

IN THE CIRCUIT COURT OF THE FIFTEENTH JUDICIAL CIRCUIT IN AND FOR PALM
BEACH COUNTY, FLORIDA

INRE:

CASE NO. 502012CP004391XXXXNBIH

ESTATE OF SIMON L. BERNSTEIN,

/

TED BERNSTEIN, as Trustee
of the Shirley Bernstein Trust Agreement
dated May 20, 2008, as amended,

Probate Division
Case No.: 502014CP003698XXXXNBIH

Plaintiff,

V.

ALEXANDRA BERNSTEIN; ERIC
BERNSTEIN; MICHAEL BERNSTEIN;
MOLLY SIMON; PAMELA B. SIMON,
Individually and as Trustee f/b/o Molly Simon
under the Simon L. Bernstein Trust Dtd
9113 /12; ELIOT BERNSTEIN, individually, as
Trustee f/b/o D.B., Ja. B. and Jo. B. under the
Simon L. Bernstein Trust Dtd 9113112, and on
behalf of his minor children D.B., Ja. B. and
Jo. B.; JILLIANTONI, Individually, as Trustee
f/b/o J.I. under the Simon L. Bernstein Trust
Dtd 911 3112, and on behalf of her Minor child
J.I.; MAX FRIEDSTEIN; LISA
FRIEDSTEIN, Individually, as Trustee f/b/o
Max Friedstein and C.F., under the Simon L.
Bernstein Trust Dtd 9/ 13/ 12, and on behalf of
her minor child, C.F.,

Defendants.

/

URGENT EMERGENCY MOTION TO POSTPONE AND RESCHEDULE NOVEMBER 15, 2017 HEARING PER NOVEMBER 06, 2017 AMENDED ORDER SPECIALLY SETTING HEARINGS

1. Eliot Bernstein has been medically unfit to proceed with hearings for several months continuously as previously noted to the Court due to chronic Vasovagal Syncope that has led to repeated daily passing out unconscious, which has led to several traumatic falls and injuries, which are further exacerbated by having to prepare for hearings in this Court despite the severe dangers to his life that this additional stress is causing, including postponing several doctors to try and prepare for Court hearings that the Court has refused to change to allow a proper diagnosis and recovery.
2. A brief chronology of the medical situation is attached in Exhibit 1 - "AFFIDAVIT OF CANDICE BERNSTEIN IN SUPPORT OF ELIOT BERNSTEIN'S "MOTION TO POSTPONE AND RESCHEDULE NOVEMBER 15, 2017 HEARING" that outlines and supports that the Situational Vasovagal Syncope according to Hospital records is "Apparent Life Threatening Event," "Syncope" and "Apnea."
3. Eliot has only addressed primarily the time period from August 2017 to November 2017 to show that he has been unable to properly prepare for or attend hearings in a healthy state of mind and body during this period and remains in such unhealthy state as of this date.
4. It is anticipated that Eliot can in 30-60 days both recover and have diagnosis completed and be back in a functioning capacity after that time period as Exhibit 1 shows. The Court was requested prior to the 10/19/17 hearing in this Court to allow time for Eliot to seek medical treatment and recover properly from a life threatening ailment and the Court refused to grant such request despite being made aware of the danger to Eliot's life and in fact moved the hearing from October 27, 2017 to October 19, 2017 instead.

5. That these deadlines have only made the medical conditions worse and have not allowed Eliot to properly prepare or represent himself Pro Se before this Court.
6. Eliot has allowed his wife Candice to submit medical reports of his to this Court in her attached affidavit so that the Court may see not only the hospital and other doctor reports but the amount of very heavy narcotic analgesics, muscles relaxers and antibiotics he has been on from August 2017 through November 2015 and remains on to this date and was further proscribed another week worth after his dental implant prosthesis was reinserted on November 08, 2017, which had been out since October 11, 2017 and required daily pain medication as reported in Exhibit 1.
7. Finally, this Court should take notice of the attached 60(a) and (b) Motion for the Illinois Federal Court case (Exhibit 2 - 60(a) and (b) Case # 13-cv-03643 - US District Court of Eastern Illinois,) which outlines the continuing and ongoing fraud on the Illinois Federal Court and Hon. Judge John Robert Blakey and on this Court being committed by this Court's Court Appointed Officers (Attorneys, Fiduciaries and Guardian.) This filing should also provide ample cause for this Court to stay the proceedings and have all parties involved in the ongoing Fraud on the Court and Fraud on the True & Proper Beneficiaries and Interested Party to be called to show cause involving the frauds committed that have deprived the Eliot Bernstein family of their US and Florida Constitutional rights to fair and impartial due process and procedure rights and MORE.

WHEREFORE, Eliot seeks from this Court a 30-60 day stay of all cases before the Court to fully recover from his current injuries and complete the necessary tests without having to stress more over Court hearings and deadlines, which add to the Vasovagal Syncope attacks and risk of fatal injury. Further, stay the proceedings to

report and correct all recently discovered frauds upon the court by Court appointed officers, discovered in hearings held before this Court on February 16, 2017 and March 02, 2017, based on claims that Eliot Bernstein was not a beneficiary of his mother and father's estates and trusts and where it was learned that in fact at the minimum he is a beneficiary with standing in his father's estate. Eliot believes that if the Court reviews the 60(b) motion and the documents attached, the two Wills and two Inter-vivos Trusts that were declared valid at the December 15, 2015 hearing that the Court will see that not only does Eliot have standing in each as Natural Born son but that each document has him named as a beneficiary despite any claims or orders or pleadings claiming he is not.

DATED: November 09, 2017

Respectfully submitted,

/s/ Eliot Ivan Bernstein
Eliot Ivan Bernstein
2753 NW 34th St.
Boca Raton, FL 33434
561-245-8588
iviewit@iviewit.tv

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a copy of the within has been served upon all parties on the attached Service List by E-Mail Electronic Transmission and/or Court ECF on this 9th day of November, 2017.

/s/ Eliot Ivan Bernstein
Eliot Ivan Bernstein
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EXHIBIT 1

“AFFIDAVIT OF CANDICE BERNSTEIN IN SUPPORT OF ELIOT BERNSTEIN’S
“MOTION TO POSTPONE AND RESCHEDULE NOVEMBER 15, 2017 HEARING”

FILED SEPARATELY ECF

**AFFIDAVIT OF CANDICE BERNSTEIN IN SUPPORT OF ELIOT BERNSTEIN'S
"MOTION TO POSTPONE AND RESCHEDULE NOVEMBER 15, 2017 HEARING"**

State of Florida
County of Palm Beach

BEFORE ME, the undersigned Notary,

Lauren A. Araneo, on this 9th day of November, 2017, personally appeared Candice M. Bernstein, known to me to be a credible person and of lawful age, who being by me first duly sworn, on her oath, deposes and says:

I, Candice M. Bernstein hereby declare as follows:

I am over the age of 18 and a resident of Palm Beach County, Florida.

I make this declaration and affidavit based upon my own personal knowledge of the cases listed below in the Palm Beach courts, and if called upon testify as to its contents, could and would do so consistently herewith. The cases include, but are not limited to, the following and any all cases involving the Simon and Shirley Bernstein Estates and Trusts and the Eliot and Candice Bernstein Family;

IN THE CIRCUIT COURT OF THE FIFTEENTH JUDICIAL
CIRCUIT IN AND FOR PALM BEACH COUNTY, FLORIDA

INRE:

CASE NO. 502012CP004391XXXXNBIH

ESTATE OF SIMON L. BERNSTEIN,

/

TED BERNSTEIN, as Trustee
of the Shirley Bernstein Trust Agreement
dated May 20, 2008, as amended,

Probate Division
Case No.: 502014CP003698XXXXNBIH
HONORABLE ROSEMARIE SCHER

Plaintiff,

V.

ALEXANDRA BERNSTEIN; ERIC
BERNSTEIN; MICHAEL BERNSTEIN;
MOLLY SIMON; PAMELA B. SIMON,
Individually and as Trustee f/b/o Molly Simon
under the Simon L. Bernstein Trust Dtd
9113 /12; ELIOT BERNSTEIN, individually, as
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FRIEDSTEIN, Individually, as Trustee f/b/o
Max Friedstein and C.F., under the Simon L.
Bernstein Trust Dtd 9/ 13/ 12, and on behalf of
her minor child, C.F.,

Defendants.

I make this declaration in support of the exhibits fairly and accurately and reflect what I perceive to be true in regard to the courts in FL that have ignored life threatening medical issues facing my husband, Eliot Bernstein. In fact, opposing counsel in these matters have scheduled more and more hearings and pleadings for him to respond to in efforts to further take advantage and exacerbate life threatening medical problems despite doctors orders to not stress while trying to determine and resolve a very real life threatening problem my husband Eliot is suffering from.

Eliot Bernstein has been medically unfit to proceed with hearings for several months continuously as previously noted to the Court repeatedly in hearings and pleadings due to chronic Vasovagal Syncope that has led to repeated daily passing out unconscious, which has further led to several traumatic falls and injuries. These episodes are further exacerbated by having to prepare for hearings in this Court despite the severe dangers to his life that this additional stress is causing, including the fact that he is postponing doctor visits and necessary tests to try and prepare for these Court hearings that in many instances over the past two years the Florida Courts have refused to change to allow for a proper diagnosis and recovery.

A brief medical chronology follows.

On 6/4/13 - 6/5/13 Eliot laughed at a joke told, passed out (syncope) and fell from a stool at a friends home and landed on his head which led to being rushed to the hospital unconscious with bleeding on the brain and hospitalization for several days. He was heavily medicated for several weeks following due to massive trauma to the head and body caused from the fall. The diagnosis from the hospital was "SYNCOPE & COLLAPSE, SUBARACHNOID HEMORRHAGE FOLLOWING INJURY, WITHOUT MENTION OF OPEN INTRACRANIAL WOUND, WITH STATE OF CONSCIOUSNESS UNSPECIFIED." (Exhibit 1 - June 04, 13 Hospital Report) At follow up with a cardiologist it was determined that the accident was caused by Vasovagal syncope and a series of follow up tests was scheduled. Eliot did complete several of the tests but due to the need to prepare for court hearings he did not finish the complete review by the all the doctors recommended at that time.

September 06, 2016 Eliot had a Vasovagal Syncope attack and our son caught him as he was falling. Thinking he was having a heart attack our athletic son tried to give him CPR that he learned at a swimming camp and in the process broke his rib and injured others. The diagnosis of that event was, "Ox 1: Fx L rib closed Rx 1: Percocet Tablets 325mg,5mg (acetaminophen,oxycodone) 1 tablet by mouth every 6 hrs as needed for pain." A 4-6 week recovery was necessary for the ribs to heal but in his case due to coughing attacks it took several weeks longer. My husband began following up with doctors but due to the Florida courts refusal to give him ample time to recover and seek diagnosis he instead chose to fight in the courts versus take medical advice to not endure stress and continue diagnostic treatments as Vasovagal Syncope collapses can be deadly and are a leading cause of death among elderly persons afflicted with this condition. (Exhibit 2 - September 06, 2016 Hospital Report)

On August 4, 2017, Eliot went to Urgent Care for an illness that he had for several days leading to a constant hard cough that was making him cough so hard he had lost consciousness (syncope) several times. He was prescribed antibiotics, a puff inhaler, cough pearls and cough syrup.

On August 9, 2017 Eliot had a Vasovagal Syncope that led to a loss of consciousness and he fell to the ground hitting the back and front of his head causing contusions, bruising to the side of his face, a black eye and caused two broken ribs and other severe and traumatic damages to his body. He was taken to the Delray Beach Medical hospital (Exhibit 3 - August 09, 2017 Hospital Report) and admitted for several days under constant watch and had various tests conducted by a cardiology team, neurology team, pulmonologist and others. During this stay he had multiple x-rays, cat scans and a MRI and narcotic analgesic medicine to control the pain including IV drip Morphine. He later also received 2 bags of IV antibiotics and more antibiotic pills to take home. He was told to rest 4-6 weeks and to wait for the ribs and nerves to heal to

then finish the testing proscribed. One of the tests ordered was a tilt table test to determine blood pressure during the syncope episodes, yet it is too painful to be on the test table with broken ribs and he was advised by his doctors it would have to wait for the ribs to heal 4-6 weeks. Eliot was on narcotic analgesics for most of this recovery period, again repeatedly going off his medicine to cope with court hearings and pleadings due that could not be changed or delayed by the courts despite his requests. The discharge papers concluded "Apparent Life Threatening Event," "Syncope" and "Apnea." As the record reflects Eliot left the hospital against medical advice to prepare for court related events that he feared would not be able to be changed as the courts had previously refused to reschedule deadlines due to his medical condition. Again, this has put him at further risk.

At this point the syncope "fainting" episodes began consistently occurring every 2-3 hours a day.

On August 16, 2017, Eliot again lost consciousness and again collapsed to the ground at freefall speed hitting his head and nose on a granite countertop which left several lacerations and bruising, again re-injuring his ribs and his legs.

On August 17, 2017 Eliot was taken back to Urgent Care for review and prescribed more cough suppressant medicine, anti- inflammatory medication and narcotic analgesic pain medication.

On August 18, 2017, during another syncope episode Eliot lost consciousness and fell to the ground landing on his elbow and bruising his whole left side.

On August 20, 2017 Eliot discontinued a high blood pressure medicine that happens to have a side effect of dry cough that can lead to "cough syncope".

On August 24, 2017 Eliot suffered a sudden sharp pain on the left side of his body and was advised by his cardiologist to go to the ER. At the hospital the nurses witnessed several syncope episodes and Eliot was taken for several x-rays and cat scans that concluded he now had 2 completely fractured ribs (#6 and #9) and the sharp pain appeared to be a hairline fracture of a rib that then fully broke when he sat down. Eliot was given narcotic analgesic pain medication and told to follow up with a primary physician and told the ribs would take another 6-9 weeks to heal, if not longer due to the lingering hard cough that was exacerbating the problem of the ribs healing. The final diagnosis for this visit was, "FINDINGS- 4 views of the left ribs. There is a nondisplaced fracture of the sixth lateral rib, question of nonspace fracture of the ninth lateral rib." (Exhibit 4 - August 24, 2017 Hospital Report)

On August 25, Eliot was seen by a cardiologist and placed on a heart monitor for 2 weeks and prescribed a different hypertension medication.

September 23, 2017 Eliot suffered another Vasovagal Syncope attack while out in Delray Beach after a dinner and fell into the street and hit a car. He sprained/fractured his ankle and endured deep wounds to his leg, again injured his ribs and broke a dental prosthesis that encompasses his entire lower teeth.

That on October 11, 2017 Eliot had his lower prosthesis removed from his mouth due to the injury sustained on September 23, 2017 and as his dentist has noted he has been under treatment and on narcotic analgesics and muscle relaxers since October 11 for this treatment, (Exhibit 5 - Dr. Ronik S. Seecharan PA DMD Medical Letter) Eliot has been suffering massive TMJ requiring additional heavy narcotic analgesics and muscle relaxers to this day. The prosthesis is set to be reinserted on November 08, 2017 and typically from the time the new one is put back in it takes him 1-2 weeks to fully recover from the TMJ and resulting migraine headaches and requires medication throughout.

On October 17, 2017, Eliot went back to the hospital, Boca Medical Center and was diagnosed with a sprained ankle that may in fact be a fracture that had partially healed as he refused to go to the hospital after the original injury as he was trying to prepare for Court hearings that this Court refused to reschedule despite being advised of the life threatening condition Eliot was in and denying his request for extension. They also diagnosed a MRSA infection developing in the deep wounds that caused his lower leg to completely swell up from infection. The results of this visit were as follows, "Dx 1: Cellulitis L lower limb, Dx 2: Sprain L ankle. unspecified ligament, Dx 3: Fx L foot 5th metatarsal nondisplaced. Closed, Rx 1: Norco Tablets 325mg,5mg (acetaminophen.hydrocodone), 1 tablet by mouth every 6 hrs as needed for pain (max 4 tablets per day), Rx 2: Bactrim OS Tablets (sulfamethoxazole,trimethoprim) 800mg, 160mg 160mg/tablet Order 1 tablet by mouth every 12 hrs for 1 O days, Rx 3: Keflex Capsules (cephalexin) 500mg/capsule, 1 capsule by mouth every 8 hrs for 1 O days." (Exhibit 6 - October 17, 2017 Hospital Report)

That despite requesting that the October 19, 2017 hearing before this Court be delayed due to these most serious and life threatening conditions the Court instead forced Eliot to appear refusing to reschedule and allow him to recover and complete necessary tests and doctor visits. The Court will note that Eliot came to court on October 19, 2017 with a sprained/fractured ankle, a case of MRSA, missing his entire bridge of lower teeth and having 8 titanium spikes protruding from his lower gums making it virtually impossible for him to talk or chew, two broken ribs and on heavy pain medicine, antibiotics and muscle relaxers.

That since the October 19, 2017 hearing that Eliot was debilitated for, Eliot has been in a constant disabled state and trying to recover but hardly able to get out of bed. He is having daily syncope attacks that leave him under constant supervised care. The facial swelling caused by the

loss of the entire lower jaw of teeth and 8 metal nail implants sticking out from his gums that rip his lips, cheeks and gums daily has also caused him to lose vision in his left eye and make it virtually impossible for him to work on a computer to prepare for the upcoming November 15, 2017 hearing, especially while heavily medicated (Exhibit 7, August through November 5 2017 Prescription Report) and virtually unable to walk due to his leg injury and infection.

That on October 31, 2017 Eliot finally completed the tilt table test for the Vasovagal Syncope and while ruling out a heart condition as the problem, it revealed that the cause of the attacks is due to “situational syncope” stress and coughing being the leading situations of the fainting attacks. Falling from these attacks is life threatening at any given time. The heart specialist has now referred Eliot to see a Pulmonologist to run the next series of tests and Eliot is scheduling that as soon as his teeth problem is resolved in the next week or two. The Table Test showed a dramatic loss of blood pressure and a Vasovagal Syncope attack during the procedure that caused Eliot to pass out during the test and this now narrows the causes and may finally provide a solution to the problem. If it is not pulmonary he will need to be seen by a neurologist and have another series of tests done, however, the cardiologist after witnessing a cough syncope feels strongly it is a pulmonary problem and a classic case of “Cough Syncope,”exacerbated by stress.

The Court should note that Eliot has been trying to resolve the Vasovagal Syncope with doctors over the last two years and most of the delay in diagnosis and treatment is due to the Florida courts refusal to allow adequate time for Eliot to have proper treatment and opposing counsel continuously demanding hearings whenever he has pled for extensions for these medical issues instead of allowing proper time for medical treatment, recovery and diagnosis. In fact, I have read pleadings to the courts by Ted Bernstein and his counsel Alan Rose suggesting that Eliot was faking these illnesses and the requests for extensions were part of some elaborate plan to delay hearings and I was completely appalled and distraught that the courts bought this wholly unsupported and unsubstantiated claim by opposing counsel without fully checking with Eliot’s medical doctors or even reviewing medical records supplied in his pleadings and instead demanded timelines be met without concern for his well being.

I am also aware that several of the court appointed officers and fiduciaries involved in these matters thus far have committed a series of FELONY crimes against our family personally and through their law firm and their replacements upon their resignations steeped in fraud appear to be continuing the criminal activity in the courts and are trying to cover up the prior crimes and committing others at the same time and definitely taking advantage of my husbands medical condition and inability to properly prepare or defend our family as a Pro Se litigant.

Far more serious are the crimes that have been committed against my husband and my children by the court appointed fiduciaries Ted Bernstein, Robert Spallina, Alan Rose, Donald

Tescher et al. and their counsel that I have witnessed while attending every hearing with my husband since September 2013. The following criminal acts committed by fiduciaries and counsel in these matters are the cause for all of these delays and tortious interference with expectancy that have occurred over the four years this has been ongoing in the Florida courts and nothing my husband has done. These crimes that have led to arrest and resignations include but are not limited to,

1. PROVEN forgery of my husbands name on documents submitted to the court along with five other parties names forged in my mother-in-law's estate.
2. PROVEN forged documents and fraudulently notarized documents submitted to the court including forgeries done of my father-in-law's signature after he was deceased.
3. The PROVEN closing of my mother-in-law's estate through fraud using my deceased father-in-law to appear to have closed her estate as a fiduciary at a time after he was deceased, the uncovering of this fraud leading to the estate being reopened for now 4 years. This crime was done at a time Ted Bernstein and his lawyers Robert Spallina and Donald Tescher who were the former estate planning attorney to my mother-in-law and father-in-law, former resigned Co-Personal Representative and Co-Trustee of my father-in-law's Estate and Trust (resigning after the crimes were admitted to by Spallina to the Palm Beach Sheriff and the Court) and acting counsel to Ted Bernstein as fiduciary in his mother's estate and trust where many of the crimes were committed that ALL benefited Ted Bernstein to the disadvantage of my family and great suffering and damages caused to us and still causing as the Court has allowed Ted to remain a fiduciary despite these facts.
4. A PROVEN AND ADMITTED forged trust of my mother-in-law's done after her death by several years and sent via mail fraud to my children's counsel by Robert Spallina in efforts to change the beneficiaries of her trust through fraud and deceit and make our former counsel Christine Yates and our family believe that Ted and his sister Pam who were disinherited with their lineal descendants were reinserted back into her trust. This was done through a fraudulent amendment added in her trust that Spallina crafted allegedly in January 2013. Spallina admitted to this FELONY crime at a hearing I attended on December 15, 2015, ironically at a "validity" hearing where he was the only witness called by Ted and his counsel Rose to validate documents he drafted, executed and gained interest in and then when cross examined admitted to a host of crimes he personally committed and his law firm had committed.

I have attended numerous sham hearings conducted by former Judge in these matters John L Phillips that resulted in a bizarre series of Orders that have led to claims that my husband has no standing to participate in his father and mother's estate and trusts, despite him being a named beneficiary in all of the documents and further just being a natural born child of his parents giving him standing despite what any documents may say and this after over two years where his standing was never questioned or proven not to exist. I imagine an Order that states

that natural born children do not have standing in their parents estates and trusts would overturn years of established probate and civil trust law and case law and set new precedence.

I have then attended hearings after Judge Phillips left where a new Judge Honorable Rosemarie Scher has determined that despite prior claims that my husband was not a beneficiary and had no standing in his father's estate by Ted Bernstein, Alan Rose and Brian O'Connell that he factually did, contradicting many pleadings filed by Ted and Alan Rose his counsel that led to sham and void orders that claimed he did not have standing and was not a beneficiary, which kept him from participating in hearings for now almost two years and denied him Constitutionally protected due process rights to be heard.

I have witnessed my husband be removed from a federal action in Illinois, Case # 13-cv-03643 - in the US District Court of Eastern Illinois on claims that this Florida Probate court had determined he was not a beneficiary and without standing in his father's estate and citing Collateral Estoppel as the reason for his removal in that action based on this Court's flawed alleged findings and similarly false pleadings made to that Court by Ted and his counsel. Despite it now being factually determined that my husband does have standing and is a beneficiary of his father's estate by Judge Scher the Illinois Court has not been notified by the parties that made these false claims to that court and he still remains removed from the hearing through this fraud and removed from settlements etc. based on the Illinois court and HONORABLE Judge John Robert Blakey not being informed that information tendered to that court was intentionally false and misleading. This again has caused my husband loss of Constitutionally Protected Due Process Rights to be heard in a Federal court.

I have witnessed a Guardian Ad Litem placed on my adult son in an evidentiary hearing in the Probate court, not a hearing in the GAL Division, at a time when Ted, my son's uncle and Alan Rose both knew he was an adult and pled fraudulently to the Court that he was a minor. That Guardian, Diana Lewis, also knew she was illegally kidnapping my Adult son's legal rights through a fraudulent GAL appointment and attended court hearings in his name, entered settlements in his name and destroyed trusts and companies set up for him by my mother-in-law and father-in-law many years prior to their deaths, all in coordination with Ted Bernstein and Alan Rose. Despite my son sending Diana Lewis a Cease and Desist letter to cease this fraud she has ignored such request and has failed to notify the court or other parties she deceived of her prior acts illegally in his name as his alleged Guardian Ad Litem and continues to act illegally in his name to deprive him his CONSTITUTIONALLY PROTECTED DUE PROCESS RIGHTS.

I have witnessed my middle child turn 18 on January 1, 2017 and any predatory GAL that was placed on him should have been ended by Diana Lewis and a final report entered in the Court by her ending her alleged GAL over him and instead she continued to act on his behalf illegally and entered into settlements on his behalf, attended court proceedings representing his

interests as a GAL and more. Despite her receiving a Cease and Desist from him she has still not entered a final report and ceased her representations and continues to act illegally in his name to deprive him his CONSTITUTIONALLY PROTECTED DUE PROCESS RIGHTS.

These crimes are the reasons for all this delay and my husband's requests for medical extensions have been due to very serious and life threatening reasons that are medically documented and verified and the Court's refusal to grant additional time as if these cases now must be rushed to judgment while new frauds are being exposed and there are missing millions of dollars and Shirley's Trust is unaccounted for since 2010 in violation of Florida Probate Rules and Statutes seems remarkable to say the least. Further, the attempt to shift the blame to make my husband appear in the Court record to be the cause of problems, as a disgruntled disinherited son, when in fact our family whether my husband or children have never been disinherited, whereas by brother and sister in law and their lineal descendants have been disinherited. They in fact are the disgruntled family members, creating disputes, generating exorbitant legal fees and frauds to re-insert their lineal descendants back in the wills and trusts fraudulently with help from attorneys that altered and fabricated trust documents. I have witnessed first hand the fraud, waste and abuse of court resources in these actions. The Court has wholly failed to report the crimes of the officers of this Court as required by Judicial Canons, Attorney Conduct Codes and laws makes this appear a deliberate attempt to try and shift the blame and take advantage of my husband or cause him intentional harm that may kill him. As a Pro Se litigant who crimes have occurred against committed by Court Appointed Officers (Fiduciaries, Attorneys and Guardians) the Court should be sympathetic to him but instead in the last two years of hearings I have witnessed they are completely lacking any care or respect for him. In fact, I have instead witnessed repeated assaults on him and myself verbally by the Judges and court appointed officers involved, slandering and defaming him and we fear the Court is being used as a weapon against our family to silence our exposure of the mass of frauds taking place and cover up those that have been proven to have taken place in this Court.

I have attached herein several of the medical reports and prescription drug reports to support my statement and I am willing to give the Court a complete list of doctors treating him to confirm these claims and the danger to Eliot's life that is current and ongoing. Eliot is still suffering from syncope episodes every 6-8 hours, including night time while he is sleeping. He is only able to sleep for 2-3 hours at at time, sitting up only and unable to lie down for any period of time and in constant pain. He is currently being supervised 24/7 and cannot be left alone in the event of an syncope episode and risk of falling. I am praying that this Court under the new Judge Rosemarie Scher will take a moment to look at the danger my husband is in physically and understand that he fears for his families lives against those court appointed officers who have already caused our family so much harm and give him the time he is requesting of 30-60 days to be medically evaluated and recover versus forcing him to continue to come to hearings during this time and put his life in imminent danger.

If the Court refuses I will demand my husband not attend hearings for fear of his life and I will report these matters to state and federal authorities that my husband is already working with as a potential attempt to cause him and my family great harm while trying to effectuate further frauds upon us. I urge the Court to consider the stress upon me personally as I find my husband laying on the ground, passed out, not breathing and appearing dead, then waking out of a coma like state with blood coming from his head, his eyes, his leg and more and unable to breath or recognize where he was just a minute ago, rush to hospitals and sleep there as many nights as he is confined and take compassion on our family and give my husband the necessary time to respond properly to this Court after his medical tests and recovery is over. To see my husband try and respond to pleading and prepare for hearings while passing out in his seat choking until he is unconscious is unimaginable but true and he will not lie down with these deadlines and court proceedings to contend with.

Under penalties of perjury, I declare that I have read the foregoing "AFFIDAVIT OF CANDICE BERNSTEIN IN SUPPORT OF ELIOT BERNSTEIN'S MOTION TO POSTPONE AND RESCHEDULE NOVEMBER 15, 2017 HEARING and that the facts stated in it are true to the best of my knowledge and belief"

Dated: November 09, 2017

/s/ Candice Bernstein

Candice Bernstein
2753 NW 34th St.
Boca Raton, FL 33434
(561) 245-8588
tourcandy@gmail.com



[signature of affiant]

Candice Bernstein
2753 NW 34th St.
Boca Raton, FL 33434

State of Florida

County of West Palm Beach

Sworn to (or affirmed) and subscribed before me this 9th day of November, 2017, by Candice M. Bernstein.

Lauren A. Araneo

(Signature of Notary Public - State of Florida)

Lauren A. Araneo

(Print, Type, or Stamp Commissioned Name of Notary Public)



Lauren A. Araneo
Notary Public
State of Florida

My Commission Expires 4/18/2020
Commission No. FF 983473

Personally Known _____ OR Produced Identification ✓

Type of Identification Produced - Drivers License
Florida DL # B652-113-72-869-0 Expiration 10/20/24

Driver's License
Florida DL # B652-113-72-869-0
exp 10/9/2024

EXHIBIT 1

DELRAY MEDICAL CENTER
5352 Linton Boulevard
Delray Beach, FL 33484

Name: BERNSTEIN, ELIOT TR
MRN: 000188764
ACCT: 012940564

RICHARD H KIM, MD
ADM: 06/04/2013

Consultation

DATE OF CONSULTATION: 06/04/2013

CHIEF COMPLAINT: Syncope.

HISTORY OF PRESENT ILLNESS: The patient is a 49-year-old gentleman who was at dinner at a friend's house. His wife apparently told a joke. He began laughing and then coughing. He then thinks he passed out. He apparently had urinary incontinence. He fell and hit his head on a marble floor. He sustained a subarachnoid hemorrhage. He also complains of chest discomfort now. Cardiology consultation is requested.

ALLERGIES: IODINE which has apparently caused anaphylaxis in the past.

PAST MEDICAL HISTORY: Borderline hypertension. No history of diabetes, myocardial infarction, CVA. He does have hyperlipidemia. He is now vegetarian.

FAMILY HISTORY: Mother and father both have had myocardial infarction at a premature age.

PAST SURGICAL HISTORY: Facial reconstruction, lower extremity surgery secondary to trauma in his late teens.

SOCIAL HISTORY: Still smokes 3 cigarettes a day, used to smoke 40, social alcohol.

REVIEW OF SYSTEMS:

CONSTITUTIONAL: No fevers, chills or sweats.

VISION: No double vision, blurry vision or cataracts.

HEENT: No hearing loss or tinnitus.

LUNGS: No wheezing, cough or hemoptysis.

GASTROINTESTINAL: No nausea or vomiting.

GENITOURINARY: No hematuria or dysuria.

CENTRAL NERVOUS SYSTEM: No strokes or seizures.

ENDOCRINE: No diabetes or thyroid.

HEMATOLOGIC: No anemia or leukemia.

CARDIOVASCULAR: No chest pain or pressure, but he does complain his chest pain as described above.

PHYSICAL EXAMINATION:

GENERAL: Pleasant, well-developed, well-nourished gentleman, in no acute distress.

VITAL SIGNS: 98.4, 69, 144/75.

Work Type: Consultation
T001

Work Type Code: CON
Page: 1

DATE 07/18/2013

PRINTED BY: MariaGeribon

Printed by MariaGeribon

DELRAY MEDICAL CENTER
5352 Linton Boulevard
Delray Beach, FL 33484

Name: BERNSTEIN, ELIOT TR
MRN: 000188764
ACCT: 012940564

RICHARD H KIM, MD
ADM: 06/04/2013

Consultation

HEENT: Anicteric sclerae. Mucous membranes are moist.
NECK: Supple, no jugular venous distention, no carotid bruits.
CARDIAC: Regular rate and rhythm.
LUNGS: Lung fields are clear to auscultation.
ABDOMEN: Soft, nontender.
EXTREMITIES: No clubbing, cyanosis or edema. His left chest wall is clearly extremely tender to palpation.

ASSESSMENT:

1. Atypical musculoskeletal chest discomfort.
2. Syncope.
3. Subarachnoid hemorrhage.
4. Family history of _____ heart disease.
4. Tobacco abuse.
5. Hypertension
5. Borderline hyperlipidemia.

PLAN: Check echo color Doppler study when he can tolerate pain on his left chest. This is clearly not cardiac pain, but musculoskeletal. Syncope is probably vagal posttussive. Monitor on tele. We will be happy to follow this patient with you.

Richard H. Kim, MD

TR:RHK/HN
DD:06/04/2013 13:12 EDT
DT:06/04/2013 20:03 EDT
Dictation ID: 9462482/Confirmation #: 3900064
R:

Authenticated by RICHARD H KIM MD [1397] on 06/07/2013 at 13:03:19

Work Type: Consultation
T001

Work Type Code: CON
Page: 2

DATE 07/18/2013

PRINTED BY: MariaGribbon

2017-2018 Physician's Desk Reference

DELRAY MEDICAL CENTER

RADIOLOGY REPORT
5352 LINTON BOULEVARD
AREA CODE (561) 495-3170

DELRAY BEACH, FL

PT NAME: BERNSTEIN, ELIOT I

DOB: 09/30/1963

LOCATION: ER -

ACCT. # 012940564

DR. ROYCRAFT, EDWARD L

MR # 000188764

ORDER # 714438281

06/04/2013

CT HEAD OR BRAIN W/O CONT

Abbrv: CTHD1

INDICATION: Trauma

A CT scan of the brain was performed from the base of the skull through the vertex without intravenous contrast.

No prior images are available for comparison.

The ventricles and CSF spaces appear normal. This addendum is made of a cavum the cecum, normal anatomic variant. There is no mass or mass effect present. Small amount of subarachnoid blood is seen within sulci within the a right temporal lobe in right sylvian fissure. Brain parenchyma is normal in attenuation. There is no evidence of acute infarct or intracranial hemorrhage. The mastoid air cells, paranasal sinuses and orbits appear normal.

IMPRESSION:

1. Small amount of subarachnoid blood within sulci right temporal lobe and right sylvian fissure likely posttraumatic
2. No midline shift or mass effect.
3. No evidence of infarct or hydrocephalus.

Edward Roycraft, MD was notified of critical results at 12:27 a.m. on June 4, 2013

*** Final ***

Dictated By: THAME, CRAIG (06/04/2013 00:26)

Signed By: THAME, CRAIG (06/04/2013 00:28)

DATE 07/18/2013

PRINTED BY: MariaGeribon

DELRAY MEDICAL CENTER

RADIOLOGY REPORT
5352 LINTON BOULEVARD
AREA CODE (561) 495-3170

DELRAY BEACH, FL

PT NAME: BERNSTEIN, ELIOT TR I

DOB: 09/30/1963

LOCATION: TI 0282-A

ACCT. # 012940564

DR. ROYCRAFT, EDWARD L

MR # 000188764

ORDER # 714438281

06/04/2013

CT HEAD OR BRAIN W/O CONT

Abbrv: CTHD1

ADDENDUM:

Trauma over read:

Quality assurance review of the head and cervical spine CT examinations was performed and is in agreement with the initial interpretation of mild right-sided subarachnoid hemorrhage. The cervical spine is intact, as reported.

Final assessment: No discrepancy.

*** Addendum ***

Dictated By: MARTELLO, RICHARD (06/04/2013 10:55)

Signed By: MARTELLO, RICHARD (06/04/2013 10:57)

INDICATION: Trauma

A CT scan of the brain was performed from the base of the skull through the vertex without intravenous contrast.

No prior images are available for comparison.

The ventricles and CSF spaces appear normal. This addendum is made of a cavum the cecum, normal anatomic variant. There is no mass or mass effect present. Small amount of subarachnoid blood is seen within sulci within the a right temporal lobe in right sylvian fissure. Brain parenchyma is normal in attenuation. There is no evidence of acute infarct or intracranial hemorrhage. The mastoid air cells, paranasal sinuses and orbits appear normal.

IMPRESSION:

1. Small amount of subarachnoid blood within sulci right temporal lobe and right sylvian fissure likely posttraumatic
2. No midline shift or mass effect.
3. No evidence of infarct or hydrocephalus.

Edward Roycraft, MD was notified of critical results at 12:27 a.m. on June 4, 2013

*** Final ***

Dictated By: THAME, CRAIG (06/04/2013 00:26)

DATE 07/18/2013

PRINTED BY: MariaGeribon

Printed by: MariaGeribon

DELRAY MEDICAL CENTER

PT NAME: BERNSTEIN, ELIOT TR I

LOCATION: TI 0282-A

DR. ROYCRAFT, EDWARD L

ORDER # 714438281

06/04/2013

CT HEAD OR BRAIN W/O CONT

Abbrv: CTHD1

Signed By: THAME, CRAIG (06/04/2013 00:28)

RADIOLOGY REPORT
5352 LINTON BOULEVARD
AREA CODE (561) 495-3170

DELRAY BEACH, FL

DOB: 09/30/1963

ACCT. # 012940564

MR # 000188764

DATE 07/18/2013

PRINTED BY: MariaGeribon

DELRAY MEDICAL CENTER

PT NAME: BERNSTEIN, ELIOT TR I

LOCATION: TI 0282-A

DR. PACKER, EVAN

ORDER # 714507263

06/04/2013

MRA HEAD W/O CONTRAST

Abbrv: MRAHD1

RADIOLOGY REPORT
5352 LINTON BOULEVARD
AREA CODE (561) 495-3170

DELRAY BEACH, FL

DOB: 09/30/1963

ACCT. # 012940564

MR # 000188764

MRA brain without gadolinium

HISTORY: Subarachnoid hemorrhage

FINDINGS: Study performed utilizing 3-D MIPS. The circle of Willis appears normal with no occlusion or stenosis. No aneurysm or AVM identified. Specifically in the region of the right MCA trifurcation there is no aneurysm identified. No AVM. In the posterior circulation there is robust intracranial vertebral sterile flow with a normal basilar artery. The right posterior vertebral artery is supplied by the large posterior communicating artery from the right ICA.

IMPRESSION: Normal study

*** Final ***

Dictated By: ROBERTSON, STEPHEN (06/04/2013 16:24)

Signed By: ROBERTSON, STEPHEN (06/04/2013 16:26)

DATE 07/18/2013

PRINTED BY: MariaGeribon

DELRAY MEDICAL CENTER

PT NAME: BERNSTEIN, ELIOT TR I

LOCATION: TI 0282-A

DR. STAFF, PHYSICIAN NOT ON

ORDER # 714820363

06/05/2013

CT HEAD OR BRAIN W/O CONT

Abbrv: CTHD1

RADIOLOGY REPORT
5352 LINTON BOULEVARD
AREA CODE (561) 495-3170

DELRAY BEACH, FL

DOB: 09/30/1963

ACCT. # 012940564

MR # 000188764

BERNSTEIN, ELIOT TR I

INDICATION: Evaluate brain.

CT scan of the brain was performed from the base of the skull through the vertex without intravenous contrast.

Comparison is made to prior exam dated June 4, 2013 crit

Previously identified subarachnoid blood within sulci of the right temporal lobe and right sylvian fissure has significantly decreased. No new area of hemorrhage is present. There is no midline shift the there is no mass effect present. No parenchymal hematoma is seen. Incidental note is made of a cavum septum pellucida. Brain parenchyma normal in attenuation. Mastoid air cells, paranasal sinuses and orbits are normal.

IMPRESSION:

1. Decrease in volume of subarachnoid blood within the sulci of the right temporal lobe and right sylvian fissure.
2. No midline shift or mass effect.

*** Final ***

Dictated By: THAME, CRAIG (06/05/2013 05:39)

Signed By: THAME, CRAIG (06/05/2013 05:43)

DATE 07/18/2013

PRINTED BY: MariaGribon

7/10/13
16:11:53

PATIENT NO: 012940564 ADMIT DT/TIME: 6/04/13 02:10 M/R NO: 000188764
 NS/RM/BED/ACM: TI 282 A 17 RESISTANT ORG:
 DISCH DT/TIME: 6/05/13 13:30 BY: ARAS
 PATIENT NAME: BERNSTEIN, ELIOT TR T TITLE:
 MAILING ADDR: 2753 NW 34TH ST SOCIAL SECURITY: 361622566
 CITY/STATE: BOCA RATON FL 33434 3459 PHONE: (561) 245-8588
 PHYSICAL ADDR: 2753 NW 34TH ST NPP: 2.0 DATE: 12/08/03
 CITY/STATE: BOCA RATON FL 33434 3459 PHONE: (561) 245-8588
 OCCUPATION: UNKNOWN LANGUAGE: EN FC: 80
 POB: ADMT PHYS: 1173- RODRIGUEZ EUGENIO HSV: 37
 DOB: 9/30/1963 ADMT PHYS PHONE: (561) 330-4695 RLG: PAR:
 AGE: 49 Y RACE: WHI ATTEND PHYS: 1173- RODRIGUEZ EUGENIO MS: S
 SEX: M REF PHY: 1173-RODRIGUEZ EUGENIO PHN: 561 330-4695 SMK: N
 PCP PHY: - PHN: VAL: PT: 1
 ETHNICITY:NON FLAG: FATHER'S DOB: MOTHER'S DOB:

EMER CONTACT: CANDICE BERNSTEIN REL: SPOUSE
ADDRESS: 72753 NW 34TH ST PHONE: (561) 245-8588
CITY/STATE: BOCA RATON FL 33434 1111
NEAREST RELT: REL:
ADDRESS: PHONE: ()
CITY/STATE: RESEARCH ID:

GUARANTOR: BERNSTEIN, ELIOT I REL: SELF
ADDRESS 1: 2753 NW 34TH ST PHONE: (561) 245-8588
ADDRESS 2: SOCIAL SECURITY: 361622566
CTY/STE/ZIP: BOCA RATON FL 33434 3459 OCC: AF:
PAYOR NAME 1: BCBS-FL INS. PLAN ID: 07033 SRV/TYPE: ALLIP
PLAN NAME: BC FL PPO/ADVANTAGE 65/PPC/BLUE CHO IPA:
BILL C/O NAME: BC FL PPC AUTH #: 10251606
BILL ADDRESS: P.O. BOX 1798 CERT-SSN-HIC-ID#: QCB6046973501
CTY/STE/CNTRY: JACKSONVILLE FL 32231 0014 BILL PHONE: (800) 275-2583
BILLING NAME: GP #: 509415
INSURED: BERNSTEIN, ELIOT I SEX/REL: M SELF
EMPLOYER: MSP: TRACKING#:
ADDRESS: EMP PHONE: () 000-0000
CITY/STATE: 00000 0000 ESC: 1
PAYOR NAME 2: INS. PLAN ID:
PLAN NAME:
BILL C/O NAME: CERT-SSN-HIC-ID#:
BILL ADDRESS: AUTH #:
CTY/STE/CNTRY: BILL PHONE: () 000-0000
BILLING NAME: GP #:
INSURED: SEX/REL:
EMPLOYER: TRACKING#:
ADDRESS: EMP PHONE: () 000-0000
CITY/STATE: ESC:

SPAN CODE: PRIOR VISIT: 6/09/13
 FROM/TO DATE: PRIOR HOSPITAL:
 CONDITION CD CONDITION CD OCCURRENCE CD/DATE OCCURRENCE CD/DATE
 P7 05 6/03/13
 11 6/03/13

DATE 07/18/2013

PRINTED BY: MariaGeribon

ELIOT BERNSTEIN

Race: White | Ethnicity: Not Hispanic or Latino | Gender: Male | DOB: September 30, 1963 | Language: eng
Patient IDs: 188764

Encounter**DEL Account Number 12940564 Date(s): 6/4/13 - 6/5/13**

Delray Medical Center 5352 Linton Boulevard Albert Cohen, MD Delray Beach, FL 33484-6514 United States (561) 498-4440

Final: OTHER AND UNSPECIFIED HYPERLIPIDEMIA

Final: Vaccination not carried out because of patient refusal

Final: SUBARACHNOID HEMORRHAGE FOLLOWING INJURY, WITHOUT MENTION OF OPEN INTRACRANIAL WOUND, WITH STATE OF CONSCIOUSNESS UNSPECIFIED

Final: UNSPECIFIED FALL

Final: ACCIDENTS OCCURRING IN OTHER SPECIFIED PLACES

Final: UNSPECIFIED ESSENTIAL HYPERTENSION

Final: TOBACCO USE DISORDER

Discharge Disposition: Home/Self Care

Attending Physician: rodriguez, eugenio

Admitting Physician: rodriguez, eugenio

Referring Physician: rodriguez, eugenio

Reason for Visit

SAH

Vital Signs

Most recent to oldest [Reference 1
Range]:

Temperature C

36.7 degC
(6/4/13 2:10 AM)

Temperature F [98-100.5
degF]

98.4 degF
(6/5/13 12:00 PM)

Temperature F [98-101
degF]

98.4 degF
(6/5/13 11:56 AM)

Heart Rate [60-100 bpm]

73 bpm
(6/5/13 2:06 PM)

Respiratory Rate [14-20
breaths/min]

25 breaths/min
HI
(6/5/13 2:06 PM)

2
3

36.7 degC
(6/4/13 1:55 AM)
37.1 degC
(6/4/13 1:40 AM)

98.8 degF
(6/5/13 8:00 AM)

75 bpm
(6/5/13 1:00 PM)

58 bpm
LOW
(6/5/13 12:00 PM)
16 breaths/min
HI
(6/5/13 12:00 PM)
21 breaths/min
HI
(6/5/13 1:00 PM)

11/6/2017	Most recent to oldest [Reference Range]:	131/77 mmHg (6/5/13 2:06 PM)
	Blood Pressure [90-140/60-90 mmHg]	140/76 mmHg (6/5/13 1:00 PM)
	Mean Arterial Pressure	93 mmHg (6/5/13 12:00 PM)
	SpO2/Pulse Oximetry [85-100 %]	96 % (6/5/13 2:06 PM)
	Height	173 cm (6/4/13 9:01 AM)
	Current Weight kg	97.3 kg (6/4/13 3:15 AM)
	BSA	2.11 (6/4/13 3:15 AM)

Inpatient Summary

3

Range:	137/71 mmHg (6/5/13 12:00 PM)
	89 mmHg (6/5/13 11:00 AM)
	93 % (6/5/13 12:00 PM)
	173 cm (6/4/13 3:15 AM)
	99.77 kg (6/4/13 12:51 AM)
	2.13 (6/4/13 12:51 AM)

Problem List

Condition	Effective Dates	Status	Health Status	Informant
Bronchitis(Confirmed)		Active	patient	patient
Car accident(Confirmed)		Active	patient	patient
Syncope(Confirmed)		Active	patient	patient
Hypertension(Confirmed)		Active	patient	patient
Kidney stone(Confirmed)		Active	patient	patient
Cough(Confirmed)		Active	patient	patient
Vasovagal		Active	patient	patient
syncope(Confirmed)				

Allergies, Adverse Reactions, Alerts

Substance	Reaction	Severity	Status
Iodine; iodine Containing			Active

Medications

acetaminophen-HYDROcodone (Vicodin)

Oral, Refills: 0

Results

Patient Viewable Results

Most recent to oldest [Reference Range]:	1	2
WBC [5.0-10.0 x10(3)/mCL] *Hl* (6/5/13 5:00 AM)	12.3 x10(3)/mCL *Hl* (6/5/13 5:00 AM)	12.8 x10(3)/mCL *Hl* (6/4/13 12:40 AM)
RBC [4.70-6.10 x10(6)/mCL] *LOW* (6/5/13 5:00 AM)	4.29 x10(6)/mCL *LOW* (6/5/13 5:00 AM)	4.59 x10(6)/mCL *LOW* (6/4/13 12:40 AM)
Hgb [14.0-18.0 g/dL] *LOW* (6/5/13 5:00 AM)	13.5 g/dL *LOW* (6/5/13 5:00 AM)	14.3 g/dL (6/4/13 12:40 AM)
Hct [42.0-52.0 %] *LOW* (6/5/13 5:00 AM)	39.3 % *LOW* (6/5/13 5:00 AM)	41.6 % *LOW* (6/4/13 12:40 AM)
MCV [81.0-98.0 fL] *Hl* (6/5/13 5:00 AM)	91.7 fL *Hl* (6/5/13 5:00 AM)	90.8 fL *Hl* (6/4/13 12:40 AM)
MCH [27.0-31.0 pg] *Hl* (6/5/13 5:00 AM)	31.5 pg *Hl* (6/5/13 5:00 AM)	31.2 pg *Hl* (6/4/13 12:40 AM)
MCHC [33.4-35.5 %] *Hl* (6/5/13 5:00 AM)	34.3 % *Hl* (6/5/13 5:00 AM)	34.4 % *Hl* (6/4/13 12:40 AM)
RDW [11.5-14.5 %] *Hl* (6/5/13 5:00 AM)	13.6 % *Hl* (6/5/13 5:00 AM)	13.3 % *Hl* (6/4/13 12:40 AM)
Platelet Count [150-450 x10(3)/mCL] *Hl* (6/5/13 5:00 AM)	256 x10(3)/mCL *Hl* (6/5/13 5:00 AM)	262 x10(3)/mCL *Hl* (6/4/13 12:40 AM)
MPV [7.4-10.4 fL] *Hl* (6/5/13 5:00 AM)	8.1 fL *Hl* (6/5/13 5:00 AM)	7.8 fL *Hl* (6/4/13 12:40 AM)
Neutrophil Rel [40.0-80.0 %] *Hl* (6/5/13 5:00 AM)	72.0 % *Hl* (6/5/13 5:00 AM)	75.9 % *Hl* (6/4/13 12:40 AM)
Lymphocyte Rel [10.0-50.0 %] *Hl* (6/5/13 5:00 AM)	20.4 % *Hl* (6/5/13 5:00 AM)	19.0 % *Hl* (6/4/13 12:40 AM)
Monocyte Rel [1.0-8.0 %] *Hl* (6/5/13 5:00 AM)	6.0 % *Hl* (6/5/13 5:00 AM)	3.8 % *Hl* (6/4/13 12:40 AM)

Most recent to oldest [Reference Range]:

Eosinophil Rel [0.0-5.0 %]	1.1 % (6/5/13 5:00 AM)	1.0 % (6/4/13 12:40 AM)
Basophil Rel [0.0-1.0 %]	0.5 % (6/5/13 5:00 AM)	0.3 % (6/4/13 12:40 AM)
Neutrophil Abs [1.0-7.5 /cm3]	8.8 /cm3 *H1* (6/5/13 5:00 AM)	9.7 /cm3 *H1* (6/4/13 12:40 AM)
Lymphocyte Abs [1.0-5.0 /cm3]	2.5 /cm3 (6/5/13 5:00 AM)	2.4 /cm3 (6/4/13 12:40 AM)
Monocyte Abs [0.2-1.0 /cm3]	0.7 /cm3 (6/5/13 5:00 AM)	0.5 /cm3 (6/4/13 12:40 AM)
Eosinophil Abs [0.0-0.7 /cm3]	0.1 /cm3 (6/5/13 5:00 AM)	0.1 /cm3 (6/4/13 12:40 AM)
Basophil Abs [0.0-0.2 /cm3]	0.1 /cm3 (6/5/13 5:00 AM)	0.0 /cm3 (6/4/13 12:40 AM)
PT [9.0-11.5 sec]	10.0 sec (6/4/13 12:40 AM)	
INR	0.9 *NA* (6/4/13 12:40 AM)	
PTT [23.6-33.5 sec]	31.0 sec (6/4/13 12:40 AM)	
Plt Fx Col/EPt [75-174 sec]	142 sec (6/4/13 12:40 AM)	
Sodium Lvl [135-145 mEq/L mEq/L]	135 mEq/L (6/5/13 5:00 AM)	139 mEq/L (6/4/13 12:40 AM)
Potassium Lvl [3.5-5.1 mEq/L]	3.9 mEq/L (6/5/13 5:00 AM)	3.7 mEq/L (6/4/13 12:40 AM)
Chloride Lvl [98-111 mmol/L]	100 mmol/L (6/5/13 5:00 AM)	101 mmol/L (6/4/13 12:40 AM)
CO2 [22-32 mmol/L]	26 mmol/L (6/5/13 5:00 AM)	25 mmol/L (6/4/13 12:40 AM)

Most recent to oldest [Reference Range]:

AGAP [5-15 mEq/L]

9 mEq/L
(6/5/13 5:00 AM)8.9 mg/dL
(6/5/13 5:00 AM)11 mg/dL
(6/5/13 5:00 AM)0.8 mg/dL
(6/5/13 5:00 AM)14 ratio
(6/5/13 5:00 AM)7.8 g/dL
(6/4/13 12:40 AM)4.6 g/dL
(6/4/13 12:40 AM)3.2 g/dL
(6/4/13 12:40 AM)

1.4

NA

78 IU/L
(6/4/13 12:40 AM)33 IU/L
(6/4/13 12:40 AM)23 IU/L
(6/4/13 12:40 AM)288 mmol/kg
(6/4/13 12:40 AM)>60.0 mL/min/1.73m²
(6/5/13 5:00 AM)>60.0 mL/min/1.73m²
(6/5/13 5:00 AM)

2

13 mEq/L
(6/4/13 12:40 AM)9.4 mg/dL
(6/4/13 12:40 AM)13 mg/dL
(6/4/13 12:40 AM)0.8 mg/dL
(6/4/13 12:40 AM)16 ratio
(6/4/13 12:40 AM)

1

9 mEq/L
(6/5/13 5:00 AM)8.9 mg/dL
(6/5/13 5:00 AM)11 mg/dL
(6/5/13 5:00 AM)0.8 mg/dL
(6/5/13 5:00 AM)14 ratio
(6/5/13 5:00 AM)7.8 g/dL
(6/4/13 12:40 AM)4.6 g/dL
(6/4/13 12:40 AM)3.2 g/dL
(6/4/13 12:40 AM)

1.4

NA

78 IU/L
(6/4/13 12:40 AM)33 IU/L
(6/4/13 12:40 AM)23 IU/L
(6/4/13 12:40 AM)288 mmol/kg
(6/4/13 12:40 AM)>60.0 mL/min/1.73m²
(6/4/13 12:40 AM)>60.0 mL/min/1.73m²
(6/4/13 12:40 AM)

Most recent to oldest [Reference Range]: 1

Bili Total [0.3-1.2 mg/dL] 0.4 mg/dL
(6/4/13 12:40 AM)

Glucose Level [74-118 mg/dL] 114 mg/dL
(6/5/13 5:00 AM)

Magnesium Lvl [1.8-2.5 mg/dL] 2.2 mg/dL
(6/5/13 5:00 AM)

Calcium Corrctd *NA*
(6/4/13 12:40 AM)

Troponin I [0.00-0.50 ng/mL] <0.01 ng/mL
(6/4/13 5:30 PM)

CKMB [0.6-6.3 ng/mL] 1.9 ng/mL
(6/4/13 5:30 PM)

BB ID Number

AMTR 1017
Unknown
(6/4/13 12:40 AM)

ABORh Bld Gr/Tp

O POS
Unknown
(6/4/13 12:40 AM)

Antibody Screen

Negative ABSC
(6/4/13 12:40 AM)

Microbiology Reports

TEST: MRSA Screen
STATUS: Auth (Verified)

BODY SITE: Nares

SOURCE: Nasal

COLLECTED DATE/TIME: 6/4/13 5:36 AM

FINAL REPORT

No Methicillin Resistant Staphylococcus aureus isolated

Immunizations

No data available for this section

Procedures

No data available for this section

Social History

Social History Type

Smoking Status

Assessment and Plan

No data available for this section

Hospital Discharge Instructions**Patient Education****Subarachnoid Hemorrhage****Follow Up Care**

06/03/2013 23:49:31

With: Schedule a follow up appointment with any cardiologist covered on the insurance plan.**Address:** Unknown**When:** 5-7 days**With:** JACOB STEIGER**Address:****Address:**
1001 N. FEDERAL HIGHWAY
BOCA RATON, FL 33432
(561)499-9339 Business (1)**When:** 5-7 days**Comments:** Call office to schedule a hearing test either at the office or to where ever they refer. Schedule a follow up appointment after hearing test with Dr. Steiger.**With:** follow up CT Scan of the head at Delray Outpatient Center, Bring copy of films to appointment with Dr. Greenberg**Address:****Address:**
5130 Linton Blvd suite I-1
Delray Beach, FL 33484
561-637-5315**When:** 06/19/2013**With:** MARTIN GREENBERG**Address:****Address:**
670 GLADES ROAD, SUITE 100
BOCA RATON, FL 33431
(561)392-8855 Business (1)**When:** 06/26/2013**Comments:** Please follow up with Dr. Greenberg in 2 weeks with ct brain**Details**

11/6/2017

Document Created
November 6, 2017

Encounter Date
From June 4, 2013 to June 5, 2013

Inpatient Summary

Care Team
EUGENIO RODRIGUEZ, MD
Tel: (561)330-4695
5130 LINTON BOULEVARD, SUITE E2
DELRAY BEACH, FL 33484-

LUIS ALVAREZ
Tel: (561)477-2862
19801 HAMPTON DR C12
BOCA RATON, FL 33434-

EXHIBIT 2

WEST PALM BEACH NEUROLOGY, P.A.
JAMAL A. HALIM, M.D.
WELLINGTON RESERVE
1035 SOUTH STATE ROAD 7, SUITE 214
WELLINGTON, FL 33414-6137
(561) 422-1006 TEL.
(561) 422-1078 FAX
BATCH # MDH6012603027791054

NAME Eliot Bernstein DOB _____
ADDRESS _____ DATE _____

TAMPER-RESISTANT SECURITY FEATURES LISTED ON BACK OF SCRIPT

Rx 11/7/16

Patient should avoid
all types of strenuous
activity until
his ENT evaluation
on Dec 15, 16

Label

Refill NR 1 2 3 4 5

(Signature)

In order for the brand name product to be dispensed, the prescriber must
write 'Medically Necessary' on the front of this prescription.

002934 6ANE0302779

MEDISRIPTS – TAMPER-RESISTANT SECURITY FEATURES

STANDARD FEATURES:

- ✓ SAFETY-BLUE ERASE-RESISTANT BACKGROUND
- ✓ "ILLEGAL" PANTOGRAPH
- ✓ REFILL INDICATOR
- ✓ SERIALIZATION
- ✓ ARTIFICIAL WATERMARK ON BACK
- ✓ MICROPRINTING

ADDITIONAL FEATURES (where applicable):

- ✓ QUANTITY CHECK-OFF BOXES (optional in some states)
- ✓ UNIQUE TRACKING IDENTIFICATION NUMBER (FL)
- ✓ THERMOCHROMIC APPROVED STATE SEAL (WA)

WELLINGTON RESERVE PHARMACEUTICALS, INC.

JAMAL A. HALIM, M.D.
WELLINGTON RESERVE
1035 SOUTH STATE ROAD 7, SUITE 214
WELLINGTON, FL 33414-6137

(561) 422-1006 TEL.
(561) 422-1078 FAX
BATCH # MDI16012603027791054

DEA # _____
LIC. # ME85753

NAME *Glenn Bernstein* DOB _____
ADDRESS _____ DATE _____

TAMPER-RESISTANT SECURITY FEATURES LISTED ON BACK OF SCRIPT

10/96/16

R

Patient should avoid
all type of stren over
the next 2 wks pending
GNZ /swallowing
evaluation for recurrent
synapse

Label
Refill NR 1 2 3 4 5

(Signature)

In order for the brand name product to be dispensed, the prescriber must write 'Medically Necessary' on the front of this prescription.

002750 6ANE0302779

Patient: Bernstein, Eliot
 MD ED: Cohen, Terry M.D.

 DI Printed: 9/6/2016 1248
 RN Eval: Karen F.R.N.
 RN Dispo:

AFTERCARE INSTRUCTIONS

We are pleased to have been able to provide you with emergency care. Please review these instructions when you return home in order to better understand your diagnosis and the necessary further treatment and precautions related to your condition. Your diagnoses and prescribed medications today are:

This page is not a prescription.

 Dx 1: Ex L rib, closed

 Rx 1: Percocet Tablets 325mg,5mg (acetaminophen,oxycodone)
1 tablet by mouth every 6 hrs as needed for pain

Orders performed during ED visit

Order

XR RIBS UNILATERAL LEFT

Procedures performed during ED visit

Procedure

Follow Up Info

 Follow-up 1: Dr. Esener

F/U MD Ph: _____

F/U MD Fax: _____

Specialty: _____

 Follow-up 1 Date: As needed

Msg F/U MD: _____

EKGs and X-Rays: If you had an EKG or X-Ray today, it will be formally reviewed by a specialist tomorrow. If there is any change from today's Emergency Department reading, you will be notified.

IMPORTANT NOTICE TO ALL PATIENTS: The examination and treatment you have received in our Emergency Department have been rendered on an emergency basis only and will not substitute for definitive and ongoing evaluation and medical care. If you have an assigned physician, or physician of record, it is essential that you make arrangements for follow-up care with that physician as instructed. If you do not currently have a physician locally, please contact our Health Navigator at 561-955-4714 and they will assist you with scheduling an appointment. Report any new or remaining problems to your physician at your scheduled appointment, because it is impossible to recognize and treat all elements of injury or disease in a single Emergency Department visit. *Significant changes or worsening in your condition may require more immediate attention. The Emergency Department is always open and available if this becomes necessary.*

General Information on BROKEN RIBS

The ribs are long, thin bones that curve around each side of the chest. There are twelve ribs on each side. Any firm blow to the chest can break a rib(s). Most of the time this results from sports injuries, falls or motor vehicle accidents. Medically speaking, the words "broken", "cracked" and "fractured" all mean the same thing.

What are the symptoms?

Ordinarily there is a sharp pain in the chest, usually in the area of the broken rib(s). The pain is often worse with bending,

Patient: Bernstein, Eliot

Pt Acnt: 1625001096

Med Rcrd: 000446213

DI Printed: 9/6/2016 1248

lifting, deep breathing or any strenuous activity.

What can be done?

Simple rib fractures usually heal on their own within TWO TO SIX WEEKS. Splinting and other therapies used in the past have proven not to be helpful and are generally not recommended.

What are the risks?

Rib fractures usually heal completely and produce no serious medical problems. There are, however, some risks:

1. Because of the pain, many people with broken ribs avoid breathing deeply. Persistent, shallow breathing increases the risk of developing pneumonia.
2. A severe blow to the chest sometimes damages the lungs, heart, liver or spleen. This damage can be serious and is occasionally even life-threatening.

INSTRUCTIONS

- 1) Acetaminophen (Tylenol) or ibuprofen (Advil) will help ease the pain. **WARNING:** Do not take these drugs if you are allergic to them. Do not take these drugs if you are already taking a prescription pain medication that contains acetaminophen or ibuprofen.
- 2) Every two or three hours, while you are awake, take several deep breaths and cough. This will help keep your lungs well expanded. You can challenge yourself to take deep breaths by trying to blow up a balloon, or blow to knock down an empty paper cup. You should continue this routine until the pain is gone (usually two to six weeks).
- 3) Except for deep breathing, avoid any strenuous activity that makes your pain worse.
- 4) **SEEK IMMEDIATE MEDICAL ATTENTION** if you develop difficulty breathing, pain in the belly, vomiting, severe chest pain, persistent dizziness, cough up blood, pass out or if your condition worsens in any other way.

Meds Review Printed: 9/6/2016 1248
 Patient: Bernstein, Eliot
 DOB: 9/30/1963
 Age: 52yr
 Pt Acct: 1625001096
 Med Rcrd: 000446213

1625001096

Medication Reconciliation

MEDICATION RECONCILIATION (Discharge)

 MD ED: Cohen, Terry M.D.
 PA: _____

 Triage: Fettner, Karen R.N.
 RN Eval: Karen F.R.N.

Local P Esener _____

PMD Ph: _____

Allergies		
Allergic Substance	Reaction	Severity
NKDA		

Home Meds (Discharge Reconciliation)		
Arrival Medication	Instructions	Modified Medication
Lisinopril <unknown dose>	NO CHANGE - keep taking & ask your physician	

The table above shows the home medication(s) you are currently taking; information which was provided to the Emergency Department.

Read the last column (MD Review) for further medication instructions.

The list below shows any prescription(s) provided to you upon discharge from the Emergency Department.

Prescription / Rx

Rx 1: Percocet Tablets 325mg,5mg (acetaminophen,oxycodone) _____

1 tablet by mouth every 6 hrs as needed for pain

2060149564



Health Information Management Department
634 Glades Road
Boca Raton, FL 33431
Phone Number: 561-955-4072

BERNSTEIN, CANDICE
2753 NW 34TH STREET
BOCA RATON, FL 33434

RELEASE OF INFORMATION INVOICE

For Producing Copies of Medical Records for:

Patient Name:	MRN:	Invoice Date:	Invoice Number:
---------------	------	---------------	-----------------

BERNSTEIN, ELIOT	000446213	Monday, January 09, 2017	185226
------------------	-----------	--------------------------	--------

Number of Pages: 8

Billing Tier:	PATIENT	Billing Tier Pages:	8	Subtotal:	\$8.00
---------------	---------	------------------------	---	-----------	--------

Payment (\$8.00) Cash

Adjust/Payment Total: (\$8.00)

Balance Due: \$0.00

Boca Raton Regional Hospital
Health Information Department
634 Glades Road
Boca Raton, FL 33431
Phone Number: 561-955-4072

Requester: BERNSTEIN, CANDICE

Balance Due: \$0.00

Patient Name:	MRN:	Invoice Date:	Invoice Number:
BERNSTEIN, ELIOT	000446213	Monday, January 09, 2017	185226

BOCA RATON REGIONAL HOSPITAL
Eliot Bernstein DOB:09/30/1963
Patient:Bernstein, Eliot
Mailing Address:2753 Nw 34Th Street
City:Boca Raton
State:FL zip:33434
Home Ph:(561)245-8588

EMERGENCY REPORT
ACCT:1625001096 MRN:000446213

Arrival:9/6/2016 1132
Registration Time:9/6/2016 1134
Disposition:Home
Condition at DispStable
Time Left ED:9/6/2016 1254

Mode of Arrival:Personal Transport
Dispo Summary Printed:9/6/2016 1248
Mode of Departure:Ambulatory
Accompanied By:wife
Diagnostic Eval9/6/2016 1141
Admit Decision:

Chief Cmplnt:Possible Broken Rib Per Pt
Triage ImpressiPain, Local
Acuity:4 Pt Weight:93 kg (205 lbs)
Precautions:
Ebola Exposure?No
Travel Outside No

=====
Allergies

Allergic Substance	Reaction	Severity
NKDA		

=====
Home Medications (MDM)

Arrival Medication	Last Dose
Lisinopril <unknown dose>	

=====
Past Medical History (Problem List)

Condition	Confirmed By
Kidney stone	Fettner, Karen R.N.
Diverticulitis	Fettner, Karen R.N.
HTN - Hypertension	Fettner, Karen R.N.
Multiple trauma	Fettner, Karen R.N.
Vasovagal syncope	Fettner, Karen R.N.
Cerebral hemorrhage after vasovagal syncope	Fettner, Karen R.N.

=====
Past Surgical History (Procedures)

Procedure	Confirmed By
Lithotripsy	Fettner, Karen R.N.
Cystoscopy	Fettner, Karen R.N.
Reconstructive surgery face and neck, sp trauma	Fettner, Karen R.N.
Dental implants	Fettner, Karen R.N.
Tracheotomy	Fettner, Karen R.N.

Meds Given-ED(IF Blank-See Orders/Notes)

Medication	Dose	Route/SitRate	Start/GiEnd	Entered By
No Entries				

Orders ED Record (MDM)

Order	Providers	Sched D/In Prog Comp D/T
XR RIBS UNILATERAL LEFT	316-Cohen, Terry M.D.; same	9/6/201 9/6/201 9/6/201 6 1204 6 1218 6 1242

Clinical Alerts

Description	Origin	Result	Alert Text	Reason to CoDate TUser Name
No Entries				

vital signs (MDM)

Sys Dia PulResp SAT O2 DelTemp (Route Pain Scale Taken at User Name
136 82 77 16 97% RA 97.7 oral 10/10 9/6/2016 Fettner, F Standard 1153 Karen R.N.

Input Output

Fluid Type	Intake	Output	I/O Time
No Entries			

Calls

Name	Requested By	Call 1	Returned
No Entries			

MD ED:Cohen, Terry M.D.

MD ED ID:316

PA:

PA ID:

Triage Full:Fettner, Karen R.N.

Triage ID:32560

RN Eval Full:Fettner, Karen R.N.

RN Eval ID32560

RN Dispo:Fettner, Karen R.N.

RN Dispo I

EMS/PMD

PMD Ph:

LocalEsener

RN Notes

Fettner, Karen R.N. Created: 9/6/2016 1154 Last Entry: 1200

ADULT TRIAGE 9/6/2016 1136

Pg 3

>>> HPI:

Pain - Onset 16hrs prior to arrival. Occurred in left middle chest.
(?)injury. Associated Symptoms:, pain left chest to touch or breathing.

>>> PMH List (See PMH Table) PSH List (See PSH Table)

>>> TRIAGE DATA:

Travel outside US (<= Click to view/enter)

Ebola Exposure (<= Click to view/enter)

Last Tetanus: less than 10yrs.

Pneumonia Vaccine: Potential candidate (> 5 years).

Influenza Vaccine: Potential candidate.

LMP: Not applicable.

Safety of Living Environment: Safe

>>> SH: (+)smokes, patient advised on smoking cessation, drinks socially, no drugs

>>> PREHOSPITAL CARE: Took one of his wife's Vicodin last pm.

>>> TRIAGE INTERVENTION: ED physician notified.

Fettner, Karen R.N. Created: 9/6/2016 1154 Last Entry: 1205

Nurse Note: 9/6/2016 1137

ASSESSMENT CARE CENTER - Adult

Patient's wife at bedside.

Cohen, Terry M.D. at the bedside 9/6/2016 1201

>>> PHYSICAL EXAM: Pt reports while taking a drink and coughing about 16 hrs prior to arrival he passed out. Pt reports his 17 yo son was w/ him, caught him and lowered him to the ground. Pt reports his 17 yo son then "pounded" on the left side of his chest and he "woke right up."

GENERAL APPEARANCE: alert, cooperative.

PAIN: pain scale: 10/10 Standard.

location: left middle chest

quality: sharp.

aggravating factors: activity.

alleviating factors: rest.

MENTAL STATUS: speech clear, oriented X 3, normal affect, responds appropriately to questions.

SKIN: warm, dry, good color, (-)cyanosis, no rash, no ulcers.

Nutritional Screening: normal nutrition

>>> COMMUNICATION DEFICIT: None Identified.

Learning Aids Needed: (+)none, (-)Signer, (-)Interpreter.

Educational Needs: patient and wife needs information on (+)current illness, (-)medications, (-)equipment, (-)home care, (-)activity, (-)diet, (-)community resources.

>>> SH: Support system: lives w family or significant other

Suspected Violence: none

Referrals Reporting: none

Patient verbalizes suicidal or homicidal ideations: no suicidal homicidal ideations

>>> JHFRAT FALL RISK Assessment

If patient has any of the following KNOWN conditions, select it and apply Fall Risk interventions as indicated. If any of these KNOWN fall risks are selected, do NOT continue with the Fall Risk Score Calculation. If there are NO KNOWN fall risks, choose the option for NO KNOWN fall risks and proceed with the Fall Risk calculation.

Fall Risk Status NO KNOWN Fall Risk

Age: _____ 0=Less than 60 years

Fall History: _____ 0=No fall 6 months prior to admit

Elimination bowel urine: _____ 0=No incontinence

Medications: _____ 0=No high fall risk drugs
Equipment: _____ 0=None present

Pg 4

Mobility: _____ 0=No mobility issues

Cognition: _____ 4=Lack of understanding of one's physical
and cognitive limitations

JHFRAT Total Score:, Low Risk(less than 6) Green.

>>> Fall Prevention Interventions:

(+)bed in lowest position (L-M-H), (+)bedside rails up times 2,
(+)educated patient how to use call bell call bell within reach,
(+)educated patient and or family about preventing falls.

Fettner, Karen R.N. Created: 9/6/2016 1221 Last Entry: 1221

Nurse Note:

RADIOLOGY Transport - Patient transported without RN accompanying to XRay
Plain films via walking escorted by radiology technologist.

Fettner, Karen R.N. Created: 9/6/2016 1253 Last Entry: 1254

Nurse Note:

DSP DISCHARGE with Prescription(s) - Plan of care discussed with patient
and wife. Patient discharged with printed instructions. Prescriptions
given to patient. Reviewed prescribed medications with patient;
including potential interactions with other substances. (-)Adverse Drug
Reactions (ADR) during this ED visit: if ADR see details in RN Notes.
Patient encouraged to follow-up with PMD or clinic. Patient verbalized
understanding and ability to comply. Medical Driving Restrictions: none.
Patient is stable and condition is now unchanged. Extended stay less
than 4 hours.

Time of Departure - 9/6/2016 1254 to home

=====Other Notes=====

=====MD/PA Notes=====

Sarvary, Sophia (Scribe) Created: 9/6/2016 1158 Last Entry: 1158

MD Note:

ATTENDING NOTE (Scribe) - I, Sarvary, Sophia (Scribe), am scribing for,
and in the presence of, Cohen, Terry M.D..

Sarvary, Sophia (Scribe) Created: 9/6/2016 1158 Last Entry: 1208
Cohen, Terry M.D. First Entry: 9/6/2016 1251 Last Entry: 1253

PHYSICIAN H P (Medical)

(+)Nursing Notes Reviewed Travel outside US (<= click to view/enter) Ebola
Exposure (<= Click to view/enter)
Physician/PA Evaluation Time: 9/6/2016 1141

>>> HPI:

Patient with h/o vaso vagal syncopal episodes with coughing spells c/o L
sided rib pain. Last night, patient had a syncopal episode during a
coughing spell and was caught by his son who laid him on the floor. Son
immediately started to perform CPR, heard a loud pop and patient woke up
almost immediately. Patient denies head trauma, dizziness, headache,
visual change, speech change, nausea, vomiting, chest pain, SOB,
diaphoresis, fever or chills. Has been worked up extensively for these
syncopal episodes which are associated with coughing spells and they have

been dx'd as vasovagal. This episode was typical.
Sx began after CPR.

Pg 5

breathing out, breathing in, laying, movement worsens sx.
standing still improves sx.

Previous Episodes: prior hx of similar problem.

Additional HPI Information: none

>>> ROS: no fever, (-)chills, (-)LOC, (-)headache, (-)visual changes, (-)sore throat, no cough, (-)SOB, (-)chest wall pain, (-)chest pain, (-)nausea, (-)vomiting, (-)myalgias, (-)rash, (-)dysuria, in addition to the systems reviewed, all other systems reviewed are negative.

PREHOSPITAL CARE:

>>> PMH List (PMH Table Reviewed) PSH List (PSH Table Reviewed)

(+)Medical Records Reviewed

>>> FH: (-)DM, (-)HTN, (-)CAD.

>>> SH: no tobacco, no alcohol, no drugs.

>>> PHYSICAL EXAM:

VITAL SIGNS: reviewed as documented.

GENERAL APPEARANCE: well nourished, alert, cooperative, no acute distress, no discomfort.

MENTAL STATUS: speech clear, oriented x 3, normal affect, responds appropriately to questions.

NEURO: CNS normal as tested, motor intact, sensory intact.

FACE: no tenderness on the face.

EYES: PERRL, EOMI, conjunctiva clear.

NOSE: no nasal discharge.

MOUTH: (-)decreased moisture.

THROAT: no tonsilar inflammation, no airway obstruction.

NECK: supple, no neck tenderness, (-)thyromegaly.

BACK: no CVAT, no back tenderness.

CHEST WALL: exquisite point tenderness L anterolateral lower ribs which exactly reproduces his pain

HEART: normal rate, normal rhythm, normal S1, normal S2, no murmur, no rub.

LUNGS: no wheezing, no rales, no rhonchi, (-)accessory muscle use, good air exchange bilateral.

ABDOMEN: (-)ascites, normal BS, soft, no abd tenderness, (-)guarding, (-)rebound, no organomegaly, no abd masses.

EXTREMITIES: good pulses in all extremities, no extremity tenderness, no edema.

SKIN: warm, dry, good color, no rash.

>>> DIFFERENTIAL Dx: Including but not limited to; chest wall contusion, rib fracture, intercostal strain

Sarvary, Sophia (Scribe) Created: 9/6/2016 1245 Last Entry: 1246

Cohen, Terry M.D. First Entry: 9/6/2016 1250 Last Entry: 1251

MD Note:

I have counseled the patient regarding their (-)labs, (+)radiological exams, (-)EKG, (+)diagnosis. Although no fx seen on x-ray, he clinically has one. Will treat accordingly.

DISCUSSION - Discussed diagnosis and condition of patient with patient.

DISCHARGE with Prescription(s) - Plan of care discussed and questions answered. The patient was discharged with verbal and printed instructions. Prescription(s) were given and prescribed medications were reviewed, including potential interactions with other substances. The importance of outpatient follow up was emphasized and should be followed as noted in the discharge instructions. The understanding of the instructions and ability to comply was verbalized. The condition at

discharge is stable. Instructions to return to the emergency department for worsening symptoms.

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Sarvary, Sophia (Scribe) Created: 9/6/2016 1246 Last Entry: 1246

MD Note:

||||||||||||||||| Author: wellsoft Interface ||||||||||||| 9/6/2016

12:42pm |||||||||||||||

Patient: BERNSTEIN, ELIOT ; Date/Time: 9/6/2016 1217 ; 1016697767

- - - - - HXR RIBS LT UNILAT - - - - -

EXAM START: 9/6/2016 1216

EXAM STOP: 9/6/2016 1218

Left RIBS, 3 views

Clinical history- Trauma

Findings- Multiple views of the left ribs were obtained. There is no evidence of fracture or bone destruction.

IMPRESSION-

Negative left ribs.

-Authenticated and electronically signed by- Jonathan Shapir, M.D.

Electronically signed- 9/6/2016 12:40 PM

Read By- JONATHAN SHAPIR M.D.

Released Date Time- 09/06/16 1241

READ BY: JONATHAN SHAPIRM.D.

RELEASED BY: JONATHAN SHAPIRM.D.

Cohen, Terry M.D. Created: 9/6/2016 1247 Last Entry: 1247

Results Reviewed by ED Physician:

XR RIBS UNILATERAL LEFT

Cohen, Terry M.D. Created: 9/6/2016 1248 Last Entry: 1248

MD Note:

ATTENDING NOTE (Scribe attestation) - I, Cohen, Terry M.D., personally performed the services described in this documentation, as scribed by Sarvary, Sophia (Scribe) in my presence, and it is both accurate and complete.

Cohen, Terry M.D. Created: 9/11/2016 0920 Last Entry: 0921

MD Note:

Addendum: The ROS should include the following (+): cough, chest wall pain

====Results=====

===== Dx/Instr =====

Dx 1:Fx L rib, closed

Follow-up 1:Dr. Esener

Follow-up 1 Date:As needed

===== Patient Belongings =====

Belongings 1:caSent_home

===== Prescription / Rx =====

Rx 1:Percoxit Tablets 325mg,5mg (acetaminophen,oxycodone)

Dose/Conc:

Freq/Rte:1 tablet by mouth every 6 hrs as needed for pain
Disp:#24 (twenty four) ta Refill:zero

Pg 7

=====Work/School Excuse=====
===== Signatures =====
MD Sgntr:Cohen, Terry M.D. 9/6/2016 1248
RN Sgntr:Fettner, Karen R.N. 9/6/2016 1254
Triage Sgntr:Fettner, Karen R.N. 9/6/2016 1206
== (C) 2009 Wellsoft, Elsevier ===== THIS IS THE LAST PAGE ==

EXHIBIT 3

ELIOT BERNSTEIN

Race: White | Ethnicity: Not Hispanic or Latino | Gender: Male | DOB: September 30, 1963 | Language: eng
Patient IDs: 188764

Encounter**DEL Account Number 16919438 Date(s): 8/9/17 - 8/11/17**

Delray Medical Center 5352 Linton Boulevard Albert Cohen, MD Delray Beach, FL 33484-6514 United States (561) 498-4440

Final: Syncope and collapse

Final: Essential (primary) hypertension

Final: Shortness of breath

Final: Hyperlipidemia, unspecified

Final: Unspecified urinary incontinence

Final: Tobacco use

Final: Personal history of urinary calculi

Final: Personal history of traumatic brain injury

Final: History of falling

Final: Family history of ischemic heart disease and other diseases of the circulatory system

Discharge Diagnosis: Apparent life threatening event

Discharge Diagnosis: Syncope

Discharge Diagnosis: Apnea

Discharge Disposition: Against Med Advice

Attending Physician: ESPINEL MD, MANUEL

Admitting Physician: ESPINEL MD, MANUEL

Referring Physician: ESPINEL MD, MANUEL

Reason for Visit

APNEA...APPARENT LIFE THREATENING EVENT SYNCOP

Vital Signs

Most recent to oldest [Reference Range]:

Pulse Sitting
89 bpm
(8/11/17 8:00 AM)

Temperature F [98-100.5
degF]
LOW
(8/11/17 11:32 AM)

Heart Rate [60-100 bpm]
66 bpm
(8/11/17 11:32 AM)

Respiratory Rate [14-20
breaths/min]
18 breaths/min
(8/11/17 11:32 AM)

4
3
2

66 bpm
(8/10/17 3:20 PM)

98 degF
(8/11/17 4:00 AM)

70 bpm
(8/11/17 12:33 AM)

18 breaths/min
(8/11/17 4:00 AM)

11/6/2017
Most recent to oldest [Reference Range]:
Blood Pressure [90-140/60-90 mmHg]
Ht [80-180 cm]

1	2	3	4
Most recent to oldest [Reference Range]:		Inpatient Summary	
Blood Pressure [90-140/60-90 mmHg]	157/98 mmHg (8/11/17 11:32 AM)	127/94 mmHg (8/11/17 8:00 AM)	131/92 mmHg (8/11/17 12:33 AM)
Mean Arterial Pressure	118 mmHg (8/11/17 11:32 AM)	105 mmHg (8/11/17 8:00 AM)	105 mmHg (8/11/17 12:33 AM)
SpO2/Pulse Oximetry [85-100 %]	96 % (8/11/17 11:32 AM)	95 % (8/11/17 8:00 AM)	94 % (8/11/17 4:00 AM)
Height	172 cm (8/10/17 12:28 AM)	172 cm (8/10/17 12:24 AM)	172 cm (8/10/17 12:24 AM)
Current Weight kg	100 kg (8/10/17 12:24 AM)	100 kg (8/10/17 12:24 AM)	172 cm (8/10/17 12:24 AM)
BSA	2.12 (8/10/17 12:24 AM)	2.12 (8/10/17 12:24 AM)	172 cm (8/10/17 12:24 AM)

Problem List

Condition	Effective Dates	Status	Health Status	Informant
Bronchitis(Confirmed)		Active		patient
Car accident(Confirmed)		Active		patient
Syncope(Confirmed)		Active		patient
Hypertension(Confirmed)		Active		patient
Kidney stone(Confirmed)		Active		patient
Cough(Confirmed)		Active		patient
Vasovagal syncope(Confirmed)		Active		patient

Allergies, Adverse Reactions, Alerts

Substance	Reaction	Severity	Status
Iodine; iodine Containing			Active

Medications

acetaminophen-HYDROcodone (Vicodin)

Oral, Refills: 0

Results

EXHIBIT 4



Emergency Department
800 Meadows Road
Boca Raton, FL 33486
(561) 955-4425

Patient: Bernstein, Eliot

Pt Accnt: 1723601103

Med Rcrd: 000446213

DI Printed: 8/24/2017 2017

Patient: Bernstein, Eliot

MD ED: Cohen, Terry M.D.

PA: Bastoky, Jeffrey P.A.

DI Printed: 8/24/2017 2017

RN Eval: Ron R.N.

RN Dispo: _____

AFTERCARE INSTRUCTIONS

We are pleased to have been able to provide you with emergency care. Please review these instructions when you return home in order to better understand your diagnosis and the necessary further treatment and precautions related to your condition. Your diagnoses and prescribed medications today are:

_____ This page is not a prescription. _____

Dx 1: Fx L ribs, closed

Rx 1: Norco Tablets 325mg,5mg (acetaminophen,hydrocodone)

1 tablet by mouth every 6 hrs as needed for pain (max 4 tablets per day)

Orders performed during ED visit

Order

*EKG IN ED

*CBC WITH PLATELET

*BASIC METABOLIC PANEL

*MYOCARDIAL INFARCTION PROFILE

*XR CHEST PORTABLE

*LIPOPROTEIN PROFILE

CT CHEST W/ CONTRAST

CT ANGIO CHEST W/ Contrast

CT ABD/PELVIS W/ IV Contrast Contrast: IV Only

XR RIBS UNILATERAL LEFT

PT WITH INR

PTT

Procedures performed during ED visit

Procedure

Follow Up Info

Follow-up 1: Your Electrophysiologist

F/U MD Ph: _____

F/U MD Fax: _____

Specialty: _____

Follow-up 1 Date: as scheduled tomorrow

Msg F/U MD: _____

EKGs and X-Rays: If you had an EKG or X-Ray today, it will be formally reviewed by a specialist tomorrow. If there is any change from today's Emergency Department reading, you will be notified.

IMPORTANT NOTICE TO ALL PATIENTS: The examination and treatment you have received in our Emergency Department have been rendered on an emergency basis only and will not substitute for definitive and ongoing evaluation and medical care. If you have an assigned physician, or physician of record, it is essential that you make arrangements for follow-up care with that physician as instructed. If you do not currently have a physician locally, please contact our Health Navigator at 561-955-4714 and they will assist you with scheduling an appointment. Report any new or remaining problems to your physician at your scheduled appointment, because it is impossible to recognize and treat all elements of injury or disease in a single Emergency Department visit. *Significant changes or worsening in your condition may require more immediate attention.*

Patient: Bernstein, Eliot

Pt Acctn: 1723601103

Med Rcrd: 000446213

DI Printed: 8/24/2017 2017

The Emergency Department is always open and available if this becomes necessary.

General Information on BROKEN RIBS

The ribs are long, thin bones that curve around each side of the chest. There are twelve ribs on each side. Any firm blow to the chest can break a rib(s). Most of the time this results from sports injuries, falls or motor vehicle accidents. Medically speaking, the words "broken", "cracked" and "fractured" all mean the same thing.

What are the symptoms?

Ordinarily there is a sharp pain in the chest, usually in the area of the broken rib(s). The pain is often worse with bending, lifting, deep breathing or any strenuous activity.

What can be done?

Simple rib fractures usually heal on their own within TWO TO SIX WEEKS. Splinting and other therapies used in the past have proven not to be helpful and are generally not recommended.

What are the risks?

Rib fractures usually heal completely and produce no serious medical problems. There are, however, some risks:

1. Because of the pain, many people with broken ribs avoid breathing deeply. Persistent, shallow breathing increases the risk of developing pneumonia.
2. A severe blow to the chest sometimes damages the lungs, heart, liver or spleen. This damage can be serious and is occasionally even life-threatening.

INSTRUCTIONS

- 1) Acetaminophen (Tylenol) or ibuprofen (Advil) will help ease the pain. **WARNING:** Do not take these drugs if you are allergic to them. Do not take these drugs if you are already taking a prescription pain medication that contains acetaminophen or ibuprofen.
- 2) Every two or three hours, while you are awake, take several deep breaths and cough. This will help keep your lungs well expanded. You can challenge yourself to take deep breaths by trying to blow up a balloon, or blow to knock down an empty paper cup. You should continue this routine until the pain is gone (usually two to six weeks).
- 3) Except for deep breathing, avoid any strenuous activity that makes your pain worse.
- 4) **SEEK IMMEDIATE MEDICAL ATTENTION** if you develop difficulty breathing, pain in the belly, vomiting, severe chest pain, persistent dizziness, cough up blood, pass out or if your condition worsens in any other way.



Emergency Department
800 Meadows Road
Boca Raton, FL 33486
(561) 955-4425

Meds Review Printed: 8/24/2017 2017

Patient: Bernstein, Eliot

DOB: 9/30/1963

Age: 53yr

Pt Acnt: 1723601103

Med Rcrd: 000446213

1723601103

Medication Reconciliation

MEDICATION RECONCILIATION (Discharge)

MD ED: Cohen, Terry M.D.

PA: Bastoky, Jeffrey P.A.

Triage: Caroll, Brandon R.N.

RN Eval: Ron R.N.

Local P No Local Medical Doctor

PMD Ph: _____

Allergies		
Allergic Substance	Reaction	Severity
Iodine		

Home Meds (Discharge Reconciliation)		
Arrival Medication	Instructions	Modified Medication
None	not applicable	

The table above shows the home medication(s) you are currently taking; information which was provided to the Emergency Department.

Read the last column (MD Review) for further medication instructions.

The list below shows any prescription(s) provided to you upon discharge from the Emergency Department.

Prescription / Rx

Rx 1: Norco Tablets 325mg,5mg (acetaminophen,hydrocodone) _____

1 tablet by mouth every 6 hrs as needed for pain (max 4 tablets per day)

2060149564



Emergency Department
800 Meadows Road
Boca Raton, FL 33486
(561) 955-4425

Patient: Bernstein, Eliot
DOB: 9/30/1963
Age: 53yr
Pt Acnt: 1723601103
Med Rcrd: 000446213
Registration Time: 8/24/2017 1705

LAB/XRAY RESULTS

Patient: Bernstein, Eliot
MD ED: Cohen, Terry M.D.
Local P No Local Medical Doctor
Follow-up 1: Your Electrophysiologist

Lab Results:

Wellsoft Interface Created: 8/24/2017 1834 Last Entry: 1834			
Patient: BERNSTEIN, ELIOT ; Date/Time: 8/24/2017 1810 ; 1017118311			
- - - - - CBC WITH PLATELET - - - - -			
WBC	11.3	High K/UL	4.0-10.0
RBC	4.47	Low M/UL	4.70-6.10
HGB	13.9	GM/DL	12.0-16.0
HCT	41.2	%	37.0-47.0
MCV	92.2	FL	80.0-94.0
MCH	31.1	High PG	27.0-31.0
MCHC	33.7	G/DL	33.0-37.0
RDW	12.8	%	11.5-14.5
PLATELET COUNT	339	K/UL	150-400
Wellsoft Interface Created: 8/24/2017 1853 Last Entry: 1853			
Patient: BERNSTEIN, ELIOT ; Date/Time: 8/24/2017 1810 ; 1017118312			
- - - - - BASIC METABOLIC PANEL - - - - -			
SODIUM	142	MMOL/L	138-148
POTASSIUM	4.0	MMOL/L	3.6-5.2
CHLORIDE	108	MMOL/L	100-108
CO2	26	MMOL/L	21-32
GLUCOSE	99	MG/DL	70-99
BUN	1.9	High MG/DL	7-18
CREATININE	0.9	MG/DL	0.6-1.3
GFR EST NON AFRICAN AMERICAN	>60	ML/MIN/1.73M2	
GFR EST AFRICAN AMERICAN	>60	ML/MIN/1.73M2	
CALCIUM	8.7	MG/DL	8.5-10.1
Wellsoft Interface Created: 8/24/2017 1853 Last Entry: 1853			
Patient: BERNSTEIN, ELIOT ; Date/Time: 8/24/2017 1810 ; 1017118314			
- - - - - LIPOPROTEIN PROFILE - - - - -			
CHOLESTEROL	179	MG/DL	<200
CHOLESTEROL	PER NCEP/NHBLI/NIH GUIDELINES		
CHOLESTEROL	<200	MG/DL	DESIRABLE
CHOLESTEROL	200-239	MG/DL	BORDERLINE HIGH
CHOLESTEROL	>239	MG/DL	HIGH
HDL	27	Low MG/DL	40-60
HDL	PER NCEP/NHBLI/NIH GUIDELINES		
HDL	<40	MG/DL	LOW
HDL	>59	MG/DL	HIGH
LDL (CALCULATED)	85	MG/DL	<129
LDL (CALCULATED)	PER NCEP/NHBLI/NIH GUIDELINES		
LDL (CALCULATED)	<100	MG/DL	OPTIMAL
LDL (CALCULATED)	100-129	MG/DL	NEAR OPTIMAL
LDL (CALCULATED)	130-159	MG/DL	BORDERLINE HIGH
LDL (CALCULATED)	160-189	MG/DL	HIGH
LDL (CALCULATED)	>189	MG/DL	VERY HIGH
TRIGLYCERIDE	335	High MG/DL	<150
TRIGLYCERIDE	PER NCEP/NHBLI/NIH GUIDELINES		



Emergency Department
800 Meadows Road
Boca Raton, FL 33486
(561) 955-4425

Patient: Bernstein, E Pg 2
DOB: 9/30/1963
Age: 53yr
Pt Acnt: 1723601103
Med Rcrd: 000446213
Registration Time: 8/24/2017 1705

TRIGLYCERIDE	<150 MG/DL	NORMAL
TRIGLYCERIDE	150-199 MG/DL	BORDERLINE HIGH
TRIGLYCERIDE	200-499 MG/DL	HIGH
TRIGLYCERIDE	>499 MG/DL	VERY HIGH

Wellsoft Interface Created: 8/24/2017 1853 Last Entry: 1853
Patient: BERNSTEIN, ELIOT ; Date/Time: 8/24/2017 1810 ; 1017118313

- - - - - MYOCARDIAL INFARCTION PROFILE - - - - -

CREATINE KINASE	96	IU/L	0-177
CK MB FRACTION	1	NG/ML	0-4
CK MB RELATIVE INDEX	NOT REPORTED	%	0-2
TROPONIN I	<0.015	NG/ML	<0.050
TROPONIN I	REFERENCE:		
TROPONIN I	NEGATIVE		<0.050 NG/ML
TROPONIN I	INDETERMINATE		0.051-0.500 NG/ML
TROPONIN I	SUGGESTIVE OF MYOCARDIAL INJURY		>0.500 NG/ML

Wellsoft Interface Created: 8/24/2017 1918 Last Entry: 1918

Patient: BERNSTEIN, ELIOT ; Date/Time: 8/24/2017 1810 ; A90291022

- - - - - PT WITH INR - - - - -

PROTHROMBIN TIME	PEND	SEC	11.5-14.4	<-- Results Pendin
INR	PEND		0.9-1.2	<-- Results Pendin

NOTE: Additional Information is Available in the Sections Below.

Wellsoft Interface Created: 8/24/2017 1922 Last Entry: 1922

Patient: BERNSTEIN, ELIOT ; Date/Time: 8/24/2017 1810 ; A90291022

- - - - - PT WITH INR - - - - -

PROTHROMBIN TIME	12.5	SEC	11.5-14.4
INR	0.9		0.9-1.2
INR	BASED ON MEDICAL LITERATURE DATA AN INR OF 2.0 - 3.0 MAY BE CONS		
INR	PROPHYLAXIS/TREATMENT OF VENOUS THROMBOSIS AND PULMONARY EMBOLI		
INR	PREVENTION OF SYSTEMIC EMBOLISM. AN INR OF 2.5 - 3.5 MAY BE CO		
INR	MECHANICAL PROSTHETIC VALVES.		

Wellsoft Interface Created: 8/24/2017 1922 Last Entry: 1922

Patient: BERNSTEIN, ELIOT ; Date/Time: 8/24/2017 1810 ; A90291023

- - - - - PTT - - - - -

PTT	37.0	High SEC	22.0-34.8
-----	------	----------	-----------

Rad Results:

Wellsoft Interface Created: 8/24/2017 1901 Last Entry: 1901

Patient: BERNSTEIN, ELIOT ; Date/Time: 8/24/2017 1757 ; 1017118316

- - - - - HXR CHEST PORTABLE 1VIEW - - - - -

EXAM START: 8/24/2017 1835

EXAM STOP: 8/24/2017 1835

SINGLE VIEW CHEST

INDICATION- SYNCOP

COMPARISON- Most recent radiograph dated September 6, 2016.

TECHNIQUE- Single view.

FINDINGS-

Lines and tubes- none

Heart and Mediastinum- The cardiac silhouette is normal in size.

Lungs and Hila- Linear opacity along the right base that may represent platelike atelectasis. No appreciable pneumothorax. There is no hilar enlargement.

Bones and Soft tissues-There are no acute osseus findings.

Other- Not applicable.

IMPRESSION-

1. Linear right base with differential including atelectasis.



Emergency Department
800 Meadows Road
Boca Raton, FL 33486
[561] 955-4425

Patient: Bernstein, E Pg 3

DOB: 9/30/1963

Age: 53yr

Pt Acctn: 1723601103

Med Rcrd: 000446213

Registration Time: 8/24/2017 1705

QF1

-Authenticated and electronically signed by- Ricardo A Palmquist PRA,
MD
Electronically signed- 8/24/2017 6-59 PM

Read By- RICARDO A PALMQUIST M.D.

Released Date Time- 08/24/17 1901

READ BY: RICARDO A PALMQUISTM.D.

RELEASED BY: RICARDO A PALMQUISTM.D.

Wellsoft Interface Created: 8/24/2017 1925 Last Entry: 1925

Patient: BERNSTEIN, ELIOT ; Date/Time: 8/24/2017 1902 ; 1017118416

- - - - - HXR RIBS LT UNILAT 2VIEW - - - - -

EXAM START: 8/24/2017 1903

EXAM STOP: 8/24/2017 1907

RIBS SERIES

REASON FOR EXAM- PAIN.

COMPARISON- Radiograph September 6, 2016. .

FINDINGS- 4 views of the left ribs. There is a nondisplaced fracture of the sixth lateral rib, question of non-space fracture of the ninth lateral rib. No appreciable pneumothorax. Adjacent soft tissues are unremarkable. The visualized portions of the heart and lungs are normal for the technique.

IMPRESSION-

1. No displaced fracture of the left sixth lateral rib with question of nondisplaced fracture of the ninth lateral rib for correlation with point tenderness. No appreciable pneumothorax.

-Authenticated and electronically signed by- Ricardo A Palmquist PRA,

MD

Electronically signed- 8/24/2017 7-23 PM

Read By- RICARDO A PALMQUIST M.D.

Released Date Time- 08/24/17 1924

READ BY: RICARDO A PALMQUISTM.D.

RELEASED BY: RICARDO A PALMQUISTM.D.

EXHIBIT 5

EXHIBIT 6



Emergency Department
800 Meadows Road
Boca Raton, FL 33486
(561) 955-4425

Patient: Bernstein, Eliot

Pt Accnt: 1729001305

Med Rcrd: 000446213

DI Printed: 10/17/2017 1934

Patient: Bernstein, Eliot

MD ED: Fontana, Peter M.D.

DI Printed: 10/17/2017 1934

RN Eval: Erica R.N.

RN Dispo: _____

AFTERCARE INSTRUCTIONS

We are pleased to have been able to provide you with emergency care. Please review these instructions when you return home in order to better understand your diagnosis and the necessary further treatment and precautions related to your condition. Your diagnoses and prescribed medications today are:

_____ This page is not a prescription. _____

Dx 1: Cellulitis L lower limb

Dx 2: Sprain L ankle, unspecified ligament

Dx 3: Fx L foot 5th metatarsal nondisplaced, closed

Rx 1: Norco Tablets 325mg,5mg (acetaminophen,hydrocodone)

1 tablet by mouth every 6 hrs as needed for pain (max 4 tablets per day)

Rx 2: Bactrim DS Tablets (sulfamethoxazole,trimethoprim) 800mg,160mg

160mg/tablet

1 tablet by mouth every 12 hrs for 10 days

Rx 3: Keflex Capsules (cephalexin)

500mg/capsule

1 capsule by mouth every 8 hrs for 10 days

Orders performed during ED visit

Order

XR ANKLE LEFT

XR FOOT LEFT

XR FOOT RIGHT

US LE VEN DUPLEX DVT LEFT

Procedures performed during ED visit

Procedure

Follow Up Info

Follow-up 1: Alvarez, Luis A M.D.

19801 Hampton Dr #C1-2

Boca Raton FL 33434

F/U MD Ph: (561)477-2862

F/U MD Fax: 561-477-2864

Specialty: _____

Follow-up 1 Date: 2-3 Days

Msg F/U MD: _____

Follow-up 2: Saperstein, Alan L M.D.

1905 Clint Moore Rd #214

Boca Raton FL 33496

F/U 2 MD Ph: (561)241-8668

F/U 2 MD Fax: 561-912-9556

Specialty: _____

Follow-up 2 Date: 5 Days

EKGs and X-Rays: If you had an EKG or X-Ray today, it will be formally reviewed by a specialist tomorrow. If there is any change from today's Emergency Department reading, you will be notified.

IMPORTANT NOTICE TO ALL PATIENTS: The examination and treatment you have received in our Emergency Department

Patient: Bernstein, Eliot

Pt Accnt: 1729001305

Med Rcrd: 000446213

DI Printed: 10/17/2017 1934

have been rendered on an emergency basis only and will not substitute for definitive and ongoing evaluation and medical care. If you have an assigned physician, or physician of record, it is essential that you make arrangements for follow-up care with that physician as instructed. If you do not currently have a physician locally, please contact our Health Navigator at 561-955-4714 and they will assist you with scheduling an appointment. Report any new or remaining problems to your physician at your scheduled appointment, because it is impossible to recognize and treat all elements of injury or disease in a single Emergency Department visit. *Significant changes or worsening in your condition may require more immediate attention. The Emergency Department is always open and available if this becomes necessary.*

General Information on CELLULITIS (skin infection)

Cellulitis is a particular type of skin infection. It results from the growth of small germs underneath the skin. Cellulitis sometimes develops around cuts, burns or scrapes, but often it develops for no apparent reason in normal, uninjured skin.

What are the symptoms?

Any area of skin can develop cellulitis. The infected area is usually red, warm, swollen and tender. It usually measures less than five inches across, but it can grow to be quite large. In addition, cellulitis sometimes produces a fever.

What can be done?

The bacteria that cause cellulitis can usually be destroyed with antibiotic medication. When treated with antibiotics, most cases of cellulitis get better over two to three days.

What are the risks?

Cellulitis does not ordinarily produce any serious medical problems. There are, however, some risks:

1. Occasionally, cellulitis produces a small pocket of pus under the skin. This problem usually requires minor surgery.
2. Sometimes cellulitis continues to get worse in spite of the antibiotics. This can be serious.
3. Occasionally, cellulitis germs spread through the blood and produce infections in other parts of the body (brain, bones or heart). This is of particular concern when dealing with cellulitis of the face.
4. Patients with other illnesses such as diabetes, poor circulation, or weak immune systems will have an increased risk of developing a serious infection.

INSTRUCTIONS

- 1) Rest.
- 2) Apply warm packs to the infected area, for 15 to 20 minutes, three to four times a day. This may help speed the healing process.
- 3) Keep the infected area elevated to help reduce swelling.
- 4) Make sure to take all medication as prescribed, even if you are feeling better. If you stop taking the antibiotic medication early, you will be more likely to get the infection back again.
- 5) If you are not allergic to them, you may take aspirin, acetaminophen (Tylenol) or ibuprofen (Advil) to help ease the pain.

WARNING: DO NOT GIVE ASPIRIN TO ANYONE LESS THAN 18 YEARS OLD.

- 6) **SEEK IMMEDIATE MEDICAL ATTENTION** if you develop any signs of worsening infection, such as:
 - A) increased pain, redness or swelling,
 - B) a high fever or
 - C) red streaks on the skin near the area of cellulitis.
 - D) Condition worsens in any other way.

Be extra careful with small children; also look for poor feeding, vomiting, increased fussiness, unusual sleepiness, difficulty breathing, a stiff neck, or decreased urination.

General Information on a SPRAINED ANKLE

The ankle joint is made up of three bones held together by several strong bands, called ligaments. If the ankle is forcefully bent, hit or twisted, one or more of these ligaments may be damaged, resulting in a "sprained ankle". Most of the time this results from sports injuries, falls or motor vehicle accidents. Depending on the circumstances, the ligaments may be only slightly damaged, or they may be completely torn in half.

What are the symptoms?

A sprained ankle produces pain that gets worse with any movement of the foot. In addition, there may be some swelling or