Levinson Axelrod Wheaton
& Grayzel
ATTORNEYS AT LAW
A PROFESSIONAL CORPORATION

Levinson (1934–1988)
*Alfred A. Levinson
*Richard J. Levinson
*Robert Jay Axelrod
*David T. Wheaton
*Ronald B. Grayzel
Patrick R. Caulfield
Managing Partner
Workers' Compensation

Elaine Brennan
**J. Stewart-Husid
***William D. Levinson
Robert E. Bennett
***Richard Marcolus
John S. Sawicki
Gary G. Flynn
James J. Dunn
*George H. Conover, Jr.
Of Counsel

March 29, 1989

Robert L. Hollingshead, Esq.,
163 Madison Avenue,
Morristown, N.J. 07960-1945

Dear Mr. Hollingshead: Re: Peterson v. Union Carbide
filed CP 389

I wish to supplement answers to interrogatories as follows.

Mr. Peterson was treated by Dr. I.J. Fine at the Perth Amboy General Hospital on October 10, 1978 and May 15, 1979 and last saw him on July 31, 1984. You are in receipt of his report and I am attempting to obtain his bill.

Mr. Peterson was treated and operated on by Dr. Hugh Biller on February 24, 1984 at Mt. Sinai and his bill is $4,855. He last saw Dr. Biller in November of 1988 and will see him again in six months. Enclosed find copy of bill.

Mr. Peterson was hospitalized on the following dates:

Perth Amboy General Hospital, 10/9/78 to 10/11/78 -Lesion of left vocal cord - I am enclosing a copy of this report. I am attempting to obtain a copy of this bill.

Perth Amboy General Hospital, 5/15/79 - Lesion of left vocal cord - I am enclosing a copy of this report and bill in the sum of $228.

Mt. Sinai Hospital - pre-admission test - 1/20/84 - enclosed find copy of bill in the sum of $445.

Mt. Sinai Hospital -1/24/84 - biopsy - enclosed is a copy of this report - I am attempting to obtain the bill.

Mt. Sinai Hospital - 2/23/84 to 3/8/84 - left homilaryngectomy by Dr. Biller - enclosed is a copy of this report and bill in the sum of $8,080.34.

UCC 088752

*Certified Civil Trial Attorney
**Certified Criminal Trial Attorney
***Also Member of Pennsylvania Bar
****Also Member New York Bar

Lincoln Plaza, 2 Lincoln Highway, P.O. Box 2905, Edison, NJ 08818-2905 (201) 494-2727 Fax (201) 494-2712
Plaza One Building, Routes 202 & 31, Flemington, NJ 08822 (201) 782-6766 Fax (201) 782-6325 *Please Reply To Edison*
1015 Park Avenue, Plainfield, NJ (201) 757-2727

Dr. Patel, Anesthesia $588 (bill enclosed)

Mt. Sinai Hospital - 4/8/85 to 4/10/85 - Laryngoscopy with left vocal cord teflon injection - this report was submitted to you - enclosed find copy of his bill in the sum of $1,901.80

Anesthesia Department $336 (bill enclosed)

I will further call upon the following fact witnesses to testify on behalf of the plaintiff at the time of trial.

George Kushner, 549 Hartford St., Perth Amboy
Eva Erickson, 531Hartford St., Perth Amboy
Katherine Notaro, 542 Hartford St., Perth Amboy
Geneviene Pajak, 548 Hartford St., Perth Amboy

These witnesses lived in the area of the terminal and will testify about the nature and magnitude of the chemical emissions from this plant.

I will call upon the following expert witnesses to testify on behalf of the plaintiff herein at the time of trial.

Dr. Samuel Epstein; Professor Burton Davidson; Dr. Fred Cohen; Dr. I.J. Fine and Dr. Hugh Biller.

Unless I hear from you to the contrary, I shall assume that this letter will serve in lieu of more formal answers herein.

Very truly yours,

ALFRED A. LEVINSON

AAL:ff
encs.

UCC 088753

Insurance copy attach this statement to your insurance claim form.

plete the personal information requested on the form. This statement contains all the information doctor is required to supply. It is not necessary for this office to fill out the insurance company form.

ATTENDING PHYSICIAN'S STATEMENT

AGNOSIS _____

NAME

Date of Service 2/15/85

PLACE OF SERVICE ☐ OFFICE ☐ HOSPITAL

PROFESSIONAL SERVICES	FEE
Initial Comprehensive Office Visit (OV)	
Subsequent Office Visit (OV)	30
Post Operative Visit (OV)	
Consultation (C)	
Ear, Nose & Throat	
Head & Neck	
2nd Opinion	
Report to Referring Phys.	
Name:	
Address:	
Telephone:	

PROCEDURES	
Microlaryngoscopy	
Removal Impacted Cerumen	
Cauterization of Nasal Septum	
Control of Nasal Hemorrhage	
☐ Cauterization ☐ Packing	
Nasal Irrigation ☐ Unilateral ☐ Bilateral	
Turbinates, Cauterization	
Tracheotomy ☐ R ☐ L	
Insertion w/tube ☐ R ☐ L	
Nasal Fracture (Closed Reduction)	
Biopsy: site _____	

AUDIOGRAMS (AU)	FEE
Pure Tone Air & Bone	
With Speech Testing	
Pure Tone Air & Bone Only	
Speech Reception Threshold	
Speech Discrimination	
Impedance Testing	
Acoustic Reflexes	
Other Tests _____	

VESTIBULAR TESTS (VT)	
Caloric Test	
Vestibular Tests w/E.N.G.	
Other Tests _____	

OTHER SERVICES (O)	

HOSPITAL SERVICES performed at
Mt. Sinai Hospital, New York, N. Y. 10029

Initial Hospital Consultation (IHC)	Code	FEE
W/Report Inserted in Chart	90215	
_____ Follow-up Visit(s) (HFV)	90260	

Dates _____

SURGERY (S) _____

Date _____

☐ I Do ☐ I Do Not
Accept Assignment

PHYSICIAN'S SIGNATURE

HUGH F. BILLER, M.D.
HEAD & NECK SURGERY
19 EAST 98TH STREET
SUITE 6AB
NEW YORK, N. Y. 10029
(212) 876-4429

LIS# 110763
UMS# 62802

SS# 395-30-0492

12227

PRIVILEGED AND
"CONFIDENTIAL MATERIAL
SUBJECT TO PROTECTIVE
ORDER"

UCC 088754

STATEMENT

HUGH F. SILLER, M.D.
10 EAST 66TH STREET
SUITE 6AB
NEW YORK, N. Y. 10021
(212) 570-4422

HOME TEL.
201-442
1341
OFFICE TEL.
201-442
9555

John Petersen
694 Grace Ave
Fort Lee NJ 07024

DATE	REFERENCE	DESCRIPTION	CHARGE	CREDITS PAYMENTS	CREDITS ADJ	CU BA
1984		BS - AT First visit for	BALANCE FORWARD			
1/5	9603	C	75 -			7
1/24	9694	Laryngoscopy c biopsy	150 -			22
1/30	9603 9694	NJBC to GP				
2/24	9863	② Hemi-Laryngectomy	3000 -			30
3/1	9863	NJBC to GP				
3/19	9603 9694	declined 120 A BS of NJ		450 -		3
9-22		NJBCBS filed				

PLEASE PAY LAST AMOUNT IN THIS COLUMN

AU—Audiograms
C—Consultation
HFV—Hospital Follow-Up Visit
IHC—Initial Hospital Consultation
O—Other Services
OV—Office Visit
P—Procedures
ROA—Received on Account
S—Surgery
VT—Vestibular Tests

THIS IS A COPY OF YOUR ACCOUNT AS IT APPEARS ON YOUR LEDGER CARD

PRIVILEGED AND "CONFIDENTIAL MATERIAL SUBJECT TO PROTECTIVE ORDER"

UCC 088755

ONE EAST ONE HUNDREDTH STREET PHYSICIANS, P. C.
METZGER PAVILION - MAIN FLOOR - ROOM 19
100TH STREET AND 5TH AVE.
NEW YORK, N. Y. 10029
(212) 650-7481
7482
7483

ACCOUNT
M 138
DATE OF SER
2-24-84

TO

John Pettersen
694 Brace Avenue
Perth Amboy, N.J. 08861

FOR PRIVATE PROFESSIONAL SERVICES
ADMINISTRATION OF ANESTHESIA
Dr. N. Patel $588.00.

I.D. TAX NO. - 13-2694308

WE REQUEST REMITTANCE TO BE
LEFT WITH HOSPITAL CASHIER
OR
AT OUR BUSINESS OFFICE – HOURS 8:30 AM to 4 PM
PLEASE MAKE CHECK PAYABLE TO
ONE EAST ONE HUNDREDTH STREET PHYSICIANS, P. C.
PLEASE INDICATE ACCOUNT NUMBER
ON FACE OF CHECK

PRIVILEGED AND
"CONFIDENTIAL MATERIAL
SUBJECT TO PROTECTIVE
ORDER"

UCC 088756

STATEMENT

HUGH F. BILLER, M.D.
19 EAST 98TH STREET
SUITE 6AB
NEW YORK, N. Y. 10029
(212) 570-4425

BILLI INQUIRI
(212) 650-8306

HOME TEL:
201-442-13

FFICE TEL:
201-442-95

John Peterson
694 Brace Avenue
Perth Amboy NJ 08861

DATE	REFERENCE	DESCRIPTION	CHARGE	CREDITS PAYMENTS	CREDITS ADJ	C B
1985	NSBS		BALANCE FORWARD →			
4/9	12507	Laryngoscopy + Biopsy	160 —			1
5-13	12507	Be Sent				

PLEASE PAY LAST AMOUNT IN THIS COLUMN

AU—Audiograms
C—Consultation
HFV—Hospital Follow-Up Visit
IHC—Initial Hospital Consultation
O—Other Services
OV—Office Visit
P—Procedures
ROA—Received on Account
S—Surgery
VT—Vestibular Tests

TH S IS A COPY OF YOUR ACCOUNT AS IT APPEARS ON YOUR LEDGER CARD

PRIVILEGED AND "CONFIDENTIAL MATERIAL SUBJECT TO PROTECTIVE ORDER"

UCC 088757

REMIT TO:

ANESTHESIA DEPT MSP
PO BOX 8471
CHURCH STREET STATION
NEW YORK NY 10043

PHONE #
212-517-8009 EXT-326

JOHN PETERSON
694 BRACE AVE
PERTH AMBOY NJ 08861

PAYMENT RECEIVED AFTER THIS DATE WILL APPEAR ON YOUR NEXT STATEMENT
5/02/85

AMOUNT ENCLOSED
336.00

ACCOUNT NUMBER
000017239

921

PLEASE RETURN UPPER PORTION WITH YOUR PAYMENT

DATE	DESCRIPTION	CREDITS	CHARGES
4/09/85	FOR ANESTHESIA ADMINISTERED TO JOHN PETERSON AT MOUNT SINAI HOSPITAL, NEW YORK, NY		336.00

ANESTHESIA SERVICES ARE NOT MAINTAINED BY THE HOSPITAL. THIS SERVICE WAS RENDERED BY A PRIVATE PHYSICIAN IN THIS SPECIALTY. FOR YOUR CONVENIENCE, THIS BILL IS SEPARATE FROM THE HOSPITAL BILL AND THE SURGEON'S FEE.

UPON RECEIPT OF YOUR PAYMENT IN THE FULL AMOUNT AND COMPLETION OF YOUR PART OF THE ENCLOSED FORM, WE WILL THEN PROCESS THE CLAIM TO YOUR INSURANCE CARRIER AND YOU WILL BE PAID DIRECT.

MYLAR RAO, M.D.

IF YOU HAVE ANY QUESTIONS ABOUT YOUR BILL
PLEASE CALL 212-517-8008 EXT-333

336.00
PLEASE PAY

PRIVILEGED AND "CONFIDENTIAL MATERIAL SUBJECT TO PROTECTIVE ORDER"

UCC 088758

PLEASE REFER TO THIS NUMBER IN ALL CORRESPONDENCE
PATIENT NO. 8041907

THE MOUNT SINAI HOSPITAL

ONE GUSTAVE L. LEVY PLACE
NEW YORK, NEW YORK 10029. (212) 650-8885
FEDERAL I.D. NO: 13-1624096

STATEMENT

UNIT NO: [redacted] 1394158
PATIENT: PETERSON, JOHN

STATEMENT DATE	STATEMENT TYPE	PAGE NO
4-20-85	DISCHARGE	1
ADMISSION DATE	DISCHARGE DATE	DAYS IN HC
4-08-85	4-10-85	

GUARANTOR

BILL TO
PETERSON, JOHN
694 BRACE AVENUE
PERTH AMBOY NJ 08861

CO	PL
280	1

	INSURANCE CO	GROUP NO	POLICY CLAIM
1	BC NJ 330024		161028292
2			
3			

7/26/85

AMOUNT ENCLOSED $_____

PLEASE MAKE CHECK PAYABLE TO **THE MOUNT SINAI HOSPITAL** AND RETURN THIS PORTION WITH YOUR PAYMENT TO: SORT 8647 NEW YORK NEW YORK 10043

POSTING DATE	CODE	DESCRIPTION OF SERVICE OR CHARGE	HOSPITAL SERVICES	* ESTIMATED INSURANCE COVERAGE 1 B/C	2	3	DUE FROM PATIENT
408	H679 S	RM/BRD 2 370.00	74000	74000			
408	151011 3	BLOOD-SMA 6	6800	6800			
408	151011 4	BLOOD-SMA 12	12400	12400			
408	142018 2	COULTER COUNT-CBC	4400	4400			
408	142018 4	BLOOD-DIFFERENTIAL	1500	1500			
408	121000 2	ECG	8500	8500			
408	131031 1	CHEST-1 FILM	8300	8300			
409	776020 2	OPERATING ROOM	55700	55700			
409	776021 2	RECOVERY ROOM	14200	14200			
409	143003 0	BLOOD TYPING	2900	2900			
409	142000 4	SP. GRAVITY	700	700			
4[redacted]	720008	DAILY TELEPHONE LO	780				78
420	TOTALS	1,901.80	190180	189400			78
420	992 952	INSUR PAYMENT ADJ		71468CR			
		tel. charges	- 780				- 78

PRIVILEGED AND "CONFIDENTIAL MATERIAL SUBJECT TO PROTECTIVE ORDER"

UCC 088759

420	BALANCE DUE →	1,179.32	117932			0

PATIENT NO: 8041907
PATIENT NAME: PETERSON, JOHN
(PLEASE REFER TO PATIENT NUMBER IN ALL CORRESPONDENCE)

THIS BILL CONTAINS CHARGES FOR HOSPITAL SERVICES ONLY
CHARGES FOR PROFESSIONAL AND OTHER SERVICES MAY BE BILLED INDEPENDENTLY

PLEASE PAY THIS AMOUNT

THE MOUNT SINAI HOSPITAL
ONE GUSTAVE L. LEVY PLACE
NEW YORK, NEW YORK 10029
(212) 650-8885

* THE INSURER'S AND PATIENT'S PORTION OF THE CHARGES INCURRED HAVE BEEN COMPUTED ON THE BASIS OF PRELIMINARY INFORMATION FURNISHED TO US. FINAL DETERMINATION OF YOUR BENEFITS BY THE CLAIM DEPARTMENT OF YOUR INSURANCE COMPANY MAY CHANGE THESE AMOUNTS
THE SETTLEMENT OF THIS ACCOUNT IS YOUR RESPONSIBILITY

A.C.1
25M 11 84

THE MOUNT SINAI MEDICAL CENTER

ONE GUSTAVE L. LEVY PLACE
NEW YORK, N. Y. 10029

M R. JOHN PETERSEN

694 BRACE AVENUE

PERTH AMBOY, NEW JERSEY 08861

2

MAY.3, 19..

ATTN: SPECIAL ACCOUNTS
19 EAST 98thst.rm.8B
PHONE:650-6333

PAT-OR **PLEASE DETACH TOP PORTION - RETURN WITH YOUR REMITTANCE TO ACCOUNTING DEPARTMENT.**

1[redacted]-84	****	PRE-ADMISSION TESTING	445.	00
		TOTAL	445.	00
		BLUE CROSS OF N.J. PAID	104.	00
		BALANCE DUE	341.	00

BLUE CROSS OF NEW JERSEY ONLY PARTIALLY PAID FOR THIS ACCOUNT AND STATED THE FOLLOWING: PATIENT REACHED LABORTORY MAXIMUM. PLEASE REVIEW AND PAY.

UNPAID ACCOUNTS MAY BE SENT TO A COLLECTION AGENCY.

PLEASE MAKE CHECKS PAYABLE TO "THE MOUNT SINAI HOSPITAL"

PRIVILEGED AND "CONFIDENTIAL MATERIAL SUBJECT TO PROTECTIVE ORDER"

UCC 088760

THIS NUMBER IN ALL CORRESPONDENCE
PATIENT NO.
7547060

ONE GUSTAVE L. LEVY PLACE
NEW YORK, NEW YORK 10029. (212) 650-8885
FEDERAL I.D. NO: 13-1624096

STATEMENT

UNIT NO: 1394158
IENT: PETERSEN, JOHN

STATEMENT DATE: 3-19-84
ADMISSION DATE: 2-23-84
STATEMENT TYPE: DISCHARGE
DISCHARGE DATE: 3-08-84
PAGE N: 1
DAYS IN HC

GUARANTOR

BILL TO
PETERSEN, JOHN
694 BRACE AVENUE
PERTH AMBOYU NJ 08861

CO	PL
280	1

	INSURANCE CO.	GROUP NO.	POLICY/CLAIM
1	BC NJ 330024		161028292
2			
3			

AMOUNT ENCLOSED $_____

PLEASE MAKE CHECK PAYABLE TO THE MOUNT SINAI HOSPITAL AND RETURN THIS PORTION WITH YOUR PAYMENT TO: SORT 8647 NEW YORK, NEW YORK 10043

OSTING DATE	CODE	DESCRIPTION OF SERVICE OR CHARGE	HOSPITAL SERVICES	* ESTIMATED INSURANCE COVERAGE 1 B/C	2	3	DUE FRO PATIENT
223	H681 W	RM/BRD 2 355.00	71000	71000			
225	H674 W	RM/BRD 12 355.00	426000	426000			
223	1510113	BLOOD-SMA 6	6500	6500			
223	1510114	BLOOD-SMA 12	11900	11900			
223	1310311	CHEST-1 FILM	7900	7900			
223	1310850	ET READING	1300	1300			
223	1210002	ECG	8100	8100			
224	7770212	RECOVERY ROOM	13600	13600			
224	7770204	OPERATING ROOM	80000	80000			
224	7770712	TRACHEOSTOMY TUBE	2800	2800			
224	1530006	SURG.PATH.FRO.8906	8349 2551	10900			
22[redacted]	1510113	BLOOD-SMA 6	6500	6500			
22[redacted]	1510114	BLOOD-SMA 12	11900	11900			
226	1420182	COULTER COUNT-CBC	4200	4200			
226	1420184	BLOOD-DIFFERENTIAL	1400	1400			
226	1430030	BLOOD TYPING	2800	2800			
226	1430050	BLOOD COMPAT TEST	2200	2200			
226	1420004	SP. GRAVITY	700	700			
226	1420182	COULTER COUNT-CBC	4200	4200			
227	1530002	SURG.PATH.ROU.8424	6281 1919	8200			
227	1820008	MASK,CANNULA,NEBU.	4200	4200			
229	1840004	I.V. SOLUTIONS	600	600			
229	1840004	I.V. SOLUTIONS	1450	1450			
301	1510113	BLOOD-SMA 6	6500	6500			
301	1510114	BLOOD-SMA 12	11900	11900			
301	1420182	COULTER COUNT-CBC	4200	4200			
301	1840004	I.V. SOLUTIONS	1750	1750			
301	1840004	I.V. SOLUTIONS	1400	1400			
301	1840004	I.V. SOLUTIONS	1750	1750			
302	1840004	I.V. SOLUTIONS	300	300			
302	1840004	I.V. SOLUTIONS	1900	1900			
302	1820008	MASK,CANNULA,NEBU.	16800	16800			
304	1820008	MASK,CANNULA,NEBU.	12600	12600			
304	1820008	MASK,CANNULA,NEBU.	12600	12600			
305	1840000	DRUGS	4700	4700			
306	1510113	BLOOD-SMA 6	6500	6500			
306	1510114	BLOOD-SMA 12	11900	11900			
30[redacted]	840000	DRUGS	11950	11950			
		BALANCE DUE →					

PRIVILEGED AND "CONFIDENTIAL MATERIAL SUBJECT TO PROTECTIVE ORDER"

UCC 088761

ATIENT NO:
ATIENT NAME:
ASE REFER TO PATIENT NUMBER IN ALL CORRESPONDENCE

THIS BILL CONTAINS CHARGES FOR HOSPITAL SERVICES ONLY. CHARGES FOR PROFESSIONAL AND OTHER SERVICES MAY BE BILLED INDEPENDENTLY.

PLEASE PAY THIS AMOUNT

THE MOUNT SINAI HOSPITAL
ONE GUSTAVE L. LEVY PLACE
NEW YORK, NEW YORK 10029
(212) 650-8885

* THE INSURER'S AND PATIENT'S PORTION OF THE CHARGES INCURRED HAVE BEEN COMPUTED ON THE BASIS OF PRELIMINARY INFORMATION FURNISHED TO US. FINAL DETERMINATION OF YOUR BENEFITS BY THE CLAIM DEPARTMENT OF YOUR INSURANCE COMPANY MAY CHANGE THESE AMOUNTS.

THE SETTLEMENT OF THIS ACCOUNT IS YOUR RESPONSIBILITY

THIS NUMBER IN ALL CORRESPONDENCE
PATIENT NO. 7547060

THE MOUNT SINAI HOSPITAL

ONE GUSTAVE L. LEVY PLACE
NEW YORK, NEW YORK 10029. (212) 650-8885
FEDERAL I.D. NO: 13-1624096

STATEMENT

UNIT NO: 1394158
PATIENT: PETERSEN, JOHN

STATEMENT DATE	STATEMENT TYPE	PAGE N
3-19-84	DISCHARGE	2
ADMISSION DATE	DISCHARGE DATE	DAYS IN HC
2-23-84	3-08-84	

GUARANTOR

BILL TO
PETERSEN, JOHN
694 BRACE AVENUE
PERTH AMBOYU NJ 08861

CO	PL
280	1

	INSURANCE CO.	GROUP NO.	POLICY/CLAIM
1	BC NJ 330024		161028292
2			
3			

AMOUNT ENCLOSED $_____

PLEASE MAKE CHECK PAYABLE TO THE MOUNT SINAI HOSPITAL AND RETURN THIS PORTION WITH YOUR PAYMENT TO: SORT 8647 NEW YORK, NEW YORK 10043

POSTING DATE	CODE	DESCRIPTION OF SERVICE OR CHARGE	HOSPITAL SERVICES	* ESTIMATED INSURANCE COVERAGE 1 B/C	2	3	DUE FRO PATIEN
306	1840004	I.V. SOLUTIONS	1300	1300			
307	1420182	COULTER COUNT-CBC	4200	4200			
308	182 0008	MASK, CANNULA, NEBU.	4200	4200			
308	1840020	TAKE HOME DRUGS	404				40
309	5720008	DAILY TELEPHONE LO	600				60
309	5720008	DAILY TELEPHONE LO	3600				360
311	1840000	DRUGS	1300	1300			
312	1840004	I.V. SOLUTIONS	1300	1300			
312	1840004	I.V. SOLUTIONS	500	500			
319	TOTALS	8,125.04	808034	4470	807900		460
3[illegible]	92 952	INSUR PAYMENT ADJ			133492CR		

PRIVILEGED AND "CONFIDENTIAL MATERIAL SUBJECT TO PROTECTIVE ORDER"

UCC 088762

319	BALANCE DUE →	6,790.12		674408			460

PATIENT NO: 7547060
PATIENT NAME: PETERSEN, JOHN
PLEASE REFER TO PATIENT NUMBER IN ALL CORRESPONDENCE

THIS BILL CONTAINS CHARGES FOR HOSPITAL SERVICES ONLY. CHARGES FOR PROFESSIONAL AND OTHER SERVICES MAY BE BILLED INDEPENDENTLY.

PLEASE PAY THIS AMOUNT

THE MOUNT SINAI HOSPITAL
ONE GUSTAVE L. LEVY PLACE
NEW YORK, NEW YORK 10029
(212) 650-8885

* THE INSURER'S AND PATIENT'S PORTION OF THE CHARGES INCURRED HAVE BEEN COMPUTED ON THE BASIS OF PRELIMINARY INFORMATION FURNISHED TO US. FINAL DETERMINATION OF YOUR BENEFITS BY THE CLAIM DEPARTMENT OF YOUR INSURANCE COMPANY MAY CHANGE THESE AMOUNTS.
THE SETTLEMENT OF THIS ACCOUNT IS YOUR RESPONSIBILITY

PERTH AMBOY GENERAL HOSPITAL

10/24/78 16 DAYS CODE 231 ELECT. HISTORY NO.

SURNAME: PETERSEN FIRST: JOHN MIDDLE: (08861) — 227512.1

FULL ADDRESS: 694 BRACE AVENUE PERTH AMBOY NE WJERSEY 1216 049484

TELEPHONE	RELIGION	AGE	DATE OF BIRTH	SEX	CLASS
442 1341	PRE	49	4/29/29	MM/1	W

DATE ADMITTED	HR	MIN	SVC	ROOM	RATE	MAR'L
10/9/78	2:00PM	S	SSW	511.01	$120	M

NEXT OF KIN: SHIRLEY — RELATION: WIFE

ADDRESS: SAME

SERVICE: EXT P — ATTENDING PHYSICIAN: 143.8 DR. I.J. FINE — REFERRED BY: SAME

ADMITTING DIAGNOSIS: LESION OF LEFT VOCAL CORD

OCCUPATION: MAINT. SUPRV. — EMPLOYER: AMBOY TERMINALING CO.

ADDRESS OF EMPLOYER: PERTH AMBOY N.J. — TELEPHONE — YRS EMPLOYED: 11YRS

PREVIOUS ADMISSIONS	DAYS STAY	DISC / DIED		ADM BY
NONE	7		10/24/78 10:20 AM	EE

EC/ D NO PHONE — RESPONSIBLE PARTY OR INSURANCE COVERAGE

NAME: N.J. PLAN # 1610 28 2929 CODE 655 F

ADDRESS: GROUP# 00 85326 EE DT. 9/1/78

CERTIFICATE NO OR INSURANCE: PAT RESP/ SUB THRU ABOVE

This is t certify that I of my own will am releasing myself or my n

Name of Person

Relationship

from the Perth Amboy G neral pital against the advice of the at ing Physician.

DOCTOR

I release the hospital, it. employee officers, and my attending physician all liability for any adverse results c by myself or my minor leaving the hc prematurely.

Signed

Witness

Date

FINAL DIAGNOSIS (STANDARD NOMENCLATURE)	CODE
Dysplasia left Vocal Cord (Resolved)	50
ASSOCIATED DISEASE: None	
OPERATION: Excision of lesion left Vocal Cord	30

PRIVILEGED AND "CONFIDENTIAL MATERIAL SUBJECT TO PROTECTIVE ORDER"

CONSULTATION WITH:

CONDITION ON DISCHARGE: ☐ RECOVERED ☐ IMPROVED ☐ UNIMPROVED ☐ NOT TREATED ☐ EXPIRED ☐ AUTOPSY

REMARKS:

CAUSE OF DEATH:

UCC 088763

INTERNE SIGNATURE X

APPROVED BY RECORD COMMITTEE X

SIGNATURE OF ATTENDING PHYSICIAN

Perth Amboy General Hospital

PETERSEN, JOHN
227512-1 MM-1 43
147-R DR. T.J. FINE
F4 PEACE AVE.
CITY 1216. SSN 511-01

Sex Male Age 43 yrs

1. General
2. Skin & Glands
3. EENT -Mouth
4. Head & Neck
5. Chest-breasts
6. Lungs
7. Heart
8. Abdomen
9. Genito-urinary
10. Rectal
11. Musculo-skeletal & Extremities
12. Neurological
13. Impression

This is a 43 yr old W/M who is a carpenter and has hoarseness of voice

V.S. → BP → 140/80 mm Hg Pulse

Temp → N RR → 20/min

Skin & glands → Normal turgor No lymphadenopathy.

EENT - Mouth → PERLA No anemia

ENT → Normal

Throat → Not congested

Head & Neck → Normocephalic No ↑ JVP

No swelling in the neck Trachea is in the midline

Chest → Bilat symm.

Lungs → BS are vesicular

Heart → RSR S1 S2 heard no murmurs

Abd → Soft non-tender No organomegaly

G U → Normal

M. skel → No pedal oedema No deformity

Neuro → No neurologic deficit

Imp → Growth on the vocal cords

Agrawal
Signature

UCC 088764

ABG 25589

PRIVILEGED AND "CONFIDENTIAL MATERIAL SUBJECT TO PROTECTIVE ORDER"

Perth Amboy General Hospital

227612-1 [illegible]
142-3 [illegible]. I.J. FINE FC-D
64 [illegible] PLACE AVE. -040454-
CITY 1216. SSW 511-01

Sex Male Age 49 yrs

SUGGESTED ORDER OF RECORDING

1. Chief Complaint
2. Present Illness
3. Past History
   - Operations
   - Hospitalizations
   - Injuries
   - Allergies
   - Family Illnesses
   - Serious Illnesses
   - Habits
4. Review of Systems
   - General
   - Skin
   - Head & Neck
   - EENT
   - Respiratory
   - Cardiovascular
   - Gastrointestinal
   - Genitourinary
   - OB-GYN
   - Musculoskeletal
   - Neuro-psychiatric
5. Family History
6. Social History

Hist

Lameness of [illegible] since several months.
He [illegible] was sent to the physician and was being treated for the lameness but it did not help the pt. He hence went to Dr Fein and on examination was found to have a growth on the ocal cords
Past His → H/O Operation on the spine 25 yrs back for a slipped disc
No H/O Hypertension, Diabetes or any cardiac conditions
Allergies → None known
Medications → Does not take any medications
Fam His → Son is a hypertensive
Soc His → Does not smoke
Drinks occasionally
Appetite → Good Sleep → Adequate
Bowel → Reg Urine → No problems

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History given by Patient

History taken by Dr. [illegible] Date 10/5/78.
Signature

ABG 25564

UCC 088765

RARITAN BAY HEALTH SERVICES CORP.

X PERTH AMBOY GENERAL HOSPITAL [illegible] BRIDGE REGIONAL HOSPITAL

ELEC PAT HISTORY NO.

SURNAME	FIRST	MIDDLE	
PETERSEN	JOHN	(08861)	380063-8

FULL ADDRESS: 694 BRACE AVE., PERTH AMBOY 1216 — 049484

TELEPHONE	RELIGION	AGE	DATE OF BIRTH	SEX	CLASS
442 1341	PRO	50	4/29/29	MM-1	W

DATE ADMITTED	TIME	P S W	FLOOR	ROOM	RATE	MARITAL
5/15/79	9:40 am	S	SDS			M

NOTIFY IN EMERGENCY: SHIRLEY — TELEPHONE: SAME — RELATION: WIFE

ADDRESS: SAME

SERVICE	ATTENDING PHYSICIAN	REFERRED BY
ENT P	143-8 DR. I.J.FINE	SAME

ADMITTING DIAGNOSIS: LESION VOCAL CORD LEFT SIDE

OCCUPATION	EMPLOYER	
MAINT. SUPERV.	AMBOY TERMINAL CO.	

ADDRESS OF EMPLOYER: PERTH AMBOY, NJ — TELEPHONE: — YRS EMPLOYED: 13 YRS

PREVIOUS ADMISSIONS	DAYS STAY	DISC / DIED		ADM'D
10/78 F/C- D	1		5-15-79 2:35 AM/PM	MAT

RESPONSIBLE PARTY OR INSURANCE COVERAGE: NO PHONE

NAME: NJ PLAN IDENT# F 1610 28 2929 CC 655

ADDRESS:

CERTIFICATE NO. INSURANCE: E.D. 9/1/78 GR# 00 85326 THRU. D

ABOVE SUB. SUB. PT. AND PT.RESP.F/C-

This is to certify that I of my own free will am releasing myself or my minor

Name of Patient

Relationship

from the Perth Amboy General Hospital against the advice of the attending Physician.

DOCTOR

I release the hospital, its employees, and officers, and my attending physicians from all liability for any adverse results caused by myself or my minor leaving the hospital **prematurely**.

Signed

Witness

Date

FINAL DIAGNOSIS (STANDARD NOMENCLATURE)	CODE NO.
Laryngeal papilloma left vocal cord	212.1

ASSOCIATED DISEASE: none

PRIVILEGED AND "CONFIDENTIAL MATERIAL SUBJECT TO PROTECTIVE ORDER"

OPERATION: Laryngoscopy & biopsy of papilloma left vocal cord

CONSULTATION WITH:

CONDITION ON DISCHARGE: ☐ RECOVERED ☐ IMPROVED ☐ UNIMPROVED ☐ NOT TREATED ☐ EXPIRED ☐ AUTOPSY

REMARKS:

CAUSE OF DEATH:

UCC 088766

INTERNE SIGNATURE X

APPROVED BY RECORD COMMITTEE X

SIGNATURE OF ATTENDING PHYSICIAN

DAY SURGERY CENTER

FACE SHEET # 2

PETERSEN JOHN /3 /
380063-8 MM-1 49 4-2-29
143-9 [illegible] I.J. FINE [illegible] D
624 BRACE AVE. 04[illegible]84
PERTH AMBOY 1016 [illegible]

FINAL DIAGNOSIS (STANDARD NOMENCLATURE) CODE NO

PRIVILEGED AND "CONFIDENTIAL MATERIAL SUBJECT TO PROTECTIVE ORDER"

ASSOCIATED DISEASE:

COMPLICATIONS: None

OPERATION: Laryngoscopy & Biopsy lesion
left vocal cord

DESCRIPTION OF OPERATION: What was done, Incision, Normal and Pathologic; What was removed, Drained, Closure, etc. –

Under general anesthesia - Anterior
commissure laryngoscope - larynx was inspected
to visualize vocal cords. A lesion of left
vocal cord - in an area previously biopsied was
removed & sent for Biopsy. No adverse
signs or symptoms following surgery

UCC 088767

CONDITION ON DISCHARGE: ☐ Ambulatory ☐ No Pain ☑ No Bleeding

APPT. DATE

MEDICATION:

X [signature]
Signature, Attending Physician

722.002.2

RARITAN BAY HEALTH SERVICES CORPORATION
Perth Amboy, New Jersey
DAY SURGERY CENTER

PETERSEN JOHN /5 7
380063-3 MM-1 49 4-2 -29
143-R [illegible] I.J. FINE [illegible] D
624 PRACE AVE. 042424
PERTH AMBOY 1.13 [illegible]

DATE 5-15-79

Chief Complaint/History of Present Illness:
Hoarseness –
6 Months duration

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Menses ______ Parity ______

Past Medical History (If yes, explain below)

YES	NO		YES	NO		YES	NO	
☐	☒	BLEEDING	☐	☒	DIABETES	☐	☒	HEART DISEASE
☐	☒	ASTHMA	☐	☒	DENTURES	☐	☒	JAUNDICE
☐	☒	HYPERTENSION	☐	☒	COUGH	☐	☒	LUNG DISEASE
☐	☒	ALLERGIES	☐	☒	SMOKE	☐	☒	KIDNEY DISEASE
☐	☒	DRUGS	☐	☒	TBC	☐	☒	GI DISEASE
☐	☐	STEROIDS	☐	☐	NEUROLOGIC DISEASE	☐	☒	CONTACT LENS

Previous Anesthesia ______ Previous Surgical Complications ______

Explanation or other: Endotracheal anesthesia
1 day stay [illegible] chart

PHYSICAL EXAMINATION: AGE ____ SEX M T 97 P 72 R 18 B.P. 140/80 HT. 6-4 IN. WT. 235 LBS.

H.E.E.N.T. No abnormal

Heart Normal

Lungs Neg

Abnormal Findings: Patient had Biopsy lesion left vocal cord 3 months ago [illegible]. Patient has not regained his normal voice. Path – Hyperkeratosis no malignancy. Exam reveals a [illegible] area [illegible] left. Biopsy to exclude malignancy

Preop. Diagnosis: lesion left Vocal Cord

Proposed Operation: Biopsy

TIME	ORDERS	TIME/CARRIED OUT
5/15/79	NPO – copied per order sheet Dr Fine [illegible]	
5/15/79	Atropine 0.4 mg IM now VO: Dr [illegible]	
5/15/79	Demerol 4 mg IV stat [illegible]	
	[illegible]	
	[illegible]	
	Discharge 7 pm	

UCC 088768

723-001-1

U 1 5

[illegible] HOSPITAL NEW YORK

ADMISSION & DISCHARGE SHEET — AMBULATORY SURGERY

[illegible]	[illegible]	[illegible]	LOCATION	[illegible]	UNIT NO.
[illegible]	1130	[illegible]	[illegible]		1394158

PATIENT'S NAME		MIDDLE	CLINIC OR SERVICE	NAME OF ATTENDING PHYSICIAN
PETERSEN	JOHN		ENT	HUGH BILLER

ADDRESS	CITY	STATE	ZIP CODE	[illegible]	HOW LONG?	PHONE - AREA CODE
[illegible] AVENUE	PERTH AMBOY	NJ	08861	[illegible]		201 442 1341

SEX	RACE		MARITAL STATUS	CITIZEN	RELIGION	AGE	DATE OF BIRTH	SOCIAL SECURITY NO.
M	[illegible]		M	[illegible]	PRES	54	4/29/29	147 20 6846

[illegible] FIRST NAME	NEXT OF KIN	RELATIONSHIP AND ADDRESS		PHONE - AREA CODE
JOANNA	SHIRLEY	SPOUSE	SAME	SAME

NOTIFY IN EMERGENCY	ADDRESS	PHONE - AREA CODE
SAME AS KIN		

NAME OF INSURANCE	ADDRESS	POLICY NO.
[illegible] CROSS OF NEW JERSEY		1610-28-2929

[illegible]	RELATIONSHIP TO PATIENT		POLICY HOLDER'S SOCIAL SECURITY NO.
[illegible] JOHN PETERSEN	SELF	IN FILE	SAME

[illegible]	ADDRESS
[illegible] CO	560 [illegible] STREET PERTH AMBOY NJ

[illegible] INFORMATION	DATE OF DISCHARGE	TIME OF DISCHARGE
[illegible] INSURANCE SHIRLEY PETERSEN		AM PM

[illegible]

LEFT VOCAL CORD MASS

[illegible] 0 [illegible]

[illegible]

[illegible] 84 [illegible]

[illegible] 974.86 [illegible] 140 [illegible]

[illegible] BLOOD

[illegible] (L) V.C. mass

4785

[illegible]

[illegible] YES

[illegible] NO

4785

[illegible] (L) VC mass

[illegible] Dr Biller Monday [illegible]

[illegible]

PRIVILEGED AND "CONFIDENTIAL MATERIAL SUBJECT TO PROTECTIVE ORDER"

PRIVILEGED AND
"CONFIDENTIAL MATERIAL
SUBJECT TO PROTECTIVE
ORDER"

THE MOUNT SINAI HOSPITAL
100th Street and Fifth Avenue
New York, New York 10029

PERMISSION SHEET #1

PETERSEN JOHN
U-1894158 M/54
MILLER 6 OR 760

NAME
UNIT NO.
SERIAL NO.
LOCATION
PHYSICIAN
SERVICE

PERMISSION FOR OPERATION AND/OR PROCEDURE AND ANESTHESIA

1. I hereby authorize Dr. R[illegible] or associates or assistants of his/her choice at The Mount Sinai Hospital to perform upon me or the above-named patient the following operations and/or procedures (please type or print):

Direct Laryngoscopy c̄ Bx

2. Dr. R[illegible] has fully explained to me the nature and purposes of the operation/procedure and has also informed me of expected benefits and complications (from known and unknown causes), attendant discomforts and risks that may arise, as well as possible alternatives to the proposed treatment. I have been given an opportunity to ask questions, and all my questions have been answered fully and satisfactorily.

3. I understand that during the course of the operation or procedure unforeseen conditions may arise which necessitate procedures different from those contemplated. I therefore consent to the performance of additional operations and procedures which the above-named physician or his/her associates or assistants may consider necessary.

4. I further consent to the administration of such anesthetics as may be considered necessary. I recognize that there are always risks to life and health associated with anesthesia and such risks have been fully explained to me.

5. For the purpose of advancing medical knowledge and education, I consent to the photographing, videotaping or televising of the operation or procedure to be performed, provided my/the patient's identity is not disclosed. I also consent to the admission of observers to the operating or treatment room.

6. Any organs or tissues surgically removed may be examined and retained by the Hospital for medical, scientific or educational purposes and such tissues or organs may be disposed of in accordance with accustomed practice.

7. I acknowledge that no guarantees or assurances have been made to me concerning the results intended from the operation or procedure.

8. I confirm that I have read and fully understand the above and that all the blank spaces have been completed prior to my signing. I have crossed out any paragraphs above which do not pertain to me.

Witness (Optional): ______________________ (SIGNATURE)

Patient/Relative or Guardian *: [signature] (SIGNATURE)

______________________ (PRINT NAME)

______________________ (PRINT NAME)

Date: ______________________

(RELATIONSHIP, IF SIGNED BY PERSON OTHER THAN PATIENT)

I hereby certify that I have explained the nature, purpose, benefits, risks of, and alternatives to, the proposed procedure/operation, have offered to answer any questions and have fully answered all such questions. I believe that the patient/relative/guardian fully understands what I have explained and answered.

Date: 1/24/8[illegible]

Physician: [signature] (SIGNATURE)

* The signature of the patient must be obtained unless the patient is under the age of 18 or incompetent.

NOTE: THIS DOCUMENT MUST BE MADE PART OF THE PATIENT'S MEDICAL RECORD.

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ORDER"

PERMISSION FOR OPERATION

UCC 088771

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CM	02		D	RC H-681	360
			3173	1394153	
ATTENDING PHYSICIAN	4002		2184 157		

JOHN — 54 — 0. 29 29 NJ

STREET ADDRESS: 494 BRACE AVENUE — PVT HSP. — PAGE 1

CITY OR TOWN: PERTH AMBOY — COUNTY 99 — NJ — ZIP CODE 08861 — AREA CODE TELEPHONE 201 442

TEMPORARY LOCAL ADDRESS — CITY — STATE — ZIP CODE — AREA CODE TELEPHONE

MOTHER'S NAME IN FULL: JOHNNA — FATHER'S NAME IN FULL: BERTEL

	NAME	RELATIONSHIP	ADDRESS	AREA CODE TELEPHONE
GUARANTOR	JOHN	SELF	SAME	
NEXT OF KIN	SHIRLEY	WIFE	SAME	
NOTIFY IN EMERGENCY	SAME			
PRIOR ADMISSION	WHERE: M S H	FROM: 01 1981	TO	HOW LONG
BLOOD PROGRAM	NAME OF ORGANIZATION	ADDRESS		NAME OF PERSON COVERED

PATIENT'S OCCUPATION	OCCUPATION: MAINTENANCE SUPV	EMPLOYER: AMBOY TERMINALING CO	
	AREA CODE TELEPHONE: 201 442 9550	ADDRESS: 560 STATE ST PERTH AMBOY NJ	SOCIAL
SPOUSE'S	OCCUPATION: SECRETARY	EMPLOYER: BOARD OF EDUCATION	HOW LONG
	AREA CODE TELEPHONE: 201 826 3360	ADDRESS: 176 BARRACKS ST PERTH AMBOY	SOCIAL SECURITY NO. 155

BLUE CROSS	NJ	PLAN NO. 280	CERTIFICATE I.D. NUMBER 1510 23 2920	
	NAME OF POLICY HOLDER: JOHN		EFF. DATE 10 01 81	HOW PAID
	NAME OF GROUP (EMP. OR UNION): AS ABOVE	STREET ADDRESS	CITY	STATE
MEDICARE			EFFECTIVE DATE	

NAME OF POLICYHOLDER — POLICY I.D. NUMBER — EFFECTIVE DATE

ADDRESS: 176 BARRACKS ST

SOCIAL SECURITY NO.

NAME AND ADDRESS OF CARRIER

EMPLOYER'S NAME AND ADDRESS AT TIME OF INJURY

ADDITIONAL INFORMATION

The Mount Sinai Hospital, New York, N.Y.
DISCHARGE SHEET

[redacted]

PRINCIPAL SURGICAL OR OBSTETRICAL PROCEDURE

DATE

NAME OF OPERATING PHYSICIAN CODE

OTHER OPERATIONS DIAGNOSTIC OR THERAPEUTIC PROCEDURES

PRIVILEGED AND "CONFIDENTIAL MATERIAL SUBJECT TO PROTECTIVE ORDER"

PRIMARY AND OTHER DIAGNOSES AS EXPLAINED TO PATIENT

DRUG SENSITIVITY

MEDICAL FOLLOW-UP PLAN

Dr. Billes office

SPECIAL INSTRUCTIONS TO PATIENT (DIET, PHYSICAL ACTIVITY, ETC.)

Keep Track of the bp

MEDICATIONS

UCC 088773

SPECIAL CARE UNIT (OR ETC.) ASSIGNMENTS

UNIT FROM / / DATE TO / /

UNIT FROM / / DATE TO / /

UNIT FROM / / DATE TO / /

THIS IS A CONFIDENTIAL AND PRIVILEGED COMMUNICATION

PRIVILEGED AND "CONFIDENTIAL MATERIAL SUBJECT TO PROTECTIVE ORDER"

THE MOUNT SINAI MEDICAL CENTER
NEW YORK

SUMMARY

Dictator and Dictator's No.:	Dr. Klarsfeld #4403	Patient:	Peterson, John
Date of Dictation:	7-9-84	Unit No.:	1394-158
Attending Physician:	Dr. Biller	Admitted:	2-23-84
Service:	ENT	Discharged:	3-8-84

DISCHARGE DIAGNOSIS

Well differentiated squamous cell carcinoma of the true vocal cord with infiltration of the lamina propria.

OPERATIONS (IF ANY)

Left hemilaryngectomy by Dr. Biller on 2-24-84.

HISTORY
The patient is a 54 year old male admitted with a left vocal cord squamous cell CA. The patient has a history of vocal cord stripping 5 years ago, at Barth Hwwy with a most recent 5 month history of progressive hoarseness without dysphagia or odonophagia. No neck masses or weight loss are noted. Recently scoped with positive squamous cell CA.

PHYSICAL EXAM
Exam was remarkable for no neck nodes, no masses, trachea was midline. There was a left vocal cord lesion located to the anterior commissure but did not cross the commissure. The vocal cord lesion was located on the true vocal cords. Epiglottis was normal, and periform sinuses werenoted to be normal.

PAST HISTORY
Past medical history was otherwise unremarkable.

HOSPITAL COURSE
The patient underwent a direct laryngoscopy, tracheostomy, prelaryngeal node biopsy, and left hemilaryngectomy on 2-24-84. Surgeons were Drs. Biller, Ettlestein, Gidfried, and Servidio. The patient tolerated the procedure well. Postoperatively the patient initially had a low grade fever to 101, with some crackles in both chest fields and was congested. The patient was placed on chest PT and frequent suctioning in order to facilitate the breathing. Except for this incident the patient did very well postoperatively and was discharged on 3-8-84, his trach site almost completely closed, and to be followed by Dr. Biller's office.

LAB DATA
Final path report showed fat and lymph nodes negative for tumor. He had a left hemilaryngectomy specimen, well differentiated varuca-squamous cell carcinoma of the true cord with superficial infiltration

THE MOUNT SINAI MEDICAL CENTER
NEW YORK

Patient: Peterson, John
Unit No. 1394-158

of the lamina propria and moderate dysplasia extending into the posterior margin. Laboratory values remained within normal limits while in the hospital.

JK/dmt/RR
Envelope #13
7-14-84

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