

Fax Cover Sheet

To: Hon. Secretary of Labor Hilda Solis, Jim Bibeault	From: Gary S. Vander Boegh
Fax: (202) 693-1465 (904) 357-4704 (202) 693-6111	Date: 1-21-11
Phone: (270) 450-0850	Pages: ___ Pages including the Cover Sheet
Re: Fredrick Armstrong File No. XXXXX5954	CC: Attention Madam Solis, Jim Bibeault and David Miller

Urgent For Review Please Comment Please Reply Please Recycle

Comments:

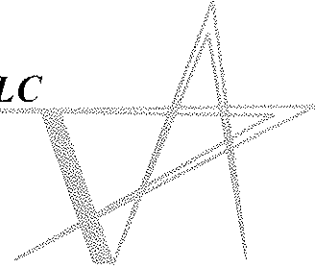
To Whom It May Concern,

Attached please find the CBD claim for Fred Armstrong. A copy of this CBD claim is being provided to Senator Mitch McConnell's office in Louisville, Ky.

Gary

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

January 21, 2011

U. S. Department of Labor,
Frances Perkins Building, 200 Constitution Ave., NW
Room S-2018
Washington, DC 20210
Facsimile (904) 357-4704

Attention: Rachel Leiton, James Bibeault & Madam Secretary Hilda Solis

Employee: Fredrick Armstrong
File Number: xxx-xx-5954
Claimant: Catherine Armstrong

Dear Ms. Leiton, Mr. Bibeault and Madam Solis,

As "Authorized Representative" (AR) for claimant, Catherine Armstrong, I hereby submit the attached EE-2 form for Chronic Beryllium Disease (CBD) based on statutory requirements 42 USC § 73841 (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.)*"....

Evidence Of Fredrick Armstrong's Diagnosed "Lung Abnormality" in 1985 (Before January 1, 1993)

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 material 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>). 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 Chronic Bronchitis. 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.***"

Catherine Armstrong provides Claimant Attachment CA-001 that consists of her husband's diagnosis of "fibrosis" and "sequela of granulomatous disease" as follows:

1/ CA-001 - On May 20, 1985, Mr. Armstrong had an x-ray that found fibrosis in the lung bases. Claimant Attachment 001, page 1 of 7. On December 03, 1987, Mr. Armstrong had another chest x-ray and that reflected findings of granulomas. Claimant attachment 001 page 2 of 7. Dr. Conkright revealed the findings of an x-ray obtained on August 22, 2006, which showed granulomatous disease. Claimant attachment 001 page 3 of 7. On September 01, 2006 a MRI showed changes. Claimant attachment 001 (page 4 of 7) dated August 22, 2006 indicates that Dr. Herbert S. Swartz at Vanderbilt University Medical Center diagnosed Fred Armstrong with a diffusion capacity defect, "The lung volumes are low due to the shallow degree of inspiration." Claimant attachment 001 page 5 of 7. Mr. Armstrong also had a history of hypertension as noted in the chart note dated October 6, 2006. Claimant attachment 001 page 6 of 7.

Conclusion: Compliance pursuit with § 7384L(13)(B), Criteria's I, "Characteristic chest radiographic (or computed tomography (CT)) abnormalities & Criteria II, "Restrictive or obstructive lung physiology testing or DIFFUSION LUNG CAPACITY DEFECT (EMPHASIS ADDED).

2/ CA-002 – Mr. Armstrong was prescribed “Lasik” according to medical reports dated July 10, 2006 and October 19, 2006 (reference “Claimant Attachment 002 pages 1 & 2).

Conclusion: Compliance pursuit with § 7384L(13)(B), Criteria’s IV, “Clinical course consistent with a chronic respiratory disorder” and per PM-2-700 (effective February 2007) .

3/ CA-003: “Memorandum from DEEOICP Director Peter Turic” dated 8/25/05 regarding casual relationship between respiratory disorders and CBD.

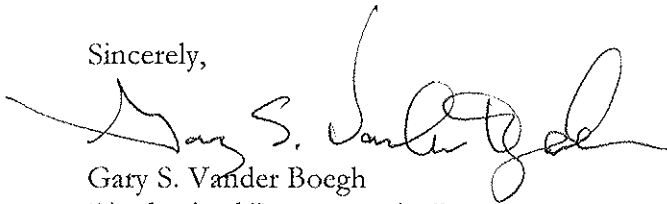
Conclusion: Compliance pursuit with § 7384L(13)(B), Criteria’s I & IV

Request for Approval of Part B and Part E Compensation and Medical Benefits for Chronic Beryllium Disease (CBD)

Based on the above medical evidence, Mrs. Catherine Armstrong has met her statutory “burden of proof” for EEOICPA Part B Compensation in the amount of \$150,000 and EEOICPA Part E survivorship benefits not to exceed \$125,000 per the statutory requirements USC § 7384I (13) (B).

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.

Cc. Honorable Secretary of Labor Hilda Solis by facsimile (202) 693-6111

U.S. Department of Labor
200 Constitution Avenue, NW
Room S-2018
Washington, DC 20210

Malcolm Nelson, EEOICP Ombudsman (by email and facsimile)
David Nolan, Esq. (by email w/attachments)

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

U.S. Department of Labor
Employment Standards Administration
Office of Workers' Compensation Programs



Note: Provide all information requested below. Do not write in the shaded areas. OMB Number: 1215-0197
Expiration Date: 08/31/2010

Deceased Employee Information (Please Print Clearly)

1. Name (Last, First, Middle Initial) Armstrong Frederick W		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) Armstrong Catherine D		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"/> 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: () - b. Other: () -	

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

	15. Date of Diagnosis		
	Month	Day	Year
<input type="checkbox"/> Cancer (List Specific Diagnosis Below)			
a.			
b.			
c.			
<input type="checkbox"/> Beryllium Sensitivity			
<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.			

Awards and Other Information

16. Did the employee work at a location designated as a Special Exposure Cohort (SEC)?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
17. Have you or the deceased employee filed a lawsuit seeking either money or medical coverage for the claimed condition(s)?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
18. Have you or the deceased employee filed any workers' compensation claims in connection with the claimed condition(s)?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
19. Have you, the deceased employee, or another person received a settlement or other award in connection with the above claimed condition(s)?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
20. Have you either pled guilty or been convicted of any charges connected with an application for or receipt of federal or state workers' compensation?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
21. 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
22. Have you or the employee applied for an award under Section 4 of the Radiation Exposure Compensation Act?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

Other Potential Survivors

23. Are you aware of any person(s) who may also qualify as a survivor of the deceased employee? YES NO

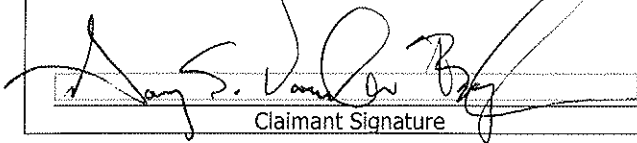
If YES, please provide the following:

	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.

Resource Center Date Stamp



 Claimant Signature

01/20/2011

 Date

ces0099

X-RAY REPORT

NAME: Armstrong, F.W.
MEDICAL NO: 4712
DATE: 5/20/85

CHEST:

There is mild fibrosis in the lung bases, but I detect no acute abnormality.

PB:ah

NAME: Armstrong, F.W.
CHART: 4712 14527
DATE: 12/3/87



WESTERN BAPTIST HOSPITAL
WHERE YOUR NEEDS COME FIRST
2501 KENTUCKY AVE.
PADUCAH, KENTUCKY 42061

MARTIN MARIETTA X-RAY REPORT

PA AND LATERAL CHEST:

Normal heart and mediastinum. The lungs are well expanded and clear aside from a few small calcified granulomas.

There are minimal degenerative changes in the thoracic spine.

IMPRESSION:

Essentially negative chest with no interval change from November of 1986.

V
RMB

VPS/120987
(MARTIN MARIETTA X-RAY REPORT)

V. P. Semogas, M.D.

WP38.120987.7X

OFFICIAL USE ONLY

CLAIMANT ATTACHMENT 001

PAGE NO. 2 of 7

The patient has no known drug allergies.

He is here today in clinic with his wife and daughter. He previously worked in an oil plant in Paducah. He now works in his "retirement job" at Wal-Mart at the garden center and also mows lawns. He has three children, two boys and one girl.

His family history is significant for his mother who died of colon cancer, an aunt with lung cancer and an uncle with metastatic prostate cancer.

His review of systems is positive only for the aforementioned right foot mass as well as bilateral arm skin changes consistent with some damaged skin.

On physical examination today, Mr. Armstrong is a well-developed, well-nourished white male. His skin reflects long-term sun exposure. He is 5 feet, 9-1/2 inches tall. He weighs 195 pounds. His neck is supple without lymphadenopathy. He has no axillary lymphadenopathy. His abdomen is soft, nontender and nondistended with no hepatosplenomegaly. He has no inguinal lymphadenopathy. His right lower extremity is neurovascularly intact. On the plantar medial aspect of his foot, he has a 4-cm incision. The distal 2 cm of the incision are gaped consistent with dehiscence of a wound. There is a surrounding 3 x 6 cm blanching erythematous area of the skin.

Today in clinic, we reviewed a CT scan was obtained of the chest, abdomen and pelvis at Massac Memorial Hospital, Metropolis, Illinois. The scan was available on disc, but we could not evaluate lung windows. By report, there was no evidence of lung metastatic disease. Chest x-ray was obtained in clinic, which shows sequelae of granulomatous disease. No active cardiopulmonary findings of tortuous aorta. A pathology report dated August 8, 2006, was reviewed. The report states that the specimen obtained measured 3.5 x 2 x 1 cm. On the epithelial surface, there appear to be a projection with a pigmented area at the end of the projection. The projection measured 2 x 1 x 0.4 cm. Tumor cell was focally extended up to the transverse soft tissue margins.

Mr. Armstrong has an incompletely excised right plantar medial foot high-grade superficial fibrohistiocytic sarcoma. Today, we discussed with him and his family that the incompletely excised lesion will require more radical excision.

Our plan is to perform a wide resection, which will include amputation at the first MP joint. The sesamoids will also be excised. The dorsal skin of the great toe will be used as flap coverage for the plantar medial aspect of the foot. We discussed with the family that given incomplete excision,

William Conkright, M.D.
August 22, 2006
Page three.

RE: ARMSTRONG, Frederick W.
UHID#: 25767781

The risk of local recurrence is much higher than if the lesion had been excised completely. We discussed with them that he might require postoperative radiation for a local control. We discussed that if he had recurrence of tumor, he might require amputation at a higher level. We discussed with them that his chest x-ray and chest CT by report shows no evidence of a lung metastasis.

We have scheduled his surgery, which will include wide excision of right foot tumor with metatarsophalangeal amputation for September 8, 2006. He will require a preoperative evaluation including cardiac clearance. We have asked him to obtain an MRI scan of the foot in order to ensure that all tumor is resected. He is scheduled to obtain this on September 1,

025767781 ARMSTRONG, FREDERICK W (04/22/1933 - then 73YO M)

CLAIMANT ATTACHMENT 18 001

PAGE NO. 387

025767781 ARMSTRONG, FREDERICK W (04/22/1933 - then 73YO M)

Letter 2006/08/22 07:31 By: Jennifer Halpern, M.D. (Last modified by Schwartz, Herbert S) Signed by: schwhqk

Amended by schwhqk (Schwartz, Herbert S) on 2006/09/08 07:31:27 as follows:

Updated note for surgery 9/8/06 RIGHT foot Rallux ray amp 28310 and file 15738-99; for plantar medial MFH grade four, 4 on sq soft tissue sarcoma incompletely excised elsewhere on 7/17/06. Preops 9/1/06 aka = LAFB. CXR NAD from 8/22/06. Foot Xrays 9/22/06 OK. CTAs report clear from 8/14/06. MRI 9/1/06 shows sq changes only. Bone scan isolated from 8/14/06. Nature, risks, goals, alternatives, purpose, plans and postop course detailed. Possible risks include, but are not limited to: infection, reoperation, tumor recurrence or progression, fracture, bleeding, neurovascular injury, thromboembolic or cardiac events and anesthesia - amongst others. Further treatment possible based on final pathology result. Potential functional deficits addressed. Questions answered, no guarantees made and consent freely obtained. RFS.

End of amendment.

RE: ARMSTRONG, Frederick W.

August 22, 2006

William Conkright, M.D.
Purchase Cancer Group
100 Kiana Court
P.O. Box 7564
Paducah, KY 42002-7564

Dear Dr. Conkright:

Thank you for referring Frederick Armstrong to see us in the orthopaedic oncology clinic. He is referred for a high-grade superficial fibrohistiocytic sarcoma incompletely excised on July 17, 2006. His history is as follows.

Mr. Armstrong reports that approximately two years ago, he first noticed a mass on his right plantar medial foot. He reports that the mass grew to the size of his thumb. Intermittently, the mass would bleed. It was not painful. He showed this mass to Dr. Stivers, a podiatrist in Paducah. No intervention at that time was made. He subsequently showed the lesion to Dr. Danny Butler, his primary care provider. Dr. Butler referred him to Dr. James Wilkinson, an orthopaedic surgeon. Dr. Wilkinson performed an excisional biopsy on July 17, 2006.

A subsequent review of this specimen obtained was deemed consistent with high-grade superficial histiocytic sarcoma. This pathology was read out initially by Lourdes Pathology, 1530 Lone Oak Road, Paducah, KY 42003. This specimen was sent outside to the Mayo Clinic where again the diagnosis was confirmed. Mr. Armstrong was subsequently referred to our clinic.

CLAIMANT ATTACHMENT 001

PAGE NO. 5 of 7

PADUCAH CHART NOTE

October 6, 2006

FREDERICK W. ARMSTRONG

REFERRING PHYSICIAN:
Danny Butler, M.D. *

SECONDARY PHYSICIANS:
Paul Chong, M.D.*
Herbert Schwartz, M.D.*

PROBLEM:

1. High-grade superficial histiocytic sarcoma status post right great toe amputation with dorsal right foot rhomboid flap 9/08/2006 with benign margins on pathology.
2. Delayed healing.

SUBJECTIVE: Mr. Armstrong is a pleasant 73-year-old with long term history of high grade superficial histiocytic sarcoma of the right foot, apparently over two years, whom we referred to Vanderbilt University and is status post right big toe amputation with rhomboid flap. He comes today for follow up. The flap appears to be necrotic although no signs of infection. May need to be removed and bandaged daily at the wound care center. He is otherwise asymptomatic. He denies nausea, vomiting, diarrhea, or change in bowel or bladder habits.

PAST MEDICAL HISTORY: Arteriosclerotic cardiovascular disease, hypertension, coronary artery disease, benign prostatic hypertrophy and arthritis.

MEDICATIONS: Toprol XL 50 mg daily, Altace 10 mg daily, isosorbide 60 mg daily, aspirin 81 mg daily, K-Dur 20 mEq daily, Celebrex 200 mg daily, Quinine Sulfate 325 mg t.i.d. p.r.n., and nitroglycerin sublingual p.r.n.

ALLERGIES: No known allergies.

SOCIAL HISTORY: He denies alcohol or tobacco use. He is retired. He previously worked for USEC. He has been married for 51 years. He has never had a blood transfusion. He was born in

REVIEW OF SYSTEMS:

CONSTITUTIONAL: He denies fever, chills or night sweats. His weight is stable.

HEENT/NECK: No facial pain, sore throat, or hoarseness.

RESPIRATORY: No persistent cough, hemoptysis, or dyspnea on exertion.

CARDIOVASCULAR: History of hypertension. He denies any chest pain.

GASTROINTESTINAL: No persistent nausea or vomiting.

RECEIVED
Paducah Resource Center

CLAIMANT ATTACHMENT 001

OCT 18 2006

CES 0099
Transmitted to DOI-DO
OCT 20 2006

PAGE NO. 6 of 7

025767781 ARMSTRONG, FREDERICK W (04/22/1933 - then 73YO M)

Clinic Note 2006/10/24 By: Jennifer L. Halpern, M.D. UNVERIFIED TRANSCRIPTION

NOTED

NOV 06 2006

HLG

October 24, 2006

William Conkright, M.D.
Purchase Cancer Group
100 Kiana Court
P.O. Box 7564
Paducah, KY 42002-7564

RE: ARMSTRONG, Frederick W. UNIT#: 25767781

Dear Dr. Conkright:

We had the pleasure of seeing Mr. Frederick Armstrong today in the orthopaedic oncology clinic for further followup of his right foot high-grade superficial fibrohistiocytic sarcoma, which was incompletely excised on July 17, 2006, and subsequently treated with right great toe ray amputation with dorsal right foot rhomboid flap on September 8, 2006, with benign margins on pathology.

At his previous visit, he was noted to have some wound dehiscence with death of his superficial skin rhomboid flap that has been treated with wound care dressings. Today, his wound looks great. It has decreased in size and measures 7 x 1 cm. It has a clean granulation bed at the base.

A chest x-ray was obtained today and compared to that from August 22, 2006, and shows no interim change.

Overall, Mr. Armstrong is doing great. We need to see him back in three months' time. At that time, he will need an AP and lateral views of his chest as well as AP, oblique, and lateral views of his foot. We will also check on that time as to how his work is going.

We have told him today that it is all right for him to wear regular shoes as tolerated. It is also all right for him to return to work on some restricted duty, he is limited to 4 hours standing at a time. He is instructed to soak his foot every night in a soap and water mix for about 10 to 15 minutes. He should then rub and roughen up the foot to granulation bed. He should place a dry gauze bandage over his foot to keep it clean. We feel that it is okay for him to stop formal wound care.

William Conkright, M.D. October 24, 2006 Page Two

RE: ARMSTRONG, Frederick W. UNIT#: 25767781

Thank you again so much for referring this patient. We will continue to keep you apprised of his progress.

Sincerely,

Herbert S. Schwartz, M.D. Jennifer L. Halpern, M.D. Professor Clinical Fellow Orthopaedics and Rehabilitation
Orthopaedics and Rehabilitation

JLH/HSS/dts658
dd: 10/24/2006
dr: 10/25/2006

Vanderbilt University Medical Center

Release of Information (615) 322-2062

025767781 ARMSTRONG, FREDERICK W (04/22/1933 - then 73YO M)

96

CLAIMANT ATTACHMENT 00/2

CES 0099

PAGE

707

PADUCAH ORTHOPAEDIC CLINIC P.S.C.

Lourdes Marshall Nemer Pavillon
1532 Lone Oak Road, Suite 310 / P.O. Box 7099
Paducah, KY 42002-7099

Phone 270-442-3536 / Fax 270-575-8555



James R. Wilkinson, M.D.

NEW PROBLEM

07/10/2006

#042993

ARMSTRONG, FRED

Mr. Armstrong is a gentleman referred to us by Dr. Butler. He states for over two years he has had this mass on the medial plantar surface of his foot coming off just proximal to the metatarsal head along the medial portion of his foot. He says it some times as an area that crusts over, bleeds and will be painful for him. He has continued to use a dressing. He has reached a point to where it is bothering him more and more.

PAST HISTORY

Fairly significant history of heart disease with atherosclerotic cardiovascular disease status post stenting.

Hypertension.

Problems with muscle cramps.

PRESENT MEDICATIONS

Lasix 40 mg one daily

Toprol XL 50 mg one daily

Verapamil 240 mg one daily

Altace 10 mg daily

Isosorbide 60 mg daily

Aspirin 81 mg daily

K-Dur 20 mEq daily

Celebrex 200 mg daily

Quinine sulfate 325 mg three times a day p.r.n.

Sublingual nitroglycerin p.r.n.

ALLERGIES

He denies any

PHYSICAL EXAMINATION

GENERAL: This is an awake, alert and oriented 73-year-old gentleman.

HEENT: He is normocephalic. Extraocular motions are intact. Nasopharynx is clear.

NECK: No bruits appreciated. Trachea is midline.

LUNGS: Clear to auscultation.

CARDIAC: He had a regular rate and rhythm.

ABDOMEN: Soft with normal bowel sounds.

RIGHT FOOT: He has a lesion on the plantar medial aspect just proximal to the metatarsal head. This is pedunculated. It has some necrotic end. Some blister like effect. It does feel like a firm soft tissue mass. There is no surrounding erythema. He is otherwise neurovascularly intact.

CONTINUED ON PAGE 2



LOURDES

1530 Lone Oak Road • Paducah, KY 42003
A Member of Catholic Healthcare Partners

Patient Name: ARMSTRONG, FREDERICK W
Attending: WHEELER, WILLIAM
MRN: 168954 ACCT: 1264981
Location: WCC
Room:
DOB: [REDACTED] AGE: 73Y
DS:

WOUND CARE CENTER REPORT HISTORY AND PHYSICAL

DATE OF VISIT: 10/19/2006

SST
[REDACTED]

CHIEF COMPLAINT

Nonhealing ulceration amputation site right great toe.

PRESENT ILLNESS

The patient is a 73-year-old white male who was initially seen by Dr. Wilkinson for evaluation of a lesion on the foot in the area of the right great toe. This was biopsied and apparently turned out to be sarcoma. He has been followed by Dr. Conkright where his daughter works and when the pathology came back positive he was referred to Dr. Conkright to Vanderbilt where Dr. Schwarz did a surgical resection of the area in question and from what I understand removal of the great toe with a skin flap medially. That was done approximately five weeks ago and the wound is not completely healed and showing evidence of necrosis of the inferior edge of the flap appearing to be have been a separate from the flap which is viable in the sole of the foot. He is referred to us at this time for evaluation of the wound and to help with healing.

ALLERGIES

None.

MEDICATIONS

Toprol 50 milligrams po daily
Lasix 40 milligrams daily
Potassium chloride 20 mEq daily
Quinine sulfate 325 milligrams daily
Celebrex 200 milligrams daily
Altace 10 milligrams daily
Isosorbide 60 milligrams po daily
Nitrotab sublingual prn chest pain
Aspirin 81 milligrams po daily

PAST MEDICAL HISTORY

Atherosclerotic occlusive cerebrovascular disease.
Hypertension.
Coronary artery disease with previous myocardial infarction.
Benign prostatic hypertrophy.
Squamous cell cancer of the left ear.
Sarcoma of the right foot.
The patient is hard of hearing.

PAST SURGICAL HISTORY

Right great toe amputation with dorsal rhomboid flap 09/08/2006.
Transurethral resection of the prostate 2001.

MEDICAL RECORDS COPY
Page 1 of 3

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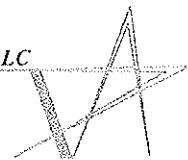
CLAIMANT ATTACHMENT 002 NOV 13 2006
Transmitted to DOL-DO
PAGE NO. 282 NOV 10 2006

*** FAX TX REPORT ***

TRANSMISSION OK

JOB NO. 0233
DEPT. ID 151
DESTINATION ADDRESS 912026936111
PSWD/SUBADDRESS
DESTINATION ID
ST. TIME 01/21 12:42
USAGE T 03' 25
PGS. 14
RESULT OK

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"A Native American Woman Owned Company"



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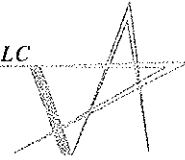
Attached please find the CBD claim for Fred Armstrong. A copy of this CBD claim is being provided to Senator Mitch McConnell's office in Louisville, Ky.

Gary

*** TX REPORT ***

JOB NO. 0233
DEPT. ID 151
ST. TIME 01/21 12:42
PGS. 14
SEND DOCUMENT NAME
TX IMCOMPLETE -----
TRANSACTION OK 912026936111
ERROR -----

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A Native American Woman Owned Company



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Comments:

To Whom It May Concern,

Attached please find the CBD claim for Fred Armstrong. A copy of this CBD claim is being provided to Senator Mitch McConnell's office in Louisville, Ky.

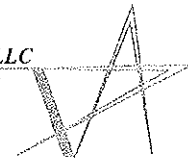
Gary

*** FAX TX REPORT ***

TRANSMISSION OK

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PGS.	16
RESULT	OK

COMMONWEALTH ENVIRONMENTAL SERVICES, LLC
A Native American Woman Owned Company



Fax Cover Sheet

To: Hon. Secretary of Labor Hilda Solis, Jim Bibeault	From: Gary S. Vander Boegh
Fax: (202) 693-1465 (904) 357-4704 (202) 693-6111	Date: 1-21-11
Phone: (270) 450-0850	Pages: ___ Pages including the Cover Sheet
Re: Fredrick Armstrong File No. XXXXX5954	CC: Attention Madam Solis, Jim Bibeault and David Miller

Urgent For Review Please Comment Please Reply Please Recycle

Comments:

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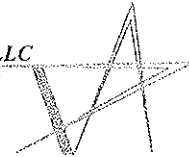
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JOB NO. 0234
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ERROR -----

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