

04-815-CD
STACEY L. GRAY, et al.

vs.

HARRY W. PEPPERMAN

**Stacey Gray vs Harry Pepperman
2004-815-CD**

STACEY L. GRAY
as parent and natural guardian of
KENNETH R. SCHENCK, III, a minor child
Plaintiff

vs.

HARRY W. PEPPERMAN

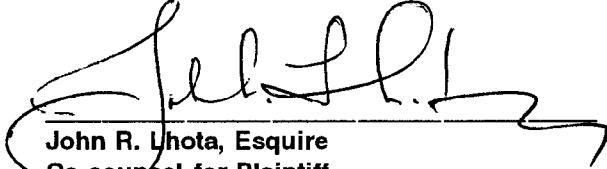
Defendant

: IN THE COURT OF COMMON PLEAS
: OF CLEARFIELD COUNTY, PENNSYLVANIA
:
:
:
: NO. 2004 - 815-C0

PRAECIPE FOR WRIT OF SUMMONS

Please issue a Writ of Summons in Civil action, for service as per the enclosed Sheriff's
Instructions.


Robert P. Petyak, Esquire
Co-counsel for Plaintiff
215 PNC Bank Building
Ebensburg, PA 15931
(814) 472-5685


John R. Lhota, Esquire
Co-counsel for Plaintiff
110 North Second Street
Clearfield, PA 16830
(814) 765-9611

FILED

JUN 08 2004

William A. Shaw
Prothonotary

IN THE COURT OF COMMON PLEAS OF
CLEARFIELD COUNTY PENNSYLVANIA
CIVIL ACTION

SUMMONS

**Stacey Gray
as parent and natural guardian of
Kenneth R. Schenck, III, a minor child**

Vs.

NO.: 2004-00815-CD

Harry Pepperman

TO: HARRY PEPPERMAN

To the above named Defendant(s) you are hereby notified that the above named Plaintiff(s) has/have commenced a Civil Action against you.

Date: 06/08/2004

William A. Shaw
Prothonotary

Issuing Attorney:
Robert P. Petyak, Esq.
Co-counsel for Plaintiff
215 PNC Bank Building
Ebensburg, PA 15931

STACEY L. GRAY
as parent and natural guardian of
KENNETH R. SCHENCK, III, a minor child
Plaintiff

vs.

HARRY W. PEPPERMAN
Defendant

* IN THE COURT OF COMMON PLEAS
* OF CLEARFIELD COUNTY, PENNSYLVANIA

*

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* NO. 2004 - 815-CJ

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* PETITION/MOTION TO COMPROMISE
* MINOR'S CLAIM

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* Co-counsel of Record for Plaintiff:

*

* Robert P. Petyak, Esquire
* 215 PNC Bank Building
* Ebensburg, PA 15931
* Telephone: (814) 472-5685

*

* John R. Lhota, Esquire
* 110 North Second Street
* Clearfield, PA 16830
* (814) 765-1611

FILED

JUN 08 2004

William A. Shaw
Prothonotary

STACEY L. GRAY
as parent and natural guardian of
KENNETH R. SCHENCK, III, a minor child
Plaintiff

vs.

HARRY W. PEPPERMAN
Defendant

: IN THE COURT OF COMMON PLEAS
: OF CLEARFIELD COUNTY, PENNSYLVANIA
:
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: NO. 2004 - 815-CD
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FILED

JUN 08 2004

ORDER

William A. Shaw
Prothonotary/Clerk of Courts

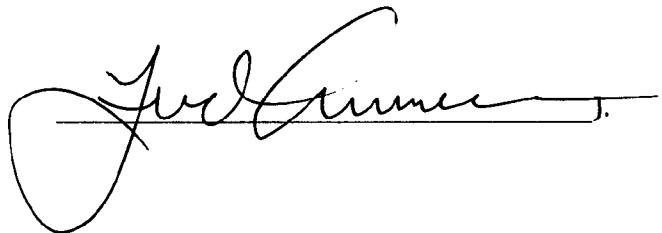
AND NOW, this 8 day of June, 2004, upon consideration of the foregoing Petition and after hearing, it is Ordered that the settlement of this action for the gross sum of Eight Thousand (\$8,000.00) Dollars, plus costs, be and it is hereby approved, counsel fees and expenses are allowed, and distribution directed as follows:

TO:	To be paid to Petitioner, Stacey L. Gray, parent and natural guardian of minor- Plaintiff, Kenneth R. Schenck, III, to be invested in an insured interest bearing certificate of deposit, to be marked, "not to be redeemed except for renewal in its entirety, nor to be withdrawn, assigned, negotiated or otherwise alienated before February 3, 2006 (date of minor's majority) except on Order of a Court of competent jurisdiction	\$5,114.64
TO:	Robert P. Petyak, Esquire co-counsel fee	1,333.33
TO:	John R. Lhota, Esquire co-counsel fee	1,333.33
TO:	Robert P. Petyak, Esquire costs advanced	109.35
TO:	John R. Lhota, Esquire costs advanced	<u>109.35</u>
	Total	\$8,000.00

Costs advanced by Robert P. Petyak, Esquire, for the filing fee for the Praeclipe for Writ of Summons, this Petition, Sheriff's service costs, Discontinuance filing fee, etc., in the estimated amount of

\$262.00 are to be reimbursed to Robert P. Petyak, Esquire, by the third party insurance carrier, Farmers New Century Insurance Company.

BY THE COURT:

A handwritten signature in black ink, appearing to read "Judge Skinner", is written over a horizontal line. The signature is fluid and cursive, with a large, stylized 'J' at the beginning.

STACEY L. GRAY
as parent and natural guardian of
KENNETH R. SCHENCK, III, a minor child
Plaintiff

vs.

HARRY W. PEPPERMAN
Defendant

: IN THE COURT OF COMMON PLEAS
: OF CLEARFIELD COUNTY, PENNSYLVANIA
:
:
:
: NO. 2004 -
:
:
:

PETITION/MOTION TO COMPROMISE MINOR'S CLAIM

AND NOW, comes Stacey L. Gray, by her co-counsel, Robert P. Petyak, Esquire, and John R. Lhota, Esquire, and respectfully represent as follows:

1. That Stacey L. Gray is the parent and natural guardian of Kenneth R. Schenck, III, a minor, who was injured on June 27, 2002, when the vehicle in which Kenneth R. Schenck, III was a passenger was struck head on by a vehicle operated by Defendant, Harry W. Pepperman, who was driving the vehicle with the express and/or implied permission of his wife, Geraldine Pepperman, the insured owner of said vehicle. The collision occurred on Walmart Super Center Drive in Lawrence Township, Clearfield County, Pennsylvania.

2. That the injuries sustained by said minor were: Face abrasions from air bag and swelling around eye areas, cervical, thoracic and lumbosacral spine strain and pain. The minor child was treated at, Clearfield EMS, Clearfield Hospital, Clinton Medical Associates, Lock Haven Hospital (x-rays), Dr. Gary Casteel, and Roy M. Love, D.C. Copies of the child's treatment records are attached hereto and collectively marked as Exhibit "A". The minor child has required no further treatment.

3. That the medical and hospital charges associated with the injuries sustained by Kenneth R. Schenck, III in the June 27, 2002 collision totalled \$3,843.25. Kenneth R. Schenck, III's first party insurance carrier, State Farm Insurance, paid all said medical bills at adjusted rates. No subrogation claim exists with the first party carrier.

4. The third party insurance carrier, Farmers New Century Insurance Company, has offered \$8,000.00 to settle Kenneth R. Schenck, III's third party claim. In addition, said third party carrier,

Farmers New Century Insurance Company, has agreed to reimburse co-counsel herein for the following filing fees, service costs, etc.:

Filing fee for Praeipe for Writ of Summons	\$ 85.00
Filing fee for this Petition/Motion	85.00
Clearfield County Sheriff's service fee	75.00
	10.00
Praeipe to Discontinue case filing fee	<u>7.00</u>
Total	\$262.00

A copy of the May 25 2004 correspondence received from Tammy DeCecco of Farmers New Century Insurance Company wherein the \$8,000.00 settlement offer is extended and costs reimbursement is set forth is attached hereto and marked as Exhibit "B".

5. That co-counsel were retained on a contingent fee basis by your Petitioner and they have incurred the following expenses:

Gary M. Casteel, D.C. (copies of records)	\$ 40.00
Clinton Medical Associates (copies of records)	50.00
J.A. Still Corp. (Lockhaven Hospital x-ray reports)	18.55
Nittany Valley Chiropractic Center (copies of records)	30.00
Clearfield EMS (trip sheet copy)	20.00
Copy costs: 10/31/03 transmittal letters and copies of medical records and first party file forwarded to third party adjuster (212 pages x 25¢ per page)	53.00
Postmaster, Ebensburg (postage for mailing letter and records to third party)	<u>7.15</u>
TOTAL COSTS	\$ 218.70

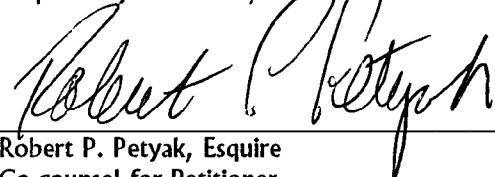
and that counsel has made no other charge for investigative costs.

6. That co-counsel and your Petitioner recommend the approval of a settlement for pain and suffering in the gross amount of Eight Thousand (\$8,000.00) Dollars, negotiated with the insurance carrier for the Defendant.

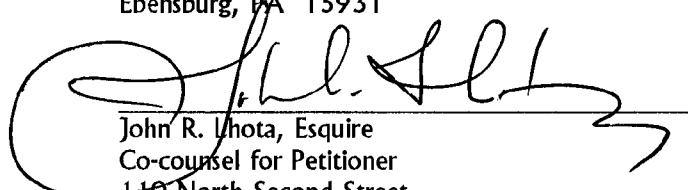
7. That your Petitioner approves the proposed settlement because she considers it fair and reasonable, and that it adequately compensates Kenneth R. Schenck, III for the pain and suffering associated with the injuries he sustained and the expenses incurred, and Petitioner does further approve the proposed distribution contained in the form of Order attached hereto.

WHEREFORE, Petitioner prays that an Order be entered approving the compromise, allowing counsel fees and ordering distribution.

Respectfully submitted,



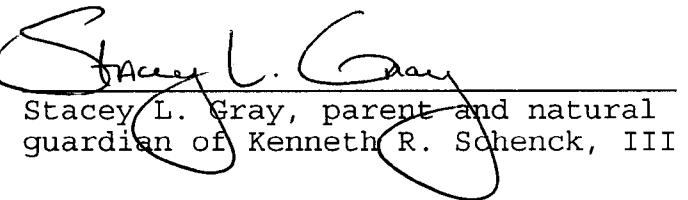
Robert P. Petyak, Esquire
Co-counsel for Petitioner
215 PNC Bank Building
Ebensburg, PA 15931



John R. Ihota, Esquire
Co-counsel for Petitioner
110 North Second Street
Clearfield, PA 16830

V E R I F I C A T I O N

I, Stacey L. Gray, as parent and natural guardian of Kenneth R. Schenck, III, hereby state that the facts set forth in the foregoing Petition/Motion to Compromise Minor's Claim are true and correct to the best of my information, knowledge and belief. I understand that intentional false statements herein are made subject to the penalties of 18 Pa.C.S. Section 4904 relating to unsworn falsifications made to authorities.



Stacey L. Gray, parent and natural
guardian of Kenneth R. Schenck, III

DATED: May 21., 2004

SEARCHED INDEXED SERIALIZED FILED
APR 10 1968
ROBERT R. PELTAK

SEARCHED INDEXED SERIALIZED FILED
APR 10 1968
ROBERT R. PELTAK

SEARCHED INDEXED SERIALIZED FILED
APR 10 1968
ROBERT R. PELTAK

SEARCHED INDEXED SERIALIZED FILED
APR 10 1968
ROBERT R. PELTAK

**KENNETH R. SCHENCK, III
MEDICAL RECORDS**



CLEARFIELD EMS

0211478
(Service Inc. #)

85602964
(State Form #)

SERVICE NAME: Clearfield EMS Inc (17002) UNIT ID: 51 INCIDENT #: 0211478
INCIDENT LOCATION: 100 Supercenter Dr, Lawrence Township, PA 16830 -- an other traffic (MCD Code-451793500)
DISPATCHED AT: 13:58 June 27, 2002 OUTCOME: Transported to Clearfield Hospital (02913)
NATURE OF DISPATCH: BLS Emergency
PATIENT INFO USERDEF3: CHIEF COMPLAINT: Abrasion

PATIENT LAST NAME:	FIRST:	ML:	PHONE:	AGE:	DATE OF BIRTH	SEX:
Schenck, III	Kenneth		(814)768-7471	14	02/02/1988	M
STREET ADDRESS: 209 N 3rd						
CITY:	STATE:	ZIP CODE:	SOCIAL SECURITY #: RESIDENT OF CITY/MUNIP: 200-68-0211			
Clearfield	PA	16830	SIGNATURE TO BILL DIRECT:	NO		
RELEASE INFO OBTAINED: NO						
MILEAGE						
PRIVATE PHYSICIAN						
MEDICARE #:						
OUT: 868						
MEDICAID #:						
SCENE: 870						
INSUR #1:						
MA OP						
DEST: 872						
Group #:						
Policy # 5001051209						
IN: 873						
ADDRESS						
INSUR #2:						
BILLED: 2						
CITY:						
STATE:						
ZIP CODE:						
Group #:						
Policy #:						
TOTAL: 5						

NARRATIVE:

Clearfield EMS, Inc. Medic 151 was dispatched by Clearfield County 911 Center at 13:58 on Jun 27, 2002 to Lawrence Township, PA 16830 and arrived at scene (an other traffic) at 14:03 in response to a vehicular accident. Response mode to scene was 'Emergency'. The Incident Number was 0211478

Patient was a 14 year old male with a chief complaint of abrasion. Patient condition on scene was minor. The following illness was suspected. Pain. Injuries were sustained as follows: blunt to the face and soft, open wound to the face.

Medic 151 was dispatched for a MVA. Medic 151 arrived on scene to find a two vehicle accident. Both vehicles were small passenger cars and both had front end damage due to a head on collision. This pt was a 14 y/o male who was the restrained passenger of the vehicle that was hit. The pts airbag deployed and hit the pt in the face. The pt had minor abrasions to his face, mainly to the right side. The abrasions were not bleeding and this was the pts only complaint. The pt denied any chest pain, difficulty breathing, nausea vomiting or dizziness. The pt was transported in medic 154 due to the fact his mother was transported in the same unit. The pt was fully immobilized with C-COLLAR and LSB with straps and CIDS. The pts vital signs were assessed and were noted to be within normal limits for the situation. A pt assessment was performed with the following findings: Pt was CAO X 4 to person, place, time and events. Pts pupils were equal and reactive to light. Pts HEENT were all unremarkable. Pts trachea was midline with no JVD noted. Pts lungs were clear and equal in all fields. Pt had no marks to his abdominal area or chest area. Pts abdomen is soft and non-tender upon palpation with no masses noted. Pt had full range of motion in all extremities and was walking after the accident. Pt remained stable throughout transport with no changes and no further complaints. Pt was placed into E-1 and report was given to RN. Pt care was then released to the staff at CHED. This unit was placed avail and returned to station without further incident.

Vehicle was a Auto (5 passenger)

WATER SEATING:

x ← Front of vehicle

-- Rear

The patient was a passenger.
A lap/shoulder belt was used as a safety device.
The air bag was deployed.
Self extrication and walking after the accident were contributing factors.

-- Pre-existing medical problems --

PAST MEDICAL HISTORY:

The patient has a past medical history of ADHD

MEDICATIONS:

Current medications are tenex, aillure, and concerta.

ALLERGIES:

There are no known allergies to medications.

ONGOING EXAM:

An ongoing exam was performed by attendant-A1 at 14:15. Patient's weight was 120 lbs. The patient was CAOx4. Pupils: Equal Midposition Reactive. Skin- Color: Normal. Temp: Normal, and Condition: Normal. Capillary Refill was normal. Patient's lungs were Equal Clear. The abdomen was soft and non-tender.

There was pulse, motor, and sensation in all limbs.

The neck, chest, abdomen, pelvis, extremities, posterior, and spinal region were unremarkable. The head had a abrasion.

Medical command was not required.

Response outcome was: transported by this unit. Transport mode from scene was 'No lights or sirens'. Patient condition prior to transport was stable.

Patient condition at facility was stable. The receiving facility was Clearfield Hospital (02913). This was the only patient transported on this trip.

Category of Ground Ambulance Service was BLS-Emergency

LOG

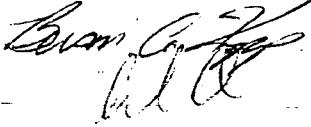
Time	Pulse	Resp	BP	EKG	
13:58					Dispatched.
13:59					Enroute.
14:03					Arrived at scene
14:04					----Medical Command----None Required
14:07					Arrived at patient
					Immobilization-C-Spine Stabilize, Treated By-A1,A2
					Immobilization-Cervical Collar, Treated By-A1,A2
					Immobilization-C-Spine Imm. Dev., Treated By-A1,A2
					Immobilization-Board - Long, Treated By-A1,A2
14:11	100	18	140/60		P= Strong Regular, R= Normal Regular, Coma=15 (E4,V5,M6)
14:15					Ongoing Exam, Treated By-A1,
14:23					Departed scene.
14:31	100	18	130/70		P= Strong Regular, R= Normal Regular, Coma=15 (E4,V5,M6)
14:34					Arrived at destination.
14:45					Available.
15:15					In quarters.

Trip was CLOSED on 06/28/2002 at 00:28:59. Any information below was added to this narrative later.

Crew Signatures:

[Crew Chief] A#1: Electronically Signed

*Pentz, Traci (E133167)

A#2: 

Knepp, Brian (E133163)

A#3: 

Abrams, Chad (P069148)

A#4: _____

Med Cmd: _____

0211478
(Service Inc #)

85602964
(State Form #)

CLEARFIELD HOSPITAL

153774

ROBERT P. PETYAK
Attorney and Counsellor at Law
215 PNC Bank Building
Ebensburg, Pennsylvania 15931
(814) 472-5685
(814) 886-4950
Fax (814) 472-7891

July 14, 2003

Attention: Medical Records Librarian
Clearfield Hospital
P. O. Box 992
Clearfield, PA 16830

Re: Our Client: Kenneth Schenck, III, a minor
Date of Loss: June 27, 2002
Date of Birth: February 3, 1988
SS#: 200-68-0211

Dear Medical Records Librarian:

This office represents the aforementioned injured person, who received treatment at your facility immediately following the June 27, 2002 automobile collision in which he was involved and also underwent physical therapy at Clearfield Hospital I believe in August and September, 2001.

Please submit to me as soon as possible photostatic copies of ALL HOSPITAL AND PHYSICAL THERAPY RECORDS REGARDING THIS PATIENT. Authorizations signed by Stacy Gray, the mother of Kenneth Schenck, permitting the release of her sons Hospital and Physical Therapy records are enclosed. The cost of preparing the copies will be paid upon receipt.

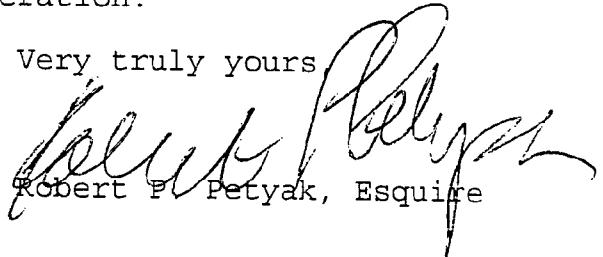
Please also submit itemized statements covering services rendered to this patient.

Please do not destroy any records or x-rays of this patient. They may be necessary for trial.

Your cooperation in this matter will be greatly appreciated.

Thank you for your time and consideration.

Very truly yours


Robert P. Petyak, Esquire

RPP/cnc
Enclosures

RECEIVED

17350
JUL 16 2003
P.M. 11:03

I HEREBY ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THESE DISCHARGE INSTRUCTIONS.

NURSE SIGNATURE
 NON-EMERGENCY

TIME

PHYSICIAN ASSISTANT SIGNATURE

PATIENT SIGNATURE

PHYSICIAN SIGNATURE

Clearfield Hospital

EMERGENCY DEPARTMENT RECORD

Clearfield Hospital - Clearfield , PA 16830

Patient: SCHENCK III, KENNETH RAY

DOB: 2/3/1988

Age/Gender: 14 M

6/27/2002 14:39 MVC

MR#: 153774

Acct#: 000001002909

ED Phys.: James P. DeSantis, DO

CHIEF COMPLAINT:

MVC

Enc. Type: Initial

ACUITY: Level I

Physicians caring for patient:

James P. DeSantis, DO

VITAL SIGNS

Initials/Date/Time	Temp(C)	Rt.	Pulse	Resp	Syst	Diast	Pos.	O2 Sat	O2 L/min	Pain Scale
LDS 6/27/2002 14:44	37.2	O	102	20	<u>143</u>	75	L			5

TRIAGE**PCP/private physician: Jennifer L. Graham, DO**

Patient arrived by stretcher via EMS transport from an accident site accompanied by EMT/paramedic

Chief complaint/quote: MVA front seat seat belted air bag hit face abrasions and swelling noted around both eye areas states no pain other than face

Mental status: . The patient is oriented x 3

Head injuries:

Pupils: PERRL and is briskly reactive to light

Mental status: . The patient is oriented x 3.

Head injury associated s/sx: Associated signs and symptoms include nothing

LOC: Patient has/had no LOC

Eye movements:

Extremities:

Neurologic Exam:

Medication allergies: No known allergies.**Allergies/food/environmental/animal: No known allergies.****Latex Allergy (-)****Current meds: Tenex****Concerta****Concerta****Notes:**

<MCM 06-27-02 15:31>concerta 54 mg sr qd 18 mg bid tenex 1 mg bid celexa 20 mg qd

Vaccinations are up to date

Weight:approx 136

Growth and Development: Appropriate for age.

BJS:Bonnie J.Sharpless, RN 06/27/02 14:39

LDS:Lowell D.Satterfield, RN 06/27/02 14:42

LSR:Lynette S.Richardson, RN 06/27/02 15:03

MCM:Michael C.Mitskavich, RN 06/27/2002 15:30

PAST HISTORY**PAST MEDICAL, SURGICAL HISTORY**

No pertinent PMH

Notes:

<LDS 06-27-02 14:43>had right testicle removed

LDS:Lowell D.Satterfield, RN 06/27/02 14:42

Clearfield Hospital - Clearfield , PA 16830

Patient: SCHENCK III, KENNETH RAY

DOB: 2/3/1988

Age/Gender: 14 M

6/27/2002 14:39 MVC

MR#: 153774

Acct#: 000001002909

ED Phys.: James P. DeSantis, DO

NURSING SYSTEMS REVIEW

ASSESSMENT

LDS:Lowell D.Satterfield, RN 06/27/02 14:49

RESPIRATORY

Respiratory exam

Respiratory status: Breath sounds are clear bilaterally

LDS:Lowell D.Satterfield, RN 06/27/02 14:59

FLOWSHEETS

MEDICATION ADMINISTRATION RECORD

Tetanus & Diphteria vial 0.5 cc(s) ; (V. O.) James P. DeSantis, DO Lowell D. Satterfield, RN 6/27/2002 16:34

Medication given as ordered.. Location: Right deltoid

LDS 6/27/2002 16:34

GLASGOW

LDS 06/27/2002 14:53 4-Spontaneously; 5-Oriented & Converses; 6-Obeys = 15

TRAUMA

EMS

Unit rendering care: Clearfield Emergency Medical Service, Clearfield, PA 16830 765-4861

ABC's: The airway is open and patent

C-spine immobilization: C-spine immobilized on a long spine board, with a hard c-collar, and with a CID.

EMS procedures

IV access unable to obtain.

Cardiac monitoring/rhythm: (-)

LDS:Lowell D.Satterfield, RN 06/27/02 14:50

Trauma Mech of Injury

Mechanism of injury: Passenger: Collision with car, truck E812.1

LDS:Lowell D.Satterfield, RN 06/27/02 14:51

Trauma Primary Survey

No hx trauma to C-spine. No c/o pain on palpation of C-Spine. Pt has normal sensation and movement of all extremities without limitation or weakness. Alert & Oriented. PERRL.

Airway open and clear. No dyspnea or dysphagia noted. C spine immobilized with Philadelphia collar, sand bags and tape. On backboard. Breath sounds are clear bilaterally on auscultation. Bilateral, symmetrical chest movement with inspiration noted. <LDS:06/27/2002 14:57>

Airway open and clear. No dyspnea or dysphagia noted. C-spine immobilized with CID. On backboard. Breath sounds are clear bilaterally on auscultation. Bilateral, symmetrical chest movement with inspiration noted.

Clearfield Hospital - Clearfield , PA 16830

Patient: SCHENCK III, KENNETH RAY
6/27/2002 14:39 MVC

DOB: 2/3/1988

Age/Gender: 14 M

MR#: 153774

Acct#: 000001002909

ED Phys.: James P. DeSantis, DO

Radial pulse palpable, rhythm regular, rate and quality normal. Pulses of all extremities present and normal. Capillary refill brisk. No visible active bleeding noted. Pt alert and oriented to person, place, time and event. Skin is warm and dry.

Airway

C-spine immobilization: Hard C-Spine collar applied

Breathing

Respiratory effort: Respiratory effort is normal

Pupils: PERRL and is briskly reactive to light

Mental status: . The patient is oriented x 3.

Adult trauma score

Glasgow coma scale

LDS:Lowell D.Satterfield, RN 06/27/02 14:51

LDS:Lowell D.Satterfield, RN 06/27/02 14:57

LDS:Lowell D.Satterfield, RN 06/27/02 15:25

At the time of this signature, I have reviewed and agree with the Chief Complaint, Triage and Past History.
James P.DeSantis, DO 6/27/2002 16:06

HISTORY OF PRESENT ILLNESS

HPI Text

RESTRAINED PASSENGER IN mva C INJ to face from deployed airbag--no other head or neck inj. No other complaints

JPD:James P.DeSantis, DO 07/04/02 17:26

REVIEW OF SYSTEMS

CONSTITUTIONAL

Constitutional: No fever, unexplained weight change or malaise. No neck pain opr paresthesias

Eyes: No visual changes, eye pain or discharge. + facial swelling and abrasions

ENMT: No hearing changes, pain, discharge or infections.

Cardiac: No chest pain, SOB or edema.

Respiratory: No cough or respiratory distress.

GI: No nausea, vomiting, diarrhea or abdominal pain.

GU: No dysuria, frequency or burning.

MS: No myalgia, muscle weakness, joint pain or back pain.

Neuro: No headache or weakness. No LOC.

Skin: No skin rash.

JPD:James P.DeSantis, DO 07/04/02 17:27

EXAM

CONSTITUTIONAL: Well-appearing; well-nourished; in no apparent distress, GCS: 15

HEAD: Normocephalic; abrasions c contusions,sts to face--forehead , periorbits. CN 2-12 intact.

EYES: PERRL; EOM intact, clear

ENT: TM's normal; normal nose; no rhinorrhea; normal pharynx with no tonsillar hypertrophy

NECK: Supple; non-tender; no cervical lymphadenopathy

CARD: Normal S1, S2; no murmurs, rubs, or gallops

RESP: Normal chest excursion with respiration; breath sounds clear and equal bilaterally; no wheezes, rhonchi, or

Clearfield Hospital - Clearfield , PA 16830

Patient: SCHENCK III, KENNETH RAY

DOB: 2/3/1988

Age/Gender: 14 M

6/27/2002 14:39 MVC

MR#: 153774

Acct#: 000001002909

ED Phys.: James P. DeSantis, DO

rales

ABD: Normal bowel sounds; non-distended; non-tender; no palpable organomegaly

EXT: Normal ROM in all four extremities; non-tender to palpation; distal pulses are normal

SKIN: Normal for age and race; warm; dry; good turgor; no apparent lesions or exudate

JPD:James P.DeSantis, DO 07/04/02 17:29

PROCEDURES

PROCEDURES - NURSING

Ice bag: Applied to Face WRT 06/27/02 15:53

Dressings: using antibiotic ointment WRT 06/27/02 15:53

ORDERS

MEDICATIONS

Tetanus & Diphteria vial 0.5 cc(s) ; (V. O.) James P. DeSantis, DO Lowell D. Satterfield, RN 6/27/2002 16:34

DIAGNOSIS

Abrasion - face

Contusion - face

JPD:James P.DeSantis, DO 06/27/02 16:08

JPD:James P.DeSantis, DO 06/27/02 16:08

JPD:James P.DeSantis, DO 06/27/02 16:22

Notes:

<JPD 06-27-02 16:08>Air bag caused facial contusion and abrasions

DISPOSITION

Nursing

Disposition - Discharged: The patient was discharged to home in stable condition ambulatory accompanied by parent/guardian. The patient's diagnosis, condition, and treatment were explained to patient and/or parent/guardian. The patient/responsible party expressed understanding.

LDS:Lowell D.Satterfield, RN 06/27/02 16:35

Physician

Rx

Disposition - Discharge from ED: The patient is discharged to home. Patient's condition is stable. The patient is to follow-up with their/the PCP

General discharge instructions given to patient in English.

AfterCare Instructions

JPD:James P.DeSantis, DO 06/27/02 16:08

JPD:James P.DeSantis, DO 06/27/02 16:22

PRESCRIPTIONS

MOTRINTTake 600 mg(s) three times per day, take with food and PRN pain - Disp.: 15 James P. DeSantis, DO 6/27/2002 16:23

AFTERCARE INSTRUCTIONS

INTEGUMENTARY

Clearfield Hospital - Clearfield , PA 16830

Patient: SCHENCK III, KENNETH RAY

DOB: 2/3/1988

Age/Gender: 14 M

6/27/2002 14:39 MVC

MR#: 153774

Acct#: 000001002909

ED Phys.: James P. DeSantis, DO

Abrasion/laceration - English

Contusion/bruise - English

JPD:James P.DeSantis, DO 06/27/02 16:23

Bed Assignments:

EXAM1 <BJS 6/27/2002 14:39>

EXAM2 <WRT 6/27/2002 15:52>

Chart electronically signed by: James P.DeSantis, DO 7/4/2002 17:29

Patient released 6/27/2002 16:35

Released by Lowell D. Satterfield, RN

Clearfield Hospital
809 Turnpike Avenue, P.O. Box 992
Clearfield, PA 16830
8147655341

Patient: SCHENCK, KENNETH RAY
Date: 27-Jun-2002
Physician: James P. DeSantis, DO

General Emergency Department Discharge Instructions

The exam and treatment you received in the Emergency Department were for an urgent problem and are not intended as complete care. It is important that you follow up with a doctor, nurse practitioner, or physician's assistant for ongoing care. If your symptoms become worse or you do not improve as expected and you are unable to reach your usual health care provider, you should return to the Emergency Department. We are available 24 hours a day.

You were treated in the Emergency Department by
James P. DeSantis, DO

Your diagnosis is

Primary Diagnosis: Abrasion - face

Secondary Diagnosis: Contusion - face

Tertiary Diagnosis:

What to do:

Follow the instructions on the additional sheets you were given:

- Take this sheet with you when you go to your follow-up visit.
- If you have any problem arranging the follow-up visit, contact the Emergency Department immediately.
- Take all medications as directed.

The emergency physician provided an on-the-spot interpretation of your x-rays and/or EKG. A specialist will do a final interpretation of these tests. If a change in your diagnosis or treatment is needed, we will contact you. It is critical that we have a current phone number for you.

- Culture results take 48 hours. Your results will be given to the follow-up doctor. The Emergency Department will contact you if the results require a change in your treatment.

Additional information or instructions:

PRESCRIPTIONS GIVEN IN THE EMERGENCY DEPARTMENT:

MOTRINTake 600 mg(s) three times per day, take with food and PRN pain - Disp.: 15

FOLLOW UP WITH YOUR PRIMARY CARE PHYSICIAN AS DIRECTED

*** If side effects develop, such as a rash, difficulty breathing, or a severe upset stomach, stop the medication and call your doctor or the Emergency Department.*

CLEARFIELD HOSPITAL EMERGENCY DEPARTMENT CONSENT

Date: 27-Jun-2002

I, SCHENCK, KENNETH RAY (or STACEY GRAY for SCHENCK, KENNETH RAY), request emergency care or medical treatment and care at Clearfield Hospital. I consent to all medical care and treatment including diagnostic procedures, surgical treatment, and blood transfusions, which may be deemed necessary in the judgment of .

Permission is hereby granted to release the information on this form to the family physician and the insurance company listed on the front of this record. Permission is also granted to obtain medical information from other facilities as necessary to provide continuing care to the above named patient in the Emergency Department of Clearfield Hospital.

<PtSig>

Patient Signature

Stacey Orna

Representative Signature

H. Richardson Jr.

Staff Signature

Patient is unable to consent for him/herself under existing law and the signature above is that of the closest relative or legal guardian.

Although the patient is not 18 she/he has made representation under which Pennsylvania Law entitles him/her to consent to medical, dental, or health services without the consent of his/her parents or legal guardian as follows:

I graduated from _____ High School in 19_____

I am requesting treatment for conditions which are related to sexually transmitted disease/pregnancy/contraception. Yes No

I am or have been married. Yes No
I am or have been pregnant. Yes No

**VERBAL OR PHONE AUTHORIZATION FOR EMERGENCY MEDICAL
AND/OR SURGICAL TREATMENT**

Date 06/27/02 Time AM
PM

Verbal Authorization

Phone Authorization to provide emergency medical and/or surgical treatment to
SCHENCK, KENNETH RAY was obtained from

(Authorized Name)

(Relationship)

<StaffSig>

Staff Signature

(Witness)

M.R. #:

Patient Name:

(to be inserted by clerk when processing records)

MEDICAL COMMAND LOG

(file in patient record)

Date: 6/27Time: 1429Caller ED: 154

ETA: _____

REASON FOR CALL: Chest Pain Dyspnea CVA Seizure Syncope LOC Low BP [CALL EKG]1403restPassenger49504113 153114

P MH:

SCHLICK, KENNETH RAY

02/03/ Meds: 200-68-0211

DESAINTIS, JAMES P

06/27/02 M E/F F

VITAL SIGNS:

140/60-106-18

EXAM:

facial pain

TREATMENT:

O2: _____

IV: _____

Meds: _____

ORDERS:

B. Shaplen

(signature)

Clearfield E.M.S.

Patient Information Form

2-3-88

Date: 6-27-02 Incident #: _____

Incident Location: Wal-Mart @ Davis

Patient name: Kenny Schenck III

Age: 14 SS#: _____

Crew Names: Flentz, Knapp, Abrams

Unit #: 154 Command Physician: DeSantis

Chief Complaint: facial pain abrasions

Onset time: 1400

Brief HPI: At Restaurant playing w/ son 2 min. ago.

Past Medical History: None Known MI CHF HTN COPD
 Diabetes Cancer CVA Other: ADMT

Medications: None Known brought with patient. Tenex allure cancererAllergies: None Known PCN ASA Sulfa Other: _____

Mental Status: Initial: Alert Oriented X 4 Confused Voice Painful Unresponsive
 Last: Alert Oriented X 4 Confused Voice Painful Unresponsive

Vital Signs: Pulse 106 100 _____Respirations 18 18 _____Blood Pressure 140/60 139/70 _____

Pulse ox _____

Time _____

Pupils: Reactive L/R Equal Constricted L/R
 Non-reactive L/R Unequal Dilated L/R

Lungs: Clear L/R Decreased L/R Absent L/R
 Wheezes L/R Rhales L/R Rhonchi L/R

Cardiac Rhythm: Initial: _____ Last: _____ strip attached

Other pertinent physical findings: Pt has abrasions to forehead (R) eyelid
 and (R) cheek due to car being hit in face. EDIB chest pain Onset

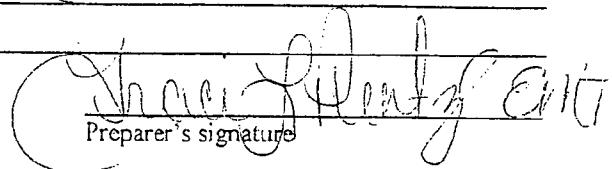
Patient Management: Pt fully immobilized w/ L/SB C/D straps x 3
 Assessment, vitals

Report to RN & Dr DeSantis

Pt placed in E-1

Signature of person receiving patient

Preparer's signature



0211478
(Service Inc. #)

SERVICE NAME: Clearfield EMS, Inc. (17002) UNIT ID: 51 INCIDENT #: 0211478
 INCIDENT LOCATION: 100 Supercenter Dr, Lawrence Township, PA 16830 -- an other traffic (MCDCode-451793500)
 DISPATCHED AT: 13:58 June 27, 2002 OUTCOME: Transported to Clearfield Hospital (02913)
 NATURE OF DISPATCH: BLS Emergency

PATIENT INFO USERDEF3:

CHIEF COMPLAINT: Abrasion

PATIENT LAST NAME:	FIRST:	ML:	PHONE:	AGE:	DATE OF BIRTH	SEX:	
Schenck, III	Kenneth		(814)768-7471	14	02/02/1988	M	
STREET ADDRESS:			SOCIAL SECURITY #: RESIDENT OF CITY/MUNIP:				
209 N 3rd			200-68-0211				
CITY:	STATE:	ZIP CODE:	SIGNATURE TO BILL DIRECT: No				
Clearfield	PA	16830	RELEASE INFO OBTAINED: No				
PRIVATE PHYSICIAN:			MILEAGE				
NEXT OF KIN:			MEDICARE #:				
BILL TO (COMPANY OR NAME):			PHONE:	OUT: 868			
			() -	SCENE: 870			
ADDRESS:				DEST: 872			
CITY:			STATE:	ZIP CODE:	INSUR #1:	IN: 873	
					MA OP	BILLED: 2	
					Group #:	TOTAL: 5	
					Policy #:		

NARRATIVE:

Clearfield EMS, Inc., Medic 151 was dispatched by Clearfield County 911 Center at 13:58 on Jun 27, 2002 to Lawrence Township, PA 16830 and arrived at scene (an other traffic) at 14:03 in response to a vehicular accident. Response mode to scene was 'Emergency'. The Incident Number was 0211478.

Patient was a 14 year old male with a chief complaint of abrasion. Patient condition on scene was minor. The following illness was suspected: Pain. Injuries were sustained as follows: blunt to the face and soft, open wound to the face.

Medic 151 was dispatched for a MVA. Medic 151 arrived on scene to find a two vehicle accident. Both vehicles were small passenger cars and both had front end damage due to a head on collision. This pt was a 14 y/o male who was the restrained passenger of the vehicle that was hit. The pts airbag deployed and hit the pt in the face. The pt had minor abrasions to his face, mainly to the right side. The abrasions were not bleeding and this was the pts only complaint. The pt denied any chest pain, difficulty breathing, nausea vomiting or dizziness. The pt was transported in medic 154 due to the fact his mother was transported in the same unit. The pt was fully immobilized with C-COLLAR and LSB with straps and CIDS. The pts vital signs were assessed and were noted to be within normal limits for the situation. A pt assessment was performed with the following findings: Pt was CAO X 4 to person, place, time and events. Pts pupils were equal and reactive to light. Pts HEENT were all unremarkable. Pts trachea was midline with no JVD noted. Pts lungs were clear and equal in all fields. Pt had no marks to his abdominal area or chest area. Pts abdomen is soft and non-tender upon palpation with no masses noted. Pt had full range of motion in all extremities and was walking after the accident. Pt remained stable throughout transport with no changes and no further complaints. Pt was placed into E-1 and report was given to RN. Pt care was then released to the staff at CHED. This unit was placed avail and returned to station without further incident.

Vehicle was a Auto (5 passenger)

MVA SEATING:

← Front of vehicle

← Rear

85602964
(State Form #)

EMS Form Number: 85602964

Print Date: 06/28/2002

The patient was a passenger.

A lap/shoulder belt was used as a safety device.

The air bag was deployed.

self extrication and walking after the accident were contributing factors.

-- Pre-existing medical problems --

PAST MEDICAL HISTORY:

The patient has a past medical history of ADHD.

MEDICATIONS:

Current medications are tenex, allure, and concerta.

ALLERGIES:

There are no known allergies to medications.

ONGOING EXAM:

An ongoing exam was performed by attendant-A1 at 14:15. Patient's weight was 120 lbs. The patient was CAOx4.

Pupils: Equal Midposition Reactive. Skin: Color:Normal, Temp:Normal, and Condition:Normal. Capillary Refill was normal. Patient's lungs were Equal Clear.

The abdomen was soft and non-tender.

There was pulse, motor, and sensation in all limbs.

The neck, chest, abdomen, pelvis, extremities, posterior, and spinal region were unremarkable. The head had a abrasion.

Medical command was not required.

Response outcome was: transported by this unit. Transport mode from scene was 'No lights or sirens'. Patient condition prior to transport was stable.

Patient condition at facility was stable. The receiving facility was Clearfield Hospital (02913). This was the only patient transported on this trip.

Category of Ground Ambulance Service was BLS-Emergency

LOG:

Time	Pul	Resp	BP	EKG	
13:58					Dispatched.
13:59					Enroute.
14:03					Arrived at scene.
14:04					---Medical Command---None Required
					Arrived at patient.
14:07					Immobilization-C-Spine Stabilize, Treated By-A1,A2
					Immobilization-Cervical Collar, Treated By-A1,A2
					Immobilization-C-Spine Imm. Dev., Treated By-A1,A2
					Immobilization-Board - Long, Treated By-A1,A2
14:11	106	18	140/60		P= Strong Regular, R= Normal Regular, Coma=15 (E4,V5,M6)
14:15					Ongoing Exam, Treated By-A1,
14:23					Departed scene.
14:31	100	18	130/70		P= Strong Regular, R= Normal Regular, Coma=15 (E4,V5,M6)
14:34					Arrived at destination.
14:45					Available.
15:15					In quarters.

Trip was CLOSED on 06/28/2002 at 00:28:59. Any information below was added to this narrative later

0211478
(Service Inc. #)**85602964**
(State Form #)Crew Signatures:

Page 2

From ClearfieldEMS

to 7682374

on 6/28/2002 12:29 AM

004,

EMS Form Number: 85602964

Print Date: 06/28/2002

[Crew Chief] A#1: Electronically Signed *Pentz, Traci (E133167)
A#2: Knepp, Brian (E133163)
A#3: Abrams, Chad (P069148)
A#4:

Med Cmd: _____

0211478
(Service Inc. #)

85602964
(State Form #)

Clinton Medical Associates, Ltd.

DAVID A. LINDSAY, MD

LICENSE NO. MD-040116-L

P.O. Box 157
Mill Hall, PA 17751
570-726-7992

NOT MORE THAN ONE Rx IF SCHEDULE II SUBSTANCE CROSS OUT UNUSED LINES.

FOR Kenneth Schenck III AGE 57 DATE 12/29/02
ADDRESS 123 Main Street MED. REC. NO. 123456789

RX P.T. Eval & tx

SIG. Low back Pain

DISP Dx: Back MAY NOT REFILL MAY REFILL 1 TIMES

RX Pain

SIG.

DISP MAY NOT REFILL MAY REFILL 1 TIMES

RX

SIG.

DISP MAY NOT REFILL MAY REFILL 1 TIMES

SIGNATURE [Signature] DEA NO.

"SUBSTITUTION PERMISSIBLE"

IN ORDER FOR A BRAND NAME PRODUCT TO BE DISPENSED, THE
PRESCRIBER MUST HANDWRITE "BRAND NECESSARY" OR
"BRAND MEDICALLY NECESSARY" IN SPACE BELOW.

APC3502-1M

MEDICAL HISTORY QUESTION

NAME Kenneth Schenck III AGE 14 DATE OF BIRTH 03/03/88 SEX MWEIGHT 149 HEIGHT 5'8 MARITAL STATUS S M D WREFERRING PHYSICIAN Dr. Lindsay PHONE# FAMILY PHYSICIAN " PHONE# MAIN PROBLEM (How and when it started) Low back pain due to MVA on 4/26/02TREATMENTS AND/OR MEDICATIONS-N/A pain medsTEST RESULTS-MRI, CT SCAN, X-RAY, ETC-N/A had x-rays of face

OTHER MEDICATIONS-N/A

ALLERGIES-N/A

PAST MEDICAL HISTORY

INJURIES	WHAT	WHEN (MONTH/YEAR)	TREATMENT AND IF SUCCESSFUL
PREVIOUS SIMILAR INJURY			
BACK			
NECK			
LOWER EXTREMITY			
UPPER EXTREMITY			
HEAD			
SURGERIES	Hemisectomy, adenoidectomy	(5 yrs old) (5 yrs old)	
NONE	(R) testicle removal	(L) 10/01	

DISEASES PLEASE CHECK IF APPLY

<input type="checkbox"/> DIABETES	<input type="checkbox"/> PARALYSIS	<input type="checkbox"/> N/A
<input type="checkbox"/> HEART	<input type="checkbox"/> LOSS OF HEARING	<input type="checkbox"/> N/A
<input type="checkbox"/> HIGH BLOOD PRESSURE	<input type="checkbox"/> LOSS OF VISION	<input type="checkbox"/> N/A
<input type="checkbox"/> CANCER	<input type="checkbox"/> STOMACE	<input type="checkbox"/> N/A
<input type="checkbox"/> TUBERCULOSIS	<input type="checkbox"/> HEPATITIS	<input type="checkbox"/> N/A
<input type="checkbox"/> LUNG	<input type="checkbox"/> EPILEPSY	<input type="checkbox"/> N/A
<input type="checkbox"/> ARTERITIS	<input type="checkbox"/> FAINTING/DIZZINESS	<input type="checkbox"/> N/A
<input type="checkbox"/> RHEUMATOID	<input type="checkbox"/> ANEMIA	<input type="checkbox"/> N/A
<input type="checkbox"/> DEGENERATIVE	<input type="checkbox"/> INFECTIOUS/CONTAGIOUS	<input type="checkbox"/> N/A
	<input type="checkbox"/> OTHER	<input type="checkbox"/> N/A

SIGNATURE: Stacy G.DATE 8-13-02

NAME (LAST, FIRST) Schenk III, Kenneth			THERAPIST: Dan Lynch
PHONE #: 708-2471	DATE: 08/13/02	D.O.B.: 02/03/88	PHYSICIAN: Dr. David A. Lindsay
DIAGNOSIS: Low Back Pain			
TREATMENT:			

INSURANCE TYPE: State Farm Auto Ins

VISITS REQUESTED: _____

Additional:

VISITS APPROVED:

Additional:

LAST COVERED DATE:

AUTHORIZATION #:

*Please be sure all visits are marked on grid sheet.

Therapy

THERAPY WORKS

Of Clearfield Hospital

PHYSICAL THERAPY INITIAL EVALUATION

NAME: Ken Schenk III
PHYSICIAN: Dr. Lindsay
DIAGNOSIS: LBP
REHAB SPECIALIST: N/A

AGE: 14 DATE: 08/13/02
DATE OF ONSET: 06/26/02
DATE OF SURGERY: N/A
EMPLOYER: N/A
OCCUPATION: Student

PERTINENT HISTORY/INJURY SUMMARY

This 14 year old male was injured in an MVA on 06/26/02 and was referred to PT for eval and treat regarding LBP by Dr. Lindsay. His hobbies include basketball and baseball.

PAST MEDICAL HISTORY: Tonsillectomy and adenoidectomy.

SUBJECTIVE

CHIEF COMPLAINT: LBP with radiation into his mid thoracic spine. Patient reports some numbness in his LB area he states he has pain with squatting and difficulty lifting. He states he will also get R hip pain.

PAIN LEVEL: 5/10

OBJECTIVE FINDINGS

STRUCTURAL EXAM: Patient presents with a slightly elevated R iliac crest with forward head posture he has slight scoliosis throughout his lumbar spine, he has some noted hypertrophy of his lumbar paraspinal musculature.

ROM:

Lumbar flexion	full with a prominent R rib cage present
B side bending	WNL
B rotations	WNL
Extension	WNL reproduced pain symptoms at end range

STRENGTH:

B LE	WNL
Abdominal	4-5

PALPATION: Patient had noted muscle guarding on the R paraspinal musculature he has tenderness diffusely throughout his lumbar spine.

NEUROVASCULAR: Patients reflexes were present and symmetrical and sensation appeared intact throughout his LE's.

SPECIAL TESTS: Patient had (-) straight leg raise test bilat. however, he did have noted tightness throughout his hamstring, quadriceps and quadriceps rectus musculature.

APY WORKS OF CLEARFIELD I SPITAL
PHYSICAL THERAPY DAILY PROGRESS NOTES

PATIENT NAME: <u>Don Schenk III</u>	REFERRING PHYSICIAN: <u>Dr. Linton</u>	
DIAGNOSIS: <u>LPSV</u>	THERAPIST: <u>D. Lynch</u>	
Date: <u>9/10/02</u>	Visit #: <u>7</u>	Subjective: Pt notes not feeling too bad today. Pt notes he hasn't been doing ex's because he's been too busy.
Pain: 0 1 2 3 4 5 6 7 8 9 10		
Modalities/Pain Management: HP / ICE / MASSAGE / US / PHONO / E-STIM / IONTO / IFC / WHIRLPOL / TRACTION		
Parameters of above: <u>Dynamic</u>		
MFR / STM / JOINT MOBS / X-FRICTION / ME / PROM / M.Tx. (time)		
Other: <u>Ex start: 6:00PM / Ex end: 6:15PM</u>		
EXERCISE: Passive:		
Active: <u>Sup H/est, prone quad sit, stand gec/so sit</u> 15'		
PRE's (UE's)		
(LE's)		
Trunk Stabilization: Static <u>TAB</u> Dynamic		
KinKom Exercise:		
Response to Treatment: Prognosis:		
Other Notes: Pt advised to perform HEP as requested previously to aide progression. Signature: <u>Don Schenk</u>		
Plan: <u>PTC to HEP at this time. Will resume PT if D. goes.</u> Signature: <u>Don Schenk</u>		
Date: <u> / / </u>	Visit #: <u> </u>	Subjective:
Pain: 0 1 2 3 4 5 6 7 8 9 10		
Modalities/Pain Management: HP / ICE / MASSAGE / US / PHONO / E-STIM / IONTO / IFC / WHIRLPOL / TRACTION		
Parameters of above:		
MFR / STM / JOINT MOBS / X-FRICTION / ME / PROM / M.Tx. (time)		
Other:		
EXERCISE: Passive:		
Active:		
PRE's (UE's)		
(LE's)		
Trunk Stabilization: Static Dynamic		
KinKom Exercise:		
Response to Treatment: Prognosis:		
Other Notes:		
Plan: Signature:		
Date: <u> / / </u>	Visit #: <u> </u>	Subjective:
Pain: 0 1 2 3 4 5 6 7 8 9 10		
Modalities/Pain Management: HP / ICE / MASSAGE / US / PHONO / E-STIM / IONTO / IFC / WHIRLPOL / TRACTION		
Parameters of above:		
MFR / STM / JOINT MOBS / X-FRICTION / ME / PROM / M.Tx. (time)		
Other:		
EXERCISE: Passive:		
Active:		
PRE's (UE's)		
(LE's)		
Trunk Stabilization: Static Dynamic		
KinKom Exercise:		
Response to Treatment: Prognosis:		
Other Notes:		
Plan: Signature:		

THE WORKS OF CLEARFIELD E. F. AL
PHYSICAL THERAPY DAILY PROGRESS NOTES

PATIENT NAME: <i>Ken S. Smith HT</i>	REFERRING PHYSICIAN: <i>Dr Lindsey</i>	
DIAGNOSIS: <i>LBP</i>	THERAPIST: <i>D. Givens, CTP</i>	
Date: <i>8/15/02</i>	Visit #: <i>1</i>	Subjective: <i>No new cb</i>
Pain: 0 1 2 3 4 5 6 7 8 9 10		
Modalities/Pain Management: HP / ICE / MASSAGE / US / PHONO / E-STIM / IONTO / IFC / WHIRLPOL / TRACTION		
Parameters of above: <i>HP to L5/Pain & pillar</i>		
MFR / STM / JOINT MOBS / X-FRICTION / ME / PROM / M.Tx. (time)		
Other:		
EXERCISE: Passive:		
Active: <i>(sup) L1/L5 stretch, (prone) Quad & straight out/leg >15°</i>		
PRE's (UE's)		
(LE's)		
Trunk Stabilization: Static Dynamic		
KinKom Exercise:		
Response to Treatment: _____ Prognosis: _____		
Other Notes:		
Plan: <i>Continue progr</i> Signature: <i>Ken L. F. Al PT</i>		
Date: <i>8/19/02</i>	Visit #: <i>2</i>	Subjective: <i>No new cb</i>
Pain: 0 1 2 3 4 5 6 7 8 9 10		
Modalities/Pain Management: HP / ICE / MASSAGE / US / PHONO / E-STIM / IONTO / IFC / WHIRLPOL / TRACTION		
Parameters of above: <i>HP to L5/Pain</i>		
MFR / STM / JOINT MOBS / X-FRICTION / ME / PROM / M.Tx. (time)		
Other:		
EXERCISE: Passive:		
Active: <i>(sup) L1/L5 stretch, (prone) Quad & straight out/leg >15°</i>		
PRE's (UE's)		
(LE's)		
Trunk Stabilization: Static Dynamic		
KinKom Exercise:		
Response to Treatment: _____ Prognosis: _____		
Other Notes:		
Plan: <i>Continue progr</i> Signature: <i>Ken L. F. Al PT</i>		
Date: <i>8/21/02</i>	Visit #: <i>3</i>	Subjective: <i>No new cb</i>
Pain: 0 1 2 3 4 5 6 7 8 9 10		
Modalities/Pain Management: <i>HP / ICE / MASSAGE / US / PHONO / E-STIM / IONTO / IFC / WHIRLPOL / TRACTION</i>		
Parameters of above: <i>Prone & HP x 20' to L5/Pain on pillar</i>		
MFR / STM / JOINT MOBS / X-FRICTION / ME / PROM / M.Tx. (time)		
Other:		
EXERCISE: Passive:		
Active: <i>Sup & L5, prone Quad ST, straight leg/leg >15°</i>		
PRE's (UE's)		
(LE's)		
Trunk Stabilization: Static Dynamic		
KinKom Exercise:		
Response to Treatment: <i>PT to well</i> Prognosis: _____		
Other Notes:		
Plan: <i>Cont PT & progr</i> Signature: <i>Ken L. F. Al PT</i>		

THE WORKS OF CLEARFIELD ETC AL
PHYSICAL THERAPY DAILY PROGRESS NOTES

PATIENT NAME: <u>Ken Schenk III</u>	REFERRING PHYSICIAN: <u>L. L. L.</u>	
DIAGNOSIS: <u>LRP</u>	THERAPIST: <u>D. Leynen</u>	
Date: <u>8/29/10</u>	Visit #: <u>4</u>	Subjective:
Pain: 0 1 2 3 4 5 6 7 8 9 10		
Modalities/Pain Management: <u>HP / ICE / MASSAGE / US / PHONO / E-STIM / IONTO / IFC / WHIRLPOOL / TRACTION</u>		
Parameters of above: <u>Ken has HP x 20' to L3 (prone on pillow)</u>		
MFR / STM / JOINT MOBS / X-FRICTION / ME / PROM / M.Tx. (time)		
Other:		
EXERCISE: Passive:		
Active: <u>Ken H/S sit/stand/ prone quadrant/ stand quadrant</u>		
PRE's (UE's)		
(LE's) <u>mid/low back/leg areas/ able to sit/stand/hip flexed</u>		
Trunk Stabilization: Static _____ Dynamic _____		
KinKom Exercise: _____		
Response to Treatment: _____ Prognosis: _____		
Other Notes: _____		
Plan: <u>Cont'd plan</u> Signature: <u>John L. L. L. 8/29/10</u>		
Date: <u>9/4/10</u>	Visit #: <u>5</u>	Subjective:
Pain: 0 1 2 3 4 5 6 7 8 9 10		
Modalities/Pain Management: <u>HP / ICE / MASSAGE / US / PHONO / E-STIM / IONTO / IFC / WHIRLPOOL / TRACTION</u>		
Parameters of above: <u>Ken has HP x 20' to L3 (prone on pillow)</u>		
MFR / STM / JOINT MOBS / X-FRICTION / ME / PROM / M.Tx. (time)		
Other:		
EXERCISE: Passive:		
Active: <u>Ken H/S sit/ prone quadrant/ stand quadrant</u>		
PRE's (UE's)		
(LE's)		
Trunk Stabilization: Static _____ Dynamic _____		
KinKom Exercise: _____		
Response to Treatment: _____ Prognosis: _____		
Other Notes: <u>PT helped with - not able to prone at night now due to causing pain</u>		
Plan: <u>Cont'd plan</u> Signature: <u>John L. L. L. 8/29/10</u>		
Date: <u>9/5/10</u>	Visit #: <u>6</u>	Subjective: <u>Ken notes (B) H/S no camping frequently</u>
Pain: 0 1 2 3 4 5 6 7 8 9 10		
Modalities/Pain Management: <u>HP / ICE / MASSAGE / US / PHONO / E-STIM / IONTO / IFC / WHIRLPOOL / TRACTION</u>		
Parameters of above: <u>Ken has HP x 20' on prone pillow to L3</u>		
MFR / STM / JOINT MOBS / X-FRICTION / ME / PROM / M.Tx. (time)		
Other:		
EXERCISE: Passive:		
Active: <u>Ken H/S sit/ prone quadrant/ stand quadrant</u>		
PRE's (UE's)		
(LE's)		
Trunk Stabilization: Static <u>15 sec</u> / E-Stim <u>15 sec</u> / Dynamic _____		
KinKom Exercise: _____		
Response to Treatment: _____ Prognosis: _____		
Other Notes: <u>PT advised to sit/stand before dinner with 16 weeks of diet/weight loss</u>		
Plan: <u>Cont'd PT/PT plan</u> Signature: <u>John L. L. L. 8/29/10</u>		

PHYSICAL THERAPY INITIAL EVALUATION

PATIENT: Kenneth Schenck III
PHYSICIAN: Dr Lindsey
DIAGNOSIS: L5/S1
REHAB SPECIALIST: N/A

AGE/4 DATE: 8/17/02
DATE OF ONSET: 6/20/02
DATE OF SURGERY: N/A
EMPLOYER:
OCCUPATION:

PERTINENT HISTORY/INJURY SUMMARY

MVA → 6/20/02

PAST MEDICAL HISTORY: (-) Traumatic Adams

Hobbies → Basketball & Basketball

SUBJECTIVE

CHIEF COMPLAINT:

LBP with Radiate to upper lower back, numbness in back area.

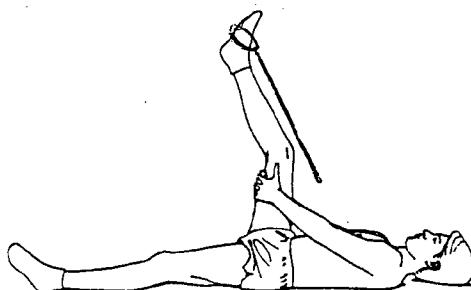
Pain on squatting, off lifting. ↑ Chest pain / forearm pain (C8, T1, T2)

Pain: 5/10.

OBJECTIVE FINDINGS

Posture: (P) Cerv. FT. R Hypertrrophy of Paraspinal mus.
Full flex SI Pivots (P) L1, L2, L3, L4
(P) SB wrinkles
(P) Rot wrinkles
Straight wrinkles
(P) muscle cramps
Ex: (Postural) this & const stretch, MH.

HIP and KNEE - 38 Stretching
Supine Hamstring Stretch



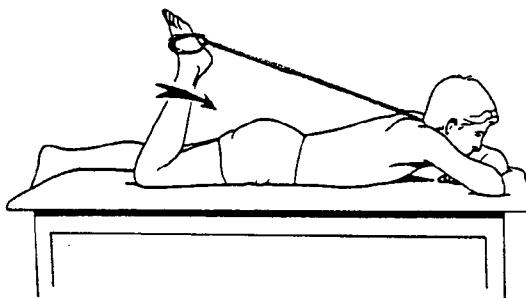
Lying on back: Loop strap around foot and slowly straighten knee until a stretch is felt in back of thigh.

Hold _____ seconds. Repeat _____ times.

Do _____ sessions per day.

Copyright VHI 1990

HIP and KNEE - 8 Self-Mobilization
Prone knee flexion stretch



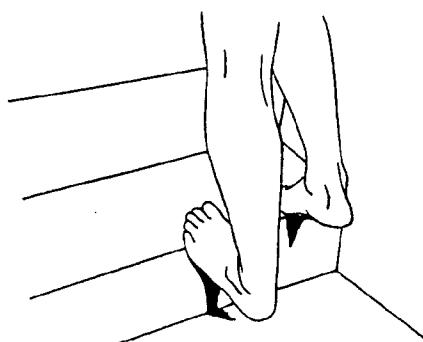
Bring heel toward buttocks as far as possible.

Hold _____ seconds. Relax, repeat _____ times.

Do _____ sessions per day.

Copyright VHI 1990

ANKLE/FOOT - 12 Plantar Fascia Stretch



Standing with ball of foot on stair, reach for bottom step with heel until a stretch is felt through the arch of the foot.

Hold _____ seconds. Relax. Repeat _____ times.

Do _____ sessions per day.

Copyright VHI 1990

CLINTON MEDICAL ASSOCIATES, LTD.

ROBERT P. PETYAK
Attorney and Counsellor at Law
215 PNC Bank Building
Ebensburg, Pennsylvania 15931
(814) 472-5685
(814) 886-4950
Fax (814) 472-7891

JUN 17 2023

June 11, 2003

Attention: Medical Records Librarian
Clinton Medical Associates, Ltd.
P. O. Box 157
Mill Hall, PA 17751

Re: Our Client: Kenneth R. Schenck, III, a minor
Date of Loss: June 27, 2002

Dear Medical Records Librarian:

This office represents the aforementioned injured person who was treated at your facility following the accident above set forth. The service dates I was provided are as follows: July 29 and October 14, 2002. There may be more dates of treatment that I am unaware of.

Please submit to me as soon as possible photostatic copies of ALL OFFICE RECORDS REGARDING THIS PATIENT. An authorization signed by Stacey L. Gray, the mother of Kenneth R. Schenck, III, permitting the release of his records is enclosed. The cost of preparing the copies will be paid upon receipt.

Please also submit an itemized statement covering services rendered to this patient.

Please do not destroy any records or x-rays of this patient. They may be necessary for trial.

Your cooperation in this matter will be greatly appreciated.

Thank you for your time and consideration

Very truly yours,

Robert P. Petyak, Esquire

RPP/cnc
Enclosure

NAME KENNETH R SCHENCK

ALLERGIES NKA

MED. REC. # 2807

BIRTHDATE 2-3-88

Rx = Refill
 D/C = Discontinue
 S = Sample Dispensed
 ✓ = No Change

MICHAEL R. GREENBERG, MD

MEDICAL HISTORY SUMMARY SHEET

Name	KENNETH R SCHENCK		
Date of Birth	2-3-88	MR#	2807

Ongoing Diagnoses

ADHD

Hospitalization/Surgery

Txa
Concussion

Allergy

UKnot

Social/Occupational

Tobacco

Alcohol

Caffeine

Family History

Diabetes	(-)
Hypertension	(+)
Heart Disease	(+)
COPD	(-)
Cancer	(+)

Pbom
McGm, mom
m6F
Ple6F
m6om

Immunizations	Dates Given					
	1st	2nd	3rd	4th	5th	6th
Diphtheria/Tetanus/Pertusis (DPT)	4-6-88	6-15-88	8-4-88	9-8-89	3-4-92	
Trivalent Oral Polio Vaccine (TOPV)	4-6-88	6-15-88	9-8-89	3-4-92		
Hemophilus/Influenza B Vaccine (HIBVAC)	9-8-89	4-5-90				
Measles/Mumps/Rubella (MMR)	7-12-89	3-17-93				
Hepatitis B	9-16-98	10-29-98	5-4-99			
Tine/PPD (include result (+) (-))	11-3-88	43-94				
Tetanus/Diphtheria (TD-adult)	6-27-02					
Pneumovax						
Influenza						

mhast11-21-94mrg

Varivax 9-11-98

Commonwealth of Pennsylvania - Dick Thompson, Governor
H. Arnold Miller, M.D., Secretary of Health
Retain this document as proof of immunization.
Your child must comply with Pennsylvania's Immunization Law to be enrolled in school.
Su niño tiene que cumplir con la ley de inmunización del estado de Pennsylvania antes de matricularse en una escuela.
Retain this document as proof of immunization.

4/03/88
Keweenaw Scavette
Name
PASAPORTE DE SALUD
HEALTH PASSPORT
H 502-350 9-80

SUGGESTED IMMUNIZATION SCHEDULE
SUGGESTION DEL PROGRAMA DE VACUNACIONES

JANUARY 1981

AGE EDAD	VACCINE VACUNA		
2 Months Meses	DTP (Diphtheria-Tetanus-Pertussis) Difteria - Tétano - Tos Férina	POLIO	POLIOMELITIS
4 Months Meses	DTP, POLIO		
6 Months Meses	DTP		
15 Months	MEASLES, MUMPS, RUBELLA SARAPIÓN, PAPERAS, SARAPIÓN ALEMÁN		
16 mos	DTP, POLIO		
4-6 Years Años	DTP, POLIO		
14-16 Years Años	Td (Tetanus, Diphtheria); Repeat Every 10 Years (Tétano, Difteria) Repita cada 10 años		

VACCINE Vacuna	DATE GIVEN Dada en la Fecha	DOCTOR OR CLINIC Doctor o Clínica	MEDICAL NOTES Notes del médico (MANUFACTURER AND LOT #)	DATE NEXT DUE Fecha en que Debe Darse Siguiente
TOPV Trivalent Oral Polio Poliomelitis	4/6/88	Dr. Blatt		
	6/15/88	Dr. Greenberg		
	9-4-89	Dr. Strunk		
	3-4-92	Dr. Greenberg		
DTPT/d Diphtheria-Tetanus-Pertussis Difteria, Tétano y Tos Férina	4/6/88	Dr. Blatt		
	6/15/88	Dr. Greenberg		
	8-4-89	Dr. Greenberg		
	9-1-91	Dr. Strunk		
	3-4-92	Dr. Greenberg		
MEASLES Sarapión				
MUMPS Paperas			7-12-89 Dr. Strunk	
RUBELLA Sarapión Alemán			3-17-93 Dr. Greenberg	
OTHER Otra	HIB 9-8-89	Dr. Strunk		
OTHER Otra	HIB 4-5-90	Hep B	4-5-91 Hep B	8-10-98
Tuberculin Test Tests de Tuberculina	Date Fecha	Results Resultados	Date Fecha	Results Resultados
	1/13/88	neg	4/15/94	neg

PRESENT THIS CARD AT EACH VISIT
En Cada Visita Muestre este Registro de Inmunización

RECORD OF VACCINATIONS

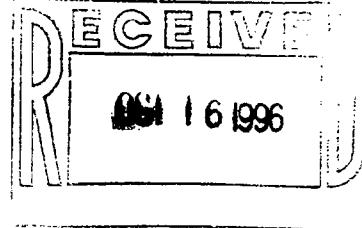
PEDIATRIC IMMUNIZATIONS **(Newborn to Age 18)**

Kenneth Schenck

Geisinger®

September 30, 1996

Michael Greenburg, M.D.
GMG - Mill Hall (65-00)



RE: Kenneth Schenck III (#03087619)

Dear Dr. Greenburg:

Kenny is an 11-year-old white male referred due to hoarseness. Mother reports in evaluation for reading problems he was noted to have hoarseness. This was noted at the end of last school year and mother is not investigating the problem. She was tied up during the summer months due to moving and finding other physicians. She, in fact, had not noticed any significant hoarseness in the child. She does report that he does abuse his voice. She reports some history of pills that may get caught or feel caught in his throat. The patient had had a tonsillectomy and adenoidectomy performed. There is no true dysphagia associated with his problem.

The child is not allergic to any medicine. He takes Imipramine for attention deficit disorder. Past surgery includes that of tonsillectomy and adenoidectomy. Past surgery is positive for attention deficit disorder.

Upon examination the ear canals were clear. The tympanic membranes were both intact and mobile. The rinne was positive at the 256 frequency. Examination of the nose reveals it to be free of any mass or lesion. The nasopharynx was visualized through the nose and there was no obstructive adenoid tissue remaining. The oral cavity is without lesion. The tonsils have been excised and the area has healed quite nicely. There is no evidence of a submucosal cleft or bifid uvula. The neck was free of any lymphadenopathy or masses. Nasopharyngoscopy was performed through the

8
Geisinger Medical Group -
Moshannon Valley
Three Medical Center Drive
Philipsburg, PA 16866-1998
(814) 342-5402
A Division of Geisinger Clinic

Page 2

RE: Kenneth Schenck III (#03087619)

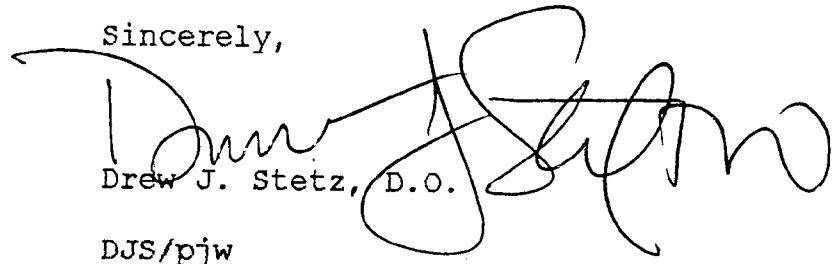
left nostril. As noted the nasopharynx is without lesion and the larynx revealed both vocal cords to move well and approximate in the midline. The child is in the process of developing vocal cord nodules in the anterior one third of the vocal cords. They are white and about a millimeter in size. They are yet not well defined and appear to be quite soft. They are not obstructive.

Impression: Bilateral vocal cord nodule.

Plan: I feel this child's therapy can be best attended to by a speech pathologist. In the meantime I have asked the child to avoid screaming or yelling. I have asked him to take a deep breath before he speaks or phonates. I will recheck the child in about six months for a recheck examination. He was very cooperative during his examination today.

Thank you very much for allowing me to see your patient in consultation.

Sincerely,


Drew J. Stetz, D.O.

DJS/pjw

XC: Clearfield School District
Dept. Of Speech Pathology
Third Ward
Clearfield, PA 16830



CLEARFIELD HOSPITAL
IMAGING DEPARTMENT

(814) 768-2275

PATIENT	SCHENCK, KENNETH RAY	MR #	153774
AGE	14	ADM#	49725385
DOB	02/03/1988	ROOM/BED	OP
ORD DR	LINDSAY D	PT CLASS	OUT
ATT DR	UNASSIGNED, DOCTOR	PT TYPE	R FC: A
ALT DR	UNASSIGNED, DOCTOR	HOSP SVC	IMG ORDER # 90001

REFERRING DIAGNOSIS: BACK PAIN

CONTRAST DOCUMENTATION:

BRAND: AMT BY:

HISTORY/COMMENTS: MVA x1 MONTH AGO, LBP SINCE ACCIDENT

IS PATIENT PREGNANT? NA LMP:

SHIELDED: NO. OF FILMS: 6 FLUORO TIME:

ORDER #: 90001

08/06/2002 SPINE LUMBAR => 4 VIEWS 72110

PROCEDURE ENDED: 08/06/2002 18:50 Initials: SRP

Mild scoliotic curvature convexed to the left is seen with the apex at the L2-3 level. Disc space and vertebral body heights are intact. No fracture, dislocation or destructive bony process is seen.

IMPRESSION: Mild scoliosis

Otherwise negative plain film exam lumbar spine.

READING DOCTOR: DAVID L. OBLEY, M.D.
ELECTRONICALLY SIGNED: DAVID L. OBLEY, M.D.
TRANSCRIBED BY: CAH 08/07/2002 01:24PM

Lock Haven Hospital

Radiology Department

OP-82839

SCHENCK, KENNETH R. III

MRN: 311668

DOB: 03Feb1988

Dr. David Lindsay

DX: MVA, air bag hit patient in face, small abrasion outer region
left eye

7-3-02

FACIAL BONES: The visualized facial bones are intact. No fracture is present. The sinuses are normal.

IMPRESSION: Normal study

Inform Patient
No FX Bones.
Contusion
Acid
Soft Tissue
Ice &
File
BB

AB:jw Antonio Buendia, M.D. <i>AB:jw</i>	
--	--

AB:jw

D: July 3, 2002

T: July 5, 2002

Technician: KS

**CLEARFIELD HOSPITAL
IMAGING DEPARTMENT**

(814) 768 - 2275

PATIENT:	SCHENCK, KENNETH III	MR #:	153774
AGE:	13	SEX:	M
DOB:	02/03/1988		
ORD DR:	PAWLOWSKI, IREK	ROOM/BED:	
ATT DR:	PAWLOWSKI, IREK	PT CLASS:	ED
ALT DR:	GRAHAM, JENNIFER	PT TYPE:	E
		HOSP SVC:	E/D
		FC: A	
		ORDER #:	90001

REFERRING DIAGNOSIS: SEVERE PAIN R TESTICLE
E1; SCROTUM US

HISTORY/ COMMENTS: KICKED IN SCROTAL AREA YESTERDAY AROUND 12:00 NOON.
SWELLING/PAIN RT TESTICLE.

NO. OF FILMS: 3

ORDER #: 90001

10/26/2001 US SCROTUM AND CONTENTS 76870

PROCEDURE ENDED: 10/26/2001 04:28 Initials: RMB

Real time scanning shows the right testicle to measure 4.7 x 2.3 x 3.1 cm. Left testicle measures 4.5 x 2.0 x 2.9 cm. No intrinsic testicular lesion is seen.

The right epididymis is enlarged measuring 2.1 x 2.4 cm. Additionally some fluid surrounds the right epididymis extending to surround the right testicle.

Left epididymis measures 1.5 x 0.8 cm and contains a 6.0 mm cyst.

Intact arterial and venous flow is seen.

IMPRESSION: Marked enlargement of the right epididymis with some surrounding fluid.
Findings may represent post traumatic and/or inflammatory changes.

READING DOCTOR: DAVID L. OBLEY, M.D.
ELECTRONICALLY SIGNED: DAVID L. OBLEY, M.D.
TRANSCRIBED BY: PAR 10/26/2001 08:51AM

Interim
SCHENCK, KENNETH III
Patient MRN: 153774 Orgz: EMR Race: 1
Patient ID: 48876080 Loc: EMR Sex: M
Age: 13 Years Svc: EMERGENCY DEPARTMENT
PAWLOWSKI, DR. IREK
Diagnosis:
Report for: GRAHAM, DR. JENNIFER

CLEARFIELD HOSPITAL
809 Turnpike Ave
PO Box 992
Clearfield, Pa 16830
W.P. Cruz-Vetrano, M.D.
(814) 768-2280

CHEMISTRY
GENERAL CHEMISTRY

TESTS	10/26/2001	REFERENCE	UNITS OF
	03:17	RANGES	MEASURE
SODIUM	139	138-145	MMOL/L
POTASSIUM	3.8	3.6-5.2	MMOL/L
CHLORIDE	103	98-107	MMOL/L
TOTAL CO2	27.7	22-35	MMOL/L
GLUCOSE	102	60-105	MG/DL
BUN	16	5-25	MG/DL
CREATININE	.9	0.3-1.0	MG/DL
CALCIUM	9.5	8.8-10.8	MG/DL
JN/CRE RATIO	18		
SMO (CALC)	279		
ANION GAP	8.3		

HEMATOLOGY
AUTOMATED HEMATOLOGY

TESTS	10/26/2001	REFERENCE	UNITS OF
	03:17	RANGES	MEASURE
WBC	8.83	4.80-10.80	X 10E3/uL
RBC	4.87	3.80-5.50	X 10E6/uL
HGB	15.3 H	11.0-15.0	G/DL
HCT	46.1 H	30.0-43.0	%
MCV	94.7 H	80.0-94.0	FL
MCH	31.5 H	27.0-31.0	PG
MCHC	33.2	33.0-37.0	%
RDW	14.4	11.5-14.5	%
PLATELETS	288	130-400	X 10E3/uL
SEG NEUTROPHILS	39.8	34-64	%
LYMPHOCYTES	48.8 H	25-45	%
MONOCYTES	6.81	3.4-9.0	%
EOSINOPHILS	3.50	0-7	%
BASOPHILS	1.13	0.0-1.5	%
ABS NEUTROPHILS	3.52	1.90-8.00	X 10E3/uL
ABS LYMPHOCYTES	4.31	0.90-5.20	X 10E3/uL
ABS MONOCYTES	.601	0.16-1.00	X 10E3/uL
ABS EOSINOPHILS	.309	0.00-0.80	X 10E3/uL
ABS BASOPHILS	.100	0.00-0.20	X 10E3/uL



Key: H: High L: Low AB: Abnormal UN: Unknown HA: AttnHigh LA: AttnLow A: Attn
UA: Unknown H*: Critical High L*: Critical Low *: Critical UP: Unknown []: New Result

As of: 10/26/01 13:13

Page: 1 of 2

CLEARFIELD HOSPITAL
809 Turnpike Ave Clearfield PA 16830 W.P. Cruz-Vetrano MD (814)768-2280

SCHENCK, KENNETH R

Doctors_Report

DOB: 02/03/1988 Age: 15 Sex: M
MRN: 153774

Location: OUTPATIENT

Ord DR.: UNASSIGNED, NONE

Copy to: ; ;

Copy for: MANFREDI ROCCO

Reg Date: 04/29/03
Billing #: 50543412
Order #: 16290333
Adm DR.: UNASSIGNED, NONE
Att DR.: MANFREDI ROCCO

Surgery Date:

Report Status: FINAL

CHEMISTRY

TEST-NAME	RESULT	AB	REF-RANGE	UNITS
General Chemistry				
Collected 04/29/03 19:54	Received 04/29/03 19:54			
UN	10		5-25	mg/dL
Creatinine	1.1	H	0.3-1.0	mg/dL
Total Protein	7.0		6.0-8.0	g/dL
Albumin	4.9		3.5-5.0	g/dL
Bilirubin	0.8		0.0-1.5	mg/dL
Bilirubin Direct	0.17		0.00-0.20	mg/dL
Bilirubin Indirect	0.7			mg/dL
Alk Phos	146		30-224	IU/L
AST	39	H	6-30	U/L
ALT	36	H	3-30	IU/L

Thyroid Function

Collected 04/29/03 19:54	Received 04/29/03 19:54			
UTSH	4.22	H	0.27-4.20	mIU/mL

HEMATOLOGY

TEST-NAME	RESULT	AB	REF-RANGE	UNITS
Automated Hematology				
Collected 04/29/03 19:54	Received 04/29/03 19:54			
WBC	8.6		4.8-10.8	K/uL
FAXED TO 814-342-8092 BY CLCO AT 2045				
RBC	5.03		3.80-5.50	M/uL
HGB	16.1		14.0-18.0	g/dL
HCT	47.8	H	30.0-43.0	%
MCV	95.0	H	80.0-94.0	fL
MCH	32.0	H	27.0-31.0	pg
MCHC	33.7		33.0-37.0	g/dL
RDW	14.9	H	11.5-14.5	%
PLT	267		130-400	K/uL

Key: L=Low H=High AB=Abnormal CL=Critical Low CH=Critical High

SCHENCK, KENNETH R

File
M

LOCK HAVEN HOSPITAL
LOCK HAVEN PA, 17745

S U M M A R Y User: CMARASCO 174 PH# (570)893-5000
** FINAL ** LABORATORY

Name: SCHENCK KENNETH R III

Antimicrobial Susceptibility and Organism Identification Report

ID#: 3017747

MRN: 000311668

Date of Birth:

Sex: M

Race: W

Status : O/P

Admitted : 2/04/03

Service: OP LAB ONLY

Discharged: 2/04/03

Attending Physician: GREENBERG MICHAEL MD

Pathologist : BRIAN KOLAR, M.D.

Family Physician : GREENBERG MICHAEL MD

Order# : 100 Collected: 2/04/03 11:00
Cross Ref# : 42688 Received : 2/04/03 13:35
Procedure : CULTURE THROAT Resulting Tech: CATHY MARASCO
Specimen Number : 42688
Specimen Source : THROAT
Ward of Isolation : O/P
Requesting Physician: GREENBERG MICHAEL MD

Microbiology Order Comments

Date Time
2/05 11:23

Comments
PRELIMINARY: NORMAL FLORA

2/06 10:28

FINAL: NORMAL FLORA

Fwd
PMH

814-768-7471

CODE 1234

CLINTON MEDICAL ASSOCIATES

PROGRESS NOTES

PATIENT NAME KENNETH R SCHENCK IIIS.S.# 200 68 0211

<u>5-20-03</u>	<u>Target Pharmacy</u> <u>814 861 8935</u>	<u>Sal AC wash QS 5r</u> <u>Retin A micro cream 10% 5r</u> <u>Gel 0.1% 1/2</u> <u>20gm</u>
<u>THURSDAY MAY 29 2003</u>	<u>Cancel by pt/PC</u>	

<u>WED JUN 04 2003</u>	<u>(S) Re-</u> <u>11/18/</u> <u>BP 124/76</u> <u>wants</u> <u>antidepressant</u>	<u>(P) Reentry to</u> <u>Mary Bishop</u> <u>814) 9382282</u>
	<u>(O) Heart MM</u> <u>Thy-DWNL</u> <u>Abd S</u> <u>Amil. sed</u>	<u>Batturhan</u> <u>App QID</u> <u>QSXS</u>

<u>(A) Dysthymia</u>	<u>4-6 wks</u>
<u>ADHD</u>	<u>skin Abns</u>

7471
CLINTON MEDICAL ASSOCIATES

PROGRESS NOTES

PATIENT NAME KENNETH R SCHECK IIIS.S.# 200 68 0211DATE JAN 27 2003

Cancel by pt/s

FEB 03 2003

~~(①) Theft (either) C/H~~

T 103 (105° F) fever

100.8

Myalgia

A max 250 T TID
15X1

emp (①) throat Throat Influenza - Tylenol Adult
overthroat Throat Influenza - Tylenol Adult
LCL
H. W. M.

Clear Fluid

② Flu - Probable. Notify for school
R/O Theft until then

RTS
R/o if not better

hmpa
J. M.

note to be

1/27/03 off school 2/6 & 2/7/03 -

Still has fever off/on
using Tylenol & Advil -

BMB

CLINTON MEDICAL ASSOCIATES

814 768 7471
CODE 1234

PROGRESS NOTES

KENNETH R SCHENCK III

200 68 0211

S.S.#

PATIENT NAME

MONDAY OCT 14 2002

1st / 53 (S) Pt c/o ↑ Low BP 120/76 Back Pa Last w/s but Resolved after Chiropractic
Back
Pain

X-ray reveal
Widened Spine
obtuse WNL

No masses depicted

(O) Back - FROM
+ Nautralde

Wid. Nose WNL

SLR Neg

(P) Leg > (Leg by $\frac{3}{4}$ "
Hurt WNL

Tight Hamstring

(A) W/ Low Back for
Ame

(P) D/C Chiropractic
are

~~Sal Ac Wash~~

- Roten - A Micro
fin Apply OD
Q5X5

~~Musulin 100~~

~~+ BID #20X3
for Blemishes~~

~~Low Back Exerc
Vuxx 25 - QD 30X1~~

~~for PBN~~

JKW WBR

CLINTON MEDICAL ASSOCIATES

PROGRESS NOTES

PATIENT NAME KENNETH R SCHENCK III

S.S.# 200 68 0211

CLINTON MEDICAL ASSOCIATES

PROGRESS NOTES

PATIENT NAME

KENNETH R SCHENCK III

S.S.# 200 68 0211

MONDAY JUL 29 2002

Lgt 146
Bl 118/72Re 2 MVA
c/o ↑ Back &Weak Pa
↑ Pa afterSitting Long periods
& after Bed

& then standing upright

P Most Heat/Ice

Refer to PT to
eval & Rx
to Low BackX-ray of lumbar
SpineCervicost 1 CD
11/18 QD

Normal of Pa, Numbness

Wapausyn 375

Neck 1000
Cerv 2000↑ Palpation
Sleeping in Neck+ B 10
PRN Back Pa
#60X1Neck WNL
Neck/Vase WNL
Back F ROM
No swellingRe-act w/ el
by PT

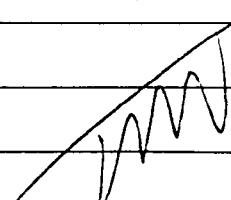
DTR + / +

Neck SLR

Nerveous on Palp

P. Low Back & Cerv
Neck Pa - 20MVT

Nerve



CLINTON MEDICAL ASSOCIATES

PROGRESS NOTES

PATIENT NAME KENNETH R SCHENCK III

S.S.# 200 68 0211

WEDNESDAY JUL 03 2002

wt 145	(S) MVA 2 days ago Facial contusion 2 ^o lA in Bacp	(P) X-ray - Facial Bone Ice Advis
F/u MVA in Clearfield 10 th "Bell's Palsy"	(+) Unstoppable	- Replace PRN

(S) H/S ENT	Numerous Facial Bone Disruption over Periorbital area Nasal - crusty WNL	u-Pain X-ray h/pt.
-------------	---	--------------------------

	Right	Left
	Chest wall	Normal

	Abd soft mild distent. Low bowel
--	--

(P) Facial contusion Periorbital Pa 20 MVA Unstoppable	
--	--

PROGRESS NOTES

KENN
PATIENT NAME

KENNETH R SCHENCK

200.68 0211
S.S. #

DEC 12 1996

Wt 67

T 97.6

Course

NC/med

② CD 5 weeks

man states = cough

gm OTC a/c

med

Temp up + av —

according to man

Vomiting

②

② ay Wdy
Wdy
Wdy
ay Z

② Bronchitis

②

② Epilepsy
Amox 250

② Gravids

② fec

② Redupred

10u BID x 2

5u BID x 2

2.5u BID x 2

June 25
7:30 AM

~~John~~ ~~John~~

PROGRESS NOTES

PATIENT NAME KENNETH R SCHENCK

S.S. # 200 68 0211

SEP 06 1996

WT 44
TA 7.3

Phy:

Physical for
child services

See form

① ADHD

Has trouble with
class assignments

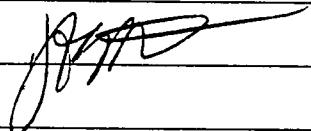
School offers want 6th
level - child says

② for completed

Child - says
speech affected

③ Refer to Dr. Bereznay
for ENT eval.

④ Refer to Dr. Landis
for Psych. eval
& camping



PROGRESS NOTES

PATIENT NAME

KENNETH R SCHENCK

S.S. # 200 68 0211

MAR 15 1996	% nasal congestion + cough v 1 week	A - Bronchitis
WT 62	Some chest discomfort	
T 98.8	Clear sputum Exhibited P- PE	Zithromax 200, 15 ml 1 1/2 TSP today then 3/4 TSP q
Cough	HEENT	
Congestion	Ears v xl	2-5
	Nose Congested	P. Raideon Rx
Med	Pharynx Sped	Pediatrics Syr
Impramox 1/2 ml	Oneds	1 TSP TID
NCA	Ly Scattered	4oz x 1
	rhonchi (P) mid ly field	(3) 1/2 ml, Vapoclear
	Cough	(4) Tylenol PM
	Cov Rx:	(5) Rx 1/2 week
		Because
MAR 22 1996	Same as above	
WT 61	+ cough - fever	
T 97	PE	A Bronchitis resolved
	HEENT	
PM	Ears: v xl	
	Nose Clear	P. Rx + PM
	Pharynx: v xl	Refer TransAct for
	Throat - noles	OTC. Because PM
	Ly Clear - rhonchi	
	Cov Rx	
	Wants referral to TransAct - Program AD	CP

PROGRESS NOTES

PATIENT NAME KENNETH R SCHENCK

S.S. # 00 68 0211

NOV 02 1995

Rx:

wt 58

ADHD -

T 98.

on impression from
Dr. FARMY

Impression

25 TDS

Sp

M + 2ndos cream.

(↓ to 3ds if
too sympt.)

JAN 02 1996

Canc'd by pt-mym

JAN 25 1996

fell against
door hinge
cut R leg
above knee

large gapping
laceration
② lateral
distal thigh

JAN 31 1996

PROGRESS NOTES

PATIENT NAME KENNETH R SCHENCK

S.S. # 200 68 0211

<u>OCT 04 1995</u>	<u>PMH: ADHD</u>	<u>A - ADHD</u>
<u>lt 59 1/2 under care Dr Ronnick,</u>		
<u>BP 90/58 State College - TCM office, Seidleman</u>	<u>advised admission to</u>	<u>P. (1) Continue c.</u>
	<u>Meadow last week?</u>	<u>ICM / mobile</u>
<u>ADHD</u>	<u>missed - did not go.</u>	<u>Therapy.</u>
	<u>pt advised therapy +</u>	
<u>R Dexedrine, prader @ Romeo</u>		<u>(2) fixed.</u>
<u>5 mg off Dexedrine this week</u>		<u>Dexedrine</u>
<u>1 AM, 1/2 lunch time for re-evaluation</u>	<u>5 mg x 1</u>	
<u>day well in school</u>	<u>1/2 tab 2.5 mg (mor)</u>	
<u>mother says he angry +</u>		<u># 45 x 0.</u>
<u>less control</u>		
<u>PE</u>		<u>(3) Rev 4 weeks</u>
<u>HEART</u>		
<u>Essentially NL</u>		<u>Spec PAP</u>
<u>Ext: Supple and</u>		
<u>by Clear belat</u>		
<u>Or ru.</u>		
<u>10-4-95</u>	<u>Pt reported to Dr Kathryn Thompson-Carter</u>	
	<u>for mental health - 10-10-95 at 9:00 A.M.</u>	
	<u>BT51a by SB.</u>	
<u>10-11-95</u>	<u>Pt scheduled for Dr. Karen Parry @ 6:30 P.M.</u>	
	<u>SC 10-16-95 at 10:30 A.M. BT51a by SB</u>	

CLINTON MEDICAL ASSOCIATES LTD
 7133 NITTANY VALLEY DR
 PO BOX 157
 MILL HALL, PA 17751
 570/726-7992
 Federal ID : 23-2855114

Itemized Statement
 01/01/1994 - 12/31/2003

Page: 1
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 Printed: 06/19/2003 12:27 PM

Revised by

Patient

Guarantor

SCHENCK III, KENNETH R PatID:
 209 NORTH 3RD STREET Dob: 02/03/1988
 CLEARFIELD, PA 16830 Age: 15
 814/768-7471

0002807-0001 MA SS AcctID: 200680211
 GRAY, STACEY L SSN : 160-56-8162
 209 NORHT 3RD STREET
 CLEARFIELD, PA 16830
 814/768-7471

Employer: TRAVEL CENTERS OF AMERIC Address/Telephone#: MILESBURG, PA

Insurance Company	Policy #	Group #	Other Info	Holder	Effective Date(s)
1: MEDICAL ASSISTANCE	-5001051209		00	SCHENCK III, KENNETH R	
PO BOX 8297		HARRISBURG, PA 17105			

Service Date(s)	Patient Name	Code	Description	Qty/Src	Charged	Open	Provider	Place	Cas
-----------------	--------------	------	-------------	---------	---------	------	----------	-------	-----

10/04/95	SCHENCK III, KENNETH R	99213	OFFICE VISIT LEVEL 3 EST DiagP: 314.01 ATT DEFICIT DIS W HYPERACTIVIT	1.00	35.00	0.00	S BECK	MHO
10/30/95		CMP	COMMERCIAL INSURANCE PAYMENT	Insur	-20.00			
01/26/96		MAA	MEDICAL ASSISTANCE ADJUSTMENT	Insur	-15.00			
11/02/95	SCHENCK III, KENNETH R	99213	OFFICE VISIT LEVEL 3 EST DiagP: 314.01 ATT DEFICIT DIS W HYPERACTIVIT	1.00	35.00	0.00	GREENBERG	MHO
11/28/95		CMP	COMMERCIAL INSURANCE PAYMENT	Insur	-20.00			
01/26/96		MAA	MEDICAL ASSISTANCE ADJUSTMENT	Insur	-15.00			
01/02/96	SCHENCK III, KENNETH R	CANCP	CANCEL BY PATIENT	1.00	0.00	0.00	GREENBERG	MHO
01/25/96	SCHENCK III, KENNETH R	99213	OFFICE VISIT LEVEL 3 EST	1.00	35.00	0.00	G SCHRACK	MHO
01/25/96		PCWO	PROFESSIONAL COURTESY DISCOUNT	Prsnl	-35.00			
03/15/96	SCHENCK III, KENNETH R	99213	OFFICE VISIT LEVEL 3 EST DiagP: 466.0 BRONCHITIS, ACUTE	1.00	35.00	0.00	S BECK	MHO
04/24/96	SCHENCK III, KENNETH R		STATELINE APLD TO DED					
06/03/96		MAP	MEDICAL ASSISTANCE PAYMENT	Insur	-20.00			
06/14/96		MAA	MEDICAL ASSISTANCE ADJUSTMENT	Insur	-15.00			
03/22/96	SCHENCK III, KENNETH R	MAPED2	OFFICE VISIT LEVEL 2 EST - MA DiagP: 466.0 BRONCHITIS, ACUTE	1.00	30.00	0.00	S BECK	MHO
06/03/96	SCHENCK III, KENNETH R		STATELINE APLD TO DED					
07/22/96		MAP	MEDICAL ASSISTANCE PAYMENT	Insur	-22.50			
07/25/96		MAA	MEDICAL ASSISTANCE ADJUSTMENT	Insur	-7.50			
09/06/96	SCHENCK III, KENNETH R	99213	OFFICE VISIT LEVEL 3 EST DiagP: 314.01 ATT DEFICIT DIS W HYPERACTIVIT	1.00	37.00	0.00	GETZ	MHO

CLINTON MEDICAL ASSOCIATES LTD
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Itemized Statement
 01/01/1994 - 12/31/2003

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Patient

Guarantor

SCHENCK III, KENNETH R	Pat ID:	0002807-0001	MA SS	AcctID: 200680211
		GRAY, STACEY L		SSN : 160-56-8162

Service Date(s)	Patient Name	Code	Description	Qty/Src	Charged	Open	Provider	Place	Cas
-----------------	--------------	------	-------------	---------	---------	------	----------	-------	-----

12/16/96		MAP	MEDICAL ASSISTANCE PAYMENT		Insur	-20.00			
12/16/96		MAA	MEDICAL ASSISTANCE ADJUSTMENT		Insur	-17.00			
12/12/96	SCHENCK III, KENNETH R	99213	OFFICE VISIT LEVEL 3 EST	1.00	37.00	0.00	GETZ	MHO	
		DiagP: 466.0	BRONCHITIS, ACUTE						
03/10/97		CMP	COMMERCIAL INSURANCE PAYMENT		Insur	-29.60			
03/10/97		MAA	MEDICAL ASSISTANCE ADJUSTMENT		Insur	-7.40			
08/08/02	SCHENCK III, KENNETH R	HSPHY	HEALTH SCREEN PHYSICAL	1.00	65.00	0.00	S BECK	MHO	
10/15/02		MAP	MEDICAL ASSISTANCE PAYMENT		Insur	-65.00			
01/27/03	SCHENCK III, KENNETH R	CANCP	CANCEL BY PATIENT	1.00	0.00	0.00	B BUCKLEY	MHO	
02/03/03	SCHENCK III, KENNETH R	MAPED3	OFFICE VISIT LEVEL 3 EST - MA	1.00	57.00	0.00	B BUCKLEY	MHO	
		DiagP: 790.8	VIREMIA						
04/21/03		MAP	MEDICAL ASSISTANCE PAYMENT		Insur	-25.00			
04/21/03		MAA	MEDICAL ASSISTANCE ADJUSTMENT		Insur	-32.00			
05/29/03	SCHENCK III, KENNETH R	CANCP	CANCEL BY PATIENT	1.00	0.00	0.00	B BUCKLEY	MHO	
06/04/03	SCHENCK III, KENNETH R	MAPED3	OFFICE VISIT LEVEL 3 EST - MA	1.00	57.00	57.00	B BUCKLEY	MHO	
		DiagP: 314.01	ATT DEFICIT DIS W HYPERACTIVIT						
06/09/03	SCHENCK III, KENNETH R		SEND ON PAPER						

Case # : 1 STATELINE REJ Acct# : 0002807-0001

Occurrence:	Admission :	Total Disability :	Thru	Injury/Pregnancy:
Consulted :	Discharged:	Partial Disability:	Thru	Employ. Related: N

A1/11

Current Balances Totals From 01/01/1994 Thru 12/31/2003

Account Balance :	57.00	Charges :	423.00
Open Balance :	57.00	Personal Payments :	0.00
Personal Balance :	0.00	Insurance Payments:	-222.10
Insurance Balance :	57.00	Total Payments :	-222.10
Budget Balance :	0.00	Adjustments :	-143.90
Collection Balance:	0.00	Coll. Payments :	0.00

Coll. Adjustments : 0.00

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Itemized Statement
01/01/1994 - 12/31/2003

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QHJU

Patient	Guarantor		
SCHENCK III, KENNETH R 209 NORTH 3RD STREET CLEARFIELD, PA 814/768-7471	PatID: 16830 Dob: 02/03/1988 Age: 15	0002807-0001 GRAY, STACEY 209 NORTH 3RD STREET CLEARFIELD, PA 814/768-7471	AT SS AcctID: 200680211A SSN : 160-56-8162

Employer: TRAVEL CENTERS OF AMER Address/Telephone#:

Insurance Company	Policy #	Group #	Other Info	Hoder	Effective Date(s)
1:STATE FARM PITTSAIR	38J968601			GRAY, STACEY	06/27/2002 -
650 CHERRINGTON PARKWAY		CORAOPOLIS, PA 15108-9378			

Service Date(s)	Patient Name	Code	Description	Qty/Src	Charged	Open	Provider	Place	Cas
-----------------	--------------	------	-------------	---------	---------	------	----------	-------	-----

07/03/02	SCHENCK III, KENNETH R	99213	OFFICE VISIT LEVEL 3 EST	1.00	57.00	0.00	B BUCKLEY	MHO	2
		DiagP: 920	CONTUSION FACE, SCALP AND NECK						
07/25/02		CMP	COMMERCIAL INSURANCE PAYMENT		Insur	-52.83			
07/25/02		CMA	COMMERCIAL INS ADJUSTMENT		Insur	-4.17			

07/29/02	SCHENCK III, KENNETH R	99213	OFFICE VISIT LEVEL 3 EST	1.00	57.00	0.00	B BUCKLEY.	MHO	2
		DiagP: 724.5	BACKACHE						
08/15/02		CMP	COMMERCIAL INSURANCE PAYMENT		Insur	-52.83			
08/15/02		CMA	COMMERCIAL INS ADJUSTMENT		Insur	-4.17			

10/14/02	SCHENCK III, KENNETH R	99214	OFFICE VISIT LEVEL 4 EST	1.00	85.00	0.00	B BUCKLEY	MHO	2
		DiagP: 724.5	BACKACHE						
		DiagS: 706.1	ACNE						
11/05/02		CMP	COMMERCIAL INSURANCE PAYMENT		Insur	-83.03			
11/05/02		CMA	COMMERCIAL INS ADJUSTMENT		Insur	-1.97			

Case # : 2 AUTO 6-27-C2	Acct# : 0002807-0001			
Occurrence: 06/27/02	Admission :	Total Disability :	Thru	Injury/Pregnancy:
Consulted :	Discharged:	Partial Disability:	Thru	Employ. Related: N

Current Balances Totals From 01/01/1994 Thru 12/31/2003

Account Balance :	0.00	Charges :	199.00
Open Balance :	0.00	Personal Payments :	0.00
Personal Balance :	0.00	Insurance Payments:	-188.69
Insurance Balance :	0.00	Total Payments :	-188.69
Budget Balance :	0.00	Adjustments :	-10.31

Collection Balance:	0.00	Coll. Payments :	0.00
		Coll. Adjustments :	0.00

LOCK HAVEN HOSPITAL

ROBERT P. PETYAK
Attorney and Counsellor at Law
215 PNC Bank Building
Ebensburg, Pennsylvania 15931
(814) 472-5685
(814) 886-4950
Fax (814) 472-7891

June 11, 2003

Attention: Medical Records Librarian
Lock Haven Hospital
24 Cree Drive
Lock Haven, PA 17745

Re: Our Client: Kenneth R. Schenck, III, a minor
Date of Loss: June 27, 2002

Dear Medical Records Librarian:

This office represents the aforementioned injured person who was treated at your facility following the accident above set forth. I believe x-rays were performed at your facility on July 3.

Please submit to me as soon as possible photostatic copies of ALL RADIOLOGY REPORTS REGARDING THIS PATIENT. An authorization signed by Stacey Gray, Kenneth R. Schenck, III's mother, permitting the release of all his records to me is enclosed. The cost of preparing the copies will be paid upon receipt.

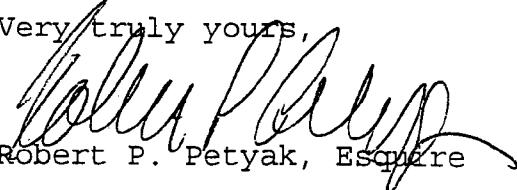
Please also submit an itemized statement covering services rendered to this patient.

Please do not destroy any records or x-rays of this patient. They may be necessary for trial.

Your cooperation in this matter will be greatly appreciated.

Thank you for your time and consideration.

Very truly yours,


Robert P. Petyak, Esquire

RPP/cnc
Enclosure

LOCK HAVEN
HOSPITAL

TWENTY-FOUR CREE DRIVE
LOCK HAVEN, PENNSYLVANIA 17745

PATIENT INFORMATION

VISIT ID 575594	ADMISSION DATE 07/03/02	ADMIT TIME 14:53	ROOM/BED /	PAT. TYPE OUTPATI	HOSPITAL SERVICE X-RAY	SOCIAL SECURITY # 200-68-0211	MAIDEN NAME
--------------------	----------------------------	---------------------	---------------	----------------------	---------------------------	----------------------------------	-------------

MED.REC.NO. 311668	PATIENT NAME SCHENCK III, KENNETH R	BIRTHDATE 02/03/88	AGE 14Y	SEX M	MS S	TELEPHONE NUMBER (814) 768-7471
-----------------------	--	-----------------------	------------	----------	---------	------------------------------------

PATIENT ADDRESS 203 N 3RD ST	CITY/STATE CLEARFIELD PA	ZIP 16830	RACE A.C. W R.M
---------------------------------	-----------------------------	--------------	--------------------

ADMITTING PHYSICIAN/NUMBER LINDSAY, DAVID	ATTENDING PHYSICIAN/NUMBER LINDSAY, DAVID	00085	00085	FAMILY PHYSICIAN
--	--	-------	-------	------------------

NOTIFY IN EMERGENCY & TELEPHONE NO. GRAY, STACEY L (814) 768-7471	NEXT OF KIN & TELEPHONE NO. GRAY, STACEY L (814) 768-7471	RELIGION / CHURCH UNKNOWN
--	--	------------------------------

GUARANTOR INFORMATION

GUARANTOR NAME GRAY, STACEY L	FINANCIAL CLASS AUTO	ADVANCE DIRECTIVE	PREV. ADMIT / /
----------------------------------	-------------------------	-------------------	--------------------

GUARANTOR ADDRESS 209 N 3RD ST	CITY/STATE CLEARFIELD PA	ZIP 16830	TELEPHONE NUMBER (814) 768-7471
-----------------------------------	-----------------------------	--------------	------------------------------------

PAYER / INSURANCE 1500 STATE FARM	PATIENT'S EMPLOYER	EMPLOYER'S ADDRESS	
--------------------------------------	--------------------	--------------------	--

CITY/STATE/ZIP		TELEPHONE NUMBER
----------------	--	------------------

INSURED'S NAME GRAY, STACEY L	SEX F	P.R. 03	CERT. - SSN - HIC. - ID. NO. 38J968601	GROUP NUMBER	
----------------------------------	----------	------------	---	--------------	--

ADMITTING DIAGNOSIS / REASON FOR TREATMENT XRAY 920	
--	--

Lock Haven Hospital

Radiology Department

OP-82839

SCHENCK, KENNETH R. III

MRN: 311668

DOB: 03Feb1988

Dr. David Lindsay

DX: MVA, air bag hit patient in face, small abrasion outer region
left eye

7-3-02

FACIAL BONES: The visualized facial bones are intact. No fracture is present. The sinuses are normal.

IMPRESSION: Normal study

AB:jw
Antonio Buendia, M.D.

AB:jw

D: July 3, 2002

T: July 5, 2002

Technician: KS

DR. GARY CASTEEL

ROBERT P. PETYAK
Attorney and Counsellor at Law
215 PNC Bank Building
Ebensburg, Pennsylvania 15931
(814) 472-5685
(814) 886-4950
Fax (814) 472-7891

June 27, 2003

Attention: Records Librarian
Dr. Gary Casteel
538 South Second Street
Clearfield, PA 16830

Re: Our Client: Kenneth R. Schenck, III
Date of Loss: June 27, 2002

Dear Records Librarian:

This office represents the aforementioned injured person who was treated by Dr. Casteel following the accident above set forth.

Please submit to me as soon as possible photostatic copies of ALL OFFICE RECORDS REGARDING THIS PATIENT. An authorization signed by Ms. Gray permitting the release of her son's records is enclosed. The cost of preparing the copies will be paid upon receipt.

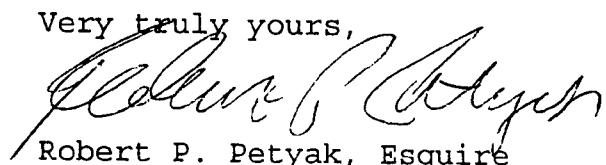
Please also submit an itemized statement covering services rendered to this patient.

Please do not destroy any records or x-rays of this patient. They may be necessary for trial.

Your cooperation in this matter will be greatly appreciated.

Thank you for your time and consideration.

Very truly yours,



Robert P. Petyak, Esquire

RPP/cnc
Enclosure

See Enclosed

mailed 7/10/03

PATIENT'S PROGRESS REPORT

Patient's Name KENNETH Schenck III Address 209 N 3RD ST CIEFA 16830
 Occupation Student 2-3-88 Age 14 Sex M M.S.W.D. Phone 768-7471
 Insurance AUTO Referred by _____ File No. 7282 X-Ray No. _____

Date	RVS NO.	SUBSEQUENT VISITS TREATMENTS AND REMARKS	Charge
Mo.	Day	Year	
AUG 21 2002	S	E 12 C-56 LS	30 -
	O	AKC M&S PAL	
	A		
	P		
AUG 28 2002	S	E 12 C-56 LS	30 -
	O	AKC M&S PAL	
	A		
	P		
AUG 30 2002	S	E 12 C-56 LS	30 -
	O	AKC M&S PAL	
	A		
	P	Wed 2pm-4pm 35	
SEP 04 2002	S	E 12 C-56 LS	30 -
	O	AKC M&S PAL	
	A		
	P	Fri released	
	S		
	O		
	A		
	P		
	S		
	O		
	A		
	P		

PATIENT'S PROGRESS REPORT

Patient's Name KENNETH Schenck III Address 209 N 3RD ST CINCINNATI OH 45202
 Occupation Student 2/3/88 Age 14 Sex M M/S/W/D. Phone 768-7471
 Insurance AUTO Referred by _____ File No. 7282 X-Ray No. _____

Date Mo. Day Year	RVS NO.	SUBSEQUENT VISITS TREATMENTS AND REMARKS	Charge
AUG 02 2002	S O A P	Ex L2 C5 L5 PI AKC M&S PAL muscle spasm, tenderness. ↓ Rom of Listings 3x/wk	30 -
AUG 05 2002	S O A P	Ex L2 C5 L5 PI AKC M&S PAL ↓ ↓ ↓	30 -
AUG 07 2002	S O A P	Ex L2 C5 L5 PI AKC M&S PAL ↓ ↓ ↓	30 -
AUG 10 2002	S O A P	Ex L2 C5 L5 PI AKC M&S PAL ↓ ↓ ↓	30 -
AUG 12 2002	S O A P	Ex L2 C5 L5 PI AKC M&S PAL ↓ ↓ ↓	30 -
AUG 14 2002	S O A P	Ex L2 C5 L5 PI AKC M&S PAL ↓ ↓ ↓	30 -
AUG 19 2002	S O A P	Ex L2 C5 L5 PI AKC M&S PAL ↓ ↓ ↓	30 -

PROGRESS REPORT

TO: STATE FARM INSURANCE

PATIENT KENNETH SCHENCK III CLAIM NUMBER 38-J968-601

EMPLOYER _____ DATE OF INJURY/ONSET 06/27/02

FOR September 4, 2002

1. Current Diagnosis Patient has been released. Patient has not shown up for appointment since September 4.

2. Present Treatment Plan _____

3. Date of Most Recent Exam August 30, 2002

4. Present Subjective Complaints _____

5. Present Objective Findings _____

6. Interim Aggravations or Accidents _____

7. Current Status of Patient Patient is released.

8. Prognosis _____

9. Further Comments _____

Doctor's Name Gary M. Casteel, D.C.

Date September 30, 2002

CASTEEL CHIROPRACTIC OFFICE

Gary M. Casteel, D.C.

538 South Second Street
Clearfield, PA 16830

Completed By: J. Guthrie

PROGRESS REPORT

TO: STATE FARM INSURANCE

PATIENT KENNETH SCHENCK III

CLAIM NUMBER 38-J968-601

EMPLOYER _____

DATE OF INJURY/ONSET 06/27/02

FROM AUGUST 02 THROUGH AUGUST 30, 2002

1. Current Diagnosis SEE BACK

2. Present Treatment Plan SEE BACK

3. Date of Most Recent Exam 08/30/02

4. Present Subjective Complaints ACUTE NECK AND BACK PAIN WITH WHIPLASH

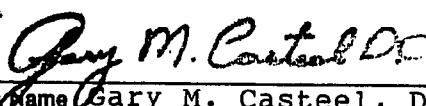
5. Present Objective Findings SEE BACK

6. Interim Aggravations or Accidents _____

7. Current Status of Patient Patient has shown partial relief of symptomatic state.

8. Prognosis is good at present. He will require care until misaligned segments hold in their normal position or patient is asymptomatic.

9. Further Comments Applied kinesiological challenge and motion and static palpations verifying all subluxations on each office visit.


Doctor's Name Gary M. Casteel, D.C.

Date

07/29/02

CASTEEL CHIROPRACTIC OFFICE

Gary M. Casteel, D.C.
538 South Second Street
Clearfield, PA 16830

Completed By: J. Guthrie

1. **DIAGNOSIS:**

839.08 Vertebral subluxation of C5,6,7
847.0 Cervical strain/sprain/whiplash
839.21 Vertebral subluxation of T3
847.1 Thoracic strain/sprain
839.20 Vertebral subluxation of L2,5
846.0 Lumbo sacral strain/sprain
729.2 Neuritis/neuralgia

Ligament and paravertebral structure damage of the above listed segments.

2. **TREATMENT:**

Treatment to date has been for the purpose of reducing symptoms, stabilizing, and rehabilitating the injured areas, and the prevention of permanent impairment and disability. Treatment has consisted of specific spinal adjustments to reduce irritation on the vicinity of spinal nerves. Treatment frequency will be twice per week changing to once per week. Visits will be reduced as patient improves.

5. **OBJECTIVE FINDINGS:**

Tenderness, muscle spasm, inflammation, inflamed nerve, stiffness, pain on touch and reduced motion found on both the left and right cervical regions, lumbar regions and the sacral regions. Weak right anterior neck flexor with neurovascular/neurolymphatic stimulation origin and insertion technique was performed.

Case # 2382

EXAMINATION AND X-RAY REPORT

Name Kenneth SchenckInitial Exam 8/30/02 Re-Exam _____Accidents or Injury Car accidentEntrance Complaint Neck back (R side) pain(1) ACUTE CHRONIC SUDDEN GRADUAL Duration _____ Progress _____(2) ACUTE CHRONIC SUDDEN GRADUAL Duration _____ Progress _____(3) ACUTE CHRONIC SUDDEN GRADUAL Duration _____ Progress _____

OBJECTIVE FINDINGS

	C	T	L	S	C	T	L	S
Tenderness	X		X	X		X		
Muscle Spasm	X		X	X		X		
Hypermobility								
Fixation								
Inflammation	X		X	X		X		
Inflamed Nerve	X		X	X		X		
Stiffness	X		X	X		X		
Edema								
Strain/Sprain								
Numbness								
Tingling								
Burning	X		X	X		X		
Pain On Touch	X		X	X		X		
Reduced Motion								

Mild ant neck pain

POSTURE ANALYSIS (Patient Standing)

	Left	Right	Left	Right
Head Rotation				
Head Tilt				
Ear High On				
Cervical Curvature				
Cervical Muscle Tension				
Shoulder High On				
Thoracic Curvature				
Thoracic Muscle Tension				
Lumbar Curvature				
Lumbar Muscle Tension				
Ilium High On				

HEART (Patient Seated)

Blood Pressure (1) L / R /
 (2) L / R /

Rate (1) _____ Pulse (1) _____
 (2) _____ (2) _____

LUNGS (Patient Seated)

Rate (1) _____ (2) _____
 Condition _____

RANGE OF MOTION (Cervical Spine)
(Patient Seated)

	Norm	Exam	Pain	Exam	Pain
Flexion	65				
Extension	50				
Lateral Right	100				
Lateral Left	100				
Rotation Right	55				
Rotation Left	55				

RANGE OF MOTION (Dorsal-Lumbar Spine)
(Patient Standing)

	Norm	Exam	Pain	Exam	Pain
Flexion	95				
Extension	35				
Lateral Right	100				
Lateral Left	100				
Rotation Right	35				
Rotation Left	35				

REFLEXES

2 per sec 1 per sec

Achilles	L	R
Biceps	L	R
Triceps	L	R
Patellar	L	R

Pupillary:

Direct Light	L	R
Consensual	L	R
Convergence	L	R

PERIPHERAL SENSITIVITY TEST (Pinwheel)

Arms L _____ R _____
 Neck L _____ R _____
 Back L _____ R _____

Code -- I - increase D - decrease
 N - normal

DYNAMOMETER GRIP TESTS

Left Handed	Right Handed
1 lbs.	1 lbs.
2 lbs.	2 lbs.
3 lbs.	3 lbs.
4 lbs.	4 lbs.

PATIENT'S PROGRESS REPORT

Patient's Name KENNETH Schenck III Address 209 1/3 RD ST C/ED PA 16830
 Occupation STUDENT 2/3/88 Age 14 Sex M M.S.W.D. Phone 768-7471
 Insurance AUTO Referred by _____ File No. 7282 X-Ray No. _____

Date Mo. Day Year	RVS NO.	SUBSEQUENT VISITS TREATMENTS AND REMARKS	Charge
JUL 17 2002	S	E 10 CS 15 PR	
	O	AKC M&S PAL	
	A		
↓	P	↓ PR 3/wk	↓
JUL 19 2002	S	EX L2 CS 15 PI	30 -
	O	AKC M&S PAL muscle spasm, tenderness	
	A	↓ ROM of Listings	
↓	P	3x/wk	↓
JUL 22 2002	S	E L2 CS 15 PR	30 -
	O	AKC M&S PAL	
	A	↓ PR 3/wk	
↓	P	3/wk	↓
JUL 24 2002	S	E 10 CS 15 PR	30 -
	O	AKC M&S PAL	
	A	↓ PR 3/wk	
↓	P	3/wk	↓
JUL 26 2002	S	E L2 CS 15 PR	30 -
	O	AKC M&S PAL	
	A	↓ PR 3/wk	
↓	P	3/wk	↓
JUL 29 2002	S	E L2 CS 15 PR	30 -
	O	AKC M&S PAL	
	A	↓ PR 3/wk	
↓	P	3/wk	↓
JUL 29 2002		EXAM	
		3prnt + - 2prnt	
JUL 31 2002	S	E L2 CS 15 PR	35 -
	O	AKC M&S PAL	
	A	↓ PR 3/wk	
↓	P	3/wk	↓

PATIENT'S PROGRESS REPORT

Patient's Name KENNETH R. Schenck III Address 209 N. 3rd St. CED PA 16830
 Occupation Student 2/3/88 Age 14 Sex M M.S.W.D. Phone 768-7471
 Insurance Auto Referred by _____ File No. 7282 X-Ray No. _____

Date		RVS NO.	SUBSEQUENT VISITS TREATMENTS AND REMARKS	Charge
Mo.	Day			
JUN	28	2002	X-RAYS Cervical Series ; A-P LAT L+S	190 -
JUN	28	2002	S C5 6 post ; EX, T3 PLS, PT-M L2; PLS L5; IN; C7 PR O AKC M&S PAL A muscle spasm, tenderness P ROM of listhesis 3x/wk Mon	30 - 50 - 30 -
JUL	01	2002	S C5 6 L2 T3 L5 T O AKC M&S PAL A P 3/wk	30 - 30 - 30 -
JUL	03	2002	S C5 6 L2 C7 15T O AKC M&S PAL A P 3/wk	30 - 30 -
JUL	05	2002	S C5 6 L2 C7 15T O AKC M&S PAL A P 3/wk	30 - 30 -
JUL	10	2002	S C5 6 L2 C7 15T O AKC M&S PAL A P 3/wk	30 - 30 -
JUL	12	2002	S C5 6 L2 C7 15T O AKC M&S PAL A P 3/wk	30 - 30 -
JUL	15	2002	S C5 6 L2 15T O AKC M&S PAL A P 3/wk	30 - 30 -

PROGRESS REPORT

TO: STATE FARM INSURANCE

PATIENT KENNETH SCHENCK III

CLAIM NUMBER 38-J968-601

EMPLOYER

DATE OF INJURY/ONSET 06/27/02

FROM JULY 1 THROUGH JULY 31, 2002

1. Current Diagnosis SEE BACK

2. Present Treatment Plan SEE BACK

3. Date of Most Recent Exam 07/29/02

4. Present Subjective Complaints ACUTE NECK PAIN W/WHIPLASH

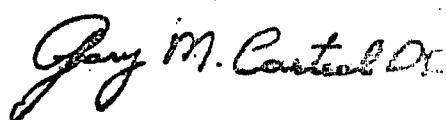
5. Present Objective Findings SEE BACK

6. Interim Aggravations or Accidents

7. Current Status of Patient Patient has shown partial relief of symptomatic state.

8. Prognosis is good at present. He will require care until misaligned segments hold in their normal position or patient is asymptomatic.

9. Further Comments Applied kinesiological challenge and motion and static palpations verifying all subluxations on each office visit.



07/29/02

Doctor's Name Gary M. Casteel, D.C.

Date

CASTEEL CHIROPRACTIC OFFICE

Gary M. Casteel, D.C.

538 South Second Street
Clearfield, PA 16830

Completed By: J. Guthrie

1. **DIAGNOSIS:**

839.08 Vertebral subluxation of C5,6,7
847.0 Cervical strain/sprain/whiplash
839.21 Vertebral subluxation of T3
847.1 Thoracic strain/sprain
839.20 Vertebral subluxation of ~~T3~~ L2,5
846.0 Lumbo sacral strain/sprain
729.2 Neuritis/neuralgia

Ligament and paravertebral structure damage of the above listed segments.

2. **TREATMENT:**

Treatment to date has been for the purpose of reducing symptoms, stabilizing, and rehabilitating the injured areas, and the prevention of permanent impairment and disability. Treatment has consisted of specific spinal adjustments to reduce irritation on the vicinity of spinal nerves. Treatment frequency will be three times per week changing to twice per week. Visits will be reduced as patient improves.

5. **OBJECTIVE FINDINGS:**

Tenderness, muscle spasm, inflamed nerve, stiffness, burning and pain on touch found on both the left and right cervical regions and lumbar regions; also found on the right sacral region. Weak right anterior neck flexor with neurovascular/neurolymphatic stimulation origin and insertion technique was performed.

**STANDARD FORM FOR
DOCTOR'S REPORT**

INITIAL REPORT
 SUPPLEMENTAL REPORT
 FINAL REPORT

STATE'S NUMBER	FILE:
FOR:	CARRIER:
EMPLOYER:	
CARRIER'S FILE NO.:	
(THE SPACES ABOVE NOT TO BE FILLED IN BY DOCTOR)	

(THE SPACES ABOVE NOT TO BE FILLED IN BY DOCTOR)

THE PATIENT	1. NAME OF INJURED PERSON: Kenneth R. Schenck III	AGE: 14	SEX: M
	2. ADDRESS: 209 N. Third St.	3. NAME AND ADDRESS OF EMPLOYER: "student"	4. CITY: Clearfield STATE: PA 16830
THE ACCIDENT	PHONE: _____	OCCUPATION: _____	POSITION: _____
	4. DATE OF ACCIDENT: 06/27/02	5. STATE IN PATIENT'S OWN WORDS WHERE AND HOW ACCIDENT OCCURRED: Mr. Schenck states he was a passenger in his mother's car coming down hill at Wal-Mart when a vehicle coming up hill hit his Mom's vehicle head on.	1:57 PM
THE INJURY	6. GIVE ACCURATE DESCRIPTION OF NATURE AND EXTENT OF INJURY AND STATE YOUR OBJECTIVE FINDINGS <u>Acute neck and back pain.</u>		
	7. WILL INJURY RESULT IN (A) PERMANENT DEFECT? <u>Unknown</u> IF SO, WHAT? <u>(B) FACIAL OR HEAD DISFIGUREMENT?</u>		
	8. IS ACCIDENT REFERRED TO ABOVE THE ONLY CAUSE OF PATIENT'S CONDITION? <u>Yes</u> IF NOT, STATE CONTRIBUTING CAUSES: _____		
	9. IS PATIENT SUFFERING FROM ANY OTHER DISABLING CONDITION NOT DUE TO THIS ACCIDENT? <u>No</u> EXPLAIN: _____		
	10. HAS PATIENT ANY PHYSICAL IMPAIRMENT DUE TO PREVIOUS ACCIDENT OR DISEASE? <u>No</u> EXPLAIN: _____		
	11. HAS NORMAL RECOVERY BEEN DELAYED FOR ANY REASON? <u>Yes</u> EXPLAIN: Due to the extent of patient's injuries, and to this point, the patient has felt little relief.		
	12. DATE OF YOUR FIRST TREATMENT: <u>06/28/02</u> WHO ENGAGED YOUR SERVICES? <u>Kenneth R. Schenck</u>		
	13. HAVE YOU PREVIOUSLY TREATED THIS PATIENT? <u>Yes</u> IF SO, GIVE PARTICULARS: The patient's history prior to this injury is not significant as it relates to his present injury.		
	14. DESCRIBE TREATMENT GIVEN BY YOU: <u>SEE BACK</u>		
	TREATMENT	15. WERE X-RAYS TAKEN? <u>Yes</u> WHEN? <u>6/28/02</u> BY WHOM? <u>Gary M. Casteel, D.C.</u>	
16. X-RAY DIAGNOSIS: <u>Misalignment of C5, 6, 7; T3; L2, 5 and Sacrum</u>			
17. WAS PATIENT TREATED BY ANYONE ELSE? <u>Clearfield Hospital following accident.</u> BY WHOM? WHEN? <u>6/27/02</u>			
18. WAS PATIENT HOSPITALIZED? <u>No</u> NAME AND ADDRESS OF HOSPITAL: _____			
19. DATE OF ADMISSION TO HOSPITAL: _____ DATE OF DISCHARGE: _____			
DISABILITY	20. IS FURTHER TREATMENT NEEDED? <u>Yes</u> FOLLOW LONG? Until misaligned segments hold in their normal position or patient is asymptomatic.		
	21. IS PATIENT ABLE TO CONTINUE WORK? <u>"student"</u> HAS PATIENT BEEN DISABLED? _____		
	22. PATIENT (WAS) (WILL BE) ABLE TO RESUME REGULAR WORK ON: _____		
	23. PATIENT (WAS) (WILL BE) ABLE TO RESUME LIGHT WORK ON: _____		
	24. IF DEATH ENDED, GIVE DATE: _____		
REMARKS (GIVE ANY INFORMATION OF VALUE NOT INCLUDED ABOVE): _____			
I AM A DULY LICENSED CHIROPRACTOR IN THE STATE OF <u>PA</u> INDIVIDUAL PRACTITIONER—S.S. # <u>171-46-8972</u> ALL OTHER—EMPLOYER I.D. # <u>25-1492392</u> (THIS REPORT MUST BE SIGNED BY DOCTOR)			
SIGNED <u>Gary M. Casteel D.C.</u> DATE OF THIS REPORT: <u>07/03/02</u> ADDRESS: <u>538 S. Second St., Clearfield, PA</u> TELEPHONE: <u>(814) 765-7111</u>			

OBJECTIVE FINDINGS:

Tenderness, hypermobility, fixation, inflammation, inflammed nerve, stiffness, edema, strain/sprain, numbness, tingling, burning, pain on touch and reduced motion found on both the left and right cervical regions, thoracic regions, lumbar regions and the sacral regions.

DIAGNOSIS:

- 839.08 Vertebral subluxation of C5,6,7
- 847.0 Cervical strain/sprain/whiplash
- 839.21 Vertebral subluxation of T3
- 847.1 Thoracic strain/sprain
- 839.20 Vertebral subluxation of L2,5
- 846.0 Lumbo sacral strain/sprain
- 729.2 Neuritis/neuralgia

Ligament and paravertebral structure damage of the above listed segments.

TREATMENT:

Treatment to date has been for the purpose of reducing symptoms, stabilizing, and rehabilitating the injured areas, and the prevention of permanent impairment and disability. Treatment has consisted of specific spinal adjustments to reduce irritation on the vicinity of spinal nerves. Treatment frequency will be three times per week. Visits will be reduced as patient improves.

PROGNOSIS:

Patient is guarded at present. He will require care until misaligned segments hold in their normal position or patient is asymptomatic.

Case # 7282

EXAMINATION AND X-RAY REPORT

Name Kenny Schenck, IIIInitial Exam 6/28/02 Re-Exam _____

Accidents or Injury _____

Entrance Complaint

(1)

(ACUTE CHRONIC SUDDEN GRADUAL Duration _____ Progress _____

(2)

(ACUTE CHRONIC SUDDEN GRADUAL Duration _____ Progress _____

(3)

(ACUTE CHRONIC SUDDEN GRADUAL Duration _____ Progress _____

OBJECTIVE FINDINGS

	C	T	L	S	C	T	L	S
Tenderness	✓	✓	✓	✓	✓	✓	✓	✓
Muscle Spasm	✓	✓	✓	✓	✓	✓	✓	✓
Hypermobility								
Fixation	✓	✓	✓	✓	✓	✓	✓	✓
Inflammation	✓	✓	✓	✓	✓	✓	✓	✓
Inflamed Nerve	✓	✓	✓	✓	✓	✓	✓	✓
Stiffness	✓	✓	✓	✓	✓	✓	✓	✓
Edema	✓	✓	✓	✓	✓	✓	✓	✓
Strain/Sprain	✓	✓	✓	✓	✓	✓	✓	✓
Numbness	✓	✓	✓	✓	✓	✓	✓	✓
Tingling	✓	✓	✓	✓	✓	✓	✓	✓
Burning	✓	✓	✓	✓	✓	✓	✓	✓
Pain On Touch	✓	✓	✓	✓	✓	✓	✓	✓
Reduced Motion	✓	✓	✓	✓	✓	✓	✓	✓

RANGE OF MOTION (Cervical Spine)
(Patient Seated)

	Norm	Exam	Pain	Exam	Pain
Flexion	65				
Extension	50				
Lateral Right	40				
Lateral Left	40				
Rotation Right	55				
Rotation Left	55				

RANGE OF MOTION (Dorsal-Lumbar Spine)
(Patient Standing)

	Norm	Exam	Pain	Exam	Pain
Flexion	95				
Extension	35				
Lateral Right	40				
Lateral Left	40				
Rotation Right	35				
Rotation Left	35				

POSTURE ANALYSIS (Patient Standing)

	Left	Right	Left	Right
Head Rotation				
Head Tilt				
Ear High On				
Cervical Curvature				
Cervical Muscle				
Tension				
Shoulder High On				
Thoracic Curvature				
Thoracic Muscle				
Tension				
Lumbar Curvature				
Lumbar Muscle				
Tension				
Ilium High On				

REFLEXES

3x/wk

Achilles	L	R
Biceps	L	R
Triceps	L	R
Patellar	L	R

Pupillary:

Direct Light	L	R
Consensual	L	R
Convergence	L	R

PERIPHERAL SENSITIVITY TEST (Pinwheel)

Arms	L	R	Legs	L	R
Neck	L	R	Back	L	R

Code-- I - increase D - decrease

N - normal

HEART (Patient Seated)

Blood Pressure (1) L / R /
(2) L / R /Rate (1) _____ Pulse (1) _____
(2) _____ (2) _____

LUNGS (Patient Seated)

Rate (1) _____ (2) _____
Condition _____

DYNAMOMETER GRIP TESTS

Left Handed	Right Handed
1 lbs.	1 lbs.
2 lbs.	2 lbs.
3 lbs.	3 lbs.
4 lbs.	4 lbs.

ORTHOPEDIC TESTS

SITTING

BECHTEREW
FORAMINA COMPRESSION
SHOULDER DEPRESSOR

Left Right Left Right

STANDING

KEMP
LEWIN
MINORS
NERI BOWING
TRENDELENBERG

Left Right Left Right

SUPINE

FABRE-PATRICK
GAESLEN
GOLDTHWAIT
LASEQUE
BRAGGARDS
LINDERS
BRUDZINSKI

Left Right Left Right

PRONE

NACHLAS/FRY
DERIFIELD
Extended
Flexed
Cerv. Syn.
Sacral Lock
Pelvis

Left Right Left Right

X-RAY

SEG L R L R

OCC

C1

2

3

4

5

6

7

T1

2

3

4

5

6

7

8

9

10

11

12

L1

2

3

4

5

S1

Dragonis:
Cervical
Thoracic
Lumbar
Whiplash

Neuritis . . .

PERSONAL INJURY QUESTIONNAIRE

Name Kenneth Schenck III Phone 768-7471
 Address 209 North 3rd St City Clearfield State Pa Zip 16830
 Age 14 Birthdate 2-3-88 Sex M S/S # 800-68-0211

Employer's Name _____ Employer's Address _____

Your Ins. Co. _____ Policy # _____ Agent's Name _____

Name on Policy (If other than self) _____ Policy # _____

Responsible Party's Name Stacey Gray

Address _____ City _____ State _____ Zip _____

Policy Holder's Name _____ Policy # _____

ATTORNEY

Name _____ Phone () _____

Address _____ City _____ State _____ Zip _____

Were there any witnesses? () Yes () No Name(s) _____

NATURE OF ACCIDENT:

1. Date of Accident 6/27/02 Time of Day 1:57pm

2. Were you: () Driver () Passenger () Front Seat () Back Seat

3. Number of people in your vehicle? 2 Were you wearing seat belts? YES

4. What direction were you headed? () North () East () South () West
on (name of street) _____

5. What direction was other vehicle headed? () North () East () South () West
on (name of street) _____

6. Were you struck from: () Behind () Front () Left side () Right side

7. Approximate speed of your car _____ mph Other car _____ mph

8. Were you knocked unconscious? () Yes () No If yes, for how long? _____

9. Were police notified? () Yes () No

10. In your own words, please describe accident: comming down hill @ Wal Mart, Mr. Pepperman crossed over and hit us head on

11. Did you have any physical complaints BEFORE THE ACCIDENT? () Yes () No If yes, please describe in detail:

12. Please describe how you felt:

a. DURING the accident: terrible

b. IMMEDIATELY AFTER the accident: ears were buzzing, head numb, face burn

c. LATER THAT DAY: same

d. THE NEXT DAY: eye swelled, face burn

13. What are your PRESENT complaints and symptoms? Facial

14. Do you have any congenital (from birth) factors which relate to this problem? () Yes (✓) No If yes, please describe:

15. Do you have any previous illnesses which relate to this case? () Yes (✓) No If yes, please describe:

16. Have you ever been involved in an accident before? () Yes (✓) No If yes, please describe, including date(s) and type(s) of accidents, as well as injury(ies) received.

17. Where were you taken after the accident? Clearfield Hospital

18. Have you been treated by another doctor since the accident? () Yes () No If yes, please list doctor's name and address:

What type of treatment did you receive?

19. Since this injury occurred, are your symptoms: () Improving () Getting Worse (✓) Same

20. CHECK SYMPTOMS YOU HAVE NOTICED SINCE ACCIDENT:

<input type="checkbox"/> Headache	<input type="checkbox"/> Irritability	<input type="checkbox"/> Numbness in Toes	<input type="checkbox"/> FaceFlushed	<input type="checkbox"/> Feet Cold
<input type="checkbox"/> Neck Pain	<input type="checkbox"/> Chest Pain	<input type="checkbox"/> Shortness of Breath	<input type="checkbox"/> Buzzing in Ears	<input type="checkbox"/> Hands Cold
<input type="checkbox"/> Neck Stiff	<input type="checkbox"/> Dizziness	<input type="checkbox"/> Fatigue	<input type="checkbox"/> Loss of Balance	<input type="checkbox"/> Stomach Upset
<input checked="" type="checkbox"/> Sleeping Problems	<input type="checkbox"/> Head Seems Too Heavy	<input type="checkbox"/> Depression	<input type="checkbox"/> Tinnitus	<input type="checkbox"/> Constipation
<input type="checkbox"/> Back Pain	<input type="checkbox"/> Pins & Needles in Arms	<input type="checkbox"/> Lights Bother Eyes	<input type="checkbox"/> Loss of Smell	<input type="checkbox"/> Cold Sweats
<input type="checkbox"/> Nervousness	<input type="checkbox"/> Pins & Needles in Legs	<input type="checkbox"/> Loss of Memory	<input type="checkbox"/> Loss of Taste	<input type="checkbox"/> Fever
<input type="checkbox"/> Tension	<input type="checkbox"/> Numbness in Fingers	<input type="checkbox"/> Ear Ring	<input type="checkbox"/> Diarrhea	<input checked="" type="checkbox"/> <u>sees spots</u>

Symptoms Other Than Above

21. Have you lost time from work as a result of this accident? () Yes (✓) No If yes, please complete this question.

a. Last Day Worked: _____

b. Type of Employment: _____

c. Present Salary: _____

d. Are you being compensated for time lost from work? () Yes () No If yes, please state type of compensation you are receiving: _____

22. Do you notice any activity restrictions as a result of this injury? () Yes (✓) No If yes, please describe, in detail:

23. Other pertinent information: _____

6-28-02
DATE

Kenneth Schenk
PATIENT'S SIGNATURE

PATIENT'S PROGRESS REPORT

Patient's Name KENNETH R SCHENCK JR Address 209 N 3RD ST C/10 PH 16830
 Date 2/3/88

Occupation Student Age 13 Sex M M.S.W.D. Phone 768-7471

Insurance GEISINGER ACCESS Referred by _____ File No. 7282 X-Ray No. _____

Date		RVS NO.	SUBSEQUENT VISITS TREATMENTS AND REMARKS	Charge		
Mo.	Day					
MAY	4	2001	S O A P	L3, T4, 5, 6, P AKC M&S PAL muscle spasm, tenderness ↓ ROM 2/WK	30 00	
X	MAY	4	2001	S O A P	C3 T4, 5, 6, C1 AKC M&S PAL ↓ ROM NPO 1/4W	30 -
SEP	28	2001	S O A P	C3 T4, 5, 6, C1 AKC M&S PAL ↓ ROM NPO 1/4W	30 -	
OCT	03	2001	S O A P	C3 T4, 5, 6, C1 AKC M&S PAL ↓ ROM NPO 1/4W	30 -	
OCT	12	2001	S O A P	C3 T4, 5, 6, C1 AKC M&S PAL muscle spasm ↓ ROM OF LIVING 1/WK	30 -	
MAR	29	2002	S O A P S O A P	C3 T4, 5, 6, C1 AKC M&S PAL ↓ ROM NPO 1/4W	30 -	

PATIENT'S PROGRESS REPORT

Patient's Name KENNETH R SCHENCK III Address 209 N 3rd ST C/F D PA 16830
 Occupation Student Age 13 Sex M M.S.W.D. Phone 768-7471
 Insurance GEISINGER ACCESS Referred by _____ File No. 7282 X-Ray No. _____

Date		RVS NO.	SUBSEQUENT VISITS TREATMENTS AND REMARKS	Charge
Mo.	Day	Year		
MAR 28	2001	S	In 13 Ter. Pt 9	30 -
		O	AKC M&S PAL	
		A		
	↓	P		
MAR 30	2001	S	In 13 Ter. Pt 9	30 -
		O	AKC M&S PAL	
		A		
	↓	P		
APR 02	2001	S	In 13 Ter. Pt 9	30 -
		O	AKC M&S PAL	
		A		
	↓	P		
APR 04	2001	S	In 13 Ter. Pt 9	30 -
		O	AKC M&S PAL	
		A		
	↓	P		
APR 09	2001	S	In 13 Ter. Pt 9	30 -
		O	AKC M&S PAL	
		A		
	↓	P		
APR 18	2001	S	In 13 Ter. Pt 9	30 -
		O	AKC M&S PAL	
		A		
	↓	P		
APR 27	2001	S	In 13 Ter. Pt 9	30 -
		O	AKC M&S PAL	
		A		
	↓	P		

CASTEEL CHIROPRACTIC
538 South Second Street, Clearfield, PA 16830
(814) 765-7111

***** Ouch! Ouch! Ouch! *****

Patient Exacerbation Documentation

**Official "Documentation" showing Medical Necessity of Care.
A sworn statement by both the Patient and the Doctor.**

Date: 3/29/02

Name: KENNETH Schenck III Address: Same

City: _____ State: _____ Zip Code: _____ Phone#: _____

Date of Exacerbation: _____ (Any event that the patient has experienced that has affected the patient's condition bringing pain or discomfort, great or small, but did NOT change the diagnosis.)

Circle Descriptors of Pain: Right Left Head Neck Upper Back
Mid Back Lower Back Hip Pelvis
Wrist Shoulder Knee Foot

Is the pain: Sharp Dull Burning Stabbing Tingling Numb

Describe how this happened: PLAYING BASKETBALL / SKATE BOARDING

Diagnosis: _____

Doctor:

Doctor's Signature

Patient:

~~Kenneth Schenck~~

Doctor's Medicare #: _____

CASTEEL CHIROPRACTIC

538 South Second Street, Clearfield, PA 16830
(814) 765-7111

**** Ouch! Ouch! Ouch! ****

Patient Exacerbation Documentation

Official "Documentation" showing Medical Necessity of Care.
A sworn statement by both the Patient and the Doctor.

Date: SEP 28 2001

Name: KENNETH R SCHENCK III Address: SAME

City: _____ State: _____ Zip Code: _____ Phone#: _____

Date of Exacerbation: _____ (Any event that the patient has experienced that has affected the patient's condition bringing pain or discomfort, great or small, but did NOT change the diagnosis.)

Circle Descriptors of Pain: Right Left Head Neck Upper Back
HURTING ALL OVER Mid Back Lower Back Hip Pelvis
Wrist Shoulder Knee Foot

Is the pain: Sharp Dull Burning Stabbing Tingling Numb

Describe how this happened: SKATE BOARDING

Diagnosis: _____

Doctor: _____

Doctor's Signature

Patient: _____

KENNY SCHENCK III
Patient's Signature

Doctor's Medicare #: _____

CASTEEL CHIROPRACTIC

538 South Second Street, Clearfield, PA 16830
(814) 765-7111

**** Ouch! Ouch! Ouch! ****

Patient Exacerbation Documentation

**Official "Documentation" showing Medical Necessity of Care.
A sworn statement by both the Patient and the Doctor.**

Date: 5-14-01

Name: Kenny Schmit

Address: 209 North Third St

City: Clearfield State: PA Zip Code: 16830 Phone#: 1-814-768-7471

Zip Code: 16830

Phone#: 1-814-768-7471

Date of Exacerbation: _____ (Any event that the patient has experienced that has affected the patient's condition bringing pain or discomfort, great or small, but did NOT change the diagnosis.)

Circle Descriptors of Pain: Right Left Head Neck Upper Back

Mid Back Lower Back Hip Pelvis
Wrist Shoulder Knee Foot

Is the pain: Sharp Dull Burning Stabbing Tingling Numb

Describe how this happened: got hit by a baseball

Diagnosis: _____

Doctor: _____

Doctor's Signature

Doctor's Medicare #: _____

Patient:

Patient's Signature

PATIENT'S PROGRESS REPORT

Patient's Name KENNETH R SCHENCK III Address 209 N 3rd ST CED PA 16830
 2/3/88
 Occupation STUDENT Age 13 Sex M M.S.W.D. Phone 768-7471
 Insurance GEISINGER ACCESS Referred by _____ File No. 7282 X-Ray No. _____

Date Mo. Day Year	RVS NO.	SUBSEQUENT VISITS TREATMENTS AND REMARKS	Charge
FEB 28 2001	S	CT-F 13 TURCA 7400	30 -
	O	AKC M&S PAL	
	A)
↓	P	1/20	↓
MAR 05 2001	S	Z P	30 -
	O	AKC M&S PAL M	
	A	JH)
↓	P	W/R	↓
MAR 09 2001	S	IN P	30 -
	O	AKC M&S PAL mspasms, tend.	
	A	↓ Rom of listings)
↓	P	1/20	↓
MAR 12 2001	S	Z P	30 -
	O	AKC M&S PAL phys	
	A	JH)
↓	P	1/20	↓
MAR 16 2001	S	IN P	30 -
	O	AKC M&S PAL mspasms, tend	
	A	↓ Rom of listings)
↓	P	1/20	↓
MAR 19 2001	S	Z 13 M C-700	30 -
	O	AKC M&S PAL M	
	A	JH)
↓	P	2/20	↓
MAR 23 2001	S	Z 13 M C-71	30 -
	O	AKC M&S PAL phys	
	A	JH)
↓	P	2/20	↓

PATIENT'S PROGRESS REPORT

Patient's Name KENNETH R Schenck Address 209 N 3rd ST C/F D PA 16830

Occupation STUDENT 2-3-88 Age 12 Sex M M/S/W.D. Phone 768-7471

Insurance GEISINGER-ACCESS Referred by _____ File No. 7282 X-Ray No. _____

Date Mo. Day Year	RVS NO.	SUBSEQUENT VISITS TREATMENTS AND REMARKS	Charge
OCT 25 2000	S	Cy T L3 T/F E. T. C.	30 -
	O	AKC M&S PAL	
	A	med)
	P	down	↓
FEB 14 2001	S	L L3 T/F E.	30 -
	O	AKC M&S PAL	
	A	med)
	P	down	↓
FEB 16 2001	S	L L3 T/F E. T. C.	30 -
	O	AKC M&S PAL	
	A	med)
	P	down	↓
FEB 21 2001	S	Cy L3 Ty 2x T,	30 -
	O	AKC M&S PAL	
	A	med)
	P	down	↓
FEB 21 2001	S		30 -
	O	AKC M&S PAL	
	A)
	P		↓
FEB 23 2001	S	Cy L3 Ty 2x T,	30 -
	O	AKC M&S PAL	
	A	med)
	P	down	↓
FEB 26 2001	S	Cy L3 T/F E. T. C.	30 -
	O	AKC M&S PAL	
	A	med)
	P	down	↓

PATIENT'S PROGRESS REPORT

Patient's Name KENNETH R Schenck Address 209 N 3rd ST C/FD PA 16830
 Occupation Student Age 12 Sex M M/S.W.D. Phone 768-7471
 Insurance GEISINGER ACCESS Referred by _____ File No. 7282X X-Ray No. _____

Date Mo. Day Year	RVS NO.	SUBSEQUENT VISITS TREATMENTS AND REMARKS	Charge
SEP 15 2000	S	✓ L L TUE C 11-02	30 -
	O	AKC M&S PAL	
	A	massaged	
↓	P	↓ neck ↓ back	↓
SEP 22 2000	S	✓ L L TUE C 11-02	30 -
	O	AKC M&S PAL	
	A	massaged	
↓	P	↓ neck ↓ back	↓
SEP 25 2000	S	✓ L L TUE C 11-02	30 -
	O	AKC M&S PAL	
	A	massaged	
↓	P	↓ neck ↓ back	↓
SEP 27 2000	S	✓ L L TUE C 11-02	30 -
	O	AKC M&S PAL	
	A	massaged	
↓	P	↓ neck ↓ back	↓
OCT 06 2000	S	✓ L L TUE C 11-02	30 -
	O	AKC M&S PAL	
	A	massaged	
↓	P	↓ neck ↓ back	↓
OCT 09 2000	S	✓ L L TUE C 11-02	30 -
	O	AKC M&S PAL	
	A	massaged	
↓	P	↓ neck ↓ back	↓
OCT 11 2000	S	✓ L L TUE C 11-02	30 -
	O	AKC M&S PAL	
	A	massaged	
↓	P	↓ neck ↓ back	↓

PATIENT'S PROGRESS REPORT

Patient's Name KENNETH R SCHENCK III Address 209 N 3RD ST C/FC 1A 16830

Occupation STUDENT 2/3/88 Age 8 Sex M M.S.W.D. Phone 768-7471

Date			RVS No.	SUBSEQUENT VISITS TREATMENTS AND REMARKS					Charge
Mo.	Day	Year							
JUL	19	1996							130 -
JUL	19	1996	A.K.C.-M. & S. Pal.						35 -
JUL	19	1996							25 -
JUL	20	1996	A.K.C.-M. & S. Pal.	T3	Z	L-2	48°45'	C-1	35 -
JUL	23	1996	A.K.C.-M. & S. Pal.	NKE					35 -
JUL	31	1996	A.K.C.-M. & S. Pal.	I/O					25 -
JUL	31	1996	A.K.C.-M. & S. Pal.						25 -
AUG	02	1996	A.K.C.-M. & S. Pal.						25 -
AUG	06	1996	A.K.C.-M. & S. Pal.						25 -
AUG	09	1996	A.K.C.-M. & S. Pal.						25 -
AUG	23	1996	A.K.C.-M. & S. Pal.						25 -
AUG	26	1996	A.K.C.-M. & S. Pal.						25 -
AUG	28	1996	A.K.C.-M. & S. Pal.						25 -
AUG	30	1996	A.K.C.-M. & S. Pal.						25 -
OCT	04	1996	A.K.C.-M. & S. Pal.						25 -
NOV	11	1996	A.K.C.-M. & S. Pal.						25 -
JAN	22	1997	A.K.C.-M. & S. Pal.						25 -
JAN	27	1997	A.K.C.-M. & S. Pal.						25 -
FEB	03	1997	A.K.C.-M. & S. Pal.						25 -
FEB	10	1997	A.K.C.-M. & S. Pal.						25 -
X	OCT	16	1998	AKC M&S PAL					25 -
X	OCT	19	1998	AKC M&S PAL					25 -
APR	28	2000							
APR	28	2000	S	T3	Z	L2	er6	C1 Reg	30 -
			O						
			A	AKC M&S PAL					
			P						
MAY	05	2000	S	T3	Z	L2	er6	C1 Reg	30 -
			O						
			A						
			P						
SEP	13	2000	S	1/1	Kne	Z		Er.C1 T1	30 -
			O						
			A						

CASTEEL CHIROPRACTIC
538 South Second Street, Clearfield, PA 16830
(814) 765-7111

**** Ouch! Ouch! Ouch! ****

Patient Exacerbation Documentation

Official "Documentation" showing Medical Necessity of Care.
A sworn statement by both the Patient and the Doctor.

Date: 2-14-01

Name: Kenny Schenck

Address: 209 North 3rd Street

City: Clearfield State: PA

Zip Code: 16830 Phone#: 768-7471

Date of Exacerbation: _____ (Any event that the patient has experienced that has affected the patient's condition bringing pain or discomfort, great or small, but did NOT change the diagnosis.)

Circle Descriptors of Pain: Right Left Head Neck Upper Back

Mid Back	<u>Lower Back</u>	<u>Hip</u>	Pelvis
Wrist	Shoulder	Knee	Foot

Is the pain: Sharp Dull Burning Stabbing Tingling Numb

Describe how this happened: Football and basketball practice

Diagnosis: _____

Doctor: _____

Doctor's Signature

Patient: _____

Kenny Schenck
Patient's Signature

Doctor's Medicare #: _____



CASTEEL CHIROPRACTIC OFFICE

538 South Second St.
Clearfield, Pa. 16830

CASTEEL CHIROPRACTIC OFFICE

GARY M. CASTEEL, D.C.
538 S. Second St.
Clearfield, Pa. 16830
814-765-7111

Name Kenneth L Schenck III
Date SEP 13 2000

Insurance? Yes or No
circle

File No. 7282
Birthdate 2/3/88

OUCH! OUCH! OUCH!

Have you had an accident or an injury since your last Adjustment? Yes No
If so, please describe the injury and how it happened. _____

DATE OF ACCIDENT OR INJURY / /

Did it happen at work? Yes No

Was it an automobile accident? Yes No

Where is your pain? Please describe the location. (Low back, leg pain, neck pain.)
Type of pain. (Sharp, dull, numbness, burning, etc.)

It shouldered up neck & left knee cap.

Please fill out and give to our Receptionist.

DATE OF LAST VISIT 5/5/00

Stacy Gray
signature

Insured Information

Insured's Name Kenneth Scherck Jr

Insured's Address Beech Creek

Insured's Social Security #. / /

Insured's Phone # 570-962-2025

Insured's date of birth 11-26-65 Age 34

Sex F _____ or M

Insured's Employer's name or School name Champion Parts Rebuilder
Name of Insurance Company Pen State Geisinger Health

Name of Insurance Company Pen State Geisinger Health

Insurance Co. address _____

Policy #

Group # _____

Plan name _____

Is there another Health benefit plan Yes or No

If yes Name ACCESS

Address _____

Policy # _____

Group # _____

Plan Name _____

Produktions- und Sammlung

Deductable per person \$ _____ Deductable per family \$ _____

* For Medicare Patients ONLY* If you have insurance other than Medicare is Your insurance

Primary to Medicare? Medigap (You pay for a Medicare supplement)?

Employer-Supplement? Medicaid (If yes State) _____

CASE HISTORY UPDATE

In order for us to best serve you, and so that we may bring your original case history up to date, please provide us with the following information.

NAME: Kenneth R. Scherck III DATE: 4-28-00
ADDRESS: 209 North Third St CITY: CLEARFIELD STATE: PA ZIP: 16830
PHONE #: 768-7471 SOCIAL SECURITY #: 300-68-0211
BIRTHDATE: 2-3-88 AGE: 12 SEX: M or F
PATIENT STATUS: Single Married Other
Employed Full-time student Part-time student
Height 5 Weight 96 # of Children 0
Employer's Name or School Name CLEARFIELD Middle School Occupation Student
List your present complaints (describe fully): Sinus problems, body muscles tight and tense due to playing sports

Is your condition related to:

- a. Employment? Yes or No
- b. Auto Accident? Yes or No
- c. Other Accident? Yes or No

Have you ever had the same or similar illness? Yes or No

If yes give date _____

Duration of present condition? _____ What do you believed caused this condition? _____

If you answered Yes to questions a, b, c, please fill out the following information!!

Date of Accident _____

Detail of Accident (be as specific as you can). _____

Describe any falls, surgery, and/or accident since last visit: _____

Date of last adjustment: 10 / 19 / 98

Since your last office visit here, have you consulted another doctor? Yes No If so, give Dr. _____ and condition for which you were treated: _____

Other information the doctor should know regarding the condition: _____

PLEASE NOTE: You are responsible for all fees not covered by your insurance company, unless other arrangements are made with the doctor. Signing this form gives your confirming consent to chiropractic adjustments and treatment, direct payment of benefits to doctor, and also release of medical information to any insurance company or attorney involved in this case.

Please complete the back side of the form with your insurance information!

I certify the statements given above and on the reverse apply to me.

SIGNED Shay L. Gray

DATE 4-28-00



PennState Geisinger
Health Plan

HMO

Member Name:

KENNETH SCHENCK III

Insurance ID Number:

00096964604

Group Number:

101757

Effective Date:

10-01-1999

Benefit Code:

H10E25BE8R

Medical Record No.:

03087619

Provider Phone Numbers:

Appointments: **814/342-8020**

PERX

Office: **814/342-5402**

Tel-A-Nurse: **800/556-8267** Rx Group #: AGG

Primary Care: **W300 PHILIPSBURG**

ACCESS

Pennsylvania
Access Card

RECIP# **5001051209**

SS# **200680211**

NAME: **KENNETH R SCHENCK III**

CARD ISSUE# **00**

MAY 05 2000

[Handwritten Signature]

Please call Penn State Geisinger Health Plan at 570-271-8760;
1-800-447-4000 or TDD Hearing Impaired at 1-800-447-2833

- Immediately upon hospitalization
- If you have questions concerning your coverage

Pharmacists call 1-800-235-4357

Mail itemized bills to:

Penn State Geisinger Health Plan
100 N. Academy Avenue
Danville, PA 17822-9026
Attn: Claims

This card is for the personal use of the member printed hereon and may not be transferred to any other person. This member is covered for usual and customary fees and charges for medically necessary emergency services. This card is issued for identification purposes only and does not constitute proof of eligibility.



CASTEEL CHIROPRACTIC OFFICE

538 South Second St.
Clearfield, Pa. 16830

CASTEEL CHIROPRACTIC OFFICE

GARY M. CASTEEL, D.C.
538 S. Second St.
Clearfield, Pa. 16830
814-765-7111

Name Kenny Schenck

Date 10-16-98

Insurance? Yes or No
circle

File No. 7282

Birthdate 2-3-88

OUCH! OUCH! OUCH!

Have you had an accident or an injury since your last Adjustment? Yes No ✓

If so, please describe the injury and how it happened.

DATE OF ACCIDENT OR INJURY / /

Did it happen at work? Yes No ✓

Was it an automobile accident? Yes No ✓

Where is your pain? Please describe the location. (Low back, leg pain, neck pain.)
Type of pain. (Sharp, dull, numbness, burning, etc.)

upper thighs

Please fill out and give to our Receptionist.

DATE OF LAST VISIT 02/10/97

Kenneth Schenck III
Signature

CASE HISTORY RECORD

DATE 7/19/96CASE NO. 7282

NAME <u>Schenck, III</u>	FIRST <u>Kenneth</u>	INITIAL <u>R.</u>	AGE <u>8</u>
LAST <u></u>			

ADDRESS <u>209 N. Third St.</u>	STREET <u>Clearfield</u>	CITY <u>Pa.</u>	ZIP <u>16830</u>
NO. <u></u>			

PHONE # <u>768-7471</u>	SOCIAL SECURITY # <u>200-68-0211</u>
-------------------------	--------------------------------------

BIRTHDATE <u>2/3/88</u>	SEX M <u>X</u> F <u></u>	HEIGHT <u>4'</u>	WEIGHT <u>62 lbs.</u>
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PATIENT STATUS: SINGLE <u>X</u> MARRIED <u></u> OTHER <u></u>	SPOUSE'S NAME <u></u>
---	-----------------------

EMPLOYED <u></u>	FULL-TIME STUDENT <u>X</u>	PART-TIME STUDENT <u></u>
------------------	----------------------------	---------------------------

EMPLOYER'S NAME OR SCHOOL NAME <u></u>	OCCUPATION <u></u>
--	--------------------

EMPLOYER'S PHONE # <u></u>

PREVIOUS CHIROPRACTIC <u>None</u>	MEDICAL <u>Dr. Michael</u>	OTHER <u>Breenberg</u>
-----------------------------------	----------------------------	------------------------

DO YOU PREFER TO PAY BY: CASH/CHECK <u></u>	INSURANCE <u>X</u>
---	--------------------

PRIMARY INSURANCEInsured's Name Kenneth R. Schenck, Jr.Insured's Address Orwinton, Pa.Insured's S/S # 179-62-3330Insured's Date of Birth 11-26-45Insurance Co. Name STATELINE TPA, Inc.Address 1718 Indian Woods Circle
Suite Maumee, Ohio 43537Policy # 179-62-3330 Group # MU 1140Deductible: \$100. - Northeast DivisionSECONDARY INSURANCEInsured's Name Kenneth R. Schenck IIIInsured's Address 209 N. Third St.
Clearfield Pa. 16830Insured's S/S # 200-68-0211Insured's Date of Birth 2-3-88Insurance Co. Name PA ACCESS CARDAddress Dept. of Public Welfare.
HARRISBURG Pa.Policy # 5001051209 Group # Deductible: 4

TO THE PATIENT: Please list below the three, or more, main complaints you have, in order of their importance. Also, the length of time you have had this complaint.

1. Hyper tension - Hyper Active HOW LONG? Age 3
2. _____ HOW LONG? _____
3. _____ HOW LONG? _____
4. _____ HOW LONG? _____
5. _____ HOW LONG? _____

CHECK SYMPTOMS YOU HAVE NOTICED:

<input type="checkbox"/> Headache	<input checked="" type="checkbox"/> Irritability	<input type="checkbox"/> Numbness In Toes	<input type="checkbox"/> FaceFlushed	<input type="checkbox"/> Feet Cold
<input type="checkbox"/> Neck Pain	<input type="checkbox"/> Chest Pain	<input type="checkbox"/> Shortness in Breath	<input type="checkbox"/> Buzzing in Ears	<input type="checkbox"/> Hands Cold
<input type="checkbox"/> Neck Stiff	<input type="checkbox"/> Dizziness	<input type="checkbox"/> Fatigue	<input type="checkbox"/> Loss of Balance	<input checked="" type="checkbox"/> Stomach Upset
<input type="checkbox"/> Fever	<input type="checkbox"/> Depression	<input type="checkbox"/> Constipation	<input type="checkbox"/> Head Seem to Heavy	<input type="checkbox"/> Sleeping Problems
<input type="checkbox"/> Back Pain	<input type="checkbox"/> Lights Bother Eyes	<input type="checkbox"/> Loss of Smell	<input checked="" type="checkbox"/> Cold Sweats*	<input type="checkbox"/> Pins & Needles in Arm
<input checked="" type="checkbox"/> Nervousness	<input type="checkbox"/> Loss of Memory	<input type="checkbox"/> Numbness in Fingers	<input type="checkbox"/> Loss of Taste	<input type="checkbox"/> Pins & Needles in Leg
<input type="checkbox"/> Tension	<input type="checkbox"/> Diarrhea	<input type="checkbox"/> Ears Ringing	<input type="checkbox"/> Fainting	<input type="checkbox"/> Other

Symptoms Other Than Above? *can't stand heat all over ADHD

Is your condition related to:

a. Employment? _____ b. Auto Accident? _____ c. Other Accident? _____ d. No Accident/Injury? _____

Have you ever had the same or similar conditions? Yes _____ or No _____ If yes give date _____

If your condition is related to an accident or injury fill out the following information!!

Date of Accident _____

Detail of accident (be as specific as you can). _____

MEDICATION (Presently Taking) _____

LIST ANY SURGERY YOU HAVE HAD AND THE YEAR IT WAS DONE _____

PREVIOUS INJURIES: (Car wrecks, Falls, Etc.) fell down stair steps - 18 mos.

FAMILY HISTORY: (Please list any family illnesses such as tuberculosis, diabetes, cancer, arthritis, high blood pressure, etc.)

High blood pressure and arthritis

FEMALE HISTORY: Date of last menstrual cycle _____

Regular _____ Irregular _____ Birth Control Pill Yes _____ No _____

Do you have cramping? _____ Are you pregnant at this time? _____

**REFERRED BY: _____ Friend Relative _____ Radio _____ Newspaper

NOTICE TO ALL OUR NEW PATIENTS: YOU are responsible for all fees not covered by your insurance company, unless other arrangements are made with the doctor.

I certify the statements given above and on the reverse side apply to me.

SIGNED: Kenneth Schenck

DATE: July 17, 1996

ROY M. LOVE, D.C., F.A.C.O.

*** 9/23/2002 Initial Exam ***

History: This 14 year old 5'8" 149 pound caucasian male, a high school student, enters the office today with his mother for injuries as a result of a car accident, 6-27-02. The patient has cervical thoracic and lumbosacral spine pain since auto accident. Saw Dr. Casteel in Philipsburg and was treated 3x per week for 6-8 weeks. No significant improvement was seen. He was not shown exercises. X-rays revealed scoliosis, mild. The patient's pain is moderate. Mr. Schenck quality and characteristic of pain is deep ache and stiffness and intermittent numbness in lower back, not down the legs. The frequency of the pain is frequent, 50-75% of awake time. The patient has not been on extended use of steroids or cortizone medication. Mr. Schenck has no night sweats. He has no night unrelenting pain. Mr. Schenck denies chest pain. He is currently taking the following prescription medication (s): Tenex, Concerta, Celexa. He is currently taking the following non-prescription medication (s) Melotonin. Mr. Schenck has a family history of arthritis. The patient has a family history of cardiovascular disease. He has a family history of diabetes. Mr. Schenck has a family history of cancer.

Examination: Motion Palpation revealed segmental dysfunction and joint play restrictions at L4-S1, C6-T2. Right crest of the ilium may be higher, secondary to scoliosis. Leg length inequality, x-rays to evaluate. Palpation revealed tenderness in the L4-S1 paraspinal muscles, C6-T1 paraspinal. The SLR test, Braggard's test, Patrick's test, the well leg raiser and the sitting knee extension orthopedic tests were all negative. Tenderness is graded as Grade 2/5 at C6-T1. Active trigger point is located in traps and lumbosacral. Abdominal palpation is essentially normal. Muscle tonicity is graded 3/5 at traps and lumbosacral muscle. Forward head carriage, forward shoulder carriage stresses across upper back and neck. Femoral popliteal and dorsal pedis arteries are regular rate and rhythm with no diminished amplitude. Sign of the buttock test is negative. Fabre Patrick test is negative. No greater trochanteric bursitis is noted. Gait is essentially normal. No foot pronation or supination. Pressing over the facet joints at left SI, L5-S1 in prone position, relaxed causes pain, when the muscles are contracted by patient, and pressing over the facet joint, causes no pain, indicating facet origin pain. Nachlas and Elys tests are negative. Achilles and patellar reflexes are equal and symmetrical. Patient able to heel-walk and toe-walk without difficulty. Toes are down-going. No abnormalities are found with lower extremity strength or sensation. Valsalva sign is negative.

Assessment: I will recommend that this patient be seen in 2 days. The diagnosis for this patient is: 728.7 facet syndrome L4-S1 728.7 facet syndrome C6-T2 X-rays to evaluate lumbosacral spine and rule out leg length inequality. I expect good response to care in 10-12 treatments.

Plan: Diversified spinal manipulation. Lumbar and pelvic manipulation was done side posture. Diversified spinal manipulation. Lumbar and pelvic manipulation was done in prone position. Chiropractic spinal manipulation (high velocity, low amplitude) was performed on fixated joints listed in objective, under motion palpation. I will recommend that Mr. Schenck be placed on a chiropractic treatment schedule of 2 visit(s) per week for 4-6 week(s) and then re-evaluated to determine his progress. He agreed to therapy. Manual cervical traction was performed. Massage therapy was performed on the L4-S1 for 5 mins to reduce trigger points, muscle guarding and/or spasm by Dr. Roy M. Love. Due to the acute nature of this patient's condition with inflammation and or muscle guarding TNT therapy will be applied prior to treatment for 6-8 treatments. Mr. Schenck was instructed on home exercise prescription. He was given exercises lumbosacral sheet #1,5,10,11,15, cervical range of motion, and biofeedback. Please see exercise sheet for this day in patients file.

*** 9/25/2002 ***

Subjective: Mr. Schenck presents to the office today with some improvement in the lumbosacral spine with first treatment with neck and shoulders. About the same.

Objective: Motion Palpation revealed segmental dysfunction and joint play restrictions at L4-S1.

Assessment: I will recommend that this patient be seen in 2 days. Pt. did not have x-rays done last visit.

Plan: Chiropractic spinal manipulation (high velocity, low amplitude) was performed on fixated joints listed in objective, under motion palpation. Massage therapy was performed on the L4-S1 paraspinal muscles for 5 mins to reduce trigger points, muscle guarding and/or spasm by Dr. Roy M. Love. Interferential current therapy 80-150 HZ 15 minutes was applied to reduce muscle guarding and/or spasm to the L4-S1 paraspinals.

*** 9/27/2002 ***

Subjective: The patient states that on his visit today he is experiencing improvement in lumbar spine.

Objective: Motion Palpation revealed segmental dysfunction and joint play restrictions at L4-S1.

Assessment: I will recommend that this patient be seen next week.

Plan: Chiropractic spinal manipulation (high velocity, low amplitude) was performed on fixated joints listed in objective, under motion palpation. Interferential current therapy 80-150 HZ 15 minutes was applied to reduce muscle guarding and/or spasm to the L4-S1 paraspinals. Massage therapy was performed on the L4-S1 paraspinal muscles for 5 mins to reduce trigger points, muscle guarding and/or spasm by Dr. Roy M. Love.

*** 9/30/2002 ***

Subjective: Mr. Schenck presents to the office today with lumbosacral spine pain decreased.

Objective: Motion Palpation revealed segmental dysfunction and joint play restrictions at L4-S1.

Assessment: I will recommend that this patient be seen in 2 days.

Plan: Chiropractic spinal manipulation (high velocity, low amplitude) was performed on fixated joints listed in objective, under motion palpation. Manual cervical traction was performed. Massage therapy was performed on the L4-S1 paraspinal muscles for 5 mins to reduce trigger points, muscle guarding and/or spasm by Dr. Roy M. Love. Interferential current therapy 80-150 HZ 15 minutes was applied to reduce muscle guarding and/or spasm to the L4-S1 paraspinals.

*** 10/2/2002 ***

Subjective: The patient states that on his visit today he is experiencing C6-T2 stiff and sore.

Objective: Motion Palpation revealed segmental dysfunction and joint play restrictions at C6-T2, L4-S1.

Assessment: I will recommend that this patient be seen in one week. Significant decrease in lumbosacral stiffness and pain.

Plan: Chiropractic spinal manipulation (high velocity, low amplitude) was performed on fixated joints listed in objective, under motion palpation. Manual cervical traction was performed. Massage therapy was performed on the L4-S1 paraspinals for 5 minutes to reduce trigger points, muscle guarding and/or spasm by Dr. Love.

*** 10/11/2002 ***

Subjective: Mr. Schenck presents to the office today with pain in right SI joint, right C6-T1.

Objective: Motion Palpation revealed segmental dysfunction and joint play restrictions at C6-T1, T4-8, L4-S1.

Assessment: I will recommend that this patient be seen in one week. Flare of cervical thoracic pain with spasm of right SCM.

RE: Kenneth Schenck

DAILY NOTES

Patient ID: 7119

*** 10/11/2002 ***continued

Plan: Chiropractic spinal manipulation (high velocity, low amplitude) was performed on fixated joints listed in objective, under motion palpation. Manual cervical traction was performed. Massage therapy was performed on the T4-8, C6-T1 paraspinals for 5 minutes to reduce trigger points, muscle guarding and/or spasm by Dr. Love. Interferential current therapy 80-150 HZ 15 minutes was applied to reduce muscle guarding and/or spasm to the C6-T1 paraspinals.

*** 10/16/2002 ***

Subjective: Patient presents with lumbosacral spine pain improved. Decreased acute pain.

Objective: Motion Palpation revealed segmental dysfunction and joint play restrictions at C6-T1, L4-S1.

Assessment: I will recommend that this patient be seen next week.

Plan: Chiropractic spinal manipulation (high velocity, low amplitude) was performed on fixated joints listed in objective, under motion palpation. Manual cervical traction was performed. Massage therapy was performed on the C6-T2 paraspinal muscles for 5 mins to reduce trigger points, muscle guarding and/or spasm by Dr. Roy M. Love. Interferential current therapy 80-150 HZ 15 minutes was applied to reduce muscle guarding and/or spasm to the C6-T2 paraspinals.

*** 10/28/2002 ***

Subjective: The patient states that on his visit today he is experiencing decreased lumbosacral and cervical thoracic pain. Doing exercises on a regular basis.

Objective: Motion Palpation revealed segmental dysfunction and joint play restrictions at L4-S1, C6-T1.

Assessment: I will recommend that this patient be seen in one week. Manual cervical traction was performed.

Plan: Chiropractic spinal manipulation (high velocity, low amplitude) was performed on fixated joints listed in objective, under motion palpation.

*** 11/4/2002 ***

Subjective: The patient states that on his visit today he is experiencing mild low back pain, mild neck stiffness.

Objective: Motion Palpation revealed segmental dysfunction and joint play restrictions at right SI joint, C6-T1.

Assessment: I will recommend that this patient be seen in one week.

Plan: Chiropractic spinal manipulation (high velocity, low amplitude) was performed on fixated joints listed in objective, under motion palpation. Manual cervical traction was performed. Massage therapy was performed on the C6-T1 paraspinals for 5 minutes to reduce trigger points, muscle guarding and/or spasm by Dr. Love.

*** 11/11/2002 ***

Subjective: Chief complaints today are L4-S1 mildly stiff, neck doing better.

Objective: Motion Palpation revealed segmental dysfunction and joint play restrictions at Occ-C2, L4-S1.

Assessment: I will recommend that this patient be seen in one week.

Plan: Chiropractic spinal manipulation (high velocity, low amplitude) was performed on fixated joints listed in objective, under motion palpation. Manual cervical traction was performed. Massage therapy was performed on the L4-S1 paraspinals for 5 minutes to reduce trigger points, muscle guarding and/or spasm by Dr. Love.

STATE FARM INS. COMPANY
650 CHERRINGTON PARKWAY
CORAOPOLIS, PA 15108

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		X	38-J968601
SCHENCK, KENNETH	02 03 88	X	GRAY, STACEY L
209 NORTH 3RD STREET	X		209 NORTH 3RD STREET
CLEARFIELD	PA	X	CLEARFIELD
16830	814 768 7471	X	16830
			814 768 7471

X	12 19 66	X
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X	STATE FARM INS. COMPANY	X

SIGNATURE ON FILE 09/23/02 SIGNATURE ON FILE

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729.1	724.2

09 23 02 09 23 02 11	99203	1 2 3 4	75.00	1
09 23 02 09 23 02 11	97014	1 2 3 4	15.00	1
09 23 02 09 23 02 11	98941	1 2 3 4	35.00	1
09 25 02 09 25 02 11	98941	1 2 3 4	35.00	1
09 25 02 09 25 02 11	97014	1 2 3 4	15.00	1
25-1524704	X 7119---- 168 X		175.00	175.00

ROY M. LOVE D.C., FACO
611 UNIVERSITY DRIVE
STATE COLLEGE, PA 16801
LO-1592 (814)234-5271

STATE FARM INS. COMPANY
650 CHERRINGTON PARKWAY
CORAOPOLIS, PA 15108

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SCHENCK, KENNETH	02 03 88	X	GRAY, STACEY L
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10 02 02 10 02 02 11	98941	1 2 3 4	35.00	1
25-1524704	X 7119---- 168 X		135.00	135.00

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CORAOPOLIS, PA 15108

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SCHENCK, KENNETH	02 03 88	X	GRAY, STACEY L
209 NORTH 3RD STREET	X		209 NORTH 3RD STREET
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16830	814 768 7471	X	16830 814 768 7471

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10 28 02 10 28 02 11	98941	1 2 3 4	35.00	1
25-1524704	X 7119---- 168 X		135.00	135.00

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SCHENCK, KENNETH	02 03 88	X	GRAY, STACEY L	
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16830	814 768 7471	X	16830	814 768 7471

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09 27 02 09 27 02 11	97110	1 2 3 4	15.00	1
09 30 02 09 30 02 11	97110	1 2 3 4	15.00	1
25-1524704	X 7119---- 168 X		95.00	95.00

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SCHENCK, KENNETH	02 03 88	X	GRAY, STACEY L	
209 NORTH 3RD STREET	X		209 NORTH 3RD STREET	
CLEARFIELD	PA	X	CLEARFIELD	PA
16830	814 768 7471	X	16830	814 768 7471

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10 16 02 10 16 02 11	97110	1 2 3 4	15.00	1
10 28 02 10 28 02 11	97014	1 2 3 4	15.00	1
11 04 02 11 04 02 11	97110	1 2 3 4	15.00	1
25-1524704	X 7119---- 168 X		75.00	75.00

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CORAOPOLIS, PA 15108

SCHENCK, KENNETH	02 03 88	X	38-J968601
209 NORTH 3RD STREET	X		GRAY, STACEY L
CLEARFIELD	PA	X	209 NORTH 3RD STREET
16830	814 768 7471	X	CLEARFIELD
			PA

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X	STATE FARM INS. COMPANY	
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11 11 02 11 11 02 11	97110	1 2 3 4	15.00	1

25-1524704	X 7119---- 173 X	50.00	50.00
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ROY M. LOVE D.C., FACO
611 UNIVERSITY DRIVE
STATE COLLEGE, PA 16801
LO-1592 (814) 234-5271



F A R M E R S

May 25, 2004

Mr. Robert Petyak, Attorney
215 Pac Bank Building
Ebensburg, PA 15931

National Document Center
P.O. Box 268994
Oklahoma City, OK 73126-8994
claimsdocuments@farmersinsurance.com
Fax: (877) 217-1389

RE: Insured: Geraldine Pepperman
 Claimant: Ken Schenk
 Claim Unit Number: 1001672186-1-2
 Policy Number: 26-0156966739
 Loss Date: 06/27/2002

Dear Bob:

Please allow this letter to confirm my offer of \$8000.00 to resolve the above noted file. Thank you.

Sincerely,
Farmers New Century Insurance Company

Tammy DeCecco

Tammy DeCecco
Field Claims Representative



In The Court of Common Pleas of Clearfield County, Pennsylvania

GRAY, STACEY L. as parent & nat. guard. of KENNETH R. SCHENCK III

Sheriff Docket # 15730

VS.

04-815-CD

PEPPERMAN, HARRY W.

SUMMONS & PETITION/MOTION TO COMPROMISE MINOR'S CL

SHERIFF RETURNS

NOW JUNE 23, 2004 AT 1:42 PM SERVED THE WITHIN SUMMONS & PETITION MOTION TO COMPROMISE MINOR'S CLAIM ON HARRY W. PEPPERMAN, DEFENDANT AT RESIDENCE, RD#1 BOX 129, 6148 SHILOH ROAD, WOODLAND, CLEARFIELD, CLEARFIELD COUNTY, PENNSYLVANIA BY HANDING TO GERALDINE PEPPERMAN, WIFE A TRUE AND ATTESTED COPY OF THE ORIGINAL SUMMONS & PETITION AND MADE KNOWN TO HER THE CONTENTS THEREOF.

SERVED BY: DAVIS/MORGILLO

Return Costs

Cost	Description
22.12	SHERIFF HAWKINS PAID BY: ATTY CK# 2270
10.00	SURCHARGE PAID BY: ATTY CK# 2271

Sworn to Before Me This

13 Day Of July 2004
William A. Shaw

WILLIAM A. SHAW
Prothonotary
My Commission Expires
1st Monday in Jan. 2006
Clearfield Co., Clearfield, PA

So Answers,

*Chester A. Hawkins
by Marlyn Hamer*

Chester A. Hawkins

Sheriff

FILED

*At 8:55am
JUL 13 2004
EAS*

William A. Shaw
Prothonotary

IN THE COURT OF COMMON PLEAS OF
CLEARFIELD COUNTY PENNSYLVANIA
CIVIL ACTION

COPY

SUMMONS

**Stacey Gray
as parent and natural guardian of
Kenneth R. Schenck, III, a minor child**

Vs.

NO.: 2004-00815-CD

Harry Pepperman

TO: **HARRY PEPPERMAN**

To the above named Defendant(s) you are hereby notified that the above named Plaintiff(s) has/have commenced a Civil Action against you.

Date: 06/08/2004



William A. Shaw
Prothonotary

Issuing Attorney:
Robert P. Petyak, Esq.
Co-counsel for Plaintiff
215 PNC Bank Building
Ebensburg, PA 15931