

# EXHIBITS

Records of Medical Care.....	1
Death Certificate.....	2
Letter from the Supreme Court of Georgia.....	3a
Letter to the Supreme Court of Georgia.....	3b
Paid Receipt to Georgia Supreme Court.....	4
Banks Depression R/X.....	5

*Josephine Banks*  
*6/5/20*

Patient Name: **Banks, Ashlee M**

Date: **5/7/2019**

Patient Number: **93929**

Date Of Birth: **1/7/1983**

## FOLLOW UP VISIT

### Hematology / Oncology Diagnosis

Date	Type	ICD-9	ICD-10	Description	Disease Status	Status Date
4/16/2019	Primary	163.9	C38.4	Malignant neoplasm of pleura		

### Interval History

36 yr old female presents for evaluation for concern for spindle cell neoplasm. Patient originally presented to Piedmont Rockdale with SOB, found to have an empyema on scans. Transferred to PAH for VATS and found to have pleural masses. Biopsy showed spindle cells neoplasm, path sent to Emory for additional work up. Emory reports pleomorphic carcinoma. Since last visit, patient was diagnosed with a DVT in her upper extremity. She has been on lovenox. Notes worsening right breast swelling and pain. She has a cough, sometimes coughing up blood and mucous. Right arm is now swollen as well. Worsening SOB.

### Allergies

No Known Drug Allergies

### Medications

Added medications: Lasix 20 mg tablet, Lovenox 100 mg/mL subcutaneous syringe. Continued medications: gabapentin 300 mg capsule, Guaifenesin AC 10 mg-100 mg/5 mL oral liquid, hydrocodone 5 mg-acetaminophen 325 mg tablet, hydroxyzine HCl 25 mg tablet, metoprolol tartrate 50 mg tablet, ondansetron 4 mg disintegrating tablet, prednisone 50 mg tablet, ranitidine 150 mg tablet, Vistaril 25 mg capsule.

### Review Of Systems

**Patient Stated Pain Level:** 4-5 discomforting - moderate pain.

**Constitutional Symptoms:** Patient reports: **Fatigue**. No fever. No rigors. No night sweats. **Poor appetite. Generalized weakness.**

**HEENT:** Patient reports: No blurred vision. No double vision. No runny nose. No nosebleeds. No hoarseness.

**Respiratory:** Patient reports: No hemoptysis. **Dyspnea at rest. Productive cough.**

**Cardiovascular:** Patient reports: **Chest pain.**

**Gastrointestinal:** Patient reports: No nausea. No vomiting. No diarrhea. **Constipation.**

**Genitourinary:** Patient reports: No hematuria. No incontinence. No vaginal bleeding.

**Musculoskeletal:** Patient reports: No bone pain. No myalgia. No back pain. **Edema.**

**Integumentary:** Patient reports: No rash. No pruritis.

**Neurological:** Patient reports: No headache. No cognitive impairment.

**Hematologic/ Lymphatic:** Patient reports: No excessive or spontaneous bleeding or bruising. No painful lymph nodes.

**Mental Health:** Patient reports: **Anxiety.**

### Vitals Signs

Vitals on 5/7/2019 11:19:00 AM: Height=67.5in, Temp=99.1f, Pulse=**124**, Resp=20, Pulse Ox=98%, Comment=Ptfused

### Performance Status

ECOG 2: Ambulatory and capable of all self care but unable to carry out any work activities. Up and about more than 50% of waking hours

### Physical Examination

**General:** Well developed, well nourished patient. **Acutely ill-looking.**

**Skin:** No petechiae. No purpura.

**Head:** Normocephalic.

*Medical Records - 1*

Assessment/Plan

36 yr old female with new empyema, found to have pleural masses, biopsy suggestive of pleomorphic carcinoma

-path sent to Emory, read as pleomorphic carcinoma, will request Caris testing

-PET scan ordered to determine extent of disease, shows direct invasion of the R chest wall, with pathologic LAD, questionable jaw and abdominal SUV uptake

-discussed with patient and family at length today, will call MD Anderson peer to peer, as well as discuss with thoracic oncology at Emory

-will likely plan for chemotherapy shortly, AI if consistent with sarcoma, vs platinum base for pleomorphic carcinoma?

-port placement ordered

SOB

-likely fluid build up

-CXR shows white out of lung, tumor vs fluid

-thoracentesis scheduled for tomorrow

New LUE DVT

-2/2 malignancy

-continue lovenox

Pain/Supportive care

-continue hydrocodone for pain and cough syrup for cough

-atarax for anxiety

Patient to call if she develops worsening symptoms in the interim: RTC 1 week

Signed



Nikita Amin, M.D. on 5/7/2019 at 5:01 PM

Patient Name: **Banks, Ashlee M**  
Patient Number: **93929**

Date: **4/16/2019**  
Date Of Birth: **1/7/1983**

## INITIAL ONCOLOGY OFFICE VISIT

**Reason for Referral/Consultation:**  
sarcoma

### History of Present Illness

36 yr old female presents for evaluation for concern for soft tissue sarcoma. Patient originally presented to Piedmont Rockdale with SOB, found to have an empyema on scans. Transferred to PAH for VATS and found to have pleural masses. Biopsy showed spindle cells, consistent with sarcoma, path sent to Emory for additional work up. Patient was discharged last week, since then has been feeling worse. Has persistent SOB, fatigue and cough. Sometimes vomits from coughing. Poor appetite and has been losing weight. Hydrocodone helps with the pain, trying to only take it at night. She is here with her mother and sister today. No other medical problems. Denies family history of cancer.

### Past Medical History

No significant medical history.

### Surgical History

*No previous treatment history has been entered for this patient.*

### Allergies

No Known Drug Allergies

### Medications

Inside	Drug	Script Date	Qty	Rfls	Instructions
	gabapentin 300 mg capsule	4/16/2019		0	1 p.o. twice a day (BID)
Y	Guaifenesin AC 10 mg-100 mg/5 mL oral liquid	4/16/2019	350	0	5 mL 3 times a day as needed for cough
Y	hydrocodone 5 mg-acetaminophen 325 mg tablet	4/16/2019	60	0	1 p.o. q. 6 hours (QID) prn
	hydrocodone 5 mg-acetaminophen 325 mg tablet	4/16/2019		0	1 p.o. q. 6 hours (QID) prn
Y	hydroxyzine HCl 25 mg tablet	4/16/2019	60	3	1 p.o. three times a day (TID) prn anxiety
	metoprolol tartrate 50 mg tablet	4/16/2019		0	1 p.o. twice a day (BID)
	ondansetron 4 mg disintegrating tablet	4/16/2019		0	1 p.o. three times a day (TID) prn nausea
	prednisone 50 mg tablet	4/16/2019		0	1 p.o. q. day for 4 days
	ranitidine 150 mg tablet	4/16/2019		0	1 p.o. twice a day (BID)
	Vistaril 25 mg capsule	4/16/2019		0	1 p.o. q. 6 hours (QID)

Piedmont Rockdale Cardiac Electrophysiology  
1412 Milstead Ave  
Conyers GA 30012  
770-918-3000

## Imaging Result

Banks, Ashlee  
DOB: 1/7/1983

Name:	DOB:	Sex:	Patient Class:	Patient MRN:
<b>Banks, Ashlee</b>	1/7/1983	Female	Inpatient	903046295
Procedures Performed:	Exam Time:	Reason for Exam:	Diagnosis:	
<b>IR thoracentesis</b>	03/29/2019 2:27 PM	large R sided pleural effusion	None Specified	

---

EXAM TITLE: ULTRASOUND GUIDED RIGHT THORACENTESIS

COMPARISON: CT scan 03/28/2019

CLINICAL INDICATION/HISTORY: Cough and large pleural effusion

TECHNIQUE: Informed consent was obtained from the patient. The patient was placed in an erect position with the arms over a tray table and ultrasound interrogated the right hemithorax. An appropriate skin entrance site was identified, prepped, and anesthetized. A 5 French Yueh needle was passed into the pleural space and fluid was aspirated with the aid of a vacuum bottle. A specimen was sent for laboratory analysis.

FINDINGS: Ultrasound reveals a large amount of fluid. 675 cc of serosanguinous fluid was obtained from the first pass. The procedure was repeated a second time due to retained fluid and an additional 1000 cc of serosanguineous fluid was obtained.

### IMPRESSION:

Technically successful ultrasound-guided right thoracentesis yielded 1675 cc of clear fluid. A follow-up chest radiograph will be obtained to determine the presence or absence of pneumothorax.

Approved By: David Isaacs 3/29/2019 4:36 PM RXRRR05R

Piedmont Rockdale XRAY Imaging  
1412 Milstead Ave  
Conyers GA 30012  
770-918-3000

## Imaging Result

Banks, Ashlee  
DOB: 1/7/1983

Name:	DOB:	Sex:	Patient Class:	Patient MRN:
<b>Banks, Ashlee</b>	1/7/1983	Female	Inpatient	903046295
Procedures Performed:	Exam Time:	Reason for Exam:	Diagnosis:	
<b>XR CHEST PORTABLE</b>	03/29/2019 2:25 PM	s/p thoracentesis	None Specified	

---

PROCEDURE: X-RAY CHEST

DATE OF SERVICE: 3/29/2019 2:20 PM.

REASON FOR EXAM: s/p thoracentesis

TECHNIQUE: AP Portable views of the chest.

COMPARISON: CT study 03/28/2019, x-ray study 03/28/2019.

### FINDINGS:

Heart size is borderline enlarged. No acute bony abnormality is seen. There remains opacification of nearly the entire right hemithorax with aeration in the right lung apex. No significant change noted compared to the previous chest x-ray study. Left lung is clear. No pneumothorax is evident.

### IMPRESSION:

No significant change following thoracentesis of the right chest with opacity occupying about three fourths of the hemithorax likely a combination of effusion and consolidation.  
No pneumothorax.

Approved By: David Isaacs 3/29/2019 2:30 PM RXRRR05R

Signed By: David Isaacs, DO on 3/29/2019 2:30 PM

**Additional material  
from this filing is  
available in the  
Clerk's Office.**