



**AH BH Charlotte OMS Medication**

**501 Billingsley Rd**

**Charlotte, NC 28211-**

**Phone:**

**Fax:**

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**Provider:**  
**Date of Service:** 3/15/2021  
**Visit #:**

**Pt Name:** WILLIAMS III, LEONARD CLINTON  
**Org MRN#:** 0000642066  
**DOB:** 11/1/1980 **Sex:** Male



**AH BH Charlotte OMS Medication**

501 Billingsley Rd

Charlotte, NC 28211-

Phone:

Fax:

**BH Clinical Documentation**

DOCUMENT NAME:

BH Telephone Contact Form-Text

**BH Telephone Contact Form Entered On: 3/15/2021 11:59 EDT**

**Performed On: 3/15/2021 11:58 EDT by WADE , KEISHA RN**

**Medicaid Number**

Medicaid Coverage : No

WADE , KEISHA RN - 3/15/2021 11:58 EDT

**Follow Up**

Phone Msg Communication Grid

1. *Communication Date/Time* : 3/15/2021 11:59 EDT

*Communication Comment* : pt present to oms clinic requesting rx for adderall...will forward to covering provider

WADE , KEISHA RN - 3/15/2021 11:58 EDT

2. *Communication Comment* : pt states he saw Dr Wright on 3/12 and upset that meds were not sent to pharmacy...

WADE , KEISHA RN - 3/15/2021 12:02 EDT

3. *Communication Comment* : no note to review. sent 1 m of each med

RICHARDSON , ANNE SHELTON MD - 3/15/2021 13:00 EDT

**Provider:**

**Date of Service:** 3/15/2021

**Visit #:**

**Pt Name:** WILLIAMS III, LEONARD CLINTON

**Org MRN#:** 0000642066

**DOB:** 11/1/1980

**Sex:** Male



**AH BH Charlotte OMS Medication**

**501 Billingsley Rd**

**Charlotte, NC 28211-**

**Phone:**

**Fax:**

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**Provider:**  
**Date of Service:** 4/12/2021  
**Visit #:**

**Pt Name:** WILLIAMS III, LEONARD CLINTON  
**Org MRN#:** 0000642066  
**DOB:** 11/1/1980 **Sex:** Male



**AH BH Charlotte OMS Medication**

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**Phone:**

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### **Correspondence & Follow Up**

**DOCUMENT NAME:**

Message Center Note

**Addendum by FANG , SHANNON RN on April 12, 2021 12:37 EDT**

Pt scheduled SVVE 5/4/21 0900, staffed with Frannie, NP who sent one month rx. BHC Pharmacy notified, they let pt know and reminded pt to keep f/u appt AND of up to 48 hour turn around on MyAtrium and Phone requests.

**Addendum by FANG , SHANNON RN on April 12, 2021 12:21 EDT**

Pt at BHC Pharmacy requesting refill of Adderall XR. Pt notified (via pharmacist) of needing to schedule f/u appt then can ask covering provider for rx. Pt going to schedule appt at Registration desk.

**Addendum by WADE , KEISHA RN on April 12, 2021 12:17:02 EDT**

-----  
From: WADE , KEISHA RN (CMC Randolph OMS)  
To: LECIEJEWSKI , RUSSELL C;  
Sent: 4/12/2021 12:17:02 EDT  
Subject: FW: Send my scripts to the pharmacy

-----  
From: WILLIAMS III, LEONARD CLINTON  
To: Dr. Ayofemi Wright - Behavioral Health - OMS (CMC Randolph OMS)  
Sent: 04/12/2021 11:22 a.m. EDT  
Subject: Send my scripts to the pharmacy

*Thank you for your message. It has been successfully sent to the appropriate care team.*

Hi,

I am supposed to have a script for Adderall XR at your pharmacy. It is not there. It also was not there last month. Last month I had a cab with its meter running sitting outside while you find and send over the script.

**Provider:**

**Date of Service:** 4/12/2021

**Visit #:**

**Pt Name: WILLIAMS III, LEONARD CLINTON**

**Org MRN#:** 0000642066

**DOB:** 11/1/1980

**Sex:** Male

**Printed:** 7/29/2021 15:25 EDT

**Print ID:** 482508475



**AH BH Charlotte OMS Medication**

**501 Billingsley Rd**

**Charlotte, NC 28211-**

**Phone:**

**Fax:**

### **Correspondence & Follow Up**

I need you to send my scripts to the pharmacy ASAP. I need the Adderall XR ready to be filled. I am extremely ill and permanently disabled. Please send over my script for this month and also at some point send it over for next month.

**Provider:**

**Date of Service:** 4/12/2021

**Visit #:**

**Pt Name:** WILLIAMS III, LEONARD CLINTON

**Org MRN#:** 0000642066

**DOB:** 11/1/1980

**Sex:** Male



**AH BH Charlotte OMS Medication**

**501 Billingsley Rd**

**Charlotte, NC 28211-**

**Phone:**

**Fax:**

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**Provider:**  
**Date of Service:** 5/4/2021  
**Visit #:**

**Pt Name:** WILLIAMS III, LEONARD CLINTON  
**Org MRN#:** 0000642066  
**DOB:** 11/1/1980 **Sex:** Male



**AH BH Charlotte OMS Medication**

**501 Billingsley Rd**

**Charlotte, NC 28211-**

**Phone:**

**Fax:**

**Correspondence & Follow Up**

DOCUMENT NAME:

Message Center Note

**Addendum by WADE , KEISHA RN on May 04, 2021 09:26:37 EDT**

-----  
From: WADE , KEISHA RN (CMC Randolph OMS)  
To: WRIGHT , AYOFEEMI I DO;  
Sent: 5/4/2021 09:26:37 EDT  
Subject: FW: Do we have an appointment?

---

-----  
From: WILLIAMS III, LEONARD CLINTON  
To: Dr. Ayofemi Wright - Behavioral Health - OMS (CMC Randolph OMS)  
Sent: 05/04/2021 09:07 a.m. EDT  
Subject: Do we have an appointment?

*Thank you for your message. It has been successfully sent to the appropriate care team.*

I am waiting. Did you know we have an appointment?

---

**Provider:**  
**Date of Service:** 5/4/2021  
**Visit #:**

**Pt Name:** WILLIAMS III, LEONARD CLINTON  
**Org MRN#:** 0000642066  
**DOB:** 11/1/1980      **Sex:** Male

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**Printed:** 7/29/2021 15:25 EDT

**Print ID:** 482508473



**AH BH Charlotte OMS Medication**

**501 Billingsley Rd**

**Charlotte, NC 28211-**

**Phone:**

**Fax:**

---

**Provider:**  
**Date of Service:** 5/14/2021  
**Visit #:**

**Pt Name:** WILLIAMS III, LEONARD CLINTON  
**Org MRN#:** 0000642066  
**DOB:** 11/1/1980 **Sex:** Male





**AH BH Charlotte OMS Medication**

501 Billingsley Rd

Charlotte, NC 28211-

Phone:

Fax:

**BH Clinical Documentation**

DOCUMENT NAME:

BH Telephone Contact Form-Text

**BH Telephone Contact Form Entered On: 5/14/2021 16:18 EDT**  
**Performed On: 5/14/2021 16:15 EDT by POLK , LISA D**

**Medicaid Number**

Medicaid Coverage : No

POLK , LISA D - 5/14/2021 16:15 EDT

**BH Telephone Contact**

Relationship to Patient : Self

Provider : WRIGHT , AYOFE MI I DO

Call Type : Other: Provider change Requested

Home Phone Number : 980- [REDACTED]

Cell Phone Number : 980- [REDACTED]

Leave Voicemail : Yes

Reason for call : Patient is calling to request a provider change due to several reason he did not want to give - Cell # verified

Last Visit Date : 5/4/2021 EDT

POLK , LISA D - 5/14/2021 16:15 EDT

**Follow Up**

Phone Msg Communication Grid

1. Communication Date/Time : 7/7/2021 10:35 EDT

Communication Comment : Pt is calling back to check on status of provider change request

HUMMER , REBECCA - 7/7/2021 10:35 EDT

2. Communication Date/Time : 7/8/2021 9:55 EDT

Communication Comment : see 7/8/21 BH Tele Note for updates. Will close this one.

FANG , SHANNON RN - 7/8/2021 9:55 EDT

Follow-up Appointment : Recall - 06/29/2021

Appt Provider : WRIGHT , AYOFE MI I DO

POLK , LISA D - 5/14/2021 16:15 EDT

**Provider:**

**Date of Service:** 5/14/2021

**Visit #:**

**Pt Name:** WILLIAMS III, LEONARD CLINTON

**Org MRN#:** 0000642066

**DOB:** 11/1/1980

**Sex:** Male

**Printed:** 7/29/2021 15:25 EDT

**Print ID:** 482508472



**AH BH Charlotte OMS Medication**

**501 Billingsley Rd**

**Charlotte, NC 28211-**

**Phone:**

**Fax:**

### Visit Information

#### Visit Information

Recorded Date	5/14/2021	
Recorded Time	16:15 EDT	
Recorded By	POLK ,LISA D	
Procedure		Units
Appt Provider	WRIGHT , AYOFE MI I DO	
Provider	WRIGHT , AYOFE MI I DO	

**Provider:**

**Date of Service:** 5/14/2021

**Visit #:**

**Pt Name:** WILLIAMS III, LEONARD CLINTON

**Org MRN#:** 0000642066

**DOB:** 11/1/1980

**Sex:** Male

**Printed:** 7/29/2021 15:25 EDT

**Print ID:** 482508472



**AH BH Charlotte OMS Medication**

**501 Billingsley Rd**

**Charlotte, NC 28211-**

**Phone:**

**Fax:**

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**Provider:**  
**Date of Service:** 7/8/2021  
**Visit #:**

**Pt Name:** WILLIAMS III, LEONARD CLINTON  
**Org MRN#:** 0000642066  
**DOB:** 11/1/1980 **Sex:** Male

**AH BH Charlotte OMS Medication**

501 Billingsley Rd

Charlotte, NC 28211-

Phone:

Fax:

**BH Clinical Documentation**

DOCUMENT NAME:

BH Telephone Contact Form-Text

**BH Telephone Contact Form Entered On: 7/8/2021 9:47 EDT****Performed On: 7/8/2021 9:46 EDT by VEGA , STEPHANY****Medicaid Number**

Medicaid Coverage : No

VEGA , STEPHANY - 7/8/2021 9:46 EDT

**BH Telephone Contact**

Relationship to Patient : Self

Provider : WRIGHT , AYOFEMI I DO

Call Type : Other: provider change request

Home Phone Number : 980- [REDACTED]

Cell Phone Number : 980- [REDACTED]

VEGA , STEPHANY - 7/8/2021 9:46 EDT

Reason for call : See BH note 5/14. Pt called for provider change request update he wants to go back to Kathy, req urgent callback 980- [REDACTED]

Pt called 5/14/21 requesting provider change when Dr Wright was out of office, it was sent to Dr Rachal for approval. Pt was with Kathy in OMS, per BH Tele 8/11/20, pt wanted Adderall increased and Kathy wanted pt to have 2nd opinion so pt had 2nd opinion with Dr Murray who agreed with Kathy. BHCC Note 10/28/20 Dr Murray said pt can transfer to another OMS provider if he wants, pt chose to schedule with Dr Murray. Dr Murray left OMS in February so pt was transferred to Dr Wright.

Unclear if pt qualifies for provider change request but pt most likely not able to go back to Kathy.

Will fwd to Kathy, Dr Wright and Dr Rachal.

FANG , SHANNON RN - 7/8/2021 9:58 EDT

~~{ [See BH note 5/14. Pt called for provider change request update he wants to go back to Kathy, req urgent callback 980- [REDACTED]~~

~~] -- previously charted by VEGA , STEPHANY at 7/8/2021 9:46 EDT};~~

Last Visit Date : 5/4/2021 EDT

Was Appointment Kept? : Show

VEGA , STEPHANY - 7/8/2021 9:46 EDT

**Follow Up**Phone Msg Communication Grid

1. Communication Date/Time : 7/8/2021 10:34 EDT

**Provider:****Date of Service:** 7/8/2021**Visit #:****Pt Name:** WILLIAMS III, LEONARD CLINTON**Org MRN#:** 0000642066**DOB:** 11/1/1980**Sex:** Male**Printed:** 7/29/2021 15:25 EDT**Print ID:** 482508470

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**BH Clinical Documentation**

*Communication Comment :* No. Patient can not come back to be seen by me. He needs to schedule with new provider.  
PENISTON , KATHLEEN KELLY NP - 7/8/2021 10:34 EDT

2. *Communication Date/Time :* 7/8/2021 10:59 EDT

*Communication Comment :* Per Dr Rachal, pt cannot go back to Kathy, need to know reason pt requesting provider change. Nurse attempted to reach pt, got VM, LM to return call.

FANG , SHANNON RN - 7/8/2021 10:59 EDT

3. *Communication Date/Time :* 7/8/2021 14:27 EDT

*Communication Comment :* Pt says he would like to go back to Kathy, "I just want stuff to go back the way it was, my providers." Pt notified he is not able to go back to Kathy, is he still wanting to change from Dr Wright. Pt says no, he will stay with Dr Wright, scheduled first

FANG , SHANNON RN - 7/8/2021 14:27 EDT

4. *Communication Comment :* available apt 8/4/21. Pt says he will run out of Zyprexa and Adderall XR 20mg 7/22/21, asks for refills of both to BHC Pharm since apt is 8/4/21. BHC Pharm confirms pt last filled both 6/22/21, no refills or rxs on file remaining. Will fwd to Dr Wright.

FANG , SHANNON RN - 7/8/2021 14:27 EDT

5. *Communication Comment :* 30 day supplies of both meds sent

WRIGHT , AYOFEEMI I DO - 7/10/2021 0:01 EDT

6. *Communication Date/Time :* 7/12/2021 8:25 EDT

*Communication Comment :* Called and spoke to pt that both RF's were sent in Pt verbalized understanding Will close

JENKINS , KAREN A RN - 7/12/2021 8:24 EDT

*Follow-up Appointment :* 8/4/21 1200 SVVE

{[Pt has recall for Dr Wright 7/4/21 40min, pt requesting provider change] -- previously charted by FANG , SHANNON RN at 7/8/2021 9:58 EDT};

*Appt Provider :* WRIGHT , AYOFEEMI I DO

FANG , SHANNON RN - 7/8/2021 14:27 EDT

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**Provider:****Date of Service:** 7/8/2021**Visit #:****Pt Name:** WILLIAMS III, LEONARD CLINTON**Org MRN#:** 0000642066**DOB:** 11/1/1980**Sex:** Male

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**Printed:** 7/29/2021 15:25 EDT**Print ID:** 482508470



**AH BH Charlotte OMS Medication**

**501 Billingsley Rd**

**Charlotte, NC 28211-**

**Phone:**

**Fax:**

### Visit Information

#### Visit Information

Recorded Date	7/8/2021	7/8/2021	
Recorded Time	09:46 EDT	09:46 EDT	
Recorded By	FANG ,SHANNON RN	VEGA ,STEPHANY	
Procedure			Units
Appt Provider	WRIGHT , AYOFE MI I DO	-	
Provider	-	WRIGHT , AYOFE MI I DO	

**Provider:**

**Date of Service:** 7/8/2021

**Visit #:**

**Pt Name:** WILLIAMS III, LEONARD CLINTON

**Org MRN#:** 0000642066

**DOB:** 11/1/1980

**Sex:** Male

**Printed:** 7/29/2021 15:25 EDT

**Print ID:** 482508470



**AH BH Charlotte OMS Medication**

**501 Billingsley Rd**

**Charlotte, NC 28211-**

**Phone:**

**Fax:**

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**Provider:**  
**Date of Service:** 8/17/2021  
**Visit #:**

**Pt Name:** WILLIAMS III, LEONARD CLINTON  
**Org MRN#:** 0000642066  
**DOB:** 11/1/1980 **Sex:** Male



**AH BH Charlotte OMS Medication**

501 Billingsley Rd

Charlotte, NC 28211-

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Fax:

**BH Clinical Documentation**

DOCUMENT NAME:

BH Telephone Contact Form-Text

**BH Telephone Contact Form Entered On: 8/17/2021 13:30 EDT**  
**Performed On: 8/17/2021 13:30 EDT by ANDERSON , KRISTEN M**

**Medicaid Number**

Medicaid Coverage : No

ANDERSON , KRISTEN M - 8/17/2021 13:30 EDT

**BH Telephone Contact**

Caller Name : pt

Relationship to Patient : Self

Provider : SENTER , MEREDITH STACY

Call Type : Medication Refill

Home Phone Number : 980-████████

Cell Phone Number : 980-████████

Leave Voicemail : Yes

Reason for call : Pt requested a rx refill for Adderall sent to BHC on Billingsley. Contact # 980-████████

Last Visit Date : 8/12/2021 EDT

Was Appointment Kept? : Show

ANDERSON , KRISTEN M - 8/17/2021 13:30 EDT

**Follow Up**

Follow-up Appointment : no recall

ANDERSON , KRISTEN M - 8/17/2021 13:30 EDT

**Provider:**

**Date of Service:** 8/17/2021

**Visit #:**

**Pt Name:** WILLIAMS III, LEONARD CLINTON

**Org MRN#:** 0000642066

**DOB:** 11/1/1980

**Sex:** Male





**AH BH Charlotte OMS Medication**

**501 Billingsley Rd**

**Charlotte, NC 28211-**

**Phone:**

**Fax:**

**Visit Information**

**Visit Information**

Recorded Date	8/17/2021	
Recorded Time	13:30 EDT	
Recorded By	ANDERSON ,KRISTEN M	
Procedure		Units
Provider	SENER , MEREDITH STACY	

**Provider:**

**Date of Service:** 8/17/2021

**Visit #:**

**Pt Name:** WILLIAMS III, LEONARD CLINTON

**Org MRN#:** 0000642066

**DOB:** 11/1/1980

**Sex:** Male

**Printed:** 9/8/2021 13:04 EDT

**Print ID:** 493868634



**AH BH Charlotte OMS Medication**

**501 Billingsley Rd**

**Charlotte, NC 28211-**

**Phone:**

**Fax:**

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**Provider:**  
**Date of Service:** 8/23/2021  
**Visit #:**

**Pt Name:** WILLIAMS III, LEONARD CLINTON  
**Org MRN#:** 0000642066  
**DOB:** 11/1/1980 **Sex:** Male



**AH BH Charlotte OMS Medication**

**501 Billingsley Rd**

**Charlotte, NC 28211-**

**Phone:**

**Fax:**

**Correspondence & Follow Up**

DOCUMENT NAME:

Message Center Note

**Addendum by RICHARDSON , ANNE SHELTON MD on August 24, 2021 08:21:16 EDT**

-----

From: RICHARDSON , ANNE SHELTON MD

To: SENTER , MEREDITH STACY;

Sent: 8/24/2021 08:21:16 EDT

Subject: FW: What do I need to do to get my Adderall script written on the 1st?

**Addendum by WADE , KEISHA RN on August 23, 2021 09:39:47 EDT**

-----

From: WADE , KEISHA RN (CMC Randolph OMS)

To: RICHARDSON , ANNE SHELTON MD;

Sent: 8/23/2021 09:39:47 EDT

Subject: FW: What do I need to do to get my Adderall script written on the 1st?

-----

From: WILLIAMS III, LEONARD CLINTON

To: Dr. Anne Richardson - Behavioral Health - OMS (CMC Randolph OMS)

Sent: 08/20/2021 08:28 p.m. EDT

Subject: What do I need to do to get my Adderall script written on the 1st?

*Thank you for your message. It has been successfully sent to the appropriate care team.*

Hi Anne,

I believe you were the one with Meredith at my appointment about 8 days ago. You had changed my meds to 20mg zyprexa, and you didn't get the Adderall filled. As I have said to my various providers, many, many times, Adderall is what helps with my condition more than anything.

What is the specific improvement that Meredith and yourself are looking for? I need to know soon, because my mother will be driving a long distance to take me to the pharmacy if it gets written.

**Provider:**

**Date of Service:** 8/23/2021

**Visit #:**

**Pt Name: WILLIAMS III, LEONARD CLINTON**

**Org MRN#:** 0000642066

**DOB:** 11/1/1980

**Sex:** Male

**Printed:** 9/8/2021 13:04 EDT

**Print ID:** 493868630



**AH BH Charlotte OMS Medication**

**501 Billingsley Rd**

**Charlotte, NC 28211-**

**Phone:**

**Fax:**

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**Provider:**  
**Date of Service:** 8/25/2021  
**Visit #:**

**Pt Name:** WILLIAMS III, LEONARD CLINTON  
**Org MRN#:** 0000642066  
**DOB:** 11/1/1980 **Sex:** Male



**AH BH Charlotte OMS Medication**

**501 Billingsley Rd**

**Charlotte, NC 28211-**

**Phone:**

**Fax:**

**Correspondence & Follow Up**

DOCUMENT NAME:

Message Center Note

-----  
From: FANG , SHANNON RN  
To: SENTER , MEREDITH STACY; WILLIAMS III, LEONARD CLINTON  
Sent: 9/2/2021 08:00:07 EDT  
Subject: RE: Need Adderall filled -send to Dr. Senter

Leonard,

Good morning. I apologize, I was off yesterday.  
Were you able to meet with Dr Senter yesterday at 5pm?

Thanks,

Shannon, RN

Outpatient Medication Clinic  
Behavioral Health Charlotte  
501 Billingsley Rd  
Charlotte, NC 28211  
office 704-358-2810  
fax 704-358-2838  
24/7 Call Center 704-444-2400

-----  
From: WILLIAMS III, LEONARD CLINTON  
To: SHANNON FANG, RN  
Sent: 08/31/2021 09:37 p.m. EDT  
Subject: RE: Need Adderall filled -send to Dr. Senter

I will keep my appointment. My goals are the following:

1. I need to get my Adderall written
2. I need to set up the nearest appointment to discuss increasing Adderall to 60 mg. This dose would allow me to live a normal life.

---

**Provider:**  
**Date of Service:** 8/25/2021  
**Visit #:**

**Pt Name:** WILLIAMS III, LEONARD CLINTON  
**Org MRN#:** 0000642066  
**DOB:** 11/1/1980 **Sex:** Male

---

**Printed:** 9/8/2021 13:03 EDT

**Print ID:** 493868629



**AH BH Charlotte OMS Medication**

**501 Billingsley Rd**

**Charlotte, NC 28211-**

**Phone:**

**Fax:**

**Correspondence & Follow Up**

If I can get my Adderall upped to 60 mg, I will be able to drop this situation that I have been preoccupied with. I will provide whatever proof needed that I am over the situation.

-----  
From: FANG , SHANNON RN  
To: SENTER , MEREDITH STACY; WILLIAMS III, LEONARD CLINTON  
Sent: 8/30/2021 08:35:53 EDT  
Subject: RE: Need Adderall filled

Good morning.

I have emailed management regarding adding Dr Senter to your list of people you can message. All MyAtrium messages go to the same nurses, for now if you send to your old OMS provider and put in the title Please Send to Dr Senter, we can get it to Dr Senter.

Please keep your virtual appointment Wednesday, 9/1/21 at 5pm to discuss any medication changes with Dr Senter.

Thanks,

Shannon, RN

Outpatient Medication Clinic  
Behavioral Health Charlotte  
501 Billingsley Rd  
Charlotte, NC 28211  
office 704-358-2810  
fax 704-358-2838  
24/7 Call Center 704-444-2400

-----  
From: WILLIAMS III, LEONARD CLINTON  
To: SHANNON FANG, RN  
Sent: 08/28/2021 01:36 a.m. EDT  
Subject: RE: Need Adderall filled

---

**Provider:**  
**Date of Service:** 8/25/2021  
**Visit #:**

**Pt Name:** WILLIAMS III, LEONARD CLINTON  
**Org MRN#:** 0000642066  
**DOB:** 11/1/1980 **Sex:** Male



**AH BH Charlotte OMS Medication**

**501 Billingsley Rd**

**Charlotte, NC 28211-**

**Phone:**

**Fax:**

### **Correspondence & Follow Up**

I have been preoccupied with a situation that left me disabled. If I can get my adderall upped to 60 mg, I will be free of this situation. I will be able to work again. Would Dr. Senter be willing to help me with that? This is the only hope I have for a normal life. Can I also get Dr. Senter added to my list of people that I can email on this website?

#### **Addendum by FANG , SHANNON RN on August 27, 2021 10:45:26 EDT**

-----  
From: FANG , SHANNON RN  
To: SENTER , MEREDITH STACY; WILLIAMS III, LEONARD CLINTON  
Sent: 8/27/2021 10:45:26 EDT  
Subject: RE: Need Adderall filled

Leonard,

Good morning. I tried reaching you at 980-██████ but got your voicemail. Dr Senter would need to meet with you to discuss any medication changes. She looks forward to your appointment with her 9/1/21 at 5pm for a 40minute virtual visit.

If anything is needed before then, feel free to call 704-444-2400.

Thanks,

Shannon, RN

Outpatient Medication Clinic  
Behavioral Health Charlotte  
501 Billingsley Rd  
Charlotte, NC 28211  
office 704-358-2810  
fax 704-358-2838  
24/7 Call Center 704-444-2400

#### **Addendum by SENTER , MEREDITH STACY on August 26, 2021 12:09:37 EDT**

-----  
From: SENTER , MEREDITH STACY  
To: RICHARDSON , ANNE SHELTON;  
Cc: CC , TRIAGE RN;  
Sent: 8/26/2021 12:09:37 EDT  
Subject: RE: Need Adderall filled

---

**Provider:**

**Date of Service:** 8/25/2021

**Visit #:**

**Pt Name:** WILLIAMS III, LEONARD CLINTON

**Org MRN#:** 0000642066

**DOB:** 11/1/1980

**Sex:** Male



AH BH Charlotte OMS Medication

501 Billingsley Rd

Charlotte, NC 28211-

Phone:

Fax:

### Correspondence & Follow Up

Good afternoon,

Would someone be able to inform this patient that we can discuss the medications questions at his next appointment? It would not be appropriate to make med changes prior to seeing him again.

You can reply just to me without Dr. Richardson.

Thanks!

#### Addendum by RICHARDSON , ANNE SHELTON MD on August 26, 2021 09:14:36 EDT

-----  
From: RICHARDSON , ANNE SHELTON MD  
To: SENTER , MEREDITH STACY;  
Sent: 8/26/2021 09:14:36 EDT  
Subject: RE: Need Adderall filled

not sure what plan was with pt. Triage to tell him will be reviewed at next appt 9/1? I can be taken off thread

#### Addendum by WADE , KEISHA RN on August 25, 2021 16:23:30 EDT

-----  
From: WADE , KEISHA RN (CMC Randolph OMS)  
To: RICHARDSON , ANNE SHELTON MD;  
Sent: 8/25/2021 16:23:30 EDT  
Subject: FW: Need Adderall filled

#### Addendum by WADE , KEISHA RN on August 25, 2021 16:23:18 EDT with Dr Senter

#### Addendum by WADE , KEISHA RN on August 25, 2021 16:23:05 EDT app scheduled 9/1 at 5 PM

-----  
From: WILLIAMS III, LEONARD CLINTON  
To: Dr. Anne Richardson - Behavioral Health - OMS (CMC Randolph OMS)  
Sent: 08/25/2021 04:21 p.m. EDT  
Subject: Need Adderall filled

*Thank you for your message. It has been successfully sent to the appropriate care team.*

---

**Provider:**

**Date of Service:** 8/25/2021

**Visit #:**

**Pt Name:** WILLIAMS III, LEONARD CLINTON

**Org MRN#:** 0000642066

**DOB:** 11/1/1980

**Sex:** Male

---

**Printed:** 9/8/2021 13:03 EDT

**Print ID:** 493868629





**AH BH Charlotte OMS Medication**

**501 Billingsley Rd**

**Charlotte, NC 28211-**

**Phone:**

**Fax:**

### **Correspondence & Follow Up**

Hi,

I had left a message for the nurse to write me a script for adderall xr. She has yet to reply. My situation is dire and without adderall I can't do anything. I am doing better since my last visit. I am asking again for a script to be sent over, so that I can fill it as soon as is possible. I also want my doctor switched to Meredith and I really need you to work with me on dosages. Please reply asap.

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**Correspondence & Follow Up**

DOCUMENT NAME:

Message Center Note

**Addendum by SENTER , MEREDITH STACY on August 30, 2021 15:02:27 EDT**

-----  
From: SENTER , MEREDITH STACY  
To: FANG , SHANNON;  
Sent: 8/30/2021 15:02:27 EDT  
Subject: RE: Need Adderall filled

Thanks... I will discuss with him at our appointment, but based on our last appointment and his history, Adderall is not appropriate for this patient.

---

-----  
From: FANG , SHANNON RN  
To: SENTER , MEREDITH STACY; WILLIAMS III, LEONARD CLINTON  
Sent: 8/30/2021 08:35:53 EDT  
Subject: RE: Need Adderall filled

Good morning.  
I have emailed management regarding adding Dr Senter to your list of people you can message. All MyAtrium messages go to the same nurses, for now if you send to your old OMS provider and put in the title Please Send to Dr Senter, we can get it to Dr Senter.

Please keep your virtual appointment Wednesday, 9/1/21 at 5pm to discuss any medication changes with Dr Senter.

Thanks,

Shannon, RN

Outpatient Medication Clinic  
Behavioral Health Charlotte  
501 Billingsley Rd  
Charlotte, NC 28211  
office 704-358-2810  
fax 704-358-2838  
24/7 Call Center 704-444-2400

---

**Provider:**

**Date of Service:** 8/25/2021

**Visit #:**

**Pt Name:** WILLIAMS III, LEONARD CLINTON

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**Correspondence & Follow Up**

-----  
From: WILLIAMS III, LEONARD CLINTON  
To: SHANNON FANG, RN  
Sent: 08/28/2021 01:36 a.m. EDT  
Subject: RE: Need Adderall filled

I have been preoccupied with a situation that left me disabled. If I can get my adderall upped to 60 mg, I will be free of this situation. I will be able to work again. Would Dr. Senter be willing to help me with that? This is the only hope I have for a normal life. Can I also get Dr. Senter added to my list of people that I can email on this website?

**Addendum by FANG , SHANNON RN on August 27, 2021 10:45:26 EDT**

-----  
From: FANG , SHANNON RN  
To: SENTER , MEREDITH STACY; WILLIAMS III, LEONARD CLINTON  
Sent: 8/27/2021 10:45:26 EDT  
Subject: RE: Need Adderall filled

Leonard,

Good morning. I tried reaching you at 980-613-2196 but got your voicemail. Dr Senter would need to meet with you to discuss any medication changes. She looks forward to your appointment with her 9/1/21 at 5pm for a 40minute virtual visit.

If anything is needed before then, feel free to call 704-444-2400.

Thanks,

Shannon, RN

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Behavioral Health Charlotte  
501 Billingsley Rd  
Charlotte, NC 28211  
office 704-358-2810  
fax 704-358-2838

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Fax:

**Correspondence & Follow Up**

24/7 Call Center 704-444-2400

**Addendum by SENTER , MEREDITH STACY on August 26, 2021 12:09:37 EDT**

-----  
From: SENTER , MEREDITH STACY  
To: RICHARDSON , ANNE SHELTON;  
Cc: CC , TRIAGE RN;  
Sent: 8/26/2021 12:09:37 EDT  
Subject: RE: Need Adderall filled

Good afternoon,  
Would someone be able to inform this patient that we can discuss the medications questions at his next appointment? It would not be appropriate to make med changes prior to seeing him again.

You can reply just to me without Dr. Richardson.  
Thanks!

**Addendum by RICHARDSON , ANNE SHELTON MD on August 26, 2021 09:14:36 EDT**

-----  
From: RICHARDSON , ANNE SHELTON MD  
To: SENTER , MEREDITH STACY;  
Sent: 8/26/2021 09:14:36 EDT  
Subject: RE: Need Adderall filled

not sure what plan was with pt. Triage to tell him will be reviewed at next appt 9/1? I can be taken off thread

**Addendum by WADE , KEISHA RN on August 25, 2021 16:23:30 EDT**

-----  
From: WADE , KEISHA RN (CMC Randolph OMS)  
To: RICHARDSON , ANNE SHELTON MD;  
Sent: 8/25/2021 16:23:30 EDT  
Subject: FW: Need Adderall filled

**Addendum by WADE , KEISHA RN on August 25, 2021 16:23:18 EDT**

with Dr Senter

**Addendum by WADE , KEISHA RN on August 25, 2021 16:23:05 EDT**

---

**Provider:**

**Date of Service:** 8/25/2021

**Visit #:**

**Pt Name:** WILLIAMS III, LEONARD CLINTON

**Org MRN#:** 0000642066

**DOB:** 11/1/1980

**Sex:** Male

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**Printed:** 9/8/2021 13:03 EDT

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**AH BH Charlotte OMS Medication**

**501 Billingsley Rd**

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**Phone:**

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**Correspondence & Follow Up**

app scheduled 9/1 at 5 PM

-----  
From: WILLIAMS III, LEONARD CLINTON  
To: Dr. Anne Richardson - Behavioral Health - OMS (CMC Randolph OMS)  
Sent: 08/25/2021 04:21 p.m. EDT  
Subject: Need Adderall filled

*Thank you for your message. It has been successfully sent to the appropriate care team.*

Hi,

I had left a message for the nurse to write me a script for adderall xr. She has yet to reply. My situation is dire and without adderall I can't do anything. I am doing better since my last visit. I am asking again for a script to be sent over, so that I can fill it as soon as is possible. I also want my doctor switched to Meredith and I really need you to work with me on dosages. Please reply asap.

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**501 Billingsley Rd**

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**Correspondence & Follow Up**

DOCUMENT NAME:

Message Center Note

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with Dr Senter

**Addendum by WADE , KEISHA RN on August 25, 2021 16:23:05 EDT**  
app scheduled 9/1 at 5 PM

-----  
From: WILLIAMS III, LEONARD CLINTON

**Provider:**  
**Date of Service:** 8/25/2021  
**Visit #:**

**Pt Name:** WILLIAMS III, LEONARD CLINTON  
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### **Correspondence & Follow Up**

To: Dr. Anne Richardson - Behavioral Health - OMS (CMC Randolph OMS)

Sent: 08/25/2021 04:21 p.m. EDT

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**AH BH Charlotte OMS Medication**

501 Billingsley Rd

Charlotte, NC 28211-

Phone:

Fax:

**BH Clinical Documentation**

DOCUMENT NAME:

BH Telephone Contact Form-Text

**BH Telephone Contact Form Entered On: 8/30/2021 11:16 EDT****Performed On: 8/30/2021 11:16 EDT by HORNE , VERONICA****Medicaid Number**

Medicaid Coverage : No

HORNE , VERONICA - 8/30/2021 11:16 EDT

**BH Telephone Contact**

Caller Name : Angela

Relationship to Patient : Parent(s)/Guardian

Provider : WRIGHT , AYOFE MI DO

Call Type : Medical Questions

Home Phone Number : 980- [REDACTED]

Cell Phone Number : 980- [REDACTED]

Reason for call : Angela, pt mother, requesting to speak with the nurse/provider about pt meds. Contact # 423- [REDACTED]

Last Visit Date : 8/12/2021 EDT

HORNE , VERONICA - 8/30/2021 11:16 EDT

**Communications - BH**

*Patient Agreement Comm BH :* The patient gives oral or written consent for AH to verbally share his/her health information with the individuals listed below [this includes, but is not limited to, diagnosis, prognosis, medications (dosage and side effects, if any) and progress].

*Legal Guardian Information :* Legal Guardian: No*BH Comm Share Info with others :* Yes*OC Reviewed Contact List :* 8/30/2021 11:25 EDT

*Consent Valid BH :* This consent will be valid for one year unless revoked prior to expiration. Enter "End Date" for all BH encounters one year after "Date Identified".

WADE , KEISHA RN - 8/30/2021 11:25 EDT

WADE , KEISHA RN - 8/30/2021 11:25 EDT

**BH Communication Grid***1. BH Consent Date Obtained :* 4/23/2019 EDT*BH Consent End Date - 1 year from date obtained :* 4/22/2020 EDT*Contact Name :* Angie [REDACTED]*Contact Number :* 423- [REDACTED]*Relationship :* Mother*BH Witnessed By Name :* N/A - Patient signed paper consent (see scanned documents)**Provider:****Date of Service:** 8/30/2021**Visit #:****Pt Name:** WILLIAMS III, LEONARD CLINTON**Org MRN#:** 0000642066**DOB:** 11/1/1980**Sex:** Male**Printed:** 9/8/2021 13:03 EDT**Print ID:** 493868628

**AH BH Charlotte OMS Medication**

501 Billingsley Rd

Charlotte, NC 28211-

Phone:

Fax:

**BH Clinical Documentation***BH Witnessed By Relationship :* AH Staff Member*BH Comments :* consent revoked 5-1-19

WADE , KEISHA RN - 8/30/2021 11:25 EDT

*2. BH Consent Date Obtained :* 4/23/2019 EDT*BH Consent End Date - 1 year from date obtained :* 4/22/2020 EDT*Contact Name :* Jennifer Cox*Contact Number :* 704-██████████*Relationship :* Co-worker / Friend*BH Witnessed By Name :* N/A - Patient signed paper consent (see scanned documents)*BH Witnessed By Relationship :* AH Staff Member*BH Comments :* consent revoked 5-1-19

WADE , KEISHA RN - 8/30/2021 11:25 EDT

*3. BH Consent Date Obtained :* 1/17/2020 EST*BH Consent End Date - 1 year from date obtained :* 1/17/2021 EST*Contact Name :* John Monguillot*Contact Number :* 828-██████████*Relationship :* psychologist*BH Witnessed By Name :* Other: Keisha Wade RN and Shannon Fang RN*BH Witnessed By Relationship :* AH Staff Member

WADE , KEISHA RN - 8/30/2021 11:25 EDT

*4. BH Consent Date Obtained :* 9/2/2021 EDT*BH Consent End Date - 1 year from date obtained :* 9/2/2022 EDT*Contact Name :* Angie ██████████*Contact Number :* 423-██████████*Relationship :* Mother*BH Witnessed By Name :* Other: K. Anderson*BH Witnessed By Relationship :* AH Staff Member

HUMMER , REBECCA - 9/2/2021 16:15 EDT

**Follow Up**Phone Msg Communication Grid*1. Communication Date/Time :* 8/30/2021 11:25 EDT*Communication Comment :* attempted to contact pt (ROI expired for mom on 4/22/20) no answer, left message on vm to return RNs call

WADE , KEISHA RN - 8/30/2021 11:25 EDT

*2. Communication Date/Time :* 8/31/2021 8:21 EDT*Communication Comment :* spoke with pts mother, (informed mom ROI expired and RN could not disclose any pt information but could listen to any concerns) pts mother states pt informed her that he would like to get back on adderall and feels if he does he would be able to go back

WADE , KEISHA RN - 8/31/2021 8:21 EDT

**Provider:****Date of Service:** 8/30/2021**Visit #:****Pt Name:** WILLIAMS III, LEONARD CLINTON**Org MRN#:** 0000642066**DOB:** 11/1/1980**Sex:** Male



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**BH Clinical Documentation**

3. *Communication Comment* : to work...will forward to Dr Senter, (pt has app 9/1 at 5 PM with Dr Senter)  
WADE , KEISHA RN - 8/31/2021 8:21 EDT
4. *Communication Date/Time* : 9/2/2021 16:16 EDT  
*Communication Comment* : Pt called, speaking very fast, confirmed consent for provider to speak with his mother.  
Communications updated. Pt stated he must get his Adderall "they're not giving me my Adderall". Kept requesting to  
speak to RN or MD right then, CC rep did inform pt  
HUMMER , REBECCA - 9/2/2021 16:15 EDT
5. *Communication Comment* : a message would have to be sent for a call back. Pt verbalized understanding, confirmed  
cell#  
HUMMER , REBECCA - 9/2/2021 16:15 EDT
- Follow-up Appointment* : 09/01/21 5pm  
HORNE , VERONICA - 8/30/2021 11:16 EDT

**Provider:**  
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**AH BH Charlotte OMS Medication**

**501 Billingsley Rd**

**Charlotte, NC 28211-**

**Phone:**

**Fax:**

### Visit Information

#### Visit Information

Recorded Date	8/30/2021	
Recorded Time	11:16 EDT	
Recorded By	HORNE ,VERONICA	
Procedure		Units
Provider	WRIGHT , AYOFE MI I DO	

**Provider:**

**Date of Service:** 8/30/2021

**Visit #:**

**Pt Name:** WILLIAMS III, LEONARD CLINTON

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