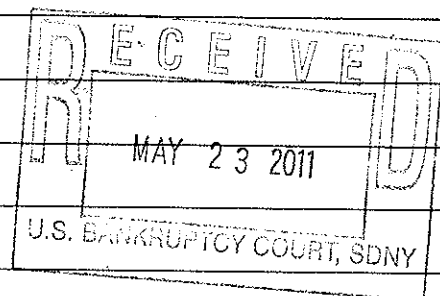


United States Bankruptcy Court  
Southern District of New York:

Chapter 11 Case No. 09-50026 (REG)

Please take note, I started  
employment with General Motors  
on 10-5-66 at the age of 18. I  
worked maintenance and worked  
rebuilding furnaces. Because of  
that work I was diagnosed with  
asbestosis on 3-25-02. On 3-25-02  
I was working at Indy Metal Fab  
340 White River Pkwy. Indianapolis,  
In.

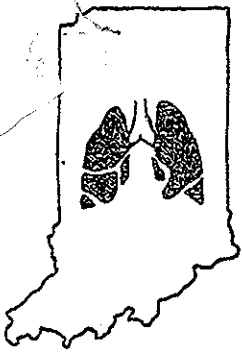
Melvin Pete Johnson  
~~Melvin Pete Johnson~~  
317-272-3240  
8405 Heathermor Ct.  
Avon, In. 46123  
5-16-2011







# Respiratory & Critical Care Consultants



## FAX COVER SHEET

L. J. Bortenschlager, M.D.  
 Michael J. Buran, M.D.  
 Kevin T. Helms, M.D.  
 Deanne T. Kashiwagi, M.D.  
 Regis G. Lagler, M.D.  
 Patrick F. McGulligan, M.D.  
 Chris C. Naum, M.D.  
 Michael R. Niemeler, M.D.  
 James D. Pike, D.O.  
 Michael C. Reader, M.D.  
 John M. Reynolds, M.D.  
 Steven E. Sommer, M.D.  
 Bradley M. Sutter, M.D.  
 Robert W. Weller, M.D.  
 Gary P. Zologa, M.D.

DATE: 3-27-02 TIME: \_\_\_\_\_ PAGE: 1 OF 2

TO: Leslie FAX# 267-0572

FROM: Dr Reynolds/Dennis FAX# 962-3916

PHONE# 962-5820

Methodist Professional Center  
 1801 N. Senate Blvd, Suite 230  
 Indianapolis, IN 46202  
 317.962.5820 fax 962.3916

Thomas Y. Sullivan, M.D.  
 Karl L. Yang, M.D.

MESSAGE/INSTRUCTIONS: Patient Melvin Johnson

Sleep Disorders Center  
 1633 North Capitol, Suite 809  
 Indianapolis, IN 46202  
 317.962.1422 fax 962.8703

Ronald P. Burwinkel, M.D.  
 John A. Warden, M.D.

Eagle Highlands  
 6920 Parkdale Place, Suite 215  
 Indianapolis, IN 46254  
 317.328.6635 fax 328.6640

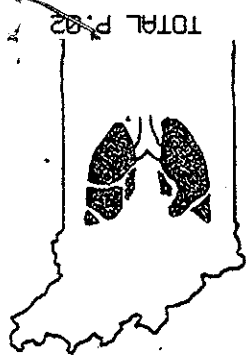
Doli E. Biondillo, M.D.  
 David B. Cook, M.D.  
 Joseph D. Kern, M.D.  
 David E. Miller, M.D.  
 Michael I. Shapiro, M.D.  
 Robert A. Strawbridge, M.D.

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St. Vincent 86<sup>th</sup> Street  
 8424 Noab Road, Suite 1E  
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 317.872.5591 fax 876.9273

Eric L. DeWeese, M.D.

Hendricks Community Hospital  
 112 Hospital La, Suite 303  
 Donville, IN 46122  
 317.716.4000 fax 716.4005



# Respiratory & Critical Care Consultants

## AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION

Melvin Johnson  
Patient's Name

1716 Bellflower Ct.  
Patient's Address

12-12-47  
Patient's Date of Birth

272-3240  
Patient's Telephone Number

- L. J. Bortenschlager, M.D.
- Michael J. Buran, M.D.
- Kevin T. Helms, M.D.
- Deanne T. Kashiwagi, M.D.
- Regis G. Lagler, M.D.
- Patrick F. McQuillan, M.D.
- Chris C. Naum, M.D.
- Michael R. Niemeier, M.D.
- Michael C. Reeder, M.D.
- John M. Reynolds, M.D.
- Steven E. Sommer, M.D.
- Bradley M. Suffer, M.D.
- Robert W. Weller, M.D.
- Gary P. Zaloga, M.D.

The undersigned hereby authorizes Respiratory & Critical Care Consultants P.C. to release the following portions of the medical records of the above-named patient:

Doctors Diagnosis  
Entire medical record for period of \_\_\_\_\_ to \_\_\_\_\_

\_\_\_\_\_ The following specific portions of the medical record:  
\_\_\_\_\_ for the period of \_\_\_\_\_ to \_\_\_\_\_

Methodist Professional Center  
1801 N. Senate Blvd. Suite 230  
Indianapolis, IN 46202  
317.929.5820 fax 929.3916

The medical record is needed for the following purpose:

For my records & I will give a copy to my work.  
(State general purpose or intended use of the medical record)

Thomas V. Sullivan, M.D.  
Karl L. Yang, M.D.

I understand that I may REVOKE this release at any time, in writing, but the request shall remain valid until revoked or upon the expiration of sixty (60) days, whichever occurs first, EXCEPT to the extent that action has been taken thereon. I also understand that this release may include medical records of treatment for physical and/or emotional illness, including treatment of alcohol or drug abuse. I also understand that HIV, AIDS, or AIDS-related information may also be released.

Sleep Disorders Center  
1653 North Capitol, Suite 809  
Indianapolis, IN 46202  
317.929.1422 fax 929.8703

M.P. Johnson  
Signature (designated by law)

3-27-02  
Date of Signature

Ronald P. Burwinkel, M.D.  
James D. Pike, D.O.  
John A. Warden, M.D.

Relationship (if other than patient)

Witness

Eagle Highlands  
6920 Parkdale Place, Suite 215  
Indianapolis, IN 46254  
317.328.6635 fax 328.6640

MR 999 (Revised 8/01)

Released by \_\_\_\_\_ Date \_\_\_\_\_

Release to: M.P. Johnson  
Fax to 267-0572  
Attn: Leslie

Doll E. Blondillo, M.D.  
David B. Cook, M.D.  
Joseph D. Kern, M.D.  
David E. Miller, M.D.  
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