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IN THE DISTRICT COURT OF TULSA COUNTY
STATE OF OKLAHOMA

DISTRICT COURT
FILED

FEB 25 2026

DON NEWBERRY, Court Clerk
STATE OF OKLA. TULSA COUNTY

Natashua Cory,)
)
Plaintiff,)
)
v.)
)
AHS HILLCREST MEDICAL CENTER,)
LLC, a Foreign Limited Liability Company,)
DR. EUGENE DICKENS, Individually,)
UTICA PARK CLINIC, INC., a domestic)
For Profit Business Corporation,)
IAN DeSPAIN, CSFA, Individually,)
BAILEY MEDICAL CENTER, LLC,)
A Foreign Limited Liability Company,)
DR. JOHNATHON ANTHONY, M.D.,)
individually,)
DR. JASON MARTENS, MD, individually,)
TULSA X-RAY LABORATORY, INC.,)
DR. EARL MAES, MD, individually,)
DR. CAROL AZADI, individually,)
GREEN COUNTRY EMERGENCY)
PHYSICIAN OF TULSA, PLLC, a)
Domestic Liability Company Professional,)
)
Defendants.)

Case No.: CJ-2025-1161

Judge Greenough

**DEFENDANT BAILEY MEDICAL CENTER, LLC'S
MOTION FOR SUMMARY JUDGMENT OR IN THE
ALTERNATIVE MOTION TO DISMISS FOR FAILURE TO PROSECUTE**

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COMES NOW Defendant, Bailey Medical Center, LLC (“BMC” or “Defendant”), by and through its counsel of record Charles H. Moody and Seth R. Blanton of the law firm of Rodolf & Todd, and hereby submits its *Motion for Summary Judgment or in the Alternative Motion to Dismiss for Failure to Prosecute*, respectfully requesting that the Court enter an Order granting the same. In support hereof, BMC would show the Court as follows:

STATEMENT OF THE CASE

This is a medical negligence action filed by Plaintiff Natashua Cory (“Plaintiff”) against BMC and the above-named Co-Defendants on March 17, 2025. Exhibit A, *Petition*. Plaintiff alleges she received negligent care while a patient in the emergency department at Bailey Medical Center on November 20, 2024. Exhibit A. Plaintiff alleges that BMC was negligent and also vicariously liable for the actions of the various healthcare providers who treated her, including Earl Maes, M.D. (“Dr. Maes”) and Carol Azadi, M.D. (“Dr. Azadi”). BMC denies Plaintiff’s allegations and maintains that all standards of care were met. Exhibit B, *BMC’s Answer*.

RELEVANT TIMELINE AND HISTORY

Plaintiff’s original counsel moved to withdraw from the case on April 3, 2025, and this request was granted by the Court on April 4, 2025. Exhibit C, *Docket Sheet*, p. 4. Following that, on April 28, 2025, Plaintiff entered her appearance *pro se* in this matter. Exhibit C, p. 4. On June 6, 2025, BMC served its *First Discovery Requests* on Plaintiff. Exhibit D, *Email from B. Bonacci Dated June 6, 2025*; Exhibit E, *BMC’s First Discovery to Plaintiff*. Pursuant to OKLA. STAT. tit. 12 §§ 3233-3236, Plaintiff had thirty (30) days to provide her responses to BMC’s discovery requests.

Approximately three weeks after BMC served its discovery requests on Plaintiff, new counsel entered an appearance on Plaintiff’s behalf on June 25, 2025. Exhibit C, p. 4. The

discovery response deadline expired on July 6, 2025, and no discovery responses were provided to BMC. On July 31, 2025, Defense counsel sent an email to Plaintiff's new lawyer about the outstanding discovery requests. Exhibit F, *Email from S. Blanton Dated July 31, 2025*. Counsel for both parties discussed the case over the telephone, and on August 12, 2025, BMC sent the discovery requests to Plaintiff's counsel. Exhibit G, *Email String Dated Jan. 13, 2026*, pp. 4-5. At Plaintiff's request, imaging from Plaintiff's November 20, 2024 care at BMC was sent to her counsel on August 27, 2025. Exhibit G, p. 4; Exhibit H, *Email from E. Meeker Dated Aug. 27, 2025*.

On October 29, 2025, BMC's counsel sent another email to Plaintiff's counsel as to whether he was proceeding with the case given Plaintiff's discovery responses were extremely overdue. Exhibit G, p. 3. No response was received. Defense counsel reached out to Plaintiff's counsel again on November 11, 2025, requesting that Plaintiff schedule a meet and confer about the outstanding discovery or dismiss the case. Exhibit G, p. 3. On November 21, 2025, Plaintiff's counsel informed BMC's counsel that he would be withdrawing from the case and discussing potential dismissal of the lawsuit with his client. Exhibit G, pp. 1-2. Plaintiff's counsel stated that he would follow up regarding on the same after talking to his client. However, no response or follow up information was received by BMC's counsel. Exhibit G, p. 1.

Following that, on January 13, 2026, counsel for BMC again emailed Plaintiff's counsel asking about whether Plaintiff was continuing to pursue the lawsuit. Exhibit G, p. 1. Once again, no response to this email was received. To date, Plaintiff's counsel has not moved to withdraw from this lawsuit, and Plaintiff has not responded in any way to the outstanding discovery requests from BMC. Exhibit C, p. 4.

RELEVANT DISCOVERY REQUESTS AND MEDICAL EVIDENCE

In early 2023, Plaintiff had been experiencing ongoing abdominal pain, and she had sought treatment at various emergency departments to determine the cause. Exhibit I, *Medical Records from Bailey Medical Center*, pp. 61-66. Plaintiff sought care in the emergency department at BMC in February and March 2023, and she was instructed to follow up with a gastroenterologist about her condition. Exhibit I, pp. 64-66. Plaintiff sought care from Dr. Dickens on March 16, 2023. Exhibit J, *Medical Records from UPC*, pp. 20-25. Dr. Dickens evaluated Plaintiff, as well as the previous imaging completed during her prior emergency room visits in February 2023. Exhibit J, pp. 23-25. Ultimately, Dr. Dickens discussed with Plaintiff possible treatment options, including a cholecystectomy, which is a procedure to remove the gallbladder. Exhibit J, p. 25. After discussing the risks, benefits, and treatment alternatives, Plaintiff consented to the cholecystectomy. Exhibit J, p. 25. The surgery was scheduled for March 20, 2023 at Hillcrest Medical Center (“HMC”). Exhibit J, p. 19.

On March 20, 2023, Plaintiff presented to HMC for the cholecystectomy. Exhibit K, *Medical Records from HMC*, pp. 18-21. It was performed by Dr. Dickens, and Plaintiff’s gallbladder was successfully removed and sent to an outside pathology lab for testing. Exhibit K, pp. 11-12, 49-51. The pathology results show that Plaintiff’s gallbladder was received by the lab with the organ marked with Plaintiff’s name and labeled as “gallbladder.” Exhibit K, pp. 49-50. The results of the pathology testing showed that Plaintiff’s gallbladder was positive for chronic cholecystitis and cholesterolosis. Exhibit K, pp. 49-50. These results were communicated to Plaintiff by Dr. Dickens’ office and at her post-operative appointment. Exhibit J, pp. 3-4, 12. At her post-surgical appointment on April 6, 2023, Dr. Dickens noted that Plaintiff was healing well

and directed her to call in two weeks if she was not having relief from her original symptoms. Exhibit J, p. 4. Plaintiff never returned to see Dr. Dickens at UPC.

A year and a half later, on November 20, 2024, Plaintiff presented to the emergency room at BMC for upper abdominal pain. Exhibit I, pp. 11-17. Plaintiff was seen in the emergency department by Dr. Azadi, who ordered a CT scan was ordered for Plaintiff. Exhibit I, pp. 5-10. The original CT report was read by Dr. Maes, and the initial report noted that Plaintiff's gallbladder was within normal limits. Exhibit I, pp. 5-6. An overread of the CT scan was completed by Jason Martens, M.D. ("Dr. Martens") on November 22, 2023. Exhibit I, p. 6. Dr. Martens compared Plaintiff's November 2024 imaging to the imaging from February 2023 and determined that Plaintiff's gallbladder had, in fact, been removed. Exhibit I, p. 6. He charted his findings in an addendum to the initial radiology report. Exhibit I, p. 6. Dr. Maes amended his initial report on November 24, 2024. Exhibit I, p. 5.

Following this, Plaintiff then filed her lawsuit on March 17, 2025, alleging that BMC, Dr. Azadi and Dr. Maes were negligent in their care and treatment on November 20-21, 2024 and that BMC was vicariously liable for their negligence. Exhibit A. BMC served discovery on Plaintiff, which included several Requests for Admission:

Request for Admission No. 1: Admit that no health care provider has told, advised, informed, implied, or suggested to you that Bailey Medical Center was negligent in the care and treatment he provided to you at all times relevant to this matter.

Request for Admission No. 2: Admit that you are not making a claim for lost wages, diminished earning capacity, or any other wage or income-related claims in this lawsuit.

Request for Admission No. 3: Admit that you are not making a claim for mental or emotional damages against Bailey Medical Center.

Request for Admission No. 4: Admit that you are not making a claim for punitive damages against Bailey Medical Center.

Request for Admission No. 5: Admit that you have no evidence that Bailey Medical Center was negligent in providing care and treatment to you at all times relevant to this matter.

Request for Admission No. 6: Admit that your *Petition* does not identify any injuries or other damages allegedly caused by Bailey Medical Center.

Exhibit E, pp. 4-5. Plaintiff never responded to these Requests for Admissions. Therefore, under OKLA. STAT. tit. 12 § 3236, these Requests are now admitted. Plaintiff has no evidence to support her claim against BMC, and summary judgment should be granted in BMC's favor. In the alternative, Plaintiff's lawsuit should be dismissed for her failure to prosecute the same.

UNDISPUTED MATERIAL FACTS

1. Plaintiff's presented to Dr. Dickens' clinic on March 16, 2023 for evaluation and treatment of her ongoing abdominal pain. Exhibit J, pp. 20-25.
2. Dr. Dickens evaluated Plaintiff, as well as the previous imaging completed during her prior emergency room visits in February 2023. Exhibit J, pp. 23-25.
3. Dr. Dickens discussed a cholecystectomy with Plaintiff at this appointment. Exhibit J, p. 25.
4. Dr. Dickens discussed the risks, benefits, and alternatives to the cholecystectomy, and Plaintiff consented to the same. Exhibit J, p. 25.
5. The cholecystectomy took place on March 20, 2023 at HMC. Exhibit K, pp. 18-21.
6. Dr. Dickens removed Plaintiff's gallbladder and sent it to an outside pathology lab for testing. Exhibit K, pp. 11-12, 49-51.
7. The pathology results show that Plaintiff's gallbladder was received by the lab with the organ marked with Plaintiff's name and labeled as "gallbladder." Exhibit K, pp. 49-50.
8. The results of the pathology testing showed that Plaintiff's gallbladder was positive for chronic cholecystitis and cholesterolosis. Exhibit K, pp. 49-50. These results were communicated to Plaintiff by Dr. Dickens' office. Exhibit J, p. 12.

9. Plaintiff's post-surgical appointment took place on April 6, 2023. Exhibit J, pp. 3-4.
10. Dr. Dickens noted that Plaintiff was healing well and directed her to call in two weeks if she was not having relief from her original symptoms. Exhibit J, p. 4.
11. Plaintiff never returned to see Dr. Dickens at UPC.
12. On November 20, 2024, Plaintiff presented to the emergency room at BMC for upper abdominal pain. Exhibit I, pp. 11-17.
13. A CT scan was ordered by Dr. Azadi, and it was initially read by Dr. Maes. Exhibit I, pp. 5-10.
14. Dr. Maes' original report noted that Plaintiff's gallbladder was within normal limits. Exhibit I, pp. 5-6.
15. Dr. Martens completed an overread of the CT scan on November 22, 2023. Exhibit I, p. 6.
16. For his overread, Dr. Martens compared Plaintiff's November 2024 imaging to the imaging from February 2023 and determined that Plaintiff's gallbladder had, in fact, been removed. Exhibit I, p. 6.
17. He charted his findings in an addendum to the initial radiology report. Exhibit I, p. 6.
18. Dr. Maes amended his initial report on November 24, 2024. Exhibit I, p. 5.
19. Plaintiff filed her lawsuit on March 17, 2025, alleging that Dr. Maes and Dr. Azadi were negligent in their November 2024 care and treatment and that BMC is vicariously liable for their alleged acts and omissions. Exhibit A.

20. BMC served its *First Discovery Requests* on Plaintiff on June 6, 2025. Exhibits D-E.

21. BMC's *First Discovery Requests* included six (6) Requests for Admission. Exhibit E, pp. 4-5.

22. Plaintiff failed to respond to BMC's *First Discovery Requests*, including the Requests for Admission. Exhibits F-G.

23. Pursuant to OKLA. STAT. tit. 12 § 3236, Plaintiff has admitted the following Requests for Admission:

Request for Admission No. 1: Admit that no health care provider has told, advised, informed, implied, or suggested to you that Bailey Medical Center was negligent in the care and treatment he provided to you at all times relevant to this matter.

Request for Admission No. 2: Admit that you are not making a claim for lost wages, diminished earning capacity, or any other wage or income-related claims in this lawsuit.

Request for Admission No. 3: Admit that you are not making a claim for mental or emotional damages against Bailey Medical Center.

Request for Admission No. 4: Admit that you are not making a claim for punitive damages against Bailey Medical Center.

Request for Admission No. 5: Admit that you have no evidence that Bailey Medical Center was negligent in providing care and treatment to you at all times relevant to this matter.

Request for Admission No. 6: Admit that your *Petition* does not identify any injuries or other damages allegedly caused by Bailey Medical Center.

Exhibits E-G.

ARGUMENTS AND AUTHORITIES

I. STANDARD OF REVIEW.

According to Oklahoma District Court Rule 13, summary judgment is proper if “there is no substantial controversy as to any material fact,” and one of the parties is entitled to judgment as a matter of law. OKLA. DIST. CT. R. 13; *Erwin v. Frazier*, 1989 OK 95, ¶ 7, 786 P.2d 61, 62. In considering a motion for summary judgment, the court is permitted to “look beyond the pleadings

at submitted evidentiary materials such as, but not limited to, affidavits, depositions, and answers to interrogatories.” *Hargrave v. Canadian Valley Elec. Co-op.*, 1990 OK 43, ¶ 14, 792 P.2d 50, 55. The purpose of summary judgment is to avoid unnecessary trials by allowing courts to look beyond the pleadings to determine whether there is a genuine issue of fact worthy of adjudication by trial. *Copeland v. Tela Corp.*, 1999 OK 81, ¶ 4, 996 P.2d 931, 932-33.

“[A] summary judgment ruling must be made on the record actually presented by the litigants, not on the record potentially possible.” *Bittle v. Okla. City Univ.*, 2000 OK CIV APP 66 at ¶ 7, 6 P.3d 509-513, citing *Prudential Ins. Co. of America v. Glass*, 1998 OK 52, ¶ 3, 959 P.2d 586, 588. “That is, although the allegations of the pleadings standing alone may raise an issue of material fact, summary judgment is not to be denied if other documentation pertinent to the motions palpably show the absence of such an issue.” *Bittle*, 2000 OK CIV APP 66 at ¶ 7, 6 P.3d at 513, quoting *Weeks v. Wedgewood Village, Inc.*, 1976 OK 72, ¶ 12, 554 P.2d 780, 784.

Although the moving party carries the initial burden to show there is no substantial controversy as to any material fact, the opposing party must establish in its response that there is a question of material fact deserving of trial. *Loper v. Austin*, 1979 OK 84, ¶ 3, 596 P.2d 544, 545. When the opposing party fails to demonstrate a substantial controversy as to any material fact, summary judgment must be granted. *Hughey v. Grand River Dam Authority, Okla.*, 1995 OK 56, ¶ 8, 897 P.2d 1138, 1143.

II. BMC IS ENTITLED TO SUMMARY JUDGMENT ON PLAINTIFF’S CLAIMS.

A. BMC’s Requests for Admission are admitted by operation of law.

OKLA. STAT. tit. 12 § 3236(A) governs requests for admissions. It provides that:

A party may serve upon any other party a written request for the admission, for purposes of the pending action only, of the truth of any matters within the scope of Section 3226 of this title set forth in the request that relate to statements or

opinions of fact or of the application of law to fact, including the genuineness of any documents described in the request

...

Each matter of which an admission is requested shall be separately set forth. The matter is admitted unless, within thirty (30) days after service of the request, or within such shorter or longer time as the court may allow, the party to whom the request is directed serves upon the party requesting the admission a written answer or objection addressed to the matter, signed by the party or by the party's attorney.

(emphasis added). Under this section, a request for admission is admitted unless a denial or objection to the same is served on upon the requesting party within thirty (30) days.

In *Heath v. Engle*, 2005 OK 86, 123 P.3d 1, Heath issued written discovery requests, including requests for admission, to Engle. *Id.* at ¶ 3, p. 2. Engle failed to respond, at which point Heath filed a motion for summary judgment on the grounds that the requests were deemed admitted pursuant to OKLA. STAT. tit. 12 § 3236. *Id.* at ¶¶ 3-4, pp. 2-3. Engle subsequently filed a response to the summary judgment motion, as well as an application to have responses to requests for admission accepted out of time. *Id.* at ¶¶ 4-5, p. 3. The trial court denied Engle's application and granted summary judgment in favor of Heath. *Id.* On appeal, the Oklahoma Supreme Court upheld the trial court's ruling. *Id.* at 11-12, p. 4. The Court found that Heath's "requests for admissions covered all of the elements of her cause of action. the unanswered requests for admission properly formed the basis for granting summary judgment in this case because the elements of plaintiff's cause of action were admitted." *Id.* at ¶ 12, p. 4. Therefore, summary judgment was warranted.

Similarly, in *Ross v. Pace*, 2004 OK 13, 87 P.3d 593, Pace sent written discovery including requests for admission. Ross failed to timely respond to said requests, and Pace subsequently filed a motion for summary judgment, arguing that the requests were deemed admitted pursuant to OKLA. STAT. tit. 12 § 3236. *Id.* at ¶¶ 4-6, p. 593-594. The trial court granted summary judgment

based on the admitted requests for admission. Ross subsequently filed a motion to vacate the order granting summary judgment, arguing that he failed to respond to the requests because the attorneys were in the process of referring the case to an outside attorney. *Id.* at ¶ 7. As a result of the discovery requests and summary judgment motion being placed in the referral file, they were unaware the motion was pending until after the Court entered summary judgment. *Id.* The Oklahoma Supreme Court affirmed the trial court's summary judgment ruling and its denial of Ross' motion to vacate. The Supreme Court found that plaintiff's counsel had been given numerous changes to respond to the requests for admissions and failed to do so; thus, the trial court did not abuse its discretion in denying plaintiff's request to vacate summary judgment. *Id.* at ¶ 12, p. 594.

The same result is warranted here. BMC served its *First Discovery Requests*, which included six (6) Requests for Admission, on Plaintiff on June 6, 2025. Exhibits D-E. Under OKLA. STAT. tit. 12 § 3236(A), Plaintiff's responses were due on July 5, 2025. Defense counsel sent Plaintiff's counsel BMC's *First Discovery Requests* on July 31, 2025 and again on August 12, 2025. Exhibits F-G. At Plaintiff's request, imaging from Plaintiff's care was sent to her counsel on August 27, 2025. Exhibit G, p. 4; Exhibit H. Plaintiff did not respond or provide discovery responses.

Then, Defense counsel again contacted Plaintiff's counsel on October 29, 2025. Exhibit G, p. 3. No response was received, and BMC's counsel reached out to Plaintiff's counsel again on November 11, 2025, requesting that Plaintiff schedule a meet and confer about the outstanding discovery or dismiss the case. Exhibit G, p. 3. Finally, on November 21, 2025, Plaintiff's counsel informed BMC's counsel that he would be withdrawing from the case and discussing potential dismissal of the lawsuit with his client. Exhibit G, pp. 1-2. Plaintiff's counsel stated that he would

follow up regarding on the same after talking to his client. However, no response or follow up information was received by BMC's counsel. Exhibit G, p. 1.

On January 13, 2026, counsel for BMC again emailed Plaintiff's counsel asking about whether Plaintiff was continuing to pursue the lawsuit. Exhibit G, p. 1. Once again, no response to this email was received, and to date, Plaintiff has not responded in any way to the outstanding discovery requests from BMC. Further, Plaintiff's counsel has not moved to withdraw from this case. Exhibit C, p. 4.

BMC has attempted to work with Plaintiff and her counsel; however, Plaintiff has wholly failed to respond to BMC's Requests for Admissions, despite BMC's repeated attempts to obtain the same. The Requests for Admission have been admitted pursuant to Okla. Stat. tit. 12 § 3236(A), and Plaintiff has now admitted that:

1. No health care provider has told, advised, informed, implied, or suggested to her that BMC was negligent in the care and treatment he provided to Plaintiff;
2. She is not making a claim for punitive damages, mental or emotional damages, or lost wages, diminished earning capacity, or any other wage or income-related claims in this lawsuit;
3. She has no evidence that BMC was negligent with regard to the care provided to her in November 2024; and
4. She has no other claims against BMC.

Exhibits E-G.

B. Plaintiff cannot prove the elements of her negligence claim against BMC, and summary judgment must be granted.

“Medical malpractice claims are based on the tort theory of negligence. To establish a claim of negligence, a plaintiff must submit evidence in support of three elements: first, that the

defendant had a duty to protect the plaintiff from injury; second, that the defendant failed to properly exercise or perform that duty, and third, that the defendant's failure to properly exercise or perform that duty caused the plaintiff's injury." *Jones v. Mercy Health Center, Inc.*, 2006 OK 83 at ¶ 12, 155 P.3d 9, 13, citing *Akin v. Mo. Pac. R.R.*, 1998 OK 102, ¶ 36, 977 P.2d 1040, 1054 and *McKellips v. St. Francis Hosp., Inc.*, 1987 OK 69, ¶ 8, 741 P.2d 467, 470. "Expert testimony is necessary where the fact in issue is not within the realm of ordinary experience of mankind." *Strubhart*, 1995 OK 10 at ¶ 33, 903 P.2d at 274; see also *Boxberger v. Martin*, 1976 OK 78, ¶ 14, 552 P.2d 370, 373. OKLA. STAT. tit. 12 § 2702(A) provides:

If scientific, technical or other specialized knowledge will assist the trier of fact to understand the evidence or to determine a fact in issue, a witness qualified as an expert by knowledge, skill, experience, training or education may testify in the form of an opinion or otherwise.

Oklahoma law is clear that the standard of care in professional liability cases is established through expert testimony. OUJI 14.1-14.2. Further, "expert testimony is ordinarily necessary to establish causation in professional liability cases." *Boxberger*, 1976 OK 78 at ¶ 14, 552 P.2d at 373; see also *Jones*, 2006 OK 83 at ¶ 17, 155 P.3d at 14 (stating that "[c]ausation in a medical malpractice case must ordinarily be established by expert testimony"); see also *Harder v. F.C. Clinton, Inc.*, 1997 OK 137, ¶ 14, n. 30, 948 P.2d 298, 305, n. 30.

In an action where medical expert testimony is necessary to prove causation, medical expert testimony is likewise necessary to establish a causal link between the accident, injury, pain and suffering, medical treatment and damages. *Matchen v. McGahey*, 1969 OK 48, ¶ 21, 455 P.2d 52, 57; *Williams v. Safeway Stores, Inc.*, 1973 OK 119, ¶ 28, 515 P.2d 223, 227; see also *Edwards v. Chandler*, 1957 OK 45, ¶¶ 0, 5, 308 P.2d 295, 297-298; *Pine v. Rogers*, 1938 OK 181, ¶¶ 0, 14, 77 P.2d 542, 543; *Maples v. Bryce*, 1967 OK 129, ¶¶ 6-9, 429 P.2d 741, 743; *Reed v. Scott*, 1991 OK 113, ¶ 12, 820 P.2d 445, 448-449.

Here, Plaintiff has alleged medical negligence and vicarious liability claims against BMC. Exhibit A. Plaintiff is required to prove that BMC, Dr. Azadi, and/or Dr. Maes breached the standard of care, that this breach caused Plaintiff's injuries, and that Plaintiff has suffered damages as a result. Under Oklahoma law, expert testimony is required to not only establish the standard of care for a physicians, including Dr. Azadi and Dr. Maes, but to also prove any violation of the standard of care was the cause of asserted injuries and damages.

Plaintiff cannot prove the elements of her claim against BMC. She admitted that she has no evidence that BMC was negligent – regardless of whether it was negligent under a medical negligence or vicarious liability theory. Further, Plaintiff has further admitted that she does not have an expert to support her claims in this lawsuit. *See Dr. Dickens' Motion for Summary Judgment or in the Alternative Motion to Dismiss for Failure to Prosecute*, which BMC adopts and incorporates herein. Because these matters have been admitted, there is no evidence to support Plaintiff's claims, and BMC is entitled to summary judgment.

III. IN THE ALTERNATIVE, THE COURT SHOULD DISMISS PLAINTIFF'S LAWSUIT FOR HER FAILURE TO PROSECUTE THE SAME.

The power of the courts to dismiss for failure to prosecute has long been recognized. *Baker v. Deichman*, 1939 OK 327, 94 P.2d 246, 247. The Oklahoma Supreme Court has unequivocally held that the trial court has the "inherent power to dismiss an action because of a party's failure to prosecute an action." *Boston v. Buchanan*, 2003 OK 114, ¶ 14, 89 P.3d 1034, 1040, *citing Winters By and Through Winters v. City of Okla. City*, 1987 OK 63, ¶¶ 8-9, 740 P.2d 724, 726. In *Nwachuku v. Yellow Cab Co., Inc.*, 1995 OK CIV APP 31, 895 P.2d 741, 743, the Oklahoma Court of Appeals made it clear that a trial court has the power to dismiss an action without prejudice for want of prosecution. *Id.*; *see also Kinter v. Baskin*, 1974 OK 36, 520 P.2d 679, 680. The Court has the power "to regulate its docket and dispose of cases where there has been no activity or

interest shown in prosecuting it.” *Kinter* at 680; *B & M International Trading Co. v. Woodie Ayers Chevrolet, Inc.*, 1988 OK 133, 765 P.2d 782, 784. Similarly, OKLA. STAT. tit. 12 § 682 states that the “court may also dismiss the petition with costs, in favor of one or more defendants, *in case of unreasonable neglect on the part of the plaintiff to . . . proceed in the cause against the defendant and defendants served.*” (emphasis added).

In the present case, even if the Court denies summary judgment, dismissal is nonetheless appropriate under OKLA. STAT. tit. 12 § 682, because Plaintiff has failed to prosecute the case and has failed to participate in the discovery process. Furthermore, Plaintiff’s lack of interest and refusal to respond to discovery will cause substantial prejudice to BMC, because witnesses die, memories fade, and evidence is either lost or destroyed the longer this case sits idle. Accordingly, dismissal of Plaintiff’s case against BMC is warranted and appropriate.

WHEREFORE, premises considered, Defendant Bailey Medical Center, LLC hereby submits its *Motion for Summary Judgment or in the Alternative Motion to Dismiss for Failure to Prosecute* and respectfully requests the Court enter an Order granting the same, entering summary judgment in its favor, or in the alternative, dismissing Plaintiff’s lawsuit, and awarding BMC any other relief to which it is entitled.

Respectfully submitted,



Charles H. Moody, OBA #17237

Seth R. Blanton, OBA #33841

RODOLF & TODD

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Attorneys for Defendants Bailey Medical Center,

LLC; Utica Park Clinic, Inc.; AHS Hillcrest

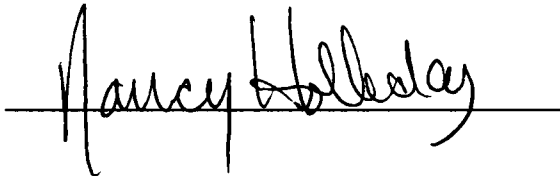
Medical Center, LLC; Dr. Eugene Dickens; and Ian

DeSpain, CSFA

CERTIFICATE OF SERVICE

This is to certify that on this 25th day of February, 2026, a true and correct copy of the foregoing document was served upon the following individual(s) *via* one or more of the following methods: first-class mail with sufficient postage duly prepaid, facsimile, electronic transmission, or hand delivery:

David Bross, OBA 31345
Bross Law, PLLC
4785 E. 91st St., Suite A #2001
Tulsa, OK 74137
918-741-1777
david@bross.law
Attorney for Plaintiff





DISTRICT COURT
FILED

MAR 17 2025

DON NEWBERRY, Court Clerk
STATE OF OKLA. TULSA COUNTY

IN THE DISTRICT COURT OF TULSA COUNTY
STATE OF OKLAHOMA

(1) NATASHUA CORY)

Plaintiff,)

v.)

(1) AHS HILLCREST MEDICAL CENTER, LLC,)

a Foreign Limited Liability Company,)

(2) DR. EUGENE DICKENS, individually)

(3) UTICA PARK CLINIC, INC.)

a domestic For Profit Business Corporation.)

(4) IAN DeSPAIN, CSFA individually.)

(5) BAILEY MEDICAL CENTER, LLC,)

A Foreign Limited Liability Company)

(6) DR. JOHNATHON ANTHONY, MD,)

individually.)

(7) DR. JASON MARTENS, MD, individually.)

(8) TULSA X-RAY LABORATORY, INC.)

(9) DR. EARL MAES, MD, individually.)

(10) DR. CAROL AZADI, individually.)

(11) GREEN COUNTRY EMERGENCY)

PHYSICIAN OF TULSA, PLLC,)

a Domestic Limited Liability)

Company Professional)

Defendants.)

CJ No. **2025-01161**

Honorable Judge:

KELLY M. GREENOUGH

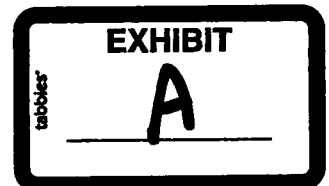
JURY TRIAL DEMANDED

ATTORNEY LIEN CLAIMED

MAR 17 2025

PETITION

COMES NOW the Plaintiff, Natashua Cory by and through her attorneys, and for her causes of action against Defendants Dr. Eugene Dickens, MD, Dr. Johnathan Anthony MD, Dr. Jason Martens, Dr. Earl Maes, MD, Dr. Carol Azadi, DO, Ian DeSpain, CSFA, AHS Hillcrest Medical Center, LLC, Utica Park Clinic, Inc., Tulsa X-Ray Laboratory, Inc., Green Country Emergency Physicians of Tulsa, PLLC, and Bailey Medical Center, LLC alleges and states as follows:



PARTIES, JURISDICTION AND VENUE

1. Plaintiff, Natashua Cory, is a resident of Tulsa County, Oklahoma.
2. Defendant Utica Park Clinic is a domestic for-profit corporation professional company with its principal place of business and registered agent located in Tulsa County, Oklahoma.
3. Defendant Kelsey Cook, PA, is a licensed physician assistant practicing in Tulsa County, Oklahoma.
4. Defendant Hillcrest Medical Center is a healthcare facility operating in Tulsa County, Oklahoma.
5. Defendant Dr. Eugene O. Dickens, MD, is a licensed medical doctor practicing in Tulsa County, Oklahoma.
6. Defendant Dr. Johnathan Anthony, MD, is a licensed medical doctor practicing in Tulsa County, Oklahoma.
7. Defendant Dr. Jason Martens, MD, is a licensed medical doctor practicing in Tulsa County, Oklahoma.
8. Defendant Dr. Earl Maes, MD, is a licensed medical doctor practicing in Tulsa County, Oklahoma.
9. Tulsa X-Ray Laboratory, Inc. is a healthcare facility operating in Tulsa County, Oklahoma.
10. Defendant Bailey Medical Center is a healthcare facility operating in Tulsa County, Oklahoma.
11. The acts and omissions causing Plaintiff's injuries giving rise to this action occurred in Tulsa County, Oklahoma. Accordingly, jurisdiction and venue are proper in this Court.

STATEMENT OF FACTS

12. Defendant Dr. Eugene Dickens is a licensed Medical Doctor practicing in Tulsa County, Oklahoma.
13. At all times hereto Dr. Dickens was an employee and/or agent of Hillcrest Medical Center and Utica Park Clinic.
14. Dr. Dickens specializes in the area of General Surgery.
15. At all times hereto Dr. Anthony was an employee and/or agent of Hillcrest Medical Center and Utica Park Clinic.
16. Dr. Anthony specializes in the area of Anesthesiology.
17. At all times hereto, Dr. Jason Martens was an employee and/or agent of Hillcrest Medical Center, Bailey Medical Center and Tulsa X-Ray Laboratory, Inc.
18. Dr. Jason Martens specializes in the area of Radiology.
19. At all times hereto Dr. Earl Maes was an employee and/or agent of Hillcrest Medical Center, Baily Medical Center, Tulsa X-Ray Laboratory, Inc.
20. Dr. Earl Maes specializes in the area of Radiology.
21. At all times hereto, Dr. Carol Azadi was an employee and/or agent of Hillcrest Medical Center, Bailey Medical Center, and Green Country Emergency Physicians Group of Tulsa, LLC.
22. Dr. Carol Azadi specializes in the area of Emergency Medicine.
23. Defendant Kelsey Cook, PA, is a licensed physician assistant practicing in Tulsa County, Oklahoma.
24. At all pertinent times, Kelsey Cook was an employee and/or agent of Defendants Bailey Medical Center.

25. Plaintiff was a patient of Dr. Dickens for a robotic cholecystectomy with ICG fluorescence imaging and diagnostic laparoscopy.
26. On or about March 20, 2023, Dr. Dickens performed a robotic cholecystectomy with ICG fluorescence imaging and diagnostic laparoscopy after experiencing right upper quadrant pain and undergoing a series of tests.
27. On or about March 20, 2023, Dr. Anthony administered fentanyl and versed postoperatively without Plaintiff's consent.
28. On or about November 20, 2024, Plaintiff underwent a CT scan performed by Dr. Maes. The initial CT report incorrectly stated that the gallbladder was present.
29. On November 22, 2024, an addendum by Dr. Martens to the CT report corrected the initial error and stated that Plaintiff had previously undergone a cholecystectomy (gallbladder removal), but no surgical clips were visualized.
30. Despite this correction, Plaintiff's medical records remained inconsistent, leading to potential misdiagnosis and confusion regarding her treatment history.
31. The identity of the actual surgeon who performed the Plaintiff's gallbladder removal remains unclear, as Dr. Eugene O. Dickens signed off on the procedure before it was completed.
32. In addition to the gallbladder misreporting, Plaintiff's medical records revealed other significant findings, including:
 - Fatty liver disease (hepatic steatosis) and hepatomegaly (enlarged liver) noted in the November 22, 2024, CT addendum.
 - Previous imaging from February 2, 2023, also noted mild hepatic steatosis, but no follow-up was conducted.
 - Lab tests from February 8, 2023, showed normal liver enzyme levels, yet the risk of progressive liver disease was not ruled out.

12. Plaintiff's medical history also indicated potential pre-diabetes and metabolic disorders, with elevated glucose levels (121 mg/dL) recorded on November 20, 2024 by Dr. Azadi but was never followed up on.
- 100 mg/dL on February 8, 2023.
13. Additionally, Plaintiff's November 20, 2024 lab results revealed a potassium imbalance (3.4, below the normal range), which could pose risks of heart arrhythmias and muscle weakness.
14. Plaintiff's kidney function also exhibited abnormalities from November 20, 2024:
- High specific gravity levels (≥ 1.030) in the urinalysis performed on November 20, 2024.
 - Presence of protein and ketones, which could indicate early-stage kidney disease.
15. Despite these concerning findings, Dr. Azadi failed to properly inform Plaintiff, document follow-up care, or provide necessary medical interventions.
16. Plaintiff contacted the Bailey Medical Center on March 23, 2023, to obtain test results but received only a basic explanation regarding gallbladder pathology.
17. Plaintiff was denied pain medication on March 24, 2023, due to legal restrictions, despite experiencing ongoing pain and complications.

CAUSES OF ACTION

I. MEDICAL NEGLIGENCE

18. Paragraphs 1 through 17 are incorporated herein by reference.

19. Defendants and their agents and employees owed Plaintiff a duty of care to use their best judgment and apply, with ordinary care and diligence, the knowledge and skill that is possessed and used by other by other similarly situated individuals in the industry.
20. Defendants breached that duty by failing to apply the knowledge and skill possessed by other physicians, and hospitals with ordinary care and diligence failing to properly diagnose, treat, and manage Plaintiff's condition, leading to unnecessary pain, suffering, and further injury causing Plaintiff to suffer serious pain and injuries that were completely preventable.
21. Defendants failed to exercise ordinary, reasonable and proper care in providing medical treatment to Plaintiff.
22. Defendants' incorrectly reporting the presence of the gallbladder in conflicting medical documents. Plaintiff continues to suffer pain and will require further testing to determine whether her gallbladder was removed.
23. Defendants' failing to document the identity of the surgeon performing the procedure.
24. Defendants' failing to recognize and follow up on liver disease indications according Plaintiff's November 20, 2024 lab reports.
25. Defendants' neglecting to address potential pre-diabetes and metabolic disorders.
26. Defendants' overlooking early signs of kidney dysfunction.
27. Defendants'' providing inadequate communication and failing to properly inform Plaintiff of her medical status.
28. Defendants Hillcrest Medical Center, Utica Park Clinic, Baily Medical Center, Tulsa X-Ray Laboratory, Inc. and Green Country Emergency Physicians are vicariously liable for

the negligence of their employees and agents pursuant to the legal doctrine *respondeat superior*.

29. Said breaches were the actual and proximate cause of Plaintiff's injuries.
30. As a result of Defendants' negligent conduct, Plaintiff suffered serious damages in the form of bodily injuries, mental anguish and physical pain, and other actual damages in excess of Seventy-Five Thousand Dollars (\$75,000.00).

I. NEGLIGENT SUPERVISION AND TRAINING NEGLIGENCE (AGAINST HILLCREST MEDICAL CENTER, BAILY MEDICAL CENTER, UTICA PARK CLINIC, TULSA X-RAY LABORATORY, INC. GREEN COUNTRY EMERGENCY PHYSICIANS)

31. Paragraphs 1 through 30 are incorporated herein by reference.
32. Defendants Hillcrest Medical Center, Bailey Medical Center, Utica Park Clinic, Tulsa X-Ray Laboratory, Inc. and Green Country Emergency Physicians had a duty to properly train, supervise, and ensure that their medical professionals adhered to proper surgical procedures and safety protocols.
33. Defendants knew or should have known that improperly trained or supervised staff created an increased risk of substantial harm to patients.
34. Defendants breached this duty by failing to ensure that proper safeguards were in place to prevent uncertainty of Plaintiff's gallbladder, failure to treat the pain, failure to inform Plaintiff of critical lab results, and making addendums in Plaintiff's medical records that
35. Defendants' conduct in failing to train and supervise staff was willful, wanton, and reckless and showed an utter indifference or conscious disregard for the safety of others.
36. Said willful and wanton conduct was the actual and proximate cause of Plaintiff's injuries.

37. As a result of Defendants' willful, wanton, and reckless conduct, Plaintiff suffered serious damages in the form of bodily injuries, mental anguish and physical pain, and other actual damages in excess of Seventy-Five Thousand Dollars (\$75,000.00).

II. PUNITIVE DAMAGES

38. Paragraphs 1 through 52 are incorporated herein by reference.

39. The willful, wanton, and reckless conduct of all Defendants and total indifference to the safety, health and well-being of Plaintiff, entitles Plaintiff to an award of exemplary damages under Oklahoma law.

40. The acts of all Defendants were wrongful, culpable, and so egregious that punitive damages in a sum that exceeds Seventy-Five Thousand Dollars (\$75,000.00) should be awarded against them to set an example to others similarly situated that such inexcusable conduct will not be tolerated in our community.

WHEREFORE, premises considered, Plaintiff prays that this Court grant her the relief sought including, but not limited to, actual damages in excess of Seventy-Five Thousand Dollars (\$75,000.00), with interest accruing from date of filing of suit, punitive damages in excess of Seventy-Five Thousand Dollars (\$75,000.00) each, costs, and all other relief deemed appropriate by this Court.

Respectfully submitted,



Daniel E. Smolen, OBA No. 19943
Mary Lockhart, OBA No. 19515
701 S. Cincinnati Ave.
Tulsa, OK 74119
(918) 585-2667
(918) 585-2669 Fax
danielsmolen@ssrok.com
marylockhart@ssrok.com
Attorneys for Plaintiff

**IN THE DISTRICT COURT OF TULSA COUNTY
STATE OF OKLAHOMA**

Natashua Cory,)
)
Plaintiff,)
)
v.)
)
AHS HILLCREST MEDICAL CENTER,)
LLC, a Foreign Limited Liability Company,)
DR. EUGENE DICKENS, Individually,)
UTICA PARK CLINIC, INC., a domestic)
For Profit Business Corporation,)
IAN DeSPAIN, CSFA, Individually,)
BAILEY MEDICAL CENTER, LLC,)
A Foreign Limited Liability Company,)
DR. JOHNATHON ANTHONY, M.D.,)
individually,)
DR. JASON MARTENS, MD, individually,)
TULSA X-RAY LABORATORY, INC.,)
DR. EARL MAES, MD, individually,)
DR. CAROL AZADI, individually,)
GREEN COUNTRY EMERGENCY)
PHYSICIAN OF TULSA, PLLC, a)
Domestic Liability Company Professional,)
)
Defendants.)

Case No.: CJ-2025-1161

Judge Greenough

FILED
DISTRICT COURT
TULSA COUNTY, OKLAHOMA
June 5, 2025 1:52 PM
DON NEWBERRY, COURT CLERK
Case Number CJ-2025-1161

ANSWER OF BAILEY MEDICAL CENTER, LLC

Defendant Bailey Medical Center, LLC (“BMC” or “Defendant”), by and through its counsel of record Seth Blanton and Charles H. Moody of the law firm of Rodolf & Todd, submits its *Answer* to the Plaintiff’s *Petition*. All allegations not specifically admitted herein shall be deemed to be denied. Defendant demands strict proof of all denied allegations.

Parties, Jurisdiction, and Venue

1. Paragraph 1 of Plaintiff’s *Petition* is a statement of Plaintiff’s domicile. It requires no response from Defendant.



2. Paragraphs 2 – 9 of Plaintiff's *Petition* are not directed to this Defendant; thus, no response is required.
3. Paragraph 10 of Plaintiff's *Petition* is admitted.
4. Paragraph 11 of Plaintiff's *Petition* is admitted in part and denied in part. BMC admits only that it provided care and treatment to Plaintiff in Tulsa County, OK. BMC specifically denies the existence of any "omissions" and further denies that Plaintiff sustained any injuries from his care and treatment. BMC denies all allegations of negligence contained in paragraph 11 and demands strict proof thereof.

Statement of Facts

5. Paragraphs 12 - 16 of Plaintiff's *Petition* are not directed to this Defendant; thus, no response is required. To the extent the paragraphs may be construed to be directed to this Defendant then the allegations contained therein are denied.
6. Paragraph 17 of Plaintiff's *Petition* is denied.
7. Paragraph 18 of Plaintiff's *Petition* is not directed to this Defendant; thus, no response is required.
8. Paragraph 19 of Plaintiff's *Petition* is denied.
9. Paragraph 20 of Plaintiff's *Petition* is not directed to this Defendant; thus, no response is required.
10. Paragraph 21 of Plaintiff's *Petition* is denied.
11. Paragraphs 22 and 23 of Plaintiff's *Petition* are not directed to this Defendant; thus, no response is required.
12. Paragraph 24 of Plaintiff's *Petition* is denied.

13. Paragraphs 25 - 36 of Plaintiff's *Petition* represent Plaintiff's understanding of the facts. Defendant denies all allegations of negligence contained therein and demand strict proof thereof.

14. Paragraphs 37 and 38 of Plaintiff's *Petition* are denied.

Causes of Action – Medical Negligence

15. Paragraph 39 (misnumbered as 18) of Plaintiff's *Petition* is an incorporation statement. Defendant incorporates its responses to all preceding paragraphs.

16. Paragraphs 40 (misnumbered as 19) – 60 (misnumbered as 30) of Plaintiff's *Petition* are denied.

Negligent Supervision and Training (Against Hillcrest Medical Center, Bailey Medical Center, Utica Park Clinic, Tulsa X-Ray Laboratory, Inc., Green Country Emergency Physicians

17. Paragraph 61 (misnumbered as 31) of Plaintiff's *Petition* is an incorporation statement. Defendant incorporates its responses to all preceding paragraphs.

18. Paragraphs 62 – 67 (correspondingly misnumbered) of Plaintiff's *Petition* are denied.

Punitive Damages

19. Paragraph 68 (misnumbered as 38) of Plaintiff's *Petition* is an incorporation statement. Defendant incorporates its responses to all preceding paragraphs.

20. Paragraphs 69, 70, and the WHEREFORE paragraphs of Plaintiff's *Petition* are denied. Defendant demands strict proof thereof.

AFFIRMATIVE DEFENSES

Defendant asserts the following potentially applicable affirmative defenses without prejudice to his right to assert additional affirmative defenses of which he becomes aware through discovery.

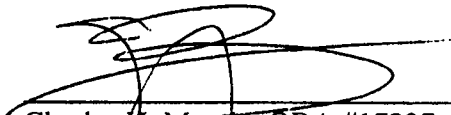
1. At all times, Defendant met the appropriate standards of care for the care and treatment of Plaintiff, and Defendant denies all allegations of negligence.
2. Defendant denies that its actions were the actual or proximate cause of any of Plaintiff's alleged damages.
3. Plaintiff's claimed injuries were caused by pre-existing or post-developing unrelated medical conditions or diseases, illnesses, or infections for which Defendant is not responsible.
4. Defendant asserts that the damages claimed by Plaintiff may have been caused or contributed to by an intervening or supervening cause for which Defendant is not responsible.
5. The acts or omissions of third parties, including the Plaintiff, may be the cause in-fact, proximate cause, or superseding cause of Plaintiff's alleged damages.
6. Defendant claims all of the limitations on damages and relief afforded by 23 O.S. § 15.
7. Defendant claims all of the limitations on damages and relief afforded by 12 O.S. § 3009.1.
8. Defendant claims all of the limitations on damages and relief afforded by 63 O.S. § 1-1708.1D.
9. Plaintiff fails to state a claim upon which relief may be granted.
10. For further defense, Defendant alleges and states that any injuries and damages complained of in Plaintiff's *Petition* are the natural, probable, and proximate result of the physical condition, anatomy, and physiology of Plaintiff, and any injuries or damages which the Plaintiff may have sustained were not the result of any acts or omissions on the part of Defendant, and any injuries or damages sustained by the Plaintiff are the result of

natural and normal occurrences within Plaintiff's body over which Defendant had no control and for which Defendant would not be responsible.

11. Plaintiff is precluded from recovering medical bills paid for by a third party and for which the third party does not possess, claim, demand, or assert a right of subrogation or recovery. In this regard, Defendant reserves the right to strike any evidence of medical bills charged, but for which a lesser amount was accepted as payment and for which there is no longer a claim, demand, or other right to recovery asserted for the unpaid portion.
12. Defendant claims all of the limitations on damages and relief afforded by 12 O.S. § 577.4.
13. The events about which Plaintiff complain, including Plaintiff's alleged injuries and damages, were the result of events, actions of third parties/entities or conditions outside of Defendant's control and/or were an unavoidable casualty and/or were the result of an intervening or supervening cause that was not foreseeable by Defendant.
14. Defendant is not liable for the acts of independent contractors or any third parties.
15. If Plaintiff recovers damages from any other third party, Defendant is entitled to contribution, set/off, and/or indemnification, either in whole or in part, from all persons or entities whose negligence or fault proximately caused or contributed to cause the alleged injuries and damages.
16. Plaintiff's claims may be barred, either in whole or in part, to the extent Plaintiff has released, settled with, entered into an accord and satisfaction, or otherwise compromised their claims. Defendant is entitled to a set-off for the entire amount or amounts Plaintiff received from any and all other sources. *See* 12 O.S. § 832(H).

17. Defendant's investigation and discovery have not been completed. Therefore, Defendant reserves the right to amend this Answer herein, including reserving the right to allege any further defenses or affirmative defenses that such investigation and discovery may reveal. WHEREFORE, premises considered, Defendant prays that Plaintiff takes nothing by way of their *Petition* and that Defendant be dismissed from this action together with costs, attorney fees and all other such relief as this Court deems just and equitable.

Respectfully submitted,



Charles H. Moody, OBA #17237

Seth R. Blanton, OBA #33841

RODOLF & TODD

15 E. 5th Street, Sixth Floor

Tulsa, OK 74103-4014

(918) 295-2100

(918) 295-7800 facsimile

Chad@rodolftodd.com

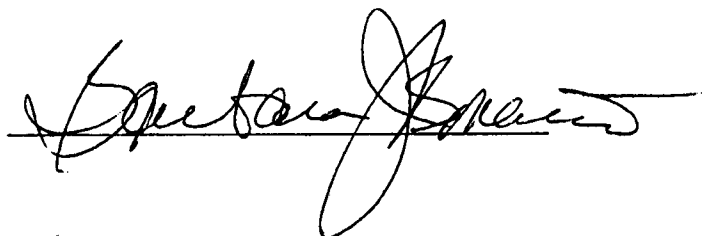
Seth@rodolftodd.com

Attorneys for Defendants Bailey Medical Center, LLC; Utica Park Clinic, Inc.; AHS Hillcrest Medical Center, LLC; Dr. Eugene Dickens; and Ian DeSpain, CSFA

CERTIFICATE OF SERVICE

This is to certify that on this 5th day of June, 2025, a true and correct copy of the foregoing document was served upon the following individual(s) *via* one or more of the following methods: first-class mail with sufficient postage duly prepaid, facsimile, electronic transmission, or hand delivery:

Natashua Cory
1404 N. Dogwood Street
Owasso, OK 74055
918-857-2535
tashuadcory@gmail.com
Plaintiff Pro Se





**OKLAHOMA
STATE
COURTS
NETWORK**

The information on this page is NOT an official record. Do not rely on the correctness or completeness of this information. Verify all information with the official record keeper. The information contained in this report is provided in compliance with the Oklahoma Open Records Act, 51 O.S. 24A.1. Use of this information is governed by this act, as well as other applicable state and federal laws.

IN THE DISTRICT COURT IN AND FOR TULSA COUNTY, OKLAHOMA

CORY NATAUSHA,
Plaintiff,

v.

AHS HILLCREST MEDICAL CENTER,
Defendant, and

DR EUGENE DICKENS,
Defendant, and

UTICA PARK CLINIC INC,
Defendant, and

IAN DESPAIN CFSA,
Defendant, and

BAILEY MEDICAL CENTER LLC,
Defendant, and

DR JOHNATHON ANTHONY MD,
Defendant, and

DR JASON MARTENS MD,
Defendant, and

TULSA X RAY LABORATORY INC,
Defendant, and

DR EARL MAES MD,
Defendant, and

DR CAROL AZADI,
Defendant, and

GREEN COUNTRY EMERGENCY PHYSICAIN OF TULSA
PLLC,
Defendant.

No. CJ-2025-1161

**(Civil relief more than \$10,000: MEDICAL
NEGLIGENCE)**

Filed: 03/17/2025

Judge: Civil Docket F

PARTIES

AHS HILLCREST MEDICAL CENTER, Defendant
ANTHONY, DR JOHNATHON MD, Defendant
AZADI, DR CAROL, Defendant
BAILEY MEDICAL CENTER LLC, Defendant
DESPAIN, IAN CFSA, Defendant
DICKENS, DR EUGENE, Defendant
GREEN COUNTRY EMERGENCY PHYSICAIN OF TULSA PLLC, Defendant
MAES, EARL MD, Defendant
MARTENS, DR JASON MD, Defendant
NATAUSHA, CORY, Plaintiff



①

ATTORNEYS

Attorney

BROSS, DAVID (Bar #31345)
4785 E 91ST ST., STE A #2001
TULSA, OK 74137

Represented Parties

NATAUSHA, CORY

SMOLEN, DANIEL E (Bar #19943)
SMOLEN & ROYTMAN
701 S. CINCINNATI AVE
TULSA, OK 74119

NATAUSHA, CORY

EVENTS

[Get Text Reminders](#)

None

ISSUES

For cases filed before 1/1/2000, ancillary issues may not appear except in the docket.

Issue # 1. Issue: MEDICAL NEGLIGENCE (MEDNEG)
Filed By: NATAUSHA, CORY
Filed Date: 03/17/2025

Party Name

Disposition Information

Defendant: AHS HILLCREST MEDICAL CENTER

Defendant: DICKENS, DR EUGENE

Defendant: UTICA PARK CLINIC INC

Defendant: DESPAIN, IAN CFSA

Defendant: TULSA X RAY LABORATORY INC

Defendant: BAILEY MEDICAL CENTER LLC

Defendant: ANTHONY, DR JOHNATHON MD

Defendant: MARTENS, DR JASON MD

Defendant: MAES, EARL MD

Defendant: AZADI, DR CAROL

Defendant:

GREEN COUNTRY EMERGENCY PHYSICAIN OF TULSA PLLC

DOCKET

Date **Code** **Description**

②

03-17-2025 [TEXT]

#1

CIVIL RELIEF MORE THAN \$10,000 INITIAL FILING.

03-17-2025 [MEDNEG]

MEDICAL NEGLIGENCE

03-17-2025 [DMFE]

DISPUTE MEDIATION FEE

\$ 7.00

03-17-2025 [PFE1]

PETITION

Document Available (#1061389520) TIFF PDF

\$ 163.00

03-17-2025 [PFE7]

LAW LIBRARY FEE

\$ 6.00

03-17-2025 [OCISR]

OKLAHOMA COURT INFORMATION SYSTEM REVOLVING FUND

\$ 25.00

03-17-2025 [OCJC]

OKLAHOMA COUNCIL ON JUDICIAL COMPLAINTS REVOLVING FUND

\$ 1.55

03-17-2025 [OCASA]

OKLAHOMA COURT APPOINTED SPECIAL ADVOCATES

\$ 5.00

03-17-2025 [SSFCHSCPC]

SHERIFF'S SERVICE FEE FOR COURTHOUSE SECURITY PER BOARD OF COUNTY COMMISSIONER

\$ 10.00

03-17-2025 [CCADMINCSF]

COURT CLERK ADMINISTRATIVE FEE ON COURTHOUSE SECURITY PER BOARD OF COUNTY COMMISSIONER

\$ 1.00

03-17-2025 [CCADMIN0155]

COURT CLERK ADMINISTRATIVE FEE ON \$1.55 COLLECTION

\$ 0.16

03-17-2025 [SJFIS]

STATE JUDICIAL REVOLVING FUND - INTERPRETER AND TRANSLATOR SERVICES

\$ 0.45

03-17-2025 [DCADMIN155]

DISTRICT COURT ADMINISTRATIVE FEE ON \$1.55 COLLECTIONS

\$ 0.23

03-17-2025 [DCADMIN05]

DISTRICT COURT ADMINISTRATIVE FEE ON \$5 COLLECTIONS

\$ 0.75

03-17-2025 [DCADMINCSF]

DISTRICT COURT ADMINISTRATIVE FEE ON COURTHOUSE SECURITY PER BOARD OF COUNTY COMMISSIONER

\$ 1.50

03-17-2025 [CCRMPF]

COURT CLERK'S RECORDS MANAGEMENT AND PRESERVATION FEE

\$ 10.00

03-17-2025 [CCADMIN04]

COURT CLERK ADMINISTRATIVE FEE ON COLLECTIONS

\$ 0.50

03-17-2025 [LTF]

LENGTHY TRIAL FUND

\$ 10.00

03-17-2025 [TEXT]

OCIS HAS AUTOMATICALLY ASSIGNED JUDGE CIVIL DOCKET F TO THIS CASE.

3

03-17-2025 [ACCOUNT]

RECEIPT # 2025-4744907 ON 03/17/2025.

PAYOR: SMOLEN SMOLEN & ROYTMAN PLLC TOTAL AMOUNT PAID: \$ 242.14.

LINE ITEMS:

CJ-2025-1161: \$163.00 ON AC01 CLERK FEES.

CJ-2025-1161: \$6.00 ON AC23 LAW LIBRARY FEE CIVIL AND CRIMINAL.

CJ-2025-1161: \$1.66 ON AC31 COURT CLERK REVOLVING FUND.

CJ-2025-1161: \$5.00 ON AC58 OKLAHOMA COURT APPOINTED SPECIAL ADVOCATES.

CJ-2025-1161: \$1.55 ON AC59 COUNCIL ON JUDICIAL COMPLAINTS REVOLVING FUND.

CJ-2025-1161: \$7.00 ON AC64 DISPUTE MEDIATION FEES CIVIL ONLY.

CJ-2025-1161: \$0.45 ON AC65 STATE JUDICIAL REVOLVING FUND, INTERPRETER SVCS.

CJ-2025-1161: \$2.48 ON AC67 DISTRICT COURT REVOLVING FUND.

CJ-2025-1161: \$25.00 ON AC79 OCIS REVOLVING FUND.

CJ-2025-1161: \$10.00 ON AC81 LENGTHY TRIAL FUND.

CJ-2025-1161: \$10.00 ON AC88 SHERIFF'S SERVICE FEE FOR COURT HOUSE SECURITY.

CJ-2025-1161: \$10.00 ON AC89 COURT CLERK'S RECORDS MANAGEMENT AND PRESERVATION FEE.

04-03-2025 [MO]

MOTION TO WITHDRAW AS ATTORNEY OF RECORD / CERTIFICATE OF SERVICE

Document Available (#1061404850) TIFF PDF

04-04-2025 [OG]

ORDER GRANTING MOTION TO WITHDRAW AS ATTORNEYS OF RECORD / CERTIFICATE OF MAILING

Document Available (#1061404894) TIFF PDF

04-28-2025 [EAA]

ENTRY OF APPEARANCE / NATASHUA CORY ENTERS PRO SE

Document Available (#1061698838) TIFF PDF

05-23-2025 [A]

DICKENS, DR EUGENE 

ANSWER OF EUGENE DICKENS MD / CETIFICATE OF SERVICE

Document Available (#1061969598) TIFF PDF

06-05-2025 [A]

ANSWER OF BAILLEY MEDICAL CENTER, LLC

Document Available (#1062227596) TIFF PDF

06-25-2025 [EAA]

ENTRY OF APPEARANCE

Document Available (#1062397548) TIFF PDF

Nancy Holliday

From: Barbara Bonacci
Sent: Friday, June 6, 2025 2:25 PM
To: tashuadcory@gmail.com
Cc: Chad Moody; Seth R. Blanton; Beth Meeker; Nikki Morgan
Subject: Cory v. Bailey Medical Center
Attachments: 6-6-25 BMC's 1st Discovery to Plaintiff.pdf; 6-6-25 Dickens' 1st Discovery to Plaintiff.pdf

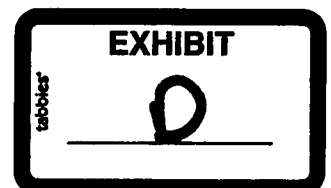
Ms. Cory,

Please see attached discovery requests in the above matter. Hard copies have been placed in the mail as well.

Thank you,

Barbara J. Bonacci
Rodolf & Todd
15 East 5th Street, 6th Floor
Tulsa, OK 74103
918-295-2100
918-295-7800 Facsimile
918-297-8234 Direct Line
Barbara@rodolftodd.com
www.rodolftodd.com
*Legal Assistant to Karen L. Callahan,
David A. Russell, and Seth R. Blanton*

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**IN THE DISTRICT COURT OF TULSA COUNTY
STATE OF OKLAHOMA**

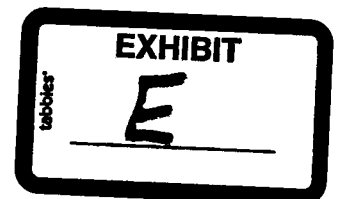
Natashua Cory,)
)
 Plaintiff,)
)
 v.)
)
 AHS HILLCREST MEDICAL CENTER,)
 LLC, a Foreign Limited Liability Company,)
 DR. EUGENE DICKENS, Individually,)
 UTICA PARK CLINIC, INC., a domestic)
 For Profit Business Corporation,)
 IAN DeSPAIN, CSFA, Individually,)
 BAILEY MEDICAL CENTER, LLC,)
 A Foreign Limited Liability Company,)
 DR. JOHNATHON ANTHONY, M.D.,)
 individually,)
 DR. JASON MARTENS, MD, individually,)
 TULSA X-RAY LABORATORY, INC.,)
 DR. EARL MAES, MD, individually,)
 DR. CAROL AZADI, individually,)
 GREEN COUNTRY EMERGENCY)
 PHYSICIAN OF TULSA, PLLC, a)
 Domestic Liability Company Professional,)
)
 Defendants.)

Case No.: CJ-2025-1161

Judge Greenough

**DEFENDANT BAILEY MEDICAL CENTER'S
FIRST DISCOVERY REQUESTS TO PLAINTIFF**

Bailey Medical Center (“BMC” or “Defendant”), by and through its counsel of record Charles H. Moody and Seth R. Blanton of the law firm of Rodolf & Todd, submits the following discovery requests to Plaintiff Natashua Cory. Defendant requests that you respond to the discovery requests within thirty (30) days in accordance with O.S. Title 12, §§ 3233, 3234, and 3226.



INSTRUCTIONS

These Interrogatories, Requests for Admission and Requests for Production are directed toward all information known or available to you, including information contained in records and documents in your custody or control or available to you upon reasonable inquiry. Where these requests cannot be answered in full, they shall be answered as completely as possible, and incomplete responses shall be accompanied by a specification of the reasons for the incompleteness of the answer and whatever knowledge, information or belief is possessed with respect to each unanswered or incompletely answered request.

The requested documents contained herein shall be produced for inspection and copying at the offices of Rodolf & Todd, 15 E. 5th St. Floor 6, Tulsa, Oklahoma, between the hours of 8:30 a.m. and 5:00 p.m.

Unless indicated, all information is requested as of the date of the answers to these discovery requests. These discovery requests shall be deemed continuing in nature so as to require supplemental answers and document production when, and if, Plaintiff obtains further information between the time the answers are served and filed and the time of trial.

These discovery requests are intended to ascertain information in your possession, or that of your agents and employees, including attorneys, investigators, accountants, and information contained in records and documents in your or their custody or control, or available to you or them.

The Plaintiff will take notice that the Requests for Admissions as contained herein will be deemed admitted unless within thirty (30) days from service thereof a sworn statement specifically denying the requested admissions or written objections thereto as filed with the

Court. The Plaintiff will further take notice that she may be required to pay the reasonable expenses incurred in making such proof of the facts requested herein.

DEFINITIONS

1. "Person" includes natural persons, sole proprietorships, partnerships, groups, associations, organizations, corporations, governments, and governmental agencies and subdivisions.

2. "And" and "or" mean "and/or". Wherever the word "any" appears, the meaning intended is "any and all". The singular form shall be deemed to apply to the plural where applicable, and vice versa.

3. "Plaintiff", or "you" or "your" refers to Shanell Woodson and/or any of her agents, employees, representatives, private investigators, accountants, attorneys, or any other person acting on her behalf.

4. "Identify" with regard to a person means to state the full name and address of the person; or, with regard to a document "identify" means to state the author, date of creation, number of pages, custodian, and title of the document.

5. "Document" means any written or graphic matter, including originals, drafts and non-identical copies, however produced or reproduced, of every kind and description known by you, including but not limited to all writings, drawings, graphs, charts, photographs, papers, books, accounts, letters, messages, transcriptions, financial statements, articles, periodicals, tapes or recordings, data compilations from which information can be obtained or can be translated through any decoding device into reasonably usable form, information stored in or accessible through computers or other information storage or retrieval systems, together with the codes and/or programming instructions or any other materials necessary to understand and use such systems.

6. In the event any documents called for are to be withheld on the basis of a claim of privilege, then that document is to be identified by stating: (a) each addressor and addressee; (b) each indicated or blind copy; (c) the document's date, subject matter, number of pages, and attachments or appendices; (d) all persons to whom the document was distributed, shown, or explained; (e) its present custodian; and (f) the nature of the privilege asserted.

7. In the event any documents called for have been destroyed or discarded, such documents are to be identified by stating: (a) each addressor and addressee; (b) each indicated or blind copy; (c) the document's date, subject matter, number of pages, and attachments or appendices; (d) all persons to whom the document was distributed, shown, or explained; (e) its date of destruction or discard, manner of destruction or discard, and reason of destruction or discard; and (f) the person who authorized such destruction or discard.

REQUESTS FOR ADMISSION

Request for Admission No. 1: Admit that no health care provider has told, advised, informed, implied, or suggested to you that Bailey Medical Center was negligent in the care and treatment he provided to you at all times relevant to this matter.

Request for Admission No. 2: Admit that you are not making a claim for lost wages, diminished earning capacity, or any other wage or income-related claims in this lawsuit.

Request for Admission No. 3: Admit that you are not making a claim for mental or emotional damages against Bailey Medical Center.

Request for Admission No. 4: Admit that you are not making a claim for punitive damages against Bailey Medical Center.

Request for Admission No. 5: Admit that you have no evidence that Bailey Medical Center was negligent in providing care and treatment to you at all times relevant to this matter.

Request for Admission No. 6: Admit that your *Petition* does not identify any injuries or other damages allegedly caused by Bailey Medical Center.

INTERROGATORIES

Interrogatory No. 1: If your response to Request for Admission No. 1 is anything other than an unqualified admission then identify what health care provider(s) has told, advised, informed, implied, or suggested to you that Bailey Medical Center was negligent in the care and treatment it provided to you.

Interrogatory No. 2: For any health providers identified in response to Interrogatory No.1 explain exactly what the provider(s) said to you regarding Bailey Medical Center's alleged negligence.

Interrogatory No. 3: If your response to Request for Admission No. 3 is anything other than an unqualified admission then explain in detail your mental or emotional damages due to Bailey Medical Center's alleged negligence.

Interrogatory No. 4: If your response to Request for Admission No. 4 is anything other than an unqualified admission then explain your basis for allegations of punitive damages against Bailey Medical Center.

Interrogatory No. 5: If your response to Request for Admission No. 5 is anything other than an unqualified admission then describe in detail every piece of evidence in your possession or that you believe to exist that you allege demonstrates that Bailey Medical Center provided negligent care and treatment to you at all times relevant to this matter.

Interrogatory No. 6: Describe the nature and extent of each and every physical, mental, and emotional injury in your lawsuit that you contend was caused by the conduct of Bailey Medical Center. [*Note: This interrogatory does not request expert medical opinions. It requests*

that you state your understanding of the injuries you claim you sustained in this lawsuit as a result of the alleged negligence of Bailey Medical Center.]

Interrogatory No. 7: Detail with particularity and specificity every reason why you believe Bailey Medical Center was negligent. [*Note: This interrogatory does not request expert medical opinions. It requests that you state your understanding of the injuries you claim you sustained in this lawsuit as a result of the alleged negligence of Bailey Medical Center.*]

Interrogatory No. 8: Please identify by name, address, and telephone number any and all persons who were present with you during the care at issue at Bailey Medical Center.

Interrogatory No. 9: Identify the types of damages you seek to recover against Bailey Medical Center in this lawsuit, including but not limited to medical expenses, past and future; physical pain, past and future; mental pain, past and future; permanent disability and disfigurement; loss of consortium; and any other damages being claimed. *See Okla. Stat. tit. 12 § 3226(A)(2)(a).*

Interrogatory No. 10: Identify with specificity the basis for your allegations that Bailey Medical Center negligently hired, training, or supervised any providers. In doing so, identify the providers in question and explain the basis of your claims.

REQUESTS FOR PRODUCTION

Request for Production No. 1: Produce copies of every document that you believe supports any of the contentions or facts set forth in your *Petition* or that support your claims that you were injured as a result of the alleged conduct on the part of Bailey Medical Center.

Request for Production No. 2: Produce any written or recorded statements you have taken which are in your possession regarding the allegations contained in your *Petition* or matters set

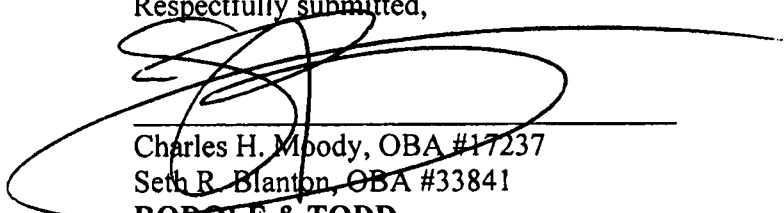
forth in your responses to these Interrogatories, Requests for Admission, or Requests for Production.

Request for Production No. 3: Produce a copy of any and all notes, documents, calendars, diaries or other written information, including information contained in a computer or otherwise electronically stored or generated, which you made in connection with the allegations made in this case.

Request for Production No. 4: Produce a copy of any and all documents referenced in your responses to these Requests for Admission, Interrogatories, or Requests for Production.

Request for Production No. 5: Produce all evidentiary documents and things that support your claim of damages, including pecuniary damages, medical expenses, pain and suffering, lost wages, permanent disfigurement, permanent impairment, mental anguish, injuries, loss of consortium, punitive damages or any other damages claimed by you as a result of this lawsuit or identified by you in responses to interrogatories. *See*, OKLA. STAT. tit. 12 § 3226(A)(2)(a).

Respectfully submitted,



Charles H. Moody, OBA #17237

Seth R. Blanton, OBA #33841

RODOLF & TODD

15 E. 5th Street, Sixth Floor

Tulsa, OK 74103-4014

(918) 295-2100

(918) 295-7800 facsimile

Chad@rodolftodd.com

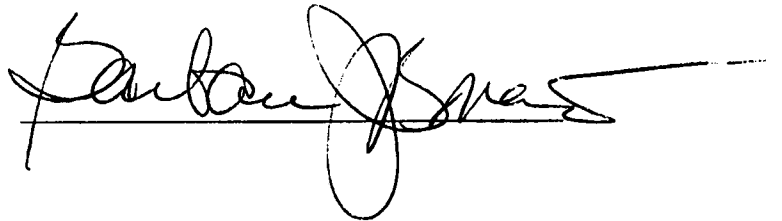
Seth@rodolftodd.com

Attorneys for Defendants Bailey Medical Center, LLC; Utica Park Clinic, Inc.; AHS Hillcrest Medical Center, LLC; Dr. Eugene Dickens; and Ian DeSpain, CSFA

CERTIFICATE OF SERVICE

This is to certify that on this 6th day of June, 2025, a true and correct copy of the foregoing document was served upon the following individual(s) via one or more of the following methods: first-class mail with sufficient postage duly prepaid, facsimile, electronic transmission, or hand delivery:

Natashua Cory
1404 N. Dogwood Street
Owasso, OK 74055
918-857-2535
tashuadcory@gmail.com
Plaintiff Pro Se



A handwritten signature in black ink, appearing to read "Paul J. Jones", written over a horizontal line. The signature is stylized and cursive.

Nancy Holliday

From: Seth Blanton
Sent: Thursday, July 31, 2025 12:23 PM
To: david@bross.law
Cc: Barbara Bonacci; Nikki Morgan; Chad Moody
Subject: Cory v. Bailey Medical Center, et al

David,

I left a voicemail for you yesterday. We are defending Bailey Medical Center and Dr. Dickens in this matter. We served Plaintiff with discovery in June. Will you be responding? We are happy to give a short extension; however, our clients are antsy for responses. Give me a call if you'd like to discuss.

Thanks,
SRB

Seth R. Blanton
RODOLF & TODD
15 E. 5th Street, 6th Floor
Tulsa, OK 74103
(918) 295-2100 Phone
(918) 295-7800 Facsimile

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Nancy Holliday

From: Seth Blanton
Sent: Tuesday, January 13, 2026 4:29 PM
To: David Bross
Cc: Kaitlyn Collins
Subject: RE: Cory v. BMC, Dickens

David,

What happened during your conversation with Plaintiff? I just looked at OSCN and it shows this case as still active.

Thanks!
SRB

Seth R. Blanton
RODOLF & TODD
15 E. 5th Street, 6th Floor
Tulsa, OK 74103
(918) 295-2100 Phone
(918) 295-7800 Facsimile

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From: David Bross <david@bross.law>
Sent: Friday, November 21, 2025 4:00 PM
To: Seth Blanton <Seth@rodolftodd.com>
Subject: Re: Cory v. BMC, Dickens

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Hey Seth,

I am definitely withdrawing from this case. I am also trying to get Plaintiff to dismiss the case. She is supposed to call me back tonight and let me know if she's ok with a dismissal. Let's touch base on Monday.



David M. Bross
Attorney at Law

BROSS LAW

4785 E. 91st St., Ste. A #2001
Tulsa, OK 74137
(918) 714-1777 (phone)
www.bross.law

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From: Seth Blanton <Seth@rodolftodd.com>
Sent: Wednesday, November 19, 2025 5:38 AM
To: David Bross <david@bross.law>
Cc: Kaitlyn Collins <kaitlyn@rodolftodd.com>
Subject: Re: Cory v. BMC, Dickens

Hey David,

I am in a mediation Friday but will be free at some point in the afternoon. Is this call to tell me you're dropping the case?

SRB
Sent from my iPhone

On Nov 18, 2025, at 9:16 PM, David Bross <david@bross.law> wrote:

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Sorry Seth. Just got back in town. Are you free Friday afternoon?

David M. Bross
Attorney at Law

BROSS LAW

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Tulsa, OK 74137
(918) 714-1777 (phone)
www.bross.law

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From: Seth Blanton <Seth@rodolftodd.com>
Sent: Tuesday, November 11, 2025 2:00 PM
To: David Bross <david@bross.law>
Cc: Chad Moody <Chad@rodolftodd.com>; Kaitlyn Collins <kaitlyn@rodolftodd.com>; Nikki Morgan <Nikki@rodolftodd.com>; Beth Meeker <BethM@rodolftodd.com>
Subject: RE: Cory v. BMC, Dickens

David,

I just left you a VM on this one. Please let me know what your plan is. We also need to have a meet and confer so that I may file a motion to compel regarding Plaintiff's discovery responses if this matter is going to go forward. I need to hear from you by Friday, please.

Thank you,
SRB

Seth R. Blanton
RODOLF & TODD
15 E. 5th Street, 6th Floor
Tulsa, OK 74103
(918) 295-2100 Phone
(918) 295-7800 Facsimile

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From: Seth Blanton
Sent: Wednesday, October 29, 2025 12:43 PM
To: David Bross <david@bross.law>
Cc: Chad Moody <Chad@rodolftodd.com>; Kaitlyn Collins <Kaitlyn@rodolftodd.com>; Nikki Morgan <Nikki@rodolftodd.com>; Beth Meeker <BethM@rodolftodd.com>
Subject: RE: Cory v. BMC, Dickens

David,

Please let me know ASAP if you're planning to go forward with this case. At this point, the discovery extension is well out of time.

Thanks!
SRB

Seth R. Blanton
RODOLF & TODD
15 E. 5th Street, 6th Floor
Tulsa, OK 74103

(918) 295-2100 Phone
(918) 295-7800 Facsimile

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From: David Bross <david@bross.law>
Sent: Wednesday, August 27, 2025 4:30 PM
To: Seth Blanton <Seth@rodolftodd.com>
Subject: Re: Cory v. BMC, Dickens

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Seth,

I am going to meet with my client on Monday. Any way you could send me the imaging before that? I think that would help.

Thanks,
David

David M. Bross
Attorney at Law

BROSS LAW
4785 E. 91st St., Ste. A #2001
Tulsa, OK 74137
(918) 714-1777 (phone)
www.bross.law

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From: Seth Blanton <Seth@rodolftodd.com>
Sent: Tuesday, August 12, 2025 5:06 PM
To: David Bross <david@bross.law>
Cc: Nikki Morgan <Nikki@rodolftodd.com>; Chad Moody <Chad@rodolftodd.com>
Subject: Cory v. BMC, Dickens

David,

Attached please find the discovery that was previously sent to Ms. Cory. Like we discussed on the phone, Ms. Cory's cholecystectomy was successful. It was robotically performed by Dr. Dickens, and when that happens the clips are not patent on imaging because they are not metal. Would you like us to send you the imaging? Or rather, please tell me how we can best help you talk to your client about this matter.

Thanks,
SRB

Seth R. Blanton
RODOLF & TODD
15 E. 5th Street, 6th Floor
Tulsa, OK 74103
(918) 295-2100 Phone
(918) 295-7800 Facsimile

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Nancy Holliday

From: Beth Meeker
Sent: Wednesday, August 27, 2025 4:47 PM
To: david@bross.law
Cc: Chad Moody; Seth Blanton; Nikki Morgan
Subject: Cory v BMC, Dickens
Attachments: Attachments.txt

Please see the link below to radiology for Ms. Cory. Please let me know if you have any difficulties with the link.

Beth
Elizabeth F. Meeker, ACP
Advanced Certified Paralegal
to Chad H. Moody
Rodolf & Todd
15 East 5th Street, 6th Floor
Tulsa, Oklahoma 74103-4346
(918) 295-2100
(918) 295-7800 fax
bmeeker@rodolftodd.com

ShareFile Attachments

Expires February 26, 2026

Cory v BMC, Radiology	141.6 MB
Index to Radiology Notebook.doc	78 KB

[Download Attachments](#)

If this is your first time receiving a ShareFile attachment from Rodolf & Todd, you will receive a follow-up email with a link to "Activate" your account. The account will be used to authenticate you as the recipient in order to access the shared documents. Do not attempt to forward this message as the receiver of the forwarded message will not receive the follow-up email with the link to activate. If you have previously received any ShareFile messages from Rodolf & Todd, please reset your password if you have any trouble logging in.



Resultable Orders - Imaging

CT Abdomen Pelvis With Contrast [1242143513]

Electronically signed by: Carol N Azadi, DO on 11/20/24 2339
Ordering user: Carol N Azadi, DO 11/20/24 2339
Ordered during: ED on 11/20/2024
Frequency: Once 11/20/24 2340 - 1 occurrence
Acknowledged: Alyson Kastler, RN 11/20/24 2343 for Placing Order

Ordering provider: Carol N Azadi, DO
Indications comment: upper abd pain

Status: Completed

Questionnaire

Question	Answer
Is the patient pregnant?	No
What is the patient's sedation requirement?	No Sedation
Does the patient need oral or rectal contrast?	No

All Results - Imaging

CT Abdomen Pelvis With Contrast [1242143517]

Resulted: 11/25/24 1031, Result status: Edited Result - FINAL

Ordering provider: Carol N Azadi, DO 11/20/24 2339

Resulted by:
Earl Maes, MD
Jason Martens, MD
Accession number: AHS14849231

Performed: 11/20/24 2340 - 11/20/24 2348
Resulting lab: EXTERNAL INTERFACE
Addenda signed by Earl Maes, MD on 11/25/24 1031
Addendum:

Technique: Axial CT imaging of the abdomen and pelvis was performed with IV contrast. This exam was performed using one or more the following dose reduction techniques: Automated exposure control, adjustment of the mA and/or KV according to the patient's size or use of iterative reconstruction technique. Total DLP dose measures 2010 mGy with a total CTDI dose measuring 40 mGy.

Findings:

The lung bases are clear. Gallbladder appears absent. The liver, spleen, pancreas, and adrenals are within normal limits. There is no intrahepatic ductal dilatation seen. No mesenteric or retroperitoneal adenopathy is seen. The right kidney shows no hydronephrosis or perinephric fat stranding. The left kidney shows no hydronephrosis or perinephric fat stranding. The aorta is normal in course and caliber. No pathologically dilated loops of large or small bowel are seen. Normal appearing appendix is seen in the right lower quadrant. There is no free air or free fluid seen in the abdomen. The contrasted urinary bladder is unremarkable. Uterus and ovaries are present.

Impression:

1. There is no hydronephrosis or perinephric fat stranding seen.
2. Nonobstructive bowel gas pattern without free air.

Addendum Electronically Signed by Earl Maes MD on 11/25/2024 1031 CT

Original Report

Exam: CT ABDOMEN PELVIS W CONTRAST

History: upper abd pain

Technique: Axial CT imaging of the abdomen and pelvis was performed with IV contrast. This exam was performed using one or more the following dose reduction techniques: Automated exposure control, adjustment of the mA and/or KV according to the patient's size or use of iterative reconstruction technique. Total DLP dose measures 2010 mGy with a total CTDI dose measuring 40 mGy.

Findings:

The lung bases are clear. The liver, spleen, gallbladder, pancreas, and adrenals are within normal limits. There is no intrahepatic ductal dilatation seen. No mesenteric or retroperitoneal adenopathy is seen. The right kidney shows no hydronephrosis or perinephric fat stranding. The



All Results - Imaging (continued)

Electronically Signed by Earl Maes MD on 11/21/2024 0058 CT

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
92 - ARDINT	EXTERNAL INTERFACE	Unknown	1 Burton Hills Blvd Nashville TN 37215	03/03/22 1108 - Present

Conclusion

Addendum by Earl Maes, MD on Mon Nov 25, 2024 10:31 AM

Addendum:

Technique: Axial CT imaging of the abdomen and pelvis was performed with IV contrast. This exam was performed using one or more the following dose reduction techniques: Automated exposure control, adjustment of the mA and/or KV according to the patient's size or use of iterative reconstruction technique. Total DLP dose measures 2010 mGy with a total CTDI dose measuring 40 mGy.

Findings:

The lung bases are clear. Gallbladder appears absent. The liver, spleen, pancreas, and adrenals are within normal limits. There is no intrahepatic ductal dilatation seen. No mesenteric or retroperitoneal adenopathy is seen. The right kidney shows no hydronephrosis or perinephric fat stranding. The left kidney shows no hydronephrosis or perinephric fat stranding. The aorta is normal in course and caliber. No pathologically dilated loops of large or small bowel are seen. Normal appearing appendix is seen in the right lower quadrant. There is no free air or free fluid seen in the abdomen. The contrasted urinary bladder is unremarkable. Uterus and ovaries are present.

Impression:

1. There is no hydronephrosis or perinephric fat stranding seen.
2. Nonobstructive bowel gas pattern without free air.

Addendum Electronically Signed by Earl Maes MD on 11/25/2024 1031 CT

Original Report

Exam: CT ABDOMEN PELVIS W CONTRAST

History: upper abd pain

Technique: Axial CT imaging of the abdomen and pelvis was performed with IV contrast. This exam was performed using one or more the following dose reduction techniques: Automated exposure control, adjustment of the mA and/or KV according to the patient's size or use of iterative reconstruction technique. Total DLP dose measures 2010 mGy with a total CTDI dose measuring 40 mGy.

Findings:

The lung bases are clear. The liver, spleen, gallbladder, pancreas, and adrenals are within normal limits. There is no intrahepatic ductal dilatation seen. No mesenteric or retroperitoneal adenopathy is seen. The right kidney shows no hydronephrosis or perinephric fat stranding. The left kidney shows no hydronephrosis or perinephric fat stranding. The aorta is normal in course and caliber. No pathologically dilated loops of large or small bowel are seen. Normal appearing appendix is seen in the right lower quadrant. There is no free air or free fluid seen in the abdomen. The contrasted urinary bladder is unremarkable. Uterus and ovaries are present.

Impression:

1. There is no hydronephrosis or perinephric fat stranding seen.
2. Nonobstructive bowel gas pattern without free air.

Electronically Signed by Earl Maes MD on 11/25/2024 1031 CT

Addendum by Jason Martens, MD on Fri Nov 22, 2024 3:21 PM

ADDENDUM:

The patient contacted the radiology department regarding the CT report from 11/20/2024 and dimension of a gallbladder. The patient has had previous cholecystectomy, although there are no clips visualized on the images. Also, the original interpreting radiologist did not have access to the clinical medical records. Comparison 02/28/2023 CT abdomen and pelvis.

Re-review of the images show no gallbladder present. Small hiatal hernia. Visualized lung bases are clear except for mild stable nodular scarring in the right middle lobe adjacent to the diaphragm that appears benign. The liver shows diffuse fatty infiltration and is enlarged measuring about 18 cm in length. No portal vein thrombosis. Focal fat in the anterior liver is benign. Stable left adrenal gland mass with CT numbers of 36 on the venous phase and 23 on the delayed phase representing a benign adenoma. Right adrenal gland, pancreas, spleen, and kidneys appear normal. Abdominal aorta is normal in diameter. No

All Results - Imaging (continued)

evidence for bowel obstruction. Fat containing umbilical hernia. Uterus is unremarkable on CT. No evidence for acute appendicitis. The appendix appears normal. No free fluid. Lumbar spine appears intact. Ovaries not well visualized.

Impression:

Fatty liver and hepatomegaly.

Small hiatal hernia.

Cholecystectomy.

No acute abnormality identified in the abdomen or pelvis on CT today.

Incidental findings as above.

Dictated by: Jason Martens 11/22/2024 3:17 PM CT

Electronically Signed by: Jason Martens 11/22/2024 3:21 PM CT

Dictation workstation: OKOZDL30946

Finalized by Earl Maes, MD on Thu Nov 21, 2024 12:59 AM
Original Report
Exam: CT ABDOMEN PELVIS W CONTRAST

History: upper abd pain

Technique: Axial CT imaging of the abdomen and pelvis was performed with IV contrast. This exam was performed using one or more the following dose reduction techniques: Automated exposure control, adjustment of the mA and/or KV according to the patient's size or use of iterative reconstruction technique. Total DLP dose measures 2010 mGy with a total CTDI dose measuring 40 mGy.

Findings:

The lung bases are clear. The liver, spleen, gallbladder, pancreas, and adrenals are within normal limits. There is no intrahepatic ductal dilatation seen. No mesenteric or retroperitoneal adenopathy is seen. The right kidney shows no hydronephrosis or perinephric fat stranding. The left kidney shows no hydronephrosis or perinephric fat stranding. The aorta is normal in course and caliber. No pathologically dilated loops of large or small bowel are seen. Normal appearing appendix is seen in the right lower quadrant. There is no free air or free fluid seen in the abdomen. The contrasted urinary bladder is unremarkable. Uterus and ovaries are present.

Impression:

1. There is no hydronephrosis or perinephric fat stranding seen.
2. Nonobstructive bowel gas pattern without free air.

Electronically Signed by Earl Maes MD on 11/21/2024 0058 CT

Interpretation Summary

Addendum by Earl Maes, MD on Mon Nov 25, 2024 10:31 AM

Addendum:

Technique: Axial CT imaging of the abdomen and pelvis was performed with IV contrast. This exam was performed using one or more the following dose reduction techniques: Automated exposure control, adjustment of the mA and/or KV according to the patient's size or use of iterative reconstruction technique. Total DLP dose measures 2010 mGy with a total CTDI dose measuring 40 mGy.

Findings:

The lung bases are clear. Gallbladder appears absent. The liver, spleen, pancreas, and adrenals are within normal limits. There is no intrahepatic ductal dilatation seen. No mesenteric or retroperitoneal adenopathy is seen. The right kidney shows no hydronephrosis or perinephric fat stranding. The left kidney shows no hydronephrosis or perinephric fat stranding. The aorta is normal in course and caliber. No pathologically dilated loops of large or small bowel are seen. Normal appearing appendix is seen in the right lower quadrant. There is no free air or free fluid seen in the abdomen. The contrasted urinary bladder is unremarkable. Uterus and ovaries are present.

Impression:

All Results - Imaging (continued)

1. There is no hydronephrosis or perinephric fat stranding seen.
 2. Nonobstructive bowel gas pattern without free air.
- Addendum Electronically Signed by Earl Maes MD on 11/25/2024 1031 CT

Original Report
Exam: CT ABDOMEN PELVIS W CONTRAST

History: upper abd pain

Technique: Axial CT imaging of the abdomen and pelvis was performed with IV contrast. This exam was performed using one or more the following dose reduction techniques: Automated exposure control, adjustment of the mA and/or KV according to the patient's size or use of iterative reconstruction technique. Total DLP dose measures 2010 mGy with a total CTDI dose measuring 40 mGy.

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Impression:

1. There is no hydronephrosis or perinephric fat stranding seen.
 2. Nonobstructive bowel gas pattern without free air.
- Electronically Signed by Earl Maes MD on 11/25/2024 1031 CT

Addendum by Jason Martens, MD on Fri Nov 22, 2024 3:21 PM

ADDENDUM:

The patient contacted the radiology department regarding the CT report from 11/20/2024 and dimension of a gallbladder. The patient has had previous cholecystectomy, although there are no clips visualized on the images. Also, the original interpreting radiologist did not have access to the clinical medical records. Comparison 02/28/2023 CT abdomen and pelvis.

Re-review of the images show no gallbladder present. Small hiatal hernia. Visualized lung bases are clear except for mild stable nodular scarring in the right middle lobe adjacent to the diaphragm that appears benign. The liver shows diffuse fatty infiltration and is enlarged measuring about 18 cm in length. No portal vein thrombosis. Focal fat in the anterior liver is benign. Stable left adrenal gland mass with CT numbers of 36 on the venous phase and 23 on the delayed phase representing a benign adenoma. Right adrenal gland, pancreas, spleen, and kidneys appear normal. Abdominal aorta is normal in diameter. No evidence for bowel obstruction. Fat containing umbilical hernia. Uterus is unremarkable on CT. No evidence for acute appendicitis. The appendix appears normal. No free fluid. Lumbar spine appears intact. Ovaries not well visualized.

Impression:

Fatty liver and hepatomegaly.

Small hiatal hernia.

Cholecystectomy.

No acute abnormality identified in the abdomen or pelvis on CT today.

Incidental findings as above.

Dictated by: Jason Martens 11/22/2024 3:17 PM CT
Electronically Signed by: Jason Martens 11/22/2024 3:21 PM CT

Dictation workstation: OKOZDL30946

Finalized by Earl Maes, MD on Thu Nov 21, 2024 12:59 AM
Original Report
Exam: CT ABDOMEN PELVIS W CONTRAST

All Results - Imaging (continued)

History: upper abd pain

Technique: Axial CT imaging of the abdomen and pelvis was performed with IV contrast. This exam was performed using one or more the following dose reduction techniques: Automated exposure control, adjustment of the mA and/or KV according to the patient's size or use of iterative reconstruction technique. Total DLP dose measures 2010 mGy with a total CTDI dose measuring 40 mGy.

Findings:

The lung bases are clear. The liver, spleen, gallbladder, pancreas, and adrenals are within normal limits. There is no intrahepatic ductal dilatation seen. No mesenteric or retroperitoneal adenopathy is seen. The right kidney shows no hydronephrosis or perinephric fat stranding. The left kidney shows no hydronephrosis or perinephric fat stranding. The aorta is normal in course and caliber. No pathologically dilated loops of large or small bowel are seen. Normal appearing appendix is seen in the right lower quadrant. There is no free air or free fluid seen in the abdomen. The contrasted urinary bladder is unremarkable. Uterus and ovaries are present.

Impression:

1. There is no hydronephrosis or perinephric fat stranding seen.
2. Nonobstructive bowel gas pattern without free air.

Electronically Signed by Earl Maes MD on 11/21/2024 0058 CT

Implants

No implant documentation for this case.

All Reviewers List

Christy R Williams, RN on 11/25/2024 18:36

Signed

Electronically signed by Earl Maes, MD on 11/21/24 at 0059 CST
Electronically added by Jason Martens, MD on 11/22/24 at 1521 CST
Electronically added by Earl Maes, MD on 11/25/24 at 1031 CST

All Non-Resultable Orders

No orders found for this encounter

Final Diagnoses (ICD-10-CM)

Code	Description	POA	CC	HAC	Affects DRG
K76.0 [Principal]	Fatty (change of) liver, not elsewhere classified				
K44.9	Diaphragmatic hernia without obstruction or gangrene				
R16.0	Hepatomegaly, not elsewhere classified				
Z90.49	Acquired absence of other specified parts of digestive tract				
E87.6	Hypokalemia				

Bailey Medical Center
10502 N 110TH E AVE
OWASSO OK 74055-6636

Cory, Natashua Kaye
MRN: _____, DOB: _____, Legal Sex: F
Adm: 11/20/2024, D/C: 11/21/2024

11/20/2024 - ED in Bailey Medical Center Emergency Room

Reason for Visit

Chief complaint: Abdominal Pain
Visit diagnosis: Pain of upper abdomen

Visit Information

Admission Information

Arrival Date/Time:	11/20/2024 2214	Admit Date/Time:	11/20/2024 2217	IP Adm. Date/Time:	
Admission Type:	Emergency	Point of Origin:	Non-healthcare Facility	Admit Category:	
Means of Arrival:	Car	Primary Service:	Emergency Medicine	Secondary Service:	N/A
Transfer Source:		Service Area:	TUL SERVICE AREA	Unit:	Bailey Medical Center Emergency Room
Admit Provider:		Attending Provider:	Carol N Azadi, DO	Referring Provider:	

ED Disposition

ED Disposition	Condition	User	Date/Time	Comment
Discharge	Stable	Carol N Azadi, DO	Thu Nov 21, 2024 1:05 AM	--

Discharge Information

Date/Time: 11/21/2024 0114	Disposition: Home Or Self Care	Destination: ---
Provider: Carol N Azadi, DO	Unit: Bailey Medical Center Emergency Room	

Follow-up Information

Follow up With	Specialties	Details	Why	Contact Info
Generations Owasso Family Medicine Clinic	Family Medicine	Call in 1 day		5232 N Hwy 167 Catoosa OK 74015 918-272-0033

ADT Events

	Unit	Room	Bed	Service	Event
11/20/24 2217	BMC EMERGENCY	03	03	Emergency Medicine	Admission
11/21/24 0114	BMC EMERGENCY	03	03	Emergency Medicine	Discharge

Medication List

Medication List

Ⓢ This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Prior To Admission

promethazine (PHENERGAN) 25 mg tablet

Instructions: Take 1 tablet (25 mg total) by mouth every 6 (six) hours if needed for nausea or vomiting for up to 7 doses.
Authorized by: Eugene O Dickens, MD
Start date: 3/17/2023
Refill: No refills remaining
Ordered on: 3/17/2023
Quantity: 30 tablet

omeprazole (PriLOSEC) 40 mg capsule

Instructions: TAKE 1 CAPSULE(40 MG) BY MOUTH 1 TIME EACH DAY
Authorized by: Kishore Vippera, MD
Start date: 4/17/2023
Refill: No refills remaining
Ordered on: 4/17/2023
Quantity: 30 capsule

Bailey Medical Center
10502 N 110TH E AVE
OWASSO OK 74055-6636

Cory, Natashua Kaye
MRN: DOB: , Legal Sex: F
Adm: 11/20/2024, D/C: 11/21/2024

11/20/2024 - ED in Bailey Medical Center Emergency Room (continued)

Medication List (continued)

Discharge Medication List

promethazine (PHENERGAN) 25 mg tablet

Instructions: Take 1 tablet (25 mg total) by mouth every 6 (six) hours if needed for nausea or vomiting for up to 7 doses.
Authorized by: Eugene O Dickens, MD Ordered on: 3/17/2023
Start date: 3/17/2023 Quantity: 30 tablet
Refill: No refills remaining

omeprazole (PriLOSEC) 40 mg capsule

Instructions: TAKE 1 CAPSULE(40 MG) BY MOUTH 1 TIME EACH DAY
Authorized by: Kishore Vipperla, MD Ordered on: 4/17/2023
Start date: 4/17/2023 Quantity: 30 capsule
Refill: No refills remaining

ondansetron ODT (ZOFTRAN-ODT) 4 mg disintegrating tablet

Instructions: Take 1 tablet (4 mg total) by mouth every 6 (six) hours if needed for nausea or vomiting.
Authorized by: Carol N Azadi, DO Ordered on: 11/21/2024
Start date: 11/21/2024 Quantity: 12 tablet
Refill: No refills remaining

hyoscyamine (Levsin/SL) 0.125 mg SL tablet

Instructions: Take 1 tablet (0.125 mg total) by mouth every 4 (four) hours if needed for cramping.
Authorized by: Carol N Azadi, DO Ordered on: 11/21/2024
Start date: 11/21/2024 Quantity: 15 tablet
Refill: No refills remaining

Stopped in Visit

None

ED Provider Note

ED Provider Notes by Carol N Azadi, DO at 11/20/2024 2245

Author: Carol N Azadi, DO	Service: —	Author Type: Physician
Filed: 11/25/2024 12:38 AM	Date of Service: 11/20/2024 10:45 PM	Status: Addendum
Editor: Carol N Azadi, DO (Physician)		



EMERGENCY MEDICINE NOTE

Patient Natashua Kaye Cory Age 45 y.o. Sex female
MRN Encounter Date 11/20/2024

CC

Chief Complaint

Patient presents with
• Abdominal Pain

HPI

Patient is a 45-year-old female who presents to the ER with the abdominal pain. Patient reports pain in her upper abdomen. She has been dealing with some on and off pain for the past year since having her cholecystectomy however she just started Ozempic about a month ago and it was noticed with a past 2 weeks she has had some

11/20/2024 - ED in Bailey Medical Center Emergency Room (continued)

ED Provider Note (continued)

intense epigastric region pain nonradiating associated nausea. She vomited once yesterday and it was undigested food. No fever. No urinary complaints.

ROS

Review of Systems

Constitutional: Negative for appetite change, chills, fatigue and fever.

HENT: Negative for congestion, ear pain, hearing loss, rhinorrhea and sore throat.

Eyes: Negative for pain and discharge.

Respiratory: Negative for cough, chest tightness, shortness of breath and wheezing.

Cardiovascular: Negative for chest pain, palpitations and leg swelling.

Gastrointestinal: Positive for abdominal pain, nausea and vomiting. Negative for blood in stool and diarrhea.

Genitourinary: Negative for difficulty urinating, dysuria, flank pain and urgency.

Musculoskeletal: Negative for back pain, myalgias and neck pain.

Skin: Negative for rash and wound.

Neurological: Negative for dizziness, seizures and headaches.

Psychiatric/Behavioral: Negative for agitation and behavioral problems.

All other systems reviewed and are negative.

ALLERGIES

Allergies

Allergen

- Tramadol
- Sudafed [Pseudoephedrine Hcl]

Reactions

Rash
Palpitations

MEDICATIONS

No current facility-administered medications on file prior to encounter.

Current Outpatient Medications on File Prior to Encounter

Medication	Sig	Dispense	Refill
• omeprazole (PriLOSEC) 40 mg capsule	TAKE 1 CAPSULE(40 MG) BY MOUTH 1 TIME EACH DAY	30 capsule	0
• promethazine (PHENERGAN) 25 mg tablet	Take 1 tablet (25 mg total) by mouth every 6 (six) hours if needed for nausea or vomiting for up to 7 doses.	30 tablet	0

Patient History

PMH

Past Medical History:

Diagnosis

- Exercise intolerance
METS >4; able to walk up stairs without SOB/cp
- Postoperative nausea and vomiting

Date

03/17/2023

PSH

11/20/2024 - ED in Bailey Medical Center Emergency Room (continued)

ED Provider Note (continued)

Past Surgical History:

Procedure	Laterality	Date
• CESAREAN SECTION x3		
• LAPAROSCOPIC CHOLECYSTECTOMY <i>robotic diagnostic lap, cholecystectomy; Dr. Eugene Dickens</i>		03/20/2023
• PR LAP, DIAGNOSTIC ABDOMEN <i>Procedure: ROBOTIC CHOLECYSTECTOMY; Surgeon: Eugene O Dickens, MD; Location: HMC Main OR; Service: General</i>	N/A	03/20/2023
• TUBAL LIGATION		

FH

No family history on file.

SH

Social History

Tobacco Use

- Smoking status: Every Day
Current packs/day: 1.00
Types: Cigarettes
- Smokeless tobacco: Never

Vaping Use

- Vaping status: Never Used

Substance Use Topics

- Alcohol use: Not Currently
- Drug use: Yes
Types: Marijuana, Marijuana (inhaled), Medical
Comment: occasional for pain

EXAM

Physical Exam

ED Triage Vitals [11/20/24 2229]

Temp	Heart Rate	Resp	BP	SpO2
37 °C (98.6 °F)	98	16	(l) 155/98	100 %

Temp Source	Heart Rate Source	Patient Position	BP Location	FiO2 (%)
Oral	Monitor	Lying	Left arm	--

Vitals:

11/20/24 2229
BP: (l) 155/98
BP Location: Left arm
Patient Position: Lying
Pulse: 98
Resp: 16
Temp: 37 °C (98.6 °F)
TempSrc: Oral

11/20/2024 - ED in Bailey Medical Center Emergency Room (continued)

ED Provider Note (continued)

SpO2: 100%
Weight: 91.6 kg (202 lb)
Height: 1.6 m (5' 3")

Physical Exam

Vitals and nursing note reviewed.

Constitutional:

General: She is not in acute distress.
Appearance: She is well-developed.

HENT:

Head: Normocephalic and atraumatic.
Nose: Nose normal.

Eyes:

Conjunctiva/sclera: Conjunctivae normal.
Pupils: Pupils are equal, round, and reactive to light.

Cardiovascular:

Rate and Rhythm: Normal rate and regular rhythm.
Heart sounds: Normal heart sounds.

Pulmonary:

Effort: Pulmonary effort is normal. No respiratory distress.
Breath sounds: Normal breath sounds.

Abdominal:

General: Bowel sounds are normal.
Palpations: Abdomen is soft.
Tenderness: There is generalized abdominal tenderness and tenderness in the epigastric area.

Musculoskeletal:

General: Normal range of motion.
Cervical back: Normal range of motion and neck supple.

Skin:

General: Skin is warm and dry.
Capillary Refill: Capillary refill takes less than 2 seconds.

Neurological:

Mental Status: She is alert and oriented to person, place, and time.
Cranial Nerves: No cranial nerve deficit.
Coordination: Coordination normal.

LABS

Labs Reviewed
CBC WITH AUTO DIFFERENTIAL
COMPREHENSIVE METABOLIC PANEL
LIPASE
URINE PREGNANCY
URINALYSIS MACRO WITH REFLEX TO MICRO AND
CULTURE

ECG

No orders to display

IMAGING

No orders to display

11/20/2024 - ED In Bailey Medical Center Emergency Room (continued)

ED Provider Note (continued)

PROCEDURES

Procedures

MDM

Diagnostic considerations and differential diagnoses: **Patient here with the abdominal pain which is most likely secondary to Ozempic. Her labs are unremarkable except for a mild hypokalemia which was supplemented in the ER. Her CT shows no acute process. Discussed all results with the patient. She assumed that the abdominal pain was from the Ozempic but just wanted to make sure. We will discharge home follow up with primary care doctor. Stop Ozempic until further instructions from provider. Patient discharged in stable condition**

I have reviewed external: **PDMP**

Review of PDMP: **No activity 2024**

Independent interpretations: **Labs and radiology**

Review of current labs: **lab tests review details documented in ED course..**

Review of current radiology: **. Radiology tests review details documented in ED course.**

I have reviewed nursing notes related to past medical history, social history, and review of systems and agree, unless otherwise noted.

Considered but not performed:

escalation of care Considered but not clinically indicated

ED COURSE AND IMPRESSION

Clinical Impressions as of 11/21/24 0107

Pain of upper abdomen

ED Prescriptions

None

Bailey Medical Center
10502 N 110TH E AVE
OWASSO OK 74055-6636

Cory, Natashua Kaye
MRN: DOB: Legal Sex: F
Adm: 11/20/2024, D/C: 11/21/2024

11/20/2024 - ED in Bailey Medical Center Emergency Room (continued)

ED Provider Note (continued)

Carol N Azadi, DO
11/25/24 0038

Carol N Azadi, DO
11/25/24 0038

Electronically signed by Carol N Azadi, DO at 11/25/2024 12:38 AM

ED Notes

ED Triage Notes by Alyson Kastler, RN at 11/20/2024 2221

Author: Alyson Kastler, RN	Service: —	Author Type: Registered Nurse
Filed: 11/20/2024 10:26 PM	Date of Service: 11/20/2024 10:21 PM	Status: Signed
Editor: Alyson Kastler, RN (Registered Nurse)		

ED Triage Note

Pt complaints of abdominal pain for a year, but worse this last month. Pt states she has been in bed sick with it the last few weeks. Pt is taking Ozempic. Pt states she has been having "rotten egg burps" for the last two weeks. Pt states she vomiting compact food yesterday.

Electronically signed by:
Alyson Kastler, RN
11/20/24
10:21 PM

Electronically signed by Alyson Kastler, RN at 11/20/2024 10:26 PM

ED Triage Notes by Alyson Kastler, RN at 11/20/2024 2226

Author: Alyson Kastler, RN	Service: —	Author Type: Registered Nurse
Filed: 11/20/2024 10:43 PM	Date of Service: 11/20/2024 10:26 PM	Status: Incomplete
Editor: Alyson Kastler, RN (Registered Nurse)		

ED Triage Note

Electronically signed by:
Alyson Kastler, RN
11/20/24
10:26 PM

03/11/2023 - ED in Bailey Medical Center Emergency Room (continued)

Medication List (continued)

famotidine (PEPCID) 20 mg tablet

Discontinued by: Jody Lackey, RN
Reason for discontinuation: Therapy completed
Instructions: Take 1 tablet (20 mg total) by mouth 2 (two) times per day.
Authorized by: Kelsey Cook, PA-C
Start date: 2/2/2023
Action: Patient not taking
Refill: No refills remaining

Discontinued on: 3/17/2023
Ordered on: 2/2/2023
End date: 3/17/2023
Quantity: 30 tablet

HYDROcodone-acetaminophen (NORCO) 5-325 mg per tablet

Discontinued by: Jody Lackey, RN
Reason for discontinuation: Therapy completed
Instructions: Take 1 tablet by mouth every 6 (six) hours if needed for moderate pain (4-6).
Authorized by: Kevin Kierl, MD
Start date: 2/9/2023
Action: Patient not taking
Refill: No refills remaining

Discontinued on: 3/17/2023
Ordered on: 2/9/2023
End date: 3/17/2023
Quantity: 12 tablet

omeprazole (PriLOSEC) 40 mg capsule

Discontinued by: Kishore Vippera, MD
Instructions: Take 1 capsule (40 mg total) by mouth 1 (one) time each day.
Authorized by: Kishore Vippera, MD
Start date: 3/10/2023
Quantity: 30 capsule

Discontinued on: 4/17/2023
Ordered on: 3/10/2023
End date: 4/17/2023
Refill: No refills remaining

dicyclomine (BENTYL) 20 mg tablet

Discontinued by: Jody Lackey, RN
Reason for discontinuation: Therapy completed
Instructions: Take 1 tablet (20 mg total) by mouth 2 (two) times per day.
Authorized by: Daniel J Dittus, DO
Start date: 3/12/2023
Quantity: 20 tablet

Discontinued on: 3/17/2023
Ordered on: 3/12/2023
End date: 3/17/2023
Refill: No refills remaining

Stopped in Visit

None

ED Provider Note

ED Provider Notes by Daniel J Dittus, DO at 3/11/2023 2237

Author: Daniel J Dittus, DO
Filed: 3/12/2023 6:38 AM
Editor: Daniel J Dittus, DO (Physician)

Service: —
Date of Service: 3/11/2023 10:37 PM

Author Type: Physician
Status: Signed

EMERGENCY DEPARTMENT ENCOUNTER

CHIEF COMPLAINT

Chief Complaint

Patient presents with

- Abdominal Pain

HPI

Natashua Kaye Cory is a 43 y.o. female who presents 43-year-old female presents today chief complaint abdominal

03/11/2023 - ED in Bailey Medical Center Emergency Room (continued)

ED Provider Note (continued)

burning and pain. Patient has had this pain for the last 6 weeks. She has been seen multiple times at multiple emergency departments has had multiple CT scans all of which showed no acute findings. Her labs have been grossly unremarkable as well. She was seen by gastroenterologist yesterday and prescribed a bowel prep due to concerns for constipation. She took the bowel prep today describes some burning and cramping of her abdomen.

REVIEW OF SYSTEMS

Pertinent positives and negatives above otherwise 10 systems reviewed and negative. Mental status alert Nursing notes reviewed and agree. Vital signs x4 reviewed.

PAST MEDICAL HISTORY

History reviewed. No pertinent past medical history.

SURGICAL HISTORY

Past Surgical History:

Procedure	Laterality	Date
• CESAREAN SECTION x3		
• TUBAL LIGATION		

CURRENT MEDICATIONS

No current facility-administered medications for this encounter.

Current Outpatient Medications:

- dexamethasone (DECADRON) 4 mg/mL injection, 2 mL (8 mg total). (Patient not taking: Reported on 3/10/2023), Disp: , Rfl:
- dicyclomine (BENTYL) 20 mg tablet, Take 1 tablet (20 mg total) by mouth 2 (two) times per day., Disp: 20 tablet, Rfl: 0
- famotidine (PEPCID) 20 mg tablet, Take 1 tablet (20 mg total) by mouth 2 (two) times per day. (Patient not taking: Reported on 3/10/2023), Disp: 30 tablet, Rfl: 0
- HYDROcodone-acetaminophen (NORCO) 5-325 mg per tablet, Take 1 tablet by mouth every 6 (six) hours if needed for moderate pain (4-6). (Patient not taking: Reported on 3/10/2023), Disp: 12 tablet, Rfl: 0
- omeprazole (PriLOSEC) 40 mg capsule, Take 1 capsule (40 mg total) by mouth 1 (one) time each day., Disp: 30 capsule, Rfl: 0

ALLERGIES

Allergies

Allergen

- Sudafed [Pseudoephedrine Hcl]

Reactions

Palpitations

FAMILY HISTORY

History reviewed. No pertinent family history.

SOCIAL HISTORY

Social History

Socioeconomic History

- Marital status: Single
- Spouse name: None
- Number of children: None
- Years of education: None

03/11/2023 - ED in Bailey Medical Center Emergency Room (continued)

ED Provider Note (continued)

- Highest education level: None
- Tobacco Use**
 - Smoking status: Every Day
 - Packs/day: 1.00
 - Types: Cigarettes
 - Smokeless tobacco: Never
- Substance and Sexual Activity**
 - Alcohol use: Not Currently
 - Drug use: Yes
 - Types: Marijuana
 - Sexual activity: Defer

PHYSICAL EXAM

VITAL SIGNS: BP 119/77 | Pulse 58 | Temp 36.9 °C (98.4 °F) (Oral) | Resp 16 | Ht 1.6 m (5' 3") | Wt 99.8 kg (220 lb) | SpO2 100% | BMI 38.97 kg/m²

Constitutional: alert and awake, non-toxic appearance.

Eyes: conjunctiva normal, PERLA

HENT: Normocephalic, atraumatic, external ears normal, nose without discharge, oropharynx moist.

Neck: Supple, no nuchal rigidity

Respiratory: No respiratory distress, normal breath sounds.

Cardiovascular: regular rate, regular rhythm, s1, s2, no murmur

GI: Abdomen nondistended, soft and nontender, no rebound or guarding, BS present

GU: No CVA or flank pain, bladder nondistended

Musculoskeletal: Normal and painless ROM in upper and lower extremities

Extremities: No LE edema. DP/PT pulses palpable bilaterally +2/2, cap refill <3 sec

Psychiatric: Patient is acting appropriate for the situation

Integument: Warm and dry.

Neurologic: Alert with no focal deficits.

Medications

GI Cocktail 45 mL (45 mL oral Given 3/11/23 2331)

Labs Reviewed

RAINBOW DRAW

Narrative:

The following orders were created for panel order Rainbow draw.

Procedure

Abnormality Status

Red Top[1031300443]

Final result

Light Green Top[1031300445]

Final result

Lavender Top[1031300447]

Final result

03/11/2023 - ED In Bailey Medical Center Emergency Room (continued)

ED Provider Note (continued)

Lavender Top[1031300449]

Final result

Light Blue Top[1041479587]

Final result

*Please view results for these tests on
the individual orders.*

RED TOP

Result	Value
Extra Tube	Yes

LIGHT GREEN TOP

Extra Tube	Yes
------------	-----

LAVENDER TOP

Extra Tube	Yes
------------	-----

LAVENDER TOP

Extra Tube	Yes
------------	-----

LIGHT BLUE TOP

Extra Tube	Yes
------------	-----

No orders to display

ED COURSE & MEDICAL DECISION MAKING

Diagnostic considerations and differential diagnoses: **Abdomen soft minimally tender to palpation generalized. No peritoneal signs nonacute abdomen on physical exam. Vitals are stable. Patient is very frustrated because she wants to know what is causing the burning sensation. She has had multiple CT scans that have all been negative for acute findings. She has been seen by gastroenterology as well and prescribed a bowel prep. I told her that the bowel prep could cause the cramping sensation that she is feeling. I offered lab work-up and CT scanning however the patient has declined this and stated that this is already been worked up and does not want to further incur medical bills and radiation exposure. We did attempt a GI cocktail for symptomatic relief however this did not relieve her symptoms. I offered prescription for Bentyl and close outpatient follow-up with GI provider as she will likely need colonoscopy and endoscopy for further evaluation of unclear cause of abdominal pain. Patient agrees and is okay with this plan. Will discharge in stable condition with instruction to returning if her symptoms worsen.**

I have reviewed external: **Notes and CT**
Problems addressed this encounter:

Stable Chronic illness or injury affecting care

I have reviewed nursing notes related to past medical history, social history, and review of systems and agree, unless otherwise noted.

Bailey Medical Center
10502 N 110TH E AVE
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Cory, Natashua Kaye
MRN: , DOB: , Legal Sex: F
Adm: 3/11/2023, D/C: 3/12/2023

03/11/2023 - ED in Bailey Medical Center Emergency Room (continued)

ED Provider Note (continued)

Medication-related risks:

Prescription drugs considered, but OTC drugs felt to be most beneficial for patient's condition.

Prescription drug management: Patient's prescription medications reviewed, and changes made.

Treatment: Treatment options presented to patient. My professional recommendations were provided. The patient's values and preferences were considered. Shared decision making used to make final decision regarding hospitalization.

Procedures

Clinical Impressions as of 03/12/23 0635

Generalized abdominal pain

CLINICAL IMPRESSION

1. Generalized abdominal pain

Daniel J Dittus, DO

03/12/23 0638

Electronically signed by Daniel J Dittus, DO at 3/12/2023 6:38 AM

ED Notes

ED Triage Notes by David M Woods, RN at 3/11/2023 2248

Author: David M Woods, RN

Service: —

Author Type: Registered Nurse

Filed: 3/11/2023 10:50 PM

Date of Service: 3/11/2023 10:48 PM

Status: Signed

Editor: David M Woods, RN (Registered Nurse)

ED Triage Note

chronic epigastric pain x 1 month. was given colon prep today to help with constipation, denies nausea, afebrile

Electronically signed by:

David M Woods, RN

03/11/23

10:48 PM

Electronically signed by David M Woods, RN at 3/11/2023 10:50 PM

Clinical Notes

Bailey Medical Center
10502 N 110TH E AVE
OWASSO OK 74055-6636

Cory, Natashua Kaye
MRN: , DOB: Legal Sex: F
Adm: 3/11/2023, D/C: 3/12/2023

03/11/2023 - ED in Bailey Medical Center Emergency Room (continued)

Clinical Notes (continued)

Discharge Instructions

Daniel J Dittus, DO at 3/12/2023 0010

Author: Daniel J Dittus, DO Service: — Author Type: Physician
Filed: 3/12/2023 12:10 AM Date of Service: 3/12/2023 12:10 AM Status: Written
Editor: Daniel J Dittus, DO (Physician)

Please follow up with your primary care provider in 1-2 days. Please return to the emergency department for any acute, sudden, or concerning changes in your symptoms. Please also return to the emergency department for any specific changes in your symptoms as discussed with you by your provider prior to discharge. If you are without a primary care provider please seek a primary care provider. Below you will find several options for follow up, but more are available in the community.

Utica Park Clinic
Multiple Locations 918-579-DOCS

Morton Clinic
603 E. Pine St. Tulsa, OK 918-587-2171

OU Family Clinic
1111 S. St. Louis Ave Tulsa, OK 918-619-4600

Bedlam Clinic
1111 S. St. Louis Ave Tulsa, OK 918-619-4555

Electronically signed by Daniel J Dittus, DO at 3/12/2023 12:10 AM

Discharge Instructions

Cory, Natashua Kaye (MRN 0000003263)

Date	Status	User	User Type	Discharge Note
03/12/23 0010	Updated	Daniel J Dittus, DO	Physician	Original

Notes:

Please follow up with your primary care provider in 1-2 days. Please return to the emergency department for any acute, sudden, or concerning changes in your symptoms. Please also return to the emergency department for any specific changes in your symptoms as discussed with you by your provider prior to discharge. If you are without a primary care provider please seek a primary care provider. Below you will find several options for follow up, but more are available in the community.

Utica Park Clinic
Multiple Locations 918-579-DOCS

Morton Clinic
603 E. Pine St. Tulsa, OK 918-587-2171

OU Family Clinic
1111 S. St. Louis Ave Tulsa, OK 918-619-4600

Bedlam Clinic
1111 S. St. Louis Ave Tulsa, OK 918-619-4555

Utica Bell III Building
1809 E 13TH ST
TULSA OK 74104-4419

Cory, Natashua Kaye
MRN: DOB:
Visit date: 4/6/2023

Legal Sex: F

04/06/2023 - Office Visit in UPC Utica Bell General Surgery

Reason for Visit

Chief complaint: Post-op
Visit diagnosis: Abdominal pain, right upper quadrant

Visit Information

Provider Information

Encounter Provider

Eugene O Dickens, MD

Authorizing Provider

Eugene O Dickens, MD

Department

Name	Address	Phone	Fax
UPC Utica Bell General Surgery	1809 E 13TH ST, STE 400 Tulsa OK 74104-4431	918-599-8200	918-579-2559

Level of Service

Level of Service

PR POST-OP FOLLOW-UP VISIT

Medication List

Medication List

Ⓢ This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

omeprazole (PriLOSEC) 40 mg capsule

Discontinued by: Kishore Vippera, MD	Discontinued on: 4/17/2023
Instructions: Take 1 capsule (40 mg total) by mouth 1 (one) time each day.	
Authorized by: Kishore Vippera, MD	Ordered on: 3/10/2023
Start date: 3/10/2023	End date: 4/17/2023
Quantity: 30 capsule	Refill: No refills remaining

meloxicam (Mobic) 15 mg tablet

Instructions: Take 1 tablet (15 mg total) by mouth 1 (one) time each day. Please START taking the day BEFORE surgery	
Authorized by: Eugene O Dickens, MD	Ordered on: 3/17/2023
Start date: 3/17/2023	End date: 4/16/2023
Quantity: 30 tablet	Refill: No refills remaining

promethazine (PHENERGAN) 25 mg tablet

Instructions: Take 1 tablet (25 mg total) by mouth every 6 (six) hours if needed for nausea or vomiting for up to 7 doses.	
Authorized by: Eugene O Dickens, MD	Ordered on: 3/17/2023
Start date: 3/17/2023	Quantity: 30 tablet
Refill: No refills remaining	

Stopped in Visit

None



Clinical Notes

Progress Notes

Eugene O Dickens, MD at 4/6/2023 0945

Author: Eugene O Dickens, MD	Service: —	Author Type: Physician
Filed: 4/6/2023 3:53 PM	Encounter Date: 4/6/2023	Status: Signed
Editor: Eugene O Dickens, MD (Physician)		

Utića Bell III Building
1809 E 13TH ST
TULSA OK 74104-4419

Cory, Natashua Kaye
MRN: DOB: Legal Sex: F
Visit date: 4/6/2023

04/06/2023 - Office Visit In UPC Utića Bell General Surgery (continued)

Clinical Notes (continued)

GENERAL SURGERY

Natashua Kaye Cory

April 6, 2023

Subjective

Patient states she is doing fine. Patient said she came out of this surgery with a lot of pain and didn't have pain from her other surgeries. Patient said she has a umbilical hernia. Patient said she was yelling and screaming at the lady in recovery. Patient said she doesn't feel any better, but she knew she poss couldn't have any change. Patient has sharp pains off and on. Patient saw GI and was given her medication.

The patient is status post robotic cholecystectomy performed on 03/20/23.
Pain is controlled without any medications. Patient is eating well.

Objective

Physical Exam:

There were no vitals taken for this visit.

Constitutional: healthy

Abdomen: soft, bowel sounds active, non-tender, no abnormal masses, no hernias noted

Incision(s): healing well with no s/s of infection.

Tenderness at incision site: none

Assessment/Plan

Doing well status post cholecystectomy. The patient may resume activities as tolerated. Patient told they can do whatever they want as long as it doesn't hurt while doing it. Discussed what was found and done in surgery. Patient told I didn't even feel the umbilical hernia. Patient told we will leave it alone until it starts to bother her. Discussed and reviewed CT scan results and films from 2/8/23 with patient. Patient told that she needs to give this repair for a total of 6 weeks before she loses hope with this not helping. Patient told to call back in 2 weeks and if she isn't better, then we will get her into GI, then get a EGD. Patient said her insurance runs out the 30th of this month.

Discharge with the following activity restrictions:

Return to full duty as tolerated.

Return to clinic prn.

I personally performed the services described in this documentation on 4/6/2023. It is accurate and complete.
Scribed by Delores Hale, RMA. Signed by Eugene O Dickens, MD on 4/6/2023.

Eugene Dickens, MD

Utica Bell Ift Building
1809 E 13TH ST
TULSA OK 74104-4419

Cory, Natashua Kaye
MRN: , DOB: , Legal Sex: F
Visit date: 3/17/2023

03/17/2023 - Telephone in UPC Utica Bell General Surgery (continued)

Clinical Notes (continued)

Madalyn Davidson at 3/17/2023 1326

Author: Madalyn Davidson
Filed: 3/17/2023 1:27 PM
Editor: Madalyn Davidson

Service: —
Encounter Date: 3/17/2023

Author Type: —
Status: Signed

Patient is calling because she was told her surgery was going to be scheduled for Monday and she wants to know if that is still being scheduled. Please call her back at 918-857-2535.

Electronically signed by Madalyn Davidson at 3/17/2023 1:27 PM

Delores J Hale, MA at 3/17/2023 1343

Author: Delores J Hale, MA
Filed: 3/17/2023 1:43 PM
Editor: Delores J Hale, MA (Medical Assistant)

Service: —
Encounter Date: 3/17/2023

Author Type: Medical Assistant
Status: Signed

Patient is scheduled for surgery on 3/20/23. Patient notified that all information will be sent to her email.
djh

Electronically signed by Delores J Hale, MA at 3/17/2023 1:43 PM

Discharge Instructions

Cory, Natashua Kaye)

None

Resultable Orders

No orders found for this encounter

All Results

No results found for this encounter

All Non-Resultable Orders

No orders found for this encounter

Communication Tracking

Calls/Messages

Phone (Incoming) on 3/17/2023 1326

Caller name: Cory, Natashua Kaye

Relation: Self

Phone number: _____

Comment: Surgery

Phone (Outgoing) on 3/17/2023 1343

Caller name: Cory, Natashua Kaye

Relation: Self

Phone number: _____

Utica Bell III Building
1809 E 13TH ST
TULSA OK 74104-4419

Cory, Natashua Kaye
MRN: , DOB: , Legal Sex: F
Visit date: 3/16/2023

03/16/2023 - Office Visit in UPC Utica Bell General Surgery (continued)

Medication List (continued)

Reason for discontinuation: Therapy completed
Instructions: Take 1 tablet (20 mg total) by mouth 2 (two) times per day.
Authorized by: Daniel J Dittus, DO
Start date: 3/12/2023
Quantity: 20 tablet
Ordered on: 3/12/2023
End date: 3/17/2023
Refill: No refills remaining

Stopped in Visit

None

Clinical Notes

Progress Notes

Eugene O Dickens, MD at 3/16/2023 1100

Author: Eugene O Dickens, MD	Service: —	Author Type: Physician
Filed: 3/16/2023 5:57 PM	Encounter Date: 3/16/2023	Status: Signed
Editor: Eugene O Dickens, MD (Physician)		

HISTORY AND PHYSICAL

3/16/2023

REASON FOR CONSULT: Pelvis mass

REQUESTING PROVIDER: Charlene Hoover, APRN

HPI:

Natashua Kaye Cory is a 43 y.o. female who presents with intra-abdominal and pelvic swelling, mass and lump. Patient states she has abd pain since last year. Patient states she is so frustrated with everything. She said she has had 5 CT scans. Patient told that she has a adrenal mass and ovarian cyst. Patient is numb down here since her C-section. Patient said that they had issues putting her back together and almost did a hysterectomy. Patient told she was told she was constipated and they gave her medication for it, then we went to the ER. Patient said the medication cleaned her out. Patient states her abd was burning and swelling. Patient states she had an issue with peeing and only could pee a little bit several times a day. Patient states all this came on Feb. 2. Patient states she will lay in bed and cry because of the pain. Patient states she also has pain in her back.

No past medical history on file.

Past Surgical History:

Procedure

- CESAREAN SECTION
x3
- TUBAL LIGATION

Laterality

Date

No family history on file.

Social History

Socioeconomic History

- Marital status: Single

Utica Bell III Building
1809 E 13TH ST
TULSA OK 74104-4419

Cory, Natashua Kaye
MRN: , DOB: 1 , Legal Sex: F
Visit date: 3/16/2023

03/16/2023 - Office Visit in UPC Utica Bell General Surgery (continued)

Clinical Notes (continued)

Review of Systems

Constitutional: Negative. Negative for appetite change, fever and unexpected weight change.

HENT: Negative. Negative for trouble swallowing.

Eyes: Negative.

Respiratory: Negative. Negative for cough and shortness of breath.

Cardiovascular: Negative. Negative for chest pain and palpitations.

Gastrointestinal: Positive for abdominal distention, abdominal pain and constipation. Negative for anal bleeding, blood in stool, diarrhea, nausea and vomiting.

Endocrine: Negative.

Genitourinary: Negative. Negative for difficulty urinating.

Musculoskeletal: Positive for back pain.

Skin: Negative.

Allergic/Immunologic: Negative.

Neurological: Negative.

Hematological: Negative. Does not bruise/bleed easily.

Psychiatric/Behavioral: Negative. The patient is not nervous/anxious.

PHYSICAL EXAMINATION:

PHYSICAL EXAM

GENERAL: Well developed, well nourished appearing in no acute distress. Alert and oriented.

HEENT: Atraumatic, normocephalic. EOMI. PERRL. There is no scleral icterus. Mucous membranes are pink and moist.

NECK: Supple, no JVD. No LAD. Trachea midline.

CARDIOVASCULAR: Regular rate. No neck distention.

LUNGS: Equal excursion with good effort. No audible wheezing.

ABDOMEN: Soft, non-distended. No masses. No hernias. No hepatosplenomegaly. Mild epigastric tenderness to palpation. Scars noted.

EXTREMITIES: Warm and dry. No cyanosis, clubbing or open wounds noted.

NEUROLOGIC: No gross motor deficits. Cranial nerves appear intact.

SKIN: Warm and dry without open wounds.

PSYCH: Normal affect and mood. Appropriate behavior for situation.

LABORATORY DATA:

No results found for this or any previous visit (from the past 24 hour(s)).

RADIOLOGY DATA:

X-ray abd done on 2/24/23: FINDINGS: No bowel obstruction. Moderate colonic stool. No definite organomegaly or pathologic calcifications. Calcific densities in the pelvis consistent with vascular phleboliths.

03/16/2023 - Office Visit in UPC Utica Bell General Surgery (continued)

Clinical Notes (continued)

IMPRESSION:

Nonobstructive bowel with moderate colonic stool. Correlate clinically for constipation.

CT scan of abd/pelvis done on 2/8/23: FINDINGS:

Intimal dependent atelectasis. Tiny hiatal hernia. Mild hepatomegaly. Gallbladder, pancreas, spleen and right adrenal gland are unremarkable. 2 cm left adrenal nodule indeterminate attenuation on this postcontrast exam.

Kidneys enhance symmetrically. No definite renal calculi. No hydronephrosis. No solid renal mass. No perinephric fluid collection.

No AAA. No abdominal or pelvic adenopathy.

No bowel obstruction. Mild sigmoid colon diverticulosis, without evidence of acute diverticulitis. The appendix is clearly identified and unremarkable on this exam. No free fluid or free air.

Uterus, adnexa and urinary bladder unremarkable.

No acute osseous abnormality.

IMPRESSION:

No acute inflammatory process is identified in the abdomen or pelvis on today's exam.

Mild sigmoid colon diverticulosis, without evidence of acute diverticulitis.

Mild hepatosplenomegaly.

Indeterminate left adrenal nodule. This can be further evaluated with nonemergent adrenal CT or MRI protocol.

Ultrasound of abd done on 2/2/23: FINDINGS:

LIVER: The liver is mildly echogenic. No hepatic mass, intrahepatic biliary ductal dilatation, or contour irregularity.

GALLBLADDER: Positive sonographic Murphy's sign. No gallstones or sludge. The gallbladder is contracted with normal wall thickness of 3 mm.

COMMON BILE DUCT: Normal in size, measuring 3 mm.

PANCREAS: No mass or peripancreatic fluid collection.

IMPRESSION:

1. Contracted gallbladder without gallstones. There is however a positive sonographic Murphy's sign. Mild or developing acute cholecystitis cannot be excluded.

2. Mild hepatic steatosis/fatty liver.

ASSESSMENT:

Utica Bell Iri Building
1809 E 13TH ST
TULSA OK 74104-4419

Cory, Natashua Kaye
MRN: , DOB: , Legal Sex: F
Visit date: 3/16/2023

03/16/2023 - Office Visit in UPC Utica Bell General Surgery (continued)

Clinical Notes (continued)

Right upper quadrant pain
Distended gallbladder with Murphy's sign

PLAN:

Patient has symptoms consistent with cholecystitis. Her initial US showed a contracted gallbladder with positive sonographic Murphy's sign. I would recommend removal.

Robotic diagnostic laparoscopy poss cholecystectomy poss open

The risks, benefits, indications, and alternatives were discussed with the patient and attendant family. All questions were answered. Information booklet was reviewed. We will proceed to the operating room at this time.

Discussed and reviewed ultrasound and CT scan results with patient. Patient told that the nodule on the adrenal gland and that is ok. Patient told that she has an ovarian cyst. Patient told that she could have decreased renal function due to all the CT scans done. Discussed and reviewed lab results. Patient told that I think this is due to her gallbladder. Patient told that she does have a contracted gallbladder and positive Murphy sign on ultrasound. Patient told that we can order a HIDA scan to check the function of the gallbladder. Patient told that the HIDA is not going to change my mind what I am going to do. Patient wants to have the gallbladder removed. Patient told we can remove the gallbladder, but it might not help with her symptoms. Patient told that if she isn't better after the gallbladder is removed then we will send her to GI to have a scope done.

I personally performed the services described in this documentation on 03/16/23. It is accurate and complete. Scribed by Delores Hale, RMA. Signed by Eugene Dickens, MD on 03/16/23.

Eugene O. Dickens, MD, FACS

Electronically signed by Eugene O Dickens, MD at 3/16/2023 5:57 PM

Flowsheets

Custom Formula Data

Row Name 03/16/23 1120

Relevant Labs and Vitals

Temp (in Celsius) 36.2 -SN at 03/16/23
1131

Encounter Vitals

Row Name 03/16/23 1120

Encounter Vitals

Temp 36.2 °C (97.2 °F) -
SN at 03/16/23 1131
Weight 101 kg (223 lb 6.4
oz) -SN at 03/16/23
1131

User Key

(r) = Recorded By, (t) = Taken By, (c) = Cosigned By

Initials	Name	Provider Type	Discipline
SN	Stefanie D Nissen, MA	Medical Assistant	—

03/20/2023 - Admission (Discharged) In HMC Main Operating Room (continued)

Clinical Notes (continued)

Electronically signed by Lisa Gentry, RN at 3/20/2023 4:38 PM

Op Note

Eugene O Dickens, MD at 3/20/2023 1600

Author: Eugene O Dickens, MD
Filed: 3/20/2023 4:09 PM
Editor: Eugene O Dickens, MD (Physician)

Service: General Surgery
Date of Service: 3/20/2023 4:00 PM

Author Type: Physician
Status: Signed

Operative Report

PROCEDURE:

1. Diagnostic laparoscopy
2. Robotic cholecystectomy with ICG fluorescence imaging

PRE-OP DIAGNOSIS:

1. Abdominal pain

POST-OP DIAGNOSIS:

1. SAME
2. Chronic cholecystitis

Surgeon: Eugene O Dickens, MD

1st Assist: Ian DeSpain, CSFA assisted with every portion of the procedure from patient positioning, maintenance of sterile procedure, retracting and exposing tissue planes, placement of trocars and closing of incisions, and application of dressings.

J. Belini, MD, PGY-1

OR Staff:

Circulator: Courtney D Stites, RN
Scrub Person: Shyanne Downing, CST
Certified Surgical First Assist: Ian J Despain

Anesthesia:

General

Findings:

Adhesions covering 20% of surface of GB. Critical view of safety obtained and confirmed with fluorescence imaging. No other pathologic findings in upper abdomen. Cystic duct and artery clipped and divided in standard fashion. Gallbladder removed without incident from the umbilical trocar site. Fascia closed with Vicryl suture. No additional pathology identified.



03/20/2023 - Admission (Discharged) in HMC Main Operating Room (continued)

Clinical Notes (continued)

Procedure Details:

DESCRIPTION OF PROCEDURE: After obtaining informed consent, the patient was brought to the operating room and placed supine on the operating table. A general anesthetic was administered, and an oral airway was placed. The patient's abdomen was then clipped, prepped, and draped in standard fashion.

A supraumbilical skin incision was made after the administration of local anesthetic. A pneumoperitoneum was established using a 5mm optical trocar with active insufflation under direct vision. The robotic trocars and the assist port were then placed under direct vision. The robot was docked and I transitioned to the console.

The dome of the gallbladder was grasped by the assistant. It was lifted anteriorly and cephalad. The infundibular region of the gallbladder was grasped. Adhesions were carefully taken down with hook electrocautery. The peritoneum overlying the junction of the gallbladder with the cystic duct was scored sharply with the hook electrocautery. The cystic duct and artery were isolated circumferentially. The critical view was obtained. This anatomy was confirmed using near field fluorescence imaging. The cystic duct and artery were clipped and divided. Hook electrocautery was then used to dissect the gallbladder free from the liver bed. The right upper quadrant was inspected. It was made hemostatic. The clips were then reinspected and found to be intact. There was no evidence of bile leak under white light as well as under fluorescence inspection. Satisfied, we proceeded with closure.

The robot was undocked. The gallbladder was removed within an endopouch at the umbilicus. The fascia was closed using Vicryl suture and the Weck Efx shield device. The abdomen was deflated. The trocars were removed. The gallbladder was passed off the table for permanent sectioning. The incisions were then closed in layers.

The patient tolerated the procedure well. Sponge and needle counts were correct at the end of case. The patient was extubated in the operating room and transferred to the recovery room in good condition.

Estimated Blood Loss: 10 ml

Drains: None

Specimens: Gallbladder

Implants: None

Complications: None

Disposition: PACU - hemodynamically stable.



Eugene O Dickens, MD
Phone Number: 918-599-8200
Utica Park Clinic

03/20/2023 - Admission (Discharged) in HMC Main Operating Room (continued)

Case 7897079

Surgery Information

General Information

Date: 3/20/2023 Time: 1600 Status: Posted
Location: HMC Main OR Room: OR 06 Service: General
Patient class: Hospital Outpatient Surgery Case classification:

Diagnosis Information

Diagnosis

Right upper quadrant pain

Panel Information

Panel 1

Surgeon	Role	Service	Start Time	End Time	
Eugene O Dickens, MD	Primary	General	1548	1608	
Procedure: ROBOTIC CHOLECYSTECTOMY [49320 (CPT®)]					
Laterality	Wound Class	Incision Closure	Anesthesia	Op Region	Length
N/A	Clean	Deep and Superficial Layers	General		50

ROBOTIC CHOLECYSTECTOMY (N/A) - Position 1

Body: **Supine** Left Arm: **Extended** Right **Extended**
Sheet Draw, Strap Armboard, Strap Safety Arm:
Safety, Pink Pad Armboard, Strap Safety
Positioning System
Head: **Aligned** Left Leg: **Straight** Right **Straight**
Pillow Leg:
Positioned by: **Courtney D Stites, RN** Comments:
Ian J Despain
Steve Sharp, SRNA

Case Completion Information

Incision Site	Laterality	Dressings
Abdomen DERMABOND		

Case Completion - Additional Information

Pre-op diagnosis

Right upper quadrant pain [R10.11]

Post-op diagnosis

None

Verification Information

Staff Member	Date	Time
Courtney D Stites, RN	3/20/2023	4:28 PM

Timeouts

Courtney D Stites, RN at Mon Mar 20, 2023 1547 CDT

Timeout Details

Timeout type: Immediate

Procedures

Panel 1: ROBOTIC ASSISTED ABDOMEN PERITONEUM AND OMENTUM DIAGNOSTIC POSSIBLE
CHOLECYSTECTOMY POSS OPEN with Eugene O Dickens, MD

Timeout Questions

03/20/2023 - Admission (Discharged) in HMC Main Operating Room (continued)

Case 7897079 (continued)

Correct patient? Yes
Correct site? Yes
Correct side? N/A
Correct procedure? Yes
Antibiotics ordered and given? Yes
Is there risk of high blood loss? Yes
Is the anesthesia safety checklist complete? Yes
Have surgical team concerns been reviewed? Yes
Have all team members been introduced? Yes
Has the surgeon reviewed the critical steps? Yes
Has the anesthesiologist reviewed the patient? Yes
Has the nursing team reviewed the sterility? Yes
Have all new equipment problems been addressed? Yes
Radiology images and results available? N/A

Signing History

Staff	Performed	Signed
Courtney D Stites, RN	Mon Mar 20, 2023 1547 CDT	Mon Mar 20, 2023 1550 CDT

Courtney D Stites, RN at Mon Mar 20, 2023 1523 CDT

Timeout Details

Timeout type: Sign-in

Timeout Questions

Correct site? Yes
Correct procedure? Yes
Site marked? N/A
Consents verified? Yes
Allergies reviewed? Yes
Is there a pulse oximeter on the patient? Yes
Does the patient have a difficult airway for intubation? No
Is there risk of high blood loss? No
Is documentation verified? Yes
Patient verification methods? Wristband, Patient Confirmed

Signing History

Staff	Performed	Signed
Courtney D Stites, RN	Mon Mar 20, 2023 1523 CDT	Mon Mar 20, 2023 1614 CDT

Courtney D Stites, RN at Mon Mar 20, 2023 1600 CDT

Timeout Details

Timeout type: Sign-out

Timeout Questions

Are counts correct? Yes
Have specimens been labeled? Yes
Have all new equipment problems been addressed? No
Have all recovery issues been reviewed? Yes

Signing History

Staff	Performed	Signed
Courtney D Stites, RN	Mon Mar 20, 2023 1600 CDT	Mon Mar 20, 2023 1613 CDT

03/20/2023 - Admission (Discharged) in HMC Main Operating Room (continued)

Case 7897079 (continued)

Courtney D Stites, RN at Mon Mar 20, 2023 1547 CDT

Timeout Details

Timeout type: Fire Safety

Procedures

Panel 1: ROBOTIC CHOLECYSTECTOMY with Eugene O Dickens, MD

Signing History

Staff	Performed	Signed
Courtney D Stites, RN	Mon Mar 20, 2023 1547 CDT	Mon Mar 20, 2023 1614 CDT

Clinical Documentation

Case Tracking Events

Event	Time In
In Facility	1141
In Preprocedure	1145
Preprocedure Complete	1356
Anesthesia Start	1523
In Room	1523
Anesthesia Ready	1532
Case Start	1548
Case Finish	1620
Out of Room	1628
In Recovery	1630
Anesthesia Stop	1633
Recovery Care Complete	1735
Out of Recovery	1735
In Phase II	1745
Phase II Care Complete	1813
Out of Phase II	1813
Procedural Care Complete	1815

Event Tracking

Panel 1

Event	Time In
Incision Start	
Incision Close	
Procedure : ROBOTIC CHOLECYSTECTOMY	
Event	Time In
Procedure Start	1548
Procedure End	1620

Patient Preparation

Site Prep

Area	Laterality	Scrub	Paint	Hair Removal
Abdomen		Chloraprep	None	None

Skin Condition

Skin Site	Condition	Comments
Grounding	Warm, Dry, Intact	
Operative	Warm, Dry, Intact	

Specimens

ID	Source	Type	Tests	Collected By	Collected At	Fro	Prio	Lab ID
----	--------	------	-------	--------------	--------------	-----	------	--------

03/20/2023 - Admission (Discharged) in HMC Main Operating Room (continued)

Case 7897079 (continued)

						zen	rity
						?	
A	Abdomen	Tissue	• TISSUE EXAM	Eugene O Dickens, MD	3/20/23 1608		23RM- 079R0 340

Description: GALLBLADDER

Post-op Skin Information

Skin Site	Condition
Grounding Operative surgical incision	Warm, Dry, Intact

Counts by Panel

Panel 1

Type	Which?	Correct ?	X-Ray?	MD Notified?	Counted By	Verified By
Safety Sponges	Initial				Shyanne Downing, CST	Courtney D Stites, RN
Safety Sponges	Closing	Yes			Shyanne Downing, CST	Courtney D Stites, RN
Safety Sponges	Final	Yes			Shyanne Downing, CST	Courtney D Stites, RN
Needles/Sharps	Initial				Shyanne Downing, CST	Courtney D Stites, RN
Needles/Sharps	Closing	Yes			Shyanne Downing, CST	Courtney D Stites, RN
Needles/Sharps	Final	Yes			Shyanne Downing, CST	Courtney D Stites, RN

Panel 1 Combined Pick List

Medications	Amount	Open	PRN	Total
bupivacaine 0.25%-EPINEPHrine (MARCAINE w/ EPI) injection	30 mL	1	0	1
indocyanine green (IC-GREEN) injection 25 mg	5 mg	0	1	1
thrombin topical solution 5,000 units	5,000 Units	0	1	1

All Results - Lab (continued)

ALT:	17 U/L (Range: 0 - 55)	AST:	15 U/L (Range: 5 - 34)
Albumin:	3.8 g/dL (Range: 3.5 - 5.2)	Alkaline Phosphatase:	70 U/L (Range: 40 - 150)
Anion Gap:	5 meq/L (Range: 5 - 13)	Anion Gap, Corrected:	7 meq/L (Range: 5 - 13) Corrected for Albumin less than 4.5
BUN:	13 mg/dL (Range: 7 - 19)	Billrubin, Total:	0.3 mg/dL (Range: 0.2 - 1.2)
CO2:	26 meq/L (Range: 22 - 29)	Calcium:	9.0 mg/dL (Range: 8.4 - 10.2)
Chloride:	107 meq/L (Range: 98 - 107)	Creatinine:	0.70 mg/dL (Range: 0.57 - 1.11)
Estimated GFR:	110 mL/min/1.73m2 (Range: >=60) Calculated using the CKD-EPI Creatinine Equation (2021)	Glucose:	109 mg/dL (Range: 65 - 130)
Potassium:	4.3 meq/L (Range: 3.4 - 4.4)	Sodium:	138 meq/L (Range: 136 - 145)
Total Protein:	7.0 g/dL (Range: 6.4 - 8.3)		

All Reviewers List

Eugene O Dickens, MD on 3/28/2023 10:15

All Results - Pathology and Cytology

Tissue Exam [1044110286]

Resulted: 03/20/23 1608, Result status: Final result

Ordering provider: Eugene O Dickens, MD 03/20/23 1608

Resulting lab: LABCORP OKLAHOMA

Specimen Information

ID	Type	Source	Collected On
A	Tissue	Abdomen	03/20/23 1608

Components

Component	Value	Reference Range	Flag	Lab
Surgical Path	FOOTNOTE	—	—	LCO

Comment:
 Cory, Natashua Kaye
 Accession Collected Date Received Date
 SH-23-0035224 03/20/2023 16:08 03/21/2023 07:55
 Surgical Pathology Report

Diagnosis
 Gallbladder, cholecystectomy -
 chronic cholecystitis; cholesterolosis. (K80.10)
 David Y Kim, D.O. Pathologist (Electronic Signature)

DYK 03/22/2023 Pathology Laboratory Associates, Inc.
 Performing Location: 4142 S Mingo Rd., Tulsa, OK, 74146
 Pathology Laboratory Associates, Inc. CLIA# 37D2031514
 Please direct all questions regarding these results to your provider.
 Our pathologists are unable to offer recommendations or advice with respect to treatment or prognosis. The ordering provider will take family history, pre-existing or coexisting conditions and current therapy into consideration when planning comprehensive patient care.
 Comment

All Results - Pathology and Cytology (continued)

Please review and confirm the provided ICD-10 codes prior to billing.
 Microscopic Examination
 Microscopic examination of the tissue section has been performed.
 Gross Examination
 Received in formalin and labeled with the patient's name and "gallbladder"
 Integrity: Intact
 Size: 6.2 x 2.5 x 2.0 cm
 Serosa: Tan-pink, smooth, glistening
 Lymph node identified: No
 Cystic duct: Patent
 Mucosa: Tan-green, velvety with a moderate amount of yellow stippling
 Wall thickness: 0.2 cm
 Contents: Green-brown viscous bile
 Cassette summary: Representative sections to include the cystic duct margin are submitted in one cassette for microscopic examination.
 Grossing performed at: PLA Central Lab, 4142 S Mingo Rd., Tulsa, OK
 KAH/KAH
 Specimen
 Gallbladder
 Pertinent History
 Right upper quadrant pain

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
16 - LCO	LABCORP OKLAHOMA	Unknown	4144 South Mingo Rd Tulsa OK 74146	11/03/22 1127 - Present

Indications

Right upper quadrant pain [R10.11 (ICD-10-CM)]

Measurements

Surgical Path: FOOTNOTE
 Cory, Natashua Kaye
 Accession Collected Date
 Received Date
 SH-23-0035224 03/20/2023
 16:08 03/21/2023 07:55
 Surgical Pathology
 Report
 Diagnosis
 Gallbladder, cholecystectomy -
 chronic cholecystitis;
 cholesterolosis. (K80.10)
 David Y Kim, D.O. Pathologist
 (Electronic Signature)

DYK 03/22/2023 Pathology
 Laboratory Associates, Inc.
 Performing Location: 4142 S
 Mingo Rd., Tulsa, OK, 74146
 Pathology Laboratory Associates,
 Inc. CLIA# 37D2031514
 Please direct all questions
 regarding these results to your
 provider.
 Our pathologists are unable to

All Results - Pathology and Cytology (continued)

offer recommendations or advice with respect to treatment or prognosis. The ordering provider will take family history, pre-existing or coexisting conditions and current therapy into consideration when planning comprehensive patient care.
Comment
Please review and confirm the provided ICD-10 codes prior to billing.
Microscopic Examination
Microscopic examination of the tissue section has been performed.
Gross Examination
Received in formalin and labeled with the patient's name and "gallbladder"
Integrity: Intact
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Tulsa,
OK
KAH/KAH
Specimen
Gallbladder
Pertinent History
Right upper quadrant pain

All Reviewers List

Eugene O Dickens, MD on 3/28/2023 10:15

All Non-Resultable Orders - Admission

Hospital Outpatient Surgery Status [1044042787]

Electronically signed by: **Eugene O Dickens, MD on 04/06/23 1623**

Status: **Completed**

Mode: Ordering in Verbal with readback mode

Ordering user: Delores J Hale, MA 03/17/23 1429

Ordering provider: Eugene O Dickens, MD

Frequency: Once 03/20/23 1344 - 1 occurrence

Released by: Rebecca Kilmer, RN 03/20/23 1343

Acknowledged: Rebecca Kilmer, RN 03/20/23 1343 for Placing Order

Updates