

EXHIBIT 5

Gene Gincherman MD
Sandra Forti PA-C

SUBURBAN HOSPITAL
8600 Old Georgetown Road, Bethesda MD 20814
(301)896-3880

Discharge Instructions

Brett Kimberlin
MR#: 1308131

ACULAR (KETOROLAC OPHTHALMIC)

Acular (Ophthalmic Ketorolac) is an anti-inflammatory medicine that is used in the eyes. It is used to treat itching that is caused by seasonal allergies, and also to treat inflammation following surgery or injuries.

DIRECTIONS FOR USE:

- First, wash your hands.
- Tilt head back, gently pull lower lid away from eye to make a space. With your other hand, put a drop of medicine into this space. Let go of the lid and try to keep eye closed for 1-2 minutes without blinking. Try NOT to touch the tip of the bottle to your eyelid.
- If you think you did not get the drop into your eye properly, use another drop.

DOSING The usual dosing is 1 or 2 drops in the eye 4 times per day. Follow your doctor's orders as to the dosing and duration of treatment.

WHAT TO WATCH FOR:

POSSIBLE SIDE EFFECTS:

- Stinging or burning of eye when the drops are applied.

ALLERGIC REACTIONS: Rash, itching, swelling, trouble swallowing or breathing --> (Contact your doctor or return to this facility promptly).

***** IMPORTANT *****

MEDICAL CONDITIONS: Before starting this medicine, be sure your doctor knows if you have any of the following conditions:

- Allergies to aspirin, Toradol, or Non-steroidal anti-inflammatory medicines such as Ibuprofen, Aleve.
- Pregnancy. Ophthalmic ketorolac has not been studied in pregnant women. However, studies in some animals have shown that it may cause birth defects.
- Hemophilia or other bleeding disorders
- Breast Feeding. Ophthalmic ketorolac has not been reported to cause problems in nursing babies.

WARNINGS:

- Store away from heat.
- Do not refrigerate or allow to freeze.
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[NOTE: This information topic may not include all directions, precautions, medical conditions, drug/food interactions and warnings for this drug. Check with your doctor, nurse or pharmacist for any questions that you may have.]

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Special advice for: BRETT Kimberlin

Call Benjamin Rubin MD today or the next business day for an appointment to be seen within the next 1 days if not improving. When you call to make the appointment, tell the secretary that you were referred from this facility. When you go to see the doctor, bring these instructions with you.

MEDICATION RECONCILIATION

Based on a review of the list of the medications you are currently taking, that you have provided, we recommend that:

- You continue all medications
- You continue all medication, but stop _____
- You continue the medications you are currently taking and add the medications we prescribed here.

Always follow up with your doctor and let him/her know about your medications.

The chest xray showed a small density in the left midlung area. Please follow up with your primary doctor for further evaluation.

You may use the acular- 1 drop every 6 hours.

REFERRALS:

Benjamin Rubin MD [Ophthalmology] (301)309-1886
7801 RENOIR COURT, POTOMAC (None)

Your Primary Care Physician

I have received and understand the instructions above.

x _____

Patient or Representative

x CAFUTIPAE
Staff

The exam and treatment that you received today has been provided on an emergency basis only. If your problem worsens or new symptoms appear, contact your doctor or return to this facility for further care.

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PHYSICAL ASSAULT

[Adult]

You have been examined today for physical injuries. Because of the emotional upset that happens during a physical assault, you may not be aware of areas of pain or injury until tomorrow. Watch for the signs below.

Following a physical assault, it is normal to feel many strong emotions. Shock, embarrassment, fear, depression, blame, guilt, shame or anger are all very common and normal feelings. For a while, you may find it hard to find a sense of balance in your life. You may not be able to think clearly and you may have strong emotions about what happened to you. This is normal.

It can take time to get back to the point where you feel comfortable and safe again. Crisis intervention and supportive counseling can help you get through this.

Many states require your doctor to notify the law enforcement agency when they treat a victim of a violent crime. This does not mean that you have to prosecute or go to trial. You may be eligible for compensation of medical costs or losses related to the assault. Talk to the local law enforcement agency for details.

HOME CARE:

- 1) Follow your doctor's advice regarding the care of any physical injuries.
- 2) You may use acetaminophen (Tylenol) or ibuprofen (Motrin, Advil) to control pain, unless another pain medicine was prescribed. [**NOTE** : If you have chronic liver or kidney disease or ever had a stomach ulcer or GI bleeding, talk with your doctor before using these medicines.]
- 3) Don't isolate yourself. For the next few days, you may prefer to stay with family or a friend for emotional support and a sense of physical safety. Seek out local resources or refer to the links below for more information.

FOLLOW UP with your doctor or as advised by our staff. Refer to the links below for more information.

- National Center for Victims of Crime (NCVC) (offers victim services, referrals, articles on victim issues, and other resources) www.ncvc.org , 800-394-2255
- National Organization for Victim Assistance (NOVA) (articles on victims issues, provides victim assistance, coordinates the National Crime Victim Information and Referral Hotline) www.trynova.org, 800-879-6682

[NOTE: If X-rays were taken, they will be reviewed by a radiologist. You will be notified of any other findings that may affect your care.]

GET PROMPT MEDICAL ATTENTION if any of the following occur:

- New or worsening headache or visual problems
- New or worsening neck, back, abdomen, arm or leg pain
- Shortness of breath or increasing chest pain
- Repeated vomiting, dizziness or fainting
- Excessive drowsiness or unable to wake up as usual
- Confusion or change in behavior or speech, memory loss or blurred vision
- Redness, swelling, or pus coming from any wound

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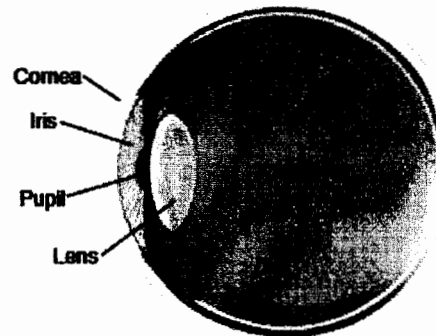
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IRITIS

The iris is the colored part of the eye that controls the size of the pupil. Iritis is an inflammation of the iris. It can be caused by direct injury to the eye or disease elsewhere in the body (for example, gout, Lyme's disease, inflammatory bowel disease, or rheumatoid arthritis). The exact cause may never be found.

Iritis usually develops suddenly in only one eye. Symptoms include redness, pain in the eye or brow region, sensitivity to light, and blurred vision.

Iritis is treated with eyedrops to dilate the pupil. This will cause your vision to be blurred for a few hours up to a week, depending on the medicine used. Steroid drops may also be prescribed. Iritis from eye injury usually resolves in 1-2 weeks. Iritis from other causes may take several weeks to months to resolve.



HOME CARE:

1. Use eyedrops as prescribed.
2. Wear sunglasses to decrease light sensitivity and discomfort.
3. If your eye is dilated or if an eye patch is applied, your driving ability will be affected. Do not drive until the blurred vision wears off and you no longer need an eye patch.
4. You may use acetaminophen (Tylenol) or ibuprofen (Motrin, Advil) to control pain, unless another medicine was prescribed. [**NOTE:** If you have chronic liver or kidney disease or ever had a stomach ulcer or GI bleeding, talk with your doctor before using these medicines.]

FOLLOW UP with your doctor or as advised by our staff.

GET PROMPT MEDICAL ATTENTION if any of the following occur:

- If symptoms do not start to improve after one week
- If iritis from eye injury causes symptoms for more than two weeks
- Pain increases
- Redness in the eye
- Vision loss

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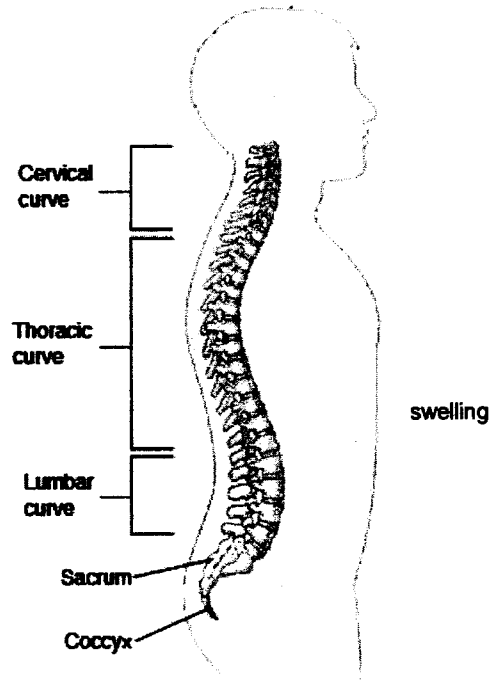
BACK SPRAIN or STRAIN

You have injured the muscles (strain) or ligaments (sprain) around the spine. This may occur after a sudden forceful twisting or bending force (such as in a car accident), after a simple awkward movement, or after lifting something heavy with poor body positioning. In either case, muscle spasm is often present and adds to the pain.

A back sprain or muscle strain usually gets better in 1-2 weeks. Unless you had a forceful physical injury (for example, a car accident or fall), X-rays are usually not ordered for the initial evaluation of a back sprain or strain. If pain continues and does not respond to medical treatment, x-rays and other tests may be performed at a later time.

HOME CARE:

1. You may need to stay in bed the first few days. But, as soon as possible, begin sitting or walking to avoid problems with prolonged bed rest (muscle weakness, worsening back stiffness and pain, blood clots in the legs).
2. When in bed, try to find a position of comfort. A firm mattress is best. Try lying flat on your back with pillows under your knees. You can also try lying on your side with your knees bent up towards your chest and a pillow between your knees.
3. Avoid prolonged sitting. This puts more stress on the lower back than standing or walking.
4. During the first two days after injury, apply an ICE PACK to the painful area for 20 minutes every 2-4 hours. This will reduce and pain. HEAT (hot shower, hot bath or heating pad) works well for muscle spasm. You can start with ice, then switch to heat after two days. Some patients feel best alternating ice and heat treatments. Use the one method that feels the best to you.
5. You may use acetaminophen (Tylenol) or ibuprofen (Motrin, Advil) to control pain, unless another pain medicine was prescribed. [NOTE: If you have chronic liver or kidney disease or ever had a stomach ulcer or GI bleeding, talk with your doctor before using these medicines.]
6. Be aware of safe lifting methods and do not lift anything over 15 pounds until all the pain is gone.



FOLLOW UP with your doctor or this facility if your symptoms do not start to improve after one week. Physical therapy or further tests may be needed.

[NOTE: If X-rays were taken, they will be reviewed by a radiologist. You will be notified of any new findings that may affect your care.]

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GET PROMPT MEDICAL ATTENTION if any of the following occur:

- Pain becomes worse or spreads to your arms or legs
- Weakness or numbness in one or both arms or legs
- Loss of bowel or bladder control
- Numbness in the groin or genital area

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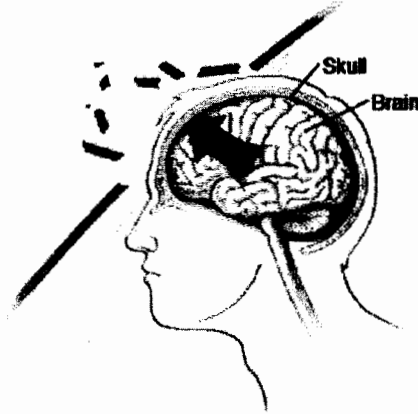
HEAD INJURY

[w/ wake-up, Adult]

You have had a head injury. It does not appear serious at this time. Sometimes symptoms of a more serious problem (concussion, bruising or bleeding in the brain) may appear later. Therefore, watch for the **WARNING SIGNS** listed below.

HOME CARE:

1. During the next 24 hours someone must stay with you. This person should WAKE YOU EVERY TWO HOURS to check for the signs below.
2. If you have swelling of the face or scalp, apply an ice pack (ice cubes in a plastic bag, wrapped in a towel) for 20 minutes every 1-2 hours until the swelling starts to go down.
3. You may use acetaminophen (Tylenol) or ibuprofen (Motrin, Advil) to control pain, unless another pain medicine was prescribed. [NOTE: If you have chronic liver or kidney disease or ever had a stomach ulcer or GI bleeding, talk with your doctor before using these medicines.] Do not take aspirin after a head injury.
4. For the next 24 hours:
 - Do not take alcohol, sedatives or medicines that make you sleepy.
 - Do not drive or operate machinery.
 - Avoid strenuous activities. No lifting or straining.
- 5) If you have had any symptoms of a concussion today (nausea, vomiting, dizziness, confusion, headache, memory loss or if you were knocked out), do not return to sports or any activity that could result in another head injury until all symptoms are gone and you have been cleared by your doctor. A second head injury before fully recovering from the first one can lead to serious brain injury.



FOLLOW UP with your doctor if symptoms are not improving after 24 hours, or as directed.

[NOTE: A radiologist will review any X-rays or CT scans that were taken. We will notify you of any new findings that may affect your care.]

GET PROMPT MEDICAL ATTENTION if any of the following occur:

- Repeated vomiting
- Severe or worsening headache or dizziness
- Unusual drowsiness, or unable to awaken as usual
- Confusion or change in behavior or speech, memory loss, blurred vision
- Convulsion (seizure)
- Increasing scalp or face swelling
- Redness, warmth or pus from the swollen area
- Fluid drainage or bleeding from the nose or ears

Name	Admit Date/Time	Admitting Diagnosis	Sex	Age	Room/Bed	Allergies	Relationship	Acct Number
KIMBERLIN, BRETT C	01/09/12 17:54	ASSAULT	M	57 Y	DIS 01/09/12 19:52	Penicillins		041669862

Report for KIMBERLIN, BRETT C (MRN: 1308131)

TEST: CT FACE WO CONTRAST

Collected Date & Time: 01/09/12 18:44

Result Name	Results	Units	Reference Range
CT FACE WO CONTRAST	001576271 CT BRAIN WO CONTRAST(..)		

001576271 CT BRAIN WO CONTRAST

001576272 CT CERV SPINE WO CONTRAST

INDICATION: Status post assault. Headache, neck pain, and visual disturbance.

PROCEDURE: Head CT

TECHNIQUE: Axial noncontrast CT imaging through the head.

FINDINGS: No evidence for acute intracranial hemorrhage is seen. No midline shift or mass-effect. Ventricular size and configuration are within normal limits. No acute displaced calvarial fracture. Mild soft tissue swelling is present along the right orbit.

IMPRESSION:

No acute intracranial sequela from trauma.

PROCEDURE: Cervical spine CT

TECHNIQUE: Helical CT scanning which forms the basis for coronal and sagittal reformatted images.

FINDINGS: Vertebral body heights and alignment are maintained. No acute fracture is seen. The prevertebral soft tissues are within normal limits. The central airways patent. Mild degenerative changes are present in the lower cervical spine, most prominently at the C6-C7

level. The visualized portions of the lung apices are clear.

IMPRESSION:

1. No acute fracture or listhesis is identified.

2. Advise clinical correlation for cervical spine clearance with immobilization and follow-up imaging as clinically indicated.

PROCEDURE: Face CT

TECHNIQUE: Axial noncontrast CT imaging which forms the basis for coronal reformats.

FINDINGS: Dental artifact limits evaluation of the mandible.

Asymmetric mild soft tissue swelling is present adjacent to the right orbit. No acute or displaced facial bone fractures are identified. The globes, intra- and extraconal contents are symmetric.

IMPRESSION:

No acute facial bone fracture is identified.

Signed by Judy Song M.D. on 1/9/2012 7:05 PM

Name	Admit Date/Time	Admitting Diagnosis	Sex	Age	Room/Bed	Allergies	Relationship	Acct Number
<u>KIMBERLIN, BRETT C</u>	01/09/12 17:54	ASSAULT	M	57 Y	DIS 01/09/12 19:52	Penicillins		041669862

Report for KIMBERLIN, BRETT C (MRN: 1308131)

TEST: DX CHEST PA AND LAT L
 Collected Date & Time: 01/09/12 18:28

Result Name	Results	Units	Reference Range
DX CHEST PA AND LAT L	HISTORY: Assault. Evaluate for(..)		

HISTORY: Assault. Evaluate for pulmonary process otherwise specified.

CHEST, TWO VIEWS

TECHNIQUE: Conventional radiographs of the chest were obtained. A total of two views were obtained.

Comparison: None are available at this time.

FINDINGS: PA and lateral radiographs of the chest were obtained. The heart and mediastinal contours are within normal limits. The lungs are well aerated with no focal consolidation, pneumothorax, nor effusion. 6-mm hyperdensity in the left midlung zone likely is related to overlapping shadows as it is not seen on the lateral projection. No displaced rib fracture is present.

IMPRESSION: No conventional radiographic evidence of intrathoracic sequela from trauma. A 6-mm opacity in the left midlung zone is likely related to overlapping shadows and comparison with any prior studies is recommended.

Signed by Judy Song M.D. on 1/9/2012 7:08 PM

Name	Admit Date/Time	Admitting Diagnosis	Sex	Age	Room/Bed	Allergies	Relationship	Acct Number
<u>KIMBERLIN, BRETT C</u>	01/09/12 17:54	ASSAULT	M	57 Y	DIS 01/09/12 19:52	Penicillins		041669862

Report for KIMBERLIN, BRETT C (MRN: 1308131)

TEST: CT CERV SPINE WO CONTRAST
Collected Date & Time: 01/09/12 18:44

Result Name	Results	Units	Reference Range
CT CERV SPINE WO CONTRAST	001576270 CT FACE WO CONTRAST(..)		
001576270 CT FACE WO CONTRAST			
001576271 CT BRAIN WO CONTRAST			
INDICATION: Status post assault. Headache, neck pain, and visual disturbance.			
PROCEDURE: Head CT			
TECHNIQUE: Axial noncontrast CT imaging through the head.			
FINDINGS: No evidence for acute intracranial hemorrhage is seen. No midline shift or mass-effect. Ventricular size and configuration are within normal limits. No acute displaced calvarial fracture. Mild soft tissue swelling is present along the right orbit.			
IMPRESSION:			
No acute intracranial sequela from trauma.			
PROCEDURE: Cervical spine CT			
TECHNIQUE: Helical CT scanning which forms the basis for coronal and sagittal reformatted images.			
FINDINGS: Vertebral body heights and alignment are maintained. No acute fracture is seen. The prevertebral soft tissues are within normal limits. The central airways patent. Mild degenerative changes are present in the lower cervical spine, most prominently at the C6-C7 level. The visualized portions of the lung apices are clear.			
IMPRESSION:			
1. No acute fracture or listhesis is identified.			
2. Advise clinical correlation for cervical spine clearance with immobilization and follow-up imaging as clinically indicated.			
PROCEDURE: Face CT			
TECHNIQUE: Axial noncontrast CT imaging which forms the basis for coronal reformats.			
FINDINGS: Dental artifact limits evaluation of the mandible. Asymmetric mild soft tissue swelling is present adjacent to the right orbit. No acute or displaced facial bone fractures are identified. The globes, intra- and extraconal contents are symmetric.			
IMPRESSION:			
No acute facial bone fracture is identified.			
Signed by Judy Song M.D. on 1/9/2012 7:05 PM			