Case 2:17-cv-		CF No. 1-6 filed 10/05/17 PageID.51 Page 1 of 8
3		PARTMENT OF CORRECTIONS
Kite Res	ponse Ext	Wor K-8
Patient Name Date Received Time Received Taken By Date Initiated	MARCUS MAYS 05/26/2017 00:00 Dawn M. Coon, RN 05/25/2017	Age 53 Years
Action & Resolution Date <u>Time</u> 15/27/2017 6:22 AM	User Dawn M. Coon, RN	Detail Schedule Nurse Sick Call approx 05/27/2017 with RN by Dawn M. Coon, RN. Reason: Kite claiming assault by officer(s) on 5/25/17 Details: You were scheduled to see RN 5/26/17, and refused your call-out. You have been rescheduled. It is recommended you attend your call-out Comments: Nurse sick call, Lock 3-214.
	assault by officer(s) on 5	K-D
Details: You were sche ecommended you atte		, and refused your call-out. You have been rescheduled. It is
Comment: Nurse sick of	call, Lock 3-214.	
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MICHIGAN DEPARTMENT OF CORRECTIONS

Kite Response

EXHIGIT K-9

Patient Name Date Received Time Received Taken By Date Initiated MARCUS MAYS 05/27/2017

User

Age 53 Years

David A. Finegan, RN 05/27/2017

David A. Finegan, RN

Action & Resolution

Date <u>Time</u> 05/27/2017 9:16 PM

Detail

Reason: Inmate states, "....on 5/25/17 I was beat ????? by officers. My head and jaw hurts really bad. I've sent in numerous kites and "RN's" about my swollen jaw and the fact that my head hurts......CO's poisoning my food tray which had me throwing up specks of blood. On 5/25/17 while eating my food tray of fish and potatoes tasted like "disinfected" which had my throat burning and throwing up specs of blood......".

Call details: According to the records, you refused a HC callout. at on 5/26/17. Further on 5/27/17 you were agitated, argumentative and yelled at the RN.

You may take your Naproxen as ordered for the pain and swelling.

Please come out for all scheduled Health Care callouts. Comment Lock 3-214, AN RN appointment has been scheduled for 5/31/17

Supportives 28121610 K-9

3-214

MAYS, MARCUS 218101 03/25/1964

MICHIGAN DEPARTMENT OF CORRECTIONS

Kite Response ExHIGIT & 10

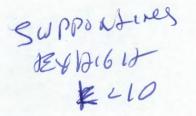
Patient Name Date Received Time Received Taken By Date Initiated MARCUS MAYS 05/29/2017

Age 53 Years

David A. Finegan, RN 05/29/2017

Action & Resolution

Date <u>Time</u> <u>User</u> 05/29/2017 11:47 PM David A. Finegan, RN



Detail

Reason: Inmate states, "....on 5/25/17 about my "excessive force beating", jaw swollen and head hurts,.....CO's poisoning my food tray which had my throat burning and spitting up specks of blood"

Call details: You have refused and/or been disruptive during prior attempt to call you out. Please be calm, cooperative and attend all callouts.

Comment Lock 3-214, an RN appointment has been scheduled for approximately 5/31/17.

5-20-17 And was not earl-out about the Assults F RECEIVE by yo's ONEL 5005-17, but About MY Prives & Metich Had Been X-Rayed on 5-25-17 that's How IS of BEAL DOUN 64 40°5 CORDRAND, BORDID, MASSIE, PYNNONEN, BuldERSON, GENEMAN, THIS COPYNHONER And wheres OKALCER POISONCOMY ROOD TRAN wetich Had MK throwings UP Specks Or BLOOD, my Jaw wes Swolver Ared my tradulas Huxdines Due to the brading J RECEIVED. 14'S GUITE OBVIOUS That HEalthcare is trying to Cover UP Assut GRECUSE Each HIME I HOLD A MUNSE I MASS KEKSLED Mir clicci Destrict And had sour the Assault Intures MAYS, MARCUS

1	MICHIGAN DEPARTMENT OF CORRECTION SECTION Section of Health Care 10/05/17 PageID.54 Page 4 of 8 11/05
	HEALTH CARE REQUEST TEX CESSIVE KONCE AND JUNIES AND KOUN
	PRISONER: COMPLETE SECTIONS A THROUGH D POTSSNOTAS KOK
	A NAME: Mays Extribut K-11 FACILITY: AMINE) FO
	NUMBER: 21815(LOCK: 3-214 DATE: 530-1)
	B. This Health Care Request is for the following (check one or more): Health Record Copies
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	IN TIMES WILLEN I FOID HER WHILE PASSING UNT MERS, I CONTE
>	D NOTICE TO PRISONER OUT & OUBER HURLER ROM My Subolicit Say (, MU HEAD)
1	You will not be denied health care services for lack of personal funds. However, if your account does not have adequate funds, the copayment will be considered an institutional debt and shall be collected as set forth in PD 04.02.105, "Prisoner Funds", 100, 100, 100, 100, 100, 100, 100, 10
×	INSTULIEV HARD MY BUILTING WIS CONSIDER
5	Signing this document formally requests treatment. In addition, it authorizes the DOC to treat-or arrange treatment for you and to release any necessary medical information to facilitate that treatment, to review treatment, to respond to a related grievance, or to review any
10	Appeal you may make regarding the Department's decision to charge for the care. HAVE BERR DUCK 163553 & UP YUS PROME CON May 5-25-17 WERDET FOLD RAFETICADET
141	I have read Section D above, or jit has/been read to me and I understand that I will be charged \$5.00 for my health care visit unless it is
EX	for one of the reasons listed below in Section F. If I am charged for this visit, I agree that the \$5.00 may be taken from my account.
-	Prisoner Signature: I known 123 COMMISCH Pred KINSUPELVISSE SALLIND SYNCE
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	And the soon poisoners which iters my turnest
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	Spinner Spinler Spinler OK STOOL)
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1	Care that is: requested by a QHP archides transfer assessments, chronic care clinics, intake and annual screening,
1	and required follow-up care) K-11 + Called OW + SHE State
•,	for injuries that are work-related as documented by the prisoner's work supervisor I SHOULD () ()
	to It? A grequested for evaluation, consultation, or treatment of a mental health need
	Hird Suy prompted by a medical emergency (see Section I of the policy, if self-inflicted)
	I have reviewed the visit of and certify none of these exceptions apply.
	Signature: OR US + UNE ON MICOURS Title: Provider #: Date:
	Distribution: White Heath Services, Canary - Prisoner, Pink - Business Office Called Mik Oil But with
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		ts treatment. In additio	n, it authorizes th	e DOC to treat or a	rrange treatment	for you and to re
any necessary m	edical information to f	acilitate that treatment,	to review treatme	ent, to respond to a	related grievance.	or to review an
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MICHIGAN DEPARTMENT	167 PLM TPC LE	E-NPotHealifeA.	10/05/17 Pagell	0.56 Page 6 of 81-54	19 11/05
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	4835-7549 IICHIGAN DEP ARTMENDO FOR METRION SEGURING AT 6 1 0/05/17 Page 10.57 Page 7 of CHI-549 11/05
	HEALTH CARE REQUEST
	PRISONER: COMPLETE SECTIONS A THROUGH D
	NAME: May SUPPONTIES EXPRISION K-166 FACILITY:
	NUMBER: 26/01 LOCK: 3-214 DATE: 6-2-17
	3. This Health Care Request is for the following (check one or more): Health Record Copies Non-urgent
	Dental Medication Refill Medical Optometry Mental Health Urgent
	. I have the following problems/symptoms: Of 6-2-17 I what called out
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	NOTICE TO PRISONER APPLICATION TO BE THE MENT POISONED MAY
	You will not be denied health care services for lack of personal funds. However, if your account does not have adequate funds, the
行業	sopayment will be considered an institutional debt and shall be collected as set forth in PD 04.02.105, "Prisoner Funds".
x	Signing this document formally requests treatment. In addition, it authorizes the DOC to treat or arrange treatment for you and to release my necessary medical information to facilitate that treatment, to review treatment, to respond to a related grievance, or to review any
Y	ppeal you may make regarding the Department's decision to charge for the care.
K	have read Section D above, or it has been read to me and I understand that I will be charged \$5.00 for my health care visit unless it is
F	for one of the reasons listed below in Section F. If I am charged for this visit, I agree that the \$5.00 may be taken from my account.
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	Care that is: King required follow-up care) King RVIA AND TOTO TOTO THE STREAM
ł	• for injuries that are work-related as documented by the prisoner's work supervisor
	 requested for testing for HIV, STD's, infestations, or reportable communicable diseases requested for evaluation, consultation, or treatment of a mental health need
in the	 prompted by a medical emergency (see Section I of the policy, if self-inflicted) At A A A A A A A A A A A A A A A A A A
	I have reviewed the visit of and certify none of these exceptions apply.
K.	Signature: Date: Date: Date: Date:
	Distribution: White - Health Services, Canary - Prisoner, Pink - Business Office
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HEALTH CARE REQUES		05/17 PageID.58 Page 8 of 8 HJ-549 11
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	PRISONER: COMPLETE SECTIONS A	
A NAME: MCC		FACILITY: /)-//
NUMBER: 213/0/	LOCK: 3-2(4	DATE: 0-5-17
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