



Neurological Associates of Hampton Roads

A Division of
Neurology
Consultants of
Tidewater, LLC

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Thursday, July 21, 2005

E. T. Freeman, M.D.
1016 Justis St.
Chesapeake, Va. 23325

RE: [REDACTED]
7/6/1958
445-17-3773
2529 Watercrest Pl. 2A
Chesapeake, VA 23324

Dear Tom:

[REDACTED] comes in for follow-up. She has been taking Topamax since around the beginning of July, and is presently taking 75 mg q.h.s. It has diminished her headaches considerably, but when she got up to the present dose, it began to cause cognitive impairment. She has not tried the Imitrex tablets yet. She has seen an endocrinologist but he did not feel she should be on Synthroid at this time. She saw a gynecologist last week and he did recommend that she begin taking Synthroid. She takes metoclopramide every night for nausea.

At this time the Topamax dose will be decreased to 50 mg q.h.s. She is going to try using the Imitrex. I have recommended that she get another appointment to see you to discuss the thyroid issue as well as her daily nausea. I will see her back in one month.

Thank you once again for referring [REDACTED].

Best regards,
Neil
Neil

cc: Chesapeake Care Clinic

000912

TELEPHONE CONTACT SUMMARY

DR. SNIDER PUGACH WERTHEIMER

DATE: 6/28/05

TIME: _____

CALL RECEIVED BY: Barbara Celeste Charifee Dee Ellen Kibbe Regina Val

CALLER: [REDACTED]

PATIENT: _____ DOB 7/6/58

PHONE: (home) 543-6683 (work) _____ (cell) _____

PHARMACY: _____ PHONE: _____

MESSAGE

CLINICAL ISSUES/COMPLAINTS/SYMPTOMS: _____

- having muscle contractions in same place as weakness in leg - mostly when sitting
- she can see her muscles moving
- patient mentioned this when she stopped by to get samples.

Last Appointment: 5/23/05 Next Appointment: 7/21/05

PHYSICIAN'S REPLY: ok call - left mess. on mach. - in off. all d - left #
6/29/05 12:17

MSG RETURNED - DATE: _____ TIME: _____

000913

TELEPHONE CONTACT SUMMARY

DR. SNIDER (PUGACH) WERTHEIMER

DATE: 6/27/05

TIME: _____

CALL RECEIVED BY: Barbara Celeste Charitee Dee Ellen (Kibbe) Regina Val

CALLER: _____

PATIENT: _____ DOB 7/6/58

PHONE: (home) 916-5017 (work) _____ (cell) _____

PHARMACY: _____ PHONE: _____

MESSAGE

CLINICAL ISSUES/COMPLAINTS/SYMPTOMS: _____

- head began feeling numb on Wednesday
- took Topamax on Fri and on Monday her head & legs were numb
- she did not take Topamax last night
- please call back

Last Appointment: 5/23/05 Next Appointment: _____

PHYSICIAN'S REPLY: Got call - head numbness beg 3d to leg. TPM - but TPM caused 16 more "dec shock" occ; next appt - not sched. yet; (leg were also asleep + numb x 10) - hadn't had such sx in 10 yrs. Also hands sleep Sun. Now - no such sx. Requested mon → (flying to Ca, mon → back Thurs) Rx restart TPM p return from Ca, call of probs; will sched appt. Will also get results of EEG (stress echo done last wk → if OK → can use Amitriptyline again (worked better than Celexa)! 2 6/27/05 1650

MSG RETURNED - DATE: _____ TIME: _____

000914



Neurological Associates of Hampton Roads

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Monday, May 23, 2005

E. T. Freeman, M.D.
1016 Justis St.
Chesapeake, Va. 23325

RE: [REDACTED]
7/6/1958
445-17-3773
2529 Watercrest Pl. 2A
Chesapeake, VA 23324

Dear Tom:

Ms. Bracelli comes in for follow-up of her multiple neurological and nonneurological symptoms. Her headaches have continued since her initial evaluation on 4/20/05. She has not been able to obtain the Topamax yet, but should be getting it soon. She has used Axert a few times and it helped a little bit. She reports that she got lost one day last week, and this was not during a headache. She also indicates that she can fall asleep for 5 or 10 minutes while talking to someone.

The blood tests were performed, as outlined in my note of 4/20/05, and the results are unremarkable. A contrast enhanced MRI scan of the brain was performed on 5/12/05 and was unremarkable. She was seen by Dr. Adams on 5/6/05, and he found no major ophthalmological problems.

At this time, before she takes any more Axert, an EKG and stress echocardiogram will be arranged because of the family history of premature coronary artery disease. Because of the sleep disturbance, she is referred for a sleep evaluation. She is not been sent for an endocrinology consult yet, and we will try to arrange this. She will get started on the Topamax as soon as she can get it. Regarding the episodes of getting lost, I don't have good explanation for these as yet. If these continue, the EEG will probably be repeated. I will see her back in one month.

Thank you once again for referring [REDACTED]

Best regards,

Neil

000915

TELEPHONE CONTACT SUMMARY

DR. SNIDER PUGACH WERTHEIMER

DATE: 5/23/05

TIME: 10:36 am

CALL RECEIVED BY: Barbara Celeste Charitee Dee Ellen Kibbe Regina Val

CALLER: _____

PATIENT: [REDACTED] [REDACTED] DOB 7/6/58

PHONE: (home) 543-6683 (work) _____ (cell) _____

PHARMACY: _____ PHONE: _____

MESSAGE

CLINICAL ISSUES/COMPLAINTS/SYMPTOMS: pt needs to know if she's to continue metoclopramide 10mg tab 1 tab by mouth 4 x a day as needed for nausea

Last Appointment: _____ Next Appointment: _____

PHYSICIAN'S REPLY: pt call - expl. OK to continue to metoclop.

pt 5/23/05 2208

MSG RETURNED - DATE: _____ TIME: _____

SIGNATURE _____

000916



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Neurological Associates of Hampton Roads

20 Apr 2005

RE: [REDACTED]
7/6/1958
445-17-3773
2529 Watercrest Pl. 2A
Chesapeake, VA 23324

Freeman, E. T., M.D.
1016 Justis St.
Chesapeake, Va. 23325

Dear Tom:

Thank you for referring [REDACTED] for evaluation of her headaches and other symptoms. As you know, she is a 46-year-old right-handed white female who was assaulted three years ago, being kicked in the head with two losses of consciousness that day each for about five minutes. She was also choked on that day and fractured ribs and had her jaw dislocated. She was then tied up and was not able to seek medical attention for a month, which she did at that time because of pain and rhinorrhea. She was diagnosed with a CSF leak and referred to neurosurgeon but she was unable to see the neurosurgeon at that time. The leak spontaneously resolved after one or two months. She does not know whether she had any intracranial bleeding at the time. Subsequently she had constant headaches for three or four weeks which then gradually decreased to a frequency of about twice a month, but at least five months ago they increased again and have developed into a continuously present headache. She also had some confusion and problem with getting lost while driving following the injuries. However, starting around this past August, these symptoms have become considerably worse. She also describes additional symptoms, including hair loss that began last summer but has been accelerated since this past January, a 50 lb. weight gain in the last 5 months even though she works out and has not increased her eating, feeling tired all the time, and having very irregular sleep patterns, such that she can sleep quite excessively, or at other times can sleep for only two hours. She finds that she stumbles at times and is dizzy and off-balance at times. She has been losing things.

Her headaches are a throbbing sensation which affects of the left parietal region although the entire left side of the head can be affected. Severity ranges from 4/10-6/10. There can be associated nausea, photophobia, dizziness, and paresthesias in the left hand and left side of the face, as well as some left upper extremity weakness. There also be associated diplopia. There is no associated loss of consciousness. The pain is aggravated by physical activity.

She also describes having intermittent episodes of difficulty focusing her vision for 5 or 10

(Continued)

000917

