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MDProspects Reporting System

Clinic: Kerry Solomon, M.D. Report Name: July 2013 LVC report Type: Detailed Leads Report Frequency: Summary Date Range: Jul 1, 2013 - Jul 31, 2013 Generated on: Jan 8, 2014 9:45:23 AM Email Data: Download Filter (Categories) : LVC

PRINT

DETAILED LEADS REPORT

	DATE	FORM	LEAD NAME	STATUS		DATA
	07/31/2013 03:08 PM	Contact Us Form	Lauren Beck Ibeck5488@gmail.com	Lead	Contact Firstname:	Lauren
			ibeono 400 e ginali.com		Contact Lastname:	Beck
					Contact Address:	508 Jungle Road
					Contact City	: Edisto beach
1	COMMENTS	1 09/16/20 keriboga	013 11:29 AM emailed patient on 8/1 and today In		Contact State:	SC
					Contact Zip:	29438
					Contact Email:	lbeck5488@gmail.com
	TASKS				Question Comment:	Hi, n I am wondering what the cost is for lasik ey e surgery. Thank you. nnL. Beck
		Manual	LINDSEY MATHIAS LINDSEY	Consultation	Name: L	INDSEY MATHIAS
	02:33 PM	Form	33MATHIAS@CARDIANLMAIL.CVA.EDU		Fname: L	INDSEY
					Lname: N	MATHIAS
						33MATHIAS@CARDIANLMAIL.CVA.EDU
						1741 ARCO LANE
	COMMENTS	1 07/31/20	013 02:37 PM MOM TO CONSIDER FINANCING OPTIO		•	29418 N. CHAS
2	COMMENTS	crissy	CALL WHEN READY TO SCH. CSMILLIE			SC
					Phone: 8	343-303-4460
					Cell Phone:	
	TASKS					12.20.1992
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	07/31/2013	Manual	ANDREW GALLO ANDREW	Post	Name:	ANDREW GALLO
	02:28 PM	Form	ANDREW.J.GALLO@GMAIL.COM	Treatment	Fname:	ANDREW
					Lname:	GALLO
					Dob: Email:	ANDREW.J.GALLO@GMAIL.COM
					Address:	1300 APPLING DRIVE APT 207
2					Zip:	29464
3					City:	MT PLEASANT
					State:	SC
	COMMENTS				Phone:	518-316-0057
					Cell:	
					Other: Cell Phone:	
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ck l	Here to upg	rade to	PDF Complete.			Lead Name: Assigned: Ref Id: Lead Date:	4post 0	
4	07/31/2013 02:24 PM	Manual Form	ELIZABETH JOHNSON BJOHNSON29472@GN		Not a Candidate	Name: Fname: Lname: Dob: Email: Address: Zip: City: State:	ELIZABI JOHNSO 07/12/19 BJOHNS	ON 964 SON29472@GMAIL.COM JUGUSTA HIGHWAY
•	COMMENTS					Phone: Cell: Other: Cell Phone: Other Phone: Lead Name: Assigned: Ref Id:		-3592
	07/31/2013 05:30 AM	Schedule Appointment	Francis Talbot talbotfd@gmail.com		Post Treatment	Name: Age: Address: City State Zip: Hear About		ea Palms Crescent asant, SC 29464
5	COMMENTS	1 07/31/20 clarissa	013 01:42 PM Email sent			Us: Procedure Interested In: Contact Via: Comments:	l work o the mon	verseas, but will be home f th of September and would chedule an appoint p otenti
	TASKS					Formmail Mail Email:	followed	l by a lasik procedure. @gmail.com
6	07/30/2013 09:18 PM	Schedule Appointment	Donna Timko donna.timko2012@gma	iil.com	Lead	Name: Age: Address: City State Zip Hear About U Procedure Int In: Contact Via:	s:	Donna Timko 42 103 Thousand Oaks Cir Goose Creek, SC 29445 Google Search Iasik Email
	TASKS					Formmail Mai Phone: Special Offers Option:		donna.timko2012@gmail. (843) 817-6207 on
	07/30/2013 01:34 PM	Manual Form	RONALD CROWLEY R MLCROWLEY2@GMAI		Consultation	Name: Fname: Lname:	RONALI CROWL	EY
7	COMMENTS	1 07/30/20 keriboga	AFTER LUBRIC/ THIS BC HE MU CARPENTER AN	COME BACK FOR REPE ATING. HE DID NOT SCI IST TALK TO BOSS. HE ND HIS SCHEDULE IS H TED IN PROCEEDING. IIS SCHEDULE.	HEDULE S A ECTIC.	Email: Address: Zip: City: State:	MLCRO	WLEY2@GMAIL.COM

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	01:32 PM	Form	MAKT SIXTIAN MAKT MSKAHAN7@GMAIL.C		Consultation	Name: Fname: Lname: Email:	MARY SKAHAN MARY SKAHAN MSKAHAN7@GMAIL.COM
8	COMMENTS	1 07/30/20 keriboga	L 013 01:33 PM PATIENT WOUL an CREDIT DONE H HOME AND CAL	HERE, SO SHE IS DOI		Address: Zip: City: State: Phone: Cell Phone: Dob:	03/02/1987
	07/30/2013 01:30 PM	Manual Form	BETHANY KATTENHO KATTENHORN.1@GMA		Lead	Other Phone: Name: Fname: Lname:	BETHANY KATTENHORN BETHANY KATTENHORN
9	COMMENTS					Email: Address: Zip: City: State: Phone:	KATTENHORN.1@GMAIL.COM
	TASKS					Cell Phone: Dob: Other Phone:	12/13/1984
10	07/30/2013 01:28 PM	Manual Form	BRITTANY HAUN BRIT BRITTANYHAUN@GM/		Post Treatment	Name: Fname: Lname: Email: Address: Zip:	BRITTANY HAUN BRITTANY HAUN BRITTANYHAUN@GMAIL.COM
10	COMMENTS		1			City: State: Phone:	843-754-5125
	TASKS					Cell Phone: Dob: Other Phone:	09/30/1986
	07/30/2013 10:22 AM	Manual Form	Carolyn Lake Carolyn		Not a Candidate	Name: Fname: Lname:	Carolyn Lake Carolyn Lake
11	COMMENTS	1 07/30/20 clarissa	college - COST E	n't afford "Kerry's" price BARRIER - was referre - (Stated Dr. Solomon	d to Dr. Brian	Email: Address: Zip: City: State: Phone: Cell Phone:	1532 Holly Point Road 29407 Charleston SC
	TASKS					Dob:	(803) 924-8328
	07/29/2013	Schedule	Randall Sandin		Treatment	Name:	Randall Sandin
12	10:09 PM	Appointment	rsandin@carolinaone.co)m		Age:	44

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13	07/29/2013 09:57 AM	Schedule Appointment	Dan DeWald dewald01@comcast.net		Lead	Name: Age: Address: City State Zip: Hear About Us Procedure Interested In:	67 287 SC 2	
	COMMENTS TASKS					Contact Via: Comments: Formmail Mail Email: Phone: Special Offers Option:	Lasi it do dew	k need to know if I can have
14	07/26/2013 01:40 PM	Manual Form	KYLE ROBESON KYLE kyle@beaconappraisallll	lc.com	Post Treatment	Fname:ILname:IDob:IEmail:IAddress:IZip:ICity:I	KYLE ROI KYLE ROBESOI 03/26/198 kyle@bea 1400 CEC 29407 CHARLES SC	N 1 conappraisaIIIIc.com SILIA DR
	COMMENTS				1	Phone: 8 Cell: Other: Cell Phone: Other Phone: Lead Name: 4 Assigned:	843 412 5 4post	391
	07/24/2013 05:31 PM	Manual Form	Jennifer Frasier Jennifer jenfrasier@hotmail.com		Lead	Name:	1588 Jennifer F Jennifer Frasier	rasier @hotmail.com
15	COMMENTS	keriboga	L D13 01:44 PM followed up via en an D13 05:33 PM NO SHOW - Left email sent		reschedule -	Address: Zip: 2 City: 1 State: 5 Phone: (Cell Phone:		ool House Road asant -2780
16	07/24/2013 05:13 PM	Manual Form	Brendan Jones Brendan brj4f@virginia.edu		Post Treatment	Fname: E	Brendan J Brendan Jones	
						Address:	brj4f@virg 1481 Cent 1608	inia.edu ter Street Extension Unit

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17	07/24/2013 03:16 PM COMMENTS	keriboga	Crystal Cox Crystal crystal.cox96@gmail.co 013 02:11 PM emailed to follow an 013 03:17 PM Left message for	v up	Lead	Name: Fname: Lname: Email: Address: Zip: City: State: Phone: Cell Phone: Dob:	Crystal Cox Crystal Cox crystal.cox96@gmail.com 134 Cesar Drive 29440 Georgetown SC (843) 543-0070 10/4/1988
	TASKS					Other Phone:	
	07/24/2013 02:33 PM	Manual Form	Guri Sandhu Guri		Lead	Name: Fname: Lname: Email:	Guri Sandhu Guri Sandhu
8	COMMENTS	1 07/24/20 clarissa	I 13 02:41 PM Here for new cor to know if he wa	ntact lens prescription and s a candidate - Yes for AS		Address: Zip: City: State: Phone:	1148 Barfield Street 29492 Charleston SC
	TASKS					Cell Phone: Dob: Other Phone:	(803) 290-2559 12/8/1968
	07/24/2013 02:26 PM	Manual Form	Scott Love Scott scott@sdlprivateadviso	rs.com	Not a Candidate	Name: Fname: Lname: Dob: Email: Address: Zip:	Scott Love Scott Love 4/28/1964 scott@sdlprivateadvisors.com 30 Carolina Street 29403
9	COMMENTS	1 07/24/20 clarissa		TE OS - Too much Cylinde o discuss poss. ICL, LRI th		City: State: Phone: Cell: Other: Cell Phone: Other Phone:	Charleston SC (843) 224-2065
	TASKS					Lead Name: Assigned: Ref Id:	
20	07/24/2013 01:24 PM	Manual Form	Daren Wolfe Daren dwolfe@holycityhospita	lity.com	Lead	Name: Fname: Lname: Email:	Daren Wolfe Daren Wolfe dwolfe@holycityhospitality.com
20	COMMENTS	keriboga	013 01:40 PM followed up via e an 013 01:26 PM Consult CANCE states "can't do i	LLED - Called pt. to resch	edule - pt.	Address: Zip: City:	431 Harrods Lane 29412 Charleston

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	07/24/2013 01:13 PM		Cynthia Kline Cynthia southcarolinagirl13@ya	hoo.com	Not a Candidate	Name: Fname: Lname: Email: Address:	Cynthia Kline Cynthia Kline southcarolinagirl13@yahoo.com 1659 Wading Heron Drive
21	COMMENTS	1 07/24/20 clarissa	013 01:15 PM NON-CANDIDAT RLE with RESTC	E for LASIK - Spoke with R - COST BARRIER	Kim about	Zip: City: State: Phone: Cell Phone:	29412 Charleston SC (843) 425-7127
	TASKS					Dob: Other Phone	6/6/1959
	07/24/2013 10:31 AM	Manual Form	Debra Rourk Debra		Lead	Name: Fname: Lname:	Debra Rourk Debra Rourk
22	COMMENTS	clarissa		h pt. COST BARRIER - h olomon about 10 years a at this time - don't have ir	go - can't	Email: Address: Zip: City: State: Phone:	(2.12) 100 0000
	TASKS					Cell Phone: Dob: Other Phone:	(843) 482-0290 1/3/1952
	07/24/2013 10:27 AM	Manual Form	Kimberly Greene Kimbe	rly	Lead	Name: Fname: Lname:	Kimberly Greene Kimberly Greene
23	COMMENTS	clarissa	13 04:01 PM Left message to 13 10:28 AM called pt she w available		when	Email: Address: Zip: City: State: Phone: Coll Bhone:	(803) 979-7577
	TASKS					Dob: Other Phone:	
	07/24/2013 09:48 AM	Manual Form	Christian Roller Christia reevesroller@yahoo.cor		Post Treatment	Name: Fname: Lname: Email:	Christian Roller Christian Roller reevesroller@yahoo.com
24	COMMENTS	1 07/24/20 clarissa	13 09:49 AM Procedure sched	luled		Address: Zip: City: State: Phone:	1141 Island View Drive 29464 Mount Pleasant SC
	TASKS					Cell Phone: Dob: Other Phone:	(843) 345-4380 2/26/1993 : (866) 469-6899

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25	COMMENTS	1 09/16/20 keriboga	013 02:17 PM followed up via e			Glasses And Contacts: What Is Your A Interested In Seeing Well Up Close Without Glasses: Do You Wear Contact Lense Glasses: Improve If You Become Less Dependent On Glasses Conta	wear glasses for activities such as sports age: 21 - 40 It is very important to me NOT to wear reading gla sses. Glasses s Or Yes
	TASKS					Willing To Disc Risks With Coordinator:	
	07/23/2013 04:50 PM	Manual Form	MICHELLE JUNGA-MU MJUNGA@LIVE.COM	IRPHY MICHELLE	Post Treatment	Fname: I Lname: C Dob: C Email: I	MICHELLE JUNGA-MURPHY MICHELLE JUNGA-MURPHY 02/03/1986 MJUNGA@LIVE.COM 1437 OAKLANDING ROAD
26	COMMENTS	1 07/23/20 crissy	MONDAY. WILL CALL BACK TO	FOR CC. STARTING NE DISCUSS WITH EMPLO SCH. MAY HAEV TO CO CHRISTMAS HOLIDAY.	YER AND	Zip: 2 City: 1 State: 5	29464 MT PLEASANT SC 586-863-2953
	TASKS					Lead Name: Assigned: Ref Id:	1 lead 1573
	07/23/2013 03:56 PM	Manual Form	PAMELA SAUNDERS F waterworks_us@yahoo		Lead	Fname: F Lname: S Email: N	PAMELA SAUNDERS PAMELA SAUNDERS waterworks_us@yahoo.com 301 HUNTLEY DRIVE
27	COMMENTS	1 09/16/20 keriboga	013 01:46 PM emailed 9/16 an			City: C State: S Phone: 8 Cell Phone:	29407 CHARLESTON SC 343 952 6618
						Dob: 0 Other Phone:	03/09/1963
28	07/23/2013 03:50 PM	Manual Form	CURTIS PEAGLER CU FXSTSHD88@AOL.CC		Post Treatment	Fname:OLname:FDob:OEmail:FAddress:SZip:2	CURTIS PEAGLER CURTIS PEAGLER 09/11/71 FXSTSHD88@AOL.COM 529 PEAGLER FARM LANE 29472 RIDGEVILLE

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20	07/23/2013 10:57 AM	Manual Form	KIMBERLY KNIGHT KIN KIMBERLYANNKNIGHT		Post Treatment	Name: Fname: Lname: Dob: Email: Address: Zip: City: State:	KIMBERLY KNIGHT KIMBERLY KNIGHT 07/05/81 KIMBERLYANNKNIGHT@GMAIL.COM 102 TEA FARM WAY 29492 CHAS SC
29						Phone: Cell: Other: Cell Phone: Other	843-412-4040
	IASKS					Phone: Lead Name: Assigned: Ref Id:	1lead 9504
	07/23/2013	Manual	BRENT SUTTLES BRE		Cancelled	Name:	BRENT SUTTLES
	10:52 AM	Form	BWSUTTLES@CHARL			Fname: Lname: Email:	BRENT SUTTLES BWSUTTLES@CHARLESTONLAW.EDU 1225 BOONE HILL RD APT 13
30	COMMENTS	1 07/24/20 clarissa	appointment for t	ork - cancelled measurem oday - will call back - spo r this Friday cancelled		Zip: City: State:	29483 SUMMERVILLE SC 864-419-3193
	TASKS					Dob: Other Phone:	11/29/85
	07/22/2013 01:32 PM	Manual Form	JULIEN SEMANCHUK JULIEN.SEMANCHUK @		Post Treatment	Name: Fname: Lname: Email: Address:	JULIEN SEMANCHUK JULIEN SEMANCHUK JULIEN.SEMANCHUK@GMAIL.COM 569 SCHOONER RD
31	COMMENTS	1 07/24/20 clarissa	D13 10:37 AM Pt. took info/Care	Credit - wants to think it	over	Zip: City: State: Phone: Cell Phone:	29412 CHARLESTON SC 843 789 9112
	TASKS					Dob: Other Phone	06/17/1983 9:
32	07/21/2013 03:33 PM	LASIK Self Evaluation Test	Kara Webb kara.webb50@yahoo.cc	 om	Lead	Test Name: Test Phone: Test Email:	Kara Webb 662-213-3798 kara.webb50@yahoo.com

ick H	Compl Compl are to upg tod Pages	rade to	Your complimentary use period has ended. Thank you for using PDF Complete.			Do You Have Trouble Seeir Sports Withou Glasses And Contacts: What Is Your	 It is very important to me NOT to wear glasses for activities such as sports Age: 21 - 40
	TASKS					Interested In Seeing Well L Close Withou Glasses: Do You Wear Contact Lens Glasses: Improve If Yo	t Glasses es Or
						Become Less Dependent O Glasses Cont Willing To Dis Risks With Coordinator:	s n racts:
33	07/21/2013 06:00 AM	Schedule Appointment	DERRELL RAY derrellrar@aol.com		Lead	Name: Age: Address: City State Zip Hear About Us: Procedure Interested In: Contact Via:	DERRELL RAY 69 310 EASR LIBERTY ST. SAVANNAH GA. 31401 Google Search cataract Both
	COMMENTS					Comments: Formmail Mai Email: Phone: Special Offers Option:	I WOULD LIKE AN APPT. MONDAY AM. I WILL BE STAYING CLOSE TO YOUR OFFICE IN MT PLEASANT S C il derrellrar@aol.com 6786972503 s on
	07/19/2013 01:35 PM	Manual Form	SYLIVIA MAJEWSKI SY	YLIVIA	Consultation	Name: Fname: Lname: Email:	SYLIVIA MAJEWSKI SYLIVIA MAJEWSKI
34	COMMENTS	1 07/19/20 crissy	I 013 01:35 PM CARE CREDIT A CALL BACK TO 3		L S, PT WILL	Address: Zip: City: State: Phone:	1428 BLOOMINGDALE LANE 29466 MT PLEASANT SC 843-388-7982
	TASKS					Cell Phone: Dob: Other Phone:	03/05/77
35	07/19/2013 01:32 PM	Manual Form	ZACHARY HOLLIFIELD HOLLIFIELD@MUSC.E		Evaluation	Fname: Lname: Email: Address:	ZACHARY HOLLIFIELD ZACHARY HOLLIFIELD HOLLIFIELD@MUSC.EDU 2520 ATLANTIC PALMS LANE APT 1018 29406
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1	01:31 PM	Form		R MATTHEW	Not a Candidate	Name:	MATTHEW	/ WEISNILLER
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36	COMMENTS					Zip: City:	29466 Mount Plea	acant
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	07/19/2013 01:28 PM	Manual Form	KYLE WELD KYLE		Consultation	Name:	KYLE WEI	_D
			KiWELD22@GMAIL.CC	JM		Fname: Lname:	KYLE WELD	
						Email:	KiWELD22	@GMAIL.COM
	COMMENTS	1 07/19/20	I 013 01:29 PM Just purchased §	9 mos of contacts. Will che	eck on return	Address: Zip:		ORD CIRCLE
37		crissy	policy and if deci back to schedule	ides to proceed with LASI	K will call	City:	29485 SUMMER	/ILLE
			Dack to schedule	5.		State:	SC	
						Phone: Cell Phone:	561-578-3	505
	TASKS					Dob:	04/10/89	
						Other Phone:		
	07/19/2013	Schedule	Alexis Gordon		Lead	Name:		Alexis Gordon
	01:21 PM	Appointment		n		Age:		21
						Address:		2109 Shadow Ferry Drive
~~						City State Zip Hear About U		Charleston SC 29414 Radio
38	COMMENTS					Procedure Int		
						Contact Via: Formmail Ma	il Email:	Phone Igordon_91@yahoo.com
	TASKS					Phone:	ii Eillall.	843-302-1794
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	07/18/2013	Contact Us	Barbara kennley		Not a	Contact	Barbar	а
	07:24 PM	Form	Barbara.kennley@att.ne	et	Candidate	Firstname:		
						Contact Lastname:	kennle	У
						Contact	7622 li	reland drive
						Address: Contact City:	north c	harleston
39	COMMENTS					Contact State		
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	TASKS					Contact Emai Mailing List:		a.kennley@att.net dd my address to your
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	07/18/2013	LASIK Self	Chase Mardy		Lead	Toot Name:	0	haaa Mardu
	03:50 PM	Evaluation	Chase Mordy chase.mordy@gmail.co	m	2000	Test Name: Test Phone:	C	hase Mordy
40		Test			I	Test Email:	ch	nase.mordy@gmail.com

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	TASKS					Lead Name: Assigned: Ref Id:		1lead 0
	07/17/2013 03:41 PM	Manual Form	DENISE COBB DENISI DENISE.COBB18@YAI		Post Treatment	Name: Fname: Lname: Email: Address:	DENISE DENISE COBB DENISE PO BOX	.COBB18@YAHOO.COM
41	COMMENTS	1 07/17/20 crissy		WITH EMPLOYER DATE AND CALL BACK WHEN F STRUCTION AND TEARS	READY TO	Zip: City: State: Phone: Cell Phone:	29485 SUMME SC 803-309	RVILLE
	TASKS					Dob: Other Phone:	07/17/19	973
	07/17/2013 12:32 PM	Manual Form	ABBIE HERNS ABBIE aehabbie@yahoo.com		Evaluation	Name: Fname: Lname:	ABBIE H ABBIE HERNS	IERNS
42	COMMENTS	crissy	CSMILLIE 013 12:33 PM CONSIDERING UNTIL CHRISTM	UIRE STABILITY CHECK SX DATE OF 8/1 OR WIL MAS BREAK. WILL DISCU CALL BACK WHEN REA	L WAIT JSS WITH	Email: Address: Zip: City: State: Phone: Cell Phone:		
	TASKS					Dob: Other Phone:	07/10/19	993
43	07/17/2013 12:30 PM	Manual Form	DALE GRIFFIN DALE DALEGRIFFIN32@GM	AIL.COM	Not a Candidate	Name: Fname: Lname: Email: Address: Zip:	-	
40	COMMENTS		1		I	City: State: Phone:	MT PLE SC 843-714	
	TASKS					Cell Phone: Dob: Other Phone:	05/19/86	5
44	07/16/2013 03:38 PM	Manual Form	NICHOLAS CIAPPA NI NCIAPPA@CITADEL.E		Post Treatment	Name: Fname: Lname: Email: Address:	NICHOL CIAPPA NCIAPP	

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		07/16/2013	LASIK Self	Cynthia Vincent		Not a	Test Name:	Cynthia Vincent
		02:24 PM	Evaluation Test	cindy@doddsandhenne	ssy.com	Candidate	Test Phone:	843-617-1015
							Test Email:	cindy@doddsandhennessy.com
							Do You Have Trouble Seein	•
							Sports Withou Glasses And Contacts:	It is very important to me NOT to wear glasses for activities such as sports
							What Is Your Age:	40 - 55
4	15	COMMENTS	1 07/24/20 clarissa	interested - will a	FE - Good candidate for RI apply for Care Credit if app ntment with Dr. Hood for C	roved - if not	Interested In Seeing Well U Close Without Glasses:	
							Do You Wear Contact Lense Or Glasses:	Contact lenses
							Improve If You Become Less Dependent Or Glasses Contacts:	
		TASKS					Willing To Discuss Risks With	Yes
							Coordinator:	
		07/16/2013 10:27 AM	Manual Form	COLE MARTIN COLE		Post Treatment	Name:	COLE MARTIN
		10.277.00	1 Onn	huntercole13@yahoo.c	om	ricument	Fname:	COLE
								MARTIN
								08/30/1994
								huntercole13@yahoo.com
								6360 MARTIN LAKE RD
							•	29527
	16						-	CONWAY SC
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		07/16/2013 09:45 AM	Manual Form	BRENTON DAMERON		Cancelled	Name:	BRENTON DAMERON
			-	BRENT.DAMERON@G	MAIL.COM		Fname:	BRENTON
							Lname:	
							Email: Address:	BRENT.DAMERON@GMAIL.COM
4	17							2954 ASHEY RIVER ROAD 29414
		COMMENTS		013 01:57 PM Pt. CANCELLED		it right now"	•	CHARLESTON
			clarissa	- spoke with Sha	IION		-	SC
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49	07/15/2013 09:21 AM	Schedule Appointment	Chris Arold diodemusic@gmail.com 013 03:43 PM Procedure sched		Post Treatment	Name: Age: Address: City State Zip: Hear About Us Procedure Inte	s:	Chris Arold 30 2912 Thornrose Lane Mount Pleasant, SC 29466 Referral lasik
	TASKS	clarissa				Contact Via: Comments: Formmail Mail Phone: Special Offers		Phone Astigmatism, left eye. diodemusic@gmail.com 9739440626 on
	07/14/2013 07:27 PM	Schedule Appointment	Cindy Albrecht calbrecht9377@aol.con	n	Evaluation	Name: Age: Address: City State Zip: Hear About Us		Cindy Albrecht 50 1862 Peaceful Way Mt Pleasant Postcard
50	COMMENTS TASKS					Procedure Inte Contact Via: Formmail Mail Phone: Special Offers	Email:	lasik Both calbrecht9377@aol.com 843-327-1710 on
51	07/12/2013 04:32 PM	Schedule Appointment	Clifton Sizemore cdsizemore@gmail.com	1	Lead	Name: Age: Address: City State Zip: Hear About Us Procedure Interested In:	27 1481 Mour	n Sizemore Center St ExtnApt 1607 nt Pleasant, SC 29464 gle Search
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52	07/11/2013 05:13 PM	Manual Form	SAMUEL BAKER SAMI SAMBAKERVB@YAHC		Not a Candidate	Fname: Lname: Email: Address:		BAKER RVB@YAHOO.COM ERIVE LANE

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	07/11/2013 05:10 PM	LASIK Self Evaluation Test	Carrie McGinnes cmlove0517@yahoo.co	m	Lead	Test Name: Test Phone: Test Email: Do You Have Trouble Seein Sports Witho Glasses And	30 cm Fa ng: ut Iti	arrie McGinnes 29431355 nlove0517@yahoo.com ar away s very important to me NOT wear glasses for activities
53	COMMENTS	1 08/01/20 crissy		o cost. Mentioned its ch Delaware. \$2400.00 for		Contacts: What Is Your Interested In Seeing Well I Close Withou Glasses:	Age: 21 Iti Jp to ut	ch as sports - 40 s very important to me NOT wear reading gla sses.
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	07/11/2013 05:05 PM	Manual Form	CELEINA GABEL CELE CGABEL11@ME.COM	EINA	Treatment	Name: Fname: Lname: Email: Address: Zip:		-
54	COMMENTS					City: State: Phone: Cell Phone:	SUMMER SC 843 771 3	
	IASKS					Dob: Other Phone	01/01/198 :	33
55	07/11/2013 05:03 PM	Manual Form	CLAYTON CRAFT CLA CLAYTONCRAFT@HO		Not a Candidate	Name: Fname: Lname: Email: Address: Zip:	808 BRU 29412	N NCRAFT@HOTMAIL.COM CE ST
	COMMENTS TASKS					City: State: Phone: Cell Phone:	CHARLE SC 843 408 8	3560
						Dob: Other Phone:	04/12/197	75
56	07/11/2013 02:50 PM	Schedule Appointment	Allison Federico federico.allison@gmail.o	com	Lead	Name: Age: Address: City State Zip Hear About U		Allison Federico 24 232 Larissa Dr Charleston, SC 29414 Word of Mouth

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57	COMMENTS					Zip: City: State: Phone: Cell Phone: Dob: Other Phone	19461 MONCKS SC 843-597-9 02/01/196	952
58	07/11/2013 02:08 PM COMMENTS TASKS	Manual Form 1 07/11/20 crissy	GRADY ARMSTRONG ROSSARMSTRONG89	@GMAIL.COM		Name: Fname: Lname: Email: Address: Zip: City: State: Phone: Cell Phone: Dob: Other Phone	GRADY ARMSTRO ROSSARI 8462 DOA 29429 AWENDA SC 803-420-3 05/02/198	MSTRONG89@GMAIL.COM AR ROAD W 9520
59	07/11/2013 11:50 AM	Manual Form	Andrew Mallon Andrew amallon@g.clemson.edu		Post Treatment	Name: Fname: Lname: Email: Address: Zip:	Andrew M Andrew Mallon amallon@ 122 Eston 29445	g.clemson.edu
55	TASKS	clarissa				City: State: Phone: Cell Phone: Dob: Other Phone	Goose Cre SC (843) 696- 9/24/1991 :	-6912
60	07/11/2013 11:47 AM	Schedule Appointment	Mary Barrineau marybarrneau@spherio	n.com	Lead	Name: Age: Address: City State Zip: Hear About Us: Procedure Interested In:	lasik	a Drive h,SC
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	07/10/2013 12:24 PM	Manual Form	GABRIELLE MAROSOF GJMAROSOK@GMAIL		Cancelled	Name: Fname: Lname: Email: Address: Zip:	GABRIEL MAROSO	
61	COMMENTS	1 07/12/20 clarissa	113 03:29 PM Pt. spoke with Cr longer	issy - pt. wants to think o	n it a little	City: State: Phone: Cell Phone:	MT PLEA SC 843 642 3	
	TASKS					Dob: Other Phone	05/13/198 ::	8
62	07/10/2013 12:22 PM	Manual Form	DAVID MICHAEL FUND MICHAEL MFUNDY12@YAHOO.C		Lead	Name: Fname: Lname: Dob: Email: Address: Zip: City: State:	DAVID MI FUNDERI 07/12/197 MFUNDY 4201 CLIN 29414 CHARLES SC	BURK 18 12@YAHOO.COM MBING TREE CT STON
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						Ref Id: Lead Date:	0	
63	07/09/2013 06:40 PM	Schedule Appointment	Wade Grooms Wgrooms@tds.net		Lead	Name: Age: Address: City State Zij Hear About U		Wade Grooms 45 913 Butter Rd Bonneau, sc, 29431 Referral
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	07/09/2013 05:43 PM	Manual Form	Trinity Hartley Trinity hartley929@aol.com		Cancelled	Name: Fname: Lname: Email:	Trinity Har Trinity Hartley	
64	COMMENTS	clarissa	113 01:49 PM NO SHOW for m wants to hold off ready to schedule 113 05:43 PM Procedure sched	for right now - will call ba e	•	Address: Zip: City: State: Phone: Cell Phone:	1010 Millv 29453 Jamestow SC (843) 557	-5562
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66	07/09/2013 03:51 PM COMMENTS		Jason Li Jason snic789@gmail.com 013 03:52 PM Left messages b	oth phone #'s - email sent	Lead	Name: Fname: Lname: Email: Address: Zip: City:	Jason Li Jason Li snic789@gmail.com 1120 Antlers Court 29150 Sumter
	TASKS	clarissa				State: Phone: Cell Phone: Dob: Other Phone:	SC (803) 316-0351 (803) 469-9485 9/21/1991
	07/09/2013 03:08 PM	Manual Form 1 07/09/20	Juliet McClendon Juliet juliemcclendon@bellsou 013 03:24 PM Used Imitrex Jun	uth.net e 2013 - needs to be off it	Lead for 6 months	Name: Fname: Lname: Email: Address: Zip:	Juliet McClendon Juliet McClendon juliemcclendon@bellsouth.net 553 Saville Row 29414
67	TASKS	clarissa	before proceedin 2013 to schedule	ig with LASIK - pt. will call	in December	City: State: Phone: Cell Phone: Dob: Other Phone:	Charleston SC (843) 573-0568 (843) 693-6477 9/24/1971
	07/09/2013 03:01 PM	Manual Form	Laura Welch Laura laura@myartistici.com		Lead	Name: Fname: Lname: Email: Address:	Laura Welch Laura Welch Iaura@myartistici.com 1364 Southern Magnolia Lane
68	COMMENTS	1 07/09/20 clarissa	13 03:03 PM Info and surgey of her husband - re	date given - needs to talk i cently married in April 201		Zip: City: State: Phone: Cell Phone: Dob: Other Phone:	29464 Mount Pleasant SC (843) 817-4161 4/19/1982
69	07/09/2013 11:50 AM	Manual Form	ROBERT GARD ROBE GARDMANIA@HOTMA		Consultation	Name: Fname: Lname: Email: Address:	ROBERT GARD ROBERT GARD GARDMANIA@HOTMAIL.COM 101 ELENA COURT

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70	07/09/2013 11:46 AM COMMENTS	Manual Form 1 07/09/20 crissy	RENEA GARD RENEA HEART2HEARTRG@YAHC 013 11:48 AM PT WILL THINK ABOU WHEN READY TO SC	DO.COM	BACK	Name: Fname: Lname: Email: Address: Zip: City: State:	RENEA GARD RENEA GARD HEART2HEARTRG@YAHOO.COM 101 ELENA COURT 29485 SUMMERVILLE SC
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	07/09/2013 11:43 AM	Manual Form	QUANG HANG QUANG GHANG@PERFHT.COM		Not a Candidate	Name: Fname: Lname: Email: Address: Zip:	QUANG HANG QUANG HANG GHANG@PERFHT.COM 1042 DUNES MILL COURT 29466
71	COMMENTS TASKS		<u> </u>			City: State: Phone: Cell Phone: Dob: Other Phone:	MT PLEASANT SC 843-601-3989 12/01/1959
	07/09/2013 11:28 AM	Manual Form	MARLIN BENNETT MARLIN MARLINLATOYA@ATT.NET		_ead	Name: Fname: Lname: Email: Address:	MARLIN BENNETT MARLIN BENNETT MARLINLATOYA@ATT.NET
72	COMMENTS	1 07/09/20 keriboga	L D13 11:29 AM PT INQUIRED WITH (an BROCHURE AND DIR		DA	Zip: City: State: Phone: Cell Phone: Dob:	843-819-1438 12/26/1976
	07/09/2013 09:55 AM	Manual Form	DANIEL BRINKER DANIEL DANIELJBRINKER@YAHO		_ead	Other Phone: Name: Fname: Lname: Email: Address:	DANIEL BRINKER DANIEL BRINKER DANIELJBRINKER@YAHOO.COM
73	COMMENTS		09/17/2013 03:15 PM followed up via email keribogan				843-860-7752
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74	TASKS	keribo	2013 03:17 PNT Tollowed up via email gan			City: State: Phone:	843-814-0211 843-884-6004 1/20/1972
	07/09/2013 09:53 AM	Manual Form	DAWN WARNE DAWN DAWNWARNE@BELLSOUTH		Lead	Name: Fname: Lname: Email: Address:	DAWN WARNE DAWN WARNE DAWNWARNE@BELLSOUTH.NET
75	COMMENTS	1 09/17/ keribo	2013 03:13 PM FOLLOWED UP VIA EMA gan	IL		Zip: City: State: Phone:	843-469-4795 843-553-1335
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	07/09/2013 09:52 AM	Manual Form	ANDREW CYGAN ANDREW AVCYGAN@YAHOO.COM		Not a Candidate	Name: Fname: Lname: Email: Address: Zip:	ANDREW CYGAN ANDREW CYGAN AVCYGAN@YAHOO.COM
76	COMMENTS			I		City: State: Phone:	843-302-2302
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77	07/09/2013 09:51 AM	Manual Form	ROBERT GROOMS ROBERT WGROOMS@TDS.NET		Lead	Name: Fname: Lname: Email: Address: Zip: City:	ROBERT GROOMS ROBERT GROOMS WGROOMS@TDS.NET
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78	07/09/2013 09:50 AM	Manual Form	ANA TEIXEIRA ANA ATEIZEIRA@RFSEMAIL.COM		Lead	Name: Fname: Lname: Email: Address:	ANA TEIXEIRA ANA TEIXEIRA ATEIZEIRA@RFSEMAIL.COM
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79		keriboga 2 07/23/2 clarissa	013 08:36 AM 5/19 - Email sent	e up - CÓST BARRI		Zip: City: State:	
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80	COMMENTS	1 09/17/2 keriboga	D 013 02:50 PM emailed pt to foll an	up wu		Zip: City: State: Phone:	803-378-9998
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81	COMMENTS		1			City: State: Phone:	843-577-6674
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82	07/09/2013 09:34 AM	Manual Form	NIKKI HESNER NIKKI NIKKIAHESNER@GMA	NL.COM	Lead	Name: Fname: Lname: Email: Address: Zip:	NIKKI HESNER NIKKI HESNER NIKKIAHESNER@GMAIL.COM
υZ	COMMENTS		1		I	City: State: Phone:	828-217-2420
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	07/09/2013 09:33 AM	Manual Form	CANDICE CHUPPA CA CCHUBBA1@GMAIL.C		Lead	Name:	CANDICE CHUPPA

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84	07/09/2013 09:32 AM	Manual Form	LISA BUTLER LISA CHAVIS11@YAHOO.CC	ΡM	Lead	Name: Fname: Lname: Email: Address: Zip: City:	LISA BUTLER LISA BUTLER CHAVIS11@YAHOO.COM
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85	07/09/2013 09:32 AM	Manual Form 1 09/17/2 keribog	BRANDON KIRKLAND E BRANDON.M.KIRKLANI 013 02:56 PM FOLLOWED UP V an	D@BOEING.COM	Lead	Fname: Lname: Dob: Email: Address: Zip: City: State: Phone: Cell: Other:	BRANDON KIRKLAND BRANDON KIRKLAND 04/16/1985 BRANDON.M.KIRKLAND@BOEING.CON AL 843-991-4039 843-647-9981
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86	07/09/2013 09:31 AM	Manual Form	PETER SHEHEEN PETE SHEEHANIZER@YAHO		Lead	Name: Fname: Lname: Email: Address: Zip:	PETER SHEHEEN PETER SHEHEEN SHEEHANIZER@YAHOO.COM
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87	TASKS	keriboga	JT3 U2:47 PIVI FOLLOVVED UP an	"VIA EMAIL 9-17-201	3	City: State: Phone: Cell Phone: Dob:	843-849-7866 07/17/1987
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88	COMMENTS	1 09/17/20 keriboga	o13 02:58 PM followed up via e an	əmail		Zip: City: State: Phone: Cell Phone:	843-792-5337 843-597-2839
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89	COMMENTS					Zip: City: State: Phone:	843-543-1384
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90	COMMENTS	keriboga	013 01:14 PM pt no showed on			Address: Zip: City: State: Phone: Cell Phone:	124 WADDINGTON TRACE 29445 GOOSE CREEK SC 843-693-6500
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91	07/08/2013 03:22 PM	Manual Form	JAMES ENGLE JAMES JENGLE722@GMAIL.C			Name: Fname: Lname: Email: Address:	JAMES ENGLE JAMES ENGLE JENGLE722@GMAIL.COM 104 GAINSBOROUGH DRIVE
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			summersj84@gmail.cor	n		Fname:	JONATHAN
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						Zip:	29456
92	COMMENTS	1 08/01/2 clarissa	2013 11:47 AM Procedure comp	lete		City:	LADSON
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94						Zip:	29410
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	02.22 F WI					Dob: Email:	MARWEE1999@BELLSOUTH.NET
	02.22 F W					Dob: Email: Address:	MARWEE1999@BELLSOUTH.NET 1431 BELLCOURT LN
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95	U2.22 FW					Dob: Email: Address: Zip: City:	MARWEE1999@BELLSOUTH.NET 1431 BELLCOURT LN 29466 MT PLEASANT
95						Dob: Email: Address: Zip: City: State:	MARWEE1999@BELLSOUTH.NET 1431 BELLCOURT LN 29466 MT PLEASANT SC
95	COMMENTS					Dob: Email: Address: Zip: City:	MARWEE1999@BELLSOUTH.NET 1431 BELLCOURT LN 29466 MT PLEASANT
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	07/07/2013	LASIK Self	Lydia Johnson		Post	Test Name:		Lydia Johnson
	01:06 AM	Evaluation	Diajohnson1@gmail.co	m	Treatment	Test Phone:		Johnson
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1						Do You Have		Far away
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97						Do You Wear		Contact lenses
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	07/05/2013	Schedule	Connor Herlihy		Cancelled	Name:		Connor Herlihy
1	10:36 AM	Appointment	MAHerlihy@aol.com			Age:		18
						Address:		1819 Cherokee Rose Circle
						City State Zip:		Mount Pleasant, SC 29466
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	07/04/2013	Schedule	Dorothy Thornley		Lead	Name:	Dorothy	Thornley
	10:21 AM	Appointment	kimberlybrew@homesc	.com		J	20	
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99						Us: Procedure	lasik	
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	000000000					Contact Via:	Phone	
	COMMENTS						on 7/15.	her, Kim Brewer, has an appt. . I wo uld like to speak to you her appt. if possi ble.
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ek H	PDF Compl	rade to	use period has ended. Thank you for using PDF Complete.		Formmail Mail Email: Phone: Special Offers	kimberlybrew@homesc.com 8433365401 on
limit	ed Pages	and Expa	nded Features		Option:	
	07/03/2013 10:16 AM	Manual Form	Patricia Roland Patricia	Post Treatment	Name: Fname: Lname: Email:	Patricia Roland Patricia Roland
100	COMMENTS	1 07/03/2013 10:46 AM Procedure scheduled -pending Dr. Solomon's review clarissa				1549 Strathmore Lane 29464 Mount Pleasant SC
	TASKS			Cell Phone: Dob: Other Phone	1/19/1958 ::	
	07/02/2013 03:14 PM	Manual Form	Victoria Tsurutis Victoria victoria.tsurutis@gmail.com	Lead	Name: Fname: Lname: Email: Address:	Victoria Tsurutis Victoria Tsurutis victoria.tsurutis@gmail.com 150 Bee Street 601
101	COMMENTS	1 07/02/20 clarissa	13 03:15 PM Pt. wants to wait until the fa info and dates given	City: C State: S	29401 Charleston SC (843) 817-5614	
	TASKS			Dob: Other Phone	7/13/1987 ::	
	07/02/2013 03:07 PM	Manual Form	Lauri Bullen Lauri lauriwbullen@gmail.com	Not a Candidate	Name: Fname: Lname: Email:	Lauri Bullen Lauri Bullen lauriwbullen@gmail.com
102	COMMENTS	1 07/10/2013 08:05 AM Pentacams reviewed - NOT A CANDIDATE - Per Dr. clarissa 2 07/02/2013 03:09 PM Hood - Per Dr. Solomon 2 07/02/2013 03:09 PM Candidacy will be determined after Dr. Hood reviews clarissa Pentacam with Dr. Solomon			Address: Zip: City: State: Phone: Cell Phone:	1640 Ware Bottom Lane 29464 Mount Pleasant SC (843) 614-9917
	TASKS			Dob: Other Phone	7/22/1975 ::	
	07/02/2013 02:11 PM	Manual Form	Matthew Jones Matthew mrjones@clemson.edu	Post Treatment	Name: Fname: Lname: Email: Address:	Matthew Jones Matthew Jones mrjones@clemson.edu 843 Issaqueena Trail Apt. 1
103	COMMENTS	S 1 07/02/2013 02:13 PM Procedure complete clarissa				29630 Central SC
	TASKS				Cell Phone: Dob:	10/23/1987

ick H Iimit 1104		rade to	Your complimentary use period has ended. Thank you for using PDF Complete.		Post Treatment	Name: Fname: Lname: Email: Address: Zip: City: State: Phone: Cell Phone: Dob: Other Phone:	Billy Snead Billy Snead billy.snead@yahoo.com 203 Hasell Court 29492 Charleston SC (843) 826-3523 8/10/1971 (843) 606-3600
105	07/02/2013 01:22 PM COMMENTS	Manual Form Aaron Williamson Aaron aawilliamson83@gmail.com Lead 1 09/10/2013 03:13 PM keribogan patient was contacted by YHC and was interested in 2nd option financing. emailed the patient the current promotion 2 07/16/2013 05:43 PM clarissa Pt. CANCELLED procedure - having a new baby - neer to put on hold - COST BARRIER 3 07/02/2013 01:22 PM clarissa Procedure scheduled clarissa				Name: Fname: Lname: Email: Address: Zip: City: State: Phone:	Aaron Williamson Aaron Williamson aawilliamson83@gmail.com 105 Lionel Court 29483 Summerville SC (843) 693-5970 (843) 5530244 9/19/1983
	07/02/2013 01:05 PM COMMENTS TASKS	Manual Form 1 07/02/24 clarissa	Michael Sciarrillo Michael sciarrillomichael@gmail. 013 01:10 PM NON - CANDIDA	.com	Not a Candidate	Name: Fname: Lname: Email: Address: Zip: Zip: City: State: Phone:	Michael Sciarrillo Michael Sciarrillo sciarrillomichael@gmail.com 106 Salt Meadow Lane 29483 Summerville SC (843) 771-9229 (843) 408-9882 2/21/1972
	07/01/2013 04:20 PM COMMENTS TASKS	Manual Form Jason Haney Jason jasonshaney@gmail.com Post Treatmen 1 07/01/2013 04:24 PM Surgery tentatively scheduled - pending review of clarissa 1 07/01/2013 04:24 PM Surgery tentatively scheduled - pending review of pentacams by Dr. Solomon and his colleagues				Name: Fname: Lname: Email: Address: Zip: City: State: Phone:	Jason Haney Jason Haney jasonshaney@gmail.com 743 Lakenheath Drive 29464 Mount Pleasant SC (843) 697-9575 (843) 792-5150 8/10/1976
108	07/01/2013 12:16 PM COMMENTS	Schedule Appointment	Kristin Massey kmariemassey@gmail.c		Lead	Name: Age: Address: City State Zip Hear About U	Kristin Massey 24 425 Howle Ave. Apt. D Charleston, SC 29412

