FORM B10 (Official Form 10) (4/98)

USBC, Illinois Northern (4/1/98)

United States Bankruptcy		AMPED COPY, SEE #9 BELOW
Northern District of Illinois, Eas		CH 7 CH 13 CH 11 PLEASE CHECK CHAPTER
Name of Debtor T-MART CORP.	Case Number 0247.4	PROOF OF CLAIM
NOTE: This form should not be used to make a claim for an administrative of the case. A "request" for payment of an administrative expense may be for		File Claim Form With:
Name of Creditor (The person or other entity to whom the debtor owes money or property)    Compared to the person or other entity to whom the debtor owes money or property)	Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.	United States Bankruptcy Court P. O. Box A3613 Chicago, Illinois 60690-3612
Name and Address Where Notices Should be Sent BRIRLY, ESQ.  979 BURCHLAND BLVD.  Telephone No.  772 231-1100	Check box if you have never received any notices from the bankruptcy court in this case.  Check box if the address differs from the address on the envelope sent to you by the court.	Creditor # THIS SPACE IS FOR COURT USE ONLY
Account or other number by which creditor identifies debtor:	Check here if this claim amends replaces a previo	usly filed claim dated.
1. BASIS FOR CLAIM Goods sold Money loaned Taxes Retiree benefits as defined in 11 U.S. C. § 1114 (a)	Wages, salaries, and compensation for set (date)	
2. DATE DEBT WAS INCURRED: 3//5/0/	3. IF COURT JUDGMENT, DATE	OBTAINED.
4. Total Amount of Claim at Time Case Filed:  If all or part of your claim is secured or entitled to priority, a  Check this box if claim includes interest or other charges in addition or additional charges.	to the principal amount of the claim.	UNLIQUIDATED
5. Secured claim  Check this box if your claim is secured by collateral (including a	6. Unsecured Priority Claim Check this box if you have an uns	
right of setoff).	Amount entitled to priority \$	secured priority claim
Brief Description of Collateral:	Amount entitled to priority \$ Specify the priority of the claim: Wages, salaries, or commission days before filing of the bank debtor's business, whichever	ons (up to \$4,300), *earned within 90 ruptcy petition or cessation of the is earlier-11 U.S.C. § 507(a)(3)
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### INSTRUCTIONS FOR FILING PROOF OF CLAIM FORM

The instructions and definitions below are general explanations of the law. In particular types of cases or circumstances, such as bankruptcy cases that are not filed voluntarily by a debtor, there may be exceptions to the general rules

#### **DEFINITIONS**

#### **DEBTOR**

The person, corporation, or other entity that has filed a bankruptcy case is called the debtor.

#### **CREDITOR**

A creditor is any person, corporation, or other entity to whom the debtor owed a debt on the date that the bankruptcy case was filed.

#### **PROOF OF CLAIM**

A form telling the bankruptcy court how much the debtor owed a creditor at the time the bankruptcy case was filed (the amount of the creditor claim). This form must be filed with the clerk of the bankruptcy court where the bankruptcy case was filed.

#### SECURED CLAIM

A claim is a secured claim to the extent that the créditor has a lien on property of the: "\"\"\"\" debtor (collateral) that gives the creditor the right to be paid from that property before creditors who do not have liens on the property.

Examples of liens are a mortgage on real estate and a security interest in a car, truck, boat, television set, or other item of property. A lien may have been obtained through a court proceeding before the bankruptcy case began; in some states a court judgment is a lien. In addition to the extent a creditor also owes money to the debtor (has a right of setoff), the creditors claim may be a secured claim. (See also *Unsecured Claim*.)

#### UNSECURED CLAIM

If a claim is not a secured claim it is an unsecured claim. A claim may be partly secured and partly unsecured if the property on which a creditor has a lien is not worth enough to pay the creditor in full.

#### UNSECURED PRIORITY CLAIM

Certain types of unsecured claims are given priority, so they are to be paid in bankruptcy cases before most other unsecured claims (if there is sufficient money or property available to pay these claims). The most common types of priority claims are listed on the proof of claim form. Unsecured claims that are not specifically given priority status by the bankruptcy laws are classified as Unsecured Nonpriority Claims.

#### Items to be completed in Proof of Claim form (if not already filled in)

#### Court, Name of Debtor, and Case Number:

Fill in the name of the federal judicial district where the bankruptcy case was filed (for example, Eastern District of Virginia), the name of the debtor in the bankruptcy case, and the bankruptcy case number. If you received a notice of the case from the court, all of this information is near the top of the notice.

#### Information about Creditor:

Complete the section giving the name, address, and telephone number of the creditor to whom the debtor owes money or property, and the debtor's account number, if any. If anyone else has already filed a proof of claim relating to this debt, if you never received notices from the bankruptcy court about this case, if your address differs from that to which the court sent notice, or if this proof of claim replaces or changes a proof of claim that was already filed, check the appropriate box on the form.

#### 1. Basis for Claim:

Check the type of debt for which the proof of claim is being filed. If the type of debt is not listed, check "Other" and briefly describe the type of debt. If you were an employee of the debtor, fill in your social security number and the dates of work for which you were not paid.

#### 2. Date Debt Incurred:

Fill in the date when the debt first was owed by the debtor.

#### 3. Court Judgments:

If you have a court judgment for this debt, state the date the court entered the judgment.

#### 4. Total Amount of Claim at Time Case Filed:

Fill in the total amount of the entire claim. If interest or other charges

in addition to the principal amount of the claim are included, check the appropriate place on the form and attach an itemization of the interest and charges.

#### 5. Secured Claim:

Check the appropriate place if the claim is a secured claim. You must state the type and value of property that is collateral for the claim, attach copies of the documentation of your lien, and state the amount past due on the claim as of the date the bankruptcy case was filed. A claim may be partly secured and partly unsecured (See DEFINITIONS, above).

#### 6. Unsecured Priority Claim:

Check the appropriate place if you have an unsecured priority claim, and state the amount entitled to priority. (See DEFINITIONS, above). A claim may be partly priority and partly nonpriority if, for example, the claim is for more than the amount given priority by the law. Check the appropriate place to specify the type of priority claim.

#### 7. Credits:

By signing this proof of claim, you are stating under oath that in calculating the amount of your claim you have given the debtor credit for all payments received from the debtor.

#### 8. Supporting Documents:

You must attach to this proof of claim form copies of documents that show the debtor owes the debt claimed or, if the documents are too lengthy, a summary of those documents. If documents are not avail- able you must attach an explanation of why they are not available.

Proof of Claims should be filed with Trumbull Services at:

Kmart Corp.

c/o Trumbull Services

p.O. Box 426

Windsor, Connecticut 06095

Page 2 Mr. Eric Sanders Re: Trenna Pickup September 26, 2001

range of motion of the neck; lateral flexion to the left caused discomfort to the occipital muscle area and trapezius area on the right. Forward flexion caused pain in the same area. There was also tenderness of the occipital muscle groove on the right side. Dr. Hill's Impression following this examination was 1) acute cervical strain; 2) acute lumbar strain; and, 3) possible mild contusion of the lower back. A copy of the record of Dr. Joseph Hill of Doctors' Clinic is attached and marked as Exhibit "A."

Mrs. Pickup sought chiropractic treatment for her injuries from Cassara Chiropractic, Inc. Mrs. Pickup's first visit was March 28, 2001 at which time she presented with low back and neck pain radiating into her legs with numbness into the shoulders, arms, legs and feet. Specific segmental analysis of the lumbar spine revealed right pelvic deficiency with a decrease in the arthrokinematics of the T12 through L5 with interspinous ligament tenderness. There was also C5 through C2 fixation with tight musculature of the bilateral cervical and trapezius with interspinous ligament tightness at C5-C7-T1-T2. Also there was tight fibrotic nodules and suboccipital muscle hypertonicity and a segmental dysfunction of the C1-2. The Assessment following this initial visit was cervical and lumbar sprain/strain associated with a decrease in the arthrokinematics of the above mentioned segments producing the above mentioned signs and symptoms. Mrs. Pickup continued treatment at Cassara Chiropractic through April 4, 2001. During her course of treatment with Cassara Chiropractic it was noted that she had lumbar instability complicated by bilateral foot pronation associated with a decrease in the arthrokinematics of the aforementioned segments. A copy of the record of Cassara Chiropractic, Inc. is attached and marked as Exhibit "B."

On April 6, 2001, Mrs. Pickup sought medical treatment from Dr. Charlene Wilson of Vero Orthopaedics. Dr. Wilson noted Mrs. Pickup's complaints of significant burning pain in her back with radiating pain into her right gluteal region and proximal thigh. Dr. Wilson also noted Mrs. Pickup's complaints of neck pain, which was worse on the right than left and difficulties sleeping due to her back and neck discomfort/pain. Dr. Wilson's examination revealed spasm along the right greater than left cervical paraspinal muscles, trap ridge, and into the intrascapular region. Mrs. Pickup's cervical range of motion was restricted in all planes by pain. She had greater limitation with right-sided rotation and lateral bending. Palpation of the thoracolumbar paraspinals revealed tenderness and spasm, and she had pain with palpation over the right PSIS area. Forward flexion of the spine was restricted to 50 degrees by pain, extension 20 degrees, lateral bending and rotation to the right was painful and limited. Dr. Wilson also noted that Mrs. Pickup walked with a guarded gait with short stride length. Dr. Wilson prescribed therapy, Vioxx and Soma.

Mrs. Pickup returned to Dr. Wilson on April 23, 2001 at which time it was noted that she had a flare of pain and had been primarily at bed rest for the few days prior to this evaluation. Also at this time, Mrs. Pickup was having mid-back pain that extended out through the low back region bilaterally, but was worse on the left than the right. Dr. Wilson noted diffuse tenderness with light palpation from the upper thoracic through the lumbosacral paraspinal regions involving the left paraspinal

Page 3 Mr. Eric Sanders

muscles greater than right. This was associated with moderate pain. Range of motion was guarded muscles greater than right. It is was associated with moderate pain. Kange of motion was guarded and restricted in all planes.

Dr. Wilson's assessment following this examination was cervical, which is the second limited and restricted in all planes.

Enlowing this visit Dr. Wilson restricted Man Dislam's was associated with moderate pain. Kange of motion was guarded with moderate pain. Kange of motion was guarded with moderate pain. and restricted in all planes. Dr. Wilson's assessment following this examination was cervical, thoracic and lumbar strain. Following this visit, Dr. Wilson restricted Mrs. Pickup's work day to thoracic and lumbar strain. thoracic and lumbar strain. Following this visit, Dr. Wilson restricted Mrs. Pickup's work day to five hours per day with recommendations that she alternate sitting and standing periodically. September 26, 2001 tive nours per day with recommendations that she alternate sitting and standing periodically. Dr. Wilson also prescribed Darvocet N100, as well as instructing Mrs. Pickup to continue Wilson also prescribed Darvocet N100, as well as instructing Mrs. Pickup to continue with Dr. Wilson and in Mrs. Pickup to continue with Dr. Wilson and in Mrs. Pickup to continue with Dr. Wilson and in Mrs. Pickup to continue with Dr. Wilson and in Mrs. Pickup to continue with Dr. Wilson and in Mrs. Pickup to continue with Dr. Wilson and in Mrs. Pickup to continue with Dr. Wilson and in Mrs. Pickup to continue with Dr. Wilson and in Mrs. Pickup to continue with Dr. Wilson and in Mrs. Pickup to continue with Dr. Wilson and in Mrs. Pickup to continue with Dr. Wilson and in Mrs. Pickup to continue with Dr. Wilson and in Mrs. Pickup to continue with Dr. Wilson and in Mrs. Pickup to continue with Dr. Wilson and in Mrs. Pickup to continue with Dr. Wilson and in Mrs. Pickup to continue with Dr. Wilson and in Mrs. Pickup to continue with Dr. Wilson and in Mrs. Pickup to continue with Dr. Wilson and in Mrs. Pickup to continue with Dr. Wilson and Dr. Wilson a Wilson also prescribed Darvocet Niuu, as well as instructing Mrs. Pickup to continue vioxx and Mrs. Pickup continued treating with Dr. Wilson and in May, in addition to the aforesaid

On June 4, 2001, Dr. Wilson noted that although Mrs. Pickup had not developed new or progressive medications, Dr. Wilson prescribed Lorcet and a TENS Unit.

On June 4, 2001, Dr. Wilson noted that although Mrs. Fickup had not developed new or progressive Mrs.

Symptoms, she did continue to have back and neck pain. At this time, Dr. who are the progressive to have back and neck pain.

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Dr. Wilson further independent exercise program for the spin, a prescription for Norflex for spasms. independent exercise program for the spin, a prescription for Nortlex for spasms. LT. Wilson further stated in her office note of June 4, 2001 that Ms. Pickup had sustained a permanent injury in the stated in her office note of June 4, 2001 that Ms. Pickup had sustained a permanent injury in the stated in her office note of June 4, 2001 that Ms. Pickup had sustained a permanent injury in the stated in her office note of June 4, 2001 that Ms. Pickup had sustained a permanent injury in the stated in her office note of June 4, 2001 that Ms. Pickup had sustained a permanent injury in the form stated in ner office note of June 4, 2001 that IVIS, Mickup had sustained a permanent injury in the form of therapy and medications for avacarbation of the families in the form of therapy and medications for avacarbation of the families in the form of therapy and medications for avacarbation of the families in the form of therapy and medications for avacarbation of the families in the families i or cervical, moracic and lumbar strain and matrix is likely that she will require additional. 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Ur. Charlene Wilson of Vero Urtnopaedic is attached and marked as Exhibit "D" is a copy of the receipt from Longevity Spa Lady for Mrs. Pickup's yearly marked as Exhibit "D" is a copy of the receipt from Longevity Spa Lady for Mrs.

Currently, Mrs. Pickup continues to experience daily pain in her neck and back. Based upon her consistent treatment and the nature of her injuries it is libely that Mrs. Dickup will experience Currently, Mrs. Pickup continues to experience daily pain in ner neck and back. Based upon ner consistent treatment and the nature of her injuries, it is likely that Mrs. Pickup will experience the records of her injuries, it is likely that Mrs. Pickup will experience of her arms to the first the first has first and the records of her arms to the first has first and the records of her arms to the consistent treatment and the nature of her injuries, it is likely that Mrs. Pickup will experience exacerbations of her symptomatology well into the future, as is further evidenced by the records of the charles willow hard many hered well into the future, as is further evidenced by the records of the charles willow hard many hered well into the future, as is further evidenced by the records of the charles willow hard many hered well into the future, as is further evidenced by the records of the charles willow hard many hered well into the future, as is further evidenced by the records of the charles will be considered to the charles will be con exacerbations of her symptomatology well into the future, as is further evidenced by the records of the symptomatology well into the future, as is further evidenced by the records of the symptomatology well into the future, as is further evidenced by the records of the symptomatology well into the future, as is further evidenced by the records of the symptomatology well into the future, as is further evidenced by the records of the symptomatology well into the future, as is further evidenced by the records of the symptomatology well into the future, as is further evidenced by the records of the symptomatology well into the future, as is further evidenced by the records of the symptomatology well into the future, as is further evidenced by the records of the symptomatology well into the future, as is further evidenced by the symptomatology well into the future, as is further evidenced by the symptomatology well into the future, as is further evidenced by the symptomatology well into the future, as is further evidenced by the symptomatology well into the future, as is further evidenced by the symptomatology well into the future, as is further evidenced by the symptomatology well into the future, as is further evidenced by the symptomatology well into the future, as is further evidenced by the symptomatology well into the future, as is future evidenced by the symptomatology well into the future, as is future evidenced by the symptomatology well into the future, as is future evidenced by the symptomatology well as in the symptomatology well as it is future. The symptomatology well as it is future evidenced by the symptomatology well as it is future. The symptomatology well as it is future evidenced by the symptomatology well as it is future evidenced by the symptomatology well as it is future evidenced by the symptomatology well as it is future evidenced by the symptomatology well as it is future evidenced by the symptomatology well as it is future evidenced by the symptomatology well as it is future evidenced by t membership.

deterioration and possibly arthritis in the areas in which she suffered trauma. As a direct result of this accident, Mrs. Pickup has incurred the following medical expenses:

Dr. Joseph Hill 963.73

Cassara Chiropractic, Inc.

Prescriptions and Medical Supplies \$ Dr. Charlene Wilson

A copy of the above medical expenses currently contained in our file is enclosed and marked as

In addition to the above medical expenses, Mrs. Pickup has lost wages totaling \$926.88, which is Exhibit "E."

Page 4

Mr. Eric Sanders

Re: Trenna Pickup - September 26, 2001

Time Period : March 15, 2001 through May 23, 2001

 Total Hours Lost
 : 96.25

 Pay rate
 : \$9.25

 Wages Lost
 : \$890.31

Time Period : May 24, 2001 through present

Total Hours Lost : 3.25
Pay rate : \$11.25
Wages Lost : \$36.56

\$890.31 + 36.56

Total Wages Lost : \$926.88

Mrs. Pickup also performed contract labor for her employer by cleaning the offices after hours weekly at a salary of \$200.00 per month. As a result of her injuries, Mrs. Pickup was unable to perform these duties and lost an additional \$900.00 from the date of the accident through June, 2001. In July, 2001, Mrs. Pickup began cleaning the office with the assistance of additional help, for which she has lost an additional \$100.00 per month from July, 2001 to the present totaling \$300.00. Mrs. Pickup's total lost wages as a result of the injuries she sustained in this accident total \$2,126.88. The loss of the additional \$100.00 per month for office cleaning continues through the date of this letter.

A copy of the Employers Wage and Salary Verification, letter from Mrs. Pickup's employer, Meeks Plumbing, Inc. and itemized time cards is attached and marked as Exhibit "F."

Prior to this accident, Mrs. Pickup enjoyed an active social and professional life with her family and friends. Due to the injuries she sustained in this accident, Mrs. Pickup is unable to work in her yard, clean the office where she works and clean her home. Even such menial chores, such as sweeping and/or mopping are difficult due to the extreme pain associated with such activities. Mrs. Pickup is no longer able to bend or lift without exacerbating her injuries. Further, Mrs. Pickup is unable to sleep at night due to the pain and discomfort from her injuries. Although Mrs. Pickup's husband has been extremely supportive of Mrs. Pickup during this time, the injuries, pain and limitations Mrs. Pickup suffers has also affected her marriage. At this time, Mr. Anthony Pickup asserts his claim for loss of consortium with his wife due to the injuries she sustained in this accident.

In summary, this accident has severely affected Mrs. Pickup in both her employment and daily living. Your insured's negligence caused this accident and the permanent disability sustained by Mrs. Pickup. Mrs. Pickup is an extremely intelligent and presentable young woman who we feel will make a favorable impression on a jury.

In estimating her damages, we have taken into consideration her need for past, present and future medical care and treatment, her continuing medical expenses, her future medical expenses, loss of income, her permanent disability and her overall loss of enjoyment of life. If this case was tried to

Page 5

Mr. Eric Sanders

Re: Trenna Pickup September 26, 2001

an Indian River County jury, a probable verdict would exceed \$200,000.00. However, Mr. and Mrs. Pickup have authorized me to accept \$150,000.00 in full and final settlement of their claim in an effort to avoid litigation. It is requested that you respond to this time limit demand no later than October 30, 2001. If we do not have a response from you by that date, this offer will be withdrawn and we will proceed to trial.

Very tryly yours,

DMC/ss

Enclosures

CC: Trenna Pickup

NAME

PICKUP, TRENNA

DATE OF BIRTH

MED REC. No. 6162853

MARCH 19, 2001

#### HISTORY OF PRESENT ILLNESS:

The patient was in K-mart four days ago, and some barbecue grills fell off of a shelf, hitting her in the back of the neck and in the lower back. She says she was pitched forward into the fans but actually caught herself before she fell.

She now indicates she has quite a stiff neck, but no real pain. She also has some bilateral low back pain that then turns into numbness when she is walking or if she lies on her left side or right side, but more of a problem on the left side. She indicates if she is sitting or standing still, it really does not bother her all that much. She is taking Advil 2 p.o. t.i.d. without much relief.

#### PHYSICAL EXAMINATION:

NECK: Decreased range of motion of the neck. She actually has about 80% of the range of motion that one would expect. Lateral flexion to the left causes some discomfort to the occipital muscle area and trapezius area on the right. Likewise, forward flexion causes pain in that same area. She also has some slight tenderness on palpation of the occipital muscle groove on the right side.

BACK: The lower back shows no straightening of the normal lordotic curve. No paravertebral muscle spasm or tenderness. No trigger points elicited.

#### LABORATORY DATA:

C-spine and LS spine films are negative for any obvious fracture or dislocation.

#### IMPRESSION:

- 1. Acute cervical strain.
- 2. Acute lumbar strain.
- 3. Possible mild contusion of the lower back.

#### PLAN:

Advised the patient that we will give her Feldene 20 mg 1 p.o. q.d. with food, #10; also Flexeril 10 mg 1 p.o. q. 8h. p.r.n., #20, and advised to take 1 at h.s. for sure. She can take a second one in the morning if she needs to, however, they may make her a little sleep as a side effect.

Advised wet heat twice daily for 20 minutes or so would be helpful. (The patient indicates she has access to a hot tub and will do that.)

RTC 10 days for follow-up. Nothing else need be done at this time.

JOSEPH A HILL M D

medi:93

D: 03/19/2001 T: 03/20/2001

A

# DOCTORS' 2300 FIFTH AVENUE

2300 FIFTH AVENUE VERO BEACH, FLORIDA 32960

NAME PICKUP, Trenna

DATE OF BIRTH 11-25-102

MED REC. No. 61638

Date of Visit:	3- Phone:(H) 569-3886 (W)
Reason for Visit:	Burlique gille fell on back 4 days age while  shopping in K-Mant & ball.  Go Rail puin Detiff need & pain  and must back his when washing, or when lies  O > Backs.  O > Backs.
Vitals: Age38 ALLERGIES:	Weight 200 BP 125/30 P 60 T
CURRENT ME	DICATIONS: Non-
Labs Pending:	C-Grin + L5 8pris

Dictation Pending \_\_\_\_ (inits)

FAMILY PRACTICE
(Joseph A. Hill, MD)

#### DOCTORS CLINIC 2300 5th Avenue Vero Beach, Florida 32960

### MCCORKLE RADIOLOGY ASSOCIATES Consulting Radiologists

DATE: 03/19/01

REFERRING PHYSICIAN:
JOSEPH HILL, M.D.

MAIN CLINIC

NAME: PICKUP, TRENNA G.

DOB: 11/25/62 X-RAY#: 0 616285 3

#### CERVICAL SPINE

Prevertebral soft tissues are normal. Posterior cervical alignment intact. No fractures or dislocations are seen. No bony destruction is noted. Disc spaces are relatively well preserved. No spondylolisthesis is evident.

IMPRESSION

NORMAL CERVICAL SPINE EXAMINATION.

#### LUMBAR SPINE

Disc spaces are relatively well preserved. No spondylolisthesis or spondylolysis is noted. Pedicles are occultly identified. SI joints are within noraml limits. No bony structure is noted.

IMPRESSION

NORMAL LUMBAR SPINE EXAMINATION.

William H. Price, M.D. Consulting Radiologist

WHP/ras

## CASSARA CHIROPRACTIC, INC. TIN#59-2046845

DATE: 03/28/01

PATIENT NAME: TRENNA PICKUP

#### SUBJECTIVE:

Ms. Pickup presents with some low back and neck pain. She states that on March 15, 2001 she had three Bar-B-Q grills fall off of a cart onto her back and pushed her into another counter, pinning her against the counter, and now she is beginning to experience neck and low back pain. She states that the pain radiates into her legs and that she has buttock numbness and that she also feels intermittent numbness in her toes especially when she sits for a long period of time. She states that she has also been experiencing neck pain and stiffness with pain that radiates into down into her shoulders and arms with tingling in her hands at night when she is sleeping. The patient denies having these signs and symptoms at any other time in her life. The patient denies any type of motor vehicle accidents or other injury that could cause this discomfort. Also the patient is experiencing some neck pain and stiffness especially when she is working as a computer and a dispatcher.

#### **OBJECTIVE:**

Statistical analysis reveals that the patient is 63 inches tall, 198 pounds, blood pressure 140/90. Physical examination showed a positive cough test with a weak right opponens, weak right hip flexors and bilateral posterior deltoids. Range of motion is slightly restricted in all quadrants. There is a positive compression test in right maximal foraminal compression. Upper and lower deep tendon reflexes are +2. There is weakness of the right hip flexor, right gluteus maximums and right psoas. There is muscle hypertonicity of the bilateral sacrospinalis musculature with lumbosacral edema.

X-RAYS: X-rays of the cervical spine dated 03/19/01 shows that the patient has straightening of the cervical curve. Disc height within normal limits. Pedicles intact and equally spaced. Odontoid intact. There are no signs of masses or fractures.

X-rays of the lumbar spine dated 03/19/01 shows that there the lumbar curve is within normal limits. Disc height within normal limits. There are no signs of masses or fractures. Pedicles intact and equally spaced.

Specific segmental analysis reveals of the lumbar spine shows that there is a right pelvic deficiency with a decrease in the arthrokinematics of the T12 through L5 with interspinous ligament tenderness. Also there is a C5 through C2 fixation with tight musculature of the bilateral cervical and trapezius with interspinous ligament tightness at the C6-C7-T1-T2. Also there is tight fibrotic nodules and suboccipital muscle hypertonicity and a segmental dysfunction of the C1-2.

PAGE 2.

TRENNA PICKUP DATE: 03/28/01

#### ASSESSMENT:

The patient has cervical and lumbar sprain/strain associated with a decrease in the arthrokinematics of the above mentioned segments producing the above mentioned signs and symptoms.

#### PLAN:

The patient will be treated three times a week for the next two weeks. The patient was instructed to put ice on the low back 20 minutes q.2h. Ultrasound will be applied to the areas of the lumbar and cervical in an effort to reduce the hypertonicity. Ms. Pickup is to return in one day for a follow-up visit.

#### CASSARA CHIROPRACTIC, INC.

TIN#59-2046845

DATE: 03/29/01

PATIENT NAME: TRENA PICKUP

#### SUBJECTIVE:

Ms. Pickup presents with continued soreness in the back of her neck. She states that she does have more range of motion in her neck.

#### **OBJECTIVE:**

Specific segmental analysis reveals a segmental dysfunction at the L1 through L5, T7-8 and C5-6-7 with hypertonicity of the lumbar paravertebral musculature and lumbosacral edema.

#### ASSESSMENT:

The patient is improving with treatment. She is still experiencing a decrease in arthrokinematics of the above mentioned segments resulting in nerve root irritation.

#### PLAN:

The patient was adjusted by way of specific chiropractic manipulation in an effort to restore the optimal arthrokinematics of the vertebral column. Ms. Pickup is to return in one day for a follow-up visit. The patient was instructed to continue the ice therapy. Ultrasound was utilized over the area to reduce the congestion in the lumbar region.

## CASSARA CHIROPRACTIC, INC. TIN#59-2046845

DATE: 03/30/01

PATIENT NAME: TRENNA PICKUP

#### SUBJECTIVE:

Ms. Pickup presents with neck and low back pain that is improving. Signs and symptoms are reducing. She is still experiencing stiffness and discomforts but at a lessor level.

#### **OBJECTIVE:**

Specific segmental analysis reveals fixations at L5, T12-L1 and C2-3-4 as well as T7-8.

#### ASSESSMENT:

The patient is improving with treatment. She is still experiencing some vertebral instabilities with a decrease in the arthrokinematics of the above mentioned segments.

#### PLAN:

The patient was adjusted by way of specific chiropractic manipulation in an effort to restore the optimal arthrokinematics of the vertebral column. Ms. Pickup is to return in three days for a follow-up visit.

### CASSARA CHIROPRACTIC, INC. TIN#59-2046845

DATE: 04/02/01

TRENNA PICKUP PATIENT NAME:

Ms. Pickup presents with neck and low back discomfort. She states that she mostly feels low back pain, but the neck pain has improved at least 80% since the last visit. She states that she walked a lot over the weekend, and that seemed to have aggravated her last visit.

Specific segmental analysis reveals a right pelvic deficiency with a decrease in the arthrokinematics of the L3-4-5 with lumbosacral edema, T7-8, C5-6 and C7-T1. Also OBJECTIVE: these signs and symptoms are associated with bilateral foot pronation.

The patient has lumbar instability complicated by bilateral foot pronation associated with a decrease in the arthrokinematics of the above mentioned segments.

The patient was adjusted by way of specific chiropractic manipulation in an effort to restore the optimal arthrokinematics of the vertebral column. Ms. Pickup is to return in two days for a follow-up visit.

## CASSARA CHIROPRACTIC, INC. TIN#59-2046845

DATE: 04/04/01

PATIENT NAME: TRENNA PICKUP

#### SUBJECTIVE:

Ms. Pickup presents with neck, low back and mid dorsal tightness that is still persistent but has reduced slightly.

### **OBJECTIVE:**

Specific segmental analysis reveals a right pelvic deficiency that decreases and a decrease in the arthrokinematics of the L4-L5, T6-7-8, T3-4, C5-6 and C1-2.

### ASSESSMENT:

The patient is improving with treatment. She is still experiencing vertebral instabilities with a decrease in the arthrokinematics of the above mentioned segments resulting in signs and symptoms.

#### PLAN:

The patient was adjusted by way of specific chiropractic manipulation in an effort to restore the optimal arthrokinematics of the vertebral column. Ms. Pickup is to return in two days for a follow-up visit.

VERO JOINT IMPLANT & SPORTS MEDICINE CENTER George K. Nichols, M.D., F.A.C.S., F.A.A.O.S. Diplomate American Board of Orthopaedic Surgery Member Arthritic Hip & Knee Society

### VERO FOOT AND ANKLE CENTER James L. Cain, M.D.

Member American Orthopaedic Foot & Ankle Society Diplomate American Board of Orthopaedic Surgery



VERO PHYSICAL MEDICINE CENTER
Charleen Wilson, M.D., F.A.A.P.M.R.
Diplomate American Board of Physical Medicine & Rehabilitation

VERO NEUROLOGY
S. James Shafer, M.D.

Board Certified, Diplomate American Board of Psychiatry and Neurology

#### PICKUP, TRENNA/DOB 11.25.62

c Joseph Hill, M.D.

04.06.2001 (CW) AM

CURRENT MEDICATIONS Flexeril, anti-inflammatory.

ALLERGIES Please see chart.

FAMILY HISTORY Not reported.

SOCIAL HISTORY Married 38-year-old dispatcher. She smokes cigarettes and occasionally uses alcohol.

PREVIOUS SURGERY Not reported.

REVIEW OF SYSTEMS Reviewed with the patient and is positive for back and neck pain.

PATIENT HISTORY Not reported.

CHIEF COMPLAINT Cervical and lumbar strain injury, 03.15.01.

SUBJECTIVE This is a 38-year-old woman who was injured in K-Mart on 03.15.01. She was standing in an aisle when she was hit from behind by a box of grills that fell. She was pushed forward against a counter which prevented her from falling to the ground. She was seen by her primary care physician, Dr. Hill, who had x-rays performed of her neck and low where she was complaining of pain. At that time, she was prescribed Flexeril and an anti-inflammatory medication which she cannot name. She has used those but did not note any significant relief of symptoms with those meds. She more recently has been seen by a chiropractor on three or four occasions. While she thought she was starting to improve she had some fairly significant burning pain in her back in the last few days and is here today for further evaluation. She has been having back pain since the incident bilaterally with burning in the center of her back and some radiating pain into her right gluteal region and proximal thigh. She is worse with sitting, walking, and moving about in general is less painful although she cannot walk any distance. At night she is not sleeping well unless she is able to lie flat on her back. She is also experiencing neck pain, worse on the right than left that she describes as more a stiffness. Symptoms are localized to the neck without any radiating symptoms and to the arms. Her job as a dispatcher requires her to sit for most of the day although she can alternate positions occasionally.

OBJECTIVE/PHYSICAL EXAMINATION She has spasm along the right greater than left cervical paraspinal muscles, trap ridge, and into the intrascapular region. Her cervical range of motion is restricted in all planes by pain. She has the greater limitation with right-sided rotation and lateral bending. Her upper extremity range of motion strength, sensation and reflexes are intact. Palpation of the thoracolumbar paraspinals reveals tenderness and spasm, and she has pain with palpation over the right PSIS area. Forward flexion of the spine is restricted to 50 degrees by pain, extension 20 degrees, lateral bending and rotation to the right are painful and limited. Straight leg raising is negative for nerve tension signs. She has normal hip range of motion, 5/5 lower extremity strength, normal dermatomal sensation, 2+ reflexes at the knees and ankles. She walks with a guarded gait with short stride length. No weakness with heel or toe walking.

(CONTINUED ON PAGE #2)

2

PICKUP, TRENNA/DOB 11.25.62 c Joseph Hill, M.D. 04.06.2001 (CW) AM

X-RAYS Review of outside films of the cervical spine show normal vertebral body alignment. There are no acute findings. Two views of the lumbar spine shows normal vertebral body height and alignment. No acute findings.

ASSESSMENT Cervical and lumbar strain.

#### **PLAN**

I have referred her for a program of physical therapy in place of the chiropractic treatments and she has been given Vioxx and Soma to use for the next two to three weeks.

#2 I have recommended that she alternate positions while at work and follow through with the exercises given to her in therapy.

CRULL

#3 Follow-up with me in three to four weeks.

Charleen Wilson, M.D.

dmm (04.09.2001)

3

PICKUP, TRENNA / DOB 11.25.1962
c Joseph Hill, M.D.
04.23.2001 (CW) AM
MEDICATIONS/ALLERGIES/ROS/PFSH No change from previous visit.
CHIEF COMPLAINT The patient is here today for follow-up.

SUBJECTIVE She has had several sessions of physical therapy, was receiving gentle modalities, massage and had started on some exercise. She had a flare of pain five days ago and has been primarily at bed rest for the past few days, using 50 mg Vioxx daily. Today she is complaining primarily of mid back pain that extends out through the low back region bilaterally but worse on the left than the right. Her cervical movements are starting to improve and she feels a stiffness but no worsening of pain in this region and no radicular arm symptoms. In her mid-back her symptoms are localized. Her pain is relatively persistent with some radiation out into the left gluteal area. She is having difficulty sitting at her dispatcher's job throughout the day and by mid-day she is in significant pain. She does try to alternate positions.

OBJECTIVE/PHYSICAL EXAMINATION Today she has diffuse tenderness with light palpation from the upper thoracic through the lumbosacral paraspinal regions involving the left paraspinal muscles greater than right. This is associated with moderate spasm. Her range of motion is guarded and restricted in all planes. There is no evidence of a neurologic deficit.

X-RAYS Two views of the thoracic spine how normal vertebral body height and alignment. There are mild diffuse degenerative disc changes. No compression fractures or subluxations. No acute findings.

ASSESSMENT Cervical, thoracic, lumbar strain.

#### **PLAN**

- #1 She is being scheduled for MRIs of the thoracic and lumbar regions.
- #2 She will then return to review those studies with me.
- #3 I am restricting her to five hours of work per day. She may continue with her regular job as it is sedentary with recommendations to alternate sitting and standing periodically.
- I would like her to continue with therapy and avoid any exercise or activities that significantly increase her pain.
- She has also been given a prescription for Darvocet N100 #60 for pain (potential precautions and limitations regarding this medication were given).
- #6 She will continue with her Vioxx; reducing to 20 mg q day.
- #7 Soma at bedtime.

Charleen Wilson, M.D.

alt (04.23.2001)

### PICKUP, TRENNA / DOB 11.25.1962

c Joseph Hill, M.D.

04.23.2001 (CW) AM X-RAYS

Two views of the thoracic spine how normal vertebral body height and alignment. There are mild diffuse degenerative disc changes. No compression fractures or subluxations. No acute findings. Charleen Wilson, M.D. alt (04.23.2001)



James L. Cain, M.D. ~ Dea#acs424041 George K. Nichols, M.D. ~ Dea#an2625703 Charleen Wilson, M.D. ~ Dea# BW2380525

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VERO JOINT IMPLANT & SPORTS MEDICINE CENTER George K. Nichols, M.D., F.A.C.S., F.A.A.O.S. Diplomate American Board of Orthopaedic Surgery Member Arthritic Hip & Kiee Society

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Diplomate American Board of Orthopaedic Surgery



VERO PHYSICAL MEDICINE CENTER
Charleen Wilson, M.D., F.A.A.P.M.R.
Diplomate American Board of Physical Medicine & Rehabilitation

VERO NEUROLOGY S. James Shafer, M D

PATIENT: PICKYP, TRENNA

DATE OF BIRTH: 11/25/62
X-RAY#: IRR-45717
REFERRED BY: DR. WILSON

**DATE OF EXAM:** 04/30/01

**MRI LUMBAR SPINE:** 

HISTORY: Back pain, left leg pain, mid-thoracic pain.

No prominent ventral defects. No discrete nor focal disc herniations. No significant abnormal signal is seen within the lumbar vertebral bodies.

No critical neural foraminal stenosis. Unremarkable for age degenerative changes of the facets.

IMPRESSION:

NORMAL FOR AGE MRI OF THE LUMBAR SPINE.

MRI THORACIC SPINE:

COMPARISON: Earlier thoracic spine films 4/23/01.

No prominent ventral defects. No significant abnormal signal is seen within the thoracic cord nor within the thoracic vertebral bodies. No evidence of paraspinal abnormalities.

No critical stenosis nor prominent structural abnormality.

IMPRESSION:

**NEGATIVE MRI THORACIC SPINE.** 

HPH/jho

d. 05/01/01, t. 05/01/01

H. Paul Hatten, Jr., M.D.

PICKUP, TRENNA / DOB 11.25.62

c: Joseph Hill, MD 05.07.01 (CW) AM

MEDICATIONS/ALLERGIES/ROS/PFSH:

No change from previous visit.

CHIEF COMPLAINT: Low back pain.

SUBJECTIVE: The patient underwent her MRI of the lumbar and thoracic region. She continues to complain of burning type pain across the low back. She has days where she has minimal pain but any activity that involves bending or twisting will often provoke symptoms and then she has a great deal of difficulty getting that pain to lessen. She typically feels fairly good in the morning upon awakening and symptoms arise throughout the day as activities proceed. She has been working five hours a day and is able to tolerate that reasonably well. The Darvocet has not been very helpful for pain, she still has been using 50mg of Vioxx for the most part and the Soma at bedtime is helpful. She is in physical therapy but has been receiving only passive modalities since her flare of symptoms the past week.

OBJECTIVE/PHYSICAL EXAMINATION: She has tenderness with palpation over the cervical, thoracic and lumbar paraspinal muscles with moderate restrictions in range of motion.

THORACIC AND LUMBAR MRI:

Within normal limits.

ASSESSMENT:

Cervical, thoracic and lumbar strain.

#### PLAN:

She is to advance with her physical therapy adding an active exercise regimen. #1

I have given her Lorcet 7.5mg #60 for pain as needed (potential precautions and #2 \* limitations regarding this medication were given). #3

I have asked her to reduce her Vioxx to 25mg a day. #4

She may call for refills on the Soma if needed.

#5 Follow-up in one month.

Charleen Wilson, MD

CW/vs (05.08.01)

DX for TENS Unit - CUISIC

PICKUP, TRENNA / DOB 11.25.62

c: Joseph Hill, MD 06.04.01 (CW) AM

MEDICATIONS/ALLERGIES/ROS/PFSH: CHIEF COMPLAINT: No change from previous visit.

Continued back and neck pain.

SUBJECTIVE: The patient has completed her physical therapy and is now on an independent program. She has her TENS unit and uses that as necessary for her pain. She is not taking her medication regularly although she feels that the Soma relieves the muscle spasms at the end of the day effectively. She would like a refill on this for spasms. She has developed no new or progressive symptoms and continues to have back and neck pain.

OBJECTIVE/PHYSICAL EXAMINATION: No new findings.

ASSESSMENT: Cervical, thoracic and lumbar strain.

#### PLAN:

I believe she is at maximal medical improvement as of today 06.04.01. #1 #2

She is instructed to use her TENS unit daily or as needed for pain control. #3

She is to continue with her independent exercise program for the spine.

I have given her Norflex 100mg which she may use once or twice a day as needed for #4 spasm on a more long term basis (potential precautions and limitations regarding this #5

She may otherwise call for results on her meds as necessary and see me p.r.n..

I believe she has sustained a permanent injury in the form of cervical, thoracic and #6 lumbar strain and is likely to require additional intervention in the future in the form of therapy and medication for exacerbations of pain. Charleen Wilson, MD

CW/vs (06.05.01)

-12.01 Soma 350mg. 5004H5 #30/0 (wolg) + Northey did not help. M

### LONGEVITY SPA LADY

### MEMBERSHIP AGREEMENT

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Surpling TO AST SULL FOR THE SUCCESSION OF THE SURPLINE TO SURPLIN	Emplayer   Emplayer
Dear Customer:	Illamization of the Amount Financed of S 4/0 - 28
We are writing this Agreement in easy-to-read language because we want you to understand its terms. Please read your Agreement carefully and feet tree to ask us any questions you may have about it. We are using the words, you, your and yours to mean all persons eigning the Agreement as the Buyer. The words we, us and our refer to the Selfer indicated below. Also please refer to any Additional Terms and Conditions on the back of this Agreement.	1. S 4 9 2 1 Cash Price  2. Less S 75 00 Total Downpayment, consisting of Cash Downpayment 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
Promise to Paye You promise to pay the Total of Payments plus applicable sales tax according to your payment schedule shown below.  Description of Services: You now buy, and we set the following services:	3. Equals: \$ 4/0 - 88 Amount your still own and Amount Financed.
SPA Membership: Cirilize Uity Spa Cao J Type: 75 Sp = 1 A T C  Term: 1 Spa	Notice to the Buyer: (A) Do not sign this Contract before you read it or if it contains any blank spaces. (B) Your are entitled to an exact copy of the Contract you sign. Keep it to protect your legal rights.
Services purchased under this agreement shall begin on 7/6.0/.	You confirm receiving a completed copy of this Agreement wit disclosures of your credit costs.
end continued through  7 (- 'C) 2  Term of Agreement: The initial term of this Agreement shall not be longer than 36 months, but you may renew your mamberatup before it expires for additional 12 month periods that Sefler may offer on the terms and conditions prevailing at the time of your renewal.	Thur King
FRANCE CHARGE The dollar amount the credit will coal you.  3	Date of Agreemant
ANNUAL PERCENTAGE RATE The cost of your credit as a yearly ratiful.  Amount Financed The amount of credit provided in you or on your hehall.  Yotal Payments and 7% sales tax The amount you will have paud after you have made all payments as scheduled.  Total Sele Price The lotal cost of your purchase on credit. Including your downpayment and sales tax of S S I S Your payment schedule tay Payments of S I SI The up on the Tay of each month beginning The cost of your purchase on of S S S S S S S S S S S S S S S S S S S	Consumer's Right of Cancellation; You may cancel this Agreement penalty-free within 3 days, exclusive of holidays and weel ends upon mailing or delivering written Notice of Cancellation. You may also cancel this Agreement for reasons of death or suit stantial disability (see reverse side for explanation). You may also cancel this Agreement if the Health Studio goes out of business and fails to provide facilities within 5 miles of, or moves more than 5 miles from its present facilities (see reverse side for explanation). If you cancel this Agreement for either of these reasons the seller may keep only a portion of the tuition or Agreement for any of these reasons you must you cancel this Agreement for any of these reasons you must notify, in written the Seller,  Longevity Spa Lady 650 12th Street  Vero Beach, Florida 32960
ALTHORIZATION FOR	
I (WE) HEREBY AUTHORIZE LONGEVITY SPA LAI AMOUNT AS INDICATED BEL AT THE FINANCIAL INSTITUTION SH	OY/TO MY (OUR) ACCOUNT
INMATION FEE \$	VOVISA DMASTERCARD DOTHER
PER MONTH FOR MONTHS, BEGINNING	ACCOUNT NUMBER [1] TITI STORE TO STA
MONTHLY DUES:	CUSTOMER'S FINANCIAL INSTITUTION
	GIT/ATV/T (GIUSS \$46513)



TPANSACTION UTSTORY REPORT

O6-05-01 13:34 DOCTORS' CLINIC

TOTAL DUE: -349.45

TRANS T PROC TRAN

DIAG PAT TRAN

ENCT ACC

DATE P CODE DESC

CODE NAME AMOUNT NO TYP PRO

03-19-01 C 99213 OFFICE VISIT LEV 847.9 TRENNA G 57.00 2522474 SP 13

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924.9

724.5

57.00 ¥

57.00 \*\*

DEBITS 57.00 CREDITS .00

TOTAL 57.00

1 RECORD(S) PRINTED

O6-05-01 13:34 DOCTORS' CLINTC TRANSACTION PSTORY REPORT
PG 1
ACCOUNT: 81231250 PICKUP, TRENNA G TOTAL DUE: 349.45

TRANS T PROC TRAN DIAG PAT TRAN ENCT ACC
DATE P CODE DESC CODE NAME AMOUNT NO TYP PRO

03-19-01 C 72052 CERVICAL SPINE C 724.5 \*TRENNA G 133.00 2522566 SP 87 03-19-01 C 72110 LUMBOSACRAL COMP 724.5 TRENNA G 121.00 2522566 SP 87

√ 254.00 ¥

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ription #:

6744789

ription For:

PICKUP, TRENNA

nacist's Name:

nacy Phone:

E. JOAN (561) 562-7920

irug expires:

03/19/2002

CAP MYLA NAME: PIROXICAM 20MG

RIC NAME: PIROXICAM (peer-QX-i-kam)

MON USES: This medicine is a nonsteroidal anti-inflammatory drug (ID) used to relieve the symptoms of arthritis. It is also used to relieve and to treat other conditions as determined by your doctor.



Pharmacy Dept# 7294 1501 US 1

VERO BEACH, FL 32960

(581)582-7920

Rx: 6744789; Pharmacist: JER

PICKUP, TRENNA

(561) 5**69-8996** 

VERO BEACH, FL 32962 PIROXICAM 20MG

CAP MYLA

NDC:00378-2020-01

Generic For: FELDENE 20MG

Subtotal:

\$6.29

RECEIF

Dr. HILL, JOSEPH A.

03/19/01

Qty: 10

CASH:

THE USING THIS MEDICINE: Some medicines or medical conditions may interact with this medicine. INFORM YOUR TOR OR PHARMACIST of all prescription and over-the-counter medicine that you are taking. DO NOT TAKE THIS ICINE if you are also taking heparins, tacrolimus, or HIV protease inhibitors. ADDITIONAL MONITORING OF YOUR E OR CONDITION may be needed if you are taking aminoglycoside antibiotics, anticoagulants, cyclosporine, lithium, or notrexate. Inform your doctor of any other medical conditions, allergies, pregnancy, or breast-feeding. Contact your for or pharmacist if you have any questions or concerns about taking this medicine.

V TO USE THIS MEDICINE: Follow the directions for using this medicine provided by your doctor. TAKE THIS DICINE with food or a full glass of milk or water. STORE THIS MEDICINE at room temperature, away from heat and :. IF YOU MISS A DOSE OF THIS MEDICINE and you are taking 1 dose daily, take the missed dose if you remember the ne day. Skip the missed dose if you do not remember until the next day. DO NOT take 2 doses at once.

UTIONS: DO NOT TAKE THIS MEDICINE if you ever had any unusual or allergic reaction to aspirin, ibuprofen, roxen, or any other medicine used to treat pain, fever, swelling, or arthritis. THIS MEDICINE MAY CAUSE drowsiness dizziness. Do not drive, operate machinery, or do anything else that could be dangerous until you know how you react this medicine. THIS MEDICINE MAY CAUSE increased sensitivity to the sun. Avoid exposure to the sun or sunlamps il you know how you react to this medicine. Use a sunscreen or protective clothing if you must be outside for a slonged period. DO NOT DRINK ALCOHOL while you are taking this medicine, unless you first discuss it with your Stor. BEFORE YOU BEGIN TAKING ANY NEW MEDICINE either prescription or over-the-counter, check with your doctor pharmacist. This includes aspirin and other non-prescription pain relievers. FOR WOMEN: THIS MEDICINE HAS BEEN

(MORE)

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Rx: 6744789

rent Medications*		P. france	Recent Rx#
For R.Ph. Use	Orug Name CYCLOBENZAPRIN 10	Reference MG	8744788
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PIROXICAM 20MG

Prescription #:

6744788

Prescription For:

PICKUP, TRENNA

Pharmacist's Name:

E. JOAN

Pharmacy Phone:

(561)562-7920

This drug expires:

03/19/2002

DRUG NAME: CYCLOBENZAPRIN 10MG TAB SCHN

GENERIC NAME: CYCLOBENZAPRINE (sye-kloe-BEN-za-preen)

COMMON USES: This medicine is a muscle relaxant used to treat muscle

spasms.

BEFORE USING THIS MEDICINE: Some medicines or medical conditions

may interact with thismedicine. INFORM YOUR DOCTOR OR PHARMACIST of all prescription and over-the-counter medicine that you are taking. DO NOT TAKE THIS MEDICINE if you are also taking a monoamine oxidase inhibitor (MAOI). USE OF THIS MEDICINE is not recommended if you are also taking tramadol. If you are taking tramadol, be sure your doctor knows. ADDITIONAL MONITORING OF YOUR DOSE OR CONDITION may be needed if you are taking droperidol or fluoxetine. Inform your doctor of any other medical conditions, allergies, pregnancy, or breast-feeding. Contact your doctor or pharmacist if you have any questions or concerns about using this medicine.

HOW TO USE THIS MEDICINE: Follow the directions for using this medicine provided by your doctor. THIS MEDICINE MAY BE TAKEN WITH FOOD if it upsets your stomach. STORE THIS MEDICINE at room temperature, away from heat and light. IF YOU MISS A DOSE OF THIS MEDICINE and you are using it regularly, take it as soon as possible. If it is almost time for your next dose, skip the missed dose and go back to your regular dosing schedule. Do not take 2 doses at once.

CAUTIONS: THIS MEDICINE MAY CAUSE drowsiness, dizziness, or blurred vision. Do not drive, operate machinery, or do anything else that could be dangerous until you know how you react to this medicine. THIS MEDICINE WILL ADD TO THE EFFECTS of other depressants or alcohol. Ask your pharmacist if you have questions about which medicines are depressants. IF YOU EXPERIENCE DRY MOUTH, use sugarless candy or gum, or melt bits of ice in your mouth. If dry mouth continues for more than 2 weeks, contact your dentist or doctor. DO NOT USE THIS MEDICINE longer than recommended by your doctor. FOR WOMEN: IT IS UNKNOWN IF THIS MEDICINE IS EXCRETED in breast milk. IF YOU ARE OR WILL BE BREAST-FEEDING while you are using this medicine, check with your doctor or pharmacist to discuss the risks to your baby. POSSIBLE SIDE EFFECTS: SIDE EFFECTS, that may go away during treatment, include drowsiness,

(MORE)

Pharmacy Dept# 7294

VERO SEACH, FL 32960

CYCLOBENZAPPIN TOMG TAB SCHN

Qty: 20

1501 US 1

Rx: 6744788 Pharmacest: JER

Generic For: FLEXERIL 10MG

PICKUP, TRENNA

VERO BEACH, FL 32962

Dr. HILL JOSEPH A.

03/19/01

(581)582-7920

(561) 569-8996

NDC 00384-2348-05

Subtotal:

CASH:

\$10.99

\$10.99

**Drug Utilization Review** 

Naw CYCLOBENZAPRIN 10MG TAB SCHN Rx: 8744788

No other current prescriptions on file

NEW 10 DRAM

Walgreens The Pharmacy America Trusts

1 REFILL BEFORE 04/06/02

915 SOUTH US HWY 1 VERO BEACH, FL 32962

1525 22ND AVENUE SW VERO BEACH, FL 32962 NO 0352422-03607 DATE 04/06/01

CARISOPRODOL 350MG TABLETS

0352422 0010 1 0000700 5

PROMISED TIME FRI'11 30AM 04/06/01

CELL 11

TRENNA PICKUP 1525 22ND AVENUE SW VERO BEACH, FL 32962

TRENNA PICKUP

\$7.00 04/06/01 **BL3E** 

PH-(561)569-5323

NDC 00603-2582-28

\$7.00

PATIENT PH (561)569-8996

MFG QUALITEST

The Pharmacy America Trusts.

Customer Receipt

915 SOUTH US HWY 1 VERO BEACH, FL 32962

TRENNA PICKUP

рн (561)569-5323

1525 22ND AVENUE SW VERO BEACH, FL 32962 NO 0352422-03607 DATE 04/06/01

PATIENT PH (561)569-8996 NDC 00603-2582-28

MFG QUALITEST

\$7.00

DEB/Df:B

NEW

DR Cr WILSON CLAIM REF# WEFH7CM PLAN PAID

1 REFILL BEFORE 04/06/02

CARISOPRODOL 350MG TABLETS

NABP# 1077444

GROUP# FLBCS

RECIP# 406118959001

DEB/DEB

PLAN PAID GROUP# FLBCS DR C. WILSON

CLAIM REF# WEFH7CM

NABP# 1077444

RECIP# 406118959001

Walgreens The Pharmacy America Trusts Your Personal Prescription Information

TRENNA PICKUP PATIENT MEDICATION CARISOPRODOL 350MG TABLETS TAKE 1 TABLET AT BEDTIME AS DIRECTIONS

NEEDED

NDC 00603-2582-28

WHITE Side 1: 2410 V **РНАЯМАСУ РН** (561)569-5323 оов 11/25/62

DR C. WILSON ase tell us about any allergies you have

se tell us about any health conditions you have:

**GENERIC NAME:** 

CARISOPRODOL (kar-eye-soe-PROE-dole)

**COMMON USES:** 

This medicine is a muscle relaxant used to treat pain caused by muscle spasms.

HOW TO USE THIS MEDICINE:

Follow the directions for using this medicine provided by your doctor. THIS MEDICINE MAY BE TAKEN WITH FOOD if it upsets your stomach. STORE THIS MEDICINE at room temperature, away from heat and light. IF YOU MISS A DOSE OF THIS MEDICINE, take it as soon as possible. If you do not remember until later, skip the missed dose and go back to your regular dosing schedule. Do not take 2 doses at once.

**CAUTIONS:** 

THIS MEDICINE MAY CAUSE drowsiness or dizziness. If dizziness occurs, sit up or stand slowly. Do not drive, operate machinery, or do anything else that could be dangerous until you know how you react to this medicine. THIS MEDICINE WILL ADD TO THE EFFECTS of alcohol and other depressants. Ask your pharmacist if you have questions about which medicines are depressants. FOR WOMEN: IF YOU PLAN ON BECOMING PREGNANT, discuss with your doctor the benefits and risks of using this medicine during pregnancy. THIS MEDICINE IS EXCRETED IN BREAST MILK. DO NOT BREAST-FEED while taking this medicine.

POSSIBLE SIDE EFFECTS:

SIDE EFFECTS, that may go away during treatment, include drowsiness, dizziness, nausea, or headache. If they continue or are bothersome, check with your doctor. CHECK WITH YOUR DOCTOR AS SOON AS POSSIBLE if you experience rash or itching. If you notice any unusual effects,

contact your doctor, nurse, or pharmacist. CAN NOW USE THE INTERNET TO REQUEST REFILLS AT www.walgreens.com

KEEP OUT OF REACH OF CHILDREN - STORE IN SAFETY CONTAINERS OR SECURE AREA

NEW 30-DRAM

Walgreens The Pharmacy America Trusts Duplicate Receipt

PROMISED TIME MON 1 09PM 04/23/01

РН (561)569-5323

NDC 00378-1155-05

\$7.00

PATIENT PH (561)569-8996

CELL 83

TRENNA PICKUP 1525 22ND AVENUE SW VERO BEACH, FL 32962 NEW

TRENNA PICKUP

1525 22ND AVENUE SW VERO BEACH, FL 32962

915 SOUTH US HWY 1 VERO BEACH, FL 32962

NO 0355916-03607 DATE 04/23/01

04/23/01 UNHN

\$7.00

Walgreens The Pharmacy America Trusts Customer Receipt

915 SOUTH US HWY 1 VERO BEACH, FL 32962

المالية الحديدات

РН (561)569-5323

TRENNA PICKUP

NO 0355916-03607 DATE 04/23/01 MFG MYLAN-ULLY

PROPOXYPHENE-N 100 W/ APAP 650 TABS

60 NO REFILLS - DR. AUTHORIZATION REQUIRED

NEW

MKO/SCV PLAN PAID

DR C. WILSON

GROUP# FLBCS

CLAIM REF# WE1DNX7

RECIP# 406118959001

\$7.00

WHITE

PATIENT PH (561)569-8996

NOC 00378-1155-05

NABP# 1077444

MKO/SCV PLAN PAID

CLAIM REF# WE1DNX7

GROUP# FLBCS RECIP# 406118959001

PROPOXYPHENE-N 100 W/ APAP 650 TABS

60 NO REFILLS - DR. AUTHORIZATION REQUIRED

MFG MYLAN-LILLY

DR C. WILSON NABP# 1077444

Walgreens The Pharmacy America Trusts Your Personal Prescription Information

DR C. WILSON

PHARMACY PH (561)569-5323 DOB 11/25/62

PATIENT

TRENNA PICKUP

MEDICATION PROPOXYPHENE-N 100 W/ APAP 650 TABS DIRECTIONS

TAKE 1-2 TABLETS EVERY 6 HOURS AS NEEDED FOR PAIN

Side 1: MYLAN Side 2: 1155

Please tell us about any health conditions you have

**GENERIC NAME:** 

PROPOXYPHENE (proe-POX-i-feen) and ACETAMINOPHEN (a seat-a-MiN-oh-fen)

**COMMON USES:** 

This medicine is an analgesic combination used to relieve pain.

HOW TO USE THIS MEDICINE:

Follow the directions for using this medicine provided by your doctor. THIS MEDICINE MAY BE TAKEN WITH FOOD if it upsets your stomach. STORE THIS MEDICINE at room temperature in a tightly-closed container, away from heat and light. IF YOU MISS A DOSE OF THIS MEDICINE and you are taking it regularly, take it as soon as possible. If it is almost time for your next dose, skip the missed dose and go back to your regular dosing schedule. Do not take 2 doses at once.

NDC 00378-1155-05

CAUTIONS:

DO NOT EXCEED THE RECOMMENDED DOSE or take this medicine for longer than prescribed without checking with your doctor. Exceeding the recommended dose or taking this medicine for longer than prescribed may be habit-forming. AVOID ALCOHOL while you are using this medicine. This medicine will add to the effects of alcohol and other depressants. DO NOT DRIVE, OPERATE MACHINERY, OR DO ANYTHING ELSE THAT COULD BE DANGEROUS until you know how you react to this medicine. Using this medicine alone, with other medicines, or with alcohol may lessen your ability to drive or to perform other potentially dangerous tasks. THIS MEDICINE CONTAINS ACETAMINOPHEN. Do not take additional acetaminophen for pain or fever without checking with your doctor or pharmacist. Ask your pharmacist if you have questions about which medicines contain acetaminophen. Acetaminophen may cause liver damage. If you drink alcohol on a daily basis, do not take this medicine without first discussing it with your doctor. Alcohol use combined with acetaminophen may increase your risk for liver damage. BEFORE YOU BEGIN TAKING ANY NEW MEDICINE, either prescription or over-the-counter, check with your doctor or pharmacist. FOR WOMEN: IF YOU PLAN ON BECOMING PREGNANT, discuss with your doctor the benefits and risks of using this medicine during pregnancy. THIS MEDICINE IS EXCRETED IN BREAST MILK. IF YOU ARE OR WILL BE BREAST-FEEDING while you are using this medicine, check with your doctor or pharmacist to discuss the risks to your baby.

SIDE EFFECTS, that may go away during treatment, include dizziness, drowsiness, lightheadedness, constipation, nausea, or vomiting. If they continue or are bothersome, check with your doctor. CHECK WITH YOUR DOCTOR AS SOON AS POSSIBLE if you experience rash or itching. If you notice other effects not listed above, contact your doctor, nurse, or pharmacist.

YOU CAN NOW USE THE INTERNET TO REQUEST REFILLS AT www.walgreens.com

KEEP OUT OF REACH OF CHILDREN - STORE IN SAFETY CONTAINERS OR SECURE AREA

REFILL 10 DRAM

0352422 0020 1 0000700

PROMISED TIME MON 12 00PM

CELL 17

TRENNA PICKUP 1525 22ND AVENUE SW VERO BEACH, FL 32962 REFILL

\$7.00 05/07/01

05/07/01

Walgreens The Pharmacy America Trusts Customer Receipt

рн (561)569-5323

915 SOUTH US HWY 1 VERO BEACH, FL 32962

Walgreens The Pharmacy America Trusts Duplicate Receipt PH (561)569-5323

NDC 00603-2582-28

PATIENT PH (561)569-8996

MFG QUALITEST

TRENNA PICKUP

1525 22ND AVENUE SW VERO BEACH, FL 32962 NO 0352422-03607 DATE 05/07/01

915 SOUTH US HWY 1 VERO BEACH, FL 32962

CARISOPRODOL 350MG TABLETS

30 NO REFILLS - DR. AUTHORIZATION REQUIRED

SCV/SCV PLAN PAID GROUP# FLBCS

DR C. WILSON CLAIM REF# WFKDNPT

RECIP# 406118959001

NABP# 1077444

\$7,00

PATIENT PH (561)569-8996

MFG QUALIFEST

NDC 00603-2582-28

TRENNA PICKUP

1525 22ND AVENUE SW VERO BEACH, FL 32962 NO 0352422-03607 DATE 05/07/01

CARISOPRODOL 350MG TABLETS

NO REFILLS - DR. AUTHORIZATION REQUIRED

SCV/SCV PLAN PAID

GROUP# FLBCS

OR C. WILSON

CLAIM REF# WFKDNPT

NABP# 1077444

\$7.00

RECIP# 406118959001

Walgreens The Pharmacy America Trusts Your Personal Prescription Information

TRENNA PICKUP PATIENT MEDICATION CARISOPRODOL 350MG TABLETS DIRECTIONS TAKE 1 TABLET AT BEDTIME AS

NEEDED

NDC 00603-2582-28 WHITE

Side 1: 2410 V

PHARMACY PH (561)569-5323 оов 11/25/62

DR C. WILSON

Please tell us about any health conditions you have:

**GENERIC NAME:** 

CARISOPRODOL (kar-eye-soe-PROE-dole)

**COMMON USES:** 

This medicine is a muscle relaxant used to treat pain caused by muscle spasms.

HOW TO USE THIS MEDICINE:

Follow the directions for using this medicine provided by your doctor. THIS MEDICINE MAY BE TAKEN WITH FOOD if it upsets your stomach. STORE THIS MEDICINE at room temperature, away from heat and light. IF YOU MISS A DOSE OF THIS MEDICINE, take it as soon as possible. If you do not remember until later, skip the missed dose and go back to your regular dosing schedule. Do not take 2 doses at once.

**CAUTIONS:** 

THIS MEDICINE MAY CAUSE drowsiness or dizziness. If dizziness occurs, sit up or stand slowly. Do not drive, operate machinery, or do anything else that could be dangerous until you know how you react to this medicine. THIS MEDICINE WILL ADD TO THE EFFECTS of alcohol and other depressants. Ask your pharmacist if you have questions about which medicines are depressants. FOR WOMEN: IF YOU PLAN ON BECOMING PREGNANT, discuss with your doctor the benefits and risks of using this medicine during pregnancy. THIS MEDICINE IS EXCRETED IN BREAST MILK. DO NOT BREAST-FEED while taking this medicine.

POSSIBLE SIDE EFFECTS:

SIDE EFFECTS, that may go away during treatment, include drowsiness, dizziness, nausea, or headache. If they continue or are bothersome, check with your doctor. CHECK WITH YOUR DOCTOR AS SOON AS POSSIBLE if you experience rash or itching. If you notice any unusual effects,

contact your doctor, nurse, or pharmacist.
YOU CAN NOW USE THE INTERNET TO REQUEST REFILLS AT www.walgreens.com

KEEP OUT OF REACH OF CHILDREN - STORE IN SAFETY CONTAINERS OR SECURE AREA

Wedgreen The Pharmacy America Trusts TRENNA PICKUP 58898 0010 1 0000700 9 915 SOUTH US HWY 1 VERO BEACH, FL 32962 VERO BEACH, FL 32962 TRENNA PICKUP PROMI \$7.00 1525 22ND AVENUE SW VERO BEACH, FL 32962 NO 0358898-03607 DATE 05/07/01 NDC 00603-HYDROCODONE/APAP 7.5MG/650MG TABS VERO BEACH, FL 329 MON The Pharmacy America Trusts PH (5614569-5323 05/07/0 05/07/01 PATIENT PH (561)569-8996 915 SOUTH USEWY 1 VERO BEACH, FL 32962 NOC 00603-3884-21 TRENNA PICKUP DuplicateRec 1525 22ND AVENUE SW VERO BEACH, FL 32962 NO 0358898-03607 DATE 05/07/01 SCV/BPN PH (561)569-53 PLAN PAID HYDROCODONE/APAP 7.5MG/650MG TABS PATIENT PH (561)569-899 GROUP# FLBCS \$7.00 CLAIM REF# WFKKCHM WILSON NOC 00603-3884-21 NO REPILLS - DR. AUTHORIZATION REQUIRED The Pharmacy America Trusts Your Personal Prescription Information RECIP# 406118959001 MFG QUALITEST MEDICATION HYDROCODONE/APAP 7.5MG/860MG TABS GROUP# FLBCS CLAIM REF# WFKKCHM DR C. WILSON \$7.00 TAKE 1 TABLET EVERY 6 HOURS AS RECIP# 406118959001 NABP# 1077444 NDC 00603-3884-21 WHITE DR C. WILSON GENERIC NAME: рнаямасу рн (561)569-5323 C. YVILJUIY Pease tell us about any allergies you have: ERIC NAME:
HYDROCODONE (hye-droe-KO-done) and ACETAMINOPHEN (a-seat-a-MIN-oh-fen) 008 11/25/62 COMMON USES: Please tell us about any health conditions you have:

MON USES: This medicine is an analgesic combination used to relieve pain. HOW TO USE THIS MEDICINE:

CAUTIONS

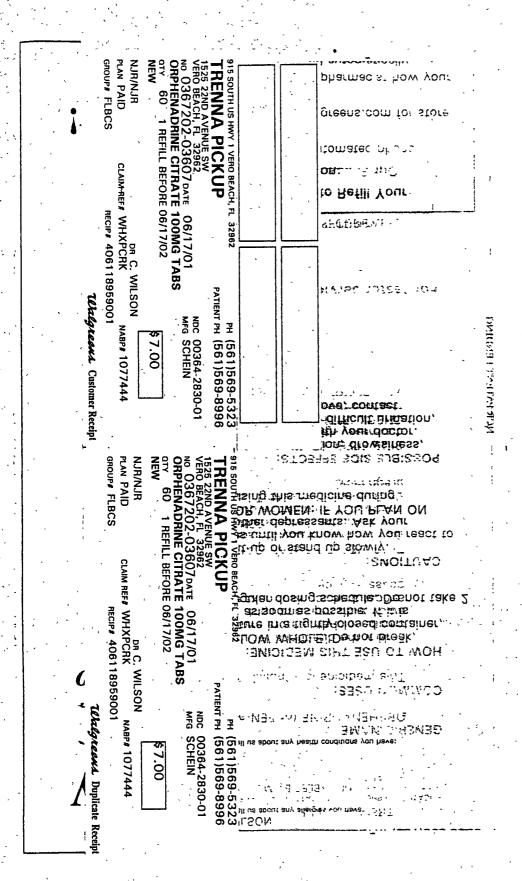
W TO USE THIS MEDICINE:
Follow the directions for using this medicine provided by your doctor. THIS MEDICINE MAY BE TAKEN WITH FOOD if it upsets the missed dose and go back to your regular dosing schedule. Do not take 2 doses at once.

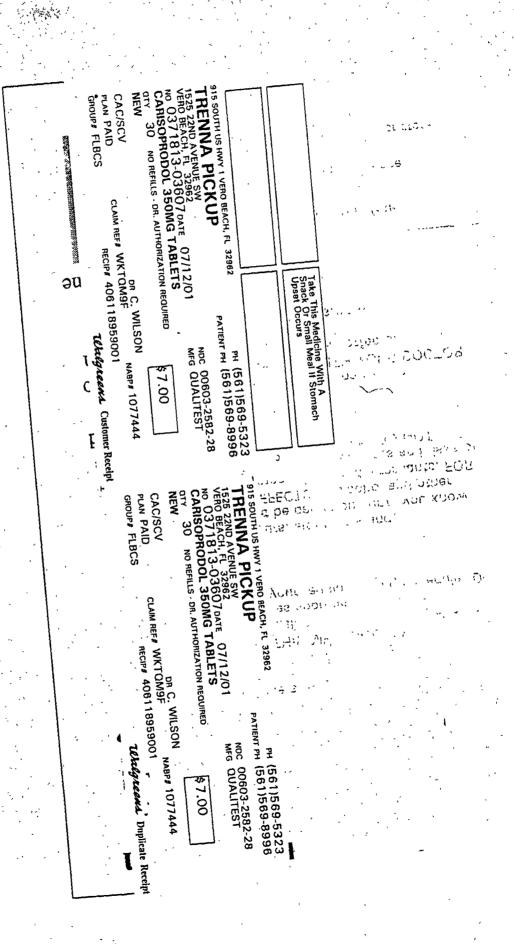
TIONS:

IF YOU HAVE HAD A SEVERE ALLERGIC REACTION to codeine, hydrocodone, dihydrocodeine, or oxycodone (such as Tylox, includes a severe rash, hives, breathing difficulties, or dizziness. If you have a question about whether you are allergic reaction allergic to this Tylenol with Codeine, Vicodin), contact your doctor or pharmacist BEFORE TAKING THIS MEDICINE. A severe allergic reaction medicine or if a certain medicine contains codeine, hydrocodone, you have a question about whether you are allergic reaction sortaking this medicine for longer than prescribed may be eabling of eyelids, face, or lips; or if you develop a rash or historian allocation and the end of the severe allergic reaction are allergic reaction and the severe allergic reaction or taking this medicine for longer than prescribed may be habit-forming. Allocation without checking with your doctor or pharmacist. If allocation is provided to the severe allergic reaction and the severe allergic reaction allocations without the contact your doctor or pharmacist. If allocation is provided to the severe allergic reaction without the chiral prescribed may be habit-forming. Allocation without checking with your doctor or pharmacist. If allocation is provided to the severe allergic reaction and the severe allergic reaction are allocation. The pharmacist is provided the provided and the severe allergic reaction are allocation and the severe allergic reaction are allocation and the severe allergic reaction are allergic reaction and the severe allergic reaction and the severe allergic reaction are allergic reaction and the severe allergic reaction and the severe allergic reaction are allergic reaction and the severe allergic reaction are allergic reaction and the severe allergic reaction are allergic reaction and the severe allergic re medicine will add to the effects of alcohol and other depressants. DO NOT DRIVE, OPERATE MACHINERY, OR DO ANYTHING ELSE alcohol may lessen your ability to drive or to perform other potentially dangerous tasks. THIS MEDICINE CONTAINS about which medicines contain acetaminophen for pain or fever without checking with your doctor or pharmacist. Ask your acetaminophen may cause liver damage. If you drink alcohol may less the discussion of the property of the pro ACETAMINOPHEN. Do not take additional acetaminophen for pain or fever without chacking with your doctor or pharmacist. Ask your on a daily basis, do not take this medicine without first discussing it with your doctor. Alcohol use combined with acetaminophen may pharmacist if you have questions about which medicines contain acetaminophen. Acetaminophen may cause liver damage. If you drink all this medicine during pregnancy. If YOU PLAN ON BECOMING PREGNANT, discuss with your doctor damage. If you drink all the prescription or over-the-counter, check with your doctor or pharmacist. FOR WOMEN: IF YOU PLAN ON BECOMING PREGNANT, discuss with your doctor the benefits and risks to your baby. OSSIBLE SIDE EFFECTS:

SIBLE SIDE EFFECTS:
SIDE EFFECTS:
SIDE EFFECTS, that may go away during treatment, include dizziness, drowsiness, lightheadedness, constipation, nausea, or experience rash or itching. If you notice other effects not listed above, contact your doctor, nurse, or pharmacist, vomiting. If they continue or are bothersome, check with your doctor. CHECK WITH YOUR DOCTOR AS SOON A

faster service, phone in your refill request 24 hours in advance KEEP OUT OF REACH OF CHILDREN - STORE IN SAFETY CONTAINERS OR SECURE AREA









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TRENNA PICKUP 1525 22ND AVE SW VERO BEACH FL 32962-6140 532 Riverside Avenue P. O. Box 1798 Jacksonville, FL 32231-0014

Please keep this statement for your records. Copies are not available.

THE PAYMENT OR PAYMENTS HAVE BEEN SENT DIRECTLY TO THE PROVIDER OF SERVICE.

CCW064-5975-1097RM FL

DEEN

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**EXPLANATION OF BENEFITS** 

THIS IS NOT A BILL

DATE: 06/26/01

CONTRACT NUMBER

XJB406118959

GROUP NUMBER

91240

ROVIDER OF SERVICE	SERVICE   DATE   FROM   TO   TYPE	OF SERVICE	AMOUNT CHARGE	ALLOWED AMOUNT	DEDUCTIBLE INS	CO- PAYMENT AMOUNT	* SEE PATIENT REMARKS RESPONSI- BELOW BILITY
IRENN	A CLAIM #:	/1163401	2240 SERVICE	DATES: 06/06/1	01-06/06/01 I	TS SERIAL #: 72020	011620195400
EMPI INC	06/06-06/06 ELECT	RODES, PAIR	102.	00 102.00	· <u> </u>	102.00	ı
'EMPI INC	06/06-06/06 DEVIC	E HANDLING		209.20	` ,	9.20	·
~	CLA	IM TOTAL:	, 111.:	20 111.20	, ,	111.20	0.00

REMARKS\*\*\* FOR CUSTOMER SERVICE PLEASE CALL 1-800-322-2808 \*\*\*





532 Riverside Avenue
P. O. Box 1798
Jacksonville, FL 32231-0014

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Please keep this statement for your records. Copies are not available.

THE PAYMENT OR PAYMENTS HAVE BEEN SENT DIRECTLY TO THE PROVIDER OF SERVICE.

CCW064-5975-1097RM FL

DATE: 07/18/01

CONTRACT NUMBER

XJB406118959

GROUP NUMBER

91240

## **EXPLANATION OF BENEFITS**

THIS IS NOT A BILL

PROVIDER OF SERVICE	SERVICE DATE FROM   TO	TYPE OF SERVICE	AMOUNT CHARGED	ALLOWED DEDUCTIBLE	CO- INSURANCE	PAYMENT AMOUNT	* SEE PATIENT REMARKS RESPONSI BELOW BILITY
TRENNA	CLAIM	#: /11934013510	SERVICE D	ATES: 05/18/01-05/18/01	ITS SERIA	#: 7202	0011920145600
/EMPI INC	05/18-05/18	TENS FOUR LEAD	725.00	340.00	1.98	.338.02	
/EMPI INC	05/18-05/18	ELECTRODES, PAIR.	34.00	34.00		34.00	Í
/EMPI INC	05/18-05/18	ELECTRODES, PAIR	24.75	24.72	,	24.72	}
/EMPI INC	05/18-05/18	DEVICE HANDLING	9.50	9.48		9.48	
~		CLAIM TOTAL:	793.25	408.20	1.98	406.22	1.98

REMARKS\*\*\* FOR CUSTOMER SERVICE PLEASE CALL 1-800-322-2808 \*\*\*



August 3, 2001.

Gould, Cooksey, Fennell, O'Neill, Marine, Carter & Hafner, P.A. 979 Beachland Blvd Vero Beach, FL 32963

To Whom It May Concern,

Enclosed are time cards from the date of the accident to the present, a payroll check history report for the year to date and the employer's wage and salary verification that you requested.

Trenna Pickup (SSN: 406-11-8959) has been employed as a dispatcher for our service department from the 10-30-2000 to the present. Ms. Pickup's rate of pay was \$9.25 per hour from 10-30-2000 to 5-23-2001. On 5-23-2001, she received a \$2.00 per hour pay increase. Her present rate of pay is \$11.25 per hour. Ms. Pickup is also covered under the group health insurance plan for Meeks Plumbing, Inc. The group plan is through Blue Cross Blue Shield of Florida, Inc. Our policy number is 91240-01. Meeks Plumbing, Inc. pays for the monthly premium of \$197.90. In addition, she also cleaned the offices and received \$50.00 per week before the accident.

If you have any questions or need additional information, please give me a call at 561-569-2285.

Sincerely,

Meagan A. Kerr Bookkeeper

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requi	res you to	provide us with	the answers to the follo	owing seven q	uestions, and to	return this for	m property.	due the applicant, this lav	~
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· ·	, you lot y	our cooperation	•						
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			*						
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0 0-4 41-			see attached	time	From: care	د سا		•	
2. Dates Abs	ent rollow	ing Accident:			From: Care		Thro	ough	
3. Was Empl	ovee paid	during this abse	ence?	•	_Yes □ No §	H "Yoe"	'. Amount Paid	· •	
·	•	•			,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
4. Is Employe	e entitled	to Benefits und	er a Wage or Salary Co	ntinuation Pla	n? Yes □	No 1			·
<b>.</b>						•			
5. Name of y	our Workn	nen's Compensa	ation Insurer	,			· · · · · ·		
6. Has or will	a claim be	e filed under any	Workmen's Compens	ation Law for	this accident?	Yes □ 1	Vo ₽		
					and accident:	163 🚨 .	10 2		
7. SCHEDUL	E OF WE	EKLÝ EÁRNING:	S — FOR 13 WEEKS F	PRIOR TO DA	TE OF ACCIDEN	T? Our P	auweek.	s-Wed -Tu	م
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		Worked	Overtime or Extra Work	Meals	Board	Прз .	All Other	Gross Earnings	
1. 3.14.01	3.14.01	<del>+</del>	90.00				e	7.5	·
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7. 1.31.01	2.6.01	5	548.34					548.34	
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9. 1-17-01	1.23-01		320.56	~				320.56	
10. [-10-0] 11. [-3-0]	1.16.01	5	447.75		-			447.75	
12.12.27.01	1.2.01	5	458.16 453.88					458.16	
13/2.20.01	12.26-01	5	386.19	······································	<del> </del>		<del></del>	98.08	
TOTAL			5530.95	·			<u> </u>	- 30.11	
					<u> </u>				·

Any person who knowingly and with intent to injure, defraud, or deceive any insurance company files a statement of claim containing any false, incomplete or misleading information is guilty of a felony of third degree.

Employer Melks Plumbing Date 8.3.01 Signed / Title Bookkeeper

## MEEKS PLUMBING, INC.

DETAIL FOR YEAR 2001 SORTED BY EMPLOYEE NUMBER

-	DEPARTMEN	T NO. V4 0	0-24 ADMIN	VERO SER	VICE						,	- 1
	EMPLOYEE/	,	REG	O/T	GROSS	FEDERAL	FICA	MEDICARE	STATE	OTHER	OTHER ,	CHECK
-	CHK DATE	CHK NO	HOURS	HOURS	WAGES	W/H *	W/H	W/H	WH	TAXES ,	DEDUCTIONS	AMOUNT
	V4-PICKTR	DICKUD TO	CNINIA	, cchi	406-11-8959		_			•		· .
٠,		D01358 D	41 50	0.00	433.88	57.44	26.90	6 29	0.00	0.00	0.00	343.25
		D01330 D	40.00	2.75	458 16	61.08	28.41	6.64	0.00	0.00	0.00	362.03
		D01400 D	40.00	2.00	447 75	59 52	27 76	6.49	0.00	0.00	0.00	353.98
		D01421 D	29 25	0.00	320 56	40.44	19 87	4.65	0.00	0.00	0.00	255,60
		D01421 D	40.00	9 00	544.88	74.09	33.78	7.90	0.00	0.00	0.00	429.11
,		D01462 D	40.00	9.25	548.34	74.61	34.00	7.95	, 0.00	0.00	0 00	431.78
		D01482 D	40.00	4.25	478.97	64.20	29.70	6.95	0.00	- 0.00	0.00	378.12
		D01462 D	40.00	4.25	482.44	64.72	29.91	7.00	0.00	0.00	0.00	380.81
		D01507 D	40.00	5.50	446.31	59.30	27 67	6 47	0.00	0.00	0.00	352.87
		D01548 D	40.00	2.25	501 22	67.54	31 08	7 27	0.00	0.00	0.00	395.33
		D01546 D	37.00	0.00	392.25	51.19	24.32	5.69	0.00	0.00	0.00	311 05
		D01570 D	24 00	0.00	222.00	25.66	13 76	3.22	0.00	~ 0,00	0.00	179.36
٠		D01633 D	40.00	6.00	503 25	67.84	31.20	7.30	0.00	0.00	1.48	395.43
ì	03/30/01	D01033 D	40.00	0.00	503 23	07.04	31.20	7.50			_ 1.40	
	PICKTR	QTR 1:	491.75	45.50	5,780.01	767.63	358 36	83.82	0.00	0.00	1.48	4,568.72
t	04/06/01	D01656 D	39 75	0.00	417.69	55.01	25.90	6.06	0.00	0.00	0.00	330.72
		D01679 D	33.50	0.00	309.88	38.84	19 21	4.49	0.00	0,00	0.00	247 34
,	04/20/01	D01702 D	40.00	2.25	401.22	52.54	24 88	5.82	0.00	0 00	0.00	317.98
		D01725 D	20.75	0.00	191.94	21.15	11.90	2.78	0.00	0.00	0 00	156.11
		D01747 D	24.75	0.00	228.94	26.70	14.19	3.32	0.00	0.00	0.00	184.73
		D01769 D	24.00	0.00	222.00	25.66	13 76	3 22	0.00	0.00	0.00	179 36
		D01790 D	29.75	0.00	275.19	33.63	17.06	3.99	, 0.00	0.00	0.00	220.51
		D01831 D	30.25	0.00	340.31	43.40	21.10	4.93	0.00	0.00	0.00	270.88
		D01874 D	42.50	0.00	478.13	64.08	29.64	6.93	0.00	0 00	0.00	377 48
		D01894 D	40.00	4.50	525,94	71.25	32.61	7.63	0.00	0.00_	0.00	414.45
		D01916 D	40.00	5.50	567 81	79.59	35.20	8.23	0.00	0.00	0.00	444.79
•		D01939 D	40.00	0.00	475.00	63.61	29.45	6 89	0.00	0.00	0.00	375 05
		D01961 D	36.75	0.00	438.44	58.12	27.18	6.36	0.00	0.00	0 00	346.78
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	PICKTR	QTR 2:	442.00	12.25	4,872.49	633.58	302.08	70.65	<b>0.00</b>	0 00	0.00	3,866.18
	07/06/01	D01983 D	40.00	4 25	546.72	74 36	33.90	7.93	0.00	0.00	0.00	430.53
		D02005 D	45.00	0.00	531.25	72.04	32.94	7,70	0.00	0.00	0.00	418.57
	07/20/01	D02028 D	40.00	4.50	550.94	75.00	34,16	7.99	0.00	0.00	0.00	433.79
		D02050 D	40.00	7.00	593.13	86.27	36.77	8 60	0.00	0.00 ِ	0.00	461.49
		D02073 D	40.00	1.75	504.53	68.04	31.28	7.32	0.00	0.00	0.00	397.89
•				43.55	0.700.57	275 74	* 460.05	39.54	0.00	0,00	0.00	2,142.27
	PICKTR		205.00	17.50	2,726.57	375.71	169.05	39.54 194.01	0.00	0.00	1.48	2,142.27 10,577.17
	YIL	TOTAL:	1138.75	75.25	13,379.07	1,776.92	829.49	194.01	0.00		1.40	<del></del>
	DEPT V4	TOTAL:	1138.75	75.25	13,379.07	1,776.92	829.49	194.01	0.00	0 00	1.48	10,577.17
	REPOR	T TOTAL.	1138 75	75.25	13,379.07	1,776.92	829.49	194.01	0.00	0.00	1.48	10,577.17
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> TRENNA PICKUP 1525 22ND AVENUE SW

06/15/01

VERO BEACH FL 32962

V4-PICKTR		SOCIAL SEC NO 406-11-8959	PAY RATE 11.250 HW	PERIOD END 06/12/01	STUB NO. D01916
** EARNINGS			HOURS	ТИПОМА	YTD
Regular HOLIDAY OVERTIME CONTRACT			40.00 .00 5.50 .00	450.00 .00 92.81 25.00	8,068.77 164.00 831.29 675.00
** TAX DEDUCT			- , .		
Federal W/H FICA MEDICARE				79.59 35.20 8.23	1,279.48 603.81 141.22
** DEDUCTIONS NEX AIRTIME				.00	1.48
** DIR DEPOSIT	01066064	.01		444.79	7,713.07

CHECK AMOUNT: .00 TOTAL DIR DEP: 444.79 7,713.07
GROSS EARNINGS: 567.81 9,739.06 TOTAL DEDUCT: 123.02 2,025.99
NET EARNINGS: 444.79

TRENNA PICKUP 1525 22ND AVENUE SW VERO BEACH

06/01/01

SOCIAL SEC NO PAY RATE PERIOD END STUB NO. -V4-PICKTR 406-11-8959 11.250 HW 05/30/01 D01874 \*\* EARNINGS HOURS THUOMA YTD Regular 34.50 388.13 7,168.77 HOLIDAY 8.00 90.00 164.00 OVERTIME .00 .00 662.54 CONTRACT .00 .00 650.00 \*\* TAX DEDUCT Federal W/H 64.08 1,128.64 FICA 29.64 536.00 MEDICARE, 6.93 125.36 \*\* DEDUCTIONS . NEX AIRTIME .00 1.48 \* \*\* DIR DEPOSITS 0106606401 377.48 6,853.83

FL 32962

CHECK AMOUNT: .00 TOTAL DIR DEP: 377.48 6,853.83
GROSS EARNINGS: 478.13 8,645.31 TOTAL DEDUCT: 100.65 1,791.48
NET EARNINGS: 377.48

TRENNA PICKUP 1525 22ND AVENUE SW VERO BEACH 05/25/01

*	•		-	*
V4-PICKTR	SOCIAL SEC NO 406-11-8959	PAY RATE 11.250 HW	PERIOD END 05/22/01	STUB NO. D01831
** EARNINGS	. , 1	HOURS	AMOUNT	YTD
Regular HOLIDAY OVERTIME CONTRACT		30.25 .00 .00 .00	.340.31 .00 .00	6,780.64 74.00 662.54 650.00
** TAX DEDUCT	- , •			
Federal W/H FICA MEDICARE			43.40 21.10 4.93	1,064.56 506.36 118.43
** DEDUCTIONS NEX AIRTIME			.00	1.48
** DIR DEPOSITS	5401		270.88	6,476.35

FL 32962

CHECK AMOUNT: .00 TOTAL DIR DEP: 270.88 6,476.35 GROSS EARNINGS: 340.31 8,167.18 TOTAL DEDUCT: 69.43 1,690.83

NET EARNINGS: 270.88

EKS PLUMBING, INC. 111 7TH AVENUE 111 7TH FL 3296	0				
111 7TH AVENUE 3296 ERO BEACH, FL 3296					
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TRENNA PICKUP 1525 22ND AVENUI VERO BEACH	E SW FL 32962				
VERO BELL				,	
		and NO PAY	RATE	PERIOD END ST 05/15/01	UB NO. 001790
	SOCIA 406	AL SEC NO PAY -11-8959 HOU	9,,250	TRUOMA	YTD 6,440.33
4-PICKTR * EARNINGS			9.75	275.19 .00 .00	74.00 662.54 650.00
Regular			.00		•
CONTRACT				33.63 17.06	1,021.16 485.26 113.50
** TAX DEDUCT Federal W/H					113.4
FICA MEDICARE		, and a second			1.4
** DEDUCTIONS  NEX AIRTIME				220.51	6,205.
** DIR DEPOSITS	010660640	1			

		TEP:	220.51 6,205.
	.00 %	TOTAL DIR DEP:	54.68
CHECK AMOUNT:	275.19	7,826.87 TOTAL DED	
GROSS EARNINGS:	220.51		

TRENNA PICKUP 1525 22ND AVENUE SW VERO BEACH

FL 32962

05/11/01

179.36 5,984.96 42.64 1,566.72

V4-PICKTR	SOCIAL SEC NO PAY RATE PERIOD END STUB 406-11-8959 9.250 HW 05/08/01 D017	
** EARNINGS	HOURS AMOUNT YTD	,
Regular HOLIDAY OVERTIME CONTRACT	.00 .00 .00 6	65.14 74.00 62.54 50.00
** TAX DEDUCT		
Federal W/H FICA MEDICARE	13.76 4	87.53 68.20 09.51
** DEDUCTIONS		
NEX AIRTIME	.00	1.48
** DIR DEPOSITS		
0106606	179.36 5,9	84.96

TOTAL DIR DEP:

7,551.68 TOTAL DEDUCT:

CHECK AMOUNT: .00
GROSS EARNINGS: 222.00
NET EARNINGS: 179.36

A\* DIR DEPOSITS

05/04/01 TRENNA PICKUP 1525 22ND AVENUE SW FL 32962 VERO BEACH PERIOD END STUB NO. D01747 SOCIAL SEC NO PAY RATE 406-11-8959 9.250 HW 05/01/01 YTD HOURS -5,943.14 V4-PICKTR 228.94 74.00 .00 24.75 662.54 \*\* EARNINGS . .00 .00 650.00 .003 .00 Regular .00 HOLIDAY OVERTIME 961.87 CONTRACT 26.70 454.44 14.19 106.29 \*\* TAX DEDUCT 3.32 Federal W/H FICA : ..00 MEDICARE \*\* DEDUCTIONS 5,805.60 NEX AIRTIME 184.73

0106606401

	TOTAL DIR DEP: 184.73 .00 7,329.68 TOTAL DEDUCT: 44.21	5,805. 1,524.
CHECK AMOUNT: GROSS EARNINGS: NET EARNINGS:	194 73	

TRENNA PICKUP 1525 22ND AVENUE SW VERO BEACH 04/27/01

V4-PICKTR		SOCIAL SEC NO 406-11-8959	PAY RATE 9.250 HW	PERIOD END 04/24/01	
** EARNINGS			HOURS	TUTOMA	YTD
Regular HOLIDAY OVERTIME CONTRACT			20.75 .00 .00	. 191.94 .00 .00	5,714.20 74.00 662.54 650.00
** TAX DEDUCT					:
Federal W/H FICA MEDICARE				21.15 11.90 2.78	935.17 440.25 102.97
** DEDUCTIONS			212	, , , , , , , , , , , , , , , , , , , ,	
NEX AIRTIME				.00	1.48
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	01066064	101		156.11	5,620.87

FL 32962

CHECK AMOUNT: .00 TOTAL DIR DEP: 156.11 5,620.87
GROSS EARNINGS: 191.94 7,100.74 TOTAL DEDUCT: 35.83 1,479.87
NET EARNINGS: 156.11

## LAW OFFICES OF GOULD, COOKSEY, FENNELL, O'NEILL, MARINE, CARTER & HAFNER, P.A.

JOHN R. GOULD (1921-1988) BYRON T COOKSEY DARRELL FENNELL EUGENE J. O'NEILL\* CHRISTOPHER H. MARINE DAVID M. CARTER

979 BEACHLAND BOULEVARD VERO BEACH, FLORIDA 32963 TELEPHONE (561) 231-1100 FAX (561) 231-2020

TODD W. FENNELL LL.M. TROY B. HAFNER, LL.M.\* SUSAN L CHENAULT BRIAN J. CONNELLY MARSHA P. WIKFORS SANDRA G. RENNICK

> OF COUNSEL SAMUEL A. BLOCK

\*\*FL BOARD CERTIFIED WILLS, TRUSTS AND ESTATES

•FL 30ARD CERTIFIED CIVIL TRIAL AND BUSINESS LITICATION

September 26, 2001

Cambridge Integrated Services Group, Inc. Mr. Eric Sanders P. O. Box 3697 Tallahassee, FL 32315-3697

Re:

Our Client

Your Insured

Trenna Pickup Kmart #7294

Vero Beach, Florida March 15, 2001

Date of Accident

We are writing this letter to present the facts of this claim on behalf of our client, Trenna Pickup, in an effort to settle this claim amicably without the necessity of litigation. This letter and the enclosed materials are submitted only for the purposes of settlement negotiations. In the event litigation is Dear Mr. Sanders: entered, we request that all materials be returned to our office, uncopied. The information we supply herewith is a brief summary of the facts of this claim which would be presented at a trial of this

On March 15, 2001, our client, Trenna Pickup, was a business invitee of your insured, Kmart of Vero Beach, Florida. An employee of your insured was pushing a cart containing large boxes of grills that were to be displayed for sale. As the cart approached Mrs. Pickup, the boxes fell onto Mrs. Pickup matter. striking her neck and back, shoving her forward. Mrs. Pickup was shoved into a display of fans. Mrs. Pickup felt immediate pain in her back and neck. A report of this incident was filed with your insured; however, Mrs. Pickup does not have a copy in her possession.

In the days following her accident, Mrs. Pickup was unable to obtain any relief from her pain. On March 19, 2001, she sought medical treatment from Dr. Joseph Hill of Doctors' Clinic. Dr. Hill noted Mrs. Pickup's complaints of neck stiffness and bilateral low back pain with numbness when walking or when lying on her side, left greater than right. Dr. Hill's examination revealed decreased