

Alabama Board of Medical Examiners P.O. Box 946, Montgomery, AL 36101

Name: AL License #	
Address: Street City State	7
Street City State Physician Specialty: Cartie Surgery	Zìp
Date of Surgery: 12/15/03 Type of Surgery: Breust	·
Typo of Anesthesia (Moderato, Deep, or General):	
Name & Title of Person Administering Anesthesia:	
Date of Adverse Event: 12/15/03	
Indicate Adverse Event (ie. Surgical complication, post-op infection, etc.):	·
Negative Preuve Polinonay Ellena	
Patient Hospitalized: YesNo	.
** If patient outcome is pending, please provide a follow-up report within 14 days of the patient's discharge and/or recovery	<u>.</u>
Please provide a brief narrative description of what occurred during this event and what chaoffice protocols have been implemented in order to prevent this complication from re-occurring	
phenomenon Px = Dz, lasix; resolved outher 12° we will cont. to now, for for	2
I swear (affirm) that the information set forth on this Office-Based Surgery/Adverse Event Report true and correct to the best of my knowledge, information and belief. I also understand that the I Medical Examiners may conduct an on-site inspection at any time.	Form is Board of
* Please return to Sherri D. Nichols, Board Scoretary, at the above listed address. *	
Signature of Physician: Date: 2/23	104

Alabama Board of Medical Examiners P.O. Box 946, Montgomery, AL 36101 9 2004 MAR Office-Based Surgery Adverse Event Report Form Name: AL License Address State Zip Physician Specialty: Nephrology / Interventual Mahaling Date of Surgery: Type of Surgery: Type of Anesthesia (Moderate, Deep, or General): Name & Title of Person Administering Anesthesia: Date of Adverse Event: __3/5 (} Indicate Adverse Event (ie. Surgical complication, post-op infection, etc.): dyc renetim Patient Hospitalized: Yes Patient Outcome: Full Recovery Death ** If patient outcome is pending, please provide a follow-up report within 14 days of the patient's discharge and/or recovery. Please provide a brief narrative description of what occurred during this event and what changes in office protocols have been implemented in order to prevent this complication from re-occurring. I swear (affirm) that the information set forth on this Office-Based Surgery/Adverse Event Report Form is true and correct to the best of my knowledge, information and belief. I also understand that the Board of Medical Examiners may conduct an on-site inspection at any time. * Please return to Sherri D. Nichols, Board Secretary, at the above listed address. * Date: 3 (r/oy

Signature of Physician:



Alabama Board of Medical Examiners P.O. Box 946, Montgomery, AL 36101

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	Adverse Event Repor			
Name:		AL Lice	nse#	j
Address: 2	City	State	Zip	
Physician Specialty: PA	_		F	
Date of Surgery: 03.	5.04 Type of Surgery: Fi	acellflic Tem	poral ift; 1	1 1 lip lipostracti
Type of Anesthesia (Moo	derate, Deep, or General):	General		- -
Name & Title of Person	Administering Anesthesia:		CRNA	
Date of Adverse Event:	03.16.04	•		
Indicate Adverse Event (ie. Surgical complication, po	st-op infection, etc.):	
Hernatoma.	neck			
Patient Hospitalized: Ye Patient Outcome: Fu	es No <u>X</u> ıll Recovery <u>X</u> Disability _	Death ** Pe	ending	
** If patient outcome is pending, plea	se provide a follow-up report within 14 day	/s of the patient's discharge s	nd/or recovery.	
office protocols have been in	tive description of what occurre in plemented in order to prevent the to OKUL ON POD 1	his complication from	re-occurring.	
neck dispute or	ernofot dieun plan	rement Hen	natema wa	1 1
	unated & attected			T T
charrated: +	here was proper	elolem wit	h her	
dirway propert	o evaluation. 'A	atient tolour	ated the	
proxequie we	th. NO new protos	OUG COURTE	voical	
population	nation set forth on this Office-Bas	sed Surgery/Adverse E	vent Report Form is	
rue and correct to the best of	my knowledge, information and lact an ord-site inspection at any time	belief. I also understar	nd that the Board of	header ou
Please return to Sherri l	D. Michols, Board Segretary,	at the above listed:	address. * /	April
Signature of Physician:	val 9	Date:	3.16.04	1

Alabama Board of Medical Examiners P.O. Box 946, Montgomery, AL 35101

Con	Adverse Event Re	port Form	A Comment		
Name:	J D		AL License #		
Address: Street	City	174 M. T. V. J. M. A. V.	State	Zip	
Physician Specialty: Pl(1stic Sugery	_		-	
Date of Surgery: <u>03</u> · 년	704 Type of Surger	v: Faceliff E	Tempore	10 1.Ft; 141	lipli
Type of Anesthesia (Mod			۸ ،	<u> </u>	
Name & Title of Person A	dministering Anesthesi	a:		CRNA	
Date of Adverse Event:	03-16-04	1	,		
Indicate Adverse Event (i	c. Surgical complication	, post-op infect	tion, etc.):		
Hernatoma.	neck				
Patient Hospitalized: Yes	s No <u>X</u> li Recovery <u>X</u> Disabili	ty Death _	** Pendin	g	
* If patient outcome is pending, please	e provide a follow-up report within	14 days of the putient's	discharge and/or re	covery.	
Please provide a brief narrat office protocols have been im Patient procented	plemented in order to preve	ent this complicat	tion from re-oc	eurring.	
neck dispute the	rnight duelen f	placement	. Hemat	ema was	i
successfully eva					Ĉ.
New larger dra	ans were place	o dessi	than 100	occ INCS	
LINGUALL TOMEN +	DOWN COUNTY	Col	toloxate	d the	
MACALITI WE	H HO NEW TOTE	7 - //-	tooted o	15-this	
s something-th	not occurs in	421. D.+	ne stroi	cal	
DOVICE ON Swear (affirm) that the inform	eation set furth on this Office	Based Surgery/A	dverse Event R	eport Form is	
rue and correct to the best of Medical Examiners may condu	my knowledge, information	and belief. I also	understand that	the Board of	
Please return to Sherri D			e listed addre	ess. *	
Signature of Physician:	/ are		Date: 3:11	o.at	

B/c:y, plastic suro accred: ues



Alabama Board of Medical Examiner P.O. Box 946, Montgomery, AL 36101

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James - American Control of the Cont		.	AD	VI
Name:				
Address:Street	Çity	State		Zip
Physician Specialty: PLASTIC	•			
Date of Surgery: 3190 Ty	pe of Surgery:	WOMENT.	MTION	Principal distribution
Гуре of Anesthesia (Moderate, Deep	, or General):	MODERRAT	TE .	
Name & Title of Person Administeri	ng Anesthesia:		CRN	A
Date of Adverse Event: 3190	4			
Indicate Adverse Event (ie. Surgical	complication, post-	op infection, e	ic.): PNE	MOTH
			<u></u>	
Patient Hospitalized: Yes No No Patient Outcome: Full Recovery	/ / Disability	Death **	Pending	_
* If patient outcome is pending, olease provide a follo	w-up resort within 14 days o	f the patient's dischar	ge and/or recover	X.
Please provide a brief narrative descripti office protocols have been implemented in				
DURING DISCECTION O	of subpect	orge po	ادردوم	013
			n. A.A. n	
A RENT OCCUMBEN	IN INTER	COSTAL	24VICE	INTE
			2. LVICE	INTE
A RENT OCCUMBEN			3.1.VICE	INTE
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A RENT OCCUMBEN			2.1.VICE	INTE
A RENT OCCUMBEN PLBURA, SEE ATT	40 CBH2P	(Folta		
A RENT OCCUMREN	th on this Office-Based	REPORT.	e Event Repor	t Form is
A RENT OLLYNREN PLGURA SEE ATT I swear (affirm) that the information set for true and correct to the best of my knowled	th on this Office-Based gc, information and be inspection at any time.	i Surgery/Adverse	e Event Repor stand that the	t Form is Board of



Alabama Board of Medical Examiner P.O. Box 946, Montgomery, AL 3610

Office-Based Surgery

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A	E]	N	1	E	<u>.</u>

Adve	erse Event Report Fo	A E	ME
Name:		AL License #	
Address: Street	City	State	Zip
Physician Specialty: Plast			
Date of Surgery: 3/25/04	Type of Surgery: $_{\cal Z}$	reast Augr	nentation
Type of Anesthesia (Moderate, De			
Name & Title of Person Administe	ering Anesthesia:		CRNA
Date of Adverse Event: 3/29/	6-7	•	
Indicate Adverse Event (ie. Surgice	al complication, post-or	infection, etc.):	
Deflation	Left implan	+	
Patient Hospitalized: Yes No Patient Outcome: Full Recove	Disability D	eath ** Pending	
** If patient outcome is pending, please provide a fo	illow-up report within 14 days of th	patient's discharge and/or reco	very.
Please provide a brief narrative descrip office protocols have been implemented H presented to	in order to prevent this co	mplication from re-occu	changes in rring.
deflation of 1ef			
If deflation w			/
report from	implant n	~ ,	. 1
I swear (affirm) that the information set for true and correct to the best of my knowle Medical Examiners may conduct an on-sit	dge, information and belief.		
* Please return to Sherri D. Nichols	Board Secretary, at th	e above listed address	*
Signature of Physician:		Date: 5-18-	04

Signature of Physicial

Alabama Board of Medical Examiners P.O. Box 946, Montgomery, AL 36101

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Office-Based Surgery
Adverse Event Report Form

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Name:		AL License #	Î
Address: Street	City	State Zip	7.E. 7.1
Physician Specialty: _	Plastic Surgery		
Date of Surgery: 3/8	35/04 Type of Surgery: B	reast Augmentati	ia
Type of Anesthesia (N	Moderate, Deep, or General):	eneral	
Name & Title of Perso	on Administering Anesthesia:	CRN	<u>[A</u>
Date of Adverse Even	t: 3/26/64	·	
Indicate Adverse Ever	nt (ie. Surgical complication, post-op	infection, etc.):	
Def	lated (F) implant	· .	-
Patient Hospitalized: Patient Outcome:	Yes No Disability D	Peath ** Pending	•
** If patient nutcome is pending.	please provide a follow-up report within 14 days of the	patient's discharge and/or recovery,	
office protocols have been PH Present		mplication from re-occurring 1 with a defla	/
	timplant. We ar was a result of		 v .
	t defect. We ar	· · · · · · · · · · · · · · · · · · ·	_
report fro	m implant ma	rufacturer.	
•			
rue and correct to the best Medical Examiners may co	formation set forth on this Office-Based Su of my knowledge, information and belief, induct an on-site inspection at any time.	I also understand that the Board of	is of
Please return to Sher	ri D. Nighors Board Secretary, at the	e above listed address. *	

____Date: 5-18-04

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Alabama Board of Medical Examiners P.O. Box 946, Montgomery, AL 36101 APR 7 200, ABME

Name:		AL License #
Address:		76547
Street	City	State Zip
Physician Specialty: Octon tractal Surge	rg	
Date of Surgery: 3/25/04 Type of S	lurgery: <u>colonoscop</u>	ry & polypectomy
Type of Anesthesia (Moderate, Deep, or Ge	neral): Gene	cra <u>l</u>
Name & Title of Person Administering Ane	sthesia:	MD.
Date of Adverse Event: 3/3/04		
Indicate Adverse Event (ie. Surgical compli	cation, post-op infec	tion, etc.):
LOWER GASMOINTESTINAL	BUBING	The air criticis . In this residence of an air the air all all and air colors are and air colors.
Patient Hospitalized: Yes V No Patient Outcome: Full Recovery D	isability Death _	** Pending
** If patient outcome is pending, please provide a follow-up repo	rt within 14 days of the patient	s discharge and/or recovery.
Please provide a brief narrative description of w office protocols have been implemented in order		
PT COMPACTED ME WA AN		
SHE COMPLANATO OF PASSING		
from HER RECTUM - SHE HO		
ON 3/25/04 - SHE HAYO TAKE		•
FOR ARTHUTIC RAIN SHE WA	· · · · · · · · · · · · · · · · · · ·	•
Room for PURTHER EXALUSTED		
WITH IN YOMINUTES OF THE	FIRST - PLA	a ser MALLATIO HP
I swear (affirm) that the information set forth on the true and correct to the best of my knowledge, infor- Medical Examiners may conduct an on-site inspection	mation and belief. I also	Adverse Event Report Form is understand that the Board of
* Please return to Sherri D. Nichols, Board		
Signature of Physician:		Date: 3/31/04

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	0.	ccred: y
(CD)	Jabama Board of Medical Exam 2.0. Box 946, Montgomery, AL	
	Office-Based Surgery Adverse Event Report Forr	ABME
Name:	D -	AL License
Address: Street	City	State Zip
Physician Specialty:	Plastic Surgery	
Date of Surgery: 3/25	5/04 Type of Surgery: Br	east Augmentation
Type of Anesthesia (Moo	derate, Deep, or General):	nural
Name & Title of Person	Administering Anesthesia:	CRNA
Date of Adverse Event:	4/1/04	•
Indicate Adverse Event (ie. Surgical complication, post-op in	nfection, etc.):
Det	Clation right impl	ant
	es No Disability Dea	· —
Please provide a brief narra	tive description of what occurred durin	g this event and what changes in
a deflation	of the right imp	last. We are
unsure if	deflation was a r	result of employee
report from	mplant detect. U m implant Man	ufacturer.
true and correct to the best of	mation set forth on this Office-Based Surg my knowledge, information and belief. I act an on-site inspection at any time.	ery/Adverse Event Report Form is also understand that the Board of

I swear (affirm) that the information set forth on this Officetrue and correct to the best of my knowledge, information a Medical Examiners may conduct an on-site inspection at any

oard Secretary, at the above listed address. * * Please return to Sherri D. Nic

Signature of Physician:

Date: 5-18-04

Alabama Board of Medical Examiners
P.O. Box 946, Montgomery, AL 3610

Office-Based Surgery
Adverse Event Report Form

Name:

AL License if

Address:

Street

City

State

Physician Specialty:

Plastic Surgery

Date of Surgery:

Jastic Surgery

Type of Anesthesia (Moderate, Deep, or General):

Name & Title of Person Administering Anesthesia:

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A B M E

Date: 5-18-04

A	dverse Event Report For	rm LAE	ME
Name:		AL License f	
Address:			
Street	City	State	Zip
Physician Specialty: Pla	stic Surgery		
Date of Surgery: 3/25/04	Type of Surgery: <u>B</u>	reast Augr	nentation.
Type of Anesthesia (Moderate,	, Deep, or General): <u>Ce</u>	rval	
Name & Title of Person Admir		111	RNA
Date of Adverse Event:	12/04		
Indicate Adverse Event (ie. Su	rgical complication, post-op	infection, etc.):	
Defla-toa	(Rt) impla	nt ·	·
Patient Hospitalized: Yes Full Rec	NoDisability De	eath ** Pending	
** If patient outcome is pending, please provide	le a follow-up report within 14 days of the	nations's discharge and/or reco	vay.
Please provide a brief narrative de office protocols have been impleme		nplication from re-occu	rring.
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are unsure i	f deflation	was a res	ulf
of employee	error vs. imp	plant defec	<u>{. </u>
We are aux	siting report	from imp	lant
We are aux manufacturer.	<u> </u>		
<u> </u>			· · · · · · · · · · · · · · · · · · ·
I swear (affirm) that the information true and correct to the best of my kn Medical Examiners may conduct an o	owledge, information and belief.	gery/Adverse Event Rep I also understand that t	oort Form is he Board of

* Please return to Sherri D. Nickols, Board Secretary, at the above listed address. *

Signature of Physician:



Signature of Physician:

Alabama Board of Medical Examiners P.O. Box 946, Montgomery, AL 36101

MAY 2 1 2004

Adviso Liver report i din
Name: AL License #
Address: Street City State Zip
Physician Specialty: Plastic Surgery
Date of Surgery: 3/22/04 Type of Surgery: Breast Augmentation
Type of Anesthesia (Moderate, Deep, of General): General
Name & Title of Person Administering Anesthesia:
Date of Adverse Event: 4-12-04
Indicate Adverse Event (ie. Surgical complication, post-op infection, etc.):
Infected (2+) Breast / Implant
Patient Hospitalized: Yes No Disability Death ** Pending
** If patient outcome is pending, please provide a follow-up report within 14 days of the patient's discharge and/or recovery.
Please provide a brief narrative description of what occurred during this event and what changes in office protocols have been implemented in order to prevent this complication from re-occurring. Patient presented to office 3 weeks 5/P hreast
augmentation with fever & frank pus from wound
on (1) breast which communicated with breast
implant. implant removed on day 21 with
penrose drain placement. IV antibiotics
given as well as oral antibiotics. Drain
removed as oral antibiotics. Drain removed a 5 days post-op. Patient has recovered fully is a waiting reimplantation
recovered +ully FIS awaiting reimplementalian
swear (affirm) that the information set forth on this Office-Based Surgery/Adverse Event Report Form is rue and correct to the best of my knowledge, information and belief. I also understand that the Board of Medical Examiners may conduct an on-site inspection at any time.
* Please return to Sherri D. Nichols, Board Secretary, at the above listed address. *
Signature of Physician: Date: 18 M77/1



Alabama Board of Medical Examiners P.O. Box 946, Montgomery, AL 36101

MAY 2 1 2004

Office-Based Surgery Adverse Event Report Form

Address: Street City State Physician Specialty: Plastic Surgery Date of Surgery: H-22-04 Type of Surgery: General): Cerural Name & Title of Person Administering Anesthesia: Date of Adverse Event: H-22-04 Indicate Adverse Event: State City State Surgery Surgery Breast A Freak Fig. Surgical complication, post on infection set	ense #
Date of Surgery: 4-22-04 Type of Surgery: Breast A Type of Anesthesia (Moderate, Deep, or General): General Name & Title of Person Administering Anesthesia: Date of Adverse Event: 4-22-04	Zip
Type of Anesthesia (Moderate, Deep, or General): Name & Title of Person Administering Anesthesia: Date of Adverse Event: 4-22-0+	
Name & Title of Person Administering Anesthesia: Date of Adverse Event: 4-22-04	,
Date of Adverse Event: 4-22-04	
•	CRNA
Indicate Adverse Event (in Surgical complication, post on infection, etc.	
Indicate Adverse Event (ie. Surgical complication, post-op infection, etc. **Mematoma & Breast**	2.):
Patient Hospitalized: Yes No Disability Death ** F	~
** If patient outcome is pending, please provide a follow-up report within 14 days of the patient's discharge Please provide a brief narrative description of what occurred during this event a office protocols have been implemented in order to prevent this complication from I-a fient presented approx. 8 hies. after	and what changes in a re-occurring.
augmentation with acute swelling &	
breast. Exploration & evacuation of hematoma performed without difficult	Left breast
recored fully.	
	PPA
I swear (affirm) that the information set forth on this Office-Based Surgery/Adverse I	Event Report Form is

I swear (affirm) that the information set forth on this Office-Based Surgery/Adverse Event Report Form is true and correct to the best of my knowledge, information and belief. I also understand that the Board of Medical Examiners may conduct an on-site inspection at any time.

* Please return to Sherri D. Nightls/Board Secretary, at the above listed address. *

Signature of Physician:

Date: 5-18-04

B/C: y, colon+rectal surg accred: y



'	P.O. Box 946,	d of Medical Exami Montgomery, AL 3	6101 REC	EIVED
~ 1	Office-	Based Surgery Event Report Form	MA	y - 3 2004
Name:			AL License#	R.M.E.
Address:				
Stre		City	State	Zip
	y: Colon and recta	• •		
Date of Surgery:	4122 64 Type	of Surgery: Color	nescopy Epoly	perten.
Type of Anesthesia	ı (Moderate, Deep, or	General):	Peneral	· · · · · · · · · · · · · · · · · · ·
Manife of Title Of F	erson Auntinistering	Allesmesia;	加	S
Date of Adverse E	vent: 4/24/64	- -		
Indicate Adverse E	vent (ie. Surgical cor	nplication, post-op in	fection, etc.):	10 Ma
post-poly	rectomy Lowe	er gastrointe	stimal bloc	ding
Patient Hospitalize Patient Outcome:	d: Yes No No Full Recovery	Disability Deat	h ** Pending	: <u>~</u>
** If patient outcome is pend	ling, please provide a follow-up	report within 14 days of the pat	ient's discharge and/or rec	overy.
		of what occurred during der to prevent this compl		
He had a	olonoscopy i	polypectony 9	422/04 an	l called
4/24/04 E	Large amou	(07 + 4	bleching,	syneope
+ pallor,	in Report	for local EX	Starl dim	iles away)
uas ordios	tate hypoten	from 120 less suit, responde	1 to IN El	and loles
+ was to	be admitte	of there to p	CP. I fly	o them I
would be		it keen in tra)	
I swear (affirm) that the true and correct to the	e information set forth o	on this Office-Based Surge information and belief. 1	experim use any/Adverse Event Realso understand that	port Form is
* Please return to S	Sherri D. Nichols, Bo	ard Secretary, at the a	bove listed addre	ss. *
Signature of Physi	cian:	P. Arthur and Arthur a	Date:	5/04



Signature of Physician:

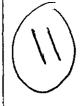
Alabama Board of Medical Examiners P.O. Box 946, Montgomery, AL 36 01

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Office-Based Surgery

	Adverse Event Report Form	ABME
Name:		AL License #
Address: Street	City	State Zip
Physician Specialty:		
Date of Surgery: 4/36/0	+ Type of Surgery: Bre	ast Augmentation
Type of Anesthesia (Modera	ite, Deep, or General): <i>Geru</i>	al
	ninistering Anesthesia:	
Date of Adverse Event:	126/04 PM	•
Indicate Adverse Event (ie. S	Surgical complication, post-op in	fection, etc.):
Hemator	ra right breas	s t
Patient Hospitalized: Yes	كر	
** (f patient outcome is pending, please pro	ovide a follow-up report within 14 days of the pa	tions's discharge and/or recovery.
office protocols have been imple	description of what occurred during mented in order to prevent this comp	
with a cute s	welling of the 1	right breast.
Exploration &	evacuation of	right breast
	pertormed wit	hous difficulty.
Patient rec	overed fully.	
true and correct to the best of my Medical Examiners may conduct a		also understand that the Board of
* Please return to Sherri D. N	vicions Board Secretary, at the a	bove listed address. *
Signature of Physician:		Date: 5-18-04

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Alabama Board of Medical Examiners P.O. Box 946, Montgomery, AL 36101

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Name:		AL License #	
Address:		the speciment of the	
Street	City	State	Zip
Physician Specialty: Cos me	tic + Reconstructu	re surgery	-
Date of Surgery: 05/07/04	Type of Surgery: Ab	dominoplasty	· · · · · · · · · · · · · · · · · · ·
Type of Anesthesia (Moderate,	, Deep, or General):	oidural	
Name & Title of Person Admir	nistering Anesthesia:	, CRNA	
Date of Adverse Event: 05	5/14/04		
Indicate Adverse Event (ie. Sur	rgical complication, post-o	p infection, etc.):	
Pulmmary ei	mbolism, deep v	ein thrombosis	
Patient Hospitalized: Yes X	No covery <u>X</u> Disability l	Death ** Pendin	g
If patient outcome is pending, please provid	de a follow-up report within 14 days of t	he nations's discharge and/or re	covery.
Please provide a brief narrative de office protocols have been impleme	ented in order to prevent this c	omplication from re-oc	curring.
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swear (affirm) that the information rue and correct to the best of my kn Medical Examiners may conduct an o	nowledge, information and belie	Surgery/Adverse Event R ef. I also understand tha	Report Form is t the Board of
* Please return to Sherri D. Nic	chols, Board Secretary, at t		
Signature of Physician:		Date: 57	S 04

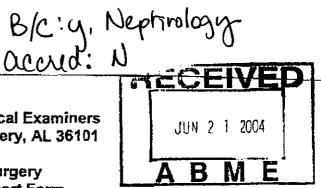


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JIM 9 2004

Office-Based Surgery Adverse Event Report Form
Name:
Address: Street City State Zip
Physician Specialty: Plastic Surgery
Date of Surgery: 6-2-04 Type of Surgery: Evacuation (R) check HT
Type of Anesthesia (Moderate, Deep, or General): Local Only
Name & Title of Person Administering Anesthesia:
Date of Adverse Event: 6-2-04
Indicate Adverse Event (ie. Surgical complication, post-op infection, etc.):
Hematoma Rt Cheek - Surgical Complication
Patient Hospitalized: Yes No X_ Patient Outcome: Full Recovery X Disability Death ** Pending
** If patient outcome is pending, please provide a follow-up report within 14 days of the patient's discharge and/or recovery.
Please provide a brief narrative description of what occurred during this event and what changes in office protocols have been implemented in order to prevent this complication from re-occurring.
Patient developed acrite hematoma Et cheek nine days post op Evacuated under local anesthesia
without complication. No change in procedure
I swear (affirm) that the information set forth on this Office-Based Surgery/Adverse Event Report Form is true and correct to the best of my knowledge, information and belief. I also understand that the Board of Medical Examiners may conduct an on-site inspection at any time. * Please return to Sherri D. Nichols, Board Scoretary, at the above listed address. *
* Please return to Sherri D. Nichols, Board Secretary, at the above discontinuous Signature of Physician: Date: By May C''

Alabama Board of Medical Examiners P.O. Box 946, Montgomery, AL 36101



Name:	AL License #
Address:	
	Street State Zip
Physician Spe	cialty: Nephrology
Date of Surger	y: 6/11/04 Type of Surgery: Throubectory of AV Graft
Type of Anest	nesia (Moderate, Deep, or General):
	of Person Administering Anesthesia
Date of Adver	se Event: Extravaisation from vein after angiophist
	se Even (ie. Surgical complication, post-op infection, etc.):
	interventional complication
Patient Hospita Patient Outcom	lized: Yes X No ne: Full Recovery X Disability Death ** Pending
** If putient outcome	s pending, please provide a follow-up report within 14 days of the patient's discharge and/or recovery.
	brief narrative description of what occurred during this event and what changes in
In Alice protocols i	ave been implemented in order to prevent this complication from re-occurring.
- AV Gra	let fistula (clotted) we found a very disease
enous	but flew sequent beyond the sipt. The
roquited.	much hat recrue arrivalants to your.
When clit	was removed from the AVG blood was
radio Pr	locking from this petin of van At was
in while	controlled by inflowing the angogetast, bollown of
lowing of	craft to re- let It will require suggical
ensim. d	he was admitted a 23 hus for Observation
I swear (affirm) the	nat the information set forth on this Office-Based Surgery/Adverse Event Report Form is the best of my knowledge, information and belief. I also understand that the Board of
Medical Examine	rs may conduct an on-site inspection at any time.
* Please return	to Sherri D. Nichols, Board Secretary, at the above listed address. *
Signature of Pl	Date: 6/16/04

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B/C: y, Nephrology accred: N

JUN 25 2004

Alabama Board of Medical Examiners P.O. Box 946, Montgomery, AL 36101

Name:		AL Lice	
Address:			
Street	City	State	Zip
Physician Specialty: 12	ology		
Date of Surgery: 442404	_Type of Surgery:	ENT COTH INS	ections
Type of Anesthesia (Moderate, L	Deep, or General):	None	
Name & Title of Person Adminis	stering Anesthesia:	N/A	
Date of Adverse Event:	<u>-04</u>		
Indicate Adverse Event (ie. Surgi	ical complication, post-	op infection, etc.):	
Patient Hospitalized: Yes National Outcome: Full Reconstruction of the provided a brief narrative description of the patient process of the patient process of the process	follow-up report within 14 days of ription of what occurred ded in order to prevent this enterly to the X4 days. Pro	the patient's discharge and/or re- luring this event and wha complication from re-occ	covery. at changes in curring.
			· · · · · · · · · · · · · · · · · · ·
I swear (affirm) that the information set true and correct to the best of my know Medical Examiners may conduct an on-s	ledge, information and beli		
* Please return to Sherri D. Nicho	ls Board Secretary, at	6/21	is. * /04
Signature of Physician:		Date:	1)

B/c: y, Plastic sung ed: y RECEN

Alabama Board of Medical Examiners P.O. Box 946, Montgomery, AL 36101 JUL - 7 2004

Adverse Event Report Point
Name:
110.0 0 11 1 110 M 35001
Address: Street City State Zip
Physician Specialty: Plastic & Reconstructive Surgery Endoscopic brow uft Date of Surgery: 6/24/04 Type of Surgery: Upper & Kurer and blepharoplast
Date of Surgery: 6/24/04 Type of Surgery: Upper - Kings God ble Photoplast
Type of Anesthesia (Moderate, Deep, or General):
Name & Title of Person Administering Anesthesia:
Date of Adverse Event: 6/24/04
Indicate Adverse Event (ie. Surgical complication, post-op infection, etc.):
to brospital 8 hr after disch from office facility
Patient Hospitalized: Yes No Disability Death ** Pending
** If patient outcome is proving, please provide a follow-up report within 14 days of the periods's discharge and/or recovery,
Please provide a brief narrative description of what occurred during this event and what changes in office protocols have been implemented in order to prevent this complication from re-occurring. 1 + 5 Number at during Became Numberly
Fried 5 success. Adm to hosp for IVF
tries & success. Adm to hosp for IVF
and D Meds Disch Next Am on dist t
po meds Eresolution of Admitting Sx.
Considering requiring out of country its to
eachiely spend the night when have this sx
I swear (affirm) that the information set forth on this Office-Based Surgery/Adverse Event Report Form is true and correct to the best of my knowledge, information and belief. I also understand that the Board of Medical Basminers may conduct an on-site inspection at any time.
* Please return to Sherri D. Nichols, Board Secretary, at the above listed address. *
Signature of Physician: Date: 7/1/0 4

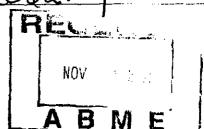
Bk: 4, plastic surg Accred: 4



Alabama Board of Medical Examiners P.O. Box 946, Montgomery, AL 36101

Name:		AL License #	
Address: Street	City	State	Zip
Physician Specialty: Plashics	•	State	Zip
Date of Surgery: 1/22/04 Typ	뀍	RQ ImplantiQ co	epselo: rhazelny
		_	
Type of Anesthesia (Moderate, Deep,	or General):(seneral	
Name & Title of Person Administerin	g Anesthesia:	CRNA	
Date of Adverse Event: 123			
Indicate Adverse Event (ie. Surgical c	omplication, pos	t-op infection, etc.):	
hematoma (R	Breast		
Patient Hospitalized: Yes No X Patient Outcome: Full Recovery		Death ** Pending	
** If patient outcome is pending, please provide a follow	up report within 14 days	of the patient's discharge and/or rec-	overy.
Please provide a brief narrative description office protocols have been implemented in CANAGUEST COMING	order to prevent th	is complication from re-ocg	urring.
funtama) ausquire			
(NICC) WIS NOTHED TO			
,		The MYX3	
WART NO CHANGE IN	B1485 SI	78. Ste M	<u> </u>
Ikin HUBAN IF YSEN 7	My GNACO	ngan Ba Plan	Conmu)
TOPS WAS I GIVE ON I	72) - /(, Ou all son	L'ZUNCOMPIN.
NO THERE			
I swear (affirm) that the information set forth true and correct to the best of my knowledge Medical Examiners may conduct an on-site in	e, information and b	elief. I also understand that	port Form is the Board of
* Please return to Sherri D. Nichols,	spard secretary,	at the above listed addres	55. * /w/ L
Signature of Physician:		Date: 14/5/	<u> </u>

Alabama Board of Medical Examiners
P.O. Box 946, Montgomery, AL 36101



Adverse Event Report Form ABME
Name AL License
Address: Street City State Zip
Physician Specialty: Plastic Surgery
Date of Surgery: 7/26/04 Type of Surgery: Neck Platysma; UELS
Type of Anesthesia (Moderate, Deep, or General):
Name & Title of Person Administering Anesthesia:
Date of Adverse Event: 7 26/04
Indicate Adverse Event (ie. Surgical complication, post-op infection, etc.): hematome
in neck
Patient Hospitalized: Yes No X Patient Outcome: Full Recovery X Disability Death ** Pending
** If patient outcome is pending, please provide a follow-up report within 14 days of the patient's discharge and/or recovery-
Please provide a brief narrative description of what occurred during this event and what changes in office protocols have been implemented in order to prevent this complication from re-occurring. 7/26/04 - NGCICLIFT, ICHMUN, BLAMMONTY COURTER, CA
DIX HTOWN RECOVERY NAM 11 AM
PHENED 1415 PM - NOFED INCREASED CUSPUT
From I pages
SEAN BY M THOME IN ER, ANGED TO COUNT
HE MEDINA GUAN APEN MAKE MUSAKER
M BEGIGLA
I swear (affirm) that the information set forth on this Office-Based Surgery/Adverse Event Report Form is true and correct to the best of my knowledge, information and belief. I also understand that the Board of Medical Examiners may conduct an on-site inspection at any time.
* Please return to Sherri D. Nighols Byard Secretary, at the above listed address. *
Signature of Physician: Date: 11/03/09

BC: y, Dephrology accred! N RECEIVED

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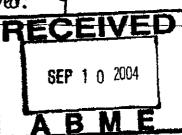
Alabama Board of Medical Examiners P.O. Box 946, Montgomery, AL 36101

Name:	MD	AL License	
Address:			
	treet City Interventional Ilty: Nephrology	State	Zip
Date of Surgery:	8/9/0 4 Type of Surgery: Pe	rentaneous Thrombecto	747-7
Type of Anesthe	sia (Moderate, Deep, or General):	Light - Moderate	
•	Person Administering Anesthesia:	MD	
Date of Adverse	Event: <u>8 9 0 + 0 1/4</u>		
Indicate Adverse	Event (ie. Surgical complication, pos	t-op infection, etc.):	
Post-up 1	Respiratory Failure		
	zed: Yes No Full Recovery Disability	_Death <u>** Pending</u> _	
Please provide a bi	ending, please provide a follow-up report within 14 days ief narrative description of what occurred to been implemented in order to prevent this	during this event and what c	hanges in
After suc	re ACLS protocol follower	lient clevel-pech	
nesp. fulla	re ACLS protocol followe	ed. Pt truns fer	<u>ech</u>
to nearly	y (BMB Princeton) Hosp i	F.D. Pt expire	人
in the	<u>E.D.,</u>		
	, , , , , , , , , , , , , , , , , , , ,		
true and correct to t	the information set forth on this Office-Base he best of my knowledge, information and be may conduct an on-site inspection at any time	elief. I also understand that the	rt Form is Board of
* Please return to	Sherri D. Nichols, Board Secretary, a	t the above listed address.	*
Signature of Phy	sician:	Date: 8/9/0	4

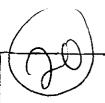
B/C: Y, plastic sung Acord: Y



Alabama Board of Medical Examiners P.O. Box 946, Montgomery, AL 36101



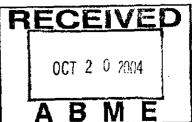
Name: AL License #	
Address: City State Zip	
Physician Specialty: 1 (65) (Stragery)	
Date of Surgery: 4/2/64 Type of Surgery: Broust Augmentation	
Type of Anesthesia (Moderate, Deep, or General): Achevol	
Name & Title of Person Administering Anesthesia:	
Date of Adverse Event: 9 304]
Indicate Adverse Event (ie. Surgical complication, post-op infection, etc.):	
hematima	
Patient Hospitalized: Yes No \(\sum_{\text{Period}} \) Patient Outcome: Full Recovery \(\sum_{\text{L}} \) Disability Death ** Pending	
** If patient outcome is pending, please provide a follow-up report within 14 days of the patient's discharge and/or recovery.	
Please provide a brief narrative description of what occurred during this event and what changes in office protocols have been implemented in order to prevent this complication from re-occurring. PT. PHOMED 18 PST Q T SWELLING RT RAGE.	
EXPLORED IN OR 3000 EN GUARDARD, BLEEDINGVESSE ELECTRACEA, MAC ANGRITESIA.	ae).
I swear (affirm) that the information set forth on this Office-Based Surgery/Adverse Event Report Form is true and correct to the best of my knowledge, information and belief. I also understand that the Board of Medical Examiners may conduct an on-site inspection at any time.	
* Please return to Sherri D. Wichols Board Secretary, at the above listed address. *	
Signature of Physician: Date: 3 Sept Cy	1/



Signature of Physician:

B/C: y, Nephrology Accred: N

Alabama Board of Medical Examiners P.O. Box 946, Montgomery, AL 36101



		1	
Name:		AL License	
Address:		<i>, , , , , , , , , , , , , , , , , , , </i>	
Street	City	State	Zip
Physician Specialty:	phrology, (Intervention	.()	
Physician Specialty: $\frac{N_{\rm Q}}{2}$ Date of Surgery: $\frac{9/20}{2}$	794 Type of Surgery: A	16 thrombectomy	(Left thigh)
Type of Anesthesia (Moderat	e, Deep, or General).	moderate	
Name & Title of Person Adm			0
Date of Adverse Event:	1/2011		
ndicate Adverse Event (ie. S	urgical complication, post-	op infection, etc.):	
Surgical Complication			
Patient Hospitalized: Yes Catient Outcome: Full R If patient outcome is pending, please pro- Please provide a brief narrative office protocols have been implen	vide a follow-up report within 14 days of	f the nation's discharge and/or r	occovery.
After thombelitom,	, patient developed	bilateral haver	extremity
After thombeltom, usterior insufficient for over ext. I Addenden putent un	y patent wa	taken to DI	₹
for one ext.	arterial Lypus su	sery.	
I Addendam: putient an	viewhe lower extensity i	Acteral Europe lect	omy, @ RM-Aup
Bypsius, and Briateral fasc	intomy the evening of 9/201	14, pt diveloped	Cardio-polaminy
arrest twice (3Am & 5	(Am) futuant later formid	le have swere nyperk	ulemia (~ 5 Am of 9/
	of 9/21/04. Autopsy Po		
swear (affirm) that the information rue and correct to the best of my l Medical Examiners may conduct an	knowledge, information and bel	Surgery/Adverse Event I lef. I also understand the	Report Form is t the Board of
* Please return to Sherri D. N	ichols, Board Secretary, at		ess. *

B/C: plastic surg

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Alabama Board of Medical Examiners P.O. Box 946, Montgomery, AL 36101

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OCT 8 2004

Adverse Event Report Form ABME
Name: Al. License #
Address Street City State Zip
Physician Specialty: Plantin Surgery Date of Surgery: 9/29/04 Type of Surgery: BAM, Abdomino 10 (CESTY)
Type of Anesthesia (Moderate, Deep, or General):
Name & Title of Person Administering Anesthesia
Dale of Adverse Event: $g/30/04$
Indicate Adverse Event (ie. Surgical complication, post-op infection, etc.):
Adminion to hospital for N+V
Patient Hospitalized: Yes V No Patient Outcome: Full Recovery Disability Death Pending
** If patient concome is pending, please provide a follow-up report within 14 days of the patient's discharge and/or recovery,
Please provide a brief narrative description of what occurred during this event and what changes in office protocols have been implemented in order to prevent this complication from re-occurring.
et admitted som post op for ble duration Namen + vamitting unrelieved by wests. Treated i De pluids + I'll wests with resolution
I swear (affirm) that the information set forth on this Office-Based Surgery/Adverse Event Report Form is true and correct to the best of my knowledge, information and belief. I also understand that the Board of
Medical Examiners may conduct an on-site inspection at any time.
* Please return to Sherri D. Nichols, Board Secretary, at the above listed address. *
Signature of Physician: Date: 10/7/6

B/C: y, plastic sug



Alabama Board of Medical Examiners P.O. Box 946, Montgomery, AL 36101

RECEIVED NOV - 4 2004

Name:		AL License #	
0-0-0-1-1	1 - 2	- 0.010	- (0
Address:			
Street	City	State	Zip
Physician Specialty:	ic Straery		
Date of Surgery:	Type of Surgery: Bil	ateral Process A	<u>agmentation</u>
Type of Anesthesia (Moderate	e, Deep, or General):	eneral	
Name & Title of Person Admi	inistering Anesthesia:	CRN	iA_
Date of Adverse Event: 10	× 04		
Indicate Adverse Event (ic. Su	rgical complication, post-o	op infection, etc.):	
veft breast impla	nt infaction		
Patient Hospitalized: Yes Patient Outcome: Full Re	No L Disability	Death ** Pending	
** If patient outcome is pending, please prov	ide a follow-up report within 14 days of	the patient's discharge and/or recon	ery.
Please provide a brief narrative d office protocols have been implem	ented in order to prevent this	complication from re-occur	rring.
(ULTURA) & COLI.			
ANTIBOTICS - WO	Con monca. (1	WEND IAFRECTA	V. PGUMPLS
n2 mine cora	EX RSING INDIA	T ALLING POR	7 futhCH
CAMMUNICALO NITO	_	وهم بساد در د	· NORT
REMOVED USING L	,		NCE_
SYSTEMIC INFECTION		T COURT INF	ecmai
AT ANY TIMY			
I swear (affirm) that the information true and correct to the best of my k Medical Examiners may conduct an	nowledge, information and beli on-site inspection at any time.	ef. I also understand that the	e Board of
* Please return to Sherri D. Ni	ichols, Board Secretary, at	the above listed address	.*
Signature of Physician:		Date: 400	104

B/C: Y, Plastic sung Accred: 4

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	_		

Signature of Physician:

Alabama Board of Medical Examiners P.O. Box 946. Montgomery, AL 36101

ECENTES	_
ECEIVED	t
NOV - 4 2004	
 ABME	

Office-Based Surgery Adverse Event Report Form NOV - 4 2004 A B M E
Name: AL License
Address: Street City State Zip
Physician Specialty: Mustic Stragery
Date of Surgery: 10.04.04 Type of Surgery: Byeast Augmentation
Type of Anesthesia (Moderate, Deep, or General):
Name & Title of Person Administering Anesthesia:
Date of Adverse Event: 10.04.04
Indicate Adverse Event (ie. Surgical complication, post-op infection, etc.):
Hematoma Left breast
Patient Hospitalized: Yes No Disability Death ** Pending
** If patient outcome is pending, please provide a follow-up report within 14 days of the patient's discharge and/or recovery.
Please provide a brief narrative description of what occurred during this event and what changes in office protocols have been implemented in order to prevent this complication from re-occurring. Product No. 1888 Post of Successful Phinter (Deliver) BRUAT Product Successful TIV SCOTTEN (MUNIC) NEAVE BLOWN SUCCESSFUL (NUMB) STATE (-Zinn Prustage Vesser) CLEUTED CONVERSAN & SOO SE BLOWD & CLOT SUNKWATH All GARRYCOMM
I swear (affirm) that the information set forth on this Office-Based Surgery/Adverse Event Report Form is
true and correct to the best of my knowledge, information and belief. I also understand that the Board of Medical Examiners may conduct an on-site inspection at any time.
* Please return to Sherri D. Nighols, Board Secretary, at the above listed address. * Signature of Physician: Date: 10.04-0-1



Signature of Physician:

Alabama Board of Medical Examiners P.O. Box 946, Montgomery, Al. 36101

Name:	4001		AL License #	
Address:	Street) (Jei-	State	7:
	ialty: Mustic	SLUGEVU	State	Zip
Date of Surger	y: 10-18-04	_ Type of Surgery: B(latical Breast Au	ymentation
		Deep, or General):(
Name & Title	of Person Admini	stering Anesthesia: 🔔	CRA	<i>W</i>
Date of Advers	e Event:10 18	-04		
Indicate Adver	se Event (ie. Surg	ical complication, post	-op infection, etc.):	
hematt	ma, right	meast		
Patient Hospita Patient Outcom	lized: Yes N ie: Full Reco	Vo ↓ very ↓ Disability	_ Death ** Pending	**
* If patient outcome i	s pending, please provide	a follow-up report within 14 days o	of the patient's discharge and/or reco	YCTY.
office protocols h	ave been implement	ted in order to prevent this	during this event and what s complication from re-occu WITH PAIN AND	rring.
RIGHT B	RYNT EXPL	orgo under mar	ANGSTESIN-	350a
CLET AND	BLOOD EVALU	and R Remain	and small th	outer
	<u> </u>			
rue and correct to	the best of my know		I Surgery/Adverse Event Replief. I also understand that t	
* Please return	to Sherri D. Nich	ols, Bhard Secretary, a	t the above listed address	
Signature of Ph	ysician:		Date: 185 Cc	74

BK:4, Dermatology.

	RECEIVED
2+/	Alabama Board of Medical Examiners P.O. Box 946, Montgomery, AL 36101
	Office-Based Surgery Adverse Event Report Form
Name:	AL License # 3
Address:	
Street	City State Zip
	Dermatology
Date of Surgery: 5	5/05 Type of Surgery: Wide Excision Melanoma
Type of Anesthesia (Moderate, Deep, or General): Local only
Name & Title of Pers	on Administering Anesthesia: M. A.
Date of Adverse Ever	
	ent (ie. Surgical complication, post-op infection, etc.):
Seroma	with Secondary Infection (non-MRSA)
Patient Hospitalized: Patient Outcome:	
** If patient outcome is pending	s. please provide a follow-up report within 14 days of the patient's discharge and/or recovery.
<u> </u>	arrative description of what occurred during this event and what changes in en implemented in order to prevent this complication from re-occurring.
As outli	ned in my letter dated 6/30/05,
the physic	can who saw the patient post-operatively
suspected.	a serious infection & had her
nospitaliza	ed. However, C+3 revealed Staph
dha natu	ent was discharged home with oral
Koflex	on the third day
true and correct to the be	information set forth on this Office-Based Surgery/Adverse Event Report Form is est of my knowledge, information and belief. I also understand that the Board of conduct an on-site inspection at any time.
* Please return to She	erri D. Nichols, Board Secretary, at the above listed address. *

Signature of Physician:



Alabama Board of Medical Examiners P.O. Box 946, Montgomery, AL 36101

Office-Based Surgery Adverse Event Report Form

Name:		AL License	
Address:			
Street	City	State	Zip
Physician Specialty: Nephrole	19./	_	
Date of Surgery: 10/28/05 Type of Anesthesia (Moderate, December 1)	Type of Surgery: _	AVGraft throm	bectorny
Type of Anesthesia (Moderate, De	eep, or General):	tes conscions sea	lation
Name & Title of Person Administ	ering Anesthesia:	mb	
Date of Adverse Event: 19/28	/05		
Indicate Adverse Event (ie. Surgio	cal complication, po	ost-op infection, etc.):	
surgical complication			 -
Patient Hospitalized: Yes Volume: Yes No. No. Patient Outcome: Full Recov	o	Death** Pendin	g
** If patient outcome is pending, please provide a	follow-up report within 14 de	ys of the patient's discharge and/or re	COVETY.
Please provide a brief narrative descr office protocols have been implemente 71 YO woman had cho	d in order to prevent	this complication from re-oc	curring.
Vascular Lab for declot	of graft. stem	six at Artesial Amaster	musis was formal,
using 6-mm balloom, this	wen was angrople	ustical but consect ru	ptive at the
conastenasis, Itagraphut, L	alloon was Aflate	h to Hop bleeding (s	ucces fully). The
and the control of th	ma L	- C-MAR PL	The nutiens
n.			

FEB 23 2005

Alabama Board of Medical Examiners P.O. Box 946, Montgomery, AL 36101

> Office-Based Surgery Adverse Event Report Form

Name:

AL License

B/C: plastic surg

Alabama Board of Medical Examiners P.O. Box 946, Montgomery, AL 36101 Office-Based Surgery Adverse Event Report Form AL License Name: Address: State Physician Specialty: Plastic 1 K econstru Date of Surgery: 19106 Type of Surgery: WDOSUC Type of Anesthesia (Moderate, Deep, or General): 19000 Name & Title of Person Administering Anesthesia: Date of Adverse Event: \(\) Indicate Adverse Event (ie. Surgical complication, post-op infection, etc.): Negether Menure Patient Hospitalized: Yes Full Recovery Disability Death Patient Outcome: * If patient outcome is pending, please provide a follow-up report within 14 days of the patient's discharge and/or recovery. Please provide a brief narrative description of what occurred during this event and what changes in office protocols have been implemented in order to prevent this complication from re-occurring. I swear (affirm) that the information set forth on this Office-Based Surgery/Adverse Event Report Form is true and correct to the best of my knowledge, information and belief. I also understand that the Board of Medical Examiners may conduct an on-site inspection at any time. * Please return to Sherri D. Nichols, Board Secretary, at the above listed address. * Signature of Physician

	ama Board of Medical Examiners Box 946, Montgomery, AL 26101
	Office-Based Surgery Adverse Event Report Form
Name:	AL License
Address:	6 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
Street	City State Zip
Physician Specialty:	tphrology/
Date of Surgery: 1/12/0	Type of Surgery: per cutameous fistula angioplasty
Type of Anesthesia (Modera	ate, Deep, or General): Verseal
Name & Title of Person Ada	ministering Anesthesia:
Date of Adverse Event:	1/2104
Indicate Adverse Event (ie.	Surgical complication, post-op infection, etc.):
allergic read	tion to I'v contract - no grain history of allegy
Datient Hagnitalized Ved	No Disability Death ** Pending
** If patient outcome is pending, please pr	nvide a follow-up report within 14 days of the patient's discharge and/or recovery,
	description of what occurred during this event and what changes in mented in order to prevent this complication from re-occurring.
~ 20 minute with the	o providence à recellé distract the pt
developed (2)/ while	Is one his fishing. He begant with lond
1d = soupe con	win. He was ardunated By Berrody t
IV Hightenhaus	. His rock became differe becam druty
a committee of the	welly of light lighted. He was stabilized ?
Levide to the	noted to St. Uncerty bounted. A 4 (br)
all signed super	two reached the was olid home in one
true and correct to the best of my	on set forth on this Office-Based Surgery/Adverse Event Report Form is knowledge, information and belief. I also understand that the Board of non-site inspection at any time.
* Please return to Sherri D. I	vichols, Board Secretary, at the above listed address. *
Signature of Physician:	Bate: 1/16/05

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	FEB 23 2005	
	BME	
	Mama	

Nabama Board of Medical Examiners P.O. Box 946, Montgomery, AL 36101

Office-Based Surgery

BMH	Advers	e Event Report Fo	orm		
Name:			AL License		
Address: Stree	i et	City	State	Zip	
		/ Intervention of		—- ₋	
	•		Injuplisty of d	raysi AV graft	}
Type of Anesthesia	(Moderate, Deep	, or General): Mo	dente		
		ng Anesthesia:	en, m		
Date of Adverse Ev	•				
	, -	"	p infection, etc.):		
		strated of ve	sed sedation		
Patient Hospitalized Patient Outcome:	Full Recovery	✓ Disability]	Death ** Pending	3	
* If patient outcome is pendi	ng, płease provide a follov	w-up report within 14 days of t	he patient's discharge and/or re	coyery.	
ffice protocols have b	een implemented in	order to prevent this c	ring this event and who omplication from re-occ local NRV partle	curring.	
been wel	1-tolerated	(ou prior trip	here) and		
	11 4	4	rentary loss of	D	
Salie an	I depanne	wer wit	L Shugail 189	Buse	
IN BP.	The won	e mergently	frances tel +	5)-	
The and A	mutal state	n completely ,	ecould with a	n 24°	
The head swear (affirm) that the	surgery so	the over of 57 h on this Office-Based S	euosis . A hen du Surgery/Adverse Event Re	olysis a Carri A	~d ugs
ledical Examiners may	conduct an on-site is	uspection at any time.	f. I also understand that	the Board of Severa	l'd: }
Please return to Si	nerri D. Nichols, I	Board Secretary, at t	he above listed addres	ss. * Setyfael	my
ignature of Physic	ian:		Date: 22	1/05	

B/C: y, Nephrology

VAN DE END

(31)

Alabama Board of Medical Examiners P.O. Box 946, Montgomery, AL 36101

Adverse Event Report Form
Name: AL License #
Address: Street City State Zip
Physician Specialty: Nephrology
Date of Surgery: Harton Type of Surgery: Angoplash & AV Graft
Type of Anesthesia (Moderate, Deep, or General): Moderate, conscious seclation
Name & Title of Person Administering Anesthesia: Dr. Date of Adverse Event:
Indicate Adverse Event (ie. Surgical complication, post-op infection, etc.):
Complication
Patient Hospitalized: Yes No Disability Death ** Pending
** If patient outcome is pending, please provide a follow-up report within 4 days of the patient's discharge and/or recovery.
Please provide a brief narrative description of what occurred during this event and what changes in office protocols have been implemented in order to prevent this complication from re-occurring. Patient quescuted with deministral flow in his (R) was bracked axillary
intra-stent stensis at the swing point. The intrastant stensis was
Deixdilated with a 10×4 augioplaste balloon when the balloon supplied. As the halloon was being removed the distillantion fore loose and
andolized into the Sensti were of the stant causing graft Thrombusis.
and another Hent was destined effectively compressing the halloon
I swear (affirm) that the information set forth on this Office-Based Surgery/Adverse Event Report Form is true and correct to the best of my knowledge, information and belief. I also understand that the Board of Medical Examiners may conduct an on-site inspection at any time. No further conflictions, Patient did not resource hospitalization.
*Please return to Sherri D. Nichols, Board Secretary, at the above listed address. *
Signature of Physician Date: 1/18/07

B/C: y, Nephwagy



Alabama Board of Medical Examiners P.O. Box 946, Montgomery, AL 36101

Office-Based Surgery
Adverse Event Report Form

APR	4	2007	

AL License # Name Address: Street Physician Specialty: / Juliology Date of Surgery: 3/5/07 Type of Surgery: Thronhector & Anyuplust Type of Anesthesia (Moderate, Deep, or General): Conscious selation Name & Title of Person Administering Anesthesia: Date of Adverse Event: 3/5/07 Indicate Adverse Event (ie. Surgical complication, post-op infection, etc.): Surgial confliction, grade III- hountons outsind link of Al Patient Hospitalized: Yes No Disability Death ** Pending -** If patient outcome is pending, please provide a follow-up report within 14 days of the patient's discharge and/or recovery. Please provide a brief narrative description of what occurred during this event and what changes in office protocols have been implemented in order to prevent this complication from re-occurring, after mesoated for througestony of HU Coop matt. She developed

I swear (affirm) that the information set forth on this Office-Based Surgery/Adverse Event Report Form is true and correct to the best of my knowledge, information and belief. I also understand that the Board of Medical Examiners may conduct an on-site inspection at any time.

* Please return to Sherri D. Nichols, Board Secretary, at the above listed address. *

Signature of Physicia

Date: 3/5/07

Bk: y, Nephrology

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Alabama Board of Medical Examiners P.O. Box 946, Montgomery, AL 36101

	Adverse Event Report P	Oi iii	
Name:		AL License #	
Address: Street	City	State	7:-
Physician Specialty:	1 ephology	·	Zip
Date of Surgery: 3/5/	Type of Surgery:	vouhectory & Angiope	usty of Al
	rate, Deep, or General):		
Name & Title of Person Ac	lministering Anesthesia:	or.	
Date of Adverse Event:	3/5/07		
ndicate Adverse Event (ie.	Surgical complication, post-	op infection, etc.):	
Grade II her	włowa		
Patient Hospitalized: Yes Patient Outcome: Full	No	Death ** Pending _	سائد دام
* If patient outcome is pending, please ;	provide a follow-up report within 14 days of	the patient's discharge and/or recov	ery.
ffice protocols have been impl	e description of what occurred demented in order to prevent this ludge of the state	complication from re-occur	ring.
with ort probler	- Outputient +	Ellow of fort	henrin
to be resoling			<u>.</u>
			
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ue and correct to the best of my	tion set forth on this Office-Based y knowledge, information and beli an on-site inspection at any time.		
Please return to Sherri D.	Nichols, Board Secretary, at		
ignature of Physicial		Date: # 4/	407

B/C: y, Nephrology accred: 4

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Alabama Board of Medical Examiners P.O. Box 946, Montgomery, AL 36101

Office-Based Surgery Adverse Event Report Form

Name:	AL License #
Address: City	State Zip
Physician Specialty: Nephrology	
Date of Surgery: 3-13-07 Type of Surgery: Angiop.	kity
Type of Anesthesia (Moderate, Deep, or General): <u>Conscious</u>	sedetion
Name & Title of Person Administering Anesthesia:	cr, MI)
Date of Adverse Event: 3-13-07	
Indicate Adverse Event (ie. Surgical complication, post-op infec	tion, etc.):
Complication of Angioplasty. Grack III Homaton	at Caphelic Vein
Patient Hospitalized: Yes Vo_ Patient Outcome: Full Recovery Disability Death_	** Pending 🗸
** If patient outcome is pending, please provide a follow-up report within 14 days of the patient	's discharge and/or recovery.
Please provide a brief narrative description of what occurred during the office protocols have been implemented in order to prevent this complication.	
The petient presented for evelution of dich sis	great with pour
Alsw. Angisgraphy revecled stenosis at the caphelic vein to besilie vein anestomosis at	site of a
caphelic vein to besilie vein anestomosis at	the level of the
axilla on the left. An angraphenty ballson in	res preced across
in vin cunture and an axiller hometime wh	ich extended to the
the area of stonesis and was inflated. The in vein reptore and an axillary hometome who chest wall. The patient was transferred to Human to the patient was transferred to Human to the large transferred to Human to the large transferred transferred to the large transferred transfer	itsville Hagatel
I swear (affirm) that the information set forth on this Office-Based Surgery/true and correct to the best of my knowledge, information and belief. I also Medical Examiners may conduct an on-site inspection at any time.	Adverse Event Report Form is
* Please return to Sherri D. Nichols, Board Secretary, at the above	ve listed address. *
Signature of Physician:	Date: <u>3-13-07</u>

			BK: y,	Nephre	rlogy	
			accred:			
73 / W	P.O. Box 9	oard of Medical E 46, Montgomery, lice-Based Surge se Event Report	AL 36101 ry	IXI	BEIV R302007	
Name:			AL Li	cense #		
Address: Stree	et ,	City	State	- <i>370</i> 7	Zip	
Physician Specialty	r. Nephrology					
Date of Surgery: <u>ع</u>	?-13-07 T	ype of Surgery:	Angioplesty	,	***************************************	
Type of Anesthesia	(Moderate, Dee	p, or General): <u>Co</u>	nscious se	Sation	**************************************	
Name & Title of Pe	erson Administer	ing Anesthesia:		-, Mi	<u>)</u>	
Date of Adverse Ev	/ent: <u>3-/3-0-</u>	<u> </u>				
Indicate Adverse E	vent (ie. Surgica	l complication, post	op infection, e	etc.):		
Complication o	of Angiaplest	. Grade III A	emetome et	- Cophelic	Vein.	
Patient Hospitalized Patient Outcome:	d: Yes / No Full Recover	y / Disability	**	Pending _	- - -	
** If patient outcome is pend	ing, please provide a foll	ow-up report within 14 days o	of the patient's dischar	ec and/or recover	ïy.	
Please provide 2 brief office protocols have b						
In follow-up	to the pre	riously reported	ladverse e	vot of	3-13-07,	
In follow-up the patient w	ves admitted	to the hospite	I and under	erwent in	trevesesle	
stent placement						
//IC /IEML/OFE	1 () 3 / V C # 2 A	I the patient	MAS GISCI	nige a n	<i></i>	

I swear (affirm) that the information set forth on this Office-Based Surgery/Adverse Event Report Form is true and correct to the best of my knowledge, information and belief. I also understand that the Board of Medical Examiners may conduct an on-site inapection at any time.

* Please return to Sherri D. Nichola, Board Secretary, at the above listed address. *

Date: 3-26-07 Signature of Physician:

B/C: y, Nephrology accred: Y
Alabama Board of Medical Examiners P.O. Box 946, Montgomery, AL 36101 Office-Based Surgery Adverse Event Report Form
Name:AL License #
Address: City State Zip
Physician Specialty: Nephrology Date of Surgery: 6/11/07 Type of Surgery: Vajous Angioplasty
Type of Anesthesia (Moderate, Deep, or General): Conscious Sedition.
Name & Title of Person Administering Anesthesia: Date of Adverse Event: 6/11/07
Indicate Adverse Event (ie. Surgical complication, post-op infection, etc.):
Patient Hospitalized: Yes V No Patient Outcome: Full Recovery Disability Death** Pending V
** If patient outcome is pending, please provide a follow-up report within 14 days of the patient's discharge and/or recovery.
Please provide a brief narrative description of what occurred during this event and what changes in office protocols have been implemented in order to prevent this complication from re-occurring.
The petient presented & thrombosis of her () forearm dialysis (Arteriovenous) graft. A thrombectomy was performed. She was noted to have structures of the cophelic vein
The strictures were treeted a angisplasty. The angisplasty was complicated by a large herectoric which arose on
I swear (affirm) that the information set forth on this Office-Based Surgery/Adverse Event Report Form is true and correct to the best of my knowledge, information and belief. I also understand that the Board of
* Please return to Sherri D. Nichols, Board Secretary, at the above listed address. *
Signature of Physician: Date: C/12/07

B/C: y, reprocessy

_Date: <u>6/14/07</u>

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, () _		Based Surgery Event Report For	m A B N	I E
Name:			AL License #	
Address:				
Str	= -	City	State	Zip
Physician Special	ry: Nephrology G/11/07 Type a (Moderate, Deep, or			
Date of Surgery:	<i>G/11/07</i> Type	of Surgery: An	gioplasty	
Type of Anesthes	a (Moderate, Deep, o	r General):	cious sedeta	<u> </u>
	erson Administering	Anesthesia:		MS
Date of Adverse F	vent: <u>6/11/07</u>	Ö		
Patient Hospitaliz Patient Outcome:	ed: Yes / No	Disability De	eath ** Pendir	ıg
	uding, please provide a follow-up		- "	
office protocols have	ef narrative description been implemented in or	der to prevent this con	plication from re-oc	curring.
cycot Co	hest well hemste	(ca) of 6-11	1-07 the	<u> </u>
patient	up to the pr hest well hemeto recovered fully			,
				
				
true and correct to the	he information set forth o best of my knowledge, i ay conduct an on-site insp	nformation and belief.		
* Please return to	Sherri D. Nichols/Bo	ard Secretary at the	above listed addr	-ss *

Signature of Physician:

B/C y, plastic sung

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1.1	Alabama Board of Medical Examiners P.O. Box 946, Montgomery, AL 36101
	Office-Based Surgery Adverse Event Report Form
no	Name: AL License #
	Address: VAITE NATION NATI
	Street City State Zip
	Physician Specialty: TASKIC SURGERY
	Date of Surgery: 8/7/07 Type of Surgery: Local - Rt Capsulase
	Type of Anesthesia (Moderate, Deep, or General):
	Name & Title of Person Administering Anesthesia:
	Date of Adverse Event: 8/7/07
	Indicate Adverse Event (ie. Surgical complication, post-op infection, etc.):
17	prial PreumoTHEOAY
	Patient Hospitalized: Yes No Disability Death ** Pending
	** If patient outcome is pending please provide a follow-up report within 14 days of the patient's discharge and/or recovery.
	Please provide a brief narrative description of what occurred during this event and what changes in office protocols have been implemented in order to prevent this complication from re-occurring.
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	The Attrehed
	Chillian:
	I swear (affirm) that the information set forth on this Office-Based Surgery/Adverse Event Report Form is true and correct to the best of my knowledge, information and belief. I also understand that the Board of Medical Examiners may conduct an on-sixt inspection at any time.
	* Please return to Sherri D. Nichola, Board Secretary, at the above listed address. *
	Signature of Physician: Date: 3/16/07

August 7, 2007

PRE-OP: Patient came in for a planned revision of the right breast. In the preoperative area, lidocaine with epinephrine was infiltrated into and through the old scar into the inframammary area. After waiting the appropriate time she was taken to the operating room. Upon arrival in the operating room she complained of significant pain in the scapula. Surgery was canceled. The patient was placed in the sitting position. Both lungs were ausculted in the apices. Breath sounds were equal bilaterally and the trachea was midline. Monitoring devices were applied. Initially she was normotensive with good SO2. However, she subsequently became bradycardic in the 50s and hypotensive with systolic pressures in the 90's. Robinul 0.2 mg was given after obtaining intravenous access. Oxygen was supplied by nasal cannula. The bradycardia improved somewhat. She remained uncomfortable. She was placed in the upright position. This time when auscultation was performed there were diminished breath sounds on the right. [1:32] on the right upper chest was prepped and anesthetized. A 16-gauge Angiocath was placed in the top of the second intercostal space. When it was placed, aspiration was performed. Approximately 180 cc of air was evacuated. No more air could be evacuated. Symptoms resolved immediately. The Angiocath was connected to tubing which was placed to a water seal. It was felt that she should be transported to the hospital for observation. An ambulance was called. The nurse was transported with the patient. She remained stable throughout. I followed in my car. She was evaluated in the emergency room. She had a very small, minimal apical pneumothorax. I talked with the emergency room physician. We agreed upon admission for observation overnight. He suggested that the hospital manage her care. I explained this to the patient and her friend.

PWV/km/tr

Alabama Board of Medical Examiners P.O. Box 946, Montgomery, AL 36101 Office-Based Surgery Adverse Event Report Form Name: Address: State Street Physician Specialty: Neph / In Mel Date of Surgery: Planto Type of Surgery: Intervention of thrombosel Av didyis access.

Type of Anesthesia (Moderate, Deep, or General): Conscious Stelation Name & Title of Person Administering Anesthesia: Date of Adverse Event: 8/24/37 Indicate Adverse Event (ie. Surgical complication, post-op infection, etc.): Unanticoted death in close parinty to asported procedure. Patient Hospitalized: Yes No V
Patient Outcome: Full Recovery Disability Death V ** Pending ____ ** If patient outcome is pending, please provide a follow-up report within 14 days of the patient's discharge and/or recovery. Please provide a brief narrative description of what occurred during this event and what changes in office protocols have been implemented in order to prevent this complication from re-occurring. I swear (affirm) that the information set forth on this Office-Based Surgery/Adverse Event Report Form is true and correct to the best of my knowledge, information and belief. I also understand that the Board of

Medical Examiners may conduct an on-site inspection at any time.

* Please return to Sherri D. Nichols, Board Secretary, at the above listed address. *

Signature of Physician:

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Addendum to Office-Based Surgery Adverse Event Report Form—August 23, 2007

A patient with end-stage renal disease and failing health secondary to malnutrition, advanced peripheral vascular disease and end-stage heart failure presented with thrombosed AV dialysis access. She had normal dialysis on Friday, August 17, 2007 and had presented earlier in the day for dialysis on Monday, August 20, 2007. Her thigh AV graft was noted to be clotted. She was sent to the vascular lab for thrombectomy.

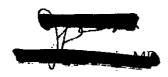
Pre-op evaluation at the vascular lab showed the patient to be alert and oriented with stable vital signs and no evidence of volume overload. The thigh AV graft was clotted and showed no sign of infection or hematoma.

Prior to thrombectomy, the patient was given Solu-Cortef and Bendryl intravenously because of a history of pruritis after radiocontrast administration in the past. Of note these pre-medications had prevented symptoms on the last three occasions this patient was given IV contrast in the previous 12 months.

During the procedure the patient had a transient dip in blood pressure and SaO₂ with administration of Midazolam. She also became agitated. O₂ and Romazecon were promptly administered with resolution of hypoxia and improvement in agitation. Blood pressure returned to pre-procedure levels.

The thrombectomy proceeded normally with successful declotting of the AV graft. There were no surgical complications. Blood loss was estimated at less than 150 cc's.

After the procedure the patient was alert and oriented and talking coherently. Vital signs were stable, no rash, difficulty breathing or other complaints were present. Dialysis was arranged for the next morning. She was transported by ambulance back to her nursing home. According to the nursing home staff, she was alert upon arrival and without complaint and she was moved to her room. When nursing staff next checked on her she was found unresponsive. Cardiopulmonary resuscitation was initiated, but the patient expired at the nursing home.



BC: Y N



Alabama Board of Medical Examiners P.O. Box 946, Montgomery, AL 36101

Office-Based Surgery Adverse Event Report Form

Name:					
Address:					
Street	City	Sta		Zip	
Physician Specialty: Nephrology	, triberal	Midweit, I	Literal	Nephylo	24
Date of Surgery: 0/22/07 Type	of Surgery: _	peruturus	us Huan	betrung	
Type of Anesthesia (Moderate, Deep, o	or General):	midazolne			
Name & Title of Person Administering	Anesthesia: _			(m)	
Date of Adverse Event: 4/22 107					
Indicate Adverse Event (ie. Surgical co	_	-			
Vasovnegal response	after pr	nedue con	miled; i	eneck i	f/_
Patient Hospitalized: Yes No Patient Outcome: Full Recovery		Death *	* Pending	 	gostieling
** If patient outcome is pending, please provide a follow-u	p report within 14 day	ys of the patient's disch	arge and/or recover	λ ^τ	
Please provide a brief narrative description office protocols have been implemented in or					
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of calcified anterial in	be lend	uanna an	enens	/ 	
But + 1000 Stable. Us was					
are purter ~ 10 minut	is. Prog	hylacticaly	gnue d	sow fr	
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somender recounted whi	- 34-47 mm	- Adn	ath In		rando.
I swear (affirm) that the information set forth of	E washirk. on this Office-Bas	sed Surgery/Adver	se Event Report	Form is)
true and correct to the best of my knowledge, Medical Examiners may conduct an on-site insp	information and	belief. I also unde	erstand that the	Board of	Đ
* Please return to Sherri D. Nichols, Bo	ard Secretary,	at the above list			anner
Signature of Physician:		Date:	8/24/8	7 6	Lord

BK: y Nephrology Accred: N

Name:	Alabama Board of Medica P.O. Box 946, Montgomer Office-Based Sur Adverse Event Repo	el Examiners ry, AL 3610 00 gery	CEVED 1 11 2007 BME se#
Address: Street	City	State	Zip
Physician Specialty:	Nephrology /8/07 Type of Surgery:	AV graft th	-
Type of Anesthesia (Moderate, Deep, or General):		
Name & Title of Per	son Administering Anesthesia:	m	<u>0</u>
Date of Adverse Eve	ent: 10/8/07		
	ent (ie. Surgical complication, po	•	
	Thumbo embalism (PTE Yes \(No \) Disability		
** If patient outcome is pendin	g, please provide a follow-up report within 14 da	ays of the patient's discharge ar	d/or recovery.
office protocols have be	narrative description of what occurred in order to prevent	this complication from	
Please se	e attached descriptive	ກ	
			· · · · · · · · · · · · · · · · · · ·
**************************************		····	
true and correct to the be	information set forth on this Office-Ba est of my knowledge, information and conduct an on-site inspection at any tin	belief. I also understand	
* Please return to Sh	erri D. Nichols, Board Secretary,	, at the above listed a	ddress. *

Date:

Signature of Physician: _

Office-Based Surgery Adverse Event Report

Date: 10/8/2007

Surgeon

Description:

The patient underwent a left thigh dialysis AV graft thrombectomy procedure. The procedure was uneventful except for hematoma immediately adjacent to the graft, from the needle cannulation site. The extravasation was contained during the procedure.

After the procedure, the patient developed dyspnea. She was sent to the dialysis unit, where hemodialysis treatment was done. However, her dyspnea persisted. The patient was sent from the dialysis unit to a local hospital ER, where pulmonary thromboembolism (PTE) was diagnosed.

After hospitalization, supplemental oxygen was given, which promptly improve the patient's oxygenation. Her vital signs remained stable throughout the entire time. IV heparin was initiated to treat the PTE.

Subsequently the patient had prompt recovery in her respiratory status.

10/9/07

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Alabama Board of Medical Examiners P.O. Box 946, Montgomery, AL 36101

	Office-Based Sur Adverse Event Repo	gery Drt Form	
Name:		AL Licen	se #
Address: Street	City	State	Zip
Physician Specialty:	ephrology		
Date of Surgery: 11/2(Type of Surgery:	perantaneous The	aubietary.
Type of Anesthesia (Mod	erate, Deep, or General): _	moderate	
	Administering Anesthesia:		MD
Date of Adverse Event:	1.12/04	-	
Indicate Adverse Event (i	e. Surgical complication, p	ost-op infection, etc.)	: distal
arteral entation	of through beyond	antical arrotan	nie foot theheter
Patient Hospitalized: Yes Patient Outcome: Fu	s No ll Recovery Disability	Death ** Per	nding
** If patient ourcome is pending, pleas	e provide a follow-up report within 14 c	avs of the patient's discharge an	d/or recovery,
office protocols have been im	ive description of what occurry plemented in order to prevent ANG FUND 2005 - rd	this complication from a	re-occurring.
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to was west pen in	12104. Drawful that	for in groft. C	meutet
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to fort. Ofrend	anther 24° + duty	ed a med time 5	- windert o
pt. old home	on 11/5/07 p doly	1 #3. No sung	ez. Augriguen
	1. No chose in perton		
true and correct to the best of	nation set forth on this Office-B my knowledge, information and ct an on-site inspection at any ti	i belief. I also understand	

* Please return to Sherri D. Nichols, Board Secretary, at the above listed address. *

Signature of Physician:

Date: 11/7/07

B/C: y, Nephrology
accred: 4
U NOV 2 6 2007
Alabama Board of Medical Examiners P.O. Box 946, Montgomery, AL 36101
Office-Based Surgery Adverse Event Report Form
Name: AL/License #
Address: Street City State Zip
Physician Specialty: Naphrology
Date of Surgery: 11/5/07 Type of Surgery: Angisplesty / Thrombetony of AV graft
Type of Anesthesia (Moderate, Deep, or General): Conscious Sedetion
Name & Title of Person Administering Anesthesia:
Date of Adverse Event: 11/5/07
Indicate Adverse Event (ie. Surgical complication, post-op infection, etc.):
Allergic reaction to rediscontrest. Patient Hospitalized: Yes No
Patient Outcome: Full Recovery Disability Death ** Pending
** If patient outcome is pending please provide a follow-up report within 14 days of the patient's discharge and/or recovery.
Please provide a brief narrative description of what occurred during this event and what changes in office protocols have been implemented in order to prevent this complication from re-occurring.
The petroft presented for thrombectory of a thromboscal left arm
AV dishsis great. He was given Solumeded 40mg IV and Dipherhydramine 50mg IV as prophylexis against suspected contract
alleren The thrombestory with verous angriplesty was condited
returned to the AV great Following the procedure the petient developed
Urticeric, Coughing tongue swelling techycerdic and reduction in Systolic BP to 107. He was given report Solomedist and Diphenhydranic and
System BP to 107. He was given report Salamedist and Diphenhy denie and I swear (affirm) that the information set forth on this Office-Based Surgery/Adverse Event Report Form is
true and correct to the best of my knowledge, information and belief. I also understand that the Board of Medical Examiners may conduct an on-site inspection at any time. Was Sent to Hankville Haspitel Vice and Knowledge. He was large and denied from the Property of the control of the cont
* Please return to Sherri D. Nichols-Board Secretary, at the above listed address. *
Signature of Physician: Date: 11/5/07

BK: y, Nephrology accred: y

Alabama Board of Medical Examiners P.O. Box 946, Montgomery, AL 36101

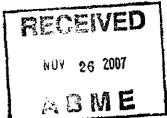
Office-Based Surgery

Adverse Event Report Form
Name: AL License
Address: Street Juife 300 City State Zip
Physician Specialty: Nephrology
Date of Surgery: 11/6/07 Type of Surgery: Articionen graff thumberton faugicplusty
Type of Anesthesia (Moderate, Deep, or General): Molarate Congreis Sedafron
Name & Title of Person Administering Anesthesia:
Date of Adverse Event: 116/07
Indicate Adverse Event (ie. Surgical complication, post-op infection, etc.):
Bleeding from swaid would in axilla from surgery approx 2 weeks prior
Patient Hospitalized: Yes / No Patient Outcome: Full Recovery / Disability Death** Pending
** If patient outcome is pending, please provide a follow-up report within 14 days of the patient's discharge and/or recovery.
Please provide a brief narrative description of what occurred during this event and what changes in office protocols have been implemented in order to prevent this complication from re-occurring. Patricit under a fluorization of har Disput arm MV graft. She had undergone a swaich thereberry appraisated, Laks prov and presented with
recorning Abouters's indicating plans were to societie this was in
us performed and she was front to have a 10% stowing at the veries discontinuis
Ansigolark was performed with good results but she began to core blood from
the exillary incision from the weent size of revision. Bleeding Stopped
with application of pressure prov to leaving the facility. She was observed new wish in the hospital and had manifold distinger and so further bleeding
I swear (affirm) that the information set forth on this Office-Based Surgery/Adverse Event Report Form is true and correct to the best of my knowledge, information and belief. I also understand that the Board of Medical Examiners may conduct an on-site inspection at any time.
* Please return to Sherri D. Nichols, Board Secretary, at the above listed address. *
Signature of Physicial Date: 12/3/05

B/C: y, sephology accred: N



Alabama Board of Medical Examiners P.O. Box 946, Montgomery, AL 36101



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	Office-Based Surgery Adverse Event Report For	·m	a B M	
Name:	M	AL Licer	nse#	
Address:	Street City	State	Zip	
Physician Spec	cialty: Int. Mel/ Nephology		- .	
Date of Surger	ry: 11/19/07 Type of Surgery: <u>Per</u>	meath pho	event	
Type of Anest	ry: 11/19/07 Type of Surgery: Per	el Censco	in seclation	
	of Person Administering Anesthesia:		WP	
Date of Adver	se Event: 11/19/07			
Indicate Adver	rse Event (ie. Surgical complication, post-op	infection, etc.)):	
Pneu	instherex (partial)			
Patient Hospita Patient Outcon	alized: Yes Vo_ ne: Full Recovery Disability De	eath ** Pe	ending	
** If patient outcome	is pending, please provide a follow-up report within 14 days of the	patient's discharge ar	nd/or recovery.	
	brief narrative description of what occurred duri have been implemented in order to prevent this con			
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true and correct to	hat the information set forth on this Office-Based Sur to the best of my knowledge, information and belief.	Ymvel , f gery/Adverse Ev	CT. Hourt a	usiel low weekstrikes in future.
* Please return	to Sherri D. Nichols, Board Secretary, at the	above listed a	.ddress. *	
Signature of Ph	hysician:	Date:	11/20/07	



Alabama Board of Medical Examiners P.O. Box 946, Montgomery, AL 36101

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Mame:				AL Licer	
Address:Str	eet	7 City		State	Zib 32211
Physician Special	ty: Naphroli	·43			
Date of Surgery:	11/19/07	Type of Surgery:	Penn	eth pl	acquent.
Type of Anesthes	ia (Moderate, Do	eep, or General):	7.8		
Name & Title of I	Person Administ	ering Anesthesia:			
Date of Adverse I	Event: 11/19/	07			
Indicate Adverse	• –		•	_	
DARJ	mathanex			· · · · · · · · · · · · · · · · · · ·	
Patient Hospitaliz Patient Outcome:	ed: Yes V No Full Recov	o ery <u>~</u> Disability	Death	** Pe	nding
** If patient outcome is per	nding, please provide a f	follow-up report within 14	days of the patient	's discharge ar	ed/or recovery.
Please provide a bri- office protocols have					
Followy	of ranker	reported comp	. Kritail	Cheit	the of.
Prevnoth	my Mobbeel				
					
					·
		·	<u></u>	· · · · · · · · · · · · · · · · · · ·	
I swear (affirm) that the true and correct to the Medical Examiners ma	best of my knowle	edge, information and	i belief. I also		
* Please return to S	Sherri D. Nichol	s, Board Secretary	, at the abov	e listed a	ddress. *
Signature of Physic	cian:		<u> </u>	Date:	1/26/07

B/C: y. Nephrology
accred: y
f Medical Examiners Intgomery, AL 36101 Sed Surgery Int Report Form AL License #
eit eit eit eine eine eine eine eine ein
Surgery: fistulogram/ansioplents eneral): Moderate esthesia:
p venous austo planty
Disability Death ** Pending
nt within 14 days of the patient's discharge and/or recovery.
hat occurred during this event and what changes in to prevent this complication from re-occurring. Left for sendiata of an makegrate Left for sendiata of an makegrate Left for milland proximal fistola. It I by an augusplash hallown which A the proximal losion. A ropidly expanding How in the fistola. The heratoma was dynamic instalistic. Patient was expanded Appropriate instalistic. Patient was expanded
is Office-Based Surgery/Adverse Event Report Form is was mation and belief. I also understand that the Board of The
on at any time. in 1- Zuccks.
Secretary, at the above listed address. *
Date: <u>3/5/08</u>

accred: y
Alabama Board of Medical Examiners P.O. Box 946, Montgomery, AL 36101 Office-Based Surgery Adverse Event Report Form AL License # Address: Street
Physician Specialty: Nephrology Date of Surgery: 2/27/08 Type of Surgery: fishologyam fangioplants Transformation (Madamas Property County)
Type of Anesthesia (Moderate, Deep, or General): Name & Title of Person Administering Anesthesia:
Indicate Adverse Event (ie. Surgical complication, post-op infection, etc.): Rapidly expanding hemotorica p venous answer plants
Patient Hospitalized: YesNo
Please provide a brief narrative description of what occurred during this event and what changes in office protogols have been implemented in order to prevent this complication from re-occurring. Fatrent Course to Vasilar access Confer for such a family an independent of the provided wing this event and what changes in office protogols have been implemented in order to prevent this complication from re-occurring. Fatrent Course to Vasilar access Confer for such a family and madeson to the complete view was found to be have a family and provided the complete view was found followed by an acquired to provide the provided by madeson the provided exposed in heuraften appeared commissing flow in the fisher. The heuraform was spaled to provide the provided the heuraform was spaled to provide the provided the provided to the provided the provided to the provided the provided to the provided that the formation was spaled to the provided distribution. The heartform was days to the fatella neurone pateur. The heartform was days to the first interest of my knowledge, information and belief. I also understand that the Board of The and Medical Examiners may conduct an on-site inspection at any time.
* Please return to Sherri D. Nichols, Board Secretary, at the above listed address. * Signature of Physicia Date: 3/5/08

BK: y, rephalogy

, () P.O. BO	a Board of Medical Examir x 946, Montgomery, AL 36 Office-Based Surgery verse Event Report Form	APR 3 0 2008
Name:		AL License #
Address: Street	City	State Zip
Physician Specialty:	Molosu	
Date of Surgery: 4/28/08	Type of Surgery: Fishul	gram
Type of Anesthesia (Moderate,	Deep, or General):	None
Name & Title of Person Admin	istering Anesthesia:	
Date of Adverse Event: 4/28	108	
Indicate Adverse Event (ic. sur	gical complication, post-op infe	
Patient Hospitalized: Yes Patient Outcome: Full Rec "If patient outcome is pending, please provide	No Disability Death	** Pending
Please provide a brief narrative des office protocols have been implement that with State 4 (MI).	cription of what occurred during t	his event and what changes in cation from re-occurring.
fishla with widefor	1 severe juxta-anasto	1 -1 -1
coth was placed in profi	mel fistely and confast	tinjecke for imaging prosinal
and retrograde. No selas	on hed been given	After 200 contract injection
patront ser reget mione	nitionale. He had soon for	end return of rile incorretions
offer 2-3 minutes just he	Ane andelone award	and was and making approved a
though diporiented He w	as green Salemaholi	1 and Dgo, Elt not given
I swear (assum) that the information s true and correct to the best of my know Medical Examiners may conduct an or	owledge, information and belief. I a	y/Adverse Event Report Form is
* Please return to Sherri D. Nic.	hols, Board Secretary, at the ab	ove listed address. *
Signature of Physician		Date: 4/28/48



Alabama Board of Medical Examiners P.O. Box 946, Montgomery, AL 36101

RECEIVED

SEP

Office-Based Surgery

	Adverse Event Report Form ABME
	Name:
	Address: Street City State Zip
	Physician Specialty: Neph Augy
	Date of Surgery: 5-14-08 Type of Surgery: Insertin of duel lunen diships
	Type of Anesthesia (Moderate, Deep, or General):
	Name & Title of Person Administering Anesthesia:
	Date of Adverse Event: 5- 14-08 when tip of Permante
	Indicate Adverse Event (ie. Surgical complication, post-op infection, etc.): pt do into a first a fill done in unadiately of the provided is chest compress, mo the undo- As electrical shock or entropy to the fall obert. Sent of paramedics to St. V. The print who cardiology de in her bets bloker. put in a pacemates of Patient Hospitalized: Yes x No released ber - Stole condition 5/15/19
	Patient Outcome: Full Recovery X Disability Death ** Pending
14 yoF	If patient outcome is pending, please provide a follow-up report within 14 days of the patient's discharge and/or recovery.
	Please provide a brief narrative description of what occurred during this event and what changes in office protocols have been implemented in order to prevent this complication from re-occurring.
	per presented to VAC with clothet AVT. The AVE was consulated but a guidewire could not be und to cross the junction of her AVE with a sugment of AVE
	previous placed by Jungery. So surgical revision was necessary to she
	Routine procedure of Paraceth insertion followed except the needed a law does of
	Versel (2.5mg) for anxiety I control of discompet As Princeth was inserted over
	4 affile occurred. CPR was immediately given by myself of van Support -
	A verce last consciousnes + regained ventilatory drive : 30 -60 de (Ambu Supported
	I swear (affirm) that the information set forth on this Office-Based Surgery/Adverse Event Report Form is true and correct to the best of my knowledge, information and belief. I also understand that the Board of Medical Examiners may conduct an on-site inspection at any time.
	* Please return to Sherri D. Nichols, Board Secretary, at the above listed address. *
	Signature of Physician: Date: 4/a/08



During CPR percedure atropine ing, Romogicon 2.5 ml,

100 v inspire NAHOS inspire, insuli 10 m, aprincipline 0.5 mg

were during thank. By ~ 1 minute of CPV she regard

o junctional rhythe is a short won sustained run of U-toch.

BP was were.

at SW. Hospital EN her kt = 1.5 t vital Figures
remained Stable. Cardsberg faither & felt her lets
Blocker dere was too high & oslinded to alle that
und.

beget only, by, i de in good condition 5/15/08. She undersent dialysis that day as in-pt using the newly placed Paracath which I setured in print to departure four VAC.

all that was done was standard operating procedure. We are taking special care to use proper lengths of Permeaths of to ovoral quidewire buckling during nutrition. Port it is my fiely that her AP had coursed abundle conduction in her heart of that the bota - blocker had predisposed her to feel an event.

accred, N



Alabama Board of Medical Examiners P.O. Box 946, Montgomery, AL 36101

OCT 2 0 2008

Office-Based Surgery Adverse Event Report Form

Name:		AL License #	
Address: Street	City	State	Zip
Physician Specialty: Nephrol	ogy/Intervention	nal Nephrology	•
Date of Surgery: 10/3/08	Type of Surgery:	1 Graft thrombe	ctomy
Type of Anesthesia (Moderate, Do	eep, or General):	Woden (Vou	<u>e</u>
Name & Title of Person Administ Date of Adverse Event: 10/3/	. 	, MIS	
Indicate Adverse Event (ie. Surgio		op infection, etc.):	
see attached pag	e		
Patient Hospitalized: Yes No Patient Outcome: Full Recove	o	Death ** Pending	· ·
** If nationt outcome is pending, please provide a f	ollow-up report within 14 days of	the nationt's discharge and/or reco	WCTY.
Please provide a brief narrative descri office protocols have been implemented			
see attached page)		
			
			·
I swear (affirm) that the information set if true and correct to the best of my knowle Medical Examiners may conduct an on-si	edge, information and beli		
* Please return to Sherri D. Nichol	s, Board Secretary, at	the above listed address	3, *
Signature of Physician:		Date: 19/3/08	· · · · · · · · · · · · · · · · · · ·

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Office-Based Surgery Adverse Event Report Addendum

Date: 10/3/2008

Surgeon:

Adverse Event:

I was unable to retrieve a balloon catheter out of the AV graft fistula during thrombectomy.

Narrative Description:

The patient underwent routine percutaneous thrombectomy procedure. I inserted a Fogarty balloon catheter into the graft in order to pull clots out of the patient's AV graft fistula. Due to the severely abnormal anatomy of the AV graft (related to its pseudoaneurysms and intra-graft stenoses), the Fogarty catheter was unable to be retrieved back despite multiple attempts.

I arranged for the patient to be seen by the vascular surgeon, who successfully retrieved the catheter in the operating room of a local hospital. The surgeon elected to place another graft due to the current graft's old age.

The patient was successfully dialyzed the next day and was discharged out of the hospital.