

Survivor's Claim for Benefits Under the Energy Employees Occupational Illness Compensation Program Act

U.S. Department of Labor
Office of Workers' Compensation Programs
Division of Energy Employees Occupational Illness Compensation



Note: Please read the instructions on page 3 before completing this form. Provide all information requested below, and sign and date the bottom of Page 2. Do not write in the shaded areas.

OMB Control No: 1240-0002
Expiration Date: 10/31/2013

Deceased Employee Information (please print clearly)

1. Name (Last, First, Middle Initial) Scott Warren E		2. Sex <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	3. Social Security Number [REDACTED]
4. Date of Birth [REDACTED] Month Day Year	5. Date of Death [REDACTED] Month Day Year	6. Was an autopsy performed on the employee? <input type="checkbox"/> YES - List Medical Facility: _____ <input checked="" type="checkbox"/> NO <input type="checkbox"/> DON'T KNOW	

Survivor Information (please print clearly)

7. Name (Last, First, Middle Initial) Scott Betty		8. Sex <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	9. Social Security Number [REDACTED]
10. Date of Birth [REDACTED] Month Day Year	11. Your relationship to the deceased employee <input checked="" type="checkbox"/> spouse <input type="checkbox"/> child <input type="checkbox"/> step-child <input type="checkbox"/> adopted child <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> grandchild <input type="checkbox"/> Other:		
12. Address (Street, Apt. #, P.O. Box) [REDACTED] (City, State, ZIP Code) [REDACTED]		13. Telephone Numbers a. Home: [REDACTED] b. Other: () -	

14. Identify the Diagnosed Condition(s) Being Claimed as Work-Related (check box and list specific diagnosis)

	<input type="checkbox"/> Cancer (List Specific Diagnosis Below)	15. Date of Diagnosis		
		Month	Day	Year
a.				
b.				
c.				
d.				
<input checked="" type="checkbox"/> Chronic Beryllium Disease (CBD)				
<input type="checkbox"/> Chronic Silicosis				
<input type="checkbox"/> Other Work-Related Condition(s) due to exposure to toxic substances or radiation (List Specific Diagnosis Below)				
a.				
b.				
c.				
d.				

Awards and Other Information

16. Have you or the deceased employee filed a lawsuit based on exposure to radiation, beryllium, asbestos or any other toxic substance?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
17. Have you or the deceased employee filed any state workers' compensation claims in connection with any condition(s) you claim in Item 14?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
18. Have you, the deceased employee, or another person received a settlement or other award in connection with a lawsuit or state workers' compensation claim described in questions 16 or 17?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
19. Have you either pled guilty to or been convicted on any charges connected with an application for or receipt of federal or state workers' compensation?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
20. Have you or the employee applied for an award under Section 5 of the Radiation Exposure Compensation Act (RECA)? If yes, provide RECA Claim #: [REDACTED]	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
21. Have you or the employee applied for an award under Section 4 of RECA?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

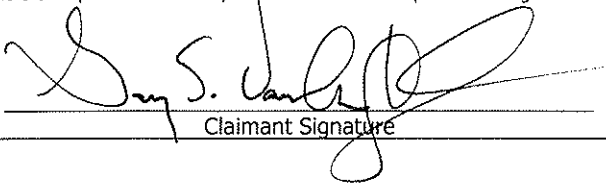
Other Potential Survivors

22. List any person(s) who may also qualify as a survivor of the deceased employee and include the following information:

	Name	Relationship to the deceased employee	Address	Phone Number(s)
a.				Home: Other:
b.				Home: Other:
c.				Home: Other:
d.				Home: Other:
e.				Home: Other:
f.				Home: Other:
g.				Home: Other:
h.				Home: Other:
i.				Home: Other:
j.				Home: Other:

Survivor Declaration

Any person who knowingly makes any false statement, misrepresentation, concealment of fact, or any other act of fraud to obtain compensation as provided under EEOICPA or who knowingly accepts compensation to which that person is not entitled is subject to civil or administrative remedies as well as felony criminal prosecution and may, under appropriate criminal provisions, be punished by a fine or imprisonment or both. Any change to the information provided on this form once it is submitted must be reported immediately to the district office responsible for the administration of the claim. I hereby make a claim for benefits under EEOICPA and affirm that the information I have provided on this form is true. If applicable, I authorize the Department of Justice to release any requested information, including information related to my RECA claim, to the U.S. Department of Labor, Office of Workers' Compensation Programs (OWCP). Furthermore, I authorize any physician or hospital (or any other person, institution, corporation, or government agency, including the Social Security Administration) to furnish any desired information to the U.S. Department of Labor, Office of Workers' Compensation Programs.



 Claimant Signature

04/12/2012

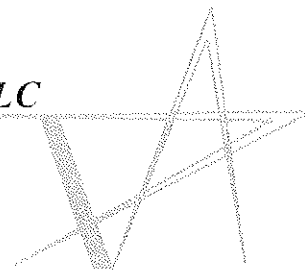
 Date

Resource Center Date Stamp

[Empty box for Resource Center Date Stamp]

COMMONWEALTH ENVIRONMENTAL SERVICES, LLC

'A Native American Woman Owned Company'



Gary Vander Boegh, Vice President
Commonwealth Environmental Services, LLC
4645 Village Square Drive, St. F
Paducah, Kentucky 42001
Telephone: (270) 450-0850
Facsimile: (270) 450-0858

April 13, 2012

U. S. Department of Labor,
400 West Bay Street, Suite 722
Jacksonville, FL 32202
Facsimile 904-357-4785

Employee: Warren Scott
Claimant: Betty Scott
File Number: XXX-XX -7351

To Whom It May Concern:

As "Authorized Representative" (AR) for claimant Betty Scott, I hereby submit the following medical evidence in support of the Chronic Beryllium Disease (CBD) claim under Part B and E of the Act based on statutory requirements 42 USC § 7384l (13) (B) as follows:

- (B) For diagnoses before January 1, 1993, the presence of—
- (i) **occupational or environmental history**, or epidemiologic evidence of beryllium exposure; and
 - (iii) **any three of the following criteria:**
 - (I) **Characteristic chest radiographic (or computed tomography (CT)) abnormalities.**
 - (II) **Restrictive or obstructive lung physiology testing or diffusing lung capacity defect.**
 - (III) Lung pathology consistent with chronic beryllium disease.
 - (IV) **Clinical course consistent with a chronic respiratory disorder.**
 - (V) Immunologic tests showing beryllium sensitivity (skin patch test or beryllium blood test preferred).

The Department of Labor has further stated, "For beryllium disease prior to January 1, 1993, a specific diagnosis of CBD IS NOT REQUIRED (emphasis added.)"....

Per Chapter 2-700.4 (September 2004) of the Federal (EEOICPA) Procedure Manual, "To determine whether to use the Pre or Post 1993 CBD criteria, the medical evidence must demonstrate that the employee was either treated for, tested or diagnosed with a chronic respiratory disorder. If the earliest dated document is prior to January 1, 1993, the pre-1993 CBD criteria may be used. Once it is established that the employee had a chronic respiratory disorder prior to 1993, the CE is not limited to use of medical reports prior to 1993 to meet the three of five criteria."

The Paducah Gaseous Diffusion Plant was a DOE facility from 1952 to July 28, 1998 and July 29, 1998 to present (remediation) where radioactive and beryllium materials were present, according to the Department of Energy Office of Worker Advocacy Facility List (<http://www.hss.energy.gov/HealthSafety/FWSP/Advocacy/faclist/findfacility.cfm>).

Mr. Scott was employed for the Paducah Gaseous Diffusion Plant (PGDP), a covered Department of Energy (DOE) facility. During his employment he worked for Union Carbide, Martin Marietta Energy Systems and Lockheed Martin from February 02, 1953 to January 01, 1995.

Attached is the medical documentation that supports Ms. Scott's claim for CBD.

Mr. Scott's Lung Abnormalities that meets Criteria I Pre-1993 Chronic Beryllium Disease:

- X- ray report dated March 20, 1979, states lungs show hilar and parenchymal calcifications unchanged.
- X-ray report dated September 30, 1980, states there is mild fibrosis in the right lower lobe.
- X- ray report dated August 08, 1991; states calcification is present within the aortic arch. The lungs are hyperinflated consistent with COPD. Patchy opacities overlying the aorta just above the diaphragm on the lateral film, which were present on previous exam and would be most consistent with some fibrotic change.
- X- ray report dated September 30, 1998, states chest demonstrates COPD and chronic fibrosis.
- X- ray report dated October 19, 1998, states changes of COPD are identifies, with mild interstitial prominence. Scattered granulomata are also identified.

Mr. Scott's Restrictive or Obstructive Lung Physiology Testing or Diffusing Lung Capacity Defect that meets Criteria II Pre-1993 Chronic Beryllium Disease:

- Pulmonary Function Test dated November 28, 1989, FEV1 77%.
- Pulmonary Function Test dated August 08, 1991, FEV1 68%.
- Pulmonary Function Test dated August 10, 1992, FEV 72%.

- Pulmonary Function Test dated August 11, 1993, FEV1 72%.
- Pulmonary Function Test dated August 09, 1994, FEV1 76%.
- Pulmonary Function Test dated November 08, 1999, FEV1 74%.
- Pulmonary Function Test dated March 15, 2001, FEV1 65%.

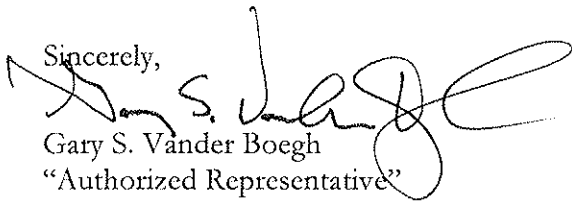
Mr. Scott's Clinical Course Consistent with a Chronic Respiratory Disorder & Treatment that meets Criteria IV Pre-1993 Chronic Beryllium Disease:

- Combivent
- Singulair
- Serevent
- Lasix

Based on the medical evidence presented, Ms. Scott has met the statutory and regulatory burden of proof for her EEOICPA Part B & E claim and be compensated in the amount of \$150,000 for Part B and \$125,000 Part E.

If you have any questions or concerns, please feel free to contact me at 270-559-1752 or 270-450-0850.

Sincerely,



Gary S. Vander Boegh

"Authorized Representative"

Vice President- Commonwealth Environmental Services, LLC.

Memorandum from DEEOIC Medical Director
Regarding Causal Relationship Between
Established CBD and Other Respiratory Disorders

Memorandum

Date: 08/25/2005
To: Peter Turcic, Director of DEEOIC, Department of Labor
From: Sylvie I. Cohen, MD, MPH *Sylvie I. Cohen*
RE: Chronic Pulmonary Diseases

This memo is to address the rationale between the accepted medical condition under part B of the program for Chronic Beryllium Disease (CBD) and its contribution and aggravation of other chronic pulmonary diseases.

CBD is considered to be a disease that is involved with the destruction of viable pulmonary tissue that normally aids an individual in the process of gas exchange and blood oxygenation.

There are other chronic pulmonary diseases that are involved with lung tissue destruction or replacement that for the purpose of this memo we shall call "Other Chronic Pulmonary Diseases." Diseases that should be considered as members of this set are: asbestosis, silicosis, Chronic Obstructive Pulmonary Disease (COPD), emphysema, and pulmonary fibrosis.

Since both CBD and Other Chronic Pulmonary Diseases share in the destruction and or replacement of viable lung tissue, it can be concluded that the presence of CBD contributed or aggravated one of the illnesses named in the list of Other Chronic Pulmonary Diseases which led to an individual's death.

CA-002
PAGE 1 OF 1



UNION CARBIDE CORPORATION
NUCLEAR DIVISION

TYPE		
VIS	BADGE NO. 42-7351	CHARGE 02245
LAST NAME	INITIALS W.E.	
SEX	GROUP	AGE

X-RAY EXAMINATIONS

READING:

9-30-80
Per

Chest: There is mild fibrosis in the right lower lobe. This should not be of clinical significance. The chest is otherwise, unremarkable.

PB:ejw

CARBIDE AND CARBON CHEMICALS COMPANY

PADUCAH, KENTUCKY

X-RAY EXAMINATIONS

Medical No.	2015	Name	Scott, Marron Edwin
Date		Reading	

3-20-79
Per

Chest: Re-examination in comparison with the last routine film, shows no essential change. The heart is transverse and normal in size and both lungs show hilar and parenchymal calcifications unchanged.

Impression: Essentially normal chest.

WBS:ejw

NAME: Scott, W. E.
CHART: 2245
DATE: 08/08/91

copy to pt
8-23-91
Que



WESTERN BAPTIST HOSPITAL
WHERE YOUR NEEDS COME FIRST
2501 KENTUCKY AVE
PADUCAH, KENTUCKY 42001

MARTIN MARIETTA X-RAY REPORT

PA & LATERAL CHEST:

Heart is normal in size, contour. Calcification is present within the aortic arch. The lungs are hyperinflated consistent with COPD. Patchy opacities overlying the aorta just above the diaphragm on the lateral film, which were present on previous exam and would be most consistent with some fibrotic change. There is no other evidence of pneumonia.

IMPRESSION:
COPD.

RM

Jan Crossett, M.D.

JC/js
DD: 08/13/91
DT: 08/13/91

MARTIN MARIETTA X-RAY REPORT CHART COPY

OFFICIAL USE ONLY

LOURDES HOSPITAL
1530 LONE OAK ROAD
PADUCAH KY, 42003

DEPARTMENT OF
RADIOLOGY
(502) 444-2177

NAME: SCOTT,WARREN
PHYS: BUTLER,DANNY MD
AGE: 65 SEX: M
LOCATION: 0334 01
EXAM DATE: 09/30/98 STATUS: ADM IN
RADIOLOGY NO:
UNIT NO: 134293

RADIOLOGY REPORT

BUTLER,DANNY MD
P.O. BOX 7626
PADUCAH
KY
42002
(502)443-4311

EXAMS: 000192250 CHEST PA/LATERAL

HISTORY: CK LUNG STATUS

CHEST PA/LATERAL: Two view chest demonstrates COPD and chronic fibrosis. There is no evidence of failure, pneumonia, or pleural fluid. On the lateral view, projecting over the heart, I question an enlarging nodular density.

IMPRESSION:

1. COPD WITH FIBROSIS.
2. NO EVIDENCE OF PNEUMONIA.
3. ON THE LATERAL VIEW, I QUESTION AN ENLARGING NODULAR DENSITY MEASURING ABOUT 1.5 CM PROJECTING OVER THE HEART. FOLLOWUP CHEST X-RAY IS RECOMMENDED.

REPORTED BY: ROBERT A. GARNEAU, MD

CC: BUTLER,DANNY MD

TECHNOLOGIST: JASON LEDBETTER R.T.(R)
TRANSCRIBED DATE/TIME: 09/30/98 (2229)
TRANSCRIPTIONIST: 1488SDG
PRINTED DATE/TIME: 09/30/98 (2340) BATCH NO: 725



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LOURDES HOSPITAL
1530 LONE OAK ROAD
PADUCAH KY, 42003

DEPARTMENT OF
RADIOLOGY
(502) 444-2177

NAME: SCOTT,WARREN
PHYS: BUTLER,DANNY MD
AGE: 66 SEX: M
LOC: CLINICAL
EXAM DATE: 10/19/1998 STATUS: REG REF
RADIOLOGY NO:
UNIT NO: 134293

RADIOLOGY REPORT

BUTLER,DANNY MD
P.O. BOX 7626
PADUCAH
KY
42002

(502)443-4311

EXAMS: 000195733 CHEST PA/LATERAL

HISTORY: PNEUMONIA.

CHEST, TWO VIEWS: Frontal and lateral projection chest radiographs were obtained and compared to the prior chest film. Changes of COPD are identified, with mild interstitial prominence. Scattered granulomata are also identified. The lungs are free of acute infiltrates. The heart is within normal limits in size with mild ectasia of the aorta. The pulmonary vasculature is appropriate without evidence of heart failure. The nodular density previously described on the lateral film is less conspicuous on today's study and is compatible with superimposition of normal structures. The bony structures are intact.

IMPRESSION

1. COPD.
2. NO ACUTE CARDIOPULMONARY PROCESS.

REPORTED BY: PAUL JOHNSON, MD

CC: BUTLER,DANNY MD

TECHNOLOGIST: STUDENT TECHNOLOGIST
TRANSCRIBED DATE/TIME: 10/19/1998 (1553)
TRANSCRIPTIONIST: KAL2314
PRINTED DATE/TIME: 10/19/1998 (1652) BATCH NO: 1208



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PULMONARY FUNCTION

*copy to pt
8-28-91
QW*
*copy to pt. 7-9-92
QW*

NAME WARREN EDWIN SCOTT	DEPT. 5743-M	EMPLOYEE NO. 2245-004868	AGE [REDACTED]
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DATE	PEAK	FEV 1.0	FEV 3.0	FVC	FEV 1.0 / FVC %	FEV 3.0 / FVC %	FEF 200-1200	FEF 25%-75%	MVV
11-28-89									
MEASURED		2.82		3.68	77%			2.51	
PREDICTED		3.50		4.45				4.37	
% OF PREDICTED		81%		83%				58%	

DATE	PEAK	FEV 1.0	FEV 3.0	FVC	FEV 1.0 / FVC %	FEV 3.0 / FVC %	FEF 200-1200	FEF 25%-75%	MVV
8-8-91									
MEASURED		2.02		2.99	68%			1.26	
PREDICTED		3.34		4.25				4.22	
% OF PREDICTED		60%		70%				30%	

DATE	PEAK	FEV 1.0	FEV 3.0	FVC	FEV 1.0 / FVC %	FEV 3.0 / FVC %	FEF 200-1200	FEF 25%-75%	MVV
8-10-92									
MEASURED		2.08		2.89	72%			1.56	
PREDICTED		3.32		4.22				4.19	
% OF PREDICTED		63%		68%				37%	

DATE	PEAK	FEV 1.0	FEV 3.0	FVC	FEV 1.0 / FVC %	FEV 3.0 / FVC %	FEF 200-1200	FEF 25%-75%	MVV
* 8-11-93									
MEASURED		1.97		2.75	72			1.51	
PREDICTED		3.29		4.19				4.16	
% OF PREDICTED		60		66				36	

* has URI

DATE	PEAK	FEV 1.0	FEV 3.0	FVC	FEV 1.0 / FVC %	FEV 3.0 / FVC %	FEF 200-1200	FEF 25%-75%	MVV
8-9-94									
MEASURED		2.24		2.94	76%			1.90	
PREDICTED		3.13		4.00				4.02	
% OF PREDICTED		72%		74%				47%	

DATE	PEAK	FEV 1.0	FEV 3.0	FVC	FEV 1.0 / FVC %	FEV 3.0 / FVC %	FEF 200-1200	FEF 25%-75%	MVV
MEASURED									
PREDICTED									
% OF PREDICTED									

Pulmonary Function Laboratory
Jackson Purchase Medical Center
1099 Medical Center Circle
Mayfield, KY 42066 (270)251-4120

Name: Scott, Warren

Id: 405427351

Date: 11/08/99

Age: 67 Race: Caucasian

Gender: Male

Height(in): 70

Weight(lb): 250

Temp: 23

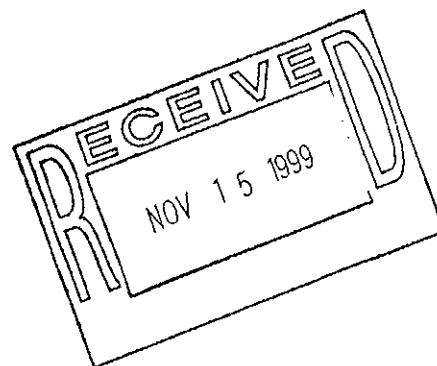
PBar: 766

Physician: Randel Gibson, D.O.

Technician: M Ragsdale, RRT CPFT

Diagnosis:

		Ref	Pre	% Ref	Post	% Ref	%Chg
Spirometry							
FVC	Liters	4.24	2.75	65			
FEV.5	Liters	2.13	1.22	57			
FEV.5/FVC	%	50	44				
FEV1	Liters	3.11	1.68	54			
FEV1/FVC	%	74	61				
FEV3	Liters		2.23				
FEV3/FVC	%	97	81				
FEF25-75%	L/sec	2.79	0.83	30			
IsoFEF25-75	L/sec	2.79	0.83	30			
FEF75-85%	L/sec	0.58	0.16	26			
FEF25%	L/sec		2.84				
FEF50%	L/sec	4.18	1.04	25			
FEF75%	L/sec	1.49	0.20	14			
FEF80%	L/sec		0.15				
FEF200-1200	L/sec	6.49	2.27	35			
PEF	L/sec	8.37	3.01	36			
FET25-75%	Sec	0.54	1.87	347			
FET100%	Sec		14.54				
FIVC	Liters	4.24	0.09	2			
Vol Extrap	Liters		0.13				
FVL ECode			001000				
MVV	L/min	131	53	40			
MVV Length			12				
f	BPM		105				
MVV ECode			111000				



Patient effort = satisfactory. Calibration was performed prior to testing and found to be within acceptable limits. No adverse reactions to the procedure(s) were suspicioned and/or identified.

1) There is a moderate obstructive lung defect. The airway obstruction is confirmed by the decrease in flow rate at peak flow and flow at 50% and 75% of the flow volume curve.

2) An additional restrictive lung defect cannot be excluded by spirometry alone. On the basis of this study, more detailed pulmonary function testing may be useful if clinically indicated.

1530 LONE OAK ROAD
 PADUCAH, KY 42002
 PULMONARY FUNCTION LAB

Name: SCOTT, WARREN E
 Gender: Male
 Age: 68 Race: Caucasian
 Height(in): 69 Weight(lb): 265
 Any Info: COMPLETE LUNG VOLUMES

Id: 134293
 Date: 03/15/01
 Temp: 21 PBar: 741
 Physician: DR. J. CLARKE
 Technician: Lesia Wells CRT CPFT

Spirometry	(BTPS)	PRED	PRE-RX		POST-RX		% Chg
			BEST	%PRED	BEST	%PRED	
FVC	Liters	3.96	2.70	68	2.98	75	10
FEV1	Liters	3.14	1.57	50	1.93	62	23
FEV1/FVC	%	79	58		65		
FEF25-75%	L/sec	3.15	0.57	18	0.97	31	70
FEF50%	L/sec	3.94	0.80	20	1.44	37	79
PEF	L/sec	8.10	4.21	52	4.45	55	6
MVV	L/min	127	59	47	61	48	3

Gas Dilution

Lung Volumes	(BTPS)						
VC	Liters	3.96	3.76	95	3.01	76	-20
TLC	Liters	6.30	7.11	113			
RV	Liters	2.44	3.36	138			
RV/TLC	%	40	47				
FRC Dil	Liters	2.94	3.63	124			
ERV	Liters		0.22		0.25		12
IC	Liters		3.41		2.65		-22

Plethysmograph

Lung Volumes	(Btps)						
Vtg	Liters		5.34				
VC	Liters	3.96	3.76	95			
TLC	Liters	6.30	7.11	113			
RV	Liters	2.44	3.36	138			
RV/TLC	%	40	47				
FRC PL	Liters	2.94	3.70	126			
ERV	Liters		0.22				
IC	Liters		3.41				
FRC PL-DIL			0.07				

Diffusion

DLCO	mL/min/mmHg	26.7	23.9	90			
DL Adj	mL/min/mmHg	26.7	26.5	99			
DLCO/VA	1/min/mmHg	3.59	4.06	113			
VA	Liters		5.89				

Resistance

Raw Total	cmH2O/L/sec		6.76				
Raw Insp	cmH2O/L/sec		3.38				
Raw Exp	cmH2O/L/sec		11.05				
Raw	cmH2O/L/sec	1.62	5.37	332			
Gaw	L/sec/cmH2O	0.705	0.186	26			
sRaw	cmH2O/L/sec	4.75	28.63	602			
sGaw	1/cmH2O sec	0.210	0.035	17			
Vtg (Raw)	Liters		5.34				

() = OUTSIDE 95% CONFIDENCE INTERVAL

Norm Set: Knudson (1983)

Version: IVS-0101-01-6

PROGRESS NOTES
WAR. SCOTT #49904JSC
MARCH 26, 2001

SUBJECTIVE: The patient's PFTs did show a moderate obstructive ventilatory defect with improvement post bronchodilator. I told him that based on this, he certainly could have some component of asthma. His diffusion capacity was normal. Again, based on this he appears to have predominantly reversible airways disease and not emphysema. He does not have evidence of restrictive either even in view of his HX of sleep apnea.

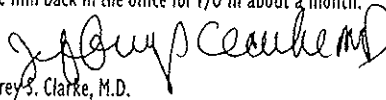
OBJECTIVE: WEIGHT: 265
BLOOD PRESSURE: 172/84
PULSE: 76

CHEST: Clear. No adventitious sounds heard. Breath sounds are somewhat decreased.

LAB DATA: N/A

IMPRESSION: COPD with a reversible component.

PLAN: Continue Combivent 2 puffs qid PRN. We will add Aerobid Inhaler 2 puffs bid, gargle after using, samples given. Singulair 10-mg HS, samples given. I told him that hopefully over the next several weeks, he will notice some improvement in pulmonary status with the combination of inhaled steroids and Singulair. I will see him back in the office for F/U in about a month.


Jeffrey S. Clarke, M.D.

JSC/rlt

COPY: Danny Butler, MD

mailed 8-6-01 Wash

PROGRESS NOTES
WARREN SCOTT #49904JSC
JUNE 4, 2001

SUBJECTIVE: The patient states that Serevent didn't seem to help him. Really, he states that Combivent does the best for him. He has a lot of allergy type symptoms with post nasal drip and episodes of sneezing and cough related to this. His wife states that when he mows the lawn he usually wears a mask and sometimes does not and seems to do worse when he does not wear a mask.

OBJECTIVE: WEIGHT: 259.5
BLOOD PRESSURE: 160/82
PULSE: 72


CHEST: Clear. No adventitious sounds heard.

HEENT: Edema in the nasal mucosa.

LAB DATA: N/A

IMPRESSION: 1. COPD with a reversible component. He has not responded well to inhaled steroids, Singulair, or Serevent.
2. Rhinitis with a possible component of sinobronchial syndrome.

PLAN: We will try him on Nasonex nasal spray 2 sprays each nostril daily, samples given. If this does well for him call me and we will get him a prescription. I will see him back in several months otherwise.


Jeffrey S. Clarke, M.D.

JSC/rlt

COPY: Danny Butler, MD

mailed 8-6-01 Wash

*** FAX TX REPORT ***

TRANSMISSION OK

JOB NO.	1593
DEPT. ID	151
DESTINATION ADDRESS	919043574704
PSWD/SUBADDRESS	
DESTINATION ID	
ST. TIME	04/13 09:45
USAGE T	06' 38
PGS.	16
RESULT	OK

COMMONWEALTH ENVIRONMENTAL SERVICES, LLC



Fax Cover Sheet

To: Department of Labor	From: Gary S. Vander Boegh
Fax: (904) 357-4704	Date: 04/13/2012
Phone:	Pages: <u>16</u> Pages including the Cover Sheet
Re: Warren Scott xxx-xx-7351	CC:

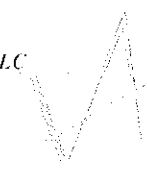
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COMMONWEALTH ENVIRONMENTAL SERVICES, LLC



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To: Department of Labor

From: Gary S. Vander Boegh

Fax: (904) 357-4704

Date: 04/13/2012

Phone:

Pages: 10 Pages including the Cover Sheet

Re: Warren Scott
xxx-xx-7351

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