FORM B10 (Official Form 10) (4/01)

UNITED STATES BANKRUPTCY COURT Northern DISTRICT OF Illinois

PROOF OF CLAIM

Name of Debtor	Case Number
Kmart Corporation et al	02 B 02474

NOTE This form should not be used to make a claim for an administrative expense arising after the commencement of the case A "request" for payment of an administrative expense may be filed pursuant to 11 U S C § 503

Name of Creditor (The person or other entity to whom the debtor owes money or property)
Lorie Straguadine

Name and address where notices should be sent
Millicent B. Athanason
7262 S.R. 54
New Port Richey FL 34653
Telephone number 727-376-8464

- ☐ 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
- ☒ 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.

THIS SPACE IS FOR COURT USE ONLY

Account or other number by which creditor identifies debtor.
File No: A218303394

Check here if this claim ☐ replaces ☐ amends a previously filed claim, dated _____

1. Basis for Claim

- ☐ Goods sold
- ☐ Services performed
- ☐ Money loaned
- ☒ Personal injury/wrongful death
- ☐ Taxes
- ☐ Other _____

- ☐ Retiree benefits as defined in 11 U.S.C. § 1114(a)
- ☐ Wages, salaries, and compensation (fill out below)

Your SS #: _____ _____ _____

Unpaid compensation for services performed

from _____ (date) to _____ (date)

2. Date debt was incurred: 8-8-01

3. If court judgment, date obtained:

4. Total Amount of Claim at Time Case Filed: $ 100,000.00 +

If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 below.

☐ Check this box if claim includes interest or other charges in addition to the principal amount of the claim Attach itemized statement of all interest or additional charges.

5. Secured Claim.

☐ Check this box if your claim is secured by collateral (including a right of setoff)

Brief Description of Collateral

☐ Real Estate ☐ Motor Vehicle ☐ Other_____

Value of Collateral $_____

Amount of arrearage and other charges at time case filed included in secured claim, if any $_____

6. Unsecured Priority Claim.

☐ Check this box if you have an unsecured priority claim

Amount entitled to priority $_____

Specify the priority of the claim.

- ☐ Wages, salaries, or commissions (up to $4,650),* earned within 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U S C § 507(a)(3)
- ☐ Contributions to an employee benefit plan - 11 U S C § 507(a)(4)
- ☐ Up to $2,100* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U S C § 507(a)(6)
- ☐ Alimony, maintenance, or support owed to a spouse, former spouse, or child - 11 U S C § 507(a)(7)
- ☐ Taxes or penalties owed to governmental units - 11 U S C § 507(a)(8)
- ☐ Other - Specify applicable paragraph of 11 U S C § 507(a)(____)

*Amounts are subject to adjustment on 4/1/04 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment

7. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.

8. Supporting Documents: *Attach copies of supporting documents,* such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary

9. Date-Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.

THIS SPACE IS FOR COURT USE ONLY

3/25/02 ML

RECEIVED
TRUSSELL SERVICE COMPANY
2002 MAR 25 PM 2:34
BANKRUPTCY
753

Date 3/15/02

Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any)

Lorie Straguadine

Penalty for presenting fraudulent claim Fine of up to $500,000 or imprisonment for up to 5 years, or both. 18 U.S.C §§ 152 and 3571

INSTRUCTIONS FOR 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 these 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's 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 creditor 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 creditor's 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, Central District of California), 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:

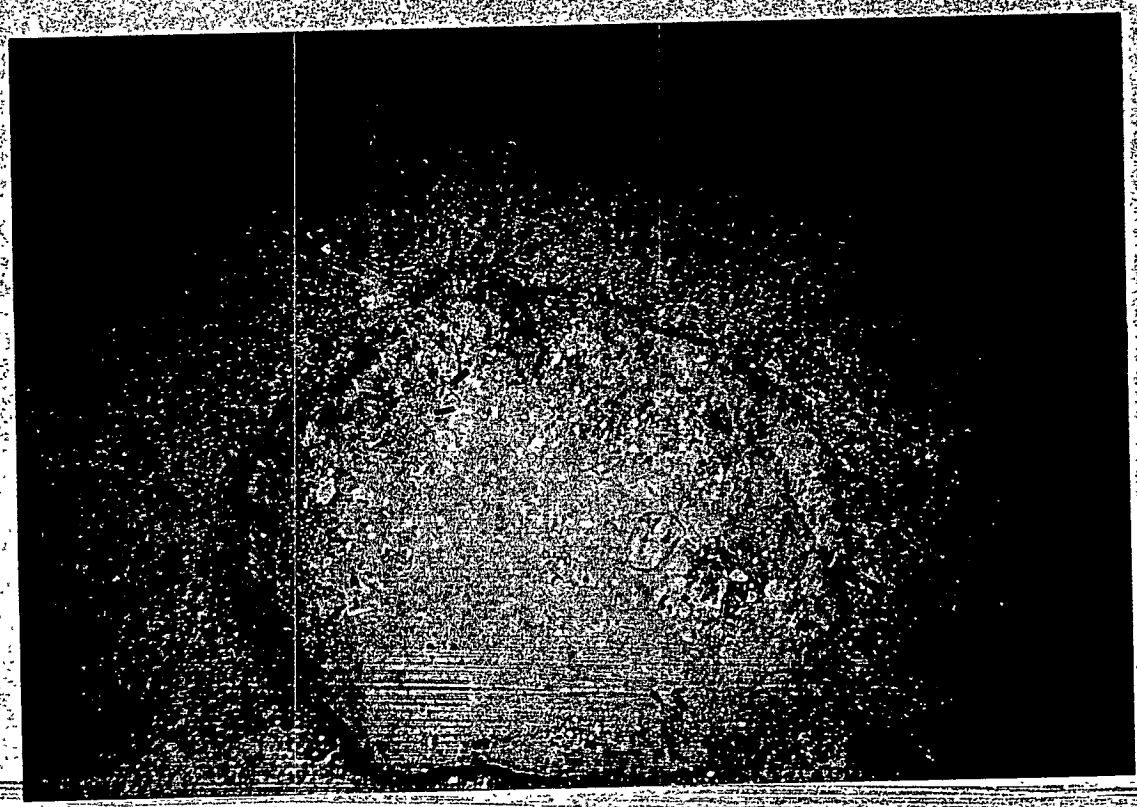
Check the appropriate place if you have an unsecured priority claim, and state the amount entitled to priority (See DEFINITIONS, above). A claim may be partly priority and partly nonpriority if, for example, the claim is for more than the amount given priority by the law Check the appropriate place to 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 available, you must attach an explanation of why they are not available



CAPRI EMERGENCY PHYSICIANS
PO BOX 13894
PHILADELPHIA, PA 19101-3894

BPC

TAX ID# 75-2759039

STATEMENT OF ACCOUNT

Statement Date 11/04/01

Payments received after this date will appear on your next statement

Account Number/Cuentas Del Paciente: BPC846931491

Patient Name LORIE L STRAQUADINE

Guarantor

021603-000084693149l-06

LORIE L STRAQUADINE
11034 MCKINLEY DR
PORT RICHEY, FL 34668

Account Summary

Account Balance	214 00
Amount Pending Insurance:	0 00
Amount Due from Patient (Current):	214 00
Amount Due from Patient (Past Due)	0 00
Pay this amount	214.00

Please refer to the coupon below for payment instructions.

Account Detail

DATE	#	DESCRIPTION	CHARGE	PAID BY FIRST INS	PAID BY OTHER INS	PAID BY PATIENT	AMOUNT ADJUSTED	DUE FROM INSURANCE	DUE FROM PATIENT
08/24/01	1	99283 EMERGENCY EVAL & MGMT (LVL 3) DX 789 09 DR TELESZKY/REGIONAL MED CTR AT BAYONET POINT	214 00						214 00
		Totals	214 00	0 00	0 00	0 00	0 00	0 00	214 00

Important Messages:

THIS STATEMENT IS FOR THE DIRECT TREATMENT AND/OR SUPERVISION OF CARE YOU RECENTLY RECEIVED FROM AN EMERGENCY PHYSICIAN AT REGIONAL MEDICAL CENTER AT BAYONET POINT THE FEES FOR THIS PRIVATE PHYSICIAN ARE BILLED SEPARATELY FROM ANY HOSPITAL CHARGES OR OTHER PROFESSIONAL FEES FOR WHICH YOU MAY ALSO BE RESPONSIBLE THEREFORE SHOULD YOU RECEIVE A BILL FROM THE HOSPITAL OR OTHER PHYSICIANS FOR CHARGES IN CONNECTION WITH THIS VISIT IT WILL NOT INCLUDE THE ITEMS LISTED ON THIS STATEMENT

Question about this statement? / Llame de lunes a viernes? Call 1-800-355-2470 Monday through Friday 9:30AM - 4:00PM.
Your automated system access code is 023-846931491, or you can send email to billing_questions@emcare.com.

PLEASE DETACH AND RETURN BOTTOM PORTION WITH YOUR REMITTANCE FAVOR DE SEPARAR Y MANDAR LA PARTE DE ABAJO CON EL CHEQUE

Statement Date 11/04/01

Account Number/Cuentas Del Paciente: BPC846931491

Patient Name LORIE L STRAQUADINE

Guarantor

LORIE L STRAQUADINE
11034 MCKINLEY DR
PORT RICHEY, FL 34668

Payment Due By / Fecha De Vencimiento	11/24/01
Amount Due / Pague Esta Cantidad	214 00
Amount Enclosed / Cantidad Paga	

The insurance information in our file appears to the right Please make any corrections and/or additions on the reverse side of this form and return it to us Thank you

Insurance information not on file

CREDIT CARDS NOT ACCEPTED AT THIS TIME.
PLEASE PAY USING CHECK OR MONEY ORDER ONLY

0216030000846931491000021400000000000000008

If your address has changed, check this box and complete the reverse side of this form

Make Check/Money Order payable to / Hagase el pago al favor de:

CAPRI EMERGENCY PHYSICIANS BPC
PO BOX 13894
PHILADELPHIA, PA 19101-3894

8632
P.
PAGE 1

DR ANDREW JONAS MD
5901 SW 74 ST STE 202
MIAMI FL 33143-5176

THIS NUMBER MUST APPEAR ON ALL INQUIRIES AND PAYMENTS
18-14-0050666

DATE 9/01/01

LOCATION OF SERVICE
HCA BAYONET POINT MED CTR
14000 FIVAY RD HUDSON,FL

OFFICE PHONE 800-330-6844

FOR SERVICE TO LORIE L.STRAQUADINE

PHONE 727-868-6893

18-14-0050666- 1 ** PRESORT
LORIE L.STRAQUADINE

11034 MCKINLEY DR
PORT RICHEY FL 34668-2231

DR ANDREW JONAS MD
5901 SW 74 ST STE 202
MIAMI FL 33143-5176

MAKE CHECK PAYABLE TO DR ANDREW JONAS MD

AMOUNT PAID

DATE	SERVICES	FEE
ADMITTED 8/31/01	3/09 TC 3/13 3Y JOUD, MOHAMMAD MD TOTAL	313.80
	ADJUSTMENTS	168.80
8/31/01	TOTAL FOR INVOICE- 163924	145.00

THIS AMOUNT IS DUE AND PAYABLE AT THIS TIME. IF YOU HAVE INSURANCE COVERAGE FOR THIS BILL, PLEASE CALL OUR OFFICE WITH THE INFORMATION. WE WILL GLADLY BILL IT FOR YOU. THANK YOU

THE PATHOLOGIST BILL IS SEPARATE FROM THE HOSPITAL BILL. IT COVERS SUPERVISION OF TESTS PERFORMED AND CONSULTATION WITH YOUR DOCTOR.

PLEASE PAY THIS AMOUNT → $145.00

LabCorp
Laboratory Corporation of America

LABORATORY BILL

PLEASE NOTE THESE CHARGES ARE NOT INCLUDED IN YOUR DOCTOR'S FEE

TAX ID #84-0611484

#BWNDJPN * * * 5-DIGIT 34668
#003482942202#

STRAQUADINE LORIE
11034 MCKINLEY DR
PORT RICHEY FL 34668-2231

BILLING DATE 09 11 01

PATIENT STRAQUADINE LORIE
AMOUNT DUE $105.50
INVOICE # : 34829422
DATE OF SERVICE 09/05/01

THIS BILL IS FOR LABORATORY SERVICES REQUESTED BY YOUR PHYSICIAN. PAYMENT IN FULL IS EXPECTED UPON RECEIPT OF THIS INVOICE. THANK YOU FOR ALLOWING US TO SERVE YOU.
* SEE THE BACK FOR CREDIT CARD AND INSURANCE OPTIONS *

Test Information	Price
AEROBIC BACTERIAL CULTURE	$ 68.50
SENSITIVITY ORGANISM #1	37.00

Balance Due	$ 105.50

Referring Physician Information

MELCHIADES LOMAN
5422 US HIGHWAY 19
NEW PORT RICHEY FL 34653

Physician's Account Number 09701882

Test Performed at:

LABCORP
5610 W LASALLE STREET
TAMPA FL 33607

Make check payable to:

LabCorp Holdings
or
SEE REVERSE SIDE FOR INSURANCE/PAYMENT OPTIONS
or
VISIT: www.labcorp.com/billing

*** ? ? Questions ? ? ***
CALL 1-800-845-6167
8:00AM - 5:00PM(EASTERN TIME) MON-FRI
or FAX TOLL FREE 1-866-227-2939

Please retain this section for your records 124848230530

Only your physician can answer questions concerning diagnosis

FOR PROPER CREDIT RETURN THIS PORTION WITH YOUR PAYMENT

11034 MCKINLEY DR
PORT RICHEY FL 34668-2231

TERMS PAYABLE ON RECEIPT

INVOICE NO.
34829422
PAY THIS AMOUNT
$105.50

PLEASE DO NOT SEND CASH

FOR LORIE STRAQUADINE

WEB PAYMENT AND INSURANCE FILING OPTIONS ARE AVAILABLE AT
www.labcorp.com/billing

Laboratory Corporation of America Holdings
P.O. BOX 2240
BURLINGTON, NORTH CAROLINA 27216-2240

NIDAUQARTS*L**** 12484823 0530**** 1 0105509

STATEMENT

Radiology Associates - Billing Off. . 84664371
6806 Cecelia Drive
New Port Richey FL 34653

IRS# 59-1941740 Phone 727/841-8225 Ext. 102 or 103

ACCOUNT NUMBER	DATE OF STATEMENT
84664371	09/28/2001
PATIENT'S PHONE NUMBER	PATIENT'S DATE OF BIRTH
(727)868-6898	05/06/1966
EMPLOYER	PRIMARY INSURANCE
	132604248
ADMISSION DATE	SECONDARY INSURANCE
08/09/2001	

PATIENT
STRAQUADINE LORIE L

We accept MasterCard, VISA and Discover. See Credit Card information on back.
We will file insurance for you See information on back

AMOUNT PAID	
AMOUNT DUE	$194.00

MAKE CHECK PAYABLE & REMIT TO

*6 *******5-DIGIT 34668

LORIE L STRAQUADINE
11034 MCKINLEY DR
PORT RICHEY FL 34668-2231

Radiology Associates 84664371
PO Box 1175
New Port Richey FL 34656-1175

RADIA003-0044940-0000708-0132571-001-000845-#001844

☐ PLEASE CHECK BOX IF ABOVE ADDRESS IS INCORRECT AND INDICATE CHANGES ABOVE

DETACH HERE AND RETURN THIS TOP PORTION WITH YOUR PAYMENT USING THE RETURN ENVELOPE ENCLOSED

DATE	DIAGNOSIS	CODE	DESCRIPTION OF SERVICES	AMOUNT
08/09/01	466.0	71010-26	CHEST 1 VIEW	$30.00
08/09/01	922.4	72193-26	CT PELVIS WITH CON	$134.00
08/10/01	496	71010-26	CHEST 1 VIEW	$30.00

PAYMENT IS DUE ON THIS ACCOUNT!! OUR OF FICE WILL APPRECIATE YOUR PROMPT ACTION TO THIS MATTER. THANK YOU

PATIENT	ACCOUNT NUMBER	BALANCE DUE	
STRAQUADINE LORIE L	84664371		$194 00

OCATION OF SERVICE	PHYSICIAN PERFORMING SERVICE	DATE OF STATEMENT
REGIONAL MEDICAL CTR B 14000 FIVAY ROAD · HUDSON FL 34667	GABOR A RONA MD	09/28/2001

INJURY DATE	ADMISSION DATE	DISCHARGE DATE	REFERRING PHYSICIAN	*PLACE OF SER CE
	08/09/2001		MOHAMMAD JOUD MD	1 HOSPITAL 4 2 OUTPATIENT HOSPITAL 5 3 DOCTOR'S OFFICE AND 6 4 EMERGENCY ROOM

RADIA003-0044940-0000708-0132571-001-000845-#001844

Radiology Associates - Billing Office
6806 Cecelia Drive
New Port Richey FL 34653

IRS# 59-1941740 Phone: 727/841-8225 Ext. 102 or 103

Confidential Patient Information
Prescription Profile
08/01/2001 through 09/08/2001

9332 US 19
PORT RICHEY, FL 34663
(727)842-3557

Patient Info LORIE L STRAQUADINE Date of Birth 05/06/1966 Gender F
11034 MCKINNLEY DR
PORT RICHEY, FL 34668
(727)868-3339
Allergy Conditions
Health Conditions None on File

Prescription Number	Medication	RPh	Prescriber	Date of Service	Quantity	Price
1320675-03836	CEPHALEXIN 500MG CAPSULES	RWF	SMITH, R	08/13/01	28.000	21 79
NDC	55953-0114-70		Total Fillings: 1	Subtotal:	28 000	21.79
1320676-03836	ROXICET 5MG/325MG TABLETS	RWF	SMITH, R	08/13/01	40.000	17.09
NDC	00054-4650-29		Total Fillings 1	Subtotal·	40.000	17.09
1321278-03836	HYDROCODONE/APAP 7.5/750 T	MTM	SMITH, R	08/15/01	30 000	16 99
NDC	52544-0387-05		Total Fillings 1	Subtotal:	30.000	16.99
1324132-03836	ROXICET 5MG/325MG TABLETS	MTM	TELESZKY, L	08/24/01	16 000	9.59
NDC	00054-4650-29		Total Fillings. 1	Subtotal·	16.000	9.59
1324136-03836	CEPHALEXIN 500MG CAPSULES	MTM	TELESZKY, L	08/24/01	40 000	29 09
NDC	55953-0114-70		Total Fillings 1	Subtotal·	40.000	29 09
1327875-03836	HYDROCODONE/APAP 7.5/750 T	JAB	LOMAN, M	09/05/01	30 000	16 99
NDC	52544-0387-05		Total Fillings 1	Subtotal	30.000	16 99
1327876-03836	CEPHALEXIN 500MG CAPSULES	JAB	LOMAN, M	09/05/01	40 000	29.09
NDC	55953-0114-70		Total Fillings 1	Subtotal.	40.000	29 09
1327877-03836	METRONIDAZOLE 500MG TABLET	JAB	LOMAN, M	09/05/01	20.000	0.00
NDC	00172-3007-60		Total Fillings 1	Subtotal:	20.000	0.00
			Total Scripts 8	Total		140 63

The Manager and Staff at Walgreens
Thank You For Your Patronage

Scott R. Griffith D.M.D.,P.A.
Dr. Jay H. Rosoff
Dr. Bryan N. Griffith
11839 Oak Trail Way
Port Richey, FL 34668
1(727)862-3535

PATIENT TRANSACTIONS

ACCOUNT : 868200, Lorie Straquadine

PATIENT : 868201, Lorie Straquadine

DATE	PATIENT	ID	CODE	D$	DR	*	T	SURF.	DESCRIPTION	PROD.	CHARGES	CHG ADJ	PAYMENT	PAY. ADJ	BALANCE
10/16/01	Lorie	868201	80299	19	19		A		Quantitation Of Drug, S	25 00					25 00
10/16/01	Lorie	868201	99202	19	19		A		Initial Eval.	165.00					190.00
									PATIENT TOTALS	190.00	0.00	0.00	0 00	0.00	

Total Tax on productions and charges $ 0.00

PATIENT AGING

	Current	30 days	60 days	90 days	Credits	Total
Balance	190.00	0.00	0.00	0.00	0.00	190.00
Insurance	190.00	0.00	0.00	0.00		190.00

Account BP Balance $ 0.00

WOMEN'S CARE CENTER
5422 US HIGHWAY 19
NEW PORT RICHEY FL 34652

ADDRESS SERVICE REQUESTED
PHONE NO.: (727) 849-1659
FED I.D. #: 592557728
PATIENT: LORIE STRAQUADINE
PROVIDER: LISA LYNN VENDELAND DO

☐ Please check box if your address is incorrect or insurance information has changed and indicate change(s) on reverse side

09/04/01 $389 00 29052

PAGE NO. 1

ADDRESSEE

LORIE STRAQUADINE
11034 MCKINLEY DRIVE
PORT RICHEY FL 34668

WOMEN'S CARE CENTER
5422 US HIGHWAY 19
NEW PORT RICHEY FL 34652

03617145 YZ53

PLEASE DETACH AT PERF AND RETURN TOP PORTION WITH YOUR PAYMENT

STATEMENT

DIAG CODE	SERVICE DATE	PROCEDURE REFERENCE	PATIENT NAME	LOC	DESCRIPTION	CHARGES/PAYMENTS/ADJ PATIENT	CHARGES/PAYMENTS/ADJ INSURANCE
922.4	08/09/01	99253	LORIE	IH	CONSULT 3	205.00	
922.4	08/09/01	10140	LORIE	IH	INCISION & DRAINAGE OF HEMATOMA	184.00	

CURRENT	30 - 60	60 - 90	90 - 120	OVER 120		PATIENT	INSURANCE
389.00	.00	.00	.00	.00	PLEASE PAY THIS AMOUNT >>>	$389 00	.00

ANALYSIS OF PATIENT NEW BALANCE		
09/04/01	.00	29052
STATEMENT DATE	PATIENT PAID YTD	ACCOUNT NUMBER

WOMEN'S CARE CENTER

P O BOX 7627
FT WASHINGTON PA 19034
ADDRESS SERVICE REQUESTED

NCO FINANCIAL SYSTEMS INC

1-800-707-2637
OFFICE HOURS
8AM-9PM MON THRU THURSDAY
8AM-5PM FRIDAY
8AM-12PM SATURDAY
Sep 7, 2001

#BWNBWFC
#370BL8/8#

LORIE STRAQUADINE
11034 MCKINLEY DR
PORT RICHEY, FL 34668

CREDITOR CAPRI EMERGENCY PHYSICIANS
ACCOUNT # 846643716 0140348
REGARDING STRAQUADINE, LORIE L
BALANCE PAST DUE $ 477 00

Your Credit Rating Is In Jeopardy

If this account is not resolved after thirty (30) days, it will be referred to the credit bureau.

The named creditor has placed this account with our office for collection It is important that you forward payment in full

If you choose not to respond to this notification, we will assign your account to a collector with instructions to liquidate this balance.

Send payment in full to the address below.

Returned checks will be subject to the maximum fees allowed by your state.

Unless you notify this office within 30 days after receiving this notice that you dispute the validity of the debt or any portion thereof, this office will assume this debt is valid If you notify this office in writing within 30 days from receiving this notice, this office will obtain verification of the debt or obtain a copy of a judgement and mail you a copy of such judgement or verification. If you request this office in writing within 30 days after receiving this notice, this office will provide you with the name and address of the original creditor, if different from the current creditor

This is an attempt to collect a debt Any information obtained will be used for that purpose This is a communication from a debt collector

PLEASE RETURN THIS PORTION WITH YOUR PAYMENT (MAKE SURE ADDRESS SHOWS THROUGH WINDOW)

Account #	Due Date	Total Balance
370BL8		$ 477 00

LORIE STRAQUADINE

Payment Amount

$

Make Payment To

NCO FINANCIAL SYSTEMS
PO BOX 41457
PHILADELPHIA PA 19101-1457

NCO 81
15521

0199003708L8600000001000000000004770008

0054591

STRAQUADINE 00008466437100311000020642116

CRMC AT BAYONET POINT
P O BOX 917100
ORLANDO FL 32891-7100
(727) 869-5404

474

STATEMENT DATE 08/18/01

ACCOUNT NUMBER	PATIENT NAME	STATEMENT PERIOD	AMOUNT DUE
84664371	STRAQUADINE LORIE L	INPATIENT 08/09/01 TO 08/13/01	$20,642.11

STRAQUADINE LORIE L
11034 MCKINLEY DR
PORT RICHEY FL 34668

MAIL PAYMENT TO
CRMC AT BAYONET POINT
P.O BOX 917100
ORLANDO FL 32891-7100
(727) 869-5404

TO RECEIVE PROPER CREDIT, PLEASE RETURN THIS PORTION WITH YOUR PAYMENT
NOTE. SHOULD YOU WISH TO PAY BY CREDIT CARD, SEE AUTHORIZATION NOTICE ON THE BACK.

SUMMARY OF ACCOUNT

CRMC AT BAYONET POINT
P.O. BOX 917100
ORLANDO FL 32891-7100
(727) 869-5404

STATEMENT DATE 08/18/01

STATEMENT PERIOD	PATIENT NAME	ACCOUNT NUMBER
08/09/01 TO 08/13/01	STRAQUADINE LORIE L	84664371

THE INSURANCE CLAIMS OUTSTANDING REPRESENTS OUR ESTIMATE OF INSURANCE LIABILITY BASED ON OUR BEST INFORMATION

ACCOUNT BALANCE LAST STATEMENT	NEW CHARGES OR ADJUSTMENTS	NEW PAYMENTS OR CREDITS	NEW ACCOUNT ADJUSTMENTS	INSURANCE CLAIMS OUTSTANDING	AMOUNT DUE
0.00	20642.11	0.00	0.00	0.00	$20,642.11

DATE	DESCRIPTION	UNITS	AMOUNT	DATE	DESCRIPTION	UNITS	AMOUNT
08/13/01	INPATIENT SERVICES				PHARMACY	18	665.23
	IV SOLUTIONS	15	1,179.00		OTHER PHARMACY	26	263.10
	MED-SUR SUPPLIES	12	971.00		STERILE SUPPLY	24	1,114.00
	LABORATORY	11	110.00		LAB/CHEMISTRY	4	338.00
	LAB/HEMATOLOGY	15	681.00		LAB/UROLOGY	1	16.00
	PATHOLOGY LAB	1	85.00		DX X-RAY/CHEST	2	318.00
	CT SCAN/BODY	1	1,473.00		OR SERVICES	2	5,721.00
	ANESTHESIA	2	1,177.00		RESPIRATORY SVC	11	385.00
	EMERG ROOM	1	858.00		DRUGS/CHEMO/CONTRAST	3	296.78
	RECOVERY ROOM	3	1,431.00		OBSERVATION		0.00
					ROOM CHARGES		3,560.00
					TOTAL CHARGES		20,642.11
					ACCOUNT BALANCE		20,642.11
08/16/01	ALL STATE BILLED				DUE FROM PATIENT		20,642.11

IF YOU HAVE QUESTIONS REGARDING YOUR ACCOUNT, PLEASE CALL: 727-869-5404
INSURANCE BILLED. PLEASE PAY PATIENT BALANCE.

THANK YOU FOR CHOOSING COLUMBIA REGIONAL MEDICAL CENTER AT BAYONET POINT.
BILLING INFORMATION: PASCO 727-869-5404 ALL OTHERS 800-861-0141

THIS BILL IS FOR HOSPITAL SERVICES ONLY
PLEASE RETAIN THIS PORTION FOR YOUR RECORDS

REGIONAL MEDICAL CENTER BAYONET POINT
P.O BOX 1021
LOUISVILLE, KY 40201

September 25, 2001

Re: Lorie L Straquadine
Account Number: 84693149
Discharge Date: 08/24/01

403112-124103618-A3

Balance Due : $544.26

Lorie L Straquadine
11034 McKinley Dr
Port Richey, FL 34668

381

Dear Lorie L Straquadine

Thank you for selecting us for your medical services. We tried to make your visit as brief and pleasant as possible. We trust that you found our commitment to patient care to be of the highest standard.

We would like to remind you of an unpaid balance due the hospital, as shown above. You agreed to accept full responsibility for all costs associated with your treatment. If you have any insurance information that has not already been filed, please contact us immediately at the phone number below.

We would like to receive payment as soon as possible. Payment can be made by money order, credit card or check, made payable to the hospital. Include your account number to ensure that the payment is properly credited. We also offer the convenience of paying your account by telephone with any major credit card. Why not call one of our patient account specialists and let them handle it for you? If you are unable to pay the full balance at this time, please contact our extended business office at the number shown below. A patient account specialist will help you select the best payment method.

If your payment and this letter crossed in the mail, thank you. As a healthcare leader, we hope you will call upon us to meet any future needs.

PATIENT ACCOUNT SERVICES
Toll Free : 1-800-223-9899
Dept de Espanol: 1-800-377-2047
Call Hours: MON-FRI 8AM-9PM SAT 9AM-1PM ET

Please Detach and Return This Portion With Your Payment

P. O. Box 1021
Louisville, KY 40201

September 25, 2001

Lorie L Straquadine
11034 McKinley Dr
Port Richey, FL 34668

Account Nbr:84693149
Associated Accounts: 1
Amount Due: $544.26

Payment Amount Enclosed:

Credit Card Authorization (Please check one)

☐ ☐ VISA ☐ DISCOVER ☐ AMERICAN EXPRESS

Credit Card Number Exp. Date

$

Cardmember's Signature Amount

SEND PAYMENT TO ADDRESS BELOW:

REGIONAL MEDICAL CENTER BAYONE
P.O. BOX 917100
ORLANDO, FL 32891

STRAQUADINE 00008469314900311000000544269

0469CL

REGIONAL MEDICAL CENTER BAYONET POINT
P O. BOX 1021
LOUISVILLE, KY 40201

September 25, 2001

Re: Lorie L Straquadine
Account Number: 84693081
Discharge Date: 08/23/01

403112-124103617-A3

Balance Due : $145.00

Lorie L Straquadine
11034 McKinley Dr
Port Richey, FL 34668

380

Dear Lorie L Straquadine

Thank you for selecting us for your medical services. We tried to make your visit as brief and pleasant as possible. We trust that you found our commitment to patient care to be of the highest standard.

We would like to remind you of an unpaid balance due the hospital, as shown above. You agreed to accept full responsibility for all costs associated with your treatment. If you have any insurance information that has not already been filed, please contact us immediately at the phone number below.

We would like to receive payment as soon as possible. Payment can be made by money order, credit card or check, made payable to the hospital. Include your account number to ensure that the payment is properly credited. We also offer the convenience of paying your account by telephone with any major credit card. Why not call one of our patient account specialists and let them handle it for you? If you are unable to pay the full balance at this time, please contact our extended business office at the number shown below. A patient account specialist will help you select the best payment method.

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PATIENT ACCOUNT SERVICES
Toll Free : 1-800-223-9899
Dept de Espanol: 1-800-377-2047
Call Hours: MON-FRI 8AM-9PM SAT 9AM-1PM ET

Please Detach and Return This Portion With Your Payment

P. O. Box 1021
Louisville, KY 40201

September 25, 2001

Lorie L Straquadine
11034 McKinley Dr
Port Richey, FL 34668

Account Nbr:84693081
Associated Accounts: 1
Amount Due: $145.00

Payment Amount Enclosed:

Credit Card Authorization (Please check one)

☐ ☐ VISA ☐ DISCOVER ☐ AMERICAN EXPRESS

Credit Card Number

Exp. Date

$ Amount

Cardmember's Signature

SEND PAYMENT TO ADDRESS BELOW:

REGIONAL MEDICAL CENTER BAYONE
P.O. BOX 917100
ORLANDO, FL 32891

STRAQUADINE 00008469308100311000000145005

N #59-2665007
S #321-30-5533
C #3678FL

Price

QUALITY DENTAL CARE
WOODROW D WHEETLEY, D D S., M.S
12123 LITTLE ROAD, HUDSON, FL 34667
(727) 862-5474

17856
№ 26575
General Dentistry

AGNOSTIC/X-RAYS	FEE
150 Initial Oral Exam	$
120 Periodic Oral Exam	$
130 Emergency Oral Exam	$
210 Full Mouth X-Ray	$
220 Periapical X-Ray - Single	$
230 Periapical X-Ray - Ea Addl	$
272 Bitewing - 2	$
274 Bitewing - 4	$
330 Panorex	$
470 Diagnostic Cast	$
	$

REVENTIVE	
110 Prophylaxis - Adult	$
120 Prophylaxis - Child	$
1110 Prophylaxis - Preventive Perio	$
1203 Flouride Treatment - Child	$
1204 Flouride Treatment - Adult	$
1351 Sealants - Tooth #s	$
	$

ESTORATIVE		
CODE	SURFACE	TOOTH
Amalgam Restorations (Incl. Polishing)		
2140 One Surface		$
2150 Two Surfaces		$
2160 Three Surfaces		$
2161 Four Surfaces		$
Composite Restorations		
2330 Resin One Surface		$
2331 Resin Two Surface		$
2332 Resin Three Surfaces		$
2335 Resin Four Surfaces		$
Crowns-Single Restorations Only		
2750 Porc/High Noble		$
2790 Gold/High Noble		$
2791 Porc/Pre Base Metal		$
2792 Porc/Noble Metal		$
Other Resorative Services		
2710 Crown-Gold 3/4 cast)		$
2810 Recement Inlay		$
2920 Recement Crowns	1	$ 35.00
2930 Stainless Steel-Prim		$

RESTORATIVE CON'T.	TOOTH	FEE
☐ 2931 Stainless Steel-Perm		$
☐ 2940 Sedative Filling		$
☐ 2950 Crwn Bld-up Pin Rtn		$
☐ 2952 Cast Post & Core		$
☐ 2954 Prefab Post Core		$
☐		$
☐		$

IV. ENDODONTICS	TOOTH	FEE
☐ 33__		$
☐ 33__		$
☐ 33__		$
Root Canal Therapy		
☐ 3110 Pulp Cap		$
☐ 3310 Anterior		$
☐ 3320 Bicuspid		$
☐ 3330 Molar		$
☐		$
☐		$

V. PERIODONTICS	TOOTH	FEE
☐ 4110 Perio Ex & Charting		$
☐ 4240 Gingival Flap Curettage inc root planing		$
☐ 4260 Osseous Surgery		$
☐ 4270 Pedicle soft tissue graft		$
☐ 4341 Root Planing - per quadrant		$
☐ 4345 Light scale & polish in presence of gingivitis		$
☐ 4910 Perio Maintenance		$
☐		$
☐		$

VI. PROSTHETICS - REMOVABLE	FEE
Complete Dentures	
☐ 5110 Complete Upper	$
☐ 5120 Complete Lower	$
☐ 5130 Immediate Upper	$
☐ 5140 Immediate Lower	$
Partial Dentures	
☐ 5213 Upper Partial	$
☐ 5214 Lower Partial	$
☐ 54__ Adjustment to Denture	$

Patient's Name Lorentsen Lonie
Date of Service 1-22-02

☐ THIS IS A PRE-TREATMENT ESTIMATE
Circled fees are for services performed

X-Rays Enclosed ( ) Yes ( ) No

PROSTHETICS CON'T		FEE
☐ 55__ Repairs to Complete Dentures		$
☐ 56__ Repairs to Partial Dentures		$
☐ 57__ Denture rebase		$
☐ 57__ Denture reline		$

VII. PROSTHETICS-REMOVABLE	TOOTH	FEE
Bridge Pontics		
☐ 6210 Pontic-Cast High Noble		$
☐ 6240 Pontic-Porcelain/High Noble		$
☐ 6930 Recement Bridge		$
Crown Abutments		
☐ 6750 Crown-Porcelain/High Noble		$
☐ 6790 Crown - Full Cast		$
☐ 67__		$
☐ 67__		$
☐ 6970 Cast Post and Core		$
☐		$

VIII. ORAL SURGERY	TOOTH	FEE
Extractions		
☐ 7110 Simple, single		$
☐ 7120 Simple, additional		$
☐ 7210 Surg, erupted		$
☐ 7220 Surg, soft tissue		$
☐ 7230 Surg, partial bony		$
☐ 7240 Surg, comp bony		$
☐ 7__		$
☐ 7__		$

IX. OTHER SERVICES	FEE
☐ 9110 Palliative (Emergency) Treatment	$
☐ 9215 Local Anesthesia	$
☐ 9230 Analgesia	$
☐	$

reviewed the following treatment plan I authorize of any information relating to this claim I understand n responsible for all costs of dental treatment

ed (Patient, or Parent if Minor) Date

I hereby authonze payment of the dental benefits otherwise payable to me directly to the above named dental entity

Signed (Patient, or Parent if Minor) Date

ist s Signature Date

Previous Balance	$
Today's Charges	$ 35
TOTAL	$ 35
Payment Received	$ 30
New Balance	$ 5

QUALITY DENTAL CARE

Complete Family Dental Care

12123 LITTLE ROAD
HUDSON, FLORIDA 34667
PHONE (727) 862-5474

Hours by appointment

DENTAL ESTIMATE

NAME Lorrie Lorentsen DATE 1-22-02

NO.	PROCEDURE	AMOUNT
	EXAMINATION ✓ 45	
	X-RAYS ___ X/RAY SCAN ✓	
	CLEANING ___ FLOURIDE ✓ 45	
	GUM AND BONE TREATMENTS	
	CROWNS (CAPS) ___	
	FIXED BRIDGE ~~Select 3=14~~	4,668
	ROOT CANAL ___ 1 RT. ___ 2 RTS. ___ 3 RTS	
	FILLINGS	
	EXTRACTIONS	
	IMPACTIONS	
	ORAL SURGERY ___ BONE TRIMS	
	DENTURES ___ IMMED. INCL. 3 ADJ'S	
	PARTIALS ___ IMMED. INCL. 3 ADJ'S	
	RELINES ___ INCL. 1 ADJ.	
	REPAIRS	
	ESTIMATE ONLY	
	TOTAL ESTIMATE	

WOODROW DEAN WHEETLEY, D.D.S., M.S.

This Estimate Is Valid For 30 Days
Payment Is Due At Time Of Service

TIN #59-2665007
S S #321-30-5533
LIC #3678FL

Peer

QUALITY DENTAL CARE
WOODROW D. WHEETLEY, D D.S., M.S.
12123 LITTLE ROAD, HUDSON. FL 34667
(727) 862-5474

17E
No 2
General D

I. DIAGNOSTIC/X-RAYS	FEE
☐ 0150 Initial Oral Exam	$
☐ 0120 Periodic Oral Exam	$
☐ 0130 Emergency Oral Exam	$
☐ 0210 Full Mouth X-Ray	$
☐ 0220 Periapical X-Ray - Single	$
☐ 0230 Periapical X-Ray - Ea Addl	$
☐ 0272 Bitewing - 2	$
☐ 0274 Bitewing - 4	$
☐ 0330 Panorex	$
☐ 0470 Diagnostic Cast	$
☐ ___ _____	$
II. PREVENTIVE	
☐ 1110 Prophylaxis - Adult	$
☐ 1120 Prophylaxis - Child	$
☐ 4910 Prophylaxis - Preventive Perio	$
☐ 1203 Flouride Treatment - Child	$
☐ 1204 Flouride Treatment - Adult	$
☐ 1351 Sealants - Tooth #s _____	$
☐ _____	$

III. RESTORATIVE	CODE SURFACE	TOOTH	FEE
Amalgam Restorations (Incl. Polishing)			
☐ 2140 One Surface			$
☐ 2150 Two Surfaces			$
☐ 2160 Three Surfaces			$
☐ 2161 Four Surfaces			$
Composite Restorations			
☐ 2330 Resin One Surface			$
☐ 2331 Resin Two Surface			$
☐ 2332 Resin Three Surfaces			$
☐ 2335 Resin Four Surfaces			$
Crowns-Single Restorations Only			
☐ 2750 Porc/High Noble			$
☐ 2790 Gold/High Noble			$
☐ 2751 Porc/Pre Base Metal			$
☐ 2752 Porc/Noble Metal			$
Other Resorative Services			
☐ 2810 Crown-Gold 3/4 cast)			$
☐ 2910 Recement Inlay			$
☐ 2920 Recement Crowns		1	$ 35.00
☐ 2930 Stainless Steel-Prim			$

RESTORATIVE CON'T.	TOOTH	FEE
☐ 2931 Stainless Steel-Perm		$
☐ 2940 Sedative Filling		$
☐ 2950 Crwn Bld-up Pin Rtn		$
☐ 2952 Cast Post & Core		$
☐ 2954 Prefab Post Core		$
☐ ___ _____		$
☐ ___ _____		$
IV. ENDODONTICS	**TOOTH**	
☐ 33__ _____		$
☐ 33__ _____		$
☐ 33__ _____		$
Root Canal Therapy		
☐ 3110 Pulp Cap		$
☐ 3310 Anterior		$
☐ 3320 Bicuspid		$
☐ 3330 Molar		$
☐ ___ _____		$
☐ ___ _____		$
V. PERIODONTICS	**TOOTH**	
☐ 4110 Perio Ex & Charting		$
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☐ 4260 Osseous Surgery		$
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☐ 4910 Perio Maintenance		$
☐ ___ _____		$
☐ ___ _____		$
VI. PROSTHETICS - REMOVABLE		
Complete Dentures		
☐ 5110 Complete Upper		$
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☐ 5130 Immediate Upper		$
☐ 5140 Immediate Lower		$
Partial Dentures		
☐ 5213 Upper Partial		$
☐ 5214 Lower Partial		$
☐ 54__ Adjustment to Denture		$

Patient's Name Lorentsen
Date of Service 1-22-

☐ **THIS IS A PRE-TREATMENT ESTIMATE**
Circled fees are for services performed.

X-Rays Enclosed ( ) Yes ( ) N

PROSTHETICS CON'T.	
☐ 55__ Repairs to Complete Dentures	$
☐ 56__ Repairs to Partial Dentures	$
☐ 57__ Denture rebase	$
☐ 57__ Denture reline	$

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☐ 6240 Pontic-Porcelain/High Noble		$
☐ 6930 Recement Bridge		$
Crown Abutments		
☐ 6750 Crown-Porcelain/High Noble		$
☐ 6790 Crown - Full Cast		$
☐ 67__ _____		$
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☐ 6970 Cast Post and Core		$
☐ ___ _____		$

VIII. ORAL SURGERY	TOOTH	
Extractions		
☐ 7110 Simple, single		$
☐ 7120 Simple, additional		$
☐ 7210 Surg , erupted		$
☐ 7220 Surg , soft tissue		$
☐ 7230 Surg , partial bony		$
☐ 7240 Surg , comp bony		$
☐ 7__ _____		$
☐ 7__ _____		$

IX. OTHER SERVICES	
☐ 9110 Palliative (Emergency) Treatment	$
☐ 9215 Local Anesthesia	$
☐ 9230 Analgesia	$
☐ ___ _____	$

I have reviewed the following treatment plan. I authorize release of any information relating to this claim I understand that I am responsible for all costs of dental treatment.

▶ _____
Signed (Patient, or Parent if Minor) Date

I hereby authorize payment of the dental benefits otherwise payable to me directly to the above named dental entity

▶ _____
Signed (Patient, or Parent if Minor) Date

_____
Dentist's Signature Date

Previous Balance	$
Today's Charges	$ 35
TOTAL	$ 35
Payment Received	$ 30
New Balance	$ 5

WOMEN'S CARE CENTER

Melchiades J Loman, M D , FACOG* • Robert L Smith, Jr , M D * • Lisa Lynn Vendeland, D O

*Diplomates of The American Board of Obstetrics and Gynecology

September 5, 2001

RE: STRAGUADINE, LORI

HPI: Mrs. Straguadine is a 35 y/o WF who is G8P6026 whose last menstrual period was 09/01/01. She is status post evacuation of a vulvar hematoma, which was caused by a straddle injury after falling off of a motorcycle approximately 3 to 4 weeks ago. She currently reports that she is having pain from the incision site. The pain has not become any worse nor any better. There is a slight discharge still draining from the previous incision site. Overall she reports that the swelling has greatly reduced. She denies any significant fever nor any abdominal pain. She denies any abnormal vaginal discharge.

PMH: She has no history of neurologic, thyroid, cardiac, respiratory, gastrointestinal, genitourinary nor endocrine disorders.

PSH: She has not had any surgery in the past.

MEDS: She is currently not taking any prescription medications.

ALLERGIES: She has no known allergies to prescription medications.

SOCIAL Hx: She smokes approximately one pack per day. She denies any alcohol nor illicit drug abuse.

FAMILY Hx: Significant for migraine headaches, liver disease and peptic ulcer disease. There is no family history of cancer.

ROS: As noted above. Otherwise:

GENERAL:	She has no fever, chills, weight loss nor gain, nor any fatigue.
HEENT:	She has no visualize changes, dizziness, dysphagia nor sinus pain.
CV:	She has no chest pain, SOB nor any palpitations.
RESP.	She has no cough, wheezing nor bronchitis type symptoms
GI:	She has no nausea, vomiting, diarrhea, constipation nor recent changes in bowel habits
GU:	She has no dysuria, increased urinary frequency, nocturia nor hematuria.
MS:	She has no pain, weakness nor any recent changes in range of motion.
NEURO:	She has no headaches, dizziness, seizures, numbness nor any episodes of fainting
SKIN:	She has no rash, dryness, lumps nor discharge.
HEME:	She has no recent worsening of bleeding, bruising nor anemia.

GYN Hx: Age of menarche. 9. Average interval between periods: 28 days. Average length of periods: 5 days. Her last Pap smear was one year ago and was reported as normal. She has never had an abnormal Pap smear. She has never had a mammogram. She is not sexually active. She denies any past sexually transmitted diseases nor any pelvic inflammatory disease She is currently not on any form of hormones.

OB Hx: Significant for 8 pregnancies, 6 full term and 2 spontaneous AB's.

(continued on the next page ....)

September 5, 2001

RE: STRAGUADINE, LORI

PE:

GENERAL:
- Vitals: BP 110/68, HR 80, RR 20, Wt 131
- Appearance: She is alert and oriented x 3. She is well nourished and developed.

GI: Her abdomen is soft. There are no palpable masses, hepatosplenomegally nor areas of tenderness.

GU: Pelvic Exam:
- Ext Gen: Demonstrated much less edema from when she was last examined in the hospital. There was no erythema. There was however some greenish discharge draining from the previous incision site. The incision site was still open.
- Urethra: She has no masses, areas of scarring nor tenderness.
- Bladder: She has no masses, fullness nor tenderness.
- Vagina: It is pink and moist with no abnormal discharge.
- Cervix: She has no gross lesions, no abnormal discharge and no cervical motion tenderness.
- Uterus: It is normal size. shape and mobility with no tenderness.
- Adnexa: They are bilaterally non tender and contain no palpable masses.
- Bimanual: During bimanual examination there was no induration nor evidence of fluxuation the site of the incision even inside within the vagina. The incision was probed with a sterile culture tip. A culture was obtained. It was not possible to place the sterile culture tip more than ½ cm into the incision. The incision site was tender.

ASSESSMENT: 35 y/o WF who is status post surgical evacuation of a vulvar hematoma, which was caused due to a straddle injury after falling off of a motorcycle. Overall the hematoma has resolved, however, there appears to be a mild infection within the incision site. There is no evidence of an abscess.

PLAN: She was recommended to perform sitz baths 3x a day for the next week. She was recommended to take Keflex and Flagyl for the next 10 days. If she develops a fever, if the pain worsens or the drainage worsens would consider surgical exploration with incision and drainage. She was also given Vicodin for the pain and was instructed to return to the office in 2 weeks

Robert L. Smith, Jr., M.D.

cc: Huang Ta Lin, M.D.

RLS:cw

PathCare
14000 Fivay Road, Hudson, FL 34667
(727) 863-2411

SURGICAL PATHOLOGY REPORT

NAME: STRAQUADINE,LORIE L
AGE: 35 **SEX:** F
SS NO: 132-60-4248
MR NO: Y000110349
PHYSICIAN: Vendeland,Lisa L. D.O.

PTH NO: 01-BP:S4300
HOSP. NO: Y00084664371
LOCATION: Y.3C Y.3445-2 ADM IN
RECEIVED DATE: 08/09/01
SIGN OUT DATE: 08/10/01

TISSUES

VULVA, NOS - BLOOD CLOTS OF RT LABIA

CLINICAL HISTORY

Vulva trauma

GROSS DESCRIPTION

The specimen is received in formalin labeled blood clots of right labia and consists of 50 cc. of black-red moist thrombus liquid in the center. Representative sections submitted in one block.

Dictated by: Bradford,Susan E.

FINAL DIAGNOSIS

BLOOD CLOTS OF RIGHT LABIA, EXCISION:
BLOOD CLOTS WITHOUT ORGANIZATION.

Dictated by: Bradford,Susan E.

COPIES TO:
Joud,Mohammad M.D.
Vendeland,Lisa L. D.O.

CODES

BILLING CODES PAS 3 Q.A. I

Tue 9/6/01

9-5-01

** Signed Copy Available on Chart **
Bradford,Susan E. 08/10/01

Specimen #	Control/Reg Number		
248-482-3053-0	ES20970187	PG 1	04 01 RPTSEQ 753

LabCorp® TA

Fasting	Micro Source	Total Urine Volume	Report Status
N/A			S / FINAL

Date Collected	Time Collected	Date Entered	Date Reported
09/05/01	00:00	09/05/01	09/08/01

Clinical Information: 09/08/01 06:50

SRC:WOUND SWB

Patient ID Number	Patient Phone Number	Patient SSN
		132-60-4248

Account
09701882
MELCHIADES LOMAN BB
5422 US HIGHWAY 19 BB
NEW PORT RICHEY , FL 34653-

727-849-1659 FAR
UPIN: G63600
PHY NAME: SMITH

Patient Name	Sex	Date of Birth
STRAQUADINE, LORIE	F	05/06/66

Patient Address
11034 MCKINLEY DR
PORT RICHEY ,FL 34668-

Comments
PATIENT AGE: 035/03

Tests Requested: AEROBIC BACTERIAL CULTURE; SENSITIVITY ORGANISM #1; ORGANISM ID

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
AEROBIC BACTERIAL CULTURE	Final report.				TA
RESULT 1					TA
Escherichia coli					
Moderate growth					
					TA

***** S = SUSCEPTIBLE; I = INTERMEDIATE; R = RESISTANT
MICS ARE EXPRESSED IN MICROGRAMS PER ML

AB SUSCEPTIBILITY	RSLT#1	RSLT#2	RSLT#3	RSLT#4	LAB
AMOXICILLIN/CLAVULANIC ACID	S				TA
AMPICILLIN	S				TA
CEFAZOLIN	S				TA
CEFTRIAXONE	S				TA
CEFUROXIME	S				T
CEPHALOTHIN	S				T
CIPROFLOXACIN	S				T
GENTAMICIN	S				TA
LEVOFLOXACIN	S				TA
TICARCILLIN/CLAVULINIC ACID	S				TA
TOBRAMYCIN	S				TA
TRIMETHOPRIM/SULFA	S				TA

LAB: TA LABCORP TAMPA DIRECTOR: JOSEPH MIGLIOZZI, MD
5610 W LASALLE STREET TAMPA, FL 33607-0000

FOR INQUIRIES THE PHYSICIAN MAY CONTACT: BRANCH: 727-841-9500 LAB: ...-...-....
LAST PAGE OF REPORT

REGIONAL MEDICAL CENTER
BAYONET POINT

PATIENT NAME: STRAQUADINE ,LORIE L
DATE OF PROCEDURE: 09/09/2001

PREOPERATIVE DIAGNOSIS:	Straddle injury post motorcycle trauma/accident. Massive right labial hematoma.
POSTOPERATIVE DIAGNOSIS:	Straddle injury post motorcycle trauma/accident. Massive right labial hematoma.
OPERATION:	Examination under anesthesia. Evacuation of hematoma. Irrigation of wound and packing of wound.
SURGEON:	LISA VENDELAND, D.O.
ASSISTANT:	None
ANESTHESIA:	General endotracheal
ESTIMATED BLOOD LOSS:	Approximately 200 mL clotted blood.
DRAINS:	None
COMPLICATIONS:	None
CONDITION:	Stable to the post anesthesia care unit at 11:15 a.m.

DESCRIPTION OF PROCEDURE: The patient having given her informed consent for evacuation of hematoma was taken to the Operating Room where she was prepped and draped in the dorsal lithotomy position in a normal sterile fashion. Examination under anesthesia revealed a small anteverted uterus with normal adnexa bilaterally. The abdomen was found to be soft, non-tender, not distended. The vagina was examined and found to be without lacerations. The urethra had a Foley catheter in situ. It was intact. There were no tears to the urethra or the meatus. The

FILE 9/07

clitoris was not injured nor lacerated. The mons pubis shows massive ecchymosis and the plane extending from the pubs down along the margin of the inguinal plane to the level of the perirectal fascia was found to be greatly distended and ecchymotic. The left labia was unaffected, and was without laceration or trauma that was apparent. Following this, an incision was made vertically along the normal anatomic skin fold at the outer margin of the labia major on the right, and carried for a length of approximately seven centimeters. Following this evacuation of large blood clots was easily accomplished. After this the limits of the affected area were examined well, and a decision was made to irrigate the wound with three liters of normal saline which had antibiotic solution Ancef contained in it. The area was irrigated and found to be mostly hemostatic. Following this, Surgicel was placed deep into the wound area to encourage hemostasis. Following this the wound was well packed (tautly packed for compression) with one inch Iodoform gauze one container. Once this was in place 4-0 undyed Vicryl suture was used to fashion mattress interrupted sutures down the length of the incision leaving approximately 1 " centimeter opening to allow for removing of the Iodoform packing and replacement of packing as becomes necessary during the postoperative course. Following this the patient was awakened from her general anesthetic. The sponge, lap, needle and instrument counts were called for and found to be correct times two. The patient was taken to the post anesthesia care unit in excellent condition.

LISA VENDELAND, D.O.

D: 08/09/2001 11:32
T: 08/09/2001 EAZ 19071

Physician Mohammad Joud, M.D.
Admitted 08/09/01
Room Y.3445 **Hosp No.** Y000110349
Patient STRAQUADINE,LORIE L

OPERATION: Dictated- 08/09/01 1132

Report #: 0809-0103
Report Name: OPERATIVE REPORT

Patient

STRAQUADINE,LORIE L

Unit #	Service/Location	Status	Date	Account #
0000 10349	EMERGENCY ROOM/OUTPT	REG ER	08/24/01	Y00084693149

PATIENT

Soc Sec No	D.B	Age	Sex	MS	Race	Religion
132 60 4248	05/06/66	35	F	D	CA	NONE

Address 11034 MCKINLEY DR
PORT RICHEY FL 34668
Home Ph. (727)868-6898 County: PASCO

GUARANTOR

STRAQUADINE LORIE L SS#: 132-60-4248
Address 11034 MCKINLEY DR
PORT RICHEY FL 34668
Home Ph (727)868 6898 County: PASCO
Relationship to Patient: PATIENT

OTHER GUARANTOR

Address SS#:

Home Ph County:
Relationship to Patient:

PERSON TO NOTIFY IN CASE OF EMERGENCY

KONTOS,GRACE KONTOS,GRACE

Hm. (727)849-8070 Wk:
Rel to Patient: MOTHER

Hm: (727)849-8070 Wk:
Rel to Patient: MOTHER

MISC/EMPLOYERS NAME
PETES APPLIANCES
PORT RICHEY,FL 34668
Work Phone: (999)999-9999
Occupation

MISC/EMPLOYERS NAME
PETES APPLIANCES
PORT RICHEY,FL 34668
Work Phone: (999)999-9999
Occupation

Work Phone:
Occupation

Phi:
Note:

Thru:

INSURANCE

SELF PAY
Policy # 132604248
Coverage #
Subscriber STRAQUADINE,LORIE L
Rel to Pt PATIENT
Phone
Contact
Eff. to Y Rel Y Assign Y
Group SP SELFPAY

Treat/Precert: Not Required
Ins Verif: Not Required
Pre Review: Not Required
Ins Name: SELF PAY
Ins Mnemonic: SELFPAY

INSURANCE

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

Treat/Precert
Ins Verif
Pre review
Ins Name
Ins Mnemonic

INSURANCE

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

Treat/Precert
Ins Verif
Pre review
Ins Name
Ins Mnemonic

ADMISSION INFO

Code Type	Date	Time
11 ONSET OF SYMPTOMS/ILLNESS	08/24/01	

SCHEDULING

Code Type

Special Progress

Last Hospitalization

Admission Comment

Financial Class

Attending Physician	HCIS	Admitting Physician	HCIS	Emergency Room Physician	HCIS
Prim Care Physician	HCIS	Family Physician	HCIS	Telnicky,Laszlo D.,M.D	0282
Lim,Reynaldo M.D.	8114	Lim,Reynaldo M.D.		Other Physician	

Date	Time	Source	Ba/Bed	Arrival	Principal Admitting Diagnosis/Reason for Visit	Admitting Dr.
08/24/01	0948	EMERGENCY ROOM	/A	WI	VAGINAL SUTURES OPENED PAINFUL	1609

NAME: STRAQUADINE,LORIE L

ACCT#: Y00084693149

Regional Medical Center Bayonet Point
14000 Fivay Rd, Hudson FL 34667 (727) 863-2411

REGISTRATION FORM

Printed 08/24/01 08:51 By Unknown

Louie Straguadine

39 **Female Urogenital Problems** (5)

39

TIME SEEN: 1231 ROOM: 8 EMS Arrival

HISTORIAN: patient spouse paramedics

HX / EXAM LIMITED BY:

HPI

chief complaint: pelvic pain vaginal pain dysuria vaginal bleeding passing tissue vaginal discharge

severity: mild moderate severe

started: Motorcycle accident involving the kids 2 wks ago

- constant
- comes and goes
- better
- intermittent episodes lasting hrs

pain:

pelvic pain

mild / moderate / severe / sudden

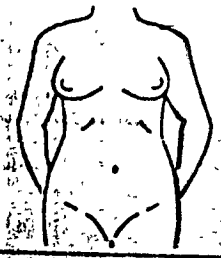
intermittent / constant

- cramping / pressure / "pain"
- burning / sharp

vulvar/vaginal pain

low back pain

flank pain



vaginal bleeding:

abnormal bleeding (started)

compared to menstrual period: severe / heavier / similar / lighter / spotting

passing clots / tissue

LMP:

pregnant / pos home HCG MOS EDC

post-menop. s/p hyst.

irregular / missed period(s)

prior abnormal period(s)

urinary symptoms:

blood in urine

frequent urination

discomfort with urination

burning urgency pain

discharge:

vaginal discharge

vag. fluid leakage (pregnant)

Obstetrical hx: G P A

Sexual hx: active passive pain w/ intercourse

Contraception: none condoms BCP's IUD BTL

Recently seen/treated by doctor: See Lawyer

Prenatal care home other

prior pregnancies

LMP EDC other

© 1995-19 E.S.C. - Circle positives, check normals, backslash (\) negatives.

Virginia Medical Center Bayonet Point

EMERGENCY PHYSICIAN RECORD

ROS

GI

- decreased appetite
- nausea
- vomiting
- diarrhea
- black / bloody stools

CONST

fever

chills

EYES/ENT

eye pain / discharge

sore throat

CHEST/CVS

cough

PAST HISTORY negative

PID / STD

ectopic pregnancy

ovarian cyst(s)

endometriosis

other problems

Surgeries/Procedures none

tubal ligation

appendectomy

Medications none see nurses note

ASA NSAID

Allergies NKDA see nurses note

FAMILY HX

00846931 1
[illegible]
[illegible]
TELESZKY,LASZLO B. T000110349
REG MED CTR BAYONET POINT ER

EMERGENCY DEPARTMENT ENCOUNTER RECORD

1. MEDICAL RECORD NO	2. BILLING NO	3. AIR NO

4. CLASS	5. DATE	6. TIME	7. SRC	8. TYPE	9. BAD

10. PATIENT'S LEGAL NAME (L, F, MI)	11. SEX	12. RACE	13. BIRTH DATE	14. AGE	15. HEIGHT	16. WEIGHT	17. SS	18. MS	19

21. PERSON TO NOTIFY IN EMERGENCY	22. HOME TELE	23. WORK TELE	24. HOW PATIENT ARRIVED

25. COMPLAINT	27. PROC CD	28. PROCEDURE	29. LOC	30. TIME	31. ANES

32. PHYSICIAN CALLED	33. ATTENDING PHYSICIAN	34. FAMILY PHYSICIAN

NOTIFIED: ☐ RELATIVE ☐ CORONER ☐ HRS ☐ POLICE ☐ HEALTH DEPT ☐ OTHER | TIME NOTIFIED | WHOM NOTIFIED | NOTIFIED BY

EMS: ☐ MONITOR ☐ O2 ☐ IMMOBILIZED ☐ RESCUE ☐ IV ☐ OTHER | ER RE-SEAL → | TIME | LOCATION | SIZE | BY WHOM

ALLERGIES: NKA

	[illegible]				
T	[illegible]				
P	[illegible]	82			
R	[illegible]	[illegible]			
B/P	[illegible]				

	PO	NG	URINE	STOOL	NG/EMESIS

NURSING HX TIME 215 [illegible handwritten nursing history]

[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]
	[illegible]	
	[illegible]	[illegible]

[illegible]

[signature] RN/LPN | NSG SIGN RN/LPN | NSG SIGN RN/LPN | NSG SIGN RN/LPN

TIME BED ASSIGNED	☐ HOME	☐ AMBULATORY	TIME	TRANS. TO
ROOM #	☐ WORK	☐ WHEEL CHAIR	ATTENDING NOTIFIED ☐	
REPORT CALLED	☐ NSG HOME/ACLF	☐ STRETCHER	WILL SIGN DEATH CERT. YES ☐ NO ☐	TRANS SHEET ☐
REPORT TO WHOM	☐ CRISIS CENTER	☐ EMS	M.E. NOTIFIED	
CLOTHING LIST DONE ☐	☐ AMA	☐ PMV	RHC FORM ☐	REPORT CALLED
DIET ORDERED ☐	☑ DISCHARGE INSTRUCTIONS GIVEN	☐ HELICOPTER	ORGAN DONATION FORM ☐	
TIME TO FLOOR	ACCOMPANIED BY:		DONOR BANK ☐	TO WHOM
CONDITION	[illegible]		FUNERAL HOME ☐	
OTHER	CONDITION: Stable		NAME	TRANSPORTED BY
LEVEL OF CARE			MORGUE ☐	

Emergency Physician Care Record

TRIAGE ACUITY ☐ I ☐ II ☒ III ☐ IV ☐ RECHECK

CURRENT MEDICATIONS

TIME | T | P | R | BP

LAST TETANUS N/A

WT 53.11 135# E

LMP

DIABETIC ☐ YES ☒ NO

IMMUNIZATION:

VISUAL ACUITY

OD N/A

OS

TRIAGE TIME CC55 CHIEF COMPLAINT Sutures pt obtained ☐

SUBJECTIVE face. bruising. pain

OBJECTIVE cuts. swollen. face

TRIAGE RN

TRIAGE INTERVENTIONS

☐ ICE ☐ CLEAN

☐ ELEVATE ☐ DRESSING

☐ SPLINT ☐ OTHER

PAST MED HX: motorcycle accident 2yrs ago. hx thrombocytopenia

ALLERGIES N/A

BAND ON

HISTORY / PHYSICAL TIME

CHIEF COMPLAINT

Sutures

PAST MEDICAL HX

SOCIAL HX

FAMILIAL HX

REVIEW OF SYSTEMS

Pt left earlier at request

DIAGNOSTIC ORDERS

☐ CBC

☐ CHEM

☐ CPK

☐ PT/PTT

☐ AMYL

☐ U/A ☐ C&S

☐ ABG'S

☐ CXR ☐ PCXR

☐ ABD SER

☐ CT

☐ EKG

☐ MONITOR

☐ RESEAL

☐ O2 L

☐ IV FLUIDS

Staples 12/12

stp bleed

☐ DISCHARGE ☐ AMA ☐ TRANSFER ☐ ADMIT ☐ MED/SURG ☐ TELE ☐ UNIT ☐ ICU ☐ OBS AS OUTPATIENT

ADMITTING NOTIFIED: AM/PM

ATTENDING/RECEIVING PHYSICIAN

TIME

ROOM NO.:

☐ TIME ☐ TIME

PATIENT ADDRESSOGRAPH

PHYSICIAN'S SIGNATURE

☑ Nursing Assessment Reviewed ☑ BP, HR, RR, Temp reviewed

PHYSICAL EXAM

Distress: __ SAD / mild __ moderate __ severe

Alert __ Anxious __ IV _____

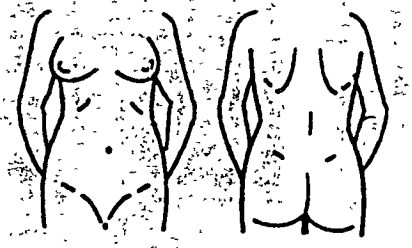
HEENT
- ENT: inspection nml
- pharynx nml
- __scleral icterus / pale conjunctivae
- __pharyngeal erythema
- __abnml TM / hearing deficit

NECK
- nml inspection
- __thyromegaly
- __lymphadenopathy (R / L)

RESPIRATORY
- no resp. distress
- breath sounds nml
- __wheezing
- __rales

CVS
- heart sounds nml
- __tachycardia / bradycardia / murmur

TM tenderness
G = guarding
R = rebound
m = mild
mod = moderate
sv = severe
Example: Tsv = marked severe tenderness



ABDOMEN
- soft
- non-tender
- no organomegaly
- nml bowel snds
- __tenderness
- __guarding
- __rebound
- __abnml bowel sounds
- __hepatomegaly / splenomegaly
- __gravid uterus / mass Fundal Height ____
- __CVA tenderness (R / L)

RECTAL
- __nml stool
- __heme neg stool
- __black / bloody / heme pos. stool
- __tenderness

BACK
- nml inspection

PELVIC EXAM
- __external exam nml
- __speculum exam nml (vagina, cervix)
- __herpes-like ulcerations
- __vaginal discharge
- __active bleeding mild / mod / severe
- __blood/clots in vaginal vault
- __cervicitis
- __tissue present in cervix / vagina
- __cerv. motion tenderness
- __cervical dilation / cervical os open
- __adnexal tenderness (R / L)
- __uterine tenderness
- __enlarged uterus
  - __consistent with dates _____wk
- __adnexal mass / fullness (R / L)
- __bimanual exam nml (uterus, adnexa)

SKIN
- color nml, no rash
- warm, dry
- __cyanosis / diaphoresis / pallor
- __skin rash

EXTREMITIES
- non-tender
- normal ROM
- no pedal edema
- __pedal edema
- __calf tenderness

NEURO/PSYCH
- oriented x3
- mood/affect nml
- CN's nml as tested
- no motor/sensory deficit
- __disoriented to: place / time / person
- __depressed affect
- __facial droop/EOM palsy/anisocoria
- __weakness / sensory loss

Female Urogenital IV

LABS, XRAYS, and PROGRESS:

CBC:	Chemistries:		UA:
normal except	normal except		normal except
WBC	Na		WBC
Hgb	K		RBC's
Hct	Cl	serum preg	bacteria
Platelets	CO2	POS / NEG	dip:
segs	Gluc		
bands	BUN	Quantitative	
lymph	Creat	SHCG	
monos			
eos		TYPE/Rh:	

X-rays: ☐ interpreted by ED ☐ Radiology by ____ ☐ pend w/radiologist

Pelvic Ultrasound: _____

Postural Vitals: __nml __abnormal

Fetal Heart Tones: _____

Time _____ __unchanged __improved __re-examined

__Rhogam given

__Discussed with Dr _____ CRIT CARE: 30-74 min / 75-104 min _____ min

__will accept pt in office / ED / hospital

__Consult requested / family notified

__Prior records ordered

__lab results reviewed / need for follow-up

__Additional history from: family caretaker paramedics

Rx given: __Rx written

CLINICAL IMPRESSION:

Pelvic Pain - acute
Abdominal Pain - acute
Vaginal Bleeding
Vomiting - acute
Cervicitis / Endometritis
Pelvic Inflamm. Disease- acute
Herpes Genitalis
Intrauterine Pregnancy
Discomfort of Pregnancy
Dysfunctional Uterine Bleeding

Appendicitis- acute
Ectopic Pregnancy *ruptured*
Ovarian Cyst - ruptured / torsed
Threatened Abortion
Abortion *incomplete complete missed*
"Blighted Ovum" Fetal Demise
Ureterolithiasis-acute (R / L)
Pyelonephritis- acute
Urinary Tract Infection - acute
Cystitis - acute

sp labial inj.

DISPOSITION- ☒ home ☐ admitted ☐ transferred

CONDITION- ☐ unchanged ☐ improved ☒ stable

SIGNATURE-

UCG

Patient	Unit #	Service/Location	Status	Date	Account #
STRAQUADINE,LORIE L	Y0001110349	EMERGENCY	ROOM/OUTPT	REG ER - 08/09/01	Y00084664371

Soc Sec No	DOB	Age	Sex	MS	Race	Religion
132-60-4248	05/06/66	35	F	D	CA	NONE

Address: 11034 MCKINLEY DR
PORT RICHEY,FL 34668
Home Ph: (727)868-6198 County: PASCO

MISC/EMPLOYERS NAME:
PETES APPLIANCES
PORT RICHEY,FL 34668
Work Phone: (999)999-9999
Occupation:

STRAQUADINE,LORIE L SS#: 132-60-4248
Address: 11034 MCKINLEY DR
PORT RICHEY,FL 34668
Home Ph: (727)868-6198 County: PASCO
Relationship to Patient: PATIENT

MISC/EMPLOYERS NAME:
PETES APPLIANCES
PORT RICHEY,FL 34668
Work Phone: (999)999-9999
Occupation:

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

Work Phone:
Occupation:

KONTOS,GRACE KONTOS,GRACE

Hm: (727)849-8070 Wk: Hm: (727)849-8070 Wk:
Rel to Patient: MOTHER Rel to Patient: MOTHER

Ph: Thru:
Note:

SELF PAY Policy # L31604248
Coverage #
Subscriber STRAQUADINE,LORIE L
Rel to Pt PATIENT
Phone Eff to Y Rel Y Assign Y
Contact Group SP SELFPAY

Treat/Precert: Not Required
Ins Verif: Not Required
Pre Review: Not Required
Ins Name: SELF PAY
Ins Number:

Policy #
Coverage #
Subscriber
Rel to Pt
Phone Eff to Rel Assign
Contact Group

Treat/Precert:
Ins Verif:
Pre Review:
Ins Name:
Ins Number:

Policy #
Coverage #
Subscriber
Rel to Pt
Phone Eff to Rel Assign
Contact Group

Treat/Precert:
Ins Verif:
Pre review:
Ins Name:
Ins Number:

Code Type	Date	Time	Code Type	Special Program
05 OTHER ACCIDENT	08/08/01	2200		

Last Hospitalization Admission Comment: Financial Class
99SELF

Attending Physician	HCIS	Admitting Physician	HCIS	Emergency Room Physician	HCIS
				Teleszky,Laszlo B. M.D.	0332
Prim Care Physician	HCIS	Family Physician	HCIS	Other Physician	

Date	Time	Source	Rm/Bed	Arrival	Principal Admitting Diagnosis/Reason for Visit	Admitted By
08/09/01	0632	EMERGENCY ROOM	/	WI	MOTORCYCLE ACCIDENT/PAIN GENITAL AREA/SHOULDER	TBOKES

NAME: ACCT#:
STRAQUADINE,LORIE L Y00084664371

Regional Medical Center Bayonet Point
14000 Fivay Rd, Hudson FL 34667 (727) 863-2411

REGISTRATION FORM

Printed 08/09/01 0632 By TBOKES

[redacted]

BPC – Regional Medical Center Bayonet Point

FOR EMERGENCY PHYSICIAN USE ONLY

COURTESIES	RTI CODE	NOTATE PROCEDURES RECEIVING 100% REDUCTION	PHYSICIAN SIGNATURE
Patient Charge (100%)	C6CSC		

[redacted]

Emergency Physician Care Record

TRIAGE ACUITY ☐ I ☐ II ☐ III ☐ IV ☐ RECHECK

LAST TETANUS

IMMUNIZATION:

VISUAL ACUITY

OD

OS

DIABETIC ☐ YES ☐ NO

LMP:

CHIEF COMPLAINT:

MR OBTAINED ☐

TRIAGE TIME:

SUBJECTIVE:

OBJECTIVE:

TRIAGE RN:

PAST MED HX:

ALLERGIES:

☐ ICE ☐ CLEAN

☐ ELEVATE ☐ DRESSING

☐ SPLINT ☐ OTHER

☑ CBC

☑ CHEM

☐ CPK

☐ PT/PTT

☐ AMYL

☑ UA ☐ CBS

☐ ABG'S

☐ CXR ☐ PCXR

☐ EKG

☐ MONITOR

☐ RESEAL

☐ O2 L

☑ IV FLUIDS NS

☐ DISCHARGE ☑ AMA ☐ TRANSFER ☑ ADMIT ☐ MED/SURG ☐ TELE ☐ UNIT ☐ ICU ☐ OBS AS OUTPATIENT

ADMITTING NOTIFIED

ATTENDING/CONSULTING PHYSICIAN

TIME:

ROOM NO.

☐ TIME

☐ TIME

PATIENT ADDRESSOGRAPH

1000894643 11

STRAGUADINE, LORIE L 08/09/01

132604248 05/06/66 35 F

TELESZKY, LASZLO B 10001107

REG MED CTR BAYONET POINT ER

PHYSICIAN'S SIGNATURE

Smith

BPH 425 (Rev. 3/00)

DOCTOR'S COPY

Lue Stragnadine

39 Female Urogenital Problems (5)

TIME SEEN: 6:54A ROOM: 6 EMS Arrival
HISTORIAN: patient spouse paramedics
HX / EXAM LIMITED BY:

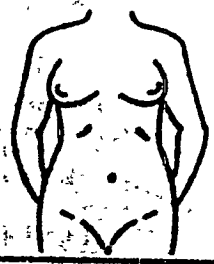
HPI
chief complaint: pelvic pain vaginal pain dysuria
vaginal bleeding passing tissue vaginal discharge

severity: mild moderate severe

started: 2° PTA

Direct trauma to vagina

pain:
pelvic pain
mild / mod / severe / sudden
intermittent / constant
cramping / pressure / "pain"
abdominal pain
vaginal pain
back pain
other pain



associated symptoms:
pain with intercourse (dyspareunia)
pain with defecation
discomfort with urination
burning urgency pain

discharge:
vaginal discharge
vag. fluid leakage (pregnant)

ROS
GI
decreased appetite
nausea
vomiting
diarrhea
bl x / bloody stools

PAST HISTORY
PID / STD
ectopic pregnancy
ovarian cysts
endometriosis
other problems

Surgical procedures: none
tubal ligation
hysterectomy

Medications: none
ASA NSAID
see nurses note
acetaminophen

Allergies: NKDA
see nurses note

100084666437
ST JOCADINE LOPTE L 08/09/01
132EC4348 07/06/66 35 F
TELESZKY, LISZLO B. TCC0110349
ALG MED CTR BAYONET POINT ER

© 1995-98 T.S.C. Circle positives, check normals, bacterium N negative

Regional Medical Center Bayonet Point
EMERGENCY PHYSICIAN RECORD

EMERGENCY DEPARTMENT ENCOUNTER RECORD

T0008166

STRAGGAUNE, LORIE L 08/09/01
135604248 05/06/66 35 F
TELESZKY, LASZLO B. T0001 10349
NEG NEG CTR BAYONET POINT FD

1. PATIENT NO.	2. BILLING NO.	3. ARR NO.

4. CLASS	5. DATE	6. TIME	7. SRC	8. TYPE	9. DAD

10. RACE	11. BIRTH DATE	12. AGE	13. HEIGHT	14. WEIGHT	17. SS	18. MR	19.

20. PR	21. NOTIFY IN EMERGENCY	22. HOME TELE	23. WORK TELE	24. HOW PATIENT ARRIVED

25. C. COMPLAINT 26	27. PROC CD	28. PROCEDURE	29. LOC	30. DIS	31. ARRIVE

32. PHYSICIAN CALLED	33. ATTENDING PHYSICIAN	34. FAMILY PHYSICIAN

NOTIFIED ☐ RELATIVE ☐ CORONER ☐ HRS ☐ POLICE ☐ HEALTH DEPT ☐ OTHER

TIME NOTIFIED	WHOM NOTIFIED	NOTIFIED BY

E. ☐ VISITOR ☐ RETRIEVAL
M. ☐ DOA ☐ IV
R. ☐ SEIZURE ☐ OTHER

ER RETRIEVAL	TIME	LOCATION	SIDE	BY WHOM	ALLERGIES
		WAC			NKA

T																	
P	82	88															
R	20	20															
BP	138/74																

NURSING HX - TIME:

TIME BED ASSIGNED	☐ HOME	☐ AMBULATORY	TIME	TRANS TO
ROOM # 24 15	☐ WORK	☐ WHEEL CHAIR	ATTENDING NOTIFIED ☐	
REPORT CALLED 0915	☐ NSG HOME/ACLF	☐ STRETCHER	WILL SIGN DEATH CERT YES ☐ NO ☐	TRANS SHEET ☐
REPORT TO WHOM	☐ CRISIS CENTER	☐ EMS	M.E. NOTIFIED	
CLOTHING LIST DONE ☐	☐ AMA	☐ PMV	RHC FORM ☐	REPORT CALLED
DIET ORDERED ☐	☐ DISCHARGE INSTRUCTIONS GIVEN	☐ HELICOPTER	ORGAN DONATION FORM ☐	
TIME TO NURSE 0915	ACCOMPANIED BY:		DONOR BANK ☐	TO WHOM
CONDITION stable			FUNERAL HOME ☐	
OTHER	CONDITION:		NAME	TRANSPORTED BY
			MORGUE ☐	

DPH 419 (Rev. 7/89)

☐ Nursing Assessment Reviewed. ☑ BP, HR, RR, Temp reviewed.

PHYSICAL EXAM __Alert __Anxious __IV ______

Distress __NAD __mild __moderate __severe

HEENT
__ENT inspection nml
__pharynx nml

__scleral icterus / pale conjunctivae
__pharyngeal erythema
__abnml TM / hearing deficit

NECK
__nml inspection

__thyromegaly
__lymphadenopathy (R / L)

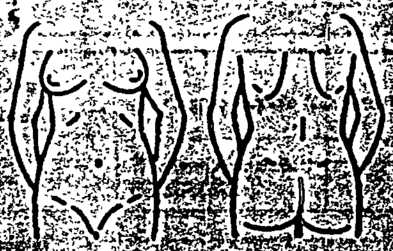
RESPIRATORY
__no resp. distress
__breath sounds nml

__wheezing
__rales

CVS
__heart sounds nml

__tachycardia / bradycardia / murmur

T = tenderness
G = guarding
R = rebound
m = mild
mod = moderate
s = severe
Example: T= [illegible]



ABDOMEN
__soft
__non-tender
__no organomegaly
__nml bowel snds.

__tenderness
__guarding
__rebound
__abnml bowel sounds
__hepatomegaly / splenomegaly
__gravid uterus / mass / Fundal Height

[redacted]

BACK
__nml inspection

__CVA tenderness (R / L)

PELVIC EXAM
__external exam nml
__speculum exam nml
(vaginal, cervix)

__herpes-like ulcerations
__vaginal discharge
__active bleeding mild / mod / severe
__blood/clots in vaginal vault
__cervicitis
__tissue present in cervix / vagina

__bimanual exam nml
(uterus, adnexa)

__cerv. motion tenderness
__cervical dilation / cervical os open
__adnexal tenderness (R / L)
__uterine tenderness
__enlarged uterus
__ cervical [illegible] ___ wk
__adnexal mass / fullness (R / L)

SKIN
__color nml, no rash
__warm, dry

__cyanosis / diaphoresis / pallor
__skin rash [illegible]

EXTREMITIES
__non-tender
__normal ROM
__no pedal edema

__pedal edema
__calf tenderness

NEURO/PSYCH
__oriented x3
__mood/affect nml
__CN's nml as tested
__no motor/sensory deficit

__disoriented to: place / time / person
__depressed affect
__facial droop/EOM palsy/anisocoria
__weakness / sensory loss

Female Urogenital-39

LABS, XRAYS, and PROGRESS:

CBC [redacted]

Time ______ __unchanged __improved __[illegible]

(R) [illegible] very swollen, [illegible] of [illegible]

__Rhogam given

[redacted]

CLINICAL IMPRESSION:

Pelvic Pain- acute	[illegible]
Abdominal Pain- acute	Ectopic Pregnancy, suspected
Vaginal Bleeding	Ovarian Cyst- [illegible] / [illegible]
Vomiting- acute	[illegible]
Cervicitis / Endometritis	[illegible]
Pelvic Inflamm. Disease- acute	[illegible]
Herpes Genitalis	[illegible] (R / L)
Intrauterine Pregnancy	[illegible]
Discomfort of Pregnancy	Urinary Tract Infection- acute
Dysfunctional Uterine Bleeding	Cystitis- acute

Vulvar trauma

DISPOSITION- ☐ home ☒ admitted ☐ transferred

Time:

CONDITION- ☐ unchanged ☐ improved ☒ stable

SIGNATURE- [illegible]

0067

ATHANASON & TAYLOR, P.A.

REPLY TO.

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March 20, 2002

K-Mart Corporaiton
c/o Trumbull Services
P.O. Box 426
Windsor, CT 06095

Re: Kmart Corporation, et al.
Bankruptcy Case No. 02 B 02474

Dear Sir:

Enclosed please find the original proof of claim on behalf of my client, Lorie Straquadine, to be filed in the above-noted Kmart bankruptcy case.

As Ms. Straquadine's counsel on her personal injury claim, you may send all further notices to me relative to her claim in this regard.

I have attached hereto as well, copies of the medical and dental reports and bills that I have in my file to date, plus a xerox copy of the pothole in the parking lot where the injury occurred.

Finally, I have enclosed herein a self-addressed stamped envelope so that you can send me the date stamped acknowledgment as to the filing of this claim.

Thank you for your attention to this matter.

Very truly yours,

MILLICENT B. ATHANASON

MBA:dls