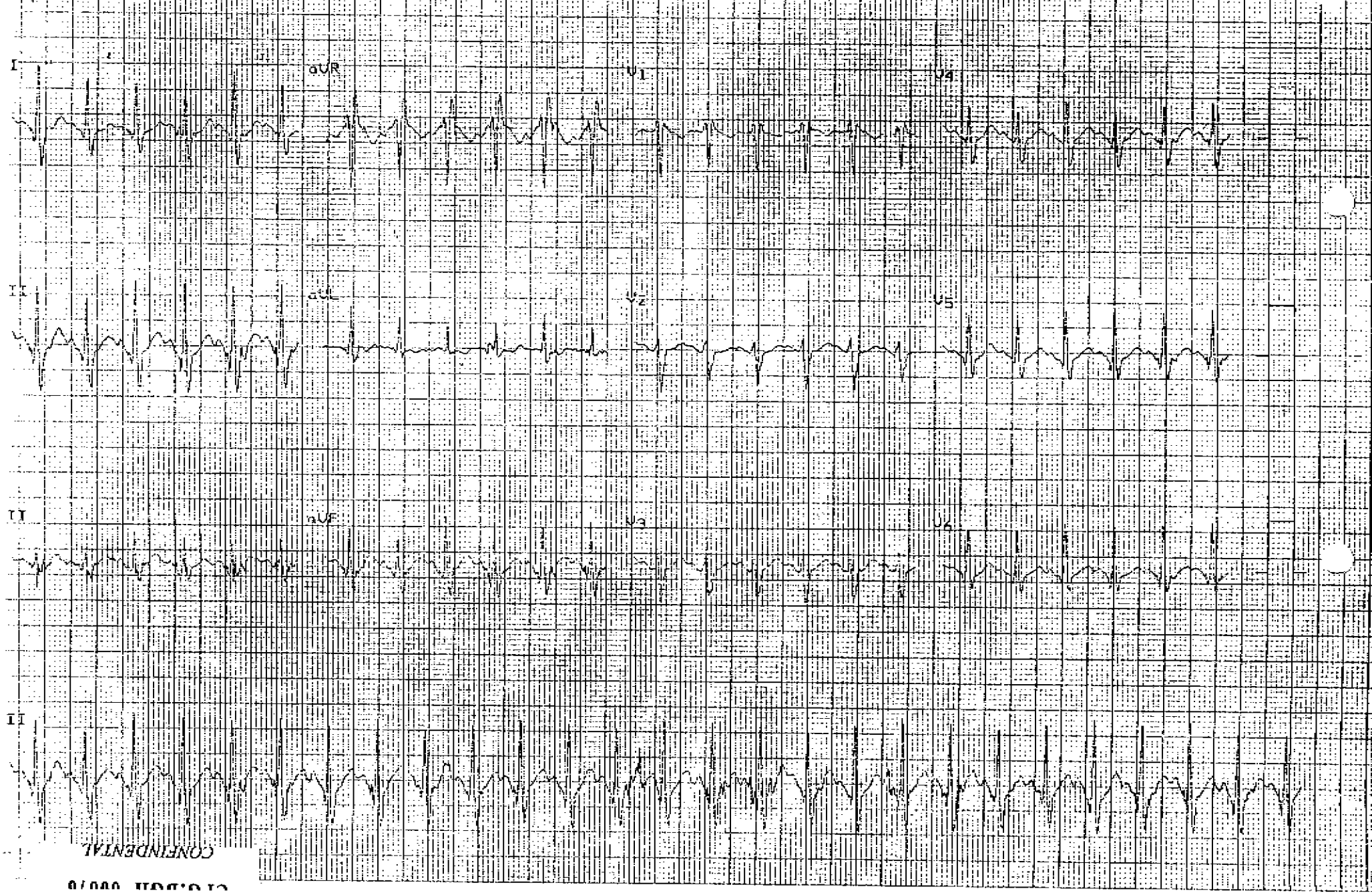
Lead simultaneous Gain: 10 mm/mV Baseline filter On Rec. Speed: 25 mm/sec
HIER, ICHAD Artifact filter On Protocol : BRUCE
ent heartrate: 149 Current SBP: 220 METS: 10.1 Stage : 3 01:30 07:30
jet heartrate: 161 Current DBP: 77 RPE: -- TM Speed : 3.4 mph
ient: TM Grade : 14.0 %



CONFIDENTIAL

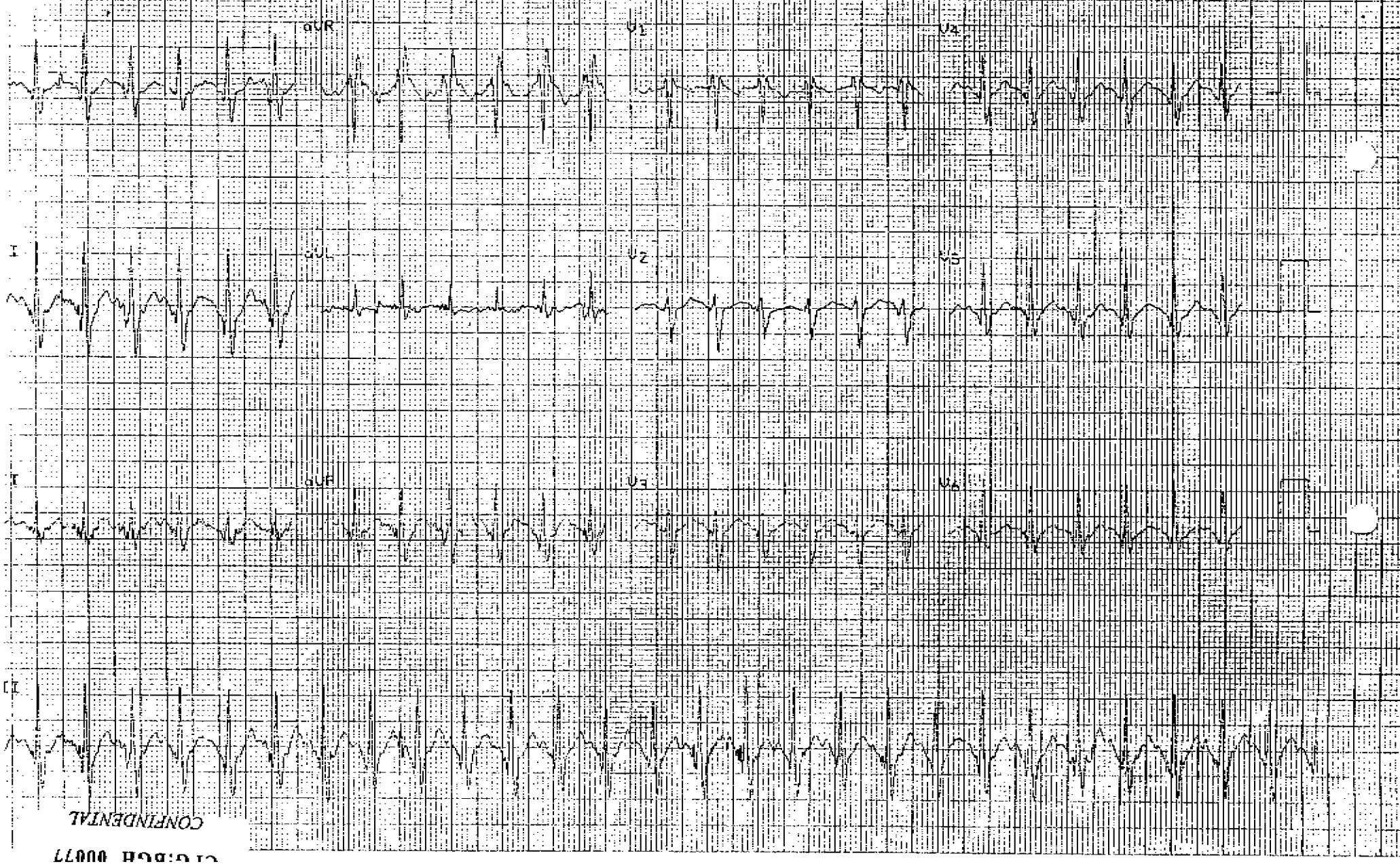
C/000 HOD:DOA

Lead simultaneous Gain: 10 mm/mV Baseline filter On Rec. Speed: 25 mm/sec
ITHIER, ICHAD Artifact filter On Protocol : BRUCE
rent heartrate: 156 Current SAP: 220 METS: 10.1 Stage : 3 02:02 08:02
get heartrate: 161 Current DBP: 77 RPE: -- TM Speed : 3.4 mph
mment: TM Grade : 14.0 %



CONFIDENTIAL

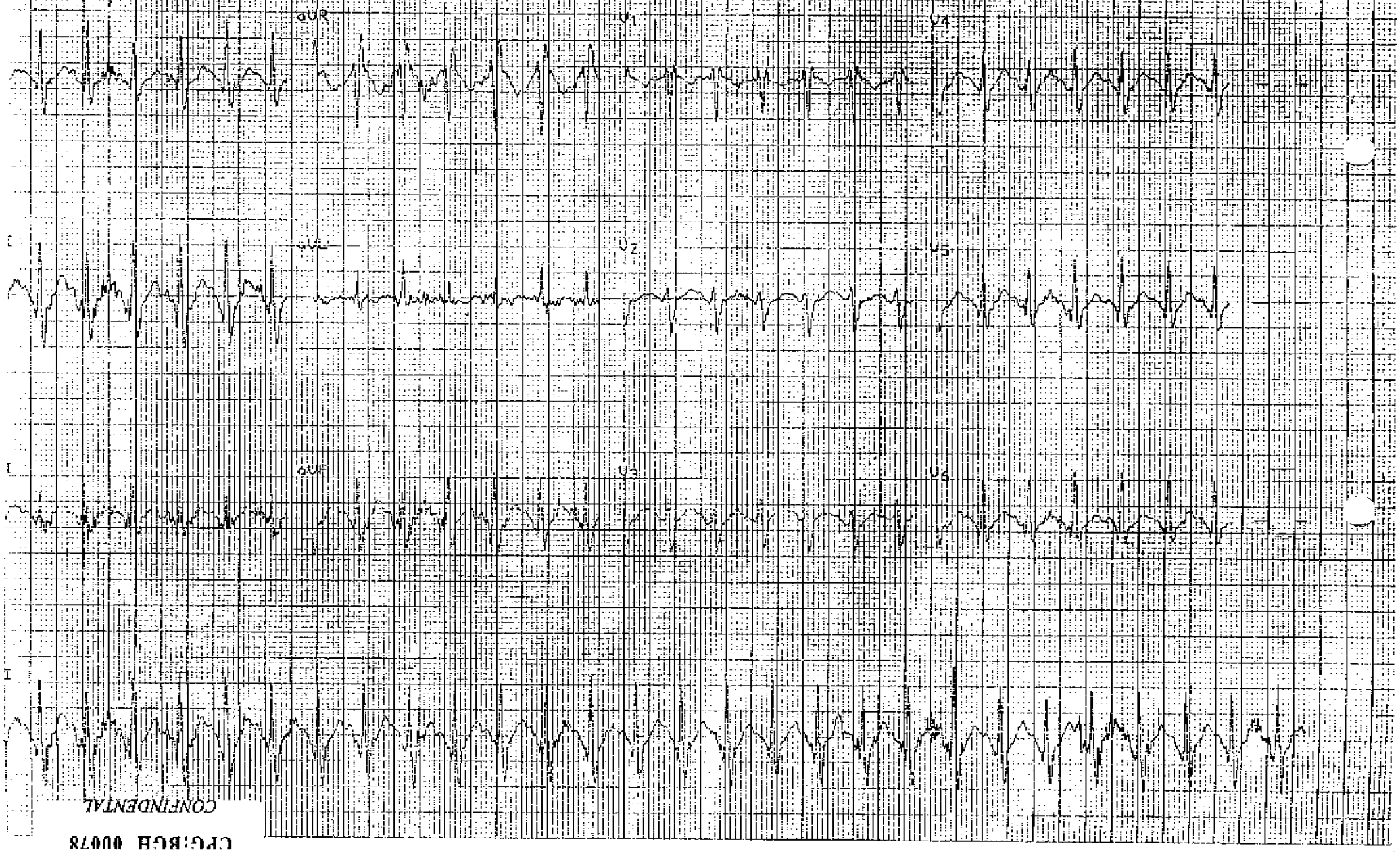
Lead simultaneous Gain: 10 mm/mV Baseline Filter On Rec. Speed: 25 mm/sec
THIER, ICHAD Artifact Filter On Protocol : BRUCE
rent heartrate: 163 Current SBP: 234 METS: 10.1 Stage : 3 02:50 08:50
get heartrate: 161 Current DBP: 66 RPE: -- TM Speed : 3.4 mph
ment: TM Grade : 14.0 %



CONFIDENTIAL

CI:BGH 00077

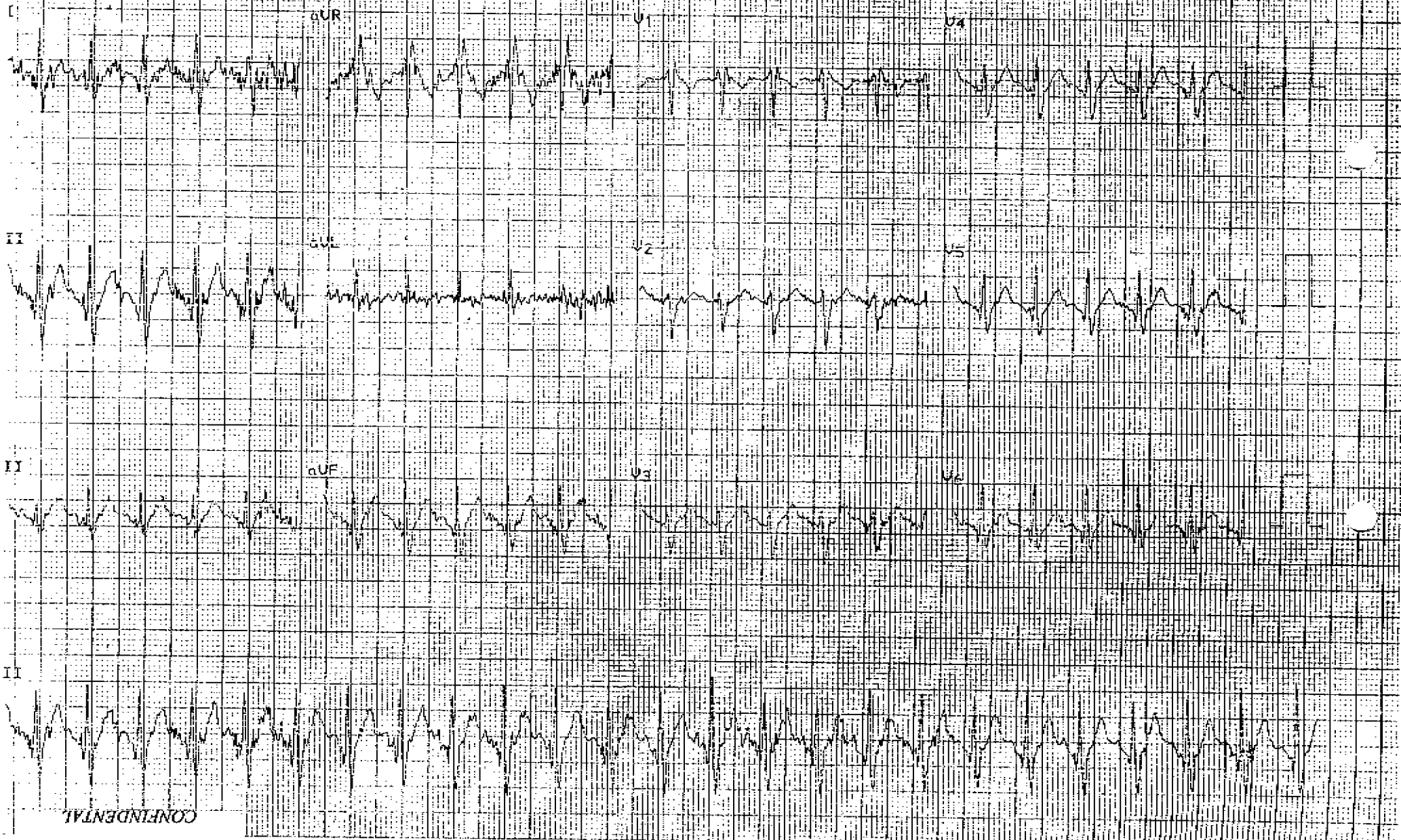
ead simultaneous Gain: 10 mm/mV Baseline filter On Rec. Speed: 25 mm/sec
HIER, RICHAD Artifact filter On Protocol : BRUCE
ent heartrate 166 Current SBP: --- METS: 12.9 Stage : RECOV 00:00
et heartrate 161 Current DBP: --- RPE: -- TM Speed : 4.2 mph
ent: TM Grade : 16.0 %



CONFIDENTIAL

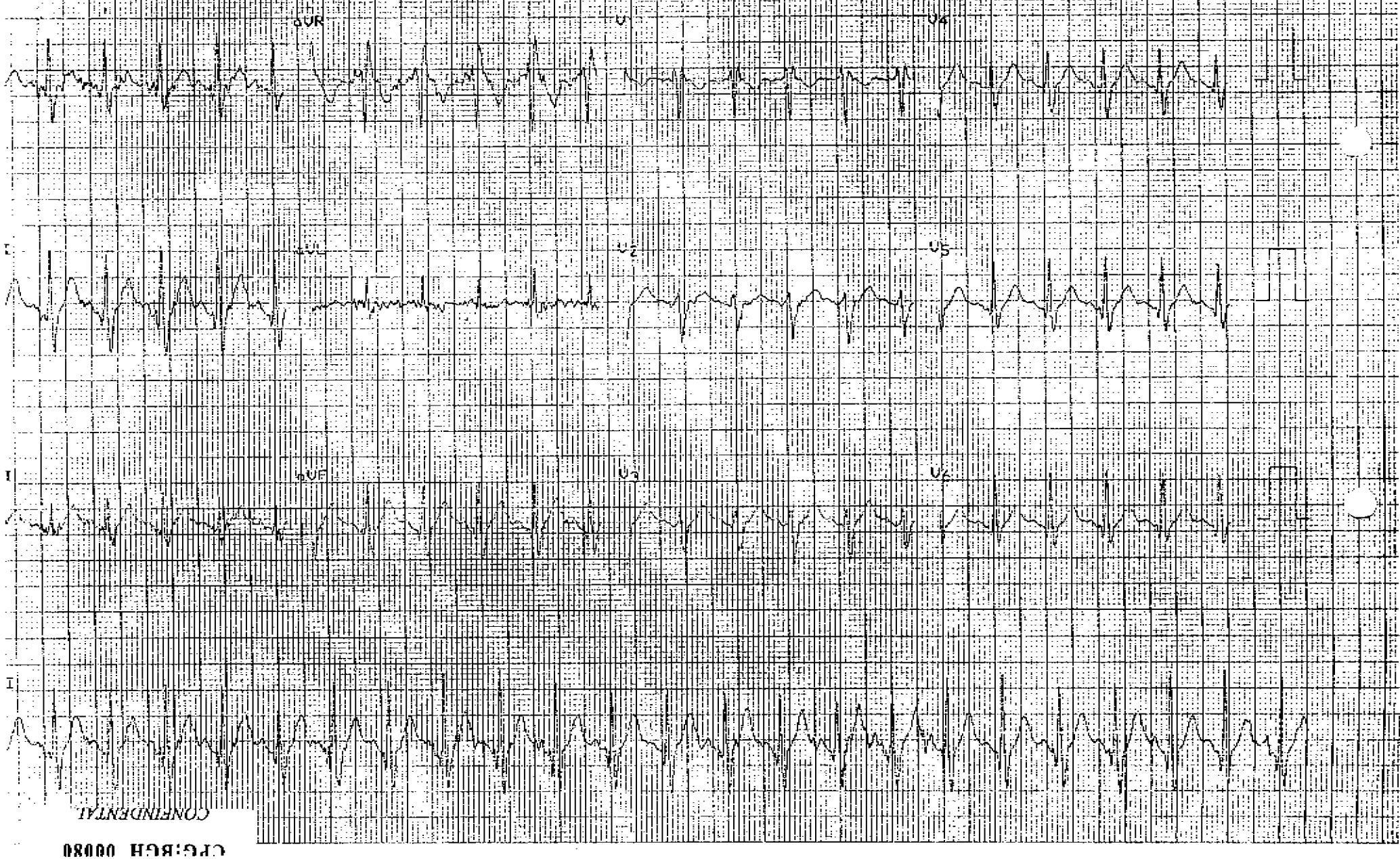
CPG:BGH 00078

Lead simultaneous Gain: 10 mm/mV Baseline Drift On Rec. Speed: 25 mm/sec
JTHIER, ICHAO Artifact Filter On Protocol BRUCE
rent heartrate: 151 Current SBP: 193 METS: 1.9 Stage RECOV 01:00
get heartrate: 161 Current DBP: 70 RPE: -- TM Speed 1.2 mph
ment: TM Grade 0.0 %



CONFIDENTIAL

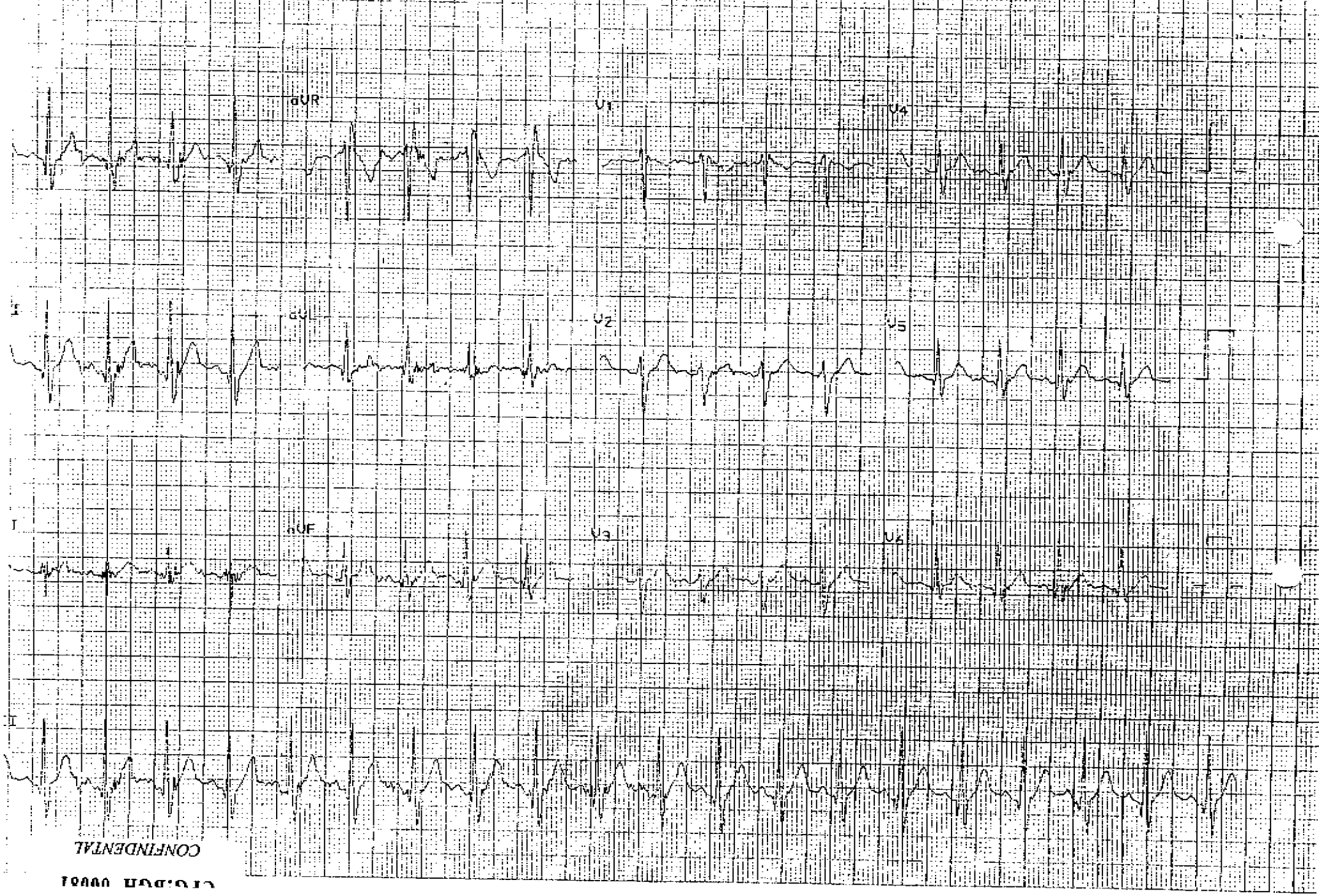
ead simultaneous Gain: 10 mm/mV Baseline Filter On Rec Speed: 25 mm/sec
HIER, ICHAD Artifact Filter On Protocol BRUCE
ent heartrate: 141 Current SBP: 193 METS: 1.9 Stage RECOV 01:36
et heartrate: 161 Current DBP: 70 RPE: -- TM Speed 1.2 mph
ent: TM Grade 0.0 %



CONFIDENTIAL

CFG:BGH 00080

Lead simultaneous Gain: 10 mm/mV Baseline filter On Rec. Speed: 25 mm/sec
THIER, CHAD Artifact filter On Protocol : BRUCE
rent heartrate: 121 Current SBP: 199 METS: 1.9 Stage : RECOV 03:00
get heartrate: 161 Current DBP: 77 RPE: -- TM Speed : 1.2 mph
ment: TM Grade : 0.0 %



CONFIDENTIAL

CT6:DGR 00001

12-Lead simultaneous Gain: 10 mm/mV Baseline filter On Rec. Speed: 25 mm/sec
HUTHIER, ICHAO Artifact filter On Protocol: BRUCE
Current heartrate: 120 Current SBP: 199 METS: 1.0 Stage: RECOV 04:14
Target heartrate: 161 Current DBP: 77 RPE: -- TM Speed: 0.0 mph
Comment: TM Grade: 0.0 %

Lead simultaneous Gain: 10 mm/mV Baseline filter On Rec. Speed: 25 mm/sec
THIER, /CHAD Artifact filter On Protocol : BRUCE
rent heartrate: 114 Current SBP: 181 METS: 1.0 Stage : RECOV 05:00
get heartrate: 161 Current DBP: 91 RPE: -- TM Speed : 0.0 mph
ment: TM Grade : 0.0 %

CONFIDENTIAL

EVERGREEN HWY
BUNKIE, LA 71322

CPG:BGH 00084

08:00 AM

CONFINDENTAL

Attending: DR. JOHN LEMOINE
Referring: DR. JOHN LEMOINE

Patient: GAUTHIER, ICHAO

ID#:

111 ORANGE ST.
BUNKIE, LA 71322

Age: 30 Ht: 75
Sex: M Wt: 300

MEDS: None

Reason for test: CHECK UP

REASON FOR ENDING TEST

Resting HR: 71
Resting SBP: 162
Resting DBP: 98

Target HR: 161
Max. Pred. HR: 190
% HR achieved: 89

Max HR: 169
Max SBP: 234
Max DBP: 66

Protocol: BRUCE

Total Exercise Time: 09:26 METS achieved: 10.1

Max. HRxBP: 10376

Worst-case ST Slope: -50 uVR
Worst-case ST Level: -4.2 uVR

Impression:

TEST CONCLUSION:

Physician:
DR. JOHN LEMOINE

CONFINDENTAL

04500 TABULAR FINAL REPORT

Patient GAUTHIER, ICHAO

Date 09/03/98

Location BONKIE GEN HOSP

ST MEASUREMENTS

Protocol BRUCE

Level J# 60

Attending DR JOHN LEMUING

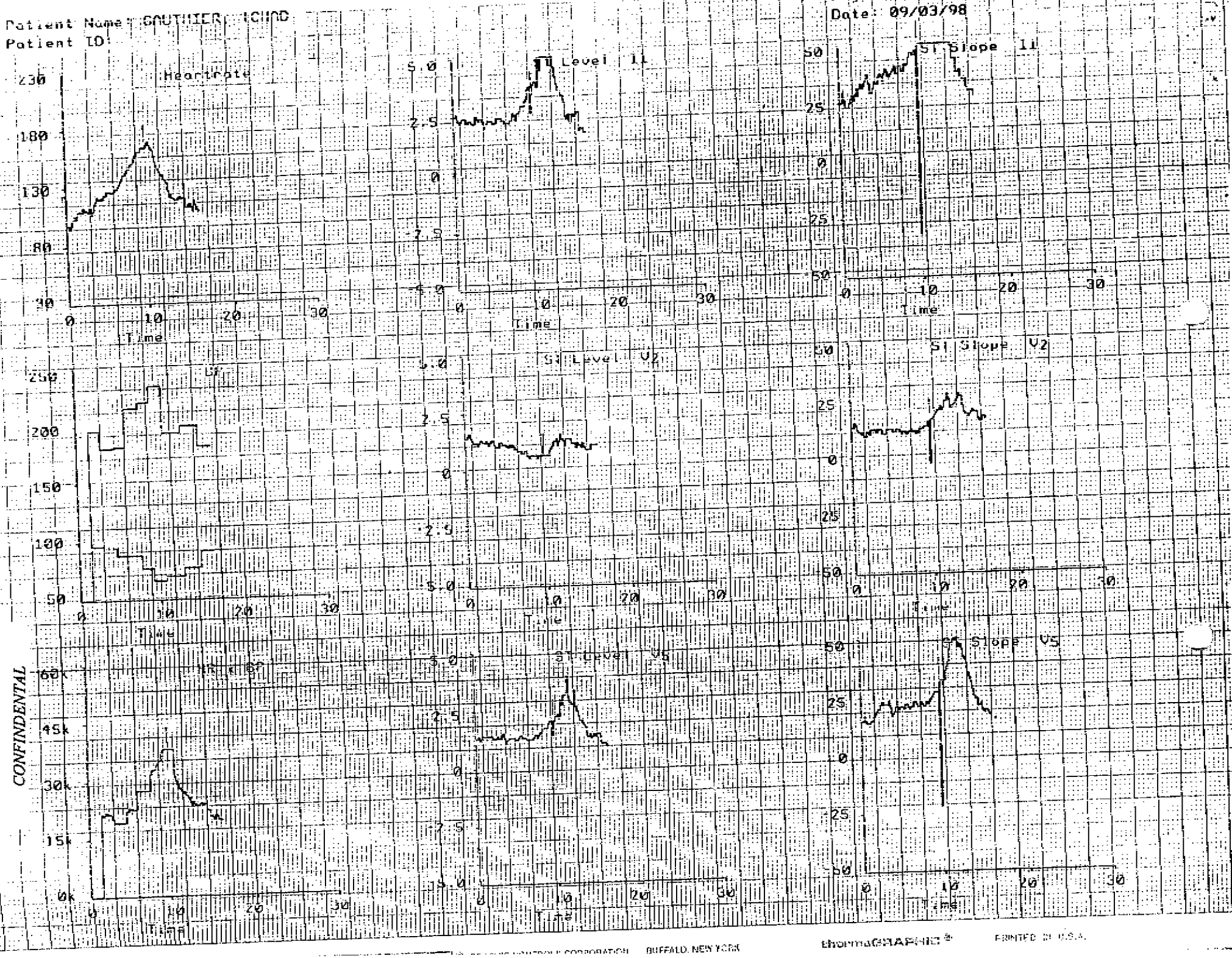
Stage J# 20 to 00

Referring DR. JOHN LEMUING

EVENT	TIME	SPEED (mph)	GRADE (%)	HR (bpm)	ER (bpm)	BP (mm Hg)	HR X BP	ST LEVEL (mm) I	ST LEVEL (mm) V_2	ST LEVEL (mm) V_5
REST				67	0	139/ 82	9313	1.0	2.9	1.3
				68	12	139/ 82	9452	1.9	1.6	0.8
				71	10	--/---	0	2.2	1.4	1.2
	STANDING			73	0	162/ 98	11826	2.1	1.6	1.0
	STANDING			72	0	162/ 98	11664	2.1	1.6	1.0
	STANDING			71	0	162/ 98	11502	2.1	1.7	1.0
Stage 1	01:00	1.7	10.0	104	0	--/---	0	2.4	1.2	1.3
	02:00	1.7	10.0	110	0	195/ 96	21450	2.2	1.2	1.2
	03:00	1.7	10.0	110	1	180/ 95	19800	2.3	1.2	1.2
Stage 2	01:00	2.5	12.0	121	0	--/---	0	2.3	1.2	1.3
	02:00	2.5	12.0	126	1	181/ 88	22806	2.4	1.0	1.3
	03:00	2.5	12.0	130	0	215/ 88	27950	2.3	0.9	1.3
Stage 3	01:00	3.4	14.0	142	0	--/---	0	2.6	0.8	1.4
	02:00	3.4	14.0	155	2	220/ 77	34100	2.9	0.6	1.6
	03:00	3.4	14.0	169	2	234/ 66	38376	3.6	0.6	2.1
Stage 4	00:26	4.2	16.0	166	2	--/---	0	3.4	0.6	2.0
Stop exercise	00:26									
Recovery	01:00	1.2	0.0	150	3	193/ 70	28950	5.0	1.2	3.1
	02:00	1.2	0.0	136	1	193/ 70	26248	4.6	1.3	2.7
	03:00	1.2	0.0	120	0	199/ 77	23880	3.5	1.3	2.0
	04:00	0.0	0.0	119	0	199/ 77	23681	2.3	1.0	1.3
	05:00	0.0	0.0	115	0	181/ 91	20815	2.5	0.8	1.0
	06:00	0.0	0.0	109	0	181/ 91	19729	1.7	1.0	1.0
	06:26	0.0	0.0	105	0	181/ 91	19005	1.7	1.0	0.5

Patient Name: SOUTHIER, RICHARD
Patient ID:

Page 1
Date: 09/03/98



CPG:BGH 00086

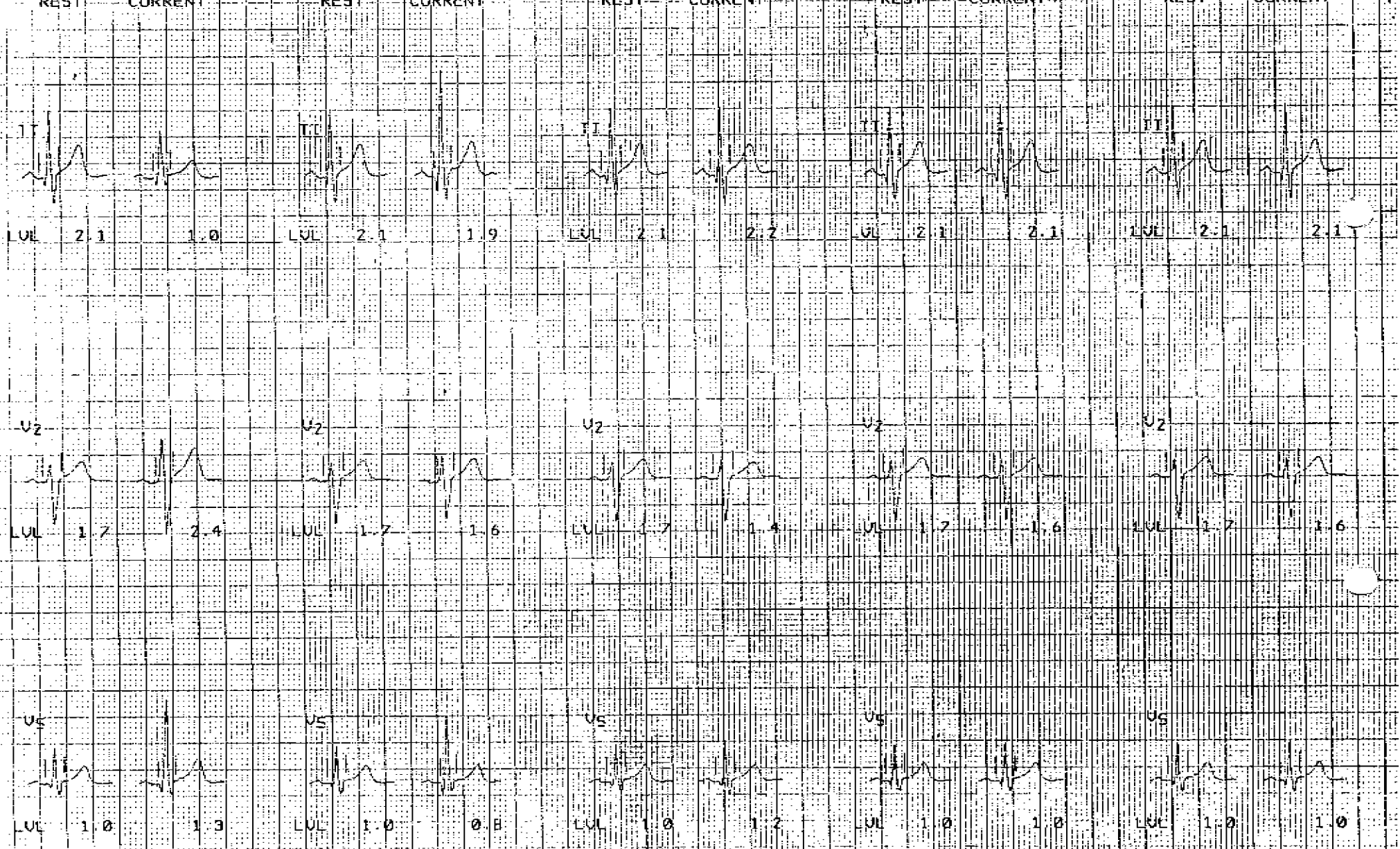
CONFINDENTIAL

GAUTHIER Date: 09/03/98 Recorder speed: 25 mm/sec Gain: 10 mm/mV Page 1

Pat. ID:

AVERAGE BEAT SUMMARY

Stage REST	Stage REST	Stage REST	Stage STANDING	Stage STANDING
HR 67	HR 68	HR 71	HR 73	HR 72



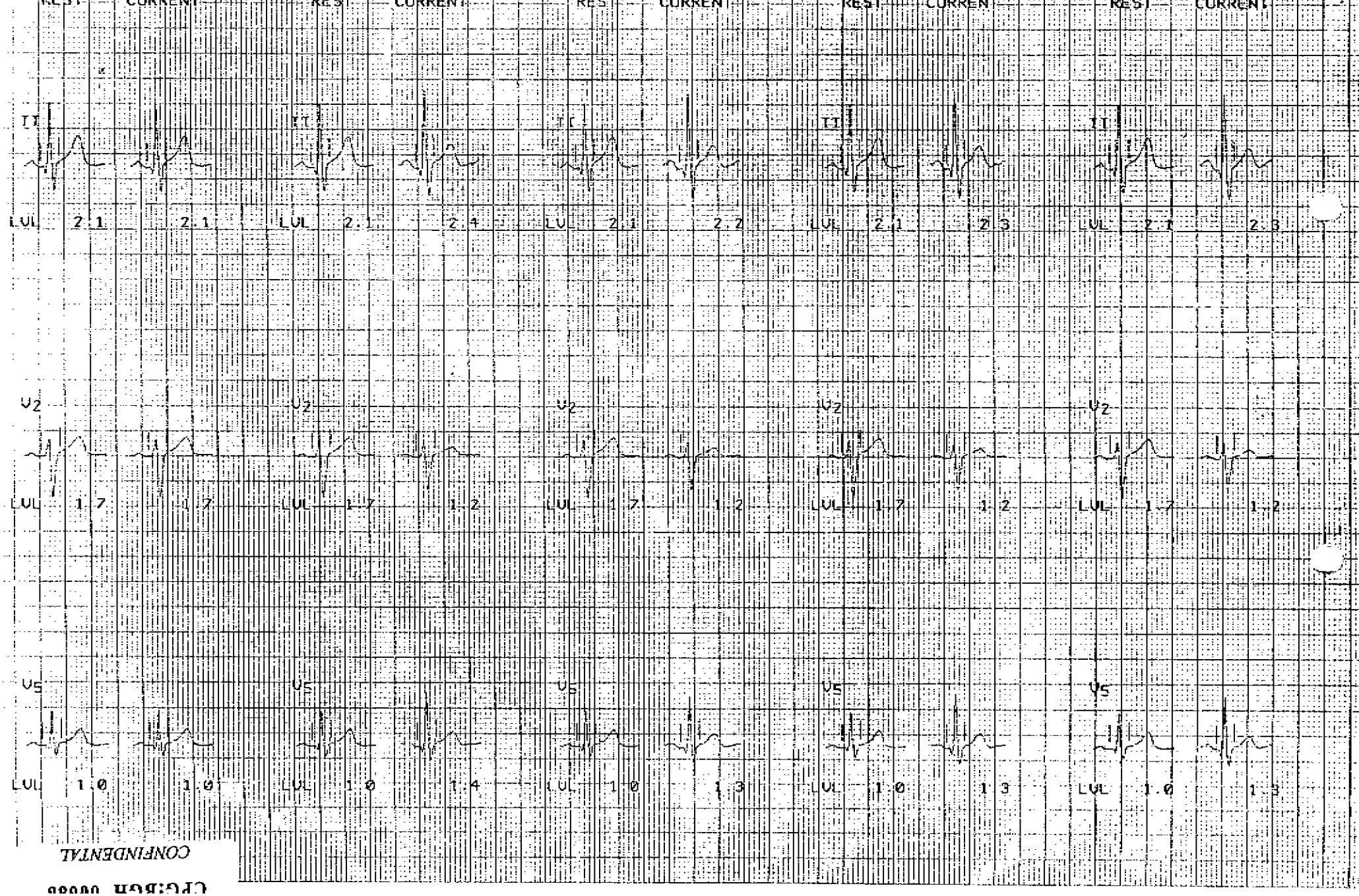
CPG:BGH 00087

CONFINDENTAL.

ATHIER
. ID:
RAGE BEAT SUMMARY
ge STANDING
71

Date: 09/07/98
Recorder speed: 25 mm/sec
Gain: 10 mm/mV
Page 2

Stage 1 01:00 01:00 HR 104
Stage 1 02:00 02:00 HR 110
Stage 1 03:00 03:00 HR 110
Stage 2 01:00 04:00 HR 121



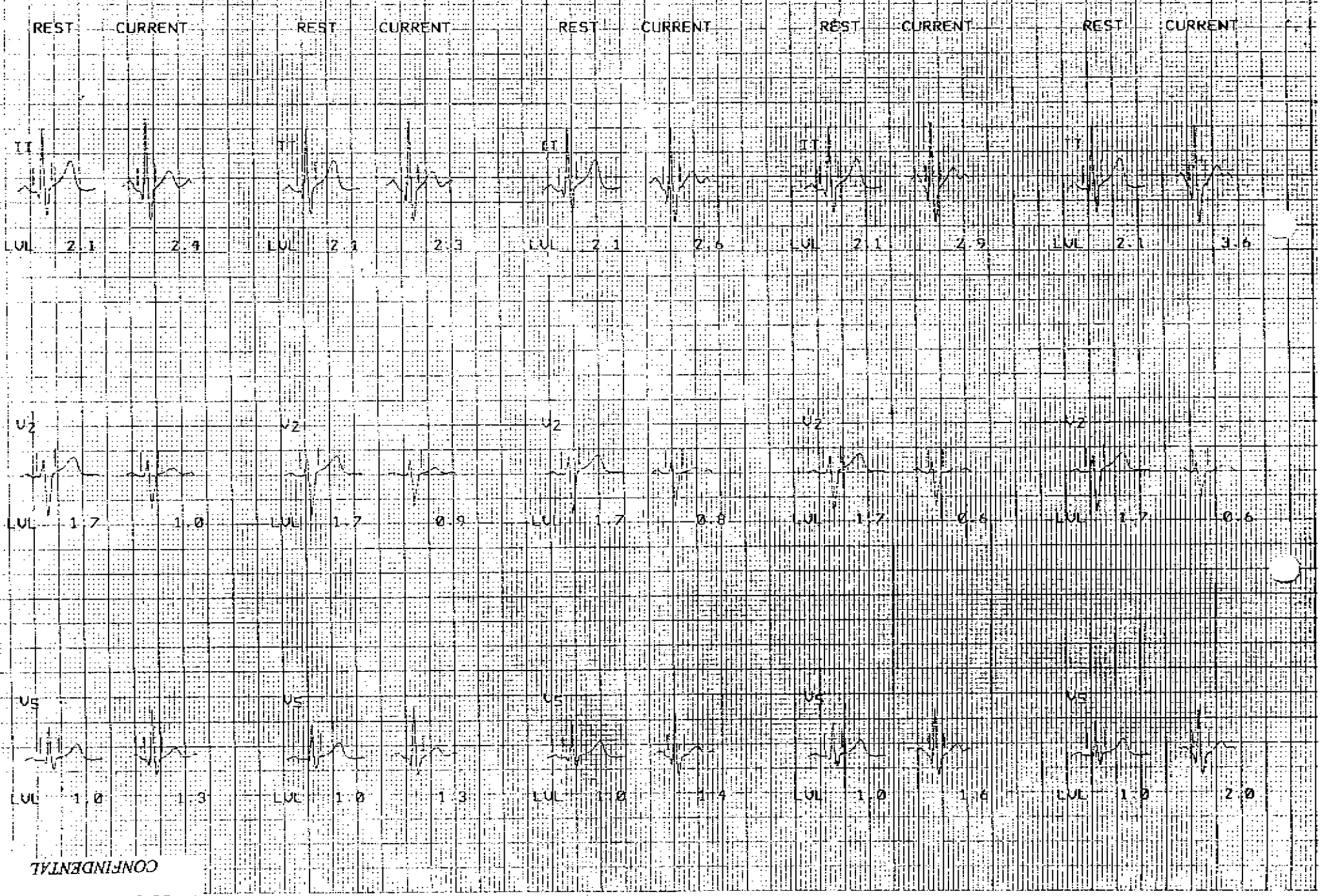
CONFIDENTIAL

CFG:BGH 00088

NUTHER
at. ID:
VERAGE BEAT SUMMARY

Date: 09/03/08 | Recorder speed: 25 mm/sec | Gain: 10 mm/mV | Page 3

Stage	02:00 05:00	Stage 2	05:00 06:00	Stage 3	01:00 07:00	Stage 3	02:00 08:00	Stage 3	03:00 09:00
HR 126		HR 130		HR 142		HR 155		HR 164	



CONFIDENTIAL

CFG:BGH 00002

UTHER Date: 09/03/98 Recorder speed: 25 mm/sec Gain: 10 mm/mV Page 1

t. ID:

ERAGE BEAT SUMMARY

age 4 00:26 09:26 | Stage RECOV 01:04 | Stage RECOV 02:04 | Stage RECOV 03:04 | Stage RECOV 04:04

166 | HR 150 | HR 136 | HR 120 | HR 119

	REST	CURRENT	REST	CURRENT	REST	CURRENT	REST	CURRENT	REST	CURRENT
I	LVL 2.1	3.4	LVL 2.1	5.0	LVL 2.1	4.6	LVL 2.1	3.5	LVL 2.1	2.3
V2	LVL 1.7	0.6	LVL 1.7	1.2	LVL 1.7	1.3	LVL 1.7	1.3	LVL 1.7	1.0
V5	LVL 1.0	2.0	LVL 1.0	3.1	LVL 1.0	2.7	LVL 1.0	2.0	LVL 1.0	1.3

CONFIDENTIAL

06000 HGB:01:2

AUTHIER Date: 09/03/08 Recorder speed: 25 mm/sec Gain: 10 mm/mV Page: 5

at. ID:

VERAGE BEAT SUMMARY

Stage RECOV 05:04	Stage RECOV 06:04	Stage RECOV 06:26
HR 115	HR 109	HR 105
REST CURRENT	REST CURRENT	REST CURRENT
I LVL 2.1 2.5	I LVL 2.1 1.7	I LVL 2.1 1.7
V2 LVL 1.7 0.8	V2 LVL 1.7 1.0	V2 LVL 1.7 1.0
V5 LVL 1.0 1.4	V5 LVL 1.0 1.0	V5 LVL 1.0 0.9

CPG:BGH 00091

CONFINDENTAL

BUNKIE GENERAL HOSP
EVERGREEN HWY
BUNKIE LA 71322

09/03/98
08:00 AM

Attending: DR. JOHN LEMOINE
Referring: DR. JOHN LEMOINE

Patient: GAUTHIER, RICHARD ID:

111 ORANGE ST.
BUNKIE, LA 71322

Age: 30 Ht: 75
Sex: M Wt: 300

MEDS: None

Reason for test: CHECK UP

REASON FOR ENDING TEST:

Resting HR: 71
Resting SBP: 162
Resting DBP: 98

Target HR: 161
Max Pred HR: 190
% HR achieved: 89

Max HR: 169
Max SBP: 209
Max DBP: 66

Protocol: BRUCE

Total Exercise Time: 09:26 METS achieved: 10.1

Max HRxBP: 38376

Worst case ST Slope: -50 mVR
Worst case ST Level: -4.2 mVR

Impression:

TEST CONCLUSION:

CPG:BGH 00092

CONFINDENTAL

Physician:
DR. JOHN LEMOINE

WORST CASE SUMMARY

Patient Name: GAUTHIER, ICHAD

Patient ID:

Date: 09/03/98

Time: 08:00 AM

	REST	WORST		REST	WORST
I		3 00:30	V1		RECOV 01:34
LVL	1.4	0.4	LVL	0.1	1.7
II		RECOV 06:04	V2		3 01:30
LVL	2.1	1.7	LVL	1.7	0.5
III		RECOV 05:34	V3		RECOV 06:24
LVL	0.6	1.0	LVL	1.4	1.1
aVR		RECOV 01:24	V4		RECOV 05:54
LVL	1.7	1.2	LVL	1.3	1.1
aVL		RECOV 01:04	V5		RECOV 06:14
LVL	0.3	0	LVL	1.0	0.9
aVF		RECOV 05:34	V6		RECOV 06:24
LVL	1.4	1.4	LVL	0.7	0.7

CPG:BGH 00093

CONFIDENTIAL

015503

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

PATIENT ID: CG 022068 SAMPLE ID: 22203
PATIENT NAME: GAUTHIER, CHAD DRAWN BY: JM
BIRTHDATE: 02/20/1968 AGE: 33Y SEX: M COLL: 08/28/01 11:04
DOCTOR: JORY, CARL STAT: N
LOCATION: OP ROOM: OP
PID COMMENT:
SID COMMENT:

TEST NAME	RESULTS	FLAGS	UNITS	REFERENCE RANGES			CODES
********** Panel: CBC							
WBC	7.6		10^3	4.8	-	10.8	AR
RBC	5.52	H	10^6	3.80	-	5.20	
HGB	16.1		G/DL	14.0	-	18.0	
HCT	46.1		%	42.0	-	52.0	
MCV	83.5		FL	80.0	-	94.0	
MCH	29.2		PG	27.0	-	31.0	
MCHC	34.9		G/DL	33.0	-	37.0	
PLT	271		10^3	140	-	440	
RDW-CV	13.6			11.5	-	14.5	
********** Panel: AUTO DIFF							
LYMPH	29.0		%	20.0	-	45.0	
MXD	7.9		%	2.0	-	15.0	
NEUT	63.1		%	45.0	-	80.0	
CHOLESTEROL	195.6		MG/DL	0.0	-	200.0	
SEND OUT							AR

LEAD LEVEL TO AML

Result Code Expansion

AR REVIEWED BY: AR

CONFINDENTAL

015503

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 / Birthdate / Sex / Race	Requesting Physician	Accession No. / Patient ID / Fasting	Collected	Reported / Received
GAUTHIER, CHAD 33 YRS M	JORY, CARL	(10066)01072734 CG022068 OP	08/28/2001 1104	08/29/2001 1939 08/28/2001 1602

TEST NAME	RESULT	UNITS	REFERENCE
LEAD BLOOD 08/28/2001 1104	39.8 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

CPG:BGH 00095

CONFINDENTAL

C = CRITICAL VALUE

A.M.L. WILL BE CLOSED MONDAY, SEPT.3, IN OBSERVANCE OF LABOR DAY.
FOR EMERGENCIES CALL 337-233-5711.

FINAL END OF REPORT

015503

[illegible] 10:52

BUNKIE GENERAL HOSPITAL LABORATORY
427 EVERGREEN HIGHWAY
BUNKIE, LOUISIANA 71322
[illegible]

[illegible]

[illegible] LEVEL SENT TO [illegible]

REVIEWED BY: [illegible]

CPG:BGH 00096

CONFINDENTAL

015503

LABORATORY REPORT

Acadiana Medical Laboratories, Ltd. P.O. Box 52607
7 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
GAUTHIER, CHAD	(10066)01085362	CG022068	09/12/2001 2007

Birthdate	Sex	Race	Requesting Physician	Fasting	Collected	Received
33 YRS	M		HOOD		09/11/2001 1556	09/11/2001 1556

TEST NAME	RESULT	UNITS	REFERENCE
LEAD BLOOD 09/11/2001 1556	35.3 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

faxed to Kate 9/13/01 730 AM

CPG:BGH 00097

C = CRITICAL VALUE

CONFINDENTAL

FINAL

END OF REPORT

AML

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

LABORATORY REPORT

SUNKIE GENERAL HOSP
P.O. BOX 380 EVERGREEN HW
SUNKIE RT:4 ST:4
LA 71382

Patient Name: SMETHIER, CHAD Accession No. (10068)01149644 Patient ID: CS0020366 Reported: 11/20/2001 1028

Birthdate: 3 Y Sex: M Race: Requesting Physician: JORY, Fasting: Collected: 11/19/2001 1015 Received: 11/19/2001 1539

TEST NAME	RESULT	UNITS	REFERENCE
LEAD BLOOD 11/19/2001 1015	18.0	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

CPG:BGH 00098

CONFINDENTAL

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

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

PATIENT ID: CG 022068 SAMPLE ID: 29240
PATIENT NAME: GAUTHIER, CHAD DRAWN BY: MH
BIRTHDATE: 02/20/1968 AGE: 34Y SEX: M COLL: 02/25/02 08:17
DOCTOR: GINZBURG, HAROLD STAT: N
LOCATION: OP ROOM: OP
PID COMMENT:
SID COMMENT:

EST NAME	RESULTS	FLAGS	UNITS	REFERENCE RANGES			CODES
********* Panel: CBC							
BC	5.8		10^3	4.8	-	10.8	JF
BC	5.11		10^6	3.80	-	5.20	
GB	14.9		G/DL	14.0	-	18.0	
CT	44.1		%	42.0	-	52.0	
CV	86.3		FL	80.0	-	94.0	
CH	29.2		PG	27.0	-	31.0	
CHC	33.8		G/DL	33.0	-	37.0	
LT	273		10^3	140	-	440	
DW-CV	13.6			11.5	-	14.5	
********* Panel: AUTO DIFF							
YMPH	33.6		%	20.0	-	45.0	
IXD	13.2		%	2.0	-	15.0	
IEUT	53.2		%	45.0	-	80.0	
********* Panel: COMP. METABOLIC							
ILUCOSE	104.2		MG/DL	70.0	-	110.0	JF
IUN	24.2	H	MG/DL	7.0	-	18.0	
CREATININE	0.9		MG/DL	0.6	-	1.3	
IUN/CREA	26.9	H		12.0	-	20.0	
SODIUM	140.9		MMOL/L	140.0	-	148.0	
POTASSIUM	4.3		MMOL/L	3.6	-	5.2	
CHLORIDE	102.3		MMOL/L	100.0	-	108.0	
CO2	25.4		MMOL/L	21.0	-	32.0	
ANION GAP	17.5		MMOL/L	10.0	-	20.0	
ALBUMIN	4.0		G/DL	3.4	-	5.0	
TOTAL PROTEIN	7.4		G/DL	6.4	-	8.2	
GLOBULIN	3.4		MG/DL	2.3	-	3.5	
A/G	1.2	L		1.5	-	2.2	
ALKALINE PHOS	75.1		U/L	50.0	-	136.0	
ALT (SGPT)	36.8		U/L	30.0	-	65.0	
AST (SGOT)	17.0		U/L	15.0	-	37.0	
TOTAL BILI	1.0		MG/DL	0.0	-	1.0	
CALCIUM	9.3		MG/DL	8.8	-	10.5	
URIC ACID	6.4		MG/DL	2.6	-	7.2	
SEND OUT							JF

ZINC PROTOPORPHYRIN, LEAD LEVEL SENT TO AML

CONFINDENTAL

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

LABORATORY REPORT

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

Patient Name	Accession No.	Patient ID	Reported
GAUTHIER, CHAD	(10066)01234198	CG022068 OP	03/04/2002 1109

Birthdate	Sex	Race	Requesting Physician	Fasting	Collected	Received
34 YRS	M		GINZBURG		02/25/2002 0820	02/25/2002 1604

TEST NAME

ZINC PROTOPORPH 02/25/2002 0820
ZINC PROTOPORPHYRIN NEW YORK [62620]

ZINC PROTOPORPHYRIN
RESULT: 41 ug/dL
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

LEAD BLOOD 02/25/2002 0820 PENDING

CPG:BGH 00100

CONFINDENTAL

PARTIAL END OF REPORT

LABORATORY REPORT

BU. IE 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	Accession No.	Patient ID	Reported
GAUTHIER, CHAD	(10066)01234198	CG022068 OP	03/08/2002 1904

Birthdate	Sex	Race	Requesting Physician	Fasting	Collected	Received
34 YRS	M		GINZBURG		02/25/2002 0820	02/25/2002 1604

TEST NAME

ZINC PROTOPORPH 02/25/2002 0820
ZINC PROTOPORPHYRIN NEW YORK [626201

ZINC PROTOPORPHYRIN
RESULT: 41 ug/dL
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

LEAD BLOOD 02/25/2002 0820

LAB ACCIDENT PER SPECIALTY LAB --- Bunkie General Hospital Laboratory not notified until report printed Friday evening faxed to Dr Ginzburg 3/1/02 1-504-836-5040

ASSAY PERFORMED BY
SPECIALTY LABORATORIES
2211 MICHIGAN AVENUE
SANTA MONICA, CA 90404

CPG:BGH000101
CONFIDENTIAL

FINAL END OF REPORT

504-830-3010

015503

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 / Birthdate	Sex	Race	Requesting Physician	Accession No.	Patient ID	Fasting	Collected	Reported
GAUTHIER, CHAD				(10066)01256524	CB022068	OP		04/01/2002 1110
34 YRS	U		GINZBURG				03/20/2002 0700	03/20/2002 1249

TEST NAME

ZINC PROTOPORPH 03/20/2002 0700
ZINC PROTOPORPHYRIN NEW YORK [62620]

ZINC PROTOPORPHYRIN
RESULT: 34 ug/dL
REFERENCE RANGE: ((100) ug/dL

OSHA guideline: Less than 100 ug/dL

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

LEAD BLOOD 03/20/2002 0700

LEAD WHOLE BLOOD OSHA
RESULT: 8.4 ug/dL
REFERENCE RANGE: ((40.0) ug/dL

OSHA Industrial Reference Range for Lead:
Exposure . . . . . (40 ug/dL
Toxic . . . . .) 40 ug/dL

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

faxed to Dr Ginsburg 4/1/2002

CPG:BGH000102
CONFIDENTIAL

FINAL END OF REPORT

03/20/02 09:45

015503

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

PATIENT ID: CG 022068
PATIENT NAME: GAUTHIER, CHAD
BIRTHDATE: 02/20/1968 AGE: 34Y SEX: M
DOCTOR: GINZBURG, HAROLD
LOCATION: OP ROOM: OP
PID COMMENT:
SID COMMENT:

SAMPLE ID: 30310
DRAWN BY: GL
COLL: 03/20/02 07:28
STAT: N

TEST NAME	RESULTS	FLAGS	UNITS	REFERENCE RANGES			CODES
********** Panel: CBC							
WBC	6.5		10^3	4.8	-	10.8	GL
RBC	5.25	H	10^6	3.80	-	5.20	
HGB	15.4		G/DL	14.0	-	18.0	
HCT	45.9		%	42.0	-	52.0	
MCV	87.4		FL	80.0	-	94.0	
MCH	29.3		PG	27.0	-	31.0	
MCHC	33.6		G/DL	33.0	-	37.0	
PLT	278		10^3	140	-	440	
RDW-CV	13.5			11.5	-	14.5	
********** Panel: AUTO DIFF							
LYMPH	35.7		%	20.0	-	45.0	
MXD	12.4		%	2.0	-	15.0	
NEUT	51.9		%	45.0	-	80.0	
********** Panel: COMP. METABOLIC							
GLUCOSE	96.4		MG/DL	70.0	-	110.0	GL
BUN	18.0		MG/DL	7.0	-	18.0	
CREATININE	1.1		MG/DL	0.6	-	1.3	
BUN/CREA	16.4			12.0	-	20.0	
SODIUM	138.8	L	MMOL/L	140.0	-	148.0	
POTASSIUM	4.6		MMOL/L	3.6	-	5.2	
CHLORIDE	101.6		MMOL/L	100.0	-	108.0	
CO2	26.2		MMOL/L	21.0	-	32.0	
ANION GAP	15.6		MMOL/L	10.0	-	20.0	
ALBUMIN	3.9		G/DL	3.4	-	5.0	
TOTAL PROTEIN	7.7		G/DL	6.4	-	8.2	
GLOBULIN	3.8	H	MG/DL	2.3	-	3.5	
A/G	1.0	L		1.5	-	2.2	
ALKALINE PHOS	71.4		U/L	50.0	-	136.0	
ALT (SGPT)	38.8		U/L	30.0	-	65.0	
AST (SGOT)	19.8		U/L	15.0	-	37.0	
TOTAL BILI	0.8		MG/DL	0.0	-	1.0	
DIRECT BILI	0.18		MG/DL	0.00	-	0.30	
CALCIUM	8.9		MG/DL	8.8	-	10.5	
URIC ACID	6.0		MG/DL	2.6	-	7.2	
SEND OUT							AR

LEAD LEVEL AND ZINC PROTOPORPHYRIN TO AML

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

LABORATORY REPORT

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

Patient Name	Accession No.	Patient ID	Reported
GAUTHIER, CHAD	(10066)01266959	CG022068 OP	04/08/2002 1109

Birthdate	Sex	Race	Requesting Physician	Fasting	Collected	Received
34 YRS	U		BATUMAN, VECIHI		04/02/2002 0645	04/02/2002 1154

TEST NAME

ZINC PROTOPORPH 04/02/2002 0645
ZINC PROTOPORPHYRIN NEW YORK [62620]

ZINC PROTOPORPHYRIN
RESULT: 37 ug/dL
REFERENCE RANGE: ((100) ug/dL

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

LEAD BLOOD 04/02/2002 0645

LEAD WHOLE BLOOD OSHA
RESULT: 9.1 ug/dL
REFERENCE RANGE: ((40.0) ug/dL

OSHA Industrial Reference Range for Lead:
Exposure . . . . . (40 ug/dL
Toxic . . . . .) 40 ug/dL

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

CPG:BGH000103
CONFIDENTIAL

FINAL END OF REPORT

0155037

LABORATORY REPORT

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

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

Client Name	Accession No.	Patient ID	Reported
GAUTHIER, CHAD	(10066)01266959	CG022068	04/05/2002 1109

Birthdate	Sex	Race	Requesting Physician	Fasting	Collected	Received
34 YRS	U		BATUMAN, VECIHI		04/02/2002 0645	04/02/2002 1154

TEST NAME

ZINC PROTOPORPH 04/02/2002 0645 PENDING

LEAD BLOOD 04/02/2002 0645

LEAD WHOLE BLOOD OSHA
RESULT: 9.1 ug/dL
REFERENCE RANGE: (< 40.0) ug/dL

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

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

END OF REPORT

015503

04/02/02 08:51 Page 1

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

CB 022068 — ID 30838
GAUTHIER, CHAD — ML
02/20/1968 34Y M — 04/02/02 07:04
BATUMAN, VECIHI — N
OP — OP

TEST NAME	RESULTS	FLAGS	UNITS	REFERENCE RANGES			
CBC							
BC	7.3		10^3	4.8	-	10.8	GL
BC	5.41	H	10^6	3.80	-	5.20	
GB	15.7		G/DL	14.0	-	18.0	
CT	47.3		%	42.0	-	52.0	
CV	87.4		FL	80.0	-	94.0	
CH	29.0		PG	27.0	-	31.0	
CHC	33.2		G/DL	33.0	-	37.0	
LT	274		10^3	140	-	440	
DW-CV	13.7			11.5	-	14.5	
AUTO DIFF							
YMPH	28.5		%	20.0	-	45.0	
XD	10.2		%	2.0	-	15.0	
EUT	61.3		%	45.0	-	80.0	
ED-RATE	9		MM/HR	0	-	20	
BASIC METABOLIC							
LUCOSE	102.8		MG/DL	70.0	-	110.0	GL
UN	17.5		MG/DL	7.0	-	18.0	
REATININE	1.1		MG/DL	0.6	-	1.3	
UN/CREA	15.9			13.0	-	20.0	
ODIUM	140.3		MMOL/L	140.0	-	148.0	
OTASSIUM	4.5		MMOL/L	3.6	-	5.2	
HLORIDE	101.0		MMOL/L	100.0	-	108.0	
O2	27.0		MMOL/L	21.0	-	32.0	
NION GAP	16.8		MMOL/L	10.0	-	20.0	
HEPATIC							
LBUMIN	4.3		G/DL	3.4	-	5.0	
OTAL PROTEIN	8.0		G/DL	6.4	-	8.2	
LKALINE PHOS	72.1		U/L	50.0	-	136.0	
LT (SGPT)	34.9		U/L	30.0	-	65.0	
ST (SGOT)	15.1		U/L	15.0	-	37.0	
OTAL BILI	0.8		MG/DL	0.0	-	1.0	
IRECT BILI	0.05		MG/DL	0.00	-	0.30	
NDIRECT BILI	0.75		MG/DL	0.00	-	1.20	
ALCIUM	9.1		MG/DL	8.8		10.5	
RIC ACID	5.7		MG/DL	3.6	-	7.2	

END OUT

LEAD AND ZINC PROTOPORPHYRIN SENT TO AYL

CPG:BGH000105
CONFIDENTIAL

015503

Acadiana Medical Laboratories, Ltd. P.O. Box 52607
117 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
GAUTHIER, CHAD	(10066)01269536	CG082068 OP	04/08/2002 1109

Birthdate	Sex	Race	Requesting Physician	Fasting	Collected	Received
34 YRS	U		BATUMAN, VECIHI		04/04/2002 1212	04/04/2002 1212

TEST NAME	RESULT		UNITS	REFERENCE
CREAT URINE	3.1	H	G/24HR	[1.0-1.8]
CREAT TOT VOL	2950		ML	
TOT PROT URINE	89		MG/24H	[0-200]
PROT TOT VOLUME	2950		ML	

CPG:BGH000106
CONFIDENTIAL

H = HIGH

CONTINUED ON NEXT PAGE

015503

Acadiana Medical Laboratories, Ltd. P.O. Box 52607
17 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
GAUTHIER, CHAD	(10066)01269536	CG082068 OP	04/08/2002 1109

Birthdate	Sex	Race	Requesting Physician	Fasting	Collected	Received
34 YRS	U		BATUMAN, VECIHI		04/04/2002 1212	04/04/2002 1212

TEST NAME

LEAD URINE 04/04/2002 1212

LEAD 24 HR URINE
RESULT: 78.2 ug/24hr
REFERENCE RANGE: ((8.0) ug/24hr

TOTAL URINE VOLUME
RESULT: 2950 mL
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

CPG:BGH000107
CONFIDENTIAL

FINAL END OF REPORT

015563

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
GAUTHIER, CHAD	(10066)01269536	CG082068	04/04/2002 1502

Birthdate	Sex	Race	Requesting Physician	Fasting	Collected	Received
34 YRS	U		BATUMAN, VECIHI		04/04/2002 1212	04/04/2002 1212

TEST NAME	RESULT		UNITS	REFERENCE
CREAT URINE	3.1	H	G/24HR	[1.0-1.8]
CREAT TOT VOL	2950		ML	
TOT PROT URINE	89		MG/24H	[0-200]
PROT TOT VOLUME	2950		ML	

TEST NAME			
LEAD URINE	04/04/2002 1212	PENDING	

CPG:BGH000108
CONFIDENTIAL

H = HIGH

END OF REPORT

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

Stephanie L. Irwin
Irwin Fritchie Urquhart & Moore LLC
400 Poydras St., Ste 2700
New Orleans, La. 70130

Dear Sir:

I find no records on Chad Gauthier.

Sincerely,

Dolores Stokes

Dolores Stokes
Office Manager

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

March 6, 2003

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

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

No records found on Chad Gauthier - notified 3-21-03
Mailed records on Ronnie Hardy

CHRISTUS
ST. FRANCES CABRINI
Hospital

CERTIFICATION OF HOSPITAL RECORDS UNDER R.S.13:3714

I, Cheryl J. Wood, RHIT herein certify that I am the Manager of the Medical Record Department of CHRISTUS St. Frances Cabrini Hospital in Alexandria, Louisiana, in Accordance with the provisions of R.S. 13:3714.

I further certify that the attached is a true and correct and complete copy of the hospital records of Chad Gauthier, consisting of 24 pages and covering the period of time reflected in the records.

Cheryl J Wood RHIT
Cheryl J. Wood, RHIT

3-24-2003
Date

CPG:CSF 00001

CONFINDENTAL

3330 Masonic Drive | Alexandria | LA 71301
Tel 318.487.1122

AO 88 (Rev. 1/94) Subpoena in a Civil Case

SOURCECORP
MAR 1 3 2003
RECEIVED

402078

Issued by the
UNITED STATES DISTRICT COURT
WESTERN DISTRICT OF LOUISIANA

DSU 9-18-98

[illegible]ARDY, ET AL.

SUBPOENA IN A CIVIL CASE

V.

CASE NUMBER: [1]02-1520A

RANDALL DUCOTE, ET AL.

TO: Custodian of Records, St. Francis Cabrini Hospital, 3330 Masonic Drive, Alexandria, LA 71301

☐ 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
St. Francis Cabrini Hospital, 3330 Masonic Drive, Alexandria, LA 71301	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

CPG:CSF 00002

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

CONFINDENTAL

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

AO 88 (Rev. 1/94) Subpoena in a Civil Case

SOURCECORP
MAR 2 5 2003
COPIED

FS____ DS____ HP____
OP____ Dep____ XRay____
ER____ Comp Cht ✓
Other____ SB

ST. FRANCIS CABRINI
[illegible] DRAW 1000
ALEXANDRIA, LA 71309 1000

09/18/98 AT 45am

PATIENT NUMBER

GAUTHIER, CHAD SS# 436-53-5299 [illegible]
ORANGE BOX 5 DOB 02/20/68 AGE 30 MR# 402078
BUNKIE, LA 71322 MALE
WHITE
318/346-4236 SINGLE CATHOLIC

PATIENT

ADM 09/18/98 05:45am Pt Type/PC Accomm Serv. Nur. Sta. Room
Disch 9-18-98 DSU HMO DSU

GUARANTOR
GAUTHIER, CHAD WELDER SS#436-53-5299
ORANGE BOX 5 SELF-EMPLOYED
BUNKIE, LA 71322
318/346-4236

RELATIVE
GUAR SPOUSE
Other
DAIRE, TINA
UNK
ST.LANDRY, LA
318/838-2025

INSURANCE

INSURANCE	GROUP/PLAN#	CERTIFICATE#	POLICY HOLDER'S NAME
SCHEMER HEALTH PLAN		436535299	GAUTHIER,CHAD

ATTENDING DR : 0102 HARISHWAR AGARWAL
ADMITTING DR : 0102 HARISHWAR AGARWAL
REFERRING DR :

ADMITTING DIAGNOSIS
787.1 HEARTBURN

Living Will Declaration: N Durable Power of Attorney: N

	CODES	
PRINCIPAL DX:	5302	
2ND DX/COMP:	03660	
	5553	
	535.10	
CONSULTATIONS:	530.11	
PROCEDURES:	45.16	9/18
	43239	

M.D.

ATTENDING PHYSICIAN DATE

MEDICAL CHART COPY 09/18/98 05:45am
ADMISSION CLERK MLR

PCE 102A REV 9-80 (DO-01-10440)

CPG:CSF 00003

CONFINDENTAL

St. Frances Cabrini Hospital

[illegible] ALEXANDRIA, LOUISIANA [illegible]

PATIENT NUMBER 10547674

Gauthier, Chad

HOSPITAL CARE CONSENT

[illegible]

I [illegible] the conditions of Hospital Care printed below and on the back of [illegible] responsibility, and other important matters.

[illegible] into the type of care I will receive, release of information, [illegible]

☐ If applicable

STATEMENT TO PERMIT PAYMENT OF MEDICARE BENEFITS TO PROVIDER, PHYSICIANS AND PATIENTS

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 request that payment of authorized benefits be made on my behalf. I request the benefits payable for physician services be paid to the physician or organization furnishing the services or authorize such physician or organization to submit a claim to Medicare for payment to me.

I further understand that Medicare does not pay for private room differences, unless properly certified as a medical necessity, therefore, I will be financially responsible for such difference should I occupy a private room.

My signature acknowledges that I have been given the opportunity to satisfy myself by asking questions about this consent form and the Conditions of Hospital Care. I voluntarily give my consent to hospital care and I accept the conditions of Hospital Care. A Photocopy of this authorization should be considered as effective and valid as the original.

Witness: K Deane

Date: 9-18-98

Signature: Chad Gauthier

Time:

☐ Patient ☐ Parent or Legal Guardian

☐ Other (Specify) _____

I Consent to and accept responsibility for the Financial Arrangement, Assignment of Benefits, and Health Care Services Plan as outlined in the Conditions of Hospital Care. If the responsibility is assumed by someone other than the patient or legal guardian:

NAME (PLEASE PRINT): CHAD P. GAUTHIER

SIGNATURE: Chad Gauthier

ADDRESS: 116 ORANGE ST. APT 5 BUNKIE, LA 71322

PHONE: 318 346 4236

CONDITIONS OF HOSPITAL CARE

1. CARE

The patient is under the care and supervision of the patient's attending physician and consultants selected by this doctor. It is the responsibility of the [illegible] ALL DOCTORS AND/OR HEALTHCARE PROFESSIONALS FURNISHING SERVICES TO THE PATIENT, INCLUDING THE RADIOLOGIST, PATHOLOGIST AND THE SIGNOLOGIST, CERTIFIED REGISTERED NURSE ANESTHETIST, EMERGENCY ROOM PHYSICIANS, AND OTHERS ARE INDEPENDENT CONTRACTORS FOR THE PATIENT AND ARE NOT EMPLOYEES OR AGENTS OF THE HOSPITAL AND MAY BILL DIRECTLY FOR THESE SERVICES.

The hospital provides only general duty nursing care, unless the doctor orders that the patient be provided more intensive nursing care. If the [illegible] the patient or the patient's representative [illegible] provided this special care. When or should the side rails are placed on the patient's bed and raised for patient protection or when restraints are ordered, the patient assumes all risks of injury or damage if the patient refuses to permit raised side rails or restraints.

PERSONAL VALUABLES, THE HOSPITAL MAINTAINS A SAFE FOR THE PROTECTION OF MONEY AND VALUABLES. THE HOSPITAL IS NOT RESPONSIBLE FOR THE LOSS OF, OR DAMAGE TO, ANY MONEY, JEWELRY, DOCUMENTS, EYEGLASSES, DENTURES, PROSTHETIC DEVICES OR OTHER ARTICLES OF PERSONAL PROPERTY UNLESS DEPOSITED IN THE HOSPITAL'S SAFE.

[illegible]

397

ST. FRANCES CABRINI HOSPITAL
Alexandria, Louisiana

[illegible]
[illegible]
[illegible] CAT N 0SU 402078
AGARWAL HARISHWA

ADVANCE DIRECTIVE INFORMATION

Chad Gauthier

DO YOU HAVE A LIVING WILL / DURABLE POWER OF ATTORNEY? _____ YES _____ NO
IF YES, COPY OBTAINED FROM: _____ PATIENT _____ PT. FAMILY _____ TRANSFER PAPERS
REQUESTED FROM MEDICAL RECORDS: _____ PATIENT WILL PROVIDE COPY AT ADMISSION
IF NO, DOES PATIENT WISH MORE INFORMATION ? _____ YES _____ NO
ADMISSION STAFF INITIALS _____

Please 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 ***NOT*** executed a ***LIVING WILL*** or ***DURABLE POWER OF ATTORNEY FOR HEALTHCARE*** has been informed of their right to do so and wants ***MORE*** information -Follow-up requested from Social Work
Pastoral Care
Patient Representative

☐ Patient executed a new **LIVING WILL** or **DURABLE POWER OF ATTORNEY FOR HEALTH CARE.**

ADMITTING RN SIGNATURE Bonnie Racine, RN **DATE** 9-16-98

COMMENTS			
DATE	TIME		SIGNATURE

Revised 11/96
01-04145

CONFIDENTIAL

106

ST. FRANCES CABRINI HOSPITAL
Alexandria, Louisiana
PROGRESS NOTES

10547674
GAUTHIER,CHAD
30 CAT N OSU 402078
AGARWAL, HARISHWA

Date	Notes Should Be Signed by Physician
	Pain
9/8/98	Nausea
	Chest
	allergy
	v-sig normal

01-62760

CONFINDENTAL

FREEDMAN CLINIC of Internal Medicine
1337 Centre Court
P.O. Box 13030
Alexandria, Louisiana 71315-3030
Phone (318) 445-9331

GAUTREAU, CHAD
30 CAT M OSU 402078
AGARWAL, HARISHWA

CONSENT FOR MEDICAL OR SURGICAL TREATMENT AND ACKNOWLEDGMENT OF RECEIPT OF INFORMATION

Louisiana Revised Statute 40:1299.40A requires that your physician obtain your informed consent to all medical and surgical treatment. What you are being asked to sign is a confirmation that your physician has discussed the nature, purpose, prospects for success and risks of, and the alternatives to, the proposed medical or surgical treatment. You are also being asked to sign a confirmation that you have been given an opportunity to ask whatever questions you have and that your questions have been answered in a satisfactory manner. Please read the form carefully. Ask your physician about anything you do not understand. He or she will be pleased to explain.

PATIENT DIAGNOSIS AND NATURE AND PURPOSE OF PROCEDURE

The following treatment has been offered to me Esophagogastroduodenoscopy, esophageal dilation for the following condition (diagnosis) pain, ulcer, anemia, dysphagia, bleeding.
I understand that, in general terms, the nature and purpose of the procedure is to diagnose and treat the condition.

PROSPECTS FOR SUCCESS OF AND MATERIAL RISKS OF TREATMENT

I understand that medicine is not an exact science and that complications do occur. I confirm that I have been given no guarantee or assurance by the physician whose name appears below, or by anyone else, as to the results that may be obtained from treatment. The following risks known to be associated with this treatment and with any associated anesthetic have been explained to me:

common	uncommon	very uncommon	
☐	☐	☐	death
☐	☐	☐	brain damage
☐	☐	☐	paralysis from the neck down (quadriplegia)
☐	☐	☐	paralysis from the waist down (paraplegia)
☐	☐	☐	loss or loss of function of the following organs
☐	☐	☐	loss or loss of function of an arm or leg
☐	☐	☐	disfigurement, including disfiguring scars
☐	☒	☐	Perforation of esophagus or stomach which requires surgery.
☐	☒	☐	Bleeding requiring transfusion or surgery.
☐	☐	☒	Infection.
☐	☐	☒	Respiratory arrest.
☐	☐	☒	Cardiac arrhythmia.
☐	☐	☐	
☐	☐	☐	
☐	☐	☐	
☐	☐	☐	
☐	☐	☐	
☐	☐	☐	
☐	☐	☐	
☐	☐	☐	

CPG:CSF 00007

CONFINDENTAL

common	uncommon	very uncommon	
☐	☐	☐	
☐	☐	☐	
☐	☐	☐	
☐	☐	☐	
☐	☐	☐	
☐	☐	☐	
☐	☐	☐	
☐	☐	☐	

ALTERNATIVES TO PROPOSED TREATMENT AND RISKS OF NO TREATMENT AT ALL

The alternatives to the proposed treatment, including observation, no treatment, X ray only.

have been explained to me as have the advantages and disadvantages of each. I understand that the risks of not treating this condition include, but are not necessarily limited to: delay in treatment, delay in diagnosis of carcinoma.

ACKNOWLEDGEMENT AND CONSENT FOR TREATMENT

I acknowledge that I have read and understand this consent form (or that it has been read to me), that I understand the information contained in it, including all of the medical terminology, about which I have asked if unsure; that I have been given an adequate opportunity to ask whatever questions I had about the treatment; that all of my questions about the treatment have been answered by my physician in a satisfactory manner; and that I understand the nature and purpose of the treatment, its risks, and the alternatives.

I, hereby, authorize and direct Dr. H. Agarwal and/or associates or assistants of his or her choice, to perform esophagogastroduodenoscopy, biopsy and esophageal dilation on Chad Gauthier. I further authorize and direct him or her to perform any other procedure with the exception of none which is in his or her judgment is advisable for my well-being, and to provide such additional services as he or she may deem appropriate including, but not limited to, the administration of any anesthetic agent and the disposal of removed tissue.

This consent form is valid until it is expressly revoked and the revocation is communicated to my physician. I understand and agree that it is my responsibility to communicate any revocation of this consent to my physician.

Signature of Patient [signature] Date 9-11-98

Signature of Representative (where required)

Witness C. Cream RN

[signature]
Physician's Signature

CPG:CSF 00008

CONFINDENTAL

Agarwal

222

Date 9-18-98

St. Frances Cabrini Hospital
DAY SURGERY UNIT

10547674
GAUTHIER, CHAD
30 CAT M OSU 402078
AGARWAL, HARISHWA

Procedure E.G.D. & Bx.

Allergies Prilosec

Chad Gauthier

PRE-OPERATIVE NSG ASSESSMENT & CARE

AGE: SEX: M LMP: — HT: 63 WT: 310 HEAD CIRC.: — TO BE DISCHARGED WITH: Girlfriend PT. PH. NO.: 346-4236

☐ HIGH BLOOD PRESSURE ☐ DIABETES ☐ LUNG PROBLEMS ☐ HEART DISEASE/HEART ATTACK
☐ THYROID DISEASE ☐ ANEMIA ☐ TUBERCULOSIS ☐ KIDNEY OR BLADDER PROBLEMS
☐ CLOTTING PROBLEMS ☐ ARTHRITIS ☐ SEIZURES ☑ STOMACH PROBLEMS Heart Burn
☐ HEPATITIS ☐ CANCER ☐ GLAUCOMA ☐ BOWEL PROBLEMS
☐ OTHER: ☐ PHYSICAL RESTRICTIONS:

DO YOU SMOKE? YES ☐ NO ☑ HOW MUCH? EVER SMOKED? YES ☐ NO ☑ DO YOU CONSUME ALCOHOL? YES ☐ NO ☑

CURRENT MEDICATIONS: 0

PREVIOUS SURGICAL PROCEDURES/ANESTHESIA: 0

PT/FAMILY MEMBERS HAVE ADVERSE REACTION TO ANES: none known

RECENT HOSPITALIZATIONS (EXCLUDING SURGERY): none

PRE-OP TEACHING: ☑ BY PHONE ☐ PERSON ☑ NPO 7 PM
☐ PATIENT NOT REACHED ☐ UNABLE TO OBTAIN ☑ RESPONSIBLE PERSON TO DRIVE PATIENT HOME Girlfriend
PRE-OP INSTRUCTION SHEETS GIVEN AND EXPLAINED TO ...
NURSE J. Racine, RN DATE 9-16-98 TIME 1040

ORIENTATION: ☑ CALL LIGHT ☑ BED CONTROL ☑ TELEVISION ☑ LIGHTS ☑ PHONE ☑ BATHROOM/EMERGENCY LGHT

COMMUNICATION LIMITATION: ☑ NONE ☐ IMPAIRED VISION ☐ LANGUAGE BARRIER ☐ DEAF ☐ OTHER

MENTAL STATE: ☑ COOPERATIVE ☐ UNCOOPERATIVE ☐ CALM ☐ EXCITED ☐ DEPRESSED ☐ APPREHENSIVE

SKIN: ☑ WARM ☐ COLD ☐ DRY ☐ CLAMMY

VITAL SIGNS: T 96.2 P 100 R 20 BP 158/100 SAO2 99%
BREATH SOUNDS: clear HEART TONE: 100 BOWEL SOUNDS: present
PROCEDURE VERIFICATION RESPONSE: [illegible]

PRE-OPERATIVE CHECKLIST

TIME 1000

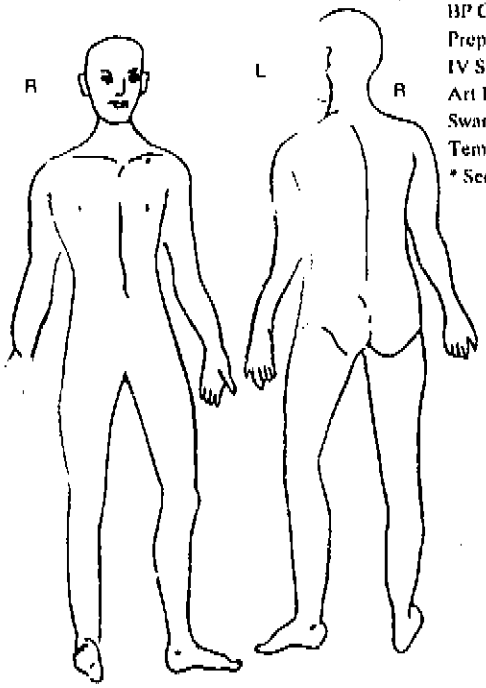
	YES	NO	N/A	
1. Operative consent signed, witnessed & in chart	✓			
2. Anesthesia consent signed, witnessed & in chart	✓			
3. Blood transfusion consent signed, witnessed & in chart	✓			
4. Limb disposal authorization signed, witnessed & in chart	✓			
5. History & Physical in chart	✓			
6. Lab	✓			
7. Chest x-ray	✓			
8. EKG	✓			
9. Surgical prep completed.	✓			
13. Accompanied by adult	✓			
14. Correct I.D. Band on patient	✓			
15. NPO since 9/1 AM/PM G-Tube feeding off at ____ AM/PM	✓			
16. A.M. medication administered at ____ A.M.	✓			
17. Voided / Foley catheter	✓			
18. Pre-Op medication administered ☐ IVPB sent with patient	✓			
19. Anesthesia visit	✓			
20. Pre & Post-Op instructions given & patient verbalizes understanding	✓			
21. Removed ☐ Jewelry ☐ Hairpins ☐ Wigs			✓	N/A
☐ Other				
Given to: (name/relation)				
22. Glasses/ Contacts: In place / Removed			✓	N/A
Given to: (name/relation)				
23. Dentures: In place / Removed			✓	N/A
Given to: (name/relation)				
24. Prostnesis removed			✓	N/A
Given to: (name/relation)				

Chuck

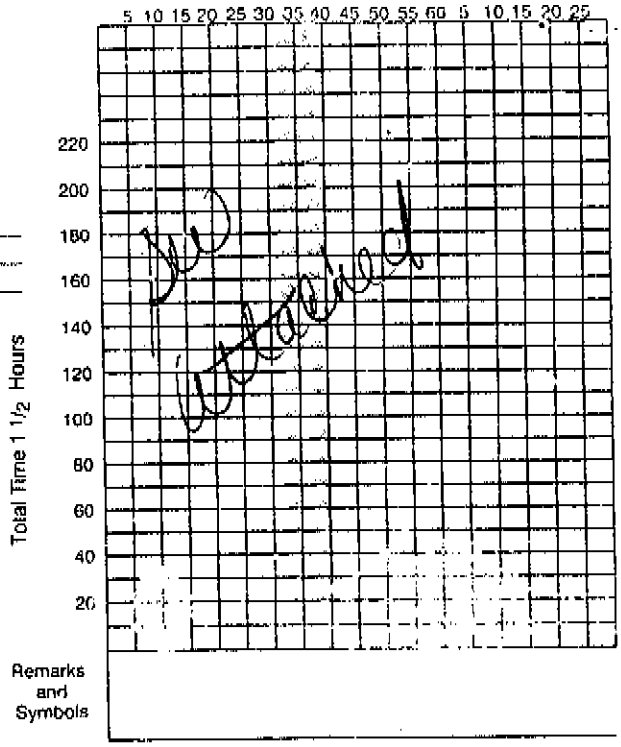
8:25 Here to pick up for procedure. GF did not call for pre op. [illegible]

CPG:CSF 00009

CONFINDENTAL



ECG Electrodes : :
Dispersive Electrode
Previous prosthesis x
Incision
BP Cuff
Prep Shade Area
IV Site ✓
Art Lined by _____
Swan { | by _____
Temp Probe O by _____
* See nurses notes



Recovery Notes: pt awake & alert, girlfriend @ BS in recovery area
09:40 - Dr. Aganwal to see pt & girlfriend & explain findings @ backside.

Recovering Nurses Signature I. Wiley RN

Discharge Assessment

Total Sedation Used: total - See medications
Abdominal Assessment: ☐ Passing Flatus ☐ C/O Pain ☐ Non-Distended Abd. ☑ Other
IV Site: ☑ Intact ☐ Other _____ Tolerated Procedure: ☑ Well ☐ Fair ☐ Poor _____
Par: Activity 2 Respiratory 2 Circulatory 2 LOC 2 O2 Sat 2
Family Report: _____ Bovie Site: ☐ Intact ☑ N/A Dressing: _____
D/C Vital Signs: HR 71 R _____ B/P 147/93 O2 Sat 95%

Transferred to bed:	Disposition to:	Status:		Transport Team:
☐ Self w/assist.	☐ Home	☑ Awake	☐ Intubated	Hola
☐ 4 man roller board	☐ PACU	☑ Alert	☐ Airway	
☐ 4-6 man lift	☐ ICU	☐ Sedated	☐ EKG	
☐ 4-6 man log roll	☑ Day Surgery	☐ Non-resp.	☑ IV X 1	
☑ Left on Stretcher	☐ Pt. Room	☐ O2 Liters _____	☐ Other _____	
	☐ Other _____	☐ Ambulatory		

Procedural Notes: _____

Report To: M. Tatum RN Circulator Signature M Perry RN

CONFINDENTAL

18SEP98 9:37AM

HEART RATE	3	BPM
NIBP SYST	135	mmHg
NIBP DIAS	85	[illegible]
NIBP MEAN	[illegible]	mmHg

18SEP98 9:37AM

TIME	NIBP mmHg			HR	SaO2
9:22A	147/	93(	109)	67	95
9:27A	146/	78(	103)	69	96
9:32A	135/	86(	101)	64	93

CONFINDENTAL

8:20	---	---	---/---	---
8:25	---	---	---/---	---
8:27	69	100	NIBP 159/101	---
8:30	68	100	NIBP 162/98	---
8:35	68	99	NIBP 149/94	---
8:40	69	100	NIBP 152/99	---
8:45	76	100	NIBP 155/98	---
8:50	79	99	NIBP 166/103	---
8:55	81	98	NIBP 177/97	---
9:00	79	97	NIBP 161/106	---
9:05	78	95	NIBP 171/101	---
9:10	76	96	NIBP 160/97	---
9:15	78	98	NIBP 164/102	---
9:17	65	98	---/---	---
	HR /min	SpO2 %	P1 Sys/Dia mmHg	CO2 ET mmHg

18 Sep 1998

CONFINDENTAL

ST. FRANCES CABRINI HOSPITAL
3330 Masonic Drive
Alexandria, Louisiana 71301

9-18

OPERATIVE REPORT

ROOM NO.:

MED REC NO.: 402078

ACCOUNT NO.: 105476

PATIENT NAME: CHAD GAUTHIER

PHYSICIAN: Harishwar H. Agarwal, M.D.

DATE OF PROCEDURE: 9-18-98

PRE-OP DIAGNOSIS: 1. Persistent heartburn, not responding to usual treatment and symptoms previously increasing off the medications.

POST-OP DIAGNOSIS:

PROCEDURE: 1. Esophagogastroduodenoscopy and biopsy.

SURGEON: Harishwar H. Agarwal, M.D.

ASSISTANT:

ANESTHESIA:

PROCEDURE IN DETAIL: The patient had been premedicated with IV Versed, Subliraze, and IV demerol. Local Xylocaine was used. Olympus GIF-140 gastroscope was passed into the esophagus. Upper and middle esophagus was normal and lower esophagus showed a hiatal hernia. There were 3 areas of ulceration at the G-E junction and distal esophagus. These were biopsied. The stomach was entered and showed normal folds. Normal peristalsis. No residual contents were seen. Cardia and fundus showed incompetent lower esophageal sphincter. Multiple superficial ulcers were seen in the antrum. These extended all the way up to the pylorus. These were biopsied for CLO testing at ___ stent. Pylorus was normal. Duodenal bulb showed duodenitis and superficial erosions. The second part of the duodenum was normal. The endoscope was withdrawn and the patient tolerated the procedure well.

IMPRESSION:
1. Ulcerative esophagits, possibly secondary to peptic esophagitis, hiatal hernia. Incompetent lower esophageal sphincter. Multiple antral

CONFINDENTAL

PATIENT NAME: CHAD GAUTHIER

PHYSICIAN: Harishwar H. Agarwal, M.D.

ulcers which appear to be benign. There could be an element of ANSAID induced lesion here. Duodenitis, duodenal erosions.

Harishwar H. Agarwal, M.D.

HHA/kk
D: 09/17/98
T: 09/18/98
09:52 AM

CONFINDENTAL

10547674

GAUTHIER,CHAD D/9/8

Medical Record #: 402078

DOB	Sex
02/20/1968	M
Loc	Race
DAY	Other

ACCESSION NUMBER: S-98-4180

Surgical / Cyto Pathology Report
St. Frances Cabrini Hospital
3330 Masonic Drive
Alexandria, LA 71301
(318) 448-6740 Fax (318) 448-6825

W.E. Roberts, M.D. Director
Diplomate American Board of Pathology AP/CP, Cytopathology
S.G. Pillgrisani, M.D.
Diplomate American Board of Pathology AP/CP, Immunopathology
I.G. Ibanez Manlapaz, M.D.
Diplomate American Board of Pathology AP/CP, Pediatric Pathology

Physician AGARWAL, HARISHWAR

Specimen 1. ANTRUM (CHECK FOR HELICOBACTER); 2. DISTAL ESOPHAGUS

Date of Collection 09/18/98 Date of Receipt 09/18/98

Preoperative Diagnosis HEARTBURN

Postoperative Diagnosis SAME

Pertinent History

Gross Description

1. Specimen consists of two pieces of pink tissue each 0.2 cm.
2. Specimen consists of three pieces of pink tissue each 0.2 cm. WER/abf

Microscopic and Diagnosis

1. GASTRIC ANTRUM, BIOPSY: CHRONIC GASTRITIS.
   FOCAL REGENERATIVE HYPERPLASIA.
   THERE IS NO EVIDENCE OF HELICOBACTER PRESENT.
2. DISTAL ESOPHAGUS, BIOPSY: REFLUX ESOPHAGITIS WITH SQUAMOUS EPITHELIAL HYPERPLASIA.

WILLIAM E. ROBERTS, M.D.

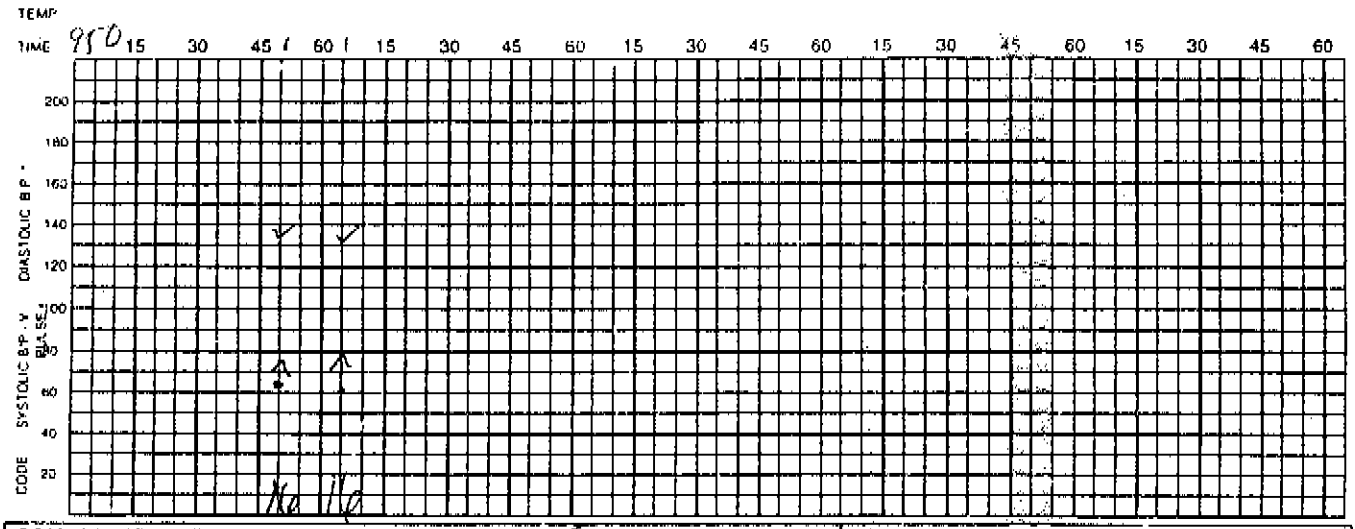
Date 9/19/98 WER:abf

223

Date 9/18/98	St. Frances Cabrini Hospital DAY SURGERY UNIT
Procedure EGD	
Allergies Percocet.	

DAUPHIER, CHAS
30 CAT M DSU 405078
AGARWAL, HARISHWA

POST-OPERATIVE NSG ASSESSMENT & CARE



POST-OP ARRIVAL TIME: 950

Call button within reach ☑ Yes ☐ No ☐ N/A
Side rails up ☑ Yes ☐ No ☐ N/A
Datascope ☐ R ☐ L ☐ N/A

SKIN ☑ Warm ☐ Cool ☑ Dry ☐ Clammy

DRESSINGS: N/A

DRAINAGE ON ARRIVAL: ☐ Trace ☐ Small ☐ Moderate ☐ Large ☑ None

DESCRIPTION OF DRAINAGE: N/A

NEUROVASCULAR CHECKLIST ☑ N/A
SITE:

S = SATISFACTORY / = PRESENT A = ABSENT

TIME					
PULSES					
EDEMA					
CAPILLARY					
NUMBNESS					
MOVEMENT					
INSERTION SITE					

DISPOSITION FROM:
☐ PACU ☐ OR ☐ X-RAY ☐ Specials
☑ ENDO ☐ Other

CONDITION UPON ARRIVAL:
☐ Awake ☑ Alert ☐ Responsive
☐ Sedated ☐ Unresponsive
Breath Sounds: clear, unlabored
Heart Tones: regular
Abdomen: soft, +BS

IV FLUID	AMOUNT	SITE
D5 ½ NS500	250	RH

Redness, Edema at IV Site: none
IV D/C'd Time: 955 Amt. Wasted 200

950 received from ENDO awake + alert. Saw Dr Agarwal in G.I. lab + nurse. I.V. patent. Denies nausea and pain. Fly @ 65 in Fahrenheit. 955 IV D/C. ate f.c.d 20 f of cell n.a. walked in Fahrenheit 10:00 up to bathroom. voided in bathroom 1010. awake + alert. VS stable. Dr. Agarwal states may be D/C. if c/o of nausea or pain R.C. D/C Home. Ambulatory

010093775 (R- 2/97)

CPG:CSF 00016

CONFINDENTAL

NURSES NOTES

DATE	TIME	

DISCHARGE:

VITAL SIGNS B/P 133/80 P 61 R 16 T 98.1

☑ HOME ☑ ADMITTED ____ ☐ STO ____

☐ OTHER: _____

MENTAL STATUS: ☑ AWAKE ☑ ALERT ☐ ORIENTED

☐ RESPONSIVE ☐ UNRESPONSIVE

MODE OF TRANSPORTATION: walk 1st floor to car

CONDITION ON DISCHARGE: stable

PERSON ACCOMPANYING PATIENT: wife

TIME OF DISCHARGE: 10:10

NURSES' SIGNATURE M Fastuca

DISCHARGE CHECKLIST	Y	N	N/A
NAUSEA PRESENT		✓	
TAKING FLUIDS PO/TOLERATING DIET			✓
SKIN WARM, DRY, ACYANOTIC	✓		
DRESSING DRY/WOUND SITE DRY			✓
VOIDED	✓		
AMBULATORY	✓		
CAST/ACE DRESSING			✓
CRUTCH WALK INSTRUCTIONS			✓
DISCHARGE INSTRUCTIONS TO PT.	✓		
RESPONSIBLE ADULT PRESENT	✓		
DR. APPT.			✓
PRESCRIPTIONS TO PATIENT			✓
INFORMED OF POST-OP PHONE CALL	✓		

TELEPHONE FOLLOW UP

DATE: 9/21/98 TIME: 945 PERSON CONTACTED: _____

REASON NOT CONTACTED ☐ LINE BUSY ☐ NO PHONE ☐ NO ANSWER ☐ PHONE DISCONNECTED

☐ WRONG NUMBER ☑ ANSWERING MACHING

NAUSEA ☐ YES ☐ NO **PAIN** ☐ YES ☐ NO **PAIN MEDS USED** ☐ YES ☐ NO

PAIN MED EFFECTIVE ☐ YES ☐ NO ☐ N/A **FEVER** ☐ YES ☐ NO **FELT ADEQUATELY** ☐ YES ☐ NO

PREPARED FOR PROCEDURE

COMMENTS: 9/21/98 9:30 answering machine

SIGNATURE Pam Hunt

CONFINDENTAL

109

ST. FRANCES CABRINI HOSPITAL
Alexandria, Louisiana
UPPER GI ENDOSCOPY REPORT

DATE 9/8/98

INDICATIONS:
___R/O Lesion
___Bleeding
___Anemia
___Stricture
___Pain
___Reflux Esophagitis
___Foreign Body
___Polyps
___Other: _____

HISTORY AND PHYSICAL

Allergies _____

Current Medications _____

HEENT _____

HEART _____

LUNGS _____

ABD _____

GU _____

EXT _____

Mental Status ___ Alert ___ Sedated ___ Confused ___ Other

****

PROCEDURE EGD + Bx

INSTRUMENT GIF 140

MEDICATION Versed, Sublimaze, Demerol

DESCRIPTION OF FINDINGS Lle - Esophagitis c incompetentes.
multiple ulcers antrum Bx x CLO ulcer.
Duodenitis c Susp. erosions

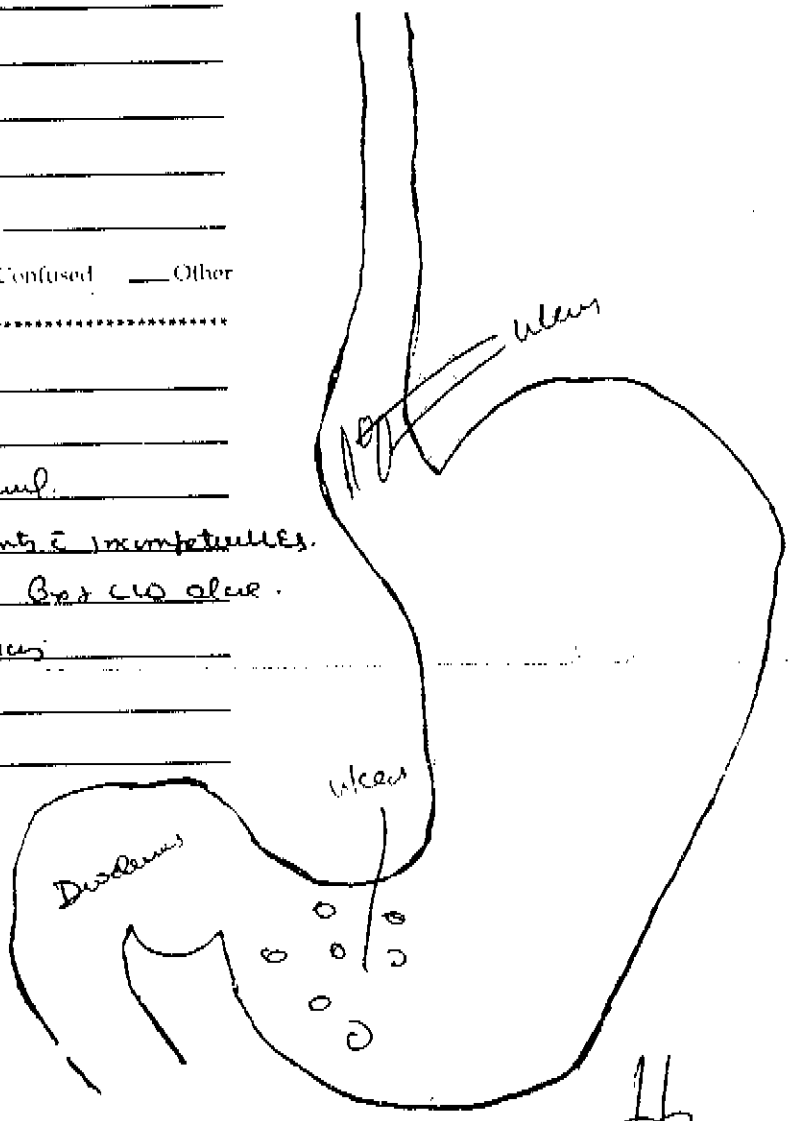
IMPRESSION _____

Cytology ___
Biopsy ✓
Photography ✓
Video ___

****

DISCHARGE INSTRUCTIONS

Medication _____
Diet _____
Activity _____
Follow Up _____



_____, M.D

0194075

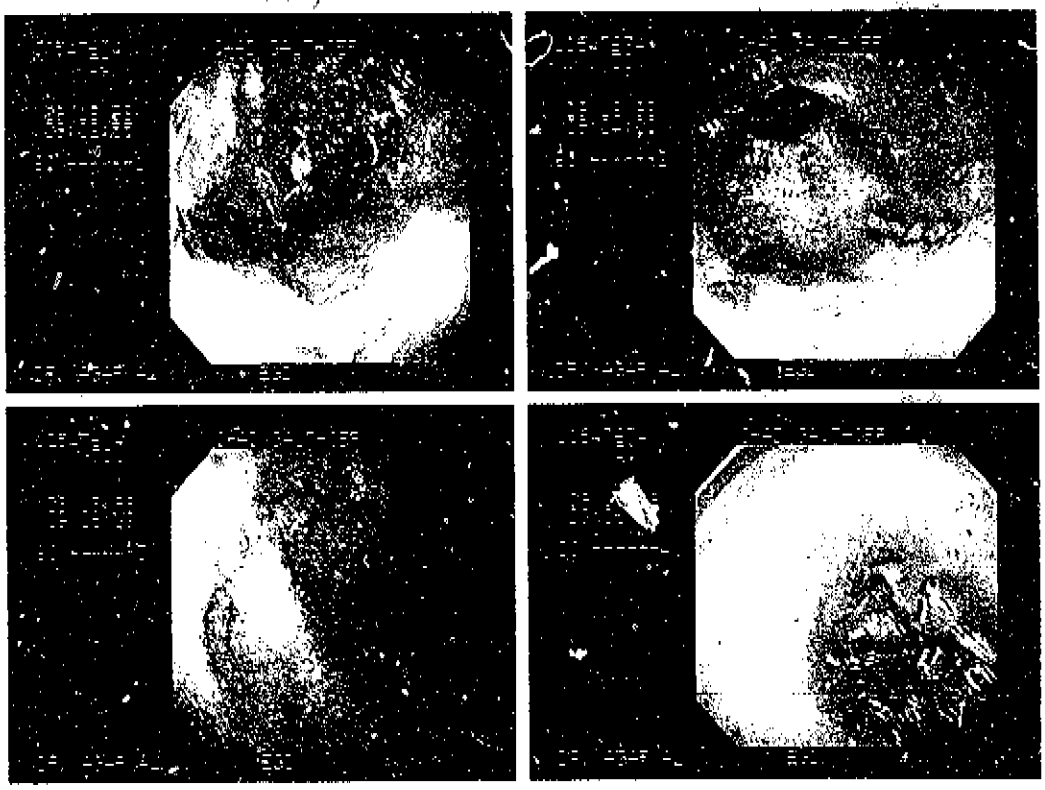
CPG:CSF 00018

CONFINDENTAL

106

ST. FRANCES CABRINI HOSPITAL
Alexandria, Louisiana
PROGRESS NOTES

Date	Notes Should Be Signed by Physician



01-62760

CONFINDENTAL

1054 674
GAUTIER, CHAD
30 AT M DSU 402078
AGARWAL, HARISHWA

9-11-98
9-18-98

ST. FRANCES CABRINI HOSPITAL
Alexandria, Louisiana

PRE-ADMISSION ORDERS (Cred Continue)

Type of Admission

- ☐ Day Surgery = DSU → Procedure → D/C Home
- ☐ DS/STO = Arrive DSU → Procedure → Observation Bed (23 H or less stay)
- ☐ A.M. Admit = Arrive a.m. of procedure → Regular Admission
- ☐ Admit = Regular Admission
- ☐ Outpatient = i.e. flex sig, procto, transfusion, etc
- ☐ Other _____

Anesthesia

ALLERGIES Pulmicort

☐ AAS ☐ KATZ ☐ MLAC ☐ PAC

WEIGHT ___

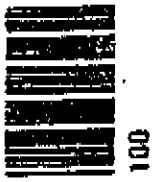
- ☐ Local Standby (MAC)
- ☐ General
- ☐ Spinal
- ☐ Epidural
- ☐ Epidural Post Op
- ☐ Straight Local (no anesthesia group)

1. Ancillary Tests (do only orders that are circled)
   - A. NO LAB
   - B. CBC, Hycel, Renal Profile, PT, PTT, Glucose, Amylase, CEA, Lytes, U/A, Serum Pregnancy, Bleeding Time
   - C. Type and Screen
   - D. EKG
   - E. Chest X-Ray
   - F. _____
   - G. _____
2. Operative permit to be signed _____
3. IV Fluids D5 1/2 NS to run 30 cc/hr
4. Pre-Op Medication atropine 0.6 mg, Demerol 100 mg im on call
5. Additional orders _____

R Sumah MD 9-18-98

Physician's Signature

CONFINDENTAL



100

10347674
GAUTHIER,CHAD
30 CAT M OSU 402078
AGARWAL, HARISHWA

ST. FRANCES CABRINI HOSPITAL
ALEXANDRIA, LA

ROUTINE OUTPATIENT POST ENDOSCOPY ORDERS
FREEDMAN CLINIC

7/18/98

1. To Day Surgery.
2. Routine Vital Signs, Recover for one hour.
3. Call M.D. for respiratory depression, excess sedation, unstable vital signs, significant abdominal pain or distention, or any other problems.
4. NPO for one hour after procedure. May have liquids after one hour, if desired.
5. Please give FCIM post endoscopy handout to patient and family member.
6. Discharge to home after M.D. has spoken with patient and family.

9:50 7/18/98 Michelle Fedrick RN

_____,M.D.

CONFIDENTIAL

10547674
GAUTHIER,CHAD
30 CAT M DSU 402078
AGARWAL, HARISHWA

201

ST. FRANCES CABRINI HOSPITAL

Alexandria, Louisiana

MEDICATION SHEET

INJECTION SITES MUST BE CODED

INJECTION LOCATION CODE	ANT. THIGH	GLUTEAL REGION	DELTOID MUSCLE	VENTRAL GLUTEAL	LAT. THIGH	ABDOMEN
	RIGHT - CODE A LEFT - CODE B	RIGHT - CODE C LEFT - CODE D	RIGHT - CODE E LEFT - CODE F	RIGHT - CODE G LEFT - CODE H	RIGHT - CODE I LEFT - CODE J	RUQ - K LUQ - L RLQ - M LLQ - N

GIVEN DATE / TIME	DRUG - DOSE - ROUTE - FREQ.	TIME		DATE	DATE	DATE	DATE
			11/7				
			7/3				
			3/11				
			11/7				
			7/3				
			3/11				
			11/7				
			7/3				
			3/11				
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			3/11				
			11/7				
			7/3				
			3/11				
			11/7				
			7/3				
			3/11				
			11/7				
			7/3				
			3/11				
9-18-01	500cc D5 1/2NS c KCl @ 9		11/7				
	avocado		7/3				
			3/11				
9-18-01	Demerol 100mg		11/7				
	Atropine 0.6		7/3				
			3/11				

ALLERGIES:

Prilosec

MED NURSE SIGN.	11/7				
	7/3	[illegible]			
	3/11				
OTHER SIGN.	11/7				
	7/3				
	3/11				

01-61680

CONFINDENTAL

233

[illegible]
LAUTHIER, CHAD
[illegible] CAT M OSU
ASARAYAL, HARISHRE
102078

Chad Lauth

St. Frances Cabrini Hospital
INTERDISCIPLINARY PATIENT/FAMILY EDUCATION 01-[illegible]

Education Assessment of Patient/Significant Oth[illegible]

Information provided by: ☑ Self ☐ Other [illegible] (Name/Rela[illegible]
Unable to obtain at this time due to [illegible]

Pre-hospital Teaching Did you participate in any p[illegible] education? ☐ No ☑ Yes, Describe PHT per [illegible]

Religious/Cultural Practice: Do you have any religious or cultural practice that may alter your care or education?
☑ No ☐ Yes, Describe [illegible]

Language/Cognition: Language Spoken: ☑ English ☐ French ☐ Spanish ☐ Other, Specify [illegible]
Able to Read: ☑ Yes ☐ No

Development & Age Specific Category
☐ Birth - 1 Year Old (Infant) ☐ 4 - 6 Years Old (Pre-school) ☐ 13-17 Years Old (Adolescent) ☐ Over 65 Years Old (Older Ad-
☐ 1 - 4 Years Old (Toddler) ☐ 6 - 12 Years Old (School) ☑ 18-65 Years Old (Adult)

Educational Needs: Do you or your family/significant other need information on the following:
☐ Current Illness ☐ Medications ☐ Activity ☐ Equipment ☐ Nutrition ☐ Home Care ☐ Advance Directives
☐ Community Resources ☐ Home Safety ☐ Prenatal Classes ☐ Other: [illegible] ☑ None Stated

Education: Highest Level H. S.

Which of the following form(s) of learning do you prefer: ☑ Visual ☑ Auditory

Physical Limitations: Do you have any physical limitations that may alter care or limit your learning ability?
☑ No ☐ Yes, describe [illegible]

Do you have any objection to your family/significant other participating in your hospital education process? ☑ No ☐ Yes *

Can the patient follow and understand directions? ☑ Yes ☐ No, explain [illegible]
Patient/significant other appears motivated to learn: ☑ Yes ☐ No, explain [illegible]
Patient/significant other appears ready to learn: ☑ Yes ☐ No, explain [illegible]

Time 1040 **Date** 9-16-98 **Signature** B. Racine, R.N.

DISCIPLINES INVOLVED IN PATIENT/FAMILY EDUCATION

	Date of 1st visit	Initials		Date of 1st visit	Initial
☑ Nursing	9-16-98 pmph	DR	☐ Diabetes Education		
☐ Social Services			☐ Pharmacy		
☐ Nutritional Services			☐ Enterstomal Therapy		
☐ Respiratory Services			☐		
☐ Cardiac Services			☐		
☐ Rehab Services			☐		

Resources Materials:		Other Learner (s) (Name and relation)
1.	6.	1.
2.	7.	2.
3.	8.	3.
4.	9.	4.
5.	10.	5.

Signature	Initials	Signature	Initials	Signature	Initials
Bonnie Racine, RN	BR	[illegible]	[illegible]		

CPG:CSF 00023

CONFINDENTAL

CHARTING CODES

Learner	Method	Learner Evaluation	Outcome Achieved
PT Patient	A/V Audio/visual*	PI Performed independently	(+) Successfully Achieved
SP Spouse	1:1 One to One	VU Verbalizes understanding	(-) Not Achieved*
SO Significant Other	DEMO Demonstration	AN Assistance needed	© Continue charting on Interdisciplinary Patient/Family Education Addendum
PAR Parent	WI Written Information	NR Needs reinforcement	
OTH Other	P Phone	RI Refuses instruction (explain)*	
	* Specify	I Inability to learn (explain)*	

Learner Needs Circle the Item Number (s) That Need to Be Addressed	Initiated Date/time Initials	Learner (s)	Method	Learner Evaluation Date/initials			Outcome Achieved Initials Date/time
Plan of Care: (See 1 &/or 2 below) ☐ Teaching Patient with Acute Condition ☐ Teaching Patient with Chronic Condition ☐ Micromedex ☐ Other							
1. Disease Process:							
2. Surgical Procedure: E.G.D. & Bx	9/16/98 1040 BR	PT	P	9/16/98 BR			+9/18/98 K
3. Infection Control:							
4. Test Procedure:							
5. Pre Op Instructions: NPO pm; Arrive OR	9/16/98 1040 BR	PT	P	9/16/98 BR			+9/18/98 K
6. Post Op Instructions: Rest, Gradually Activity	9/16/98 1040 BR	PT	P	9/16/98 BR			
7.							
8. Pain Management:							
9. Respiratory							
10. Nutrition:							
11. Personal Hygiene & Grooming:							
12.							
13. Medication							
14.							
15.							
16. Food/drug interaction:							
17.							
18. Mobility Needs:							
19. Exercise:							
20. Equipment:							
21. Rehab:							
22. ADL Training:							
23. Community Referral Information:							
24. Discharge Instructions: written & verbal	9/18/98 KS	PT	P, I	9/18/98 KS			+9/18/98 KS
25.							

The above information has been presented to me [signature] (Patient/Significant other signature at time of discharge)

CONFINDENTAL

107

Freedman Clinic of Internal Medicine
Gastroenterology - Post Endoscopy Instructions
ESOPHAGOGASTRODUODENOSCOPY

10547674
GAUTHIER,CHAD
30 CAT M DSU 402078
AGARWAL, HARISHWA

I. RESTRICTION ON ACTIVITY

A. DO NOT drive a car or operate machinery until the day after the procedure.

B. Following Day: Return to full activity, including work.

II. DIET

Eat and drink normally, unless instructed otherwise.

III. TREATMENT FOR COMMON AFTER EFFECTS

A. Sore Throat: Treat with throat lozenges, gargle with warm salt water.

B. Mild abdominal pain and bloating: Rest and take only liquids.

IV. SYMPTOMS TO WATCH FOR AND REPORT TO YOUR PHYSICIAN

A. Chills or fever occurring within 24 hours after procedure.

B. Pain in chest.

C. SEVERE abdominal pain or bloating.

D. Rectal bleeding, which could be maroon or black stools.

If you have any questions or problems, please call <u>your physician</u>.
Emergency telephone number 445-9331.

Chart copy

CPG:CSF 00025

CONFINDENTAL

ST. FRANCES CABRINI HOSPITAL
Alexandria, Louisiana

10547674
GAUTHIER,CHAD
30 CAT M DSU 402078
AGARWAL, HARISHWA

PATIENT DISCHARGE INSTRUCTIONS

NOTIFY YOUR PHYSICIAN IF:

1. You develop a fever -
2. You have persistent nausea and/or vomiting -
3. You have increased pain, redness, swelling, bleeding, and/or discharge at the wound site -
4. You have any questions or problems concerning your procedure -
5. Physician office phone number - 445-9331
6. ST. FRANCES CABRINI Emergency Room - (318) 448-6750.

DO NOT drink alcoholic beverages for 12 hours.

DO NOT drive for 12 hours.

Restrict your diet to liquids or light foods for 12 hours.

Beware of dizziness, particularly when first standing up or walking.

Be accompanied by a responsible adult.

ADDITIONAL INFORMATION:

~~[illegible]~~
See POST EGD handout sheet.
Nothing to eat or drink until one hour.

RETURN APPOINTMENT: Dr. will notify you of follow-up appt.
DATE TIME

I, THE UNDERSIGNED HAVE READ AND DO UNDERSTAND THE ABOVE DISCHARGE INSTRUCTIONS.

[signature] 9-18-98 6:10
PATIENT DATE/TIME

[signature]
WITNESS

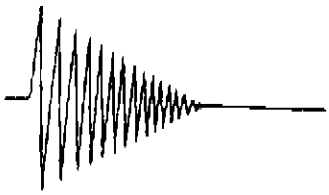
[signature] 9-18-98
RESPONSIBLE ADULT DATE/TIME

Michelle Latum RN
WITNESS

910011880
(REV. 7/92/d1)

CPG:CSF 00026

CONFINDENTAL



Advanced Neurodiagnostic Center

FACSIMILE COVER SHEET

DATE: 12/12/01

TO: mr. Gary Gambe

FAX #: 523-5574

FROM: Virginia

 # PAGES INCLUDING COVER: 5

COMMENTS: RE: Ronnie Hardy
EMG Report + statement

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.

M. Sh

Morteza Shamsnia, M.D.

Advanced Neurodiagnostic Cente
Patient Account Ledger
12-11-01

Entry	Date	Location-Diagnosis	Procedure	Document	Prov	Amount	Balance
(HARRO020) Hardy, Ronnie (318) 481-6954							
		No Last Payment					
11125	121101	11-355.9 Neuropathy	95900	121101	1	328.00	
11126	121101	11-355.9 Neuropathy	95903	121101	1	424.00	
11127	121101	11-355.9 Neuropathy	95904	121101	1	474.00	
11128	121101	11-355.9 Neuropathy	95861	121101	1	250.00	1476.00
***		Patient Totals				1476.00	1476.00
		Family Total					1476.00
		Totals of Ledger				1476.00	1476.00