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requested for testing for HIV, STD's, infestations, or reportable communicable diseases Vivi Kricking

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requested for evaluation, consultation, or treatment of a mental health need

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

prompted by a medical emergency (see Section I of the policy, if self-inflicted) have reviewed the visit of and certify none of these exceptions apply.

PRISONER: COMPLETE SECTIONS A THROUGH D entrolones Explose

HEALTH CARE REQUEST

A NAME:

Signature:

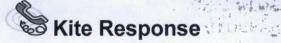
Distribution:

al of RECOUNTER

FACILITY: At

of Health 0 10/05/17 PageID.60 Page 2 of CHI-549 11/05

MICHIGAN DEPARTMENT OF CORRECTIONS



ZX171617 K-19

Patient Name Date Received Time Received MARCUS MAYS 06/10/2017 00:00

Taken By **Date Initiated** Dawn M. Coon, RN 06/10/2017

53 Years Age

Action & Resolution

Date **Time** 06/10/2017 11:33 PM Dawn M. Coon, RN Detail

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 EXHIBER K-19

Wex 3-214

MAYS, MARCUS 218101 03/25/1964 1/1

MICHIGAN PSEPARTMENT OF CORRECT SECTION OF AN AUTOMOBILITY PAGE 17 PAGE 10 OF CORRECT SECTION OF A 11/05
HEALTH CARE REQUEST SUPPORTURES EXPLOY
PRISONER: COMPLETE SECTIONS A THROUGH D
A NAME: PACILITY: AND
NUMBER: 2 8 COT LOCK: DATE: 6-1917
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 HEarl 15 Killies nik he/ Jack still
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and only Received them I time on the stiff
ON 6-13-17, White I was told that I chaile set the
D NOTICE TO PRISONER - HUTCK H day 1) & HELDER ALSO MITHIUSET
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".
IN STILL BULNING AND VILLY SORE STALL YOU YEST
Signing this document formally requests treatment. In addition, it authorizes the DOC to treat or arrange treatment for you and to releas 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: JUST PRECIOE MIR MRUCE DATE WELL SCHILLES
PRISONER: DO NOT WRITE BELOW THIS LINE POR MAY SARRE FINAN
E INSTRUCTIONS TO PRISONER
Please + sicrol
(Se > 1) (r)
You Preite know without
had nudecel by blet
An appointment has been scheduled for you on: Date:
Signature: 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 required follow-up-care) for injuries that are work-related as documented by the prisoner's work supervisor
• requested for testing for HIV, STD's, infestations, or reportable communicable diseases
requested for evaluation, consultation, or treatment of a mental health need prompted by a medical emergency (see Section I of the policy, if self-inflicted)
I have reviewed the visit of and certify none of these exceptions apply.
Date Date
Signature: Provider #: Date:

Amonth you sincerely

TRALIT	DEPARTMENT OF CORRECTIONS-Bureau of Health Care Page ID.65 Page 7 of 8, 4835-70 Page ID.65 Page ID.65 Page 7 of 8, 4835-70 Page ID.65 Page ID.
	CARE REQUEST
	PRISONER: COMPLETE SECTIONS A THROUGH D
A NAME:	Mays Supporting 24 616 K-22 FACILITY: HALK
NUMBER	
B. This Heal	th 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: het threat 46 5 + 111 (dentities)
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05	and my thinkers thank All you Propie pin
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D NOTICE	TO PRISONER
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Signature: F COPAYN Note:	Title: Provider #: Date: MENT (to be filled out by health care): HI + L + L + L + L + L + L + L + L + L +
Signature: F COPAYN	Title: Provider #: Date: MENT (to be filled out by health care): If none of the exceptions listed below apply, check the box below and a copay will be charged. requested by a QHP (includes transfer assessments, chronic care clinics, intake and annual screening,
Signature: F COPAYN Note:	Title: Provider #: Date: MENT (to be filled out by health care): If none of the exceptions listed below apply, check the box below and a copay will be charged. requested by a QHP (includes transfer assessments, chronic care clinics, intake and annual screening, and required follow-up care)
Signature: F COPAYN Note:	Title: Provider #: Date: MENT (to be filled out by health care):
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Distribution:

Signature:

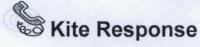
White - Health Services,

Canary - Prisoner, Pink - Business Office

Title:

Provider #:

MICHIGAN DEPARTMENT OF CORRECTIONS



Patient Name
Date Received
Time Received
Taken By
Date Initiated

MARCUS MAYS 06/18/2017

David A. Finegan, RN 06/19/2017

EX1416(TAge 53 Years X-23

Action & Resolution

<u>Date</u> <u>Time</u> 06/19/2017 2:54 AM

User David A. Finegan, RN Detail

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 appproximately 6/21/17.

SUPPORTURES EXHIBIT K-23

T Was Refused

61/RW.

ME UNKNOWN

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218101

03/25/1964

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