

COURT OF APPEALS OF GEORGIA
DOCUMENT RETURN NOTICE FOR BRIEFS OR MOTIONS

April 16, 2015

To: Mr. Spencer Giles, 1705 Riverside Court, N.E., Conyers, Georgia 30013

Docket Number: A15A1297

Style: Spencer Giles v. Daniel Giles

Your document(s) is (are) being returned for the following reason(s).

1. Your Appellant's Brief, was not accompanied by the statutory filing fee (\$300.00 civil; \$80.00 criminal *Effective July 1, 2009) or a sufficient pauper's affidavit. OCGA§5-6-4 and Rule 5 **Please be advised that your pauper's affidavit should be notarized by a notary public.**
2. A Request for Oral Argument must be filed as a separate document. Rule 28 (a) (3)
3. Your document(s) was (were) not signed by counsel (No signatures with expressed permission are permitted). Rule 1 (a)
4. **Again, no Certificate of Service has accompanied your document(s). Rule 6**
5. **The Certificate of Service must include the complete name and mailing address of the opposing party and you must actually serve a copy of your filing to the opposing party. Rules 1(a) and 6.**
6. There were an insufficient number of copies of your document. Rule 6.
7. Your document exceeds page limits. Rules 24 (f) and 27 (a)
8. Your document was submitted without permission to file (supplemental brief or second motion for reconsideration). Rules 27 (a) and 37 (d)
9. Letter briefs and letter cites are not permitted. Rule 27 (b)
10. Your request for court action must be submitted in motion form. Rule 41 (a)
11. Your motions were submitted in an improper form (joint, compound or alternative motions in one document). Rule 41 (b)
12. Type was on both sides of the paper; type font was smaller than 10 characters per inch; and/or the type was not double-spaced. Rules 1(c), 37(a) and 41(b).
13. The pages were not sequentially numbered with arabic numerals. Rule 24 (e)
14. Case and/or record citations were not made in the proper form. Rules 24 (d) and 25 (c) (2)
15. Margins were too small or paper size incorrect. Rules 1(c), 24(c), 37 (a) and 41(b)
16. Your document(s) was (were) not securely bound at the top with staples or round head fasteners. Rule 1 (c)
17. The Motion to Supplement has not been granted.
18. Other: _____

For Additional information, please go to the Court's website at: www.gaappeals.us

IN THE GEORGIA COURT OF APPEALS

STATE OF GEORGIA

RECEIVED
2015 MAR 25 PM 2:49
COURT OF APPEALS OF GA

Plaintiff: Spencer Giles

vs.

Appeal case #: A15A1297

Defendant: Daniel Giles

FILED IN OFFICE
MAR 25 2015
COURT CLERK
CLERK COURT OF APPEALS OF GA

MOTION FOR PERMISSION TO FILE SUPPLEMENTAL BRIEF AS
AN EXHIBIT

I, the plaintiff in this case, am motioning for permission to file a supplemental brief as an exhibit. There are two pictures of the permanent scars after they had healed that were not presented during the initial case, the medical notes from the hospital, the mail hold, the Division of Aging Services – Adult protective services, proof of frivolous cases and the proof of student loan debt were not accepted at the time court. The exhibit is to clarify and verify that what I’m explaining to the court is true.

Dated: 03/25/14

Person Filing: Spencer Giles

Phone # and Address: P.O. Box 2711. Covington, Ga. 30015 (770) 929 -1663

Sign: 

OFFICIAL RECEIPT
Magistrate Court Rockdale County
Chief Magistrate Judge Phinia Aten
945 Court Street
Conyers, Ga. 30012
770-278-7800

Payor
Giles, Spencer
1921 Ebenezer Road
Conyers, GA.

Receipt No.
2014-02921

Transaction Date
05/19/2014

Description	Amount Paid
Giles, Spencer 2014-MAG-1952	
Civil Filing Fees	95.00
SUBTOTAL	95.00
Remaining Balance Due: \$0.00	

PAYMENT TOTAL **95.00**

Cash Tended	95.00
Total Tended	95.00
Change	0.00

05/19/2014
02:13 PM

Cashier
Station ALD

Audit
8741485

OFFICIAL RECEIPT

IN THE MAGISTRATE COURT OF ROCKDALE COUNTY

Filed in the Office
2014 AUG 22 AM 11:04
Magistrate Court of
Rockdale County

STATE OF GEORGIA

Rockdale County Courthouse
P. O. Box 289, 945 Court Street
Conyers, Georgia 30012

Case No. 2014-MAG-1452

Date Filed 08/22/14

PLAINTIFF: SPENCER GILES
1921 EBENEZER RD.
CONYERS, GA. 30094
PHONE NUMBER: (770) 929-1663

DEFENDANT: DANIEL GILES
1921 EBENEZER RD
CONYERS, GA. 30094
PHONE NUMBER: (404) 219-2364

AMENDED - STATEMENT OF CLAIM

[] Suit on a Note [] Suit on Account [X] Other (Explain)

Plaintiff says the defendant is indebted to the plaintiff as follows: AMENDMENT - PAIN & SUFFERING DUE TO AN ASSAULT ON MARCH 31st.

That said claim is the amount of \$ 15,000 plus \$ 0 costs to date and all future costs of this suit.

State of Georgia, Rockdale County:

SPENCER GILES Being duly sworn on oath, says the foregoing is a just and true statement of the plaintiff and claim made by plaintiff against defendant, exclusive of all set offs and just grounds of defense.

Sworn and subscribed before me

This 22nd day of August, 2014

Lewis J Brown
Notary Public or Attesting Official

[Signature]
(Agent for or Plaintiff)

(if agent, title/capacity)

NOTICE AND SUMMONS

TO: All Defendant(s) You are hereby notified that the above named Plaintiff(s) has/have made a claim and is requesting judgment against you in the sum shown by the foregoing statement. YOU ARE REQUIRED TO FILE OR PRESENT A SIGNED ANSWER TO THE CLAIM WITHIN 30 DAYS AFTER SERVICE OF THIS CLAIM UPON YOU. IF YOU DO NOT ANSWER, JUDGMENT BY DEFAULT WILL BE ENTERED AGAINST YOU. YOUR ANSWER MAY BE FILED IN WRITING OR MAY BE GIVEN ORALLY TO THE CLERK OR JUDGE. If you choose to file your answer orally, it MUST BE IN PERSON within the 30 day period, at Rockdale County Magistrate Court, 945 Court Street, Conyers, Georgia. NO TELEPHONE OR FAXED ANSWERS ARE PERMITTED. If you have a claim against the Plaintiff(s), you should notify the court by immediately filing a written answer and counterclaim. If you admit to the Plaintiff(s)' claim but need additional time to pay, you must come to the hearing in person and tell the court your financial circumstances. If you are uncertain whether your answer will timely arrive by mail, file your answer in person at the clerk's office during normal business hours, 8:30 A.M. - 4:30 P.M. The court will hold a hearing upon this claim at a time to be set after your answer is filed. You may come to court with or without an attorney. If you have witnesses, books, receipts, or other writings bearing on this claim, you should bring them to court at the time of your hearing. If you want witnesses or documents subpoenaed, see a staff person in the Clerk's office for assistance.

This 22nd day of August, 2014

(Saved as Statement of Claim Form 2013)

Lewis J Brown
Magistrate/Clerk, Rockdale County

IN THE MAGISTRATE COURT OF ROCKDALE COUNTY
STATE OF GEORGIA

2014 JUN 25 PM 3:38

PLAINTIFF(S): DANIEL W. GILES **COPY**

(13)

AGENT (IF ANY): _____

Magistrate Court of
Rockdale County 2577

ADDRESS: 1921 EBENEZER RD.

CITY/STATE/ZIPCODE: CONYERS, GA. 30094

DEFENDANT(S): SPENCER G. GILES

ADDRESS: 1921 EBENEZER RD

CITY/STATE/ZIPCODE: CONYERS, GA. 30094

TELEPHONE NO.: _____

AFFIDAVIT FOR SUMMONS OF DISPOSSESSORY

Personally appeared DANIEL W. GILES, who upon oath says that he/she/they is/are owner(s) or attorney, agent or lessee for the owner(s) of said premises, and that Defendant(s) is/are in possession as tenant(s) of premises at the above address in Rockdale County.

Further Tenant(s):

- (a) Failed to pay rent which is now past due.
- (b) Holds the premises over and beyond the term of his/her/their lease agreement; or
- (c) _____, and that

Plaintiff(s) is/are entitled to recover any and all rent that may come due until this action is finally concluded. Further, Plaintiff(s) has/have demanded possession of the premises and Defendant(s) has/have failed and refused to deliver said possession.

WHEREFORE, Plaintiff (s) DEMANDS:

(a) Possession of the premises; (b) Past due rent of \$ 0; (c) rent accruing up to the date of judgment of vacancy at the rate of \$ 0 per month; and (d) 0

(Signing Plaintiff/Plaintiff's Agent is required to provide ALL of the below contact information.)

Daniel W. Giles
(Signature of Plaintiff or Agent)

Sworn to and subscribed before me,
This 25th day of June, 2014

DANIEL W. GILES
(Please Print) Name of Signing Plaintiff or Plaintiff's Agent

Cecilia Brown
Clerk/Magistrate/Notary Public

1921 EBENEZER RD.
Address of Plaintiff or Agent

CONYERS, GA. 30094
City, State and Zip Code

404-219-2364
Telephone Number

d.gilesdaniel72@gmail.com
Email Address

SUMMONS

TO: The Constable of the Magistrate Court or Sheriff or his Deputies of said County.

Defendant(s) herein is/are commanded and required personally or by attorney to answer orally or in writing, to the Judge or Clerk of Rockdale County Magistrate Court, 945 Court Street, Conyers, Georgia, between the hours of 8:30 a.m. and 4:30 p.m. on or before the SEVENTH day from the date of service of the within affidavit and summons (or on the first business day thereafter IF the seventh day falls on Saturday, Sunday or legal holiday). Answers by telephone or fax are not permitted. If the answer is NOT made, a Writ of Possession shall issue instanter, and judgment may be granted as demanded by the Plaintiff named herein when appropriate. The last day to answer shall be July 7, 2014.

Witness the Presiding Judge of said Court.

This 25th day of June, 2014.

Cecilia Brown
Clerk/Magistrate

COPY

Case No. 2014-MAG- 2207

PLAINTIFF(S): DANIEL W. GILES

AGENT (IF ANY): _____

ADDRESS: 1921 EBENEZER RD

CITY/STATE/ZIP CODE: CONYERS, GA 30094

DEFENDANT(S): SPENCER G. GILES

ADDRESS: 1921 EBENEZER RD

CITY/STATE/ZIP CODE: CONYERS, GA 30094

TELEPHONE NO.: _____

Filed in the Office
of the
Magistrate Court of
Rockdale County
2014 JUN -2 PM 4:10

AFFIDAVIT FOR SUMMONS OF DISPOSSESSORY

Personally appeared DANIEL W. GILES, who upon oath says that he/she/they is/are owner(s) or attorney, agent or lessee for the owner(s) of said premises, and that Defendant(s) is/are in possession as tenant(s) of premises at the above address in Rockdale County.

Further Tenant(s):

- (a) Failed to pay rent which is now past due.
- (b) Holds the premises over and beyond the term of his/her/their lease agreement; or
- (c) _____, and that

Plaintiff(s) is/are entitled to recover any and all rent that may come due until this action is finally concluded. Further, Plaintiff(s) has/have demanded possession of the premises and Defendant(s) has/have failed and refused to deliver said possession.

WHEREFORE, Plaintiff (s) DEMANDS:

(a) Possession of the premises; (b) Past due rent of \$ _____; (c) rent accruing up to the date of judgment of vacancy at the rate of \$ _____ per month; and (d) \$140.00 + \$65.00 + \$195.00 FOR FOR FEES & EXPENSES TO BRING THIS TO JUDGEMENT AND \$250.00 FOR PROPERTY DAMAGE.
(Signing Plaintiff/Plaintiff's Agent is required to provide ALL of the below contact information.)

Daniel W. Giles
(Signature of Plaintiff or Agent)

Sworn to and subscribed before me,
This 2nd day of May, 2014.

DANIEL W. GILES
(Please Print) Name of Signing Plaintiff or Plaintiff's Agent

Daniel Rodriguez
Clerk/Magistrate/Notary Public

1921 EBENEZER RD.
Address of Plaintiff or Agent

CONYERS, GA. 30094
City, State and Zip Code

404-219-2364
Telephone Number

GILES DANIEL72@GMAIL.COM
Email Address

SUMMONS

TO: The Constable of the Magistrate Court or Sheriff or his Deputies of said County.

Defendant(s) herein is/are commanded and required personally or by attorney to answer orally or in writing, to the Judge or Clerk of Rockdale County Magistrate Court, 945 Court Street, Conyers, Georgia, between the hours of 8:30 a.m. and 4:30 p.m. on or before the SEVENTH day from the date of service of the within affidavit and summons (or on the first business day thereafter IF the seventh day falls on Saturday, Sunday or legal holiday). Answers by telephone or fax are not permitted. If the answer is NOT made, a Writ of Possession shall issue instanter, and judgment may be granted as demanded by the Plaintiff named herein when appropriate. The last day to answer shall be June 16, 2014.

Witness the Presiding Judge of said Court.

This 2nd day of June, 2014.

Daniel Rodriguez
Clerk/Magistrate

2014 JUN 25 PM 3:38

COPY

PLAINTIFF(S): DANIEL W. GILES

AGENT (IF ANY): _____

ADDRESS: 1921 EBENEZER RD.

CITY/STATE/ZIP CODE: CONYERS, GA. 30094

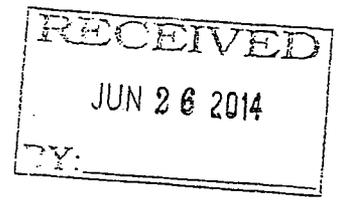
DEFENDANT(S): SPENCER G. GILES

ADDRESS: 1921 EBENEZER RD

CITY/STATE/ZIP CODE: CONYERS, GA. 30094

TELEPHONE NO.: _____

Magistrate Court of
Case No. Rockdale County 2577



AFFIDAVIT FOR SUMMONS OF DISPOSSESSORY

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(b) Holds the premises over and beyond the term of his/her/their lease agreement; or
(c) _____, and that Plaintiff(s) is/are entitled to recover any and all rent that may come due until this action is finally concluded. Further, Plaintiff(s) has/have demanded possession of the premises and Defendant(s) has/have failed and refused to deliver said possession.

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(a) Possession of the premises; (b) Past due rent of \$ 0; (c) rent accruing up to the date of judgment of vacancy at the rate of \$ 0 per month; and (d) 0

(Signing Plaintiff/Plaintiff's Agent is required to provide ALL of the below contact information.)

Daniel W. Giles
(Signature of Plaintiff or Agent)

DANIEL W. GILES
(Please Print) Name of Signing Plaintiff or Plaintiff's Agent

1921 EBENEZER RD.
Address of Plaintiff or Agent

CONYERS, GA. 30094
City, State and Zip Code

404-219-2364
Telephone Number

GILESDANIEL72@GMAIL.COM
Email Address

Sworn to and subscribed before me,
This 25th day of June, 2014

Curtis J Brown
Clerk/Magistrate/Notary Public

SUMMONS

TO: The Constable of the Magistrate Court or Sheriff or his Deputies of said County.
Defendant(s) herein is/are commanded and required personally or by attorney to answer orally or in writing, to the Judge or Clerk of Rockdale County Magistrate Court, 945 Court Street, Conyers, Georgia, between the hours of 8:30 a.m. and 4:30 p.m. on or before the SEVENTH day from the date of service of the within affidavit and summons (or on the first business day thereafter IF the seventh day falls on Saturday, Sunday or legal holiday). Answers by telephone or fax are not permitted. If the answer is NOT made, a Writ of Possession shall issue instantler, and judgment may be granted as demanded by the Plaintiff named herein when appropriate. The last day to answer shall be July 7, 2014.

Witness the Presiding Judge of said Court.
This 25th day of June, 2014. Curtis J Brown
Clerk/Magistrate



Date: 06/10/2014

SPENCER GILES
1921 EBENEZER ROAD
CONYERS, GA 30094

Re: Spencer Giles
Client ID#: 888218

Dear Spencer Giles:

In accordance with O.C.G.A §30-5-5 this letter acknowledges your report of possible abuse, neglect and exploitation of an elder person and/or adult with a disability, received by Adult Protective Services (APS) on 06/10/2014. APS will not reveal your name to the subject of this report, however under O.C.G.A §30-5-4(b)(1) APS has notified a local law enforcement agency or the prosecuting attorney of this report. If a criminal investigation is necessary you may be contacted by law enforcement. A reporter is protected from civil or criminal liability for any report made in good faith.

Your report was processed and determined to meet criteria and was assigned to an APS Case Manager for investigation. The APS Case Manager will investigate the allegations to determine if the alleged abuse, neglect or exploitation occurred and if the individual is in need of protective services. No case determination will be made without first conducting a complete and thorough investigation. As a part of the investigation you will be contacted for follow-up and additional information.

Sincerely,

Joyce Williams
Central Intake Specialist

Frank Gray
Central Intake Supervisor



Authorization to Hold Mail

NOTE: Complete and give to your letter carrier or mail to the post office that delivers your mail.



We can hold your mail for a minimum of 3, but not for more than 30 days.

Postmaster: Please hold mail for:

Name(s) DANIEL W. GILES

Address (Number, street, apt./suite no., city, state, ZIP + 4)
1921 EBENEZER RD
CONYERS, GA. 30094

Beginning Date 6/13/14

Ending Date (May only be changed by the customer in writing)

- A. Please deliver all accumulated mail and resume normal delivery on the ending date shown below.
- B. I will pick up all accumulated mail when I return and understand that mail delivery will not resume until I do so.

Customer Signature

Daniel W. Giles

For Post Office Use Only

Date Received 6/13

Clerk Continue Holding 6-16

Carrier Carl Held 620

(Complete this section only if customer selected option B)

Bin Number

Route Number

[Handwritten scribbles]

Accumulated mail has been picked up.

Resume Delivery of Mail (Date)

By

Client Demographics

Name	Giles, Spencer (120047) 12/8/1977	NO IMAGE AVAILABLE
Status	Active	
Visit Code	Newton Center	
Effective Date	6/3/2013 1:00 PM - Currently Active	
Gender	Male	
Birth Date	12/8/1977	
Age	35 years, 8 months	
SSN	259-43-8269	

Diagnosis

Priority 1	309.81 - Posttraumatic Stress Disorder (I)
Priority 2	V71.09 - No Diagnosis on Axis II (II)
Priority 3	799.9 - Consumer was shot in the stomach. The bullet lodged in his back. He was hit in the head which causes headaches. He has frequent pain in his hip and he walks with a cane. (III)
Severity	Severity: Mod. Primary Support Problems.
GA#	54
Effective Date	7/17/2013
Diagnosed By	Waggoner, Lynda Lee (101780)

Risks

Tx plan expires 08/31/2013

Contact Information

● Primary

Mail/PO Address	P.O. BOX 2711, Covington, GA 30015 [OK to Send Mail]
Physical Address	P.O. BOX 2711, Covington, GA 30015 [OK to Send Mail]
Home Phone	(770) 786-0166 [OK to ID]
Cell Phone	(678) 451-0008 [OK to ID]

Financial Information

Self Pay Balance	\$0.00
Payer	State Contracted Services(SCS)

Guarantors

No records found

Message Board

Tx plan expires 08/31/2013

Payer Authorizations

Payer Plan	Begin Date	End Date	Procedure Code(S)	Authorized	Remaining
State Contracted Services (SCS)	6/3/2013	8/31/2013	H0031:U3:U6, H0031:U3:U7, H0031:U2:U6, H0031:U2:U7, H0031:U4:U6, H0031:U4:U7, H0031:U5:U6, H0031:U5:U7, H0032:U3:U6, H0032:U3:U7, H0032:U2:U6, H0032:U2:U7, H0032:U4:U6, H0032:U4:U7, H0032:U5:U6, H0032:U5:U7	32	26
State Contracted Services (SCS)	6/3/2013	8/31/2013	96101:U2:U6, 96101:U2:U7, 96102:U3:U6, 96102:U3:U7, 96102:U4:U6, 96102:U4:U7	5	5
State Contracted Services (SCS)	6/3/2013	8/31/2013	90801:HA:U3:U6, 90801:HA:U3:U7, 90801:HA:U1:U6, 90801:HA:U1:U7, 90801:HA:U2:U6, 90801:HA:U2:U7, 90801:GT:HA:U3, 90801:GT:HA:U1, 90801:GT:HA:U2, 90801:GT:U3, 90801:GT:U1, 90801:GT:U2, 90801:U3:U6, 90801:U3:U7, 90801:U1:U6, 90801:U1:U7, 90801:U2:U6, 90801:U2:U7 (more)	2	1
State Contracted Services (SCS)	6/3/2013	8/31/2013	90785:TG, 90785	24	24
State Contracted Services (SCS)	6/3/2013	8/31/2013	H2011:U3:U6, H2011:U3:U7, H2011:U1:U6, H2011:U1:U7, H2011:U2:U6, H2011:U2:U7, H2011:U4:U6, H2011:U4:U7, H2011:U5:U6, H2011:U5:U7, H2011:ET:U7, 90839:U3:U6,	20	20

ROCKDALE MEDICAL CENTER
1412 Milstead Avenue
Conyers, Georgia 30012

EMERGENCY ROOM DISCHARGE SUMMARY

Patient Name: **GILES,SPENCER**
Account #: **V01085977**
MRN#: **M0168006**
Service Date: **03/31/14** Discharge Date: **03/31/14**
DOB: **12/08/1977** Age: **36** Sex: **Male** Room#:
Attending Physician: **SUTTON,TAMAURUS M.D.**
PCP: **NO PCP**

Report #: **0331-0091** Patient Type: **DEP ER**

HPI Trauma

General

Chief Complaint: **Assault-Sexual Assault**
Stated Complaint: **ASSAULTED**
MSE Completed by this Provider: **Yes (HUNTER,LAQUETTE P.A.)**
Time Seen by MD: **20:03**
MSE Completed by this Provider: **Yes**
Source: **patient**
Exam Limitations: **no limitations**
Nsg triage/assessment reviewed: **Yes (MODI,PRATIK D PA)**

History of Present Illness

Initial Comments

36-year-old African-American male presents to the Emergency Room with a complaint of head laceration and neck laceration onset prior to arrival he stated that he was assaulted by his so called dad. He stated that he did not lose consciousness and the cut is just superficial he denies headache loss of consciousness memory loss or seizures like activity he stated that he was hit on the head with a cane and glass was struck on him on the neck otherwise denies any other complaints he also denies associated symptoms such as fever chills nausea vomiting.

He also states that there is some bullet fragments in his back and that has been aggravated since this assault and his back is hurting now sharp pains denies loss of urines or bowels

Occurred: **just prior to arrival**

Severity: **moderate**

Pain/Injury Location: **head, neck**

Method of Injury: **assault, other (incised)**

Modifying Factors: **Improves: immobilization, pain medication, rest, Worsens: jarring, movement**

Loss of Consciousness: **no loss of consciousness**

Associated Symptoms: **denies symptoms (MODI,PRATIK D PA)**

Allergies:

Coded Allergies:

No Known Allergies (Verified Allergy, Severe, 9/10/07)

Vital Signs

Temperature (Fahrenheit): **99.2**

Temperature Source: **Oral**

Pulse Rate (adult): **112**

Respiratory Rate: 20
O2 Sat by Pulse Oximetry: 98
Blood Pressure Systolic: 130
Blood Pressure Diastolic: 62 (HUNTER, LAQUETTE P.A.)

Past History Trauma

Past Medical History

ED Past Med Hx (Nursing): Yes: Hx Miscellaneous Medical (PTSD, anxiety)
ED Past Surg Hx (Nursing): Yes: Hx Surgeries (s/p gsw, bullet remains in spine), No: Denies Past Surgical Hist (HUNTER, LAQUETTE P.A.)
ED Past Med Hx (Nursing): Yes: Denies Past Medical History
Medical/Trauma History: no pertinent history
ED Past Surg Hx (Nursing): Yes: Denies Past Surgical History
Surgical History: no surgical history (MODI, PRATIK D PA)

Family History

ED Family Medical History: Reports: None (MODI, PRATIK D PA)

Social History

Hx Tobacco Use: No (HUNTER, LAQUETTE P.A.)
Alcohol Use?: None
Substance Abuse?: None
Hx Tobacco Use: No
Usual Living Arrangement: With Others (MODI, PRATIK D PA)

Medication History

Medication history reviewed?: Yes (MODI, PRATIK D PA)

Review of Systems Trauma

Constitutional: no symptoms reported, other (head /neck laceration)
Eyes: no symptoms reported
Ears: no symptoms reported
Nose: no symptoms reported
Mouth: no symptoms reported
Throat: no symptoms reported
Respiratory: no symptoms reported
Cardiovascular: no symptoms reported
Gastrointestinal: no symptoms reported
Genitourinary: Yes no symptoms reported
Musculoskeletal: back pain, muscle pain, muscle stiffness
Skin: no symptoms reported
Psychiatric/Neurological: no symptoms reported
All Other Systems: Reviewed and Negative (MODI, PRATIK D PA)

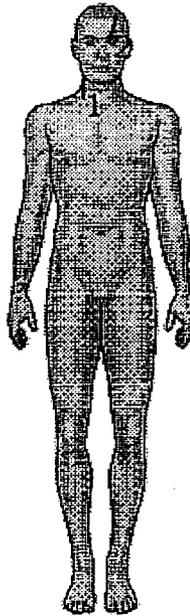
Physical Exam Trauma

Physical Exam

General Appearance: W/D/W/N, no apparent distress
Head: Normocephalic/Atraumatic, No Battle's sign, No Raccoon Eyes
Eyes: bilateral eye PERRL, bilateral eye EOMI, bilateral eye nl lids/periorb tissue, bilateral eye no conjunctival hemorrhag, bilateral eye no hyphema
Ears, Nose, Throat: nl inspection ears/nose, no dental injury, no nasal/otic discharge, no hemotympanum, no septal hematoma, no midface instability
Neck: FROM without pain, non-tender, normal inspection, supple, no vertebral tenderness, normal alignment
Cardiovascular/Respiratory: nl peripheral pulses, pulses equal bilaterally, regular rate, rhythm, no JVD, no M/R/G, chest wall non-tender, trachea midline, no respiratory distress, nl breath sounds bilat, chest rise symmetry
Gastrointestinal: normal bowel sounds, no distention, no organomegaly, no pulsatile mass, no guarding, no rebound/rigidity, non tender, soft

Back: normal inspection, no CVA tenderness, full range of motion, no vertebral tenderness
Extremities: non-tender, no evidence of injury, normal inspection, no bony point tenderness, no erythema, no ecchymosis/effusion, normal range of motion
Neurologic/Psychiatric: alert, age appropriate, CNs II-XII nml as tested, no facial asymmetry, normal gait, normal mood/affect, no motor/sensory deficits, no sensory deficits, oriented x 3, patient at baseline, speech clear, strength 5/5 x 4 ext., tongue midline, abnormal cerebellar tests
Skin: normal color, no cyanosis, no diaphoresis, no mottling, no pallor, no rash, warm/dry (MODI,PRATIK D PA)

Image



1 -
2 -

(MODI,PRATIK D PA)

Procedures

Laceration/Wound Repair

Laceration Wound Repair :

Wound Length (cm): 3
Wound's Depth, Shape: superficial
Wound Explored: clean
Irrigated w/ Saline (ccs): 500
Wound prepped with: Betadine
Anesthesia: Local, 2% Lidocaine
Volume Anesthetic (ccs): 2
Wound Debrided: moderate
Wound Repaired With: sutures
Suture Size/Type: proline, 6.0
Suture Technique: running
Number of External Sutures: 5
Layer Closure?: No
The closed wound had: Good: Hemostasis, Approximation
Applied Topical Antibiotic Oin: Yes

Sterile Dressing Applied?: Yes
Wound care instructions given: verbally
Suture/Staple removal in: 7 days
Progress

This laceration was on the forehead and 5 external sutures running sutures were placed and was told to come back to the Emergency Room to get them removed within 5-7 days (MODI,PRATIK D PA)

Procedures

Laceration/Wound Repair

Laceration Wound Repair :

Wound Length (cm): 3
Wound's Depth, Shape: superficial
Wound Explored: clean
Irrigated w/ Saline (ccs): 500
Wound prepped with: Betadine
Anesthesia: Local, 2% Lidocaine
Volume Anesthetic (ccs): 3
Wound Debrided: moderate
Wound Repaired With: sutures
Suture Size/Type: 6.0
Suture Technique: running
Number of External Sutures: 5
Layer Closure?: No
The closed wound had: Good: Hemostasis, Approximation
Wound care instructions given: verbally, in writing
Suture/Staple removal in: 5 days (MODI,PRATIK D PA)

Progress - Trauma

Differential Diagnosis

Differential Diagnosis: other (head.neck laceration) (MODI,PRATIK D PA)

Progress

Progress
mse initiated (HUNTER,LAQUETTE P.A.)

Departure

Time of Disposition: 20:46 (MODI,PRATIK D PA)
Disposition: DC HOME
Condition: Stable
Impression:

Primary Impression: Laceration of head

Additional Impressions: Laceration of neck, Lumbosacral ligament sprain

Patient Instructions: Laceration (ED)

Add'l Pt Instructions:

rest
take medications as directed
return to ER if the symptoms worsens
follow up with Primary care Dr within 1 week

Prescriptions

Cyclobenzaprine Hcl (Flexeril)10 Mg Tablet 10 Mg PO TID #30	3/31/14
Prov:MODI,PRATIK D PA	
Hydrocodone/Acetaminophen 5/325 1 Each Tablet 1 Tab PO Q6-8H #10 TAB	3/31/14
Prov:MODI,PRATIK D PA	
Sulfamethoxazole/Trimethoprim Ds (Bactrim Ds)1 Tab Tablet 1 Tab PO BID 10 Days	3/31/14
Prov:MODI,PRATIK D PA	

ROCKDALE MEDICAL CENTER
1412 Milstead Avenue
Conyers, Georgia 30012

Department of Medical Imaging Consultation

Account#: V01085977
Patient Name: GILES,SPENCER
DOB: 12/08/1977
Report #: 0331-0313 Exam Date: 03/31/14
Location: ED
Ordering Doctor: MODI,PRATIK D PA
Sex: Male
Discharge Date:
Room#:
Report Status: Signed

CAT SCAN MRN#: M0168006
0331-0056 CT/CT LUMBAR SPINE W/O IV CONT REQ#: 14-0021214

EXAM: Lumbar spine CT without contrast.

HISTORY: Back pain after assault

TECHNIQUE: Multiple sequential axial images were obtained from T12 through mid sacrum. Sagittal and coronal reformations were obtained and reviewed on the workstation.

COMPARISON: None

FINDINGS: No acute fracture. Normal alignment without anterolisthesis or retrolisthesis. Intervertebral disc spaces appear relatively maintained.

Metallic artifact from bullet along the mid right sacrum. Hyperdensity in the the para midline left abdominal wall musculature may relate to prior injury/bullet.

Paraspinal soft tissues appear unremarkable.

IMPRESSION: No acute fracture or displacement of the lumbar spine.

Findings were relayed to the requesting provider in the RMC ED, Pratik Modi, via telephone on 3/31/2014 at 20:26.

Dictated by FRICKE,BRADLEY L. M.D.

Electronically Signed by: FRICKE, BRADLEY L. M.D. on 03/31/14 @ 2029