

HEALTH CARE REQUEST

PRISONER: COMPLETE SECTIONS A THROUGH D

A NAME: Mays SUPPLEMENTS E-1667 K-16. FACILITY: (AME) V...  
NUMBER: 218701 LOCK: 3-219 DATE: 6-5-17

B. This Health Care Request is for the following (check one or more):  
 Health Record Copies  Non-urgent  
 Dental  Medication Refill  Medical  Optometry  Mental Health  Urgent

C. I have the following problems/symptoms: ON 6-5-17 I was called out and took to  
HOSPITAL by 3 OFFICERS WHO POUND ME DOWN IN HANDCUFFS  
AND APPROX 20 COPES AND 10 PYNNONEN WHO STATED  
TUCKING MISSILE WE ALWAYS GOT A DAY TO COVER UP WHEN WE  
WHILE A PRISONER ASS ESPECIALLY WHEN WE ARE THAT DISINTEGRATED  
IN YOUR ROAD MAYS MS. NYQUEST IS GOING TO HELP YOU

D NOTICE TO PRISONER MORE THAN ONE NURSES DID (YOU) SHIT SPITTING UP BLOOD

You will not be denied health care services for lack of personal funds. However, if your account does not have adequate funds, the copayment will be considered an institutional debt and shall be collected as set forth in PD 04.02.105, "Prisoner Funds"  
Signing this document formally requests treatment. In addition, it authorizes the DOC to treat or arrange treatment for you and to release any necessary medical information to facilitate that treatment, to review treatment, to respond to a related grievance, or to review any appeal you may make regarding the Department's decision to charge for the care.  
HEARD OF YOUR SHOULDERS WHEN I CAME IN THE UNIT EXAM ROOM

I have read Section D above, or it has been read to me and I understand that I will be charged \$5.00 for my health care visit unless it is for one of the reasons listed below in Section F. If I am charged for this visit, I agree that the \$5.00 may be taken from my account.

Prisoner Signature: THE P. PHYSICIAN'S ASSISTANT MS. NYQUEST WITH STATED Date:

PRISONER: DO NOT WRITE BELOW THIS LINE

E INSTRUCTIONS TO PRISONER (YOU ARE THE SAME SPOTTER WHO REACTED WITH ALIEN  
JUST GRIEVANCE OLD ME WHO LAST YEAR ON 12-23-16 BECAUSE  
WAS DINGED YOU TO THE HOSPITAL  
AFTER YOU HAD THAT ALLERGIC REACTION AND  
I TOLD YOU IN YOUR (DENTAL) THAT GRIEVANCE  
YOU WOULD RECEIVE AND MEDICAL

An appointment has been scheduled for you on: Date: TREAT AND KINSAUL TOLD YOU TOO  
Signature: AND HOW YOU Title: BRINSYAK Provider #: SPOTTER Date: UP ASS

F COPAYMENT (to be filled out by health care): IN THESE THINKING I'M GOING TO TREAT YOU  
OFFICIAL SPOTTER I CAN SPEAK FOR  
THE WHOLE

Note: If none of the exceptions listed below apply, check the box below and a copay will be charged.  
Care that is:  
♦ requested by a OHP (includes transfer assessments, chronic care clinics, intake and annual screening, and required follow-up care) AND PRISONER HEALTH CARE WE ARE  
♦ for injuries that are work-related as documented by the prisoner's work supervisor AND GOING TO  
♦ requested for testing for HIV, STD's, infections, or reportable communicable diseases TREAT YOU AND  
♦ requested for evaluation, consultation, or treatment of a mental health need STATED YOU SHOULD HAVE  
♦ prompted by a medical emergency (see Section I of the policy, if self-inflicted) ANY INJURIES  
 I have reviewed the visit of \_\_\_\_\_ and certify none of these exceptions apply.  
Date: \_\_\_\_\_

Signature: AT REQUEST WITH MEDICAL ATTENTION Title: OUT OF HERE STATED GET HIM Date: ALWAYS FORCED

Distribution: White - Health Services, Canary - Prisoner, Pink - Business Office TO GO BACK TO MY CELL  
HEARD FOR MY (SPOOKEN) AND MY HEAD WHICH STILL HURTS DUE TO CONTINUED  
HEADACHES AND SOMETHING FROM PRISON REACT DOWN AND UNCLE

E-1667 K-16

HEALTH CARE REQUEST

PRISONER: COMPLETE SECTIONS A THROUGH D

A NAME: *SUPPLIES EXHIBIT K-17* FACILITY: *AD-110*  
NUMBER: *21807* LOCK: *3-214* DATE: *6-7-17*

B. This Health Care Request is for the following (check one or more):  
 Health Record Copies  Non-urgent  
 Dental  Medication Refill  Medical  Optometry  Mental Health  Urgent

C. I have the following problems/symptoms: *WHILE PASSING OUT WALKS I TOLD ER CORRIAN + MY HEAD STILL CONTINUE TO HURT REALLY BADLY AT LEAST 3 TO 4 TIMES A DAY FROM THE (BEATING) I RECEIVED FROM THE OFFICERS AND MY THROAT WAS STILL BURNING FROM THE ROOM DECONTAMINATION OFFICER ANDRESSON APPOINTMENT WITH DISINFECTED GLOVES IN MY ROOM OR WHAT EVER THEY USED WHICH HAD THE SPITTING UP SPACKS OR BLOOD FROM 5-25-17 ON UP TO NOW 6-7-17 AND I'VE BEEN*

D. NOTICE TO PRISONER *CONTINUOUSLY BECAUSE BY YOU AND ALL OTHER MEDICAL STAFF AND THE + THOSE PAIN PILLS THEY WERE GIVING ME FOR MY PAIN IS NOT HELPING MY ONGOING MYOGRIN HEADACHE OR MY SWOLLEN JOINTED JAW AND THAT I WAS NEVER TREATED OR PRECICED ANYTHING FOR MY PATIENTS*  
You will not be denied health care services for lack of personal funds. However, if your account does not have adequate funds, the copayment will be considered an institutional debt and shall be collected as set forth in PD 04.02.105, "Prisoner Funds".  
Signing this document formally requests treatment. In addition, it authorizes the DOC to treat or arrange treatment for you and to release any necessary medical information to facilitate that treatment, to review treatment, to respond to a related grievance, or to review any appeal you may make regarding the Department's decision to charge for the care.

I have read Section D above, or it has been read to me and I understand that I will be charged \$5.00 for my health care visit unless it is for one of the reasons listed below in Section F. If I am charged for this visit, I agree that the \$5.00 may be taken from my account.

Prisoner Signature: *SINCE 5-25-17, ERK CORRIAN* Date: *STATED I DON'T KNOW*

PRISONER: DO NOT WRITE BELOW THIS LINE

E INSTRUCTIONS TO PRISONER *WHY YOU KICK + SENDING ALL THESE HEALTHCARE TOLD YOU I DONT CARE IF THEY KILL YOU WE ARE NOT SURE TO TREAT YOU WHEN THEY WE ALLOW YOU OUT OR NOT WE MAY TELL YOU DOWN AS(A) PRISONER WHO RECEIVED MEDICAL TREATMENT SHE STATED WHO DO YOU THINK THE COURT WILL BELIEVE IN YOU SPOTTED UP UGLY ASS SHE TOLD HER (C/O) THE OFFICER WHO BEAT ME DOWN TO GET HIM OUT OF MY SIGHT I HATE HIM*

An appointment has been scheduled for you on: Date: *THE OFFICER WHO BEAT ME DOWN*  
Signature: *STATED WE ARE GOING TO ROCK WITH EXCESSIVE FORCE* Title: Provider #: Date:

F COPAYMENT (to be filled out by health care): *CLAIMS SO YOU WONT MAKE IT TO COURT*

Note: If none of the exceptions listed below apply, check the box below and a copay will be charged. *HE STATED HAVE*  
Care that is:  requested by a QHP (includes transfer assessments, chronic care clinics, intake and annual screening, and required follow-up care) *BECAUSE YOU (REALIZE) BY NOTING THE ARE*  
 for injuries that are work-related as documented by the prisoner's work supervisor *IT IS ONE BIG FIGHT*  
 requested for testing for HIV, STD's, infestations, or reportable communicable diseases *YOU KICKING STUCK*  
 requested for evaluation, consultation, or treatment of a mental health need *UP*  
 prompted by a medical emergency (see Section I of the policy; if self-inflicted) *DEADLY*  
 I have reviewed the visit of \_\_\_\_\_ and certify none of these exceptions apply. *STILL*  
Date: \_\_\_\_\_

Signature: *# 601 REFUSED MEDICAL TREATMENT AND STILL LEFT* Title: Provider #: Date:

Distribution: White - Health Services, Canary - Prisoner, Pink - Business Office *+ SUFFERED IN PAIN WHICH IS CRUEL AND UNUSUAL PUNISHMENT BY THESE BUREAU PRISON OFFICERS HERE.*

EXHIBIT K-17

HEALTH CARE REQUEST

PRISONER: COMPLETE SECTIONS A THROUGH D

A NAME: Marcus D Mayr EXHIBIT K-18 FACILITY: BUK  
NUMBER: 218001 LOCK: DATE: 6-10-17

B. This Health Care Request is for the following (check one or more):  
 Health Record Copies  Non-urgent  
 Dental  Medication Refill  Medical  Optometry  Mental Health  Urgent

C. I have the following problems/symptoms: MY JAW CONTINUOUSLY TO HURT, BLOWS WITH MY HEAD THAT CONSTANT HEADACHES, KNOW EXCESSIVE NOISE BEATING THAT HEALTH CARE REFUSES TO TREAT ME FOR TAKING PRISONERS VITAL SIGNS ~~DO~~ HAVE DONE NOTHING FOR MY CONSISTENT HEADACHES, SWOLLEN JAW PAIN, AND MR SPITTING UP SPECKS OR BLOOD FROM OFFICERS AGGRESSION AND PUNISHMENT

D NOTICE TO PRISONER POSSIBLY MY FOOD TRY ON 5-25-17 DURING LUNCH

You will not be denied health care services for lack of personal funds. However, if your account does not have adequate funds, the copayment will be considered an institutional debt and shall be collected as set forth in PD 04.02.105, "Prisoner Funds".  
SIGNING THIS DOCUMENT FORMALLY REQUESTS TREATMENT. IN ADDITION, IT AUTHORIZES THE DOC TO TREAT OR ARRANGE TREATMENT FOR YOU AND TO RELEASE ANY NECESSARY MEDICAL INFORMATION TO FACILITATE THAT TREATMENT, TO REVIEW TREATMENT, TO RESPOND TO A RELATED GRIEVANCE, OR TO REVIEW ANY APPEAL YOU MAY MAKE REGARDING THE DEPARTMENT'S DECISION TO CHARGE FOR THE CARE. I MADE THE FOLLOWING NURSE'S NAME OR MY PAIN AND SUFFERING FROM EXCESSIVE POLICE BEATINGS AND KICKS POSSIBLY

I have read Section D above, or it has been read to me and I understand that I will be charged \$5.00 for my health care visit unless it is for one of the reasons listed below in Section F. If I am charged for this visit, I agree that the \$5.00 may be taken from my account.

Prisoner Signature: Head was continuously denied medical treatment Date:

PRISONER: DO NOT WRITE BELOW THIS LINE

E INSTRUCTIONS TO PRISONER Elizabeth M Corigan on 5-25-17 NURSE SUPERVISOR  
MAGILINA SYDZIK, (UNIDENTIFIED BY (A)) ON 5-25-17, ON 5-30-17 UNKNOWN NURSE  
MS. USITATO, ON 5-27-17 UNKNOWN NURSE, MISTACOLE SUNBURS, UNKNOWN NURSE  
DAVID PINSANT ON 5-27-17, ON 5-28-17 I MADE NURSE DAVID PINSANT AWARE OF MY PAIN AND SUFFERING AND WAS DENIED MEDICAL TREATMENT BY THESE BUREAU CORRECTIONAL FACILITY MEDICAL STAFF ON

An appointment has been scheduled for you on: Date:  
Signature: 6-2-17 I WAS MADE PHYSICIAN ASSISTANT REQUEST BURKE OF MY PAIN WAS SUFFERING AND WAS STILL DENIED PROVIDER # DATE:

F COPAYMENT (to be filled out by health care): PRISON OFFICIAL VIOLATE THE RIGHTS AND HUMAN RIGHTS

Note: If none of the exceptions listed below apply, check the box below and a copay will be charged.  
Care that is:  
♦ requested by a QHP (includes transfer assessments, chronic care clinics, intake and annual screening, and required follow-up care) BOUGHTS UP BLOOD AND COMPLAINTS OF HIS THROAT PAIN AS WELL AS SWOLLEN JAW PAIN AND CONTINUOUS HEADACHES FROM UNJUSTIFIED BEATINGS BY OFFICERS. A PRISONER IN SERIOUS NEED OF MEDICAL CARE BUT FAILS TO OBTAIN MEDICAL CARE FROM INTENTIONALLY DENYING IMMEDIATE ACCESS TO MEDICAL CARE THIS CASE MADE THE UNLAWFULNESS OF THESE PRISON MEDICAL STAFF CLINICAL OR MEDICAL CARE APPARENT AT THE TIME OF INCIDENT (NO EXCUSE)

I have reviewed the visit on 6-2-17 and certify none of these exceptions apply. Date: 6-29-17 US 97-1105 (1970)  
Signature: FOR THAT INCIDENT UNDER ESTEVENS-GUMBLE PROVIDER # DATE:

Distribution: White - Health Services, Canary - Prisoner, Pink - Business Office  
HOLDERS HAVE THE COMPLETION OF THIS PRISONER'S REQUEST FROM INTENTIONALLY DENYING IMMEDIATE ACCESS TO MEDICAL CARE THIS CASE MADE THE UNLAWFULNESS OF THESE PRISON MEDICAL STAFF CLINICAL OR MEDICAL CARE APPARENT AT THE TIME OF INCIDENT (NO EXCUSE)

EXHIBIT K-18

MICHIGAN DEPARTMENT OF CORRECTIONS



Kite Response

EXHIBIT K-19

<b>Patient Name</b>	MARCUS MAYS	<b>Age</b>	53 Years
<b>Date Received</b>	06/10/2017		
<b>Time Received</b>	00:00		
<b>Taken By</b>	Dawn M. Coon, RN		
<b>Date Initiated</b>	06/10/2017		

**Action & Resolution**

<u>Date</u>	<u>Time</u>	<u>User</u>	<u>Detail</u>
06/10/2017	11:33 PM	Dawn M. Coon, RN	Reason: "I made continuous request for medical treatment and was denied by all health care medical staff nurses and physical assistant Nyquist...constant headaches, swollen jaw pain, and me spitting up specks of blood..." Call details: You had a full assessment by MP 6/5/17, in which no injuries were found. You are scheduled with RN early next week on this matter. Comment Lock 3-214

Other

Reason: "I made continuous request for medical treatment and was denied by all health care medical staff nurses and physical assistant Nyquist...constant headaches, swollen jaw pain, and me spitting up specks of blood..."

Details: You had a full assessment by MP 6/5/17, in which no injuries were found. You are scheduled with RN early next week on this matter..

Comment: Lock 3-214.

SUPPORTING EXHIBIT K-19

HEALTH CARE REQUEST

PRISONER: COMPLETE SECTIONS A THROUGH D

A NAME: MAY SUPPLIES EXHIBIT K-20 FACILITY: AMF  
NUMBER: 218101 LOCK: 3-214 DATE: 6-12-17

B. This Health Care Request is for the following (check one or more):  
 Health Record Copies  Non-urgent  
 Dental  Medication Refill  Medical  Optometry  Mental Health  Urgent

C. I have the following problems/symptoms: ON 6-12-17, WHILE POISSONS OUT WIKKI  
I TOLD NICOLE SURGONS THAT MY JAW REALLY HURTS BADLY  
AND MY THROAT IS STILL BURNING AND MY HEEL IS STILL  
HURTING FROM CONSISTENT HEADACHES SHE STATED AS FAR  
AS WE ARE CONCERNED WITH THE WHOLE HEALTH STAFF  
DIDNT NOTHING HAPPEN TO YOU AND WE ARE NOT GOING TO

D NOTICE TO PRISONER Treat you may you will not see a doctor  
You will not be denied health care services for lack of personal funds. However, if your account does not have adequate funds, the copayment will be considered an institutional debt and shall be collected as set forth in PD 04.02.105, "Prisoner Funds".  
SIGNING THIS DOCUMENT FORMALLY REQUESTS TREATMENT. IN ADDITION, IT AUTHORIZES THE DOC TO TREAT OR ARRANGE TREATMENT FOR YOU AND TO RELEASE ANY NECESSARY MEDICAL INFORMATION TO FACILITATE THAT TREATMENT, TO REVIEW TREATMENT, TO RESPOND TO A RELATED GRIEVANCE, OR TO REVIEW ANY APPEAL YOU MAY MAKE REGARDING THE DEPARTMENT'S DECISION TO CHARGE FOR THE CARE. YOU TALK TO MANY PEOPLE'S GRIEVANCES AND LAW SUITS - PLEASE TO GIVE YOU ONLY MEDICAL  
I have read Section D above, or it has been read to me and I understand that I will be charged \$5.00 for my health care visit unless it is for one of the reasons listed below in Section F. If I am charged for this visit, I agree that the \$5.00 may be taken from my account.  
Prisoner Signature: ATTENTION SHE STATED THOSE OFFICERS WHO Date:

PRISONER: DO NOT WRITE BELOW THIS LINE

E INSTRUCTIONS TO PRISONER ARE VERY GOOD FRIENDS OF MINE HERE  
THE REST OF THE STAFF HERE DO YOU THINK WE ARE  
GOING TO HELP YOU BRING THEM DOWN TOO SHE STATED  
I'M GOING TO PUT YOU DOWN AS A PRISONER WHO REQUIRES  
TREATMENT SHE STATED WE DONT CARE IF YOU DRE SHE  
STATED DONT TALK TO YOU BECAUSE THAT YOU WOULDNT SCUM TO SEE NO

An appointment has been scheduled for you on: Date: DOCTOR THOMAS YINSON D1120,  
Signature: Title: Provider #: Date:

F COPAYMENT (to be filled out by health care): SO LIKE HOW YOU STILL WANT RECEIVE NO HELI  
Note: If none of the exceptions listed below apply, check the box below and a copay will be charged. KNOWING  
YOUR A WASTE OF THE TAX PAYER MONEY  
Care that is:  
♦ requested by a QHP (includes transfer assessments, chronic care clinics, intake and annual screening, and required follow-up care) THIS NURSES CONDUCT WAS UNPROFESSIONAL  
♦ for injuries that are work-related as documented by the prisoner's work supervisor AND SHE STATED  
♦ requested for testing for HIV, STD's, infestations, or reportable communicable diseases BE TOLERANT  
♦ requested for evaluation, consultation, or treatment of a mental health need WHICH IS CRUEL AND  
♦ prompted by a medical emergency (see Section I of the policy, if self-inflicted) UNSAVELY PUNISH  
 I have reviewed the visit of \_\_\_\_\_ and certify none of these exceptions apply.  
Date: \_\_\_\_\_

Signature: SHE STATED TITLE: PROVIDER #: DATE:

Distribution: White - Health Services, Canary - Prisoner, Pink - Business Office

EXHIBIT K-20

**HEALTH CARE REQUEST** *SW PROBLEMS EXHIBIT*

**PRISONER: COMPLETE SECTIONS A THROUGH D**

**A NAME:** *Mays* **FACILITY:** *Amherst*  
**NUMBER:** *218001* **LOCK:** *3-21* **DATE:** *6-13-17*

**B. This Health Care Request is for the following (check one or more):**  Health Record Copies  Non-urgent  
 Dental  Medication Refill  Medical  Optometry  Mental Health  Urgent

**C. I have the following problems/symptoms:** *My Head is killing me - my jaw still hurts/aches from braces hit in my head by officers on 5-25-17 Thursday on face + shirt, I was prescribed some new pain pills previously for headache and only received them 1 time on face + shirt on 6-13-17, when I was told that I would get them*

**D NOTICE TO PRISONER** *It will take a day D's needed also my throat*

You will not be denied health care services for lack of personal funds. However, if your account does not have adequate funds, the copayment will be considered an institutional debt and shall be collected as set forth in PD 04.02.105, "Prisoner Funds".  
Signing this document formally requests treatment. In addition, it authorizes the DOC to treat or arrange treatment for you and to release any necessary medical information to facilitate that treatment, to review treatment, to respond to a related grievance, or to review any appeal you may make regarding the Department's decision to charge for the care. *is still burning and very sore since you people refuse to treat my head*

I have read Section D above, or it has been read to me and I understand that I will be charged \$5.00 for my health care visit unless it is for one of the reasons listed below in Section F. If I am charged for this visit, I agree that the \$5.00 may be taken from my account.

**Prisoner Signature:** *JUST PRESCRIBE ME MEDICATION* **Date:** *6-13-17*

**PRISONER: DO NOT WRITE BELOW THIS LINE** *but my throat that very sore and in pain please*

**E INSTRUCTIONS TO PRISONER** *Please read*

*D's also you people know what my medical problem is instead of kick*

**An appointment has been scheduled for you on:** **Date:** *6-13-17*

**Signature:** *[Signature]* **Title:** *[Title]* **Provider #:** *[Provider #]* **Date:** *[Date]*

**F COPAYMENT (to be filled out by health care):** *call the doctor out while you're to Heistic*

- Note:** If none of the exceptions listed below apply, check the box below and a copay will be charged.
- Care that is:
    - requested by a QHP (includes transfer assessments, chronic care clinics, intake and annual screening, and required follow-up-care) *did only take my vital*
    - for injuries that are work-related as documented by the prisoner's work supervisor *5:30 PM*
    - requested for testing for HIV, STD's, infestations, or reportable communicable diseases *fish*
    - requested for evaluation, consultation, or treatment of a mental health need *doctor*
    - prompted by a medical emergency (see Section I of the policy, if self-inflicted) *to the doctor*

I have reviewed the visit of \_\_\_\_\_ and certify none of these exceptions apply. **Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Title:** \_\_\_\_\_ **Provider #:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Distribution:** White - Health Services, Canary - Prisoner, Pink - Business Office *Why because you already have a dental problem*  
*Thank you sincerely Mays*

*Exhibit K-21*

HEALTH CARE REQUEST

PRISONER: COMPLETE SECTIONS A THROUGH D

A NAME: *Ways* *SUPPORTIVE EXHIBIT K-22* FACILITY: *ANK*  
NUMBER: *21301* LOCK: *13-24* DATE: *6-18-17*

B. This Health Care Request is for the following (check one or more):  Health Record Copies  Non-urgent  
 Dental  Medication Refill  Medical  Optometry  Mental Health  Urgent

C. I have the following problems/symptoms: *My throat is still hurting*  
*BURNING YOU PEOPLE REFUSE TO STILL TREAT MY (THROAT)*  
*AND MY BURNING THROAT ALL YOU PEOPLE DID*  
*WAS GIVE ME PAIN BUT NOT MY CONTINUOUS*  
*HEAVEN MY THROAT IS VERY SORE AND HURTS*

D NOTICE TO PRISONER

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I have read Section D above, or it has been read to me and I understand that I will be charged \$5.00 for my health care visit unless it is for one of the reasons listed below in Section F. If I am charged for this visit, I agree that the \$5.00 may be taken from my account.

Prisoner Signature: *to put me down* Date: *for another*

PRISONER: DO NOT WRITE BELOW THIS LINE

E INSTRUCTIONS TO PRISONER

*cut out then the doc*  
*say I requested, you are*  
*already aware of my medical problem*  
*can I see a doctor please*  
*you people already told me on 6-2-16*  
*my sinus syndrome that she was going*

An appointment has been scheduled for you on: Date: *to document on my medical file*

Signature: Title: *husb + doc* Provider #: Date:

F COPAYMENT (to be filled out by health care):

Note: If none of the exceptions listed below apply, check the box below and a copay will be charged.

- Care that is:  requested by a QHP (includes transfer assessments, chronic care clinics, intake and annual screening, and required follow-up care) *AND EXCESSIVE FETTERED*
- for injuries that are work-related as documented by the prisoner's work supervisor *ROLL*
- requested for testing for HIV, STD's, infestations, or reportable communicable diseases *AS THE MEDICAL*
- requested for evaluation, consultation, or treatment of a mental health need *STARTS*
- prompted by a medical emergency (see Section I of the policy, if self-inflicted) *Y'all*

I have reviewed the visit of \_\_\_\_\_ Date \_\_\_\_\_ and certify none of these exceptions apply.

Signature: Title: *COVER* Provider #: Date:

Distribution: White - Health Services, Canary - Prisoner, Pink - Business Office

EXHIBIT K-22

*each other*  
*stick together*  
*Also told me by*

MICHIGAN DEPARTMENT OF CORRECTIONS



Kite Response

Patient Name	MARCUS MAYS	<i>EXHIBIT</i>	Age	53 Years
Date Received	06/18/2017			
Time Received				
Taken By	David A. Finegan, RN	<i>K-23</i>		
Date Initiated	06/19/2017			

Action & Resolution

<u>Date</u>	<u>Time</u>	<u>User</u>	<u>Detail</u>
06/19/2017	2:54 AM	David A. Finegan, RN	Reason: Inmate states, "This is a continuous medical problem which has not been treated. My throat is still hurting burning.....all you people did was give me pain pill for my continuous headaches. My throat is very sore and hurts."  Call details: Please continue to take your prescribed Naproxen and Excedrin as ordered and as needed. You recently had an X-ray of your Jaw. The results are not back yet.  Comment Lock 3-214, AN RN appointment has been scheduled for approximately 6/21/17.

*SUPPORTS EXHIBIT K-23*

*I was Refused*

*6/19/17*

*MR. UNKREWEAT*

*RYKID*

*SHE TOLD ME*

*TO BUY SOME*

*Cough Drops I Haven't  
Got Nothing For You guys  
WE CAN'T HELP YOU*

MAYS, MARCUS

218101

03/25/1964

*3-214*