DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO	DATE
Ries	8/3/06

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER 060135	☑ Prepare reply for the Director's signature DATE DUE 8/14/06
2. DATE SIGNED BY DIRECTOR Cleared 8/31/06, letter attached.	[ ] Prepare reply for appropriate signature DATE DUE _____ [ ] FOIA DATE DUE _____ [ ] Necessary Action

APPROVALS (Only when prepared for director's signature)	APPROVE	* DISAPPROVE (Note reason for disapproval and return to preparer.)	COMMENT
1.			
2.			
3.			
4.			

Children's Respiratory Center, PA

58 Bear Drive
Greenville, South Carolina 29605
Appointments: (864) 220-8000

Fax: (864) 220-8009

Jane V. Gwinn, MD
Board Certified:
Pediatrics
Pediatric Pulmonology

Lisa DuBose, APRN, BC
Board Certified:
Family Nurse Practitioner

Beth Slyder, APRN, BC
Board Certified:
Family Nurse Practitioner

August 1, 2006

RE: Nicholas 'Hunter' Chapman

Dr. Robert Kerr
South Carolina Department of Health and Human Services
Director of Services
PO Box 8206
Columbia, SC 29202-8206

Dear Dr. Kerr,

We are writing on behalf of Hunter Chapman. Hunter is a 9 year old boy who was diagnosed with Cystic Fibrosis late in life. He was diagnosed when he was 6 years old after his older sisters had been diagnosed. Hunter has been a patient of Children's Respiratory Center, PA since October of 2005. We have tried multiple times to get Hunter qualified for the TEFRA program. The expenses his family are incurring with 3 children diagnosed with Cystic Fibrosis are overwhelming. The oldest child is married and on her own, however the middle child, now 21 still lives at home and is very ill. Hunter's own disease is quite severe and he was recently hospitalized from 2/17/06-3/1/06. Hunter's lung function is considerably impaired as is his most recent chest CT. Hunter has also been diagnosed with Allergic Bronchopulmonary Aspergillosis and is being treated with oral steroids and Itraconazole and continues to be quite symptomatic.

The family has now been denied twice for TEFRA due to problems with level of care. I am imploring you to please review the records that accompany this letter and help this family care for their child. You are well aware of the costs of medications for children with Cystic Fibrosis and this family is barely staying afloat trying to care for Hunter and his sister.

Please help us to help this family. If we need to forward this information to someone other than you please inform me of who this might be. We have already been in contact multiple times with Mrs. Rhonda Tucker and most recently, messages have been left for Mrs. Deborah Stevens at DDSN. The family is of course appealing the latest decision.

Your office has helped our patients in the past when we have had medical clearance issues. Please accept our apology for taking up so much of your valuable time, but we feel strongly that this family has been neglected.

Sincerely,

Lisa A. DuBose, APRN, BC / Jane V. Gwinn, MD

Lisa A. DuBose, APRN, BC/Jane V. Gwinn, MD

Respiratory Disorders:

* Asthma
* Cystic Fibrosis
* Bronchopulmonary Dysplasia (BPD)
* Congenital Stridor
* Recurrent pneumonia
* Tuberculosis (TB)
* Apnea of prematurity

Professional Services:

* Evaluation/Management
* Patient Education
* Pulmonary Function Evaluation
* Acute Asthma Care
* Flexible Fiberoptic Bronchoscopy
* Home Ventilator Management
* Environmental Evaluation

Clinics:

* CF/Respiratory Clinic
* CF/Nutrition Clinic
* BPD Clinic

Children's Respiratory Center, PA Bear Drive, Greenville SC 29605
Appointments: (864) 220-8000 Fax: (864) 220-8009 Nurse: (864) 220-3551

Custom Respiratory Management Plan for:

Patient: Nicholas "Hunter" Chapman (7065) **DOB:** 3-7-1997 **Diagnosis:** Cystic Fibrosis, ABPA **Date:** 6/8/06
Does not have pancreatic insufficiency

Parents: This is a customized management plan for your child. Please follow these instructions until changed by our office. If you have questions, read the back of this sheet. Have these instructions available when you call our office, go to your primary care doctor, or go to the emergency room.

Plan A. Maintenance Plan: Medications to control your condition on a day-to-day basis:

1. Xopenex 1.25mg: 1 ampule by nebulizer two times per day
2. Pulmozyme ampule 2.5 mg. Take 1 ampule per day in the neb
   DO NOT MIX WITH ANY OTHER MEDICATION IN NEBULIZER.
3. Use Vest after or during treatments with Xopenex only.
4. Albuterol inhaler 2 puffs with spacer as needed when not using nebulizer.
5. Flovent HFA 220mcg: 2 puffs with spacer twice per day. Rinse mouth and drink water afterward to prevent thrush.
6. Singulair 5mg: 1 tablet once a day
7. Clarinex 2.5mg/5 ml: 1 tsp once per day (at bedtime if it causes drowsiness)
8. Ocean spray: 2-3 sprays each nostril twice per day to keep nasal passages clear.
9. Rhinocort Aqua: 1 spray each nostril. Onceto twice per day. Take breaks off this if has nosebleeds
10. ADEK--1 per day.
11. For ABPA (Allergic Bronchopulmonary Aspergillosis), take Orapred (Prednisolone) 15mg/5ml: see calendar. Plan on a 3 month total time on Orapred. IgE level will be monitored.
12. Itraconazole100mg capsule open capsule and take with ice cream or cool whip once a day

Plan B. Sick Plan: We suggest the following plan if your child develops a cold with a cough, cough for other reasons, wheezing, or shortness of breath. Many patients may benefit from starting the sick plan at the first sign of more nasal symptoms before cough develops.

1. Xopenex 1.25mg: 1 ampule by nebulizer every 4 hours (at least 4 times per day)
2. CPT or Vest after or during aerosols four times per day
3. Pulmozyme ampule 2.5 mg. Take 1 ampule per day in the neb
   DO NOT MIX WITH ANY OTHER MEDICATION IN NEBULIZER.
4. Other medications as in Plan A.
5. Make arrangements to see Dr. Poole or someone at Children's Respiratory Center

Additional recommendations or comments:

Environmental Control--Avoid exposure to cigarette smoke in the home, car and from the clothing of smokers. Also avoid wood-burning stoves, fireplaces, kerosene heaters, pets, and scented products (after-shave and perfume).
Symptoms--If any of the following symptoms occur, you should take your child to the hospital emergency department: **Lips or fingernails are blue **Difficulty breathing **Patient does not improve after starting sick plan.

6/8/06 1. ENT appointment to check left ear (? Tube out, some drainage)
2. Sinus and head CT 6/9/06 at 5 pm at Mary Black Hospital for evaluation of recurrent sinusitis and headaches.
3. Lab work at the end of this month (IgE, and liver function tests).

[x] Jane V. Gwinn, MD [ ] Lisa A. DuBose, APRN, BC [x] Beth Slyder, APRN, BC
Patient's PCP is: Dr. Mack Poole R:\GREENS\7065MEDS.WPD

Disclaimer: This letter is provided for the parent and primary physician to summarize the medical management plan for the respiratory condition of the patient listed above. Should the patient need treatment for respiratory illness, the attending physician should use or modify this plan as he/she sees fit based on medical judgement and the patient's current medical condition. Please call our office within 48 hours whenever your child starts Plan B or whenever your child starts oral steroids such as Pediapred or Prelone.

Children's Respiratory Center, PA
58 Bear Drive
Greenville, SC 29605 864-220-8000

Cystic Fibrosis Follow up

Name: Nicholas chapman Chart # 7065 Date: 6 - 8 - 97

Allergies: NKDA Phone: 621-0486 cell

DOB: 3-7-97 Age: 9 yrs / 6 mo PCP: Mack Poole

PURPOSE: []Routine [✓]Sick follow-up []Research study
[]Sick []Hospital follow-up []New patient

INTERVAL HISTORY with: mom ABPA
Follow-up. Doing better
Still having headaches
every day.
Sister in hosp for pancreatitis @ Mary Black

Activity or Exercise Tolerances or Changes:
active- playing Well- Roller blading

PFSH/ ROS: Reviewed from 5/25/06 Date-Last Sputum: 5-__-06

Date-Last Annual Labs: 9-__-06

RESPIRATORY:
Cough: []None [✓]Occasional []Daily
Sputum: []None [✓]Occasional []Daily green / white Hemoptysis: []None []Scant []<1 cup/24h []>1 cup/24h
Other Resp Symptoms: []None []SOB at rest []DOE []Chest pain [✓]Wheezing []Fever

GASTROINTESTINAL: BM: 1-2 /day (describe) Normal
Abdominal pain: 0
Diet/Appetite: Normal He same amt.
Supplements: [✓]None []Oral []Enteral []Parenteral
Enzymes: Are they taken [] Before meals [] During Meals [] After meals
None

OTHER:

THERAPY:
Airway clearance/CPT: Number of times per day: Vest Method: bid

Oxygen: [✓]None []Continuous []Intermittent []Nocturnal; ____ L/min or FiO_2; Duration: ____ hrs/day

Current Medications RT:	Rx	Disp	Refill	Init
Xopenex 1.25mg b.i.d	[]			
pulmozyme 2.5 qd	[]			
alb Inhaler 2 puffs	[]			
flovent HFA 220mcg bid	[]			
Singulair 5mg qd	[]			
Zyrtec 2.5mg/5ml 1 tsp qd	[]			
Ocean Spray 2-3 sprays qd/bid	[]			
Thiamine 50mg qd	[]			
ADEK 1 qd	[]			

Current Medications RT:	Rx	Disp	Refill	Init
Sudafed 1/2 tsp prn	[]			
Orapred 1 tsp qod	[]			
Intraconazole 10ml 100mg qd	[]			
	[]			
	[]			
	[]			
	[]			
	[]			
	[]			
	[]			

Check all since last visit:
[] Hypertension
[]ABPA []Arthropathy
[]Asthma []Cancer
[]Atypical mycobacterium (treated)
[]Heart Failure []DM/insulin Rx
[]Laryngitis []DIOS (MIE)
Liver Disease []Pancreatitis
[]Cirrhosis []Peptic ulcer
[]Portal HTN []Rectal prolapse
[]Elevated LFT Surgery
[]Nasal polyposis []Gall Bladder
[]Pharyngitis []Nasal polyps
[]Pneumothorax []Sinus
[]Pregnant(pt/partner) []Transplant
[]Sinusitis (sympt.) ____
[]Voice alteration [] ____

Children's Respiratory Center, PA (Bear Drive, Greenville SC 29605
Appointments: (864) 220-8000 Fax: (864) 220-8009 Nurse: (864) 220-3551

Custom Respiratory Management Plan for:

Patient: Nicholas "Hunter" Chapman (7065) **DOB:** 3-7-1997 **Diagnosis:** Cystic Fibrosis, ABPA **Date:** 5/25/06
Does not have pancreatic insufficiency

Parents: This is a customized management plan for your child. Please follow these instructions until changed by our office. If you have questions, read the back of this sheet. Have these instructions available when you call our office, go to your primary care doctor, or go to the emergency room.

Plan A. Maintenance Plan: Medications to control your condition on a day-to-day basis:

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   DO NOT MIX WITH ANY OTHER MEDICATION IN NEBULIZER.
3. Use Vest after or during treatments with Xopenex only.
4. Albuterol inhaler 2 puffs with spacer as needed when not using nebulizer.
5. Flovent HFA 220mcg: 2 puffs with spacer twice per day. Rinse mouth and drink water afterward to prevent thrush.
6. Singulair 5mg: 1 tablet once a day
7. Clarinex 2.5mg/5 ml: 1 tsp once per day (at bedtime if it causes drowsiness)
8. Ocean spray: 2-3 sprays each nostril twice per day to keep nasal passages clear.
9. Rhinocort Aqua: 1 spray each nostril. Onceto twice per day. Take breaks off this if has nosebleeds
10. ADEK--1 per day.
11. For ABPA (Allergic Bronchopulmonary Aspergillosis), take Orapred (Prednisolone) 15mg/5ml: see calendar. Plan on a 3 month total time on Orapred. IgE level will be monitored.
12. Itraconazole100mg capsule open capsule and take with ice cream or cool whip once a day

Plan B. Sick Plan: We suggest the following plan if your child develops a cold with a cough, cough for other reasons, wheezing, or shortness of breath. Many patients may benefit from starting the sick plan at the first sign of more nasal symptoms before cough develops.

1. Xopenex 1.25mg: 1 ampule by nebulizer every 4 hours (at least 4 times per day)
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3. Pulmozyme ampule 2.5 mg. Take 1 ampule per day in the neb
   DO NOT MIX WITH ANY OTHER MEDICATION IN NEBULIZER.
4. Other medications as in Plan A.
5. Make arrangements to see Dr. Poole or someone at Children's Respiratory Center

Additional recommendations or comments:

Environmental Control--Avoid exposure to cigarette smoke in the home, car and from the clothing of smokers. Also avoid wood-burning stoves, fireplaces, kerosene heaters, pets, and scented products (after-shave and perfume).
Symptoms--If any of the following symptoms occur, you should take your child to the hospital emergency department: **Lips or fingernails are blue **Difficulty breathing **Patient does not improve after starting sick plan.

5/25/06 1.Omnicef 250/5 4ml BID for 10 days **5. Itraconazole 100mg capsule 1 every day 3-6 months**
2. Use the sick plan with treatments every 4 hours; as the cough resolves, stretch out the treatments.
3. Throat culture to lab today.
4. Restart Orapred 1 tsp every day for 5 days and then every other day until next visit
[x] Jane V. Gwinn, MD [ ] Lisa A. DuBose, APRN, BC [x] Beth Slyder, APRN, BC
Patient's PCP is: Dr. Mack Poole
R:\GREENS\7065MEDS.WPD

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Children's Respiratory Center, PA
58 Bear Drive
Greenville, SC 29605 864-220-8000

Cystic Fibrosis Follow up

Name: Hunter Chapman Chart # 7065 Date: 5-25-06

Allergies: NKDA Phone: 864 621 4050

DOB: 3-7-97 Age: 9 yrs / 2 mo PCP: Mack Poole

PURPOSE: []Routine []Sick follow-up []Research study []Sick []Hospital follow-up []New patient

INTERVAL HISTORY with: Dad.
Had little cough. Dad doesn't think zyrtec is working.

Activity or Exercise Tolerances or Changes:
Doing well

Check all since last visit:
[]ABPA
[]Asthma
[]Atypical mycobacterium (treated)
[]Heart Failure
[]Laryngitis
Liver Disease
[]Cirrhosis
[]Portal HTN
[]Elevated LFT
[]Nasal polyposis
[]Pharyngitis
[]Pneumothorax
[]Pregnant(pt/partner)
[]Sinusitis (sympt.)
[]Voice alteration
[] Hypertension
[]Arthropathy
[]Cancer
[]DM/insulin Rx
[]DIOS (MIE)
[]Pancreatitis
[]Peptic ulcer
[]Rectal prolapse
Surgery
[]Gall Bladder
[]Nasal polyps
[]Sinus
[]Transplant
[] _____

PFSH/ ROS: Reviewed from 4/26/06 Date-Last Sputum: 2-15-06

RESPIRATORY: Date-Last Annual Labs: 3-__-06
Cough: []None []Occasional [X]Daily
Sputum: []None [X]Occasional []Daily Hemoptysis: []None []Scant []<1 cup/24h []>1 cup/24h
Other Resp Symptoms: []None []SOB at rest []DOE []Chest pain [X]Wheezing []Fever

GASTROINTESTINAL: BM: 1Q /day (describe) No tummy sx.
Abdominal pain: no.
Diet/Appetite: OK
Supplements: [X]None []Oral []Enteral []Parenteral
Enzymes: Are they taken [] Before meals [] During Meals [] After meals none

OTHER:

THERAPY:
Airway clearance/CPT: Number of times per day: _____ Method: Vest Bid

Oxygen: []None []Continuous []Intermittent []Nocturnal; _____ L/min or FiO_2; Duration: _____ hrs/day

Current Medications RT: JY	Rx	Disp	Refill	Init
Xopenex 1.25 mg Neb Bid	[]			
Pulmozyme amp. 2.5g QD	[]			
Vest after Xopenex	[]			
Alb. inh 2p PRN	[]			
Flovent HFA 220mcg 2p Bid	[]			
Singulair 5mg QD	[]			
Zyrtec syrup 5mg/5ml 2tsp QD	[]			
Ocean spray 2-3 S/N Bid	[]			
Rhinocort Aqua Bid	[]			

Current Medications RT: JY	Rx	Disp	Refill	Init
ADEK 1 per day	[]			
	[]			
	[]			
	[]			
	[]			
	[]			
	[]			
	[]			
	[]			
	[]			

Children's Respiratory Center, PA Bear Drive, Greenville SC 29605
Appointments: (864) 220-8000 Fax. (864) 220-8009 Nurse: (864) 220-3551

Custom Respiratory Management Plan for:

Patient: Nicholas "Hunter" Chapman (7065) **DOB:** 3-7-1997 **Diagnosis:** Cystic Fibrosis, ABPA **Date:** 4-26-06
Does not have pancreatic insufficiency

Parents: This is a customized management plan for your child. Please follow these instructions until changed by our office. If you have questions, read the back of this sheet. Have these instructions available when you call our office, go to your primary care doctor, or go to the emergency room.

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Symptoms--If any of the following symptoms occur, you should take your child to the hospital emergency department: **Lips or fingernails are blue **Difficulty breathing **Patient does not improve after starting sick plan.

4/26/06 **1. We will call you with the Ige results, hopefully today.**
2. For his headaches, try increasing the Rhinocort to twice a day. You may also try adding Sudaphed to see if this decreases pressure. If his symptoms do not improve after the above changes and changing the Orapred dose, Dr. Gwinn said we may need to consider a sinus and head CT.
3. For his ABPA, since he is having daily headaches we will lower his Orapred to 5 ml every other day thru June 22. We will ask for you to get another IgE in May and then we will wait and get one 2-3 weeks after he has completed his Orapred taper.

[x] Jane V. Gwinn, MD [x] Lisa A. DuBose, APRN, BC [ ] Beth Slyder, APRN, BC
Patient's PCP is: Dr. Mack Poole R:\GREENS\7065MEDS.WPD

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Family Nurse Practitioner

February 17, 2006 RE: Nicholas Hunter Chapman

Mrs. Rhonda Tucker
Medicaid Eligibility Program Coordinator
Division of Central Eligibility Processing
PO Box 100101
Columbia, SC 29202-3101

Dear Mrs. Tucker,

We are writing on behalf of 'Hunter' Chapman. Hunter is an eight year old who has been our patient since October 2005. Hunter has only recently, in the last year, been diagnosed with Cystic Fibrosis by MUSC, via DNA testing (copy enclosed). He has not had a sweat test given the positive DNA and the fact that his two older siblings were also diagnosed with Cystic Fibrosis by MUSC. Hunter is presently pancreatic sufficient, meaning he does not require pancreatic enzymes presently. This status often changes as the children age, and nearly all pancreatic sufficient children BECOME insufficient once they reach their late teens or early adult years.

Hunter's chest CT (which we are enclosing) already shows permanent lung damage to include bronchiectasis of the right upper and lower lung. Hunter's PFT is also quite abnormal with readings consistent with severe obstructive lung dysfunction (copy enclosed). His FVC is 74%, FEV_1 is 52% and FEF_{25-75} is 24 %. This child's lungs have essentially been smoldering with disease as he existed with no therapies to suppress the progression.

Hunter's lung disease has continued to progress since his diagnosis. He now requires 9 medications on a daily basis, many of which are taken multiple times a day, to try and maintain the present lung status. He uses several nebulized therapies that take several hours a day to administer. Please see the enclosed management plan that outlines his medications. We would also like to make note that the cost of these various therapies is generally about $3000 to $4000 A MONTH to maintain his present lung capacity.

He has most recently had worsening symptoms of lung disease. Our office attempted to treat him with oral antibiotics for about 10 days and his symptoms only worsened with Hunter's lung exam being significant for bilateral crackles noted posteriorly over the entire lung field as well as worsening PFT's. He was admitted to Greenville Memorial Hospital TODAY to be placed on aggressive pulmonary hygiene as well as IV antibiotics (see enclosed H & P). We expect his hospitalization to last for at least 10-14 days. We would also expect that Hunter will require at least yearly hospitalizations given his chest CT report, PFT's and general symptoms. However, without medications, he could easily need hospitalization 4-5 times a year.

Respiratory Disorders:

* Asthma
* Cystic Fibrosis
* Bronchopulmonary Dysplasia (BPD)
* Congenital Stridor
* Recurrent pneumonia
* Tuberculosis (TB)
* Apnea of prematurity

Professional Services:

* Evaluation/Management
* Patient Education
* Pulmonary Function Evaluation
* Acute Asthma Care
* Flexible Fiberoptic Bronchoscopy
* Home Ventilator Management
* Environmental Evaluation

Clinics:

* CF/Respiratory Clinic
* CF/Nutrition Clinic
* BPD Clinic

Please reconsider your decision to deny Hunter Chapman TEFRA. This child will NEVER lead a normal life. He will never have the ability to just pack up and spend the night with a friend...at least not without taking multiple pieces of equipment with him. He will always spend 2-4 hours a day hooked up to nebulizer machines and machines that shake the thick mucus out of his lungs. He will always be smaller than his peers and cough daily, making other children fearful of his disease.

His family is struggling to afford the medications, hospitalizations, doctor's office visits that they know their son needs, while at the same time trying to be sure their other 2 children with this terrible disease are provided for. His future remains quite tentative, especially if this family is unable to afford his medications. We are hopeful however, that with the help of the TEFRA program and the current research that is being conducted, that Hunter will live a productive life, albeit different from the 'normal' person.

We thank you in advance for your time and attention to this very sweet child's case. Please call our office if you have any further questions regarding his case or present situation.

Sincerely,

Lisa A. DuBose, APRN, BC / Jane V. Gwinn, MD

GREENVILLE HOSPITAL SYSTEM
MEDICAL RECORD

NAME: Chapman, Nicholas Hunter
PATIENT MR#: 000-970-45-8599
PATIENT SS#: 655-01-9034
Billing NO: 080006791452

DATE OF ADMISSION: 02/17/2006

DATE OF DISCHARGE: 03/01/2006

ADMITTING DIAGNOSIS: Cystic fibrosis with pulmonary exacerbation.

DISCHARGE DIAGNOSES:
1. Cystic fibrosis with pulmonary exacerbation.
2. Elevated serum IgE.
3. Allergic bronchopulmonary aspergillosis.

PROCEDURES PERFORMED: Include a PICC line on 02/17/2006.

HISTORY OF PRESENT ILLNESS: Hunter is a nearly 9-year-old white male with cystic fibrosis. He first came to Children's Respiratory Center October 13, 2005 after being followed at MUSC by Dr. Michael Bowman. He was just diagnosed in 2004 using CF DNA testing after his older sisters were diagnosed at ages 29 and 21 years. He has no evidence of pancreatic insufficiency. He has continued to have low lung function since we first began seeing him. This hospitalization was prompted by a sick visit on February 10th with severe sore throat and exudative pharyngitis along with headache. He was sent home that day on Omnicef and Orapred and more frequent bronchodilator treatments. Lung function February 10th revealed mild to moderate lower airway obstruction, slightly better than December 13, 2005. When he returned for followup February 15th, it was noted that he had a productive cough with severe obstructive lung dysfunction. Pharyngitis had improved, and he had no fever, but he had significant crackles on pulmonary exam. Arrangements were then made for hospitalization for IV medications and more aggressive pulmonary treatments, and he was admitted on February 17th.

Past family, social history/review of systems were reviewed since October 13, 2005. As mentioned above, he was diagnosed with cystic fibrosis in 2004, and he has 1 delta F508 mutation and 1 D1152H mutation. High-resolution chest CT on October 31st at Mary Black Hospital revealed focal consolidation of the right lower lobe with apical posterior segment right upper lobe bronchiectasis and a large bronchiectatic area in the superior segment of the left lower lobe. He also had bilateral lower lobe bronchiectasis and bronchial wall thickening.

Labs in October 2005 revealed normal vitamin levels, but an elevated IgE of 1581 and a slightly elevated glucose of 129. Prealbumin was 20, and he had a normal CBC with normal liver function studies and electrolytes. Respiratory culture then showed normal respiratory flora. We had ordered a workup for allergic bronchopulmonary aspergillosis, but that has not been done yet.

COPY FOR: Jane V. Gwinn, MD

GREENVILLE HOSPITAL SYSTEM
MEDICAL RECORD

NAME: Chapman, Nicholas Hunter
PATIENT MR#: 000-970-45-8599 Billing NO: 080006791452
PATIENT SS#: 655-01-9034

study after he had clinically improved significantly, his degree of air trapping was better, but his spirometry was actually lower, and it was felt that a large amount of this was due to technical support from the tech performing the test who had less experience. We elected to follow this up later as an outpatient instead of redoing it in the hospital. His crackles on lung exam improved significantly and were gone during the last week of his hospitalization. He also had an initial physical therapy evaluation and showed desaturation during the 6-minute walk initially, and this problem resolved and he had a followup 6-minute walk which was excellent with good saturations and good exercise tolerance. He did well with all therapies that were done during the hospitalization to include physical therapy and interaction with ChildLife and the respiratory therapist. He had laboratory tests done and sputum showed normal flora with only a few colonies of yeast. His sibling was noted, according to his mother, to have staph, and so we did a nasal culture on Hunter prior to discharge, and results are pending, waiting to see if that is positive for MRSA. Other laboratory tests were monitored to include a CBC which initially had white count 8.7, and electrolytes were monitored too. His liver function studies did increase slightly with his initial SGOT of 33 and SGPT also of 33. This increased to 63 SGOT and 50 SGPT on his labs done on February 27th. No other significant problems occurred with his lab work and other issues will be discussed in the other 2 problems.

PROBLEM #2: Elevated IgE and suspicion of allergic bronchopulmonary aspergillosis. The patient had an elevated IgE of greater than 2000 and he had a workup for ABPA. His aspergillus IgG antibody was elevated at 2.82. His aspergillus fumigatus international units were elevated at 59.6 and aspergillus conventional units were high in a class of 5. He was not started on Orapred while here, but we elected to treat him as an outpatient with a long course and follow his IgE.

PROBLEM #3: Nutrition. As mentioned above, his admission weight was probably an inaccurate value, and he stayed around 26 kg during the hospitalization and ranged from 26.1 kg up to 26.7 kg at the time of discharge. His mother said that his appetite is usually much better at home than it has been in the hospital. Amie O'Bryan saw him while he was here, and his mid arm circumference was in the 10-25th percentile with TSF in the 15-50th percentile, and his MAMC was in the 25th percentile. She suggested that we check another prealbumin and it was actually low at 16 compared to 20 back in October 2005. We offered various supplements, which he did not care for, while he was here, but overall, his appetite did improve some during the hospitalization. His other assessments by Amie included a BMI of 15.4, which is the 25th percentile. Calorie counts were done, and he steadily did increase his intake some, but still was not meeting the estimated needs of 2500-3000 calories per day. No additional measures were taken at this point regarding nutrition.

DISCHARGE PLAN:

COPY FOR: Jane V. Gwinn, MD

PROGRESS NOTES

NAME Hunter Chapman

PHONE NUMBER

SHEET NUMBER

DATE 3/18/06 c/o fever, HA, body

Temp 99² aches

CF c̄ Exacerbation

Pain 4/10

Rocephin 1 Gm Inj
Lot# C08504 9/07 (L) leg/thigh

If not improved

F/U tomorrow for ~~second~~ another shot

If better ⇒ F/U Dr T Monday

3/18/06 **HUNTER CHAPMAN** **DOB: 03/07/97** **Dr. Chris Nowatka**

S: The patient is here in the office today with Mom after seeing Dr. Tesseneer yesterday. They had a discussion with his pediatric pulmonologist who treats him for CF. Apparently he recommended that he get a shot of ROCEPHIN today. He does actually feel a little better.

O: On physical examination, the patient is well nourished and in no acute distress. There is no sinus tenderness. The oropharynx is unremarkable. The neck is without lymphadenopathy. The cardiovascular reveals a regular rate and rhythm. His lungs were pretty clear, except when he coughed some rhonchi could be heard.

A:
1. CF with exacerbation. Apparently covering the pseudomonas with ROCEPHIN was advised.

P:
1. We will give him 1 gram im ROCEPHIN time one per Dr. Tesseneer recommendation, presumably that was recommended by his pulmonologist. If he is significantly improved he is to restart the OMNICEF tomorrow. He is to follow-up with Dr. Tesseneer the next day. If he is not improved, he is to return for another gram of ROCEPHIN. TW

Chris Nowatka, M.D./mms

PROGRESS NOTES

NAME Hunter Chapman PHONE NUMBER

SHEET NUMBER

DATE 3/18/06 C/O Cough, HA, Body Temp/99² aches

CF ± Exacerbation

Pain 4/10

Rocephin 1 Gm Im
Lot# C08504 9/07
If not improved (2) deg/Thigh

F/U tomorrow for another shot

If better ⇒ F/U Dr T Monday

03/18/06 HUNTER CHAPMAN DOB: 03/07/97 Dr. Chris Nowatka

S: The patient is here in the office today with Mom after seeing Dr. Tesseneer yesterday. They had a discussion with his pediatric pulmonologist who treats him for CF. Apparently he recommended that he get a shot of ROCEPHIN today. He does actually feel a little better.

O: On physical examination, the patient is well nourished and in no acute distress. There is no sinus tenderness. The oropharynx is unremarkable. The neck is without lymphadenopathy. The cardiovascular reveals a regular rate and rhythm. His lungs were pretty clear, except when he coughed some rhonchi could be heard.

A: 1. CF with exacerbation. Apparently covering the pseudomonas with ROCEPHIN was advised.

P: 1. We will give him 1 gram im ROCEPHIN time one per Dr. Tesseneer recommendation, presumably that was recommended by his pulmonologist. If he is significantly improved he is to restart the OMNICEF tomorrow. He is to follow-up with Dr. Tesseneer the next day. If he is not improved, he is to return for another gram of ROCEPHIN. TW

Chris Nowatka, M.D./mms

RECEIVED MAR 30 2006 BY:

GREENVILLE HOSPITAL SYSTEM

History and Physical

Examination Report

Note all Positive and Pertinent Negative Findings

HISTORY

CHIEF COMPLAINT

PRESENT ILLNESS

PAST HISTORY

FAMILY HISTORY

DRUG SENSITIVITIES

ALLERGIES

REVIEW OF SYSTEMS

General
Skin
HEENT
Respiratory
Musculoskeletal
Cardiovascular
Gastrointestinal
Genitourinary
Female-Reproductive
Nervous

Pediatric Pulmonary Admission H&P · Patient: Nicholas 'Hunter' Chapman (7065)
DOB: 3-7-1997

HPI: Hunter is a nearly 9 year old white male with cystic fibrosis. He first came to Children's Respiratory Center Oct 13, 2005 after being followed at MUSC by Dr. Michael Bowman. He was just diagnosed in 2004 with CF DNA testing after his older sisters were diagnosed at ages 29 and 21 years. He has no evidence of pancreatic insufficiency. He has continued to have low lung function since we first began seeing him. This hospitalization was prompted by a sick visit Feb 10, 2006 with severe sore throat, exudative pharyngitis, and headache. He was sent home that day on Omnicef, orapred, and more frequent Xopenex treatments. Lung function Feb 10 revealed mild to moderate lower airway obstruction, slightly better than 12-13-05. He returned for followup Feb 15 and was noted to have productive cough with severe obstructive lung dysfunction. Pharyngitis had improved and he had no fever. Arrangements were made for hospitalizatioin for IV medications and more aggressive pulmonary treatments.

PFSH/ROS reviewed from: Oct 13, 2005
Past Medical History: Diagnosed with CF in 2004 by DNA testing. Has one DeltaF508 and one copy of D1152H. No pancreatic insufficiency. HRCT from 10-31-05 revealed focal consolidation RLL, apical posterior segment RUL bronchiectasis, large bronchiectatic area in superior segment LLL, bilateral lower lobe bronchiectasis and bronchial wall thickening. Labs in October 2005 revealed normal vitamin levels, high IGE of 1581, slightly elevated glucose of 129, normal prealbumin of 20, normal CBC, LFTs, and electrolytes. Respiratory culture in Nov 2005 revealed normal respiratory flora, no fungal elements, and no AFB. He was supposed to have a workup for Allergic Bronchopulmonary Aspergillus, but I have not been able to locate any results of that.
Family History: Two older siblings with CF.
Allergies: NKDA, but complains of GI symptoms with Augmentin
Immunizations: Up to date
Usual Outpatient Medications:

1. Xopenex 1.25mg two times per day with VEST
2. Pulmozyme 1 ampule once per day
3. Albuterol inhaler 2 puffs as needed when not using nebulizer
4. Flovent 110mcg: 2 puffs twice per day with spacer (just started in Feb 2006)
5. Singulair 5mg once per day
6. Zyrtec 2 tsp once per day
7. Ocean spray- 2-3 sprays per nostril twice per day
8. Rhinocort Aqua - 1 spray each nostril once per day
9. ADEK - 1 per day

2-17-06

A23915

PHYSICAL EXAMINATION

ORDER OF RECORDING

1. General
2. Skin
3. Eyes
4. Ears
5. Nose
6. Mouth
7. Throat
8. Neck
9. Chest
10. Heart
11. Abdomen
12. Genitalia
13. Lymphatic
14. Blood Vessels
15. Locomotor
16. Extremities
17. Neurological
18. Rectal
19. Vaginal

NP Anita Chapman

Physical Exam: Height 53 1/4 in Weight 62# (28.2kg) RR 18 HR 114 O_2 Sat 100%

General: Slim white male with loose cough
Skin: No rash
HEENT: Normal Tms, erythematous pharynx with white plaques noted, mucopurulent nasal discharge
Neck: Supple, full range of motion, lymphadenopathy from Feb 10 visit has resolved
Chest: Symmetric, no retractions or tachypnea, productive cough
Lungs: Good air exchange, inspiratory crackles bilaterally, end exhalatory wheezes
Heart: RRR, no murmur
Abdomen: Soft, nontender, no masses or HSM
Extremities: No cyanosis, no clubbing noted

Impression: Cystic Fibrosis with pulmonary exacerbation and significant decline in PFTs
Significant bronchiectasis on Chest CT, Oct 2005

Plan: 1) Admit to Peds Ward GMH, Peds Pulmonary Service
2) IV antibiotics, lab work to include workup for ABPA
3) More aggressive pulmonary treatments
4) Consults- Child Life, Nutrition, Respiratory
5) See detailed orders

[signature] 2-17-06
Signature of examining Physician Date

[signature]
Signature of Attending Physician

History and Physical Update
Date: _____
Previous H-P reviewed and no changes are needed. ____
Previous H-P reviewed and changes are as noted. ____
Signature: _____
Printed Name:

DO NOT WRITE BELOW LINE

Children's Respiratory Center, PA
58 Be[illegible] Drive
Greenville, SC 29605

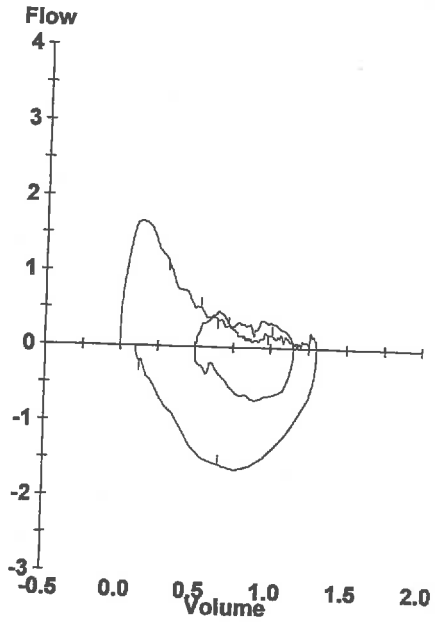
Pulmonary Function Report

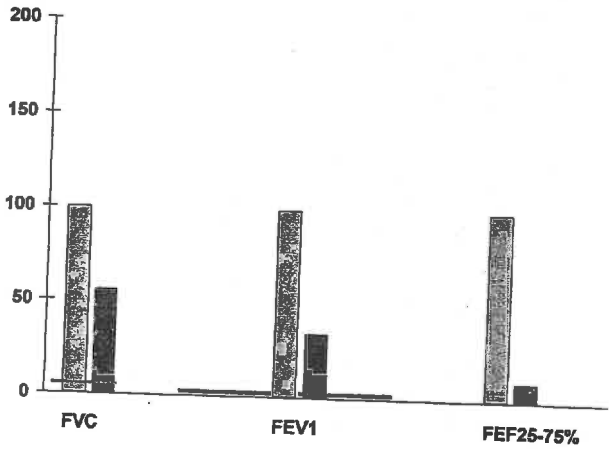
Name: Chapman, Hunter
Gender: Male
Age: 9 Race: Caucasian
Height(in): 54 Weight(lb): 62
Any Info: CF

Id: 7065
Date: 05/24/06
Temp: 21 PBar: 736
Physician: Beth Slyder, FNP
Technician: Fran

Spirometry

	(BTPS)	PRED	PRE-RX BEST	PRE-RX %PRED	POST-RX BEST	POST-RX %PRED	% CHG
FVC	Liters	2.36	1.30	55			
FEV1	Liters	2.14	0.72	34			
FEV1/FVC	%	86	56				
FEF25-75%	L/sec	2.53	0.25	10			
PEF	L/sec	4.13	1.68	41			





PRED PRE POST

Comments:

Interpretation: Severe obstructive + restrictive lung dysfunction.

Beth Slyder FNP

CALIBRATION: Pred Volume: 3.00 Expire Avg: 2.99 Inspire Avg: 2.98 Flow Cal Date: 05/24/06

( ) = OUTSIDE 95% CONFIDENCE INTERVAL PF Reference: Morris/Polgar Version: IVS-0101-06-1C

Children's Respiratory Center, PA
58 Bea[illegible] Drive
Greenville, SC 29605

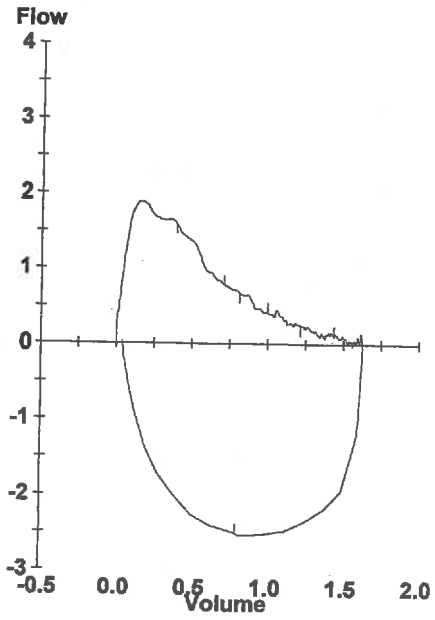
Pulmonary Function Report

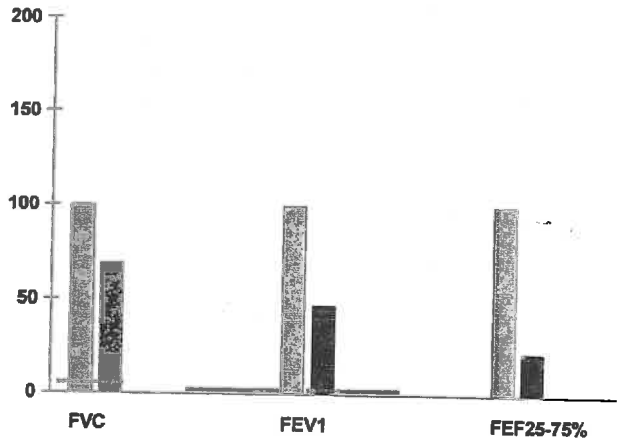
Name: Chapman, Nicholas
Gender: Male
Age: 9 Race: Caucasian
Height(in): 54 Weight(lb): 62
Any Info: cf

Id: 7065
Date: 04/25/06
Temp: 22 PBar: 734
Physician: Lisa A. Dubose, FNP
Technician: Rebecca

Spirometry

	(BTPS)	PRED	PRE-RX BEST	PRE-RX %PRED	POST-RX BEST	POST-RX %PRED	% CHG
FVC	Liters	2.36	1.63	69			
FEV1	Liters	2.14	1.00	47			
FEV1/FVC	%	86	62				
FEF25-75%	L/sec	2.53	0.57	22			
PEF	L/sec	4.13	1.88	46			





PRED PRE POST

Comments:

Interpretation: Severe obstructive lung dysfunction BUT improved since last study.

CALIBRATION: Pred Volume: 3.00 Expire Avg: 2.98 Inspire Avg: 2.98 Flow Cal Date: 04/25/06

( ) = OUTSIDE 95% CONFIDENCE INTERVAL PF Reference: Morris/Polgar Version: IVS-0101-06-1C

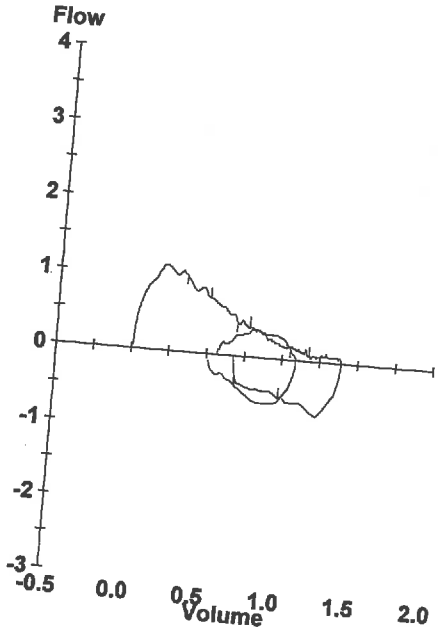
Children's Respiratory Center, PA
58 Be Drive
Greenville, SC 29605
Pulmonary Function Report

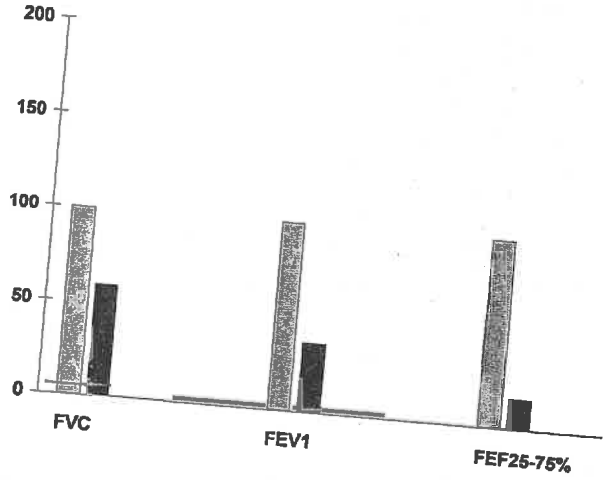
Name: Chapman, Hunter
Gender: Male
Age: 9 Race: Caucasian
Height(in): 54 Weight(lb): 59
Any Info: CF

Id: 7065
Date: 03/29/06
Temp: 22 PBar: 746
Physician: Lisa A. Dubose, FNP
Technician: Fran

Spirometry

		(BTPS)	PRED	PRE-RX BEST	%PRED	POST-RX BEST	%PRED	% CHG
FVC	Liters		2.36	1.39	59			
FEV1	Liters		2.14	0.78	36			
FEV1/FVC	%		86	56				
FEF25-75%	L/sec		2.53	0.41	16			
PEF	L/sec		4.13	1.51	37			





PRED PRE POST

Comments:

Interpretation: Severe obstructive dysfunction

[illegible] FNP

CALIBRATION: Pred Volume: 3.00 Expire Avg: 2.96 Inspire Avg: 2.97 Flow Cal Date: 03/29/06

= OUTSIDE 95% CONFIDENCE INTERVAL PF Reference: Morris/Polgar Version: IVS-0101-06-1C

Children's Respiratory Center, PA
58 Bea Drive
Greenville, SC 29605

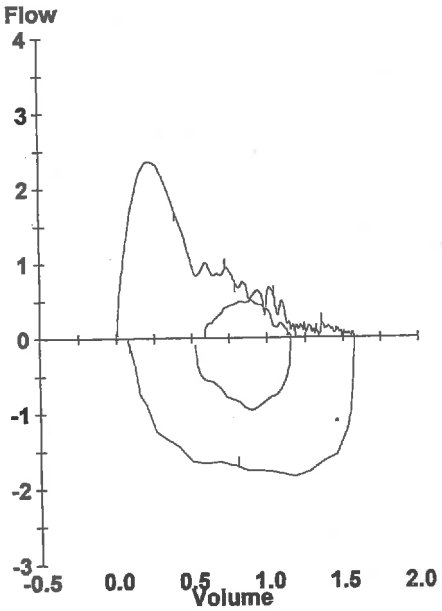
Pulmonary Function Report

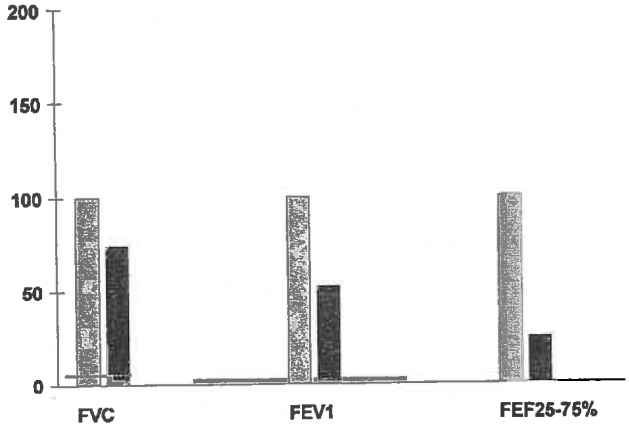
Name: Chapman, hunter
Gender: Male
Age: 8 Race: Caucasian
Height(in): 53 Weight(lb): 62
Any Info: cf

Id: 7065
Date: 02/15/06
Temp: 21 PBar: 745
Physician: Lisa A. Dubose, FNP
Technician: Rebecca

Spirometry (BTPS)

		PRED	PRE-RX BEST	PRE-RX %PRED	POST-RX BEST	POST-RX %PRED	% CHG
FVC	Liters	2.24	1.65	74			
FEV1	Liters	2.03	1.05	52			
FEV1/FVC	%	86	63				
FEF25-75%	L/sec	2.42	0.59	24			
PEF	L/sec	3.76	2.36	63			





PRED PRE POST

Comments:

Interpretation: Severe obstructive lung dysfunction, significantly worse than last study.

CALIBRATION: Pred Volume: 3.00 Expire Avg: 2.98 Inspire Avg: 2.98 Flow Cal Date: 02/14/06

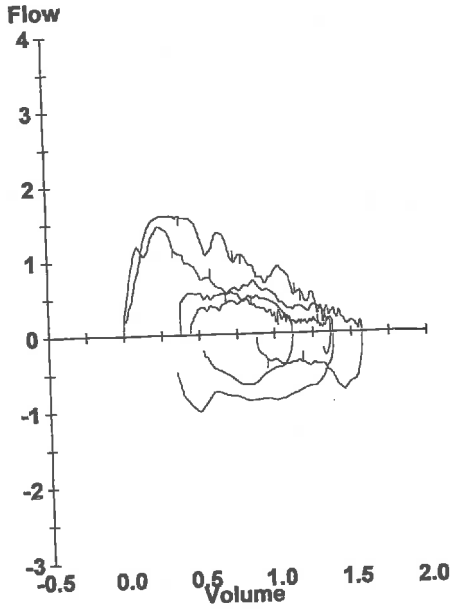
( ) = OUTSIDE 95% CONFIDENCE INTERVAL PF Reference: Morris/Polgar Version: IVS-0101-06-1C

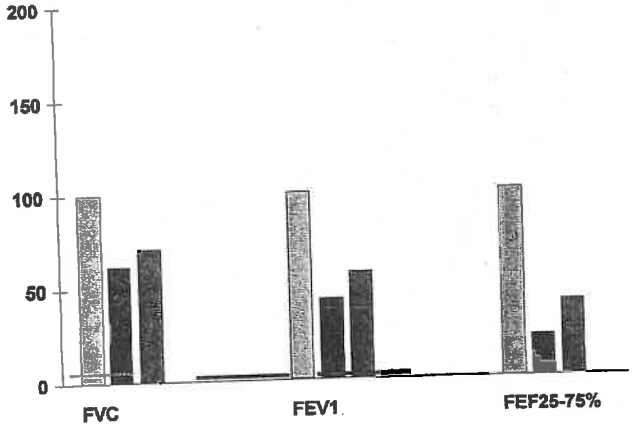
Children's Respiratory Center, PA
58 Bea[illegible]rive
Greenville, SC 29605
Pulmonary Function Report

Name: Chapman, Nicholas
Gender: Male
Age: 8 Race: Caucasian
Height(in): 53 Weight(lb): 60
Any Info: cf

Id: 7065
Date: 10/13/05
Temp: 22 PBar: 739
Physician: Jane V. Gwinn, M.D.
Technician: Connie

Spirometry (BTPS)		PRED	PRE-RX BEST	%PRED	POST-RX BEST	%PRED	% CHG
FVC	Liters	2.24	1.37	61	1.58	70	15
FEV1	Liters	2.03	0.86	42	1.14	56	33
FEV1/FVC	%	86	63		72		
FEF25-75%	L/sec	2.42	0.52	21	0.97	40	86
PEF	L/sec	3.76	1.51	40	1.61	43	7





PRED PRE POST

Comments:

Interpretation: Severe obstructive lung dysfunction
Significant improvement post bronchodilator but
post study still not normal. Moderate obstructive
disease on post study Jane V Gwinn MD

CALIBRATION: Pred Volume: 3.00 Expire Avg: 2.99 Inspire Avg: 2.98 Flow Cal Date: 10/13/05

( ) = OUTSIDE 95% CONFIDENCE INTERVAL PF Reference: Morris/Polgar Version: IVS-0101-06-1C

Final Report

GREENVILLE HOSPITAL SYSTEM
GREENVILLE MEMORIAL RADIOLOGY
Greenville, South Carolina

Patient Name:	CHAPMAN, NICHOLAS	Med. Rec. No:	000970458599
DOB:	03/07/1997		
SEX:	MALE	Pt NS/Room:	086E-6507AM
Pt. Class:	IN PATIENT	Corp. Account No:	
		Admission No:	008006791452

Ordering MD: JANE GWINN, MD
CHILDREN'S RESPIRATORY CENTER
58 BEAR DRIVE
GREENVILLE, SC 29605

OP LOCATION:

GRD 0134 - GMH CHEST PA AND LATERAL (7095156)
Ordered by: Dr. JANE GWINN, MD

02/28/2006 14:43

REASON FOR EXAM: COUGH, CYSTIC FIBROSIS

RESULT: Nicholas Chapman

AP AND LATERAL CHEST VIEWS, 02/28/06:

CLINICAL: Cough.

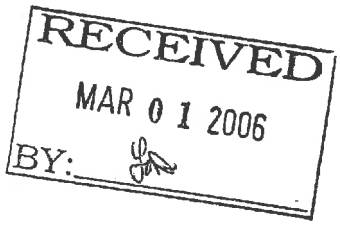
AP and lateral chest views. Comparison 02/17/06.

The round PICC line tip projects near the junction of right brachiocephalic vein and superior vena cava. Lungs appear a little less hyperinflated. Haziness around the eyes decreased. No acute infiltrate is demonstrated. There is no obvious peribronchial thickening. The hila are not grossly enlarged. Heart size appears normal.

IMPRESSION: CHEST X-RAY DEMONSTRATES IMPROVEMENT SINCE 02/17/06. NO ACUTE ABNORMALITIES ARE NOTED. THERE ARE NO OBVIOUS RADIOGRAPHIC CHANGES OF CYSTIC FIBROSIS WITH THE EXCEPTION THAT THE LUNGS MAY BE A LITTLE HYPERINFLATED.

BUNDLE: <BUNDLE_DOC>

Transcriptionist: GJF
Transcribe Date/Time: Feb 28 2006 10:32P
Read by : MICHAEL EVERT, MD
Electronically Signed By:MICHAEL EVERT, MD On: Mar 1 2006 6:09A



Final Report

GREENVILLE HOSPITAL SYSTEM
GREENVILLE MEMORIAL RADIOLOGY
Greenville, South Carolina

Patient Name:	CHAPMAN, NICHOLAS	Med. Rec. No:	000970458599
DOB:	03/07/1997		
SEX:	MALE	Pt NS/Room:	086E-6507AM
Pt. Class:	IN PATIENT	Corp. Account No:	
		Admission No:	008006791452

Ordering MD: JANE GWINN, MD
CHILDREN'S RESPIRATORY CENTER
58 BEAR DRIVE
GREENVILLE, SC 29605

OP LOCATION:

GRD 0129 - GMH CHEST SINGLE VIEW (7083396) 02/17/2006 16:54
Ordered by: Dr. JANE GWINN, MD

REASON FOR EXAM: PIC LINE PLACEMENT

RESULT: Nicholas Chapman

PORTABLE CHEST, 02/17/06

Portable view of the chest was obtained on 02/17/06. This was obtained for PICC line placement.

Right PICC line is noted. The distal tip appears in good position overlying the region of the superior vena cava. Lungs are hyperinflated. There are increased bronchovascular markings bilaterally, which could be secondary to repeated infections or could conceivably be related to an acute infectious bronchitis. No consolidation is noted.

IMPRESSION: AS ABOVE.

RUNELL: <EVNELE_DOC>

Transcriptionist: GJF
Transcribe Date/Time: Feb 18 2006 8:29P
Read by : D. MACK THOMASON, MD
Electronically Signed By:D. MACK THOMASON, MD On: Feb 20 2006 4:07P

RECEIVED
FEB 22 2006
BY:

COP

THE DIAGNOSTIC CENTER
MARY BLACK HEALTH SYSTEM
P.O. BOX 3217
1700 SKYLYN DRIVE
SPARTANBURG, S.C. 29304
PHONE (864) 573-3861 FAX (864)573-3160

NAME: CHAPMAN, NICHOLAS H SSN: 655019034
AGE: 8Y DOB: 03/07/1997 SEX: M ACCOUNT: 1597437
ADDRESS: 255 CLEARVIEW HEIGHTS BOILING SPRINGS, SC 29316
PHONE: 864-621-4050 ROOM: LA

ORDER: 3260423 ADDITIONAL ORDERS:
CHEST-PA AND LATERAL - 71020

ORDER DATE: 10/14/2005
ORDERING PHYSICIAN: MD JANE VANCE GWINN

fx: MD JANE VANCE GWINN (00505)
>

PA AND LATERAL CHEST/2 VIEWS: 10/14/2005

HISTORY: Cystic fibrosis.

The central markings are moderately prominent, particularly in the upper lung fields. These changes are consistent with cystic fibrosis, but nonspecific. No discrete infiltrate is noted, and the costophrenic angles are sharp.

IMPRESSION: Prominent markings, particularly in the upper lung fields as described. No discrete infiltrate. The lung fields are slightly overinflated.

JOHN G. THORNBURG MD
This document has been electronically reviewed and approved by JOHN G. THORNBURG MD 10/17/2005.

\: cp /: 18 JOB: 06934 ID: 000481256
DD: 10/14/2005 DT: 10/15/2005 1333
TD: 1656

Reviewed CXR.
Results as above
Jane Gwinn MD

RADIOLOGY REPORT

OCT 17 2005
JVA

Received Time Oct. 17. 8:38AM

cc

THE DIAGNOSTIC CENTER
MARY BLACK HEALTH SYSTEM
P.O. BOX 3217
1700 SKYLYN DRIVE
SPARTANBURG, S.C. 29304
PHONE (894) 573-3861 FAX (894)573-3160

NAME: CHAPMAN, NICHOLAS H SSN: 655019034
AGE: 8Y DOB: 03/07/1997 SEX: M ACCOUNT: 1601313
ADDRESS: 255 CLEARVIEW HEIGHTS BOILING SPRINGS, SC 29316
PHONE: 864-621-4050 ROOM: CA

ORDER: 3275736 ADDITIONAL ORDERS:
CT THORAX WO CON - 71250

ORDER DATE: 10/31/2005
ORDERING PHYSICIAN: MD JANE VANCE GWINN

fx: MD JANE VANCE GWINN (00505)
>

CT THORAX WITHOUT CONTRAST 10-31-05

CT of the thorax without contrast including high resolution images is compared to a chest x-ray dated 10-14-05.

The findings consistent with cystic fibrosis are again identified including hyperexpansion of the lung parenchyma, thickening of the bronchi and bronchiectasis and mucous impaction noted particularly in the right upper and right lower lobes.

IMPRESSION: Findings consistent with cystic fibrosis as described.

JEFFREY J. JAINDL, DO
This document has been electronically reviewed and approved by JEFFREY J. JAINDL, DO 11/01/2005.

\: tm /: 24 JOB: 02258 ID: 000485558
DD: 10/31/2005 DT: 11/01/2005 1459
TD: 1728

See my note on yellow copy in chart.

CAT SCAN REPORT

Nicholas Chapman (78039) **6/22/06**

The patient's CT scan from 6/9/06 was reviewed. Hypoplasia of the frontal sinuses is present consistent with the patient's age. OMC on the right is narrow but clear. It is obstructed on the left. Mucous retention cysts are present on the floor of the maxillary sinuses bilaterally with no bone erosion or thickening. Sphenoid sinuses are clear. Scattered anterior ethmoid mucosal thickening is also present.

I will discuss with the patient's mother the possibility of performing a limited functional endoscopic sinus surgery when they return for follow-up concerning the acute otitis media recently diagnosed.

JAF/jn

cc: Dr. Jane Gwinn

COPY

THE DIAGNOSTIC CENTER
MARY BLACK HEALTH SYSTEM
P.O. BOX 3217
1700 SKYLYN DRIVE
SPARTANBURG, S.C. 29304
PHONE (894) 573-3861 FAX (894)573-3160

NAME: CHAPMAN, NICHOLAS H SSN: 655019034
AGE: 9Y DOB: 03/07/1997 SEX: M ACCOUNT: 1671192
ADDRESS: 255 CLEARVIEW HEIGHTS BOILING SPRINGS, SC 29316
PHONE: 864-621-4050 ROOM: CA

ORDER: 3502246 ADDITIONAL ORDERS: 3502242
CT-MAXILLOFACIAL W/O CONT - 70486
CT SCAN BRAIN WO CON - 70450

ORDER DATE: 06/09/2006
ORDERING PHYSICIAN: MD JANE VANCE GWINN

fx: MD JANE VANCE GWINN (00505)
>

CT BRAIN : JUNE 09, 2006

HISTORY: Cystic fibrosis, recurrent headaches, recurrent sinusitis.

IMPRESSION: No acute change in the brain without contrast.

Brain CT without contrast, including bone windows reveal no evidence of findings suggesting embolic infarct, hemorrhage, mass effect, subdural or epidural hematoma. There is proximal opacification of the ethmoid and maxillary sinus is appreciated.

CT SINUSES:

IMPRESSION: Significant opacification of the maxillary and ethmoid air cell. Normal appearing nasal cavity, frontal and sphenoid sinus.

Axial CT of the sinuses in coronal reconstruction revealed no abnormalities in the sphenoid or frontal sinuses or nasal cavity. There is significant mucosal thickening and opacification of the maxillary sinuses bilaterally, to a lesser degree the ethmoid air cells bilaterally. Frontal sinuses were hypoplastic, although clear.

JEFFREY J. JAINDL, DO
This document has been electronically reviewed and approved by JEFFREY J. JAINDL, DO 06/12/2006.

FAXED
JUN 13 2006
BY:

REVIEWED
JUN 13 2006
BY:

CAT SCAN REPORT

Received Time Jun.12. 8:14PM

NAME: CHAPMAN,NICHOLAS H *** PATIENT DISCHARGED ***
MR# : 1655019034
ACCT #: 1676869

SEX: M AGE: 9Y LOC: LA
DR: GWINN, JANE VANCE, M

********** GENERAL CHEMISTRY PROFILES **********

TEST:	TOTAL BILI	DIRECT BILI	TP	ALBU	ALK PHOS	AST	ALT
UNITS:	mg/dl	mg/dl	g/dl	g/dl	U/L	U/L	U/L
LO-HI:	0.3-1.2	0.0-0.2	6.3-8.2	3.5-5.0	170-390	0-59	0-72
06/27/06 + 1446	**0.2L**	0.0 (a)	7.7	3.6	**138L**	44	16

********** SENDOUT TESTS **********

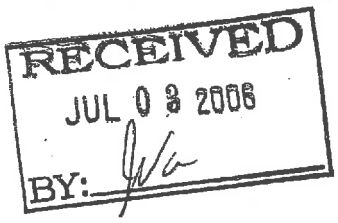
06/27/06 + 1446 IGE — **H 1664** U/ML
Reported range:
Normal: <OR=304
Unit: kU/L
(NOTE)

Test performed at:

QUEST DIAGNOSTICS-ATLANTA
1777 MONTREAL CIRCLE
TUCKER, GA 30084
Medical Director: WILLIAM M MILLER, MD

REPORTED BY QUEST LABORATORIES

---FOOTNOTES---
(a) RESULTS FAXED TO 864 220 8009 BY MKH @ 0715 6/28/06



END OF REPORT

UNLESS OTHERWISE INDICATED THE DATE AND TIME REPRESENTS THE COLLECT DATE AND TIME

Quest Diagnostics®

QUEST DIAGNOSTICS INCORPORATED
CLIENT SERVICE 800.877.8805

SPECIMEN INFORMATION
SPECIMEN: AT039679Q
REQUISITION: 2536321
LAB REF: T65888

COLLECTED: 06/27/2006 14:46 ET
RECEIVED: 06/28/2006 22:36 ET
REPORTED: 06/29/2006 11:30 ET

PATIENT INFORMATION
CHAPMAN,NICHOLAS H

DOB: 03/07/1997 AGE: 9
GENDER: M

ID: 1655019034;1
PHONE:

REPORT STATUS FINAL REPRINT

ORDERING PHYSICIAN

CLIENT INFORMATION
SQMBM QGSP001
MARY BLACK MEM HOSP/SUNQUEST
1700 SKYLYN DR
SPARTANBURG, SC 29307-1041

Test Name	In Range	Out of Range	Reference Range	Lab
IMMUNOGLOBULIN E		1664 H	<OR=304 kU/L	AT

HARD COPY TO FOLLOW

PERFORMING LABORATORY INFORMATION
AT QUEST DIAGNOSTICS-ATLANTA, 1777 MONTREAL CIRCLE, TUCKER, GA 30084
Laboratory Director: WILLIAM M MILLER, MD, CLIA: 11D0255931

DUPLICATE REPORT WILL BE SENT TO: MARY BLACK MEMORIAL HOSP
1700 SKYLYN DR
SPARTANBURG, SC 29307-1041

RECEIVED
JUN 29 2006
BY:

06/28/2006 MARY BLACK MEMORIAL HOSPITAL INTERIM REPORT
07:26 DEPARTMENT OF PATHOLOGY PAGE 1
DRS. DAVIS, LOWRY, WREN, NELSON, RAINER, LAPHAM, MIMS, CALDWELL, & BURKS

NAME: CHAPMAN,NICHOLAS H
MR# :1655019034 AGE: 9Y SEX: M LOC: LA
ACCT: 1676869 DR: GWINN, JANE VANCE, M

T65888 COLL: 06/27/2006 14:46 REC: 06/27/2006 14:47

PLEASE FAX TO 864 220 8009

HEPATIC FUNCTION PANEL

BILIRUBIN, DIRECT		0.0	[0.0-0.2]	mg/dl
SGPT (ALT)		16	[0-72]	U/L
BILIRUBIN,TOTAL	L	0.2	[0.3-1.2]	mg/dl
ALBUMIN		3.6	[3.5-5.0]	g/dl
ALK PHOSPHATASE	L	138	[170-390]	U/L
SGOT (AST)		44	[0-59]	U/L
TOTAL PROTEIN		7.7	[6.3-8.2]	g/dl

IGE SENT TO REFERENCE LAB

RECEIVED
JUN 28 2006
BY:

MARY BLACK MEMORIAL HOSPITAL
DEPARTMENT OF PATHOLOGY
DRS. DAVIS, LOWRY, WREN, NELSON, RAINER, LAPHAM, MIMS, CALDWELL, BURKS, & KIM

NAME: CHAPMAN,NICHOLAS H *** PATIENT DISCHARGED ***
MR# : 1655019034 SEX: M AGE: 9Y LOC: LA
ACCT #: 1666145 DR: GWINN, JANE VANCE, M

********** SENDOUT TESTS **********

05/23/06

+	1337	IGE	**H 528**	U/ML

Reported range:
Normal: <OR=304
Unit: kU/L
(NOTE)

Test performed at:

QUEST DIAGNOSTICS-ATLANTA
1777 MONTREAL CIRCLE
TUCKER, GA 30084
Medical Director: WILLIAM M MILLER, MD

REPORTED BY QUEST LABORATORIES

END OF REPORT

UNLESS OTHERWISE INDICATED THE DATE AND TIME REPRESENTS THE COLLECT DATE AND TIME

Quest Diagnostics®

QUEST DIAGNOSTICS INCORPORATED
CLIENT SERVICE 800.877.8805

SPECIMEN INFORMATION
SPECIMEN: AT315388P
REQUISITION: 1906852

COLLECTED: 05/23/2006 13:37 ET
RECEIVED: 05/24/2006 22:44 ET
REPORTED: 05/25/2006 13:27 ET

PATIENT INFORMATION
CHAPMAN,NICHOLAS H

DOB: 03/07/1997 AGE: 9
GENDER: M
SSN:
ID: 1655019034;1
PHONE:

REPORT STATUS FINAL REPRINT

ORDERING PHYSICIAN

CLIENT INFORMATION
SQMBM QGSP001
MARY BLACK MEM HOSP/SUNQUEST
1700 SKYLYN DR
SPARTANBURG, SC 29307-1041

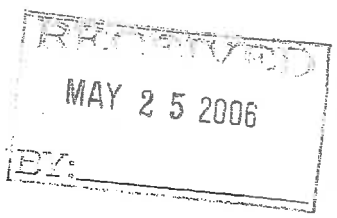
COMMENTS: LAB REF NO: T64214

Test Name	In Range	Out of Range	Reference Range	Lab
IMMUNOGLOBULIN E		528 H	<OR=304 kU/L	AT

HARD COPY TO FOLLOW

PERFORMING LABORATORY INFORMATION
AT QUEST DIAGNOSTICS-ATLANTA, 1777 MONTREAL CIRCLE, TUCKER, GA 30084
Laboratory Director: WILLIAM M MILLER, MD, CLIA: 11D0255931

DUPLICATE REPORT WILL BE SENT TO:
MARY BLACK MEMORIAL HOSP
1700 SKYLYN DR
SPARTANBURG, SC 29307-1041



MARY BLACK MEMORIAL HOSPITAL
DEPARTMENT OF PATHOLOGY
DRS. DAVIS, LOWRY, WREN, NELSON, RAINER, LAPHAM, MIMS, CALDWELL, BURKS, & KIM

NAME: CHAPMAN,NICHOLAS H *** PATIENT DISCHARGED ***
MR# : 1655019034
ACCT #: 1597437
SEX: M AGE: 8Y LOC: LA
DR: GWINN, JANE VANCE, M

**********BLOOD CELL PROFILE**********

TEST:	WBC	RBC	HGB	HCT	MCV	MCH	MCHC	PLT	RDW	MPV
UNITS:	K/ul	M/ul	g/dl	%	fl	pg	g/dl	K/ul	%	fl
LO-HI:	4.5-13.5	4.00-5.20	11.5-15.5	35-45	77-95	25-33	31-37	125-400	11.5-14.5	8.8-12.0
10/14/05										
+ 1415	12.63	4.73	13.2	38.1	80.5	27.9	34.6	364	13.0	10.1

**********DIFFERENTIAL**********

TEST:	NEUT	LYMPH	MONO	EOSIN	BASO
UNITS:	%	%	%	%	%
LO-HI:					
10/14/05					
+ 1415	79	16	5	0	0

**********ABSOLUTE COUNTS/MORPHOLOGY**********

TEST:	ABS NEUT	ABS LYMPH	ABS MONO	ABS EOS	ABS BASO
UNITS:	K/ul	K/ul	K/ul	K/ul	K/ul
LO-HI:	1.8-8.0	1.5-6.5	0-0.8	0-0.6	0-0.2
10/14/05					
+ 1415	**10.00H**	1.97	0.64	0.00	0.02

**********COAGULATION**********

TEST:	PT	INR FOR MOST INDICATIONS
UNITS:	sec	
LO-HI:	9-11	2-3
10/14/05		
+ 1415	9.7	**0.97L**

CONTINUED

UNLESS OTHERWISE INDICATED THE DATE AND TIME REPRESENTS THE COLLECT DATE AND TIME

NAME: CHAPMAN,NICHOLAS H *** PATIENT DISCHARGED ***
MR# : 1655019034
ACCT #: 1597437

SEX: M AGE: 8Y LOC: LA
DR: GWINN, JANE VANCE, M

********** URINALYSIS **********

TEST:	COLOR APPEAR	GLU	BILI	KETONES	SPEC GRAV	BLOOD CELLS	PH	TP	URO BILINOGEN	NIT	LEUK
UNITS:		mg/dl	mg/dL	mg/dL		/uL		mg/dl	mg/dL		/uL
LO-HI:		0	NEG	NEG	1.001-1.035	NEG	4.6-8.0	0	0-1.0	NEG	NEG
10/14/05											
+ 1415	YELLOW CLEAR	NORMAL	NEG	NEG	1.020	NEG	7	NEG	NORMAL	NEG	NEG

********** GENERAL CHEMISTRY PROFILES **********

TEST:	NA	K	CL	CO2	GLU	BUN	CREAT	TOTAL BILI	TP	ALBU	CA	ALK PHOS	AST
UNITS:	mmol/L	mmol/L	mmol/L	mmol/L	mg/dl	mg/dl	mg/dl	mg/dl	g/dl	g/dl	mg/dl	U/L	U/L
LO-HI:	137-145	3.6-5.0	98-107	22-30	70-110	5-20	0.8-1.5	0.3-1.2	6.3-8.2	3.5-5.0	8.4-10.2	170-390	0-59
10/14/05													
+ 1415	143	4.0	**108H**	22	**129H**	14	**0.5L**	0.3	**8.5H**	4.4	9.9	182	26

---------- GENERAL CHEMISTRY PROFILES ----------

TEST:	ALT
UNITS:	U/L
LO-HI:	0-72
10/14/05	
+ 1415	12

********** SENDOUT TESTS **********

10/14/05
+ 1415 PREALBUMIN 20 Good MG/DL
Reported range:
Normal: 15 to 33
(NOTE)

Test performed at:

QUEST DIAGNOSTICS-ATLANTA

<<RESULTS CONTINUED ON NEXT PAGE>>

MARY BLACK MEMORIAL HOSPITAL
DEPARTMENT OF PATHOLOGY
DRS. DAVIS, LOWRY, WREN, NELSON, RAINER, LAPHAM, MIMS, CALDWELL, BURKS, & KIM

NAME: CHAPMAN,NICHOLAS H *** PATIENT DISCHARGED ***
MR# : 1655019034
ACCT #: 1648057
SEX: M AGE: 9Y LOC: LA
DR: GWINN, JANE VANCE, M

********** GENERAL CHEMISTRY PROFILES **********

TEST:	TOTAL BILI	DIRECT BILI	TP	ALBU	ALK PHOS	AST	ALT
UNITS:	mg/dl	mg/dl	g/dl	g/dl	U/L	U/L	U/L
LO-HI:	0.3-1.2	0.0-0.2	6.3-8.2	3.5-5.0	170-390	0-59	0-72
03/28/06							
+ 1507	0.4	0.0	**8.7H**	4.2	**147L**	31	13

********** SENDOUT TESTS **********

03/28/06
+ 1507 PREALBUMIN PEND

********** SENDOUT TESTS **********

03/28/06
+ 1507 IGE **H 746** U/ML
Reported range:
Normal: <OR=304
Unit: kU/L
(NOTE)

Test performed at:

QUEST DIAGNOSTICS-ATLANTA
1777 MONTREAL CIRCLE
TUCKER, GA 30084
Medical Director: WILLIAM M MILLER, MD

REPORTED BY QUEST LABORATORIES

RECEIVED
APR 03 2006
BY:

END OF REPORT

UNLESS OTHERWISE INDICATED THE DATE AND TIME REPRESENTS THE COLLECT DATE AND TIME

GREENVILLE MEMORIAL HOSPITAL
701 Grove Road, Greenville, SC 29605

========== PHYSICIAN COPY FOR GWINN MD,JANE VANCE ==========

NAME: CHAPMAN,NICHOLAS HUNTER
H# : 970458599 LOC: GM6E ROOM: 6507AM *** PATIENT DISCHARGED ***
HOSP: G08 AGE: 8Y SEX: M
ACCT: 080006791452 DR: GWINN MD,JANE VANCE

F70954 COLL: 02/17/2006 14:00 REC: 02/17/2006 15:09 PHYS: GWINN MD,JANE V

ASPERGILLUS IGG ANTI
ASPERGILLUS IGG (NOTE)

TESTS	RESULTS	REF. RANGE	UNITS
ASPERGILLUS IGG ABS [EIA]			
Aspergillus IgG Antibodies	2.82 H	< 0.81	Index

REFERENCE RANGE for Aspergillus Abs:
Less than 0.81 Index . . . . Negative
0.81 - 1.19 Index . . . . . Indeterminate
Greater than 1.19 Index . . Positive

The performance characteristics of this test were established through validation by Specialty Laboratories, and no approval is required by the U.S. Food and Drug Administration (FDA). Specialty Laboratories is regulated under the Clinical Laboratory Improvement Amendments of 1988 (CLIA) as qualified to perform high complexity clinical testing.
Performed at Quest Diagnostics Nichols Institute

ASPERGILLUS RESULTS (NOTE)
Results Received 02}23/06
ref:006 1531568
Test performed by Specialty Laboratories, Inc.
27027 Tourney Road
Valencia, CA 91355-5386
Phone: 661-799-6543
800-421-4449
Michael C. Dugan, M.D., Laboratory Director
Performed at Quest Diagnostics Nichols Institute

HYPERSENS. PROFILE

FAENIA RECTIVIRGULA	{NDT} None detected Performed at Quest Diagnostics Nichols Institute
ACREMONIUM (CEPHALOS	None detected Performed at Quest Diagnostics Nichols Institute
THERMOACTINOMYCES T.VULGARIS	RESULT: {NDT} None detected Performed at Quest Diagnostics Nichols Institute

RECEIVED
MAR 0 2 2006
BY:

========== PHYSICIAN COPY FOR GWINN MD,JANE VANCE ==========

NAME: CHAPMAN,NICHOLAS HUNTER
H# : 970458599 *** PATIENT DISCHARGED ***
HOSP: G08 LOC: GM6E ROOM: 6507AM AGE: 8Y SEX: M
ACCT: 080006791452 DR: GWINN MD,JANE VANCE

F70954 COLL: 02/17/2006 14:00 REC: 02/17/2006 15:09 PHYS: GWINN MD,JANE V

HYPERSENS. PROFILE (CONTINUED)

A.FLAVUS	{NDT}	
	None detected	
	Performed at Quest Diagnostics Nichols Institute	
A.FUMIGATUS	{NDT}	
	None detected	
	Performed at Quest Diagnostics Nichols Institute	
A. NIGER	{NDT}	
	None detected	
	Performed at Quest Diagnostics Nichols Institute	
AUROBASIDIUM PULLULA	None detected	
	Performed at Quest Diagnostics Nichols Institute	
PIGEON SERUM AB	None detected	
	(NOTE)	

Reference value: None detected
Performed at Quest Diagnostics Nichols Institute

ASPERGILLUS FUMIGATU		
ASPERGILLUS INTERNAT H	59.60	
	Performed at Quest Diagnostics Nichols Institute	
	Reported range: Normal: <0.35	
ASPERGILLUS CONVENTI H	5	
	Reported range: Normal: 0	
	(NOTE)	

INTERPRETATION SPECIFIC IgE CLASS	kU}L	LEVEL OF ALLERGEN SPECIFIC IgE ANTIBODY
0	<0.35	Absent}Undetectable
1	0.35-0.70	Low Level
2	0.71-3.50	Moderate Level
3	3.51-17.5	High Level
4	17.6-50	Very High Level
5	51-100	Very High Level
6	>100	Very High Level

NAME: CHAPMAN,NICHOLAS HUNTER ROOM:6507AM LOC:GM6E
MR#:970458599 SS#:655019034 ACCT#:080006791452
DOB:03/07/1997 AGE:8Y SEX:M
ATTENDING PHYS:GWINN MD,JANE VANCE
ADMITTED:02/17/2006 DISCHARGED:

IMMUNOLOGY PERFORMED AT QUEST DIAGNOSTICS NICHOLS INSTITUTE,14225 NE

02/17/06
+ 1400 ASPERGILLUS IGG ANTI
ASPERGILLUS IGG (NOTE)

TESTS	RESULTS	REF. RANGE	UNITS
ASPERGILLUS IGG ABS [EIA]			
Aspergillus IgG Antibodies	2.82 H	< 0.81	Index

REFERENCE RANGE for Aspergillus Abs:
Less than 0.81 Index . . . . Negative
0.81 - 1.19 Index . . . . . Indeterminate
Greater than 1.19 Index . . Positive

The performance characteristics of this test were established through validation by Specialty Laboratories, and no approval is required by the U.S. Food and Drug Administration (FDA). Specialty Laboratories is regulated under the Clinical Laboratory Improvement Amendments of 1988 (CLIA) as qualified to perform high complexity clinical testing.
Performed at Quest Diagnostics Nichols Institute

ASPERGILLUS RESULTS
(NOTE)
Results Received 02}23/06
ref:006 1531568
Test performed by Specialty Laboratories, Inc.
27027 Tourney Road
Valencia, CA 91355-5386
Phone: 661-799-6543
800-421-4449
Michael C. Dugan, M.D., Laboratory Director
Performed at Quest Diagnostics Nichols Institute

NAME: CHAPMAN,NICHOLAS HUNTER ROOM:6507AM LOC:GM6E
MR#:970458599 SS#:655019034 ACCT#:080006791452
DOB:03/07/1997 AGE:8Y SEX:M
ATTENDING PHYS:GWINN MD,JANE VANCE
ADMITTED:02/17/2006 DISCHARGED:

********** HEMATOLOGY PROFILE **********

DAY:	11		
DATE:	02/27/06		
TIME:	+1100		
LOC:	GM6E		
FOOTNOTE:	#1	NORMAL	UNITS
WBC	5.1	4.8-10.8	TH/mm3
RBC	4.51	4.0-5.2	MIL/mm3
HGB	12.3	11.5-15.5	g/dL
HCT	36.4	35-45	%
MCV	80.8	77-95	fl
MCH	27.3	25-33	pg
MCHC	33.8	31-37	g/dL
RDW	13.7	13.2-16.0	%
PLT COUNT	314	140-440	TH/mm3
MPV	8.4	7.4-10.4	fl
LYMPH %	49.7 H	15-41	%
MONO %	11.2 H	0-11	%
NEUT %	35.6 L	60.4-82.4	%
EOSIN %	1.7	0.0-4.0	%
BASO %	1.8	0.0-2.0	%
LYMP ABS CT	2.5	0.96-3.84	TH/mm3
MONO ABS CT	0.6	0.06-0.74	TH/mm3
NEUT ABS CT	1.8 L	1.87-8.47	TH/mm3
EOSIN ABS CT	0.1	0.0-0.4	TH/mm3
BASO ABS CT	0.1	0.0-0.2	TH/mm3
RBC MORPH	WNL		
PLT EST	Adeq	ADEQ	

#1 RBC MORPH = Within normal limits

INPATIENT NEW ACTIVITY ONLY
GREENVILLE MEMORIAL HOSPITAL
701 Grove Road, Greenville, SC 29605

NAME: CHAPMAN,NICHOLAS HUNTER ROOM:6507AM LOC:GM6E
MR#:970458599 SS#:655019034 ACCT#:080006791452
DOB:03/07/1997 AGE:8Y SEX:M
ATTENDING PHYS:GWINN MD,JANE VANCE
ADMITTED:02/17/2006 DISCHARGED:

********** ORGAN & DISEASE SPECIFIC PANELS **********

DAY:		2		
DATE:		{----02/18/06----}		
TIME:		+0830	+1220	
LOC:		GM6E	GM6E	NORMAL UNITS
GLUCOSE		107 H	126 H	60-100 mg/dl

********** SPECIAL CHEMISTRY **********

02/17/06 + 1435	IgE	H 2140.0	{<90}	U/mL

********** THERAPEUTIC DRUG MONITORING **********

02/18/06 + 1830	TOBRAMYCIN TROUGH	1.7	mg/L
		Effective Level:	<2.0
		Potentially Toxic:	>2.0
02/18/06 + 2010	TOBRAMYCIN-PEAK	*H 14.7	mg/L
		Effective Level:	5-10
		Potentially Toxic:	>10.0

********** DIAGNOSTIC IMMUNOLOGY **********

02/17/06 + 1435	CRP QUAN HIGH SENS	H 0.37	{<0.30}	mg/dL

********** BACTERIOLOGY **********

02/18/2006 RESPIRATORY CULTURE ORDERING PHYS: GWINN MD,JANE VANCE
+ 2100 ACC. NO.: F70004 TRANSPORT TIME: 0.2 PRELIMINARY
SPECIMEN: SPUTUM

<< CONTINUED ON NEXT PAGE >>

genzyme Genetics

Received Time Oct. 13. 1:57PM

Cystic Fibrosis Mutation Analysis

ent Name: Chapman, Nicholas
rring Physician: Charles Micheal Bowman, M.D.
cimen #: 60298934
ent ID: 60267029-6

Client #: 603906
Case #: 60177864

: 03/07/1997
M
:

Date Collected: 02/25/2004
Date Received: 02/26/2004
Lab ID: 040561932
Hospital ID: 1444279
Specimen Type: BLDPER

Medical University of South Carolina
Dept of Pathology & Laboratory Medicine
Outreach and Referral Testing
165 Ashley Ave., Rm EH-318
Charleston SC 29403

icity: Caucasian

ation: Family History - affected sibling

JLTS: POSITIVE for one copy of the ΔF508 mutation and one copy of the D1152H mutation

ERPRETATION

analysis identified two CF mutations. This individual may be affected with cystic fibrosis, a rder with a wide range of clinical symptoms and variable age of onset. Further medical evaluation is mmended.

MENTS:

ic counseling is recommended to discuss the potential clinical and/or reproductive implications of this result, as s recommendations for testing other family members and, when applicable, this individual's partner.

ation Detection Rates ng Ethnic Groups

Detection rates are based on mutation frequencies in patients affected with cystic fibrosis. Among individuals with an atypical or mild presentation (e.g. congenital absence of the vas deferens, pancreatitis) detection rates may vary from those provided here.

icity	Detection rate	References
asian	92.6%	Genet in Med 3:168, 2001 in conjunction with Genet in Med 4:90, 2002
an American	81%	Genet in Med 3:168, 2001
nic	72%	Genet in Med 3:168, 2001
nazi Jewish	97%	Am J Hum Genet 51:951, 1994
h, non-Ashkenazi	Varies by country of origin	Genet Testing 5:47, 2001, Genet Testing, 1:35, 1997
	Not Provided	Insufficient data
or Mixed Ethnicity	Not Provided	Detection rate not determined and varies with ethnicity

terpretation is based on the clinical information provided and the current understanding of the molecular genetics condition. Although DNA-based testing is highly accurate, rare diagnostic errors may occur. Examples include rpretation because of genetic variants, blood transfusion, bone marrow transplantation, or erroneous ntation of family relationships or contamination of a fetal sample with maternal cells.

D

solated from the sample and tested for the 86 CF mutations listed. Regions of the CFTR gene are amplified ically and hybridized to specific CF mutation oligonucleotide probes. Results are characterized as positive or negative, cimens with positive results are tested for specific mutation identity. The assay discriminates between ΔF508 and the polymorphisms: F508C, I506V, I506M and I507V.

C Michael Bowman MD

direction of: S E Hallam

Stephanie Hallam, Ph.D.

RECEIVED
OCT 13 2005
BY:

Date: 03/11/2004

Testing Performed At Genzyme Genetics 3400 Computer Drive Westborough, MA 01581 1-800-255-7357

ol

#135

State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Robert M. Kerr
Director

August 31, 2006

Jane V. Gwinn, MD
Ms. Lisa A. DuBose, APRN, BC
Children's Respiratory Center, PA
58 Bear Drive
Greenville, South Carolina 29605

Dear Dr. Gwinn and Ms. DuBose:

Thank you for writing to express your concerns about the healthcare needs of Nicholas Hunter Chapman and eligibility requirements for Medicaid under the Tax Equity and Fiscal Responsibility Act (TEFRA) program.

TEFRA is a program that covers some children without counting their parents' income. This program is for children who are disabled and need institutional care. The program was designed to help parents who want to care for their child at home, even though the child needs continuous care in an institution such as a nursing home or intermediate care facility for the mentally retarded. There are many children with serious health conditions who do not need to be institutionalized. These children do not qualify under the TEFRA program. We have reviewed the Level of Care assessment for Nicholas and believe it to be accurate.

We have been in contact with Hunter's father to assist with any questions he might have about TEFRA eligibility and informed him of his right to appeal our decision. In addition, Ms. Debra Stevens of our staff has been in contact with your office in response to questions about the TEFRA program.

Thank you for your support of the Medicaid program and if we may be of further assistance, please contact me at 803-898-2502.

Sincerely,

Gary Ries
Deputy Director

GR/joe

Medicaid Eligibility and Beneficiary Services
P.O. Box 8206 • Columbia, South Carolina 29202-8206
(803) 898-2502 • Fax (803) 255-8235

Mark's Notes: Summary 8/30/06 – Nicholas Hunter Chapman

(1) The level of care assessment has been reviewed by Debra Stevens. The child apparently is doing very well and is not even close to meeting requirements.
(2) Debra Stevens spoke with Ms. DuBose (provider) by phone and explained the criteria for level of care and sent her some info. It appears the provider did not understand what is required to meet LOC.
(3) Rhonda Tucker spoke with the father after the LOC denial and he said he was going to appeal but apparently did not. The time period for appealing has passed.

At this point I have no remedy to offer the family, and I don't even know if the family is aware of the letter sent by the provider. There is also very little "additional info" that I can provide to the provider even if I had a release. They have LOC criteria and they know the child's condition; therefore they know he is not eligible. We have reviewed our decision as they requested and he is still not eligible.

We have modified the letter as you indicated and I have also enclosed an optional version that may serve us better. Let me know if you need anything else.

State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Robert M. Kerr
Director

Jane V. Gwinn, MD
Ms. Lisa A. DuBose, APRN, BC
Children's Respiratory Center, PA
58 Bear Drive
Greenville, South Carolina 29605

Dear Dr. Gwinn and Ms. DuBose:

Thank you for writing to express your concerns about the healthcare needs of Nicholas Hunter Chapman and eligibility requirements for Medicaid under the Tax Equity and Fiscal Responsibility Act (TEFRA) program.

We have been in contact with Hunter's father to assist with any questions he might have about TEFRA eligibility. In addition, Ms. Debra Stevens of our staff has been in contact with your office in response to questions about the TEFRA program. All Medicaid applicants are entitled to appeal any decision denying them eligibility.

As you are aware, the Health Insurance Portability and Accountability Act (HIPAA) confidentiality requirements preclude us from discussing specific eligibility information without an individual's consent. If you would like more information than we are currently able to provide, you can access the following Website address: www.hipaa.state.sc.us/disclose.htm and print the HIPAA disclosure authorization form at the bottom of the page. Please fax the completed and signed form to the Division of Constituent Services at 803-255-8350.

Thank you for your support of the Medicaid program and if we may be of further assistance, please contact me at 803-898-2502.

Sincerely,

Gary Ries
Deputy Director

GR/jole

Medicaid Eligibility and Beneficiary Services
P.O. Box 8206 • Columbia, South Carolina 29202-8206
(803) 898-2502 • Fax (803) 255-8235

Log 135

Need to get authorization from McKenna

State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Robert M. Kerr
Director

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Ms. Lisa A. DuBose, APRN, BC
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Susan's Edits. 8/21

State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Robert M. Kerr
Director

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As you are aware, the Health Insurance Portability and Accountability Act (HIPAA) confidentiality requirements preclude us from discussing specific information without an individual's consent. ~~Therefore, we are unable to discuss any details regarding medical records without the client's written consent.~~ ~~If you need additional~~

We have been in contact with Hunter's father to assist with any questions he might have about TEFRA eligibility. In addition, Ms. Debra Stevens of our staff has been in contact with your office in response to questions about the TEFRA program. All Medicaid applicants are entitled to appeal any decision denying them eligibility.

If you would like more information than we are able to provide, you can access the following Website address: www.hipaa.state.sc.us/disclose.htm and print the HIPAA disclosure authorization form at the bottom of the page. Please fax the completed and signed form to the Division of Constituent Services at 803-255-8350.

I hope this information is helpful. (Questions? Thank you for your support of the Medicaid Program. . . .

Sincerely,

Gary Ries
Deputy Director

GR/jole

Medicaid Eligibility and Beneficiary Services
P.O. Box 8206 • Columbia, South Carolina 29202-8206
(803) 898-2502 • Fax (803) 255-8235

LEGISLATIVE LOG #	0135
LEGISLATOR/INQUIRER	Lisa A. DuBose, MD/Children's Respiratory Center, PA
CONSTITUENT	on behalf of Hunter Chapman
SSN	
BC ASSIGNED LOG	Jacobs
DATE REC'D BY AGENCY	8/3/2006
DATE DRAFT DUE GR	8/11/206
LOG LETTER DUE DATE	8/14/2006
DATE REFERRED TO BC	8/3/2006

Brief Description of Issue/Problem	Date	Staff Person	Phone #	Action Taken
	8/3/2006	Jan	8-2502	Jacobs box
	8/4/2006	Jill	8-3936	To Mark for dissemination
	8/7/2006	Denise	8-2505	Bob is handling.
	8/11/2006	Denise	8-2505	Edited letter, made envelope & returned to Bob for final review. See Bob's hard copy tracker in folder for background. Gave to Valerie for approval in Mark's absence.

CHECKLIST

Family Size	
Income/Resources	

Other Resources:

Communicare	
FQHCs	
Free Medical Clinics	
Medicare	
MIAP	
Prescription Drug Programs	
Social Security	
Together Rx	

Programs:

ABD (32)	
Foster Children (31,60)	
General Hospital (14)	
HCBWS (15)	
LIF (59)	
MBCCP (71)	
Nursing Home (10)	
OSS (85,86)	
PHC (88)	
Pregnant Women & Infants (12,87)	
QMB (90)	
SILVERxCARD (92)	
SLMB (48,52)	
SSI (80)	
TEFRA (57)	
Transitional (11)	
Working Disabled (40)	

Medicaid Programs / Other Resources Check List

Log # 0135 Legislator/Inquirer: Letter to Robby from Provider

Constituent: Nicholas Hunter Chapman SS#: 655-01-9034

Father Steven Chapman

PROBLEM / ISSUE:	FAMILY SIZE	INCOME/ RESOURCE
Provider asking us to open, case was denied 7/20/06 for LOC, but had won earlier on appeal of disability denial portion	3	N/A

STAFF PERSON: Bob Liming

DATE	ACTIONS TAKEN TO HELP:
8/4/06	Get case file, check MEDS, recall I did letter to Mother in Spring
8/7/06	Mark says to note HIPAA ... Ms. ... Deborah Ste... ...ication regarding Me...
8/8/06	Checked no a...
8/11	Did not call ... no mention that ... etter made
8/11 "	Note in doc" ... roller blading, ... Active in ...ion
8/11	Spoke with Va... to appeal with ... they won on ... ...ymom's went ...derstood ...x LOC and
	can now appea... spoken with pro... he can appeal ...vens has ...man renezos
	Basically since what happened is ... + Disability ...pealed and
	won, now they h... appeal... ...oned / on LOC and they can
	→ tried to call

Suspicion

does not have a deficit (no deficit)

HOSPIT

CYSTIC FIBROSIS

MEDICAID PROGRAMS		OTHER RESOURCES	
ABD	☐	Communicare	☐
Foster Children	☐	FQHC	☐
HCBWS	☐	Free Medical Clinics	☐
LIF	☐	Medicare	☐
MAO	☐	MiAP	☐
MBCCP	☐	Prescription Drug Programs	☐
Optional Supplement	☐	Social Security	☐
PHC	☐	TogetherRX	☐
Pregnant Women/Infants	☐		
SILVERxCARD	☐		
SLMB	☐		
SSI	☐		
TEFRA	☐		
Working Disabled	☐		

From: Rhonda Tucker
To: Mark Orf
Date: 8/29/2006 4:10:39 PM
Subject: Re: Fwd: Nicholas Hunter Chapman, 100927331

Yes, I denied the case for the second time. Mr. Chapman said he was going to appeal the case again, but I never received the request. He called me a few days after he got the second denial notice.

>>> Mark Orf 8/29/2006 3:26:37 PM >>>
Rhonda, you spoke with them about appealing the level of care decision, right? I just wanted to make sure we are talking about LOC and not disability decision here. Thanks

>>> Jennifer Dabbs 8/29/2006 3:11 PM >>>
I just checked with Rhonda as this is her case. She said the father contacted her several days after the denial was done. He said he would mail in an appeal request, but she said she has not had any further correspondence with him.

Jennifer L. Dabbs
TEFRA Coordinator
Department of Health and Human Services
(803) 898-8084
(803) 255-8223 FAX

>>> Mark Orf 8/29/2006 3:05:59 PM >>>
One more question - other than the denial notice has anyone spoke with them since then and told them they could appeal. I know they get the notice with opportunity to appeal - but I was just interested for the record. Thanks

>>> Vastine Crouch 8/29/2006 12:00 PM >>>
Absolutely, you answered every question I asked.

Mark, it would appear the time for filing an appeal has expired. this is strange, since they won their appeal on the disability issue.

>>> Jennifer Dabbs 8/29/2006 11:56 AM >>>
You are correct. This case was remanded for the level of care to be completed. The final level of care decision was received on 7/13/06 stating that the child did not meet the level of care criteria. The case was denied on 7/20/06 and we have not received another appeal request. I hope this helps.

Jennifer L. Dabbs
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>>> Vastine Crouch 8/29/2006 11:38 AM >>>
Jennifer, this child was denied for disability, appealed and won, but since Level of Care hadn't been completed, it was remanded for that. I think he has now been denied LOC. Can you confirm that he was denied LOC and, if so, date of denial notice. Also, if he was denied LOC, have his parents appealed the denial of LOC?

From: Vastine Crouch
To: Mark Orf
Date: 8/29/2006 3:12:51 PM
Subject: Re: Fwd: Nicholas Hunter Chapman, 100927331

As you referenced earlier, I'm pretty sure Debra told me she's had numerous contacts with the parents and advised them to appeal again since they were denied again. To my knowledge, they have not been in contact with appeals. They did file an ALC appeal of Mr. Easterday's decision. He talked with them and explained that they didn't really want to appeal his decision as it was favorable to the child. He advised they wait on the LOC decision. Looks like they waited too long.

>>> Mark Orf 8/29/2006 3:05 PM >>>
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From: Jennifer Dabbs
To: Mark Orf; Vastine Crouch
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thanks

From: Debra Stevens
To: Mark Orf
Date: 8/29/2006 3:40:57 PM
Subject: Re: quick question

I didn't leave any info., only that I was returning his call - I actually did not understand his name when he gave it, and did not realize at first that it was Mr. Chapman.

>>> Mark Orf 08/29/06 3:32 PM >>>
did you remember what message you left for Mr. Chapman - e.g just to call you or other info?

From: Robert G Liming
To: Crouch, Vastine
Date: 8/11/2006 3:34 pm
Subject: Re: Log Letter Response Re Chapman

Thanks, and thanks for catching the spelling on Debr'as name. I will let if go now, really appreciate your help and have a great weekend

>>> Vastine Crouch 8/11/2006 3:24 pm >>>
very good, very generic. Debra's name is spelled - Debra.

>>> Robert G Liming 8/11/2006 3:18 PM >>>
Vastine: Here's my response to the two providers. You will see my third paragraph is intentionally worded only to note all Medicaid applicants have the right to appeal any action and does not in any way refer to the Chapman case. I also only confirm our staff has talked with the father and the providers about TEFRA and not how it would or would not apply to Hunter.

Thanks for you call and I will call you in a few minutes to see what you think, thanks again,

Robert G. Liming
Special Project Manager, Office of Constituent Services
South Carolina Department of Health and Human Services
Room 310
1801 Main Street
P.O. Box 8206
Columbia, South Carolina 29202-8206

803-898-2621
E-Mail: limingr@scdhhs.gov

Website: www.scdhhs.gov

From: Nancy Bigelow
To: Mark Orf; Robert G Liming
Date: 8/7/2006 3:38 pm
Subject: Re: Fwd: When a Disability Decision comes in and it is denied this is what I do.

>>> Rhonda Tucker 8/7/2006 3:36 pm >>>
Level of care has to meet all three levels. Community Long Term Care, Department of Disability of Special Needs, Hospital. The child will have to go through all three levels before the case can be denied for Level of Care.

Also on disability when the case is denied and the parent's ask for a fair hearing. I will copy the file and send it to the parent and to the Appeals Division.

>>> Nancy Bigelow 8/7/2006 3:29 PM >>>

>>> Rhonda Tucker 8/7/2006 3:28 pm >>>
When a Disability Decision comes in and it is denied this is what I do.

I go ahead a deny it in meds.

2. If the decision just came in and I get a phone call from the parent's and I inform them that the decision just came in and it will be denied, they will ask me to hold off on denying it in meds so they can get a chance to send me some new medical records. Then I will send the new medical evidence with a note letting Disability know that this is some new medical evidence and if they can review it to see if it will change there decision.

Hope this helps

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Hope this helps

From: Robert G Liming
To: Tucker, Rhonda
Date: 8/7/2006 9:02 am
Subject: Re: Status on Nicholas Hunter Chapman SS # 655-01-9034

Thanks, at the present time no appeal has been filed and I assume in most instances it would come to you before going to Hearings and Appeals.

I guess it is hard to explain to clients how we can give them a decision on one part of the approval, like meeting disability and then deny them on LOC. Do you have a date when they won their appeal on disability? I just want to be certain of my facts when I respond. Thanks for the help.

>>> Rhonda Tucker 8/7/2006 8:30 am >>>
That's correct. The parent's will appeal the decision. This case was orginally denied for Disability. The family appealed that decision and it got over turned. Now it has been denied for Level of Care.

>>> Robert G Liming 8/7/2006 7:49 AM >>>
I am handling a legislative/doctor's referral on this little boy. Can you refresh me on his status as I recall he has now been denied TEFRA and ABD. If I read MEDS right his most recent denial was 7/20/06 for failure to meet level of care.

Can you please verify to me when he was denied ABD and the date, also if denied twice for TEFRA on what dates.

In addition do the case records show why the child didn't meet the level of care? Also has this case denial been appealed to your knowledge?

Sorry for so many questions, but apparently one of the child's doctors has questioned our decision and wants the case reviewed. Just trying to draft an appropriate response as quickly as possible. Many thanks for any data you can provide and specific dates. Thanks

Robert G. Liming
Special Project Manager, Office of Constituent Services
South Carolina Department of Health and Human Services
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1EDHMS54 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 08/07/06
MEDSPROD RECIPIENT INFORMATION ACTION:
MEMBER PERIOD START: 11/23/05 END: PAGE: 0001

NAME: CHAPMAN NICHOLAS H HH NAME: CHAPMAN NICHOLAS H
RCP NUMBER: 4780293781 HH NUMBER: 100927331 ACTION TYPE: MAINTENANCE
SSN: 655-01-9034 VC: V APL STATUS: ACTION DATE: 11/29/05
PRIMARY INDIVIDUAL: APL CO: 42 WORKER ID: RHONT LOCATION: 055
255 CLEARVIEW HGTS SSCN: 655019034 RRN:
RACE: 01 SEX: M MARITAL STATUS: S
TPL INSURANCE: Y RELATION: SELF
BOILING SPRINGS SC 29316- DOB: 03/07/1997 DOD:
CORRECT RCP NUMBER: _____ LIV ARRANGEMENT: HOME INCOME TRUST:
PROVIDER:

S	BG NUMBER	BEG ELIG	END ELIG	PCAT	QCAT	BENEFITS TYPE	QMB IND	RETRO IND	% OF POV LEVEL	CHIP NUMBER

UPDATED: USER ID: MMBUR DATE: 04/22/04 SYSTEM ID: SVE3000 DATE: 04/24/04
ME900063 RECIPIENT RECORD FOUND
PF2->HH BG PF3->HH MBR DTL PF4->REFH PF5->ELD02 PF6->RETURN PF7->PREV
PF8->NEXT PF9->HH NOTES PF15->RCP SEARCH PF17->ELD00 PF18->HH MBR BGS

8-2600

Won appeal on disability, but now case denied on level of care

7/20/06
Failure to meet level of care

```
MEDHMS59 P        S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES    DATE: 08/07/06
 MEDSPROD                    BUDGET GROUP DETERMINATION             ACTION:
                BUDGET GROUP PERIOD START: 11/23/05 END:            PAGE:    1
 HH NAME: CHAPMAN NICHOLAS H                                  HH NUMBER: 100927331
 BG NUMBER: 39040277         CATEGORY: TEFRA                 ACTION TYPE: MAINTENANCE
 BG STAT: DENIED       WKR: RHONT    RHONDA TUCKER           ACTION DATE: 07/20/06

 BUDGET GROUP COUNT:   1

                                                          BGM
 S    RCP NAME                          A/NA   REL    AGE STA REASON EXCL SANCTION
 ---------------------------------------------------------------------------------
 s    CHAPMAN NICHOLAS H                 A    SELF     9  I    022

 RETRO MONTHS REQUESTED(Y/N): Y                 WITHDRAW BUDGET GROUP(Y/N): N

 UPDATED: USER ID: RHONT     DATE: 07/20/06  SYSTEM ID: ELD3000  DATE: 07/20/06
ME904660 BUDGET GROUP INFORMATION FOUND
 PF1->HELP  PF2->ADD BG MBR  PF4->REFRESH  PF7->PREV PF8->NEXT PF10->PREV MENU
 PF11->HH MBRS    PF14->RECIPIENT INFO    PF17->ELD00   PF21->HIST-  PF22->HIST+
```

1EDHMS04 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 08/07/06
MEDSPROD PRIMARY INDIVIDUAL ACTION:

HH NAME: CHAPMAN NICHOLAS H
HH NUMBER: 100927331 APL STATUS:
APPL EFFECTIVE DATE: 11/23/2005
MAIL IN(Y/N): Y
APPLICANT'S COUNTY: 42 SPARTANBURG
COURTESY APPLICATION(Y/N): N
MAILING ADDRESS:
255 CLEARVIEW HGTS
BOILING SPRINGS SC 29316-
RESIDENCE ADDRESS:
SC -
PHONE: H: 864-621-0486 W: - -
UPDATED: USER ID: RHONT DATE: 11/29/05

ACTION TYPE: MAINTENANCE
ACTION DATE: 11/29/05
WORKER: RHONT RHONDA TUCKER
WORKER'S COUNTY: 47 STATE OFFICE
PRIMARY LANGUAGE: E ENGLISH
REASON FOR APPLICATION:
ADULT WITH CHILDREN(Y/N): N
CHILDREN 1 AND OVER(Y/N): N
INFANTS UNDER AGE 1(Y/N): N
PREGNANT(Y/N): N
BLIND/DISABLED(Y/N): Y
AGED(Y/N): N
LIMITED DATA COLLECTION: 00 NONE
FIRST SIGNATURE OBTAINED(Y/N): Y
WITHDRAW APPLICATION(W/C/N): N

SYSTEM ID: HMS5000 DATE: 11/29/05
ME900049 HOUSEHOLD RECORD FOUND
PF1->HELP PF3->NEXT SCR PF4->REFRESH PF6->RETURN PF9->HH NOTES
PF10->PREV MENU PF13->FIELD LEVEL HELP PF21->HIST- PF22->HIST+

MEDHMS05 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 08/07/06
MEDSPROD AUTHORIZED REPRESENTATIVE ACTION:

HH NAME: CHAPMAN NICHOLAS H
HH NUMBER: 100927331 APL STATUS: _____ ACTION TYPE: MAINTENANCE
ACTION DATE: 11/29/05

AUTHORIZED REP/RESPONSIBLE PARTY MAILING ADDRESS:
NAME: STEVEN R CHAPMAN

ADDRESS: RELATIONSHIP: P1 PARENT
255 CLEARVIEW HEIGHTS

BOILING SPRINGS SC 29316-

HOME PHONE: 864-621-0486
WORK PHONE: - -
E-MAIL: _____

LEGAL RELATIONSHIP:
_ COMMITTEE/CONSERVATOR
X GUARDIAN
_ POWER OF ATTORNEY

UPDATED: USER ID: RHONT DATE: 11/29/05 SYSTEM ID: HMS5000 DATE: 11/29/05
ME900049 HOUSEHOLD RECORD FOUND
PF1->HELP PF3->NEXT SCR PF4->REFRESH PF6->RETURN PF10->PREV MENU
PF13->FIELD LEVEL HELP PF21->HIST- PF22->HIST+

```
MEDHMS06 P          S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES    DATE: 08/07/06
 MEDSPROD                        HOUSEHOLD MEMBER DETAIL              ACTION:
                    MEMBER PERIOD START: 11/23/05 END:
 NAME: CHAPMAN NICHOLAS H                          HH NAME: CHAPMAN NICHOLAS H
 RCP NUMBER: 4780293781      HH NUMBER: 100927331    ACTION TYPE: MAINTENANCE
 SSN: 655-01-9034  VC: V   APL STATUS:             ACTION DATE: 11/29/05
 APPLYING(A/NA): A                          ALTERNATE RECIPIENT NUMBER:
 DOB: 03/07/1997        AGE:   9            SC RES(Y/N): Y   QUESTIONABLE(Y/N): N
 DOD: _____                                 MEDICARE COVERAGE(Y/N): N
 SEX: M MALE       RACE: 01 WHITE           SS CLAIM NUMBER(Y/N): Y 655019034
 REL: SF1 SELF                              RAILROAD NUMBER(Y/N): N _____
 SSI APPLICATION DATE: _____                LIV ARRANGEMENT: HOME HOME
 MARITAL STATUS: S SINGLE                   PROVIDER NAME: _____
 STUDENT STATUS: _              GRADE: __   ADMISSION DATE: _____
 PREGNANT(Y/N): N EDC: _____ #: __          DATE OF DISCHARGE: _____
 BLIND/DISABLED(Y/N): Y    RSP(Y/N): N      CHILD SUPPORT/ALIMONY PAID(Y/N): N
 DISABILITY ONSET: _____          VC: _     CHILD CARE/INCAPACITATED EXPENSE(Y/N): N
 VETERAN(Y/N): N     INSURANCE(Y/N): Y      EARNED INC(Y/N): N UNEARNED INC(Y/N): N
 US CITIZEN(Y/N): Y  ALIEN#: _____          REGISTER TO VOTE(Y/N): N  REASON: E
 US ENTRY: _____ BIRTH CNTRY: ___           MEDICAL SERVICES LAST 3 MONTHS(Y/N): Y
 UPDATED: USER ID: RHONT     DATE: 11/29/05  SYSTEM ID:          DATE:
ME900063 RECIPIENT RECORD FOUND
 2>BUY  3>NEXT  4>REFH  5>ESC  9>BENDEX  11>HH BGS   12>DED REL   14>RCP INFO
 15>EINC  16>UINC  18>HH MBR BGS   19>REQ CRD   20>UCB  23>SDX  24>SRS
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