

STATE OF FLORIDA
DEPARTMENT OF CORRECTIONS

CONSENT FOR TOOTH REMOVAL

When you give permission to have upper and lower teeth or residual roots removed, you should understand that the most common risks and hazards of the operation are:

1. Bleeding heavy enough to stop the operation.
2. Injury to adjacent teeth and fillings.
3. Postoperative infection and/or bleeding requiring additional treatment.
4. Possibility of a small piece of root being left in the jaw when its removal would require extensive surgery.
5. Breakage of the jaw.
6. Postoperative discomfort and swelling which may necessitate several days of recuperation.
7. Stretching of the corners of the mouth with resulting cracking and bruising.
8. Injury to the nerve underlying the teeth resulting in numbness of the lip and/or tongue on the operated side. (This does not apply to upper teeth.)
9. Opening of the sinus (a normal cavity situated above the teeth) requiring additional surgery. (This does not apply to lower teeth.)

The frequency of occurrence of the above complications are different for each item, but infrequent for any of them. Please sign and date this form where indicated. Prior to signing, feel free to consult with attending dentist.

I, the undersigned, a patient in this health care facility, have had explained to me and understand the nature of my condition. I hereby authorize Dr. Veeramachaneni, D.D.S (and whomever he may designate as his assistants) to administer such treatment as is necessary, and to perform the following care service: Ext. # 14 with the understanding that a replacement tooth/teeth is not guaranteed and will be done at the permanent institutional dentist's discretion.

Dr. Veeramachaneni, DDS
SBCF SIGNATURES
DDS SBCF

Signature/Stamp of Dentist Dr. Veeramachaneni Date 9/22/10

Signature of Patient James Curtis Date 9/22/10

Signature/Stamp of Witness D. Durbin, Cert. Dental Asst. Date 9/22/10
S.B.C.F.

Inmate Name James Curtis
DC# 166314 R/S W/M
Date of Birth 10/19/74
Institution South Bay Correctional Facility

PART B - RESPONSE

Curtis, James

INMATE

166314

NUMBER

10-1161

GRIEVANCE LOG NUMBER

SBCF

CURRENT INMATE LOCATION

A2-210U

HOUSING LOCATION

YOUR REQUEST FOR ADMINISTRATIVE REMEDY OR APPEAL HAS BEEN RECEIVED AND REVIEWED.

ON 8/31/10, YOU WERE SEEN ON SICK-CALL WITH A COMPLAINT OF PAIN ON LOWER -LEFT. X-RAY AND CLINICAL EXAM REVEALED NOTHING ABNORMAL. YOU WERE GIVEN AN IN OFFICE ANTIMICROBIAL RINSE AND ADVISED TO DO WARM SALT WATER RINSES AND ORAL HYGIENE INSTRUCTIONS WERE REVIEWED. ON 9/3/10- YOU WERE SEEN FOR A FOLLOW-UP. SINCE YOU INDICATED YOU DID NOT FIND ANY RELIEF WITH THE RINSES, YOU WERE PRESCRIBED ANTIBIOTICS AND PAINKILLERS FOR A POSSIBLE ACUTE PERIODONTAL INFECTION. ON 9/21/10- A DEEP CLEANING (SCRIP) WAS PERFORMED ON LOWER LEFT QUADRANT. AT THIS TIME, YOU INDICATED YOU WERE ACTUALLY HAVING PAIN ON THE UPPER LEFT POINTING #14 AND THAT YOU WERE UNABLE TO BITE ON THE TOOTH. SINCE THIS IS A CLASSIC SIGN FOR A FRACTURED TOOTH, AN X-RAY AND CLINICAL EXAM WAS PERFORMED. YOU WERE ADVISED THAT THE #14 IS NON-RESTORABLE DUE TO THE FRACTURE AND NEEDED TO BE EXTRACTED. ALL OPTIONS WERE DISCUSSED AT THAT TIME. ON 9/22/10-AFTER YOU SIGNED THE CONSENT DC4-763, (WHICH CLEARLY STATES ALL THE RISKS PRIOR TO PERFORMING THE PROCEDURE), A SIMPLE EXTRACTION OF #14 WAS DONE. YOU WERE ADVISED THAT THERE WAS A MINIMAL FRACTURE OF BUCCAL BONE AND IF LEFT ALONE WOULD HEAL BY ITSELF AND IF IT WAS TAKEN OUT IT WOULD CREATE A BONE DEFECT. ON 9/28/10-YOU CAME TO SICK-CALL WITH COMPLAINTS OF PAIN ON EXTRACTION SITE AND DRAINING FROM THE SINUS WALL AND THAT YOU WERE BLOWING AIR THROUGH THE SOCKET. YOU WERE TOLD THAT SINCE THE EXTRACTION HAD BEEN LESS THAN A WEEK, YOU WERE NOT SUPPOSED TO BLOW AIR THROUGH THE SOCKET AS IT WOULD DELAY THE HEALING PROCESS. YOU WERE TOLD THAT YOU WOULD RECEIVE A FOLLOW-UP APPOINTMENT WITH DENTAL 2 WEEKS POST EXTRACTION AND THAT YOUR PAIN SYMPTOMS WOULD BE ADDRESSED AS NEEDED. YOU WERE TOLD THE EXTRACTION SITE WAS HEALING AND THAT YOU NEEDED TO GIVE IT SOME TIME. YOU WERE UPSET AND LEFT DENTAL SAYING YOU WOULD GRIEVE IT.

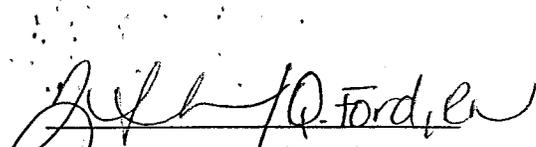
IN REGARDS TO YOUR OTHER ALLEGATIONS OF DENTAL NOT PROVIDING CARE FOR YOU, PER THHS.04.13 SUPPLEMENT H SECTION R, INMATES SHOULD SUBMIT WRITTEN REQUEST UPON REACHING ELIGIBILITY TO OBTAIN DENTAL CARE. WHEN A REQUEST IS RECEIVED, THE NAME SHALL BE PLACED ON A LIST OF INDIVIDUALS AWAITING SERVICES ON A FIRST COME FIRST SERVED BASIS. DENTAL HAS NOT RECEIVED A REQUEST FROM YOU FOR COMPREHENSIVE CARE TO DATE.

DENTAL-SICK CALL IS AVAILABLE MONDAY-FRIDAY FROM 8:00 A.M. - 9:00 A.M. FOR YOUR CONVENIENCE. IF YOU ARE IN PAIN, YOU CAN SIGN UP FOR SICK-CALL OR DECLARE AN EMERGENCY.

BASED ON THE ABOVE INFORMATION, YOUR GRIEVANCE IS DENIED.

YOU MAY OBTAIN FURTHER ADMINISTRATIVE REVIEW OF YOUR COMPLAINT BY OBTAINING FORM DC1-303, COMPLETING THE FORM, PROVIDING ATTACHMENTS AS REQUIRED BY 33-103.007 AND FORWARDING TO THE OFFICE OF INMATE GRIEVANCE APPEALS, 2601 BLAIRSTONE ROAD, TALLAHASSEE, FLORIDA 32399-2500.

Dr. Veeramachaneni, DDS


SIGNATURE AND TYPED OR PRINTED NAME

OF EMPLOYEE RESPONDING


SIGNATURE OF WARDEN, ASST. WARDEN, OR

SECRETARY'S REPRESENTATIVE

10/17/2010
DATE

COPY DISTRIBUTION - INSTITUTION / FACILITY

- (2 Copies) Inmate
- (1 copy) Inmate's File
- (1 Copy) Retained by Official Responding

COPY DISTRIBUTION - CENTRAL OFFICE

- (1 Copy) Inmate
- (1 Copy) Inmate's File - Inst./Facility
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STATE OF FLORIDA
DEPARTMENT OF CORRECTIONS

DATE AND TIME	DENTAL TREATMENT RECORD
8/31/10 0900	<p>DSCC Visit - HQR-NSC. CC: "Pain on LL between the molar both ever since I ate beans in my tray & bit down on a rock" - IPA done. #18, 19 post restorations intact, no pathology noted. Pocket depths of 4mm noted. Rt tendis in the gingiva intersproximal to #18 & #19. Adv. pt to do warm salt water rinses. Chlorhexidine gluconate rinse given, OHI reviewed. Nothing abnormal noted at this time. Adv. pt the same. TO FU in 3 days after the rinses. MV: FU in 3 days</p> <p style="text-align: right;">DR. VEERAMANCHANENI, DDS SBCF</p>
9/3/10 0920	<p>DSOT/FU Visit - HQR-NSC. Rt. still feels pain on LL posterior and did not find any relief after doing warm salt water rinses. Possible acute periodontitis on LL. Prescribed Erythromycin 500 mg po BID for 10 days, Ibuprofen 500 mg po BID for 10 days prn pain. MV: FU/SCRIP LL quadrant</p> <p style="text-align: right;">DR. VEERAMANCHANENI, DDS SBCF</p>
9/24/10 1000	<p>DSOT/FU Visit - HQR-NSC. Rt. here for localized SCRIP of LL. Rt. says he feels fine on LL & the pain actually is coming from UL posterior & he is not able to bite on it. IPA done. Recurrent distal decay noted on #14. Rt. not able to bite on #14. Possible fracture on #14, & pt. doesn't grab. Adv. the pt the same. Poor prognosis on #14 due to possible fracture & is non restorable. Adv. Ext of #14. MV: Ext #14. NO SCRIP performed on LL at this time.</p> <p style="text-align: right;">DR. VEERAMANCHANENI, DDS SBCF</p>
9/22/10 1500	<p>DSOT/FU Visit - HQR-NSC. Obtained consent for ext of #14. Pre op rxn (Carpule Aseptacain @ 1:100,000 Epi infiltration given on UL posterior. Simple Ext/ socket curettage of #14 done.</p> <p style="text-align: right;">DR. VEERAMANCHANENI, DDS SBCF</p>

Inmate Name: James Curtis
 DC#: 166314 Race/Sex: W/M
 Date of Birth: 10/19/74
 Institution: SBCF

This form is not to be amended, revised, or altered without approval of the Deputy Director of Health Services Administration



PEN

STATE OF FLORIDA
DEPARTMENT OF CORRECTIONS

DATE AND TIME	DENTAL TREATMENT RECORD
9/22/10 1500	Postop bleeding controlled. Postop written oral instructions reviewed. Adv. pt. to take pain killers available at the dorm. AIV: FU in 2 weeks. DR. VEERAMANCHANI, DDS SBCF
9/28/10 0930	DSSC Visit - HQR ASC. CC: Had tooth pulled on 9/22/10 now got hole to sinuses & bone sticking in the gum plus bad tooth. Postop healing looks good on extraction site. Advised the pt. that the healing looks good & he needs to wait another 1-2 weeks for the discomfort to subside since its just been a week since his extraction. Pt. started having an attitude & started blowing air through the socket & soap he has a hole in the tooth socket going into the sinus. Advised the pt. that he is not supposed to blow air through his nose or through the socket & if the healing process take place & if any communication exists it will heal & if it doesn't we would do further f/u to do the necessary fr at that time. Pt. doesn't want to understand & says I will grieve on you & I will see you in court & left dental very mad. AIV: Postop f/u 1 week. DR. VEERAMANCHANI, DDS SBCF
10/5/10 1430	Formal grievance received & answered. Denied. DR. VEERAMANCHANI, DDS SBCF
10/7/10 1400	Formal grievance received for similar issue, answered & returned. DR. VEERAMANCHANI, DDS SBCF

Inmate Name James Curtis
 I.D.# 166314 Race/Sex W/M
 Date of Birth 10/19/74
 Institution SBCF

(B)

November 10, 2010

Inmate Curtis, James IM 166314 was seen on 10/26/2010 for a dental sick call. The inmate was given 15 packs of onset forte (antihistamine). He was also seen by the ARNP who ordered an X Ray of the sinus and prescribed the antibiotic Levaquin 500mg PO daily for 14 days. On 10/28/2010 the X Ray of the sinus was taken and the results were given to him on 11/1/2010 in which it was normal. The inmate verbalized understanding. Medical has no idea about any transfers of this inmate or retaliation. If you have any further concerns feel free to fill out a sick call request form.

Thank you,

Mrs. Brown, Acting HSA

Referred to Health Services

405
090
07B
5

Office of Citizens' Services
OCT 15 2010
Lpg #: 10-70622

SECRETARY WALTER A. McNEIL JAMES CURTIS D: #166314

Florida Dept. of Corrections
2601 Blair Stone Road
Tallahassee, FL 32399

South Bay Correctional Facility
P.O. Box 7171
South Bay, FL 33493-7171

RE: Notice of Complaint seek Assistance

DEAR MR. McNeil: 10-7-10

I'm writing you as the Secretary over all Florida Dept. of Corrections. I'm hoping you can do something about my issue to help me or you'll forward it to the right person or agency who can do something. The problem is that staff at this facility retaliate for your use of the grievance process. Those actions violate the First Amendment of the Federal Constitution. Now I've gone to Senior Staff, but my pleas go unheard and you always brushed off. I've had problems with receiving needed care from medical for my chronic conditions. Thus I wrote grievances and state agencies like Private Prison Monitoring and The Governor's office seeking help. Regional Director Ms. Villacorta got involved along with Mr. Sherrard the contact monitor here and I got some care by medical, but they didn't follow the specialist instructions and retaliated by taking away my medications, medical passes, and providing needed care. So on 9-22-10 I went to dental and got a tooth pulled. The dentist told me the tooth could be saved by a root canal but they don't do them. So my only option was to have tooth pulled. The dentist just wants to pull teeth not even fill them as it's cheaper and less work. Anyway when she pulled my tooth she broke the bone around my tooth and those bones are sharp and jagged and sticking into and out of my gums. Thus causing the wound to not heal. Also I got an infection and a hole goes to my sinus cavity and it drained into my mouth. The area was and still is Swollen, Red, infected and very painful. So on 9-28-10 went to dental sick call, but dentist and Asst. said my conditions were normal. They would not do any examination or anything for me. So I said I was going to grieve the matter. So they got upset and kicked me out of dental and told me not to return. It's been two weeks and I'm still having problems and severe pain and suffering. I can't get treatment out of retaliation because I said I would grieve them.

to Sue. you were sent a copy of that by U.S. Mail and should have it by now. Well staff here like to retaliate by retaliatory transfers, bogus disciplinary reports and no treatment. Mr. Villacorta called Mr. Wilson here in classification about the Retaliation back in August 2010. Dental staff is good friends with the Senior staff and Classification and are in the process to get me transferred. My prison record speaks for its self. I've been in FDC since 2001 and have no disciplinary reports on my record. I've done vocational classes and want to take more. I'm no trouble maker Sir, but the trouble makers get to stay here. But if you write grievances on a serious matter your put on the bus for transfer yet numerous dirty urines, drugs, and other serious disciplinary problems get to stay here. I've been here only since August 2009. Some guys over ten years may over five even the trouble makers. I'm asking you to please get someone to investigate this and stop the reprisal. Also the staff here aren't trained in dealing with inmates like myself who have mental disabilities which we receive treatment for. They go out of their way to harass you and make you go off. Mental health staff states the Security staff have no training in dealing with mental health inmates. Why does FDC require training, but here at private prison they don't get to be trained and this is a mental health facility for inmates? I'm doing good with my mental health issues with my counselor who sees me every two weeks. I don't understand why I get punished for having to use my grievance system because of staff's misconduct. They tell you to write it up, but then retaliate once you do. The HSA got fired for falsifying documents. That should show how things operate. Please help me. I've gone to my classification officer Mr. Rivers who tells me classification is aware of the reprisal against me. But no one will talk to my family and your always threatened by reprisal. You can't even get grievances to the warden here and Mr. Wilson you never get your request back from him. I need your help please Sir, I may be moved by the time you get this letter if so it will prove my retaliation claims. There is no reasons for a transfer. The minimum custody, get all above satisfactory ratings, no trouble on my record, as I've done was write grievances. I get out in June 2012 I should be able to do my time here to take programs. I'm not any disciplinary problem. Please help and send copy of this to the

Warden here and kind of classification please.

Sincerely
 [Signature]



Portable Medical Diagnostic Inc.
8140 Belvedere RD Suite 4
West Palm Beach Florida 33411
(561) 964-7984

Patient Name		Date of Birth	Referring Facility
JAMES CURTIS - 166314		10/28/2010	SOUTH BAY CORRECTIONAL
Referring Physician		Faxed to	
DAUPHIN			
Examination Submitted			
SINUSES			
Patient History		Exam Date	
PAIN		10/28/2010	

Accession: 110238

Examination: SINUSES

Findings: Three views were taken. Mucoperiosteal thickening is seen in the right maxillary sinus. There is no air fluid level. There is no fracture or bone destruction. The remaining sinuses are clear. The orbital rims are intact. The nasal septum is in the midline. Conclusion: Right maxillary sinusitis. Otherwise negative.

ROGER MCCLELLAN, MD
SIGNATURE ON FILE

[Handwritten signature]
10/29/10

[Handwritten signature]

Transcribed by: KAM

J. WADE, ARNP
SOUTH BAY CF

Attention! The Protected Health Information contained in this fax is highly confidential. It is intended for exclusive use by the Facility named above, and its designees. Unauthorized use is a violation of Federal Law (HIPAA), and will be reported as such. If you have received this fax in error, please destroy.

EXHIBIT - I

PART B - RESPONSE

CURTIS, JAMES

166314

11-0538

A2-210U

INMATE NAME

NUMBER

GRIEVANCE LOG NUMBER

CURRENT INMATE LOCATION

HOUSING LOCATION

YOUR REQUEST FOR ADMINISTRATIVE REMEDY OR APPEAL HAS BEEN RECEIVED AND REVIEWED.

ON 6/9/11 YOU WERE CALLED TO THE DENTAL OFFICE TO DISCUSS YOUR CONCERNS REGARDING DENTAL TREATMENT AT SOUTH BAY. AT WHICH TIME YOU WERE INFORMED THAT A CONSULT FOR A SECOND OPINION WAS SUBMITTED BUT NOT APPROVED. THE DENTIST EXAMINED YOUR MOUTH AND THERE WAS NO CLINICAL INDICATION AT THAT TIME THAT YOU REQUIRED ANY FURTHER DENTAL TREATMENT.

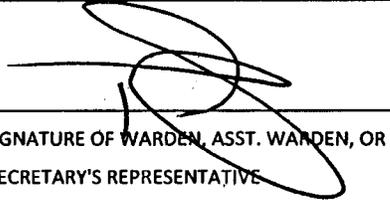
BASED ON THE ABOVE INFORMATION, YOUR GRIEVANCE IS DENIED .

YOU MAY OBTAIN FURTHER ADMINISTRATIVE REVIEW OF YOUR COMPLAINT BY OBTAINING FORM DC1-303, COMPLETING THE FORM, PROVIDING ATTACHMENTS AS REQUIRED BY 33-103.007 AND FORWARDING TO THE OFFICE OF INMATE GRIEVANCE APPEALS, 501 SOUTH CALHOUN STREET, TALLAHASSEE, FLORIDA 32399-2500.

N. FINISSE, HEALTH SERVICES ADMINISTRATOR



SIGNATURE AND TYPED OR PRINTED NAME
OF EMPLOYEE RESPONDING



SIGNATURE OF WARDEN, ASST. WARDEN, OR
SECRETARY'S REPRESENTATIVE

6/28/11

DATE

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STATE OF FLORIDA
DEPARTMENT OF CORRECTIONS

RECEIVED

REQUEST FOR ADMINISTRATIVE REMEDY OR APPEAL

JUL 12 2011

H-0130

TO: Warden Assistant Warden Secretary, Florida Department of Corrections
CORRECTIONS
INMATE GRIEVANCES

From: Curtis, James T 1166314 South Bay CF
Last First Middle Initial Number Institution
116-20834

Part A - Inmate Grievance

I'm appealing dental grievance log# 11-0538. I'm grieving that dental is now refusing to send me to the outside dentist for my serious and painful dental conditions now because a dentist here that comes on fridays which I've never seen states I don't need to and is going along with cover up. As shown by dental grievance log# 10-1161 Response its clear dentist wrote that on 9-21-10 had a deep cleaning, but yet upon review of dental records attached you'll see that on that date it states last sentence not done. Also you'll see how dentist broke my Buccal bone and yet not in dental records for 9-22-10. Then see how HSA covered up my condition of sinusitis by telling FDOC my sinus x-ray came back normal. This continues as the records are altered to cover up my dental conditions that need attention but dentist keeps denying me care. Remedy sought: TO be sent to outside dentist to get conditions of my serious dental problems fixed.

6-30-11
DATE

James T Curtis 1166314
SIGNATURE OF GRIEVANT AND D.C. #

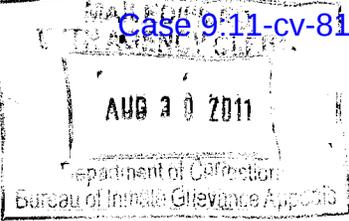
*BY SIGNATURE, INMATE AGREES TO THE FOLLOWING # OF 30-DAY EXTENSIONS: 01 NONE
Signature

PART B - RESPONSE

SEE ATTACHED
RESPONSE

405
07B
11-0538 A2-2106

SIGNATURE AND TYPED OR PRINTED NAME OF EMPLOYEE RESPONDING SIGNATURE OF WARDEN, ASST. WARDEN, OR SECRETARY'S REPRESENTATIVE DATE



PART B - RESPONSE

CURTIS, JAMES	166314	11-6-20834	SOUTH BAY C.F.	A2210U
INMATE	NUMBER	GRIEVANCE LOG NUMBER	CURRENT INMATE LOCATION	HOUSING LOCATION

Appeal Denied:

Your request for administrative remedy was received at this office and it was carefully evaluated. Records available to this office were also reviewed.

It is the responsibility of the dental staff to determine the appropriate treatment regimen for the condition you are experiencing.

Please be advised that an inmate does not have the right to a provider of choice.

Should you experience problems, sick call is available so that you may present your concerns to your dental staff.

CONFIDENTIAL HEALTH RECORD/CARE INFORMATION INTENDED FOR ADDRESSEE(S) ONLY. UNAUTHORIZED RELEASE OR DISCLOSURE MAY VIOLATE STATE AND FEDERAL LAW.

Ebony O. Harvey IISC

Ebony O. Harvey
SIGNATURE AND TYPED OR PRINTED NAME OF EMPLOYEE RESPONDING

[Signature]
SIGNATURE OF WARDEN, ASST. WARDEN, OR SECRETARY'S REPRESENTATIVE

8/22/11
DATE

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EXHIBIT - J

STATE OF FLORIDA
DEPARTMENT OF CORRECTIONS

11-0539 James

REQUEST FOR ADMINISTRATIVE REMEDY OR APPEAL

RECEIVED
JUN 13 2011
GRIEVANCE COORDINATOR

TO: Warden Assistant Warden Secretary, Florida Department of Corrections

From: Curtis, James T 1166314 South Bay CF
Last First Middle Initial Number Institution

"MEDICAL Grievance" Part A - Inmate Grievance "MEDICAL GRIEVANCE"

I'm grieving that yesterday 6-9-11 I went to dental and after speaking to dentist Veerachandran, Dental Asst. Bolden, and HSA N. Finessa I was told FDIX policy and GEO policy which I cannot find state you can only go to dental Sick-call for "ONE" dental condition at a time no matter how much pain your in. So if you had 3 teeth hurting with the surrounding gums bleeding it would take 4 Sick-calls. This violates The Eighth Amendment and is clearly deliberate indifference which violates the Federal Constitution.

Remedy Sought: To stop this unconstitutional practice going on and find out where this policy is stated.

6-10-11
DATE

James T Curtis 1166314
SIGNATURE OF GRIEVANT AND D.C. #

*BY SIGNATURE, INMATE AGREES TO THE FOLLOWING # OF 30-DAY EXTENSIONS: 01 NONE
Signature

PART B - RESPONSE

SEE ATTACHED RESPONSE

A2-2100

SIGNATURE AND TYPED OR PRINTED NAME OF EMPLOYEE RESPONDING

SIGNATURE OF WARDEN, ASST. WARDEN, OR SECRETARY'S REPRESENTATIVE

DATE

PART B - RESPONSE

CURTIS, JAMES

166314

11-0539

A2-210U

INMATE NAME

NUMBER

GRIEVANCE LOG NUMBER

CURRENT INMATE LOCATION

HOUSING LOCATION

YOUR REQUEST FOR ADMINISTRATIVE REMEDY OR APPEAL HAS BEEN RECEIVED AND REVIEWED.

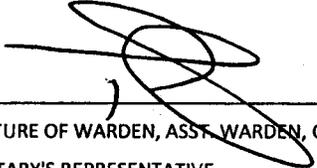
ON 6/9/11 YOU WERE CALLED TO THE DENTAL OFFICE TO DISCUSS YOUR CONCERNS REGARDING DENTAL TREATMENT AT SOUTH BAY. YOU WERE ADVISED IF YOU EXPERIENCE ANY DISCOMFORT YOU SHOULD CONTINUE TO FOLLOW PROCEDURES AND ACCESS SICK CALL OR DECLARE A MEDICAL EMERGENCY. YOUR SICK CALL REQUEST WILL BE HANDLED ACCORDING TO SICK CALL POLICY #403-006/GEO NO. 506.

BASED ON THE ABOVE INFORMATION, YOUR GRIEVANCE IS DENIED .

YOU MAY OBTAIN FURTHER ADMINISTRATIVE REVIEW OF YOUR COMPLAINT BY OBTAINING FORM DC1-303, COMPLETING THE FORM, PROVIDING ATTACHMENTS AS REQUIRED BY 33-103.007 AND FORWARDING TO THE OFFICE OF INMATE GRIEVANCE APPEALS, 501 SOUTH CALHOUN STREET, TALLAHASSEE, FLORIDA 32399-2500.

N. FINISSE, HEALTH SERVICES ADMINISTRATOR


SIGNATURE AND TYPED OR PRINTED NAME
OF EMPLOYEE RESPONDING


SIGNATURE OF WARDEN, ASST. WARDEN, OR
SECRETARY'S REPRESENTATIVE

6/28/11
DATE

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STATE OF FLORIDA
DEPARTMENT OF CORRECTIONS

RECEIVED

JUL 12 2011

REQUEST FOR ADMINISTRATIVE REMEDY OR APPEAL

11-0131

TO: Warden Assistant Warden Secretary, Florida Department of Corrections DEPARTMENT OF CORRECTIONS INMATE GRIEVANCES

From: Curtis, James T 166314 SBCF
Last First Middle Initial Number Institution
11-6-20835

Part A - Inmate Grievance

I'm appealing dental grievance Log # 11-0539. I'm grieving that dental staff here per Dentist Veeramacheni is violating the 8th Amendment due to deliberate indifference to a serious dental/medical need/condition by now stating only one issue can be addressed per each sick call. So like if you have three teeth hurting you and bleeding gums around teeth you get to go to sick call 4 times to get each tooth and then gums looked at separately which leaves you in pain and suffering. No South Bay policy can be unconstitutional and stand as policy.

Remedy Sought: To stop this unconstitutional practice going on and address the problem. And stop forcing me to stay in severe pain & suffering.

6-30-11
DATE

[Signature] 166314
SIGNATURE OF GRIEVANT AND D.C. #

*BY SIGNATURE, INMATE AGREES TO THE FOLLOWING # OF 30-DAY EXTENSIONS: 01 NONE
Signature

PART B - RESPONSE

SEE ATTACHED RESPONSE

405
07B
11-0539 A2-2106

SIGNATURE AND TYPED OR PRINTED NAME OF EMPLOYEE RESPONDING SIGNATURE OF WARDEN, ASST. WARDEN, OR SECRETARY'S REPRESENTATIVE DATE

AUG 30 2011

Department of Correction
Bureau of Inmate Grievance Appeals

PART B - RESPONSE

<u>CURTIS, JAMES</u>	<u>166314</u>	<u>11-6-20835</u>	<u>SOUTH BAY C.F.</u>	<u>A2210U</u>
INMATE	NUMBER	GRIEVANCE LOG NUMBER	CURRENT INMATE LOCATION	HOUSING LOCATION

Appeal Denied:

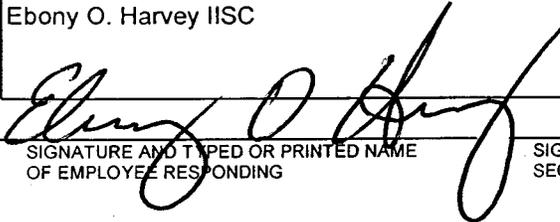
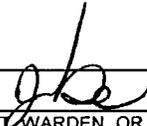
Your request for administrative remedy was received at this office and it was carefully evaluated. Records available to this office were also reviewed.

It is the responsibility of the dental staff to determine the appropriate treatment regimen for the condition you are experiencing.

Should you experience problems, sick call is available so that you may present your concerns to your dental staff.

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UNAUTHORIZED RELEASE OR DISCLOSURE MAY VIOLATE STATE AND FEDERAL LAW.

Ebony O. Harvey IISC

		<u>8/26/11</u>
SIGNATURE AND TYPED OR PRINTED NAME OF EMPLOYEE RESPONDING	SIGNATURE OF WARDEN, ASST. WARDEN, OR SECRETARY'S REPRESENTATIVE	DATE

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EXHIBIT - K

PART B - RESPONSE

<u>Curtis, James</u>	<u>166314</u>	<u>11-0545</u>	<u>South Bay C. F.</u>	<u>A2-210U</u>
INMATE NAME	NUMBER	GRIEVANCE LOG NUMBER	CURRENT INMATE LOCATION	HOUSING LOCATION

YOUR REQUEST FOR ADMINISTRATIVE REMEDY OR APPEAL HAS BEEN RECEIVED AND REVIEWED.

YOUR COMPLAINT IS THAT DR. VEERAMACHANENI PROVIDED A FALSE STATEMENT ON GRIEVANCE LOG 10-1161, BY STATING SHE PERFORMED A DEEP CLEANING (SCRIP) ON THE LOWER LEFT QUADRANT OF YOUR TEETH ON 9/21/2010; THAT THE RECORDS CLEARLY STATE THAT NO SCRIP WAS PERFORMED ON THE LL AT THIS TIME.

UNFORTUNATELY, THERE WAS A TYPING ERROR ON THE RESPONSE TO GRIEVANCE LOG #10-1161 THAT WAS SIGNED BY MS. Q. FORD, PREVIOUS NURSING DIRECTOR, WHO NO LONGER WORKS FOR THE GEO GROUP.

IT IS CLEARLY STATED IN YOUR DENTAL TREATMENT RECORD THAT SCRIP (SCALING AND ROOT PLANNING) WAS NOT PERFORMED ON 9/21/2010. WHAT SHOULD HAVE BEEN ARTICULATED TO YOU IN THE GRIEVANCE, WAS THAT YOU WERE "SCHEDULED" FOR A DEEP CLEANING ON THE LOWER LEFT QUADRANT, BUT SINCE YOU COMPLAINED OF PAIN ON THE UPPER LEFT AND NOT THE LOWER LEFT, YOUR NEW CONCERN WAS ADDRESSED AT THAT TIME.

FROM THE ABOVE FACTS, IT IS CLEAR THAT THERE HAS BEEN NO FALSIFICATION OF YOUR DENTAL RECORDS.

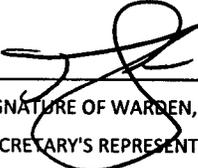
BASED ON THE ABOVE INFORMATION, YOUR GRIEVANCE IS DENIED .

YOU MAY OBTAIN FURTHER ADMINISTRATIVE REVIEW OF YOUR COMPLAINT BY OBTAINING FORM DC1-303, COMPLETING THE FORM, PROVIDING ATTACHMENTS AS REQUIRED BY 33-103.007 AND FORWARDING TO THE OFFICE OF INMATE GRIEVANCE APPEALS, 501 SOUTH CALHOUN STREET, TALLAHASSEE, FLORIDA 32399-2500.

Dr. Veeramachaneni, DDS

DR. VEERAMACHANENI, DDS
 RECEIVED

SIGNATURE AND TYPED OR PRINTED NAME
 OF EMPLOYEE RESPONDING


 SIGNATURE OF WARDEN, ASST. WARDEN, OR
 SECRETARY'S REPRESENTATIVE


 DATE

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PART B - RESPONSE

Curtis, James

166314

10-1161

SBCF

A2-210U

INMATE

NUMBER

GRIEVANCE LOG NUMBER

CURRENT INMATE LOCATION

HOUSING LOCATION

YOUR REQUEST FOR ADMINISTRATIVE REMEDY OR APPEAL HAS BEEN RECEIVED AND REVIEWED.

ON 8/31/10, YOU WERE SEEN ON SICK-CALL WITH A COMPLAINT OF PAIN ON LOWER -LEFT. X-RAY AND CLINICAL EXAM REVEALED NOTHING ABNORMAL. YOU WERE GIVEN AN IN OFFICE ANTIMICROBIAL RINSE AND ADVISED TO DO WARM SALT WATER RINSES AND ORAL HYGIENE INSTRUCTIONS WERE REVIEWED. On 9/3/10- YOU WERE SEEN FOR A FOLLOW-UP. SINCE YOU INDICATED YOU DID NOT FIND ANY RELIEF WITH THE RINSES, YOU WERE PRESCRIBED ANTIBIOTICS AND PAINKILLERS FOR A POSSIBLE ACUTE PERIODONTAL INFECTION. ON 9/21/10- A DEEP CLEANING (SCRIP) WAS PERFORMED ON LOWER LEFT QUADRANT. AT THIS TIME, YOU INDICATED YOU WERE ACTUALLY HAVING PAIN ON THE UPPER LEFT POINTING #14 AND THAT YOU WERE UNABLE TO BITE ON THE TOOTH. SINCE THIS IS A CLASSIC SIGN FOR A FRACTURED TOOTH, AN X-RAY AND CLINICAL EXAM WAS PERFORMED. YOU WERE ADVISED THAT THE #14 IS NON-RESTORABLE DUE TO THE FRACTURE AND NEEDED TO BE EXTRACTED. ALL OPTIONS WERE DISCUSSED AT THAT TIME. ON 9/22/10-AFTER YOU SIGNED THE CONSENT DC4-763, (WHICH CLEARLY STATES ALL THE RISKS PRIOR TO PERFORMING THE PROCEDURE), A SIMPLE EXTRACTION OF #14 WAS DONE. YOU WERE ADVISED THAT THERE WAS A MINIMAL FRACTURE OF BUCCAL BONE AND IF LEFT ALONE WOULD HEAL BY ITSELF AND IF IT WAS TAKEN OUT IT WOULD CREATE A BONE DEFECT. ON 9/28/10-YOU CAME TO SICK-CALL WITH COMPLAINTS OF PAIN ON EXTRACTION SITE AND DRAINING FROM THE SINUS WALL AND THAT YOU WERE BLOWING AIR THROUGH THE SOCKET. YOU WERE TOLD THAT SINCE THE EXTRACTION HAD BEEN LESS THAN A WEEK, YOU WERE NOT SUPPOSED TO BLOW AIR THROUGH THE SOCKET AS IT WOULD DELAY THE HEALING PROCESS. YOU WERE TOLD THAT YOU WOULD RECEIVE A FOLLOW-UP APPOINTMENT WITH DENTAL 2 WEEKS POST EXTRACTION AND THAT YOUR PAIN SYMPTOMS WOULD BE ADDRESSED AS NEEDED. YOU WERE TOLD THE EXTRACTION SITE WAS HEALING AND THAT YOU NEEDED TO GIVE IT SOME TIME. YOU WERE UPSET AND LEFT DENTAL SAYING YOU WOULD GRIEVE IT.

IN REGARDS TO YOUR OTHER ALLEGATIONS OF DENTAL NOT PROVIDING CARE FOR YOU, PER TH15.04.13 SUPPLEMENT H SECTION R, INMATES SHOULD SUBMIT WRITTEN REQUEST UPON REACHING ELIGIBILITY TO OBTAIN DENTAL CARE. WHEN A REQUEST IS RECEIVED, THE NAME SHALL BE PLACED ON A LIST OF INDIVIDUALS AWAITING SERVICES ON A FIRST COME FIRST SERVED BASIS. DENTAL HAS NOT RECEIVED A REQUEST FROM YOU FOR COMPREHENSIVE CARE TO DATE.

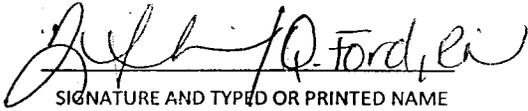
DENTAL-SICK CALL IS AVAILABLE MONDAY-FRIDAY FROM 8:00 A.M. - 9:00 A.M. FOR YOUR CONVENIENCE. IF YOU ARE IN PAIN, YOU CAN SIGN UP FOR SICK-CALL OR DECLARE AN EMERGENCY.

BASED ON THE ABOVE INFORMATION, YOUR GRIEVANCE IS DENIED.

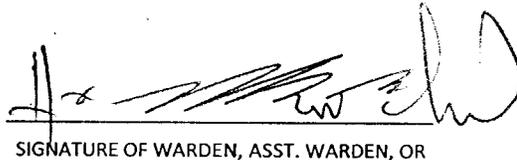
YOU MAY OBTAIN FURTHER ADMINISTRATIVE REVIEW OF YOUR COMPLAINT BY OBTAINING FORM DC1-303, COMPLETING THE FORM, PROVIDING ATTACHMENTS AS REQUIRED BY 33-103.007 AND FORWARDING TO THE OFFICE OF INMATE GRIEVANCE APPEALS, 2601 BLAIRSTONE ROAD, TALLAHASSEE, FLORIDA 32399-2500.

Dr. Veeramachaneni, DDS

Exhibit A


SIGNATURE AND TYPED OR PRINTED NAME

OF EMPLOYEE RESPONDING


SIGNATURE OF WARDEN, ASST. WARDEN, OR

SECRETARY'S REPRESENTATIVE

10/17/2010
DATE

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STATE OF FLORIDA
DEPARTMENT OF CORRECTIONS

DATE AND TIME	DENTAL TREATMENT RECORD
8/31/10 0900	DSSC Visit - HQR-NISC. CC: "Pain on LL between the molars both ever since I ate beans in my tray & bit down on a rock." IPA done. #18, 19 post restorations intact, no pathology noted. Pocket depths of 4mm or less noted. Rt tenderness in the gingiva interproximal to #18 & #19. Adv. pt to do warm salt water rinses. Chlorhexidine gluconate rinse given, OHI reviewed. Nothing abnormal noted at this time. Adv. pt the same. TO FU in 3 days after the rinses. MV: FU in 3 days.
DR. VEERAMANCHANENI, DDS SBCF	
9/3/10 0920	DSO7/FU Visit - HQR-NISC. Rt. still feels pain on LL posterior and did not find any relief after doing warm salt water rinses. Possible acute periodontitis on LL. Prescribed Erythromycin 500 mg po TID for 10 days, Ibuprofen 500 mg po TID prn pain. MV: FU/SCRIP LL quadrant.
DR. VEERAMANCHANENI, DDS SBCF	
9/21/10 1000	DSO7/FU Visit - HQR-NISC. Rt. here for localized SCRIP of LL. Rt. group he feels fine on LL & the pain actually is coming from UL posterior & he is not able to bite on it. IPA done. Recurrent distal decay noted on #14. Rt. not able to bite on #14. Possible fracture on #14, & pt doesn't grab. Adv. the pt the same. Poor prognosis on #14 due to possible fracture & is non restorable. Adv. Ext of #14. MV: Ext #14. <u>NO SCRIP performed on LL at this time.</u>
DR. VEERAMANCHANENI, DDS SBCF	
9/22/10 1500	DSO7/FU Visit - HQR-NISC. Obtained consent for Ext of #14. Pre op rxn, (Carpule Septacain 1:100 0.02 Epi infiltration) given on UL posterior. Simple Ext/solut wetting of #14 done.

Inmate Name: James Curtis
 DC# 166314 Race/Sex w/M
 Date of Birth 10/19/74
 Institution SBCF

This form is not to be amended, revised, or altered without approval of the Deputy Director of Health Services Administration

(4)

STATE OF FLORIDA
DEPARTMENT OF CORRECTIONS

RECEIVED

11-0138

REQUEST FOR ADMINISTRATIVE REMEDY OR APPEAL

JUL 22 2011

DEPARTMENT OF CORRECTIONS

TO: Warden

Assistant Warden

Secretary, Florida Department of Corrections

From: Curtis, James T 166.314 SBCF
Last First Middle Initial Number Institution
11-6-21902

Part A - Inmate Grievance

I'm appealing dental grievance Log# 11-0545. The responder states that a old staff member was a typing error. This is a total falsified and cover up. Dr. Veeramachuni still claims she done a deep cleaning when she didn't and even responder now admits to this. This cover up is done to try to show treatment not provided to justify her refusal to provide needed dental care to stop my pain suffering and anguish which she is doing out of retaliation for my filing grievance on her.

Remedy Sought: To stop the falsification of dental records and provide needed treatment.

7-12-11
DATE

[Signature] 166.314
SIGNATURE OF GRIEVANT AND D.C. #

*BY SIGNATURE, INMATE AGREES TO THE FOLLOWING # OF 30-DAY EXTENSIONS: 01 NONE
Signature

PART B - RESPONSE

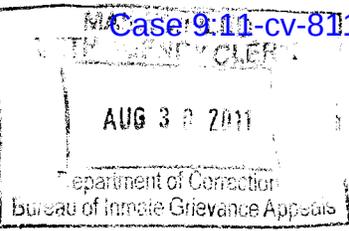
SEE ATTACHED
RESPONSE

405
07B
11-0545
A2-2100

SIGNATURE AND TYPED OR PRINTED NAME
OF EMPLOYEE RESPONDING

SIGNATURE OF WARDEN, ASST. WARDEN, OR
SECRETARY'S REPRESENTATIVE

DATE



PART B - RESPONSE

CURTIS, JAMES INMATE	166314 NUMBER	11-6-21902 GRIEVANCE LOG NUMBER	SOUTH BAY C.F. CURRENT INMATE LOCATION	A2210U HOUSING LOCATION
-------------------------	------------------	------------------------------------	---	----------------------------

Appeal Denied:

Your request for administrative remedy was received at this office and it was carefully evaluated. Records available to this office were also reviewed.

It is the responsibility of the dental staff to determine the appropriate treatment regimen for the condition you are experiencing.

Please be advised that this office can not corroborate your allegations against the health care staff.

Should you experience problems, sick call is available so that you may present your concerns to your health care staff.

CONFIDENTIAL HEALTH RECORD/CARE INFORMATION INTENDED FOR ADDRESSEE(S) ONLY.
UNAUTHORIZED RELEASE OR DISCLOSURE MAY VIOLATE STATE AND FEDERAL LAW.

Ebony O. Harvey IISC

[Handwritten Signature]
SIGNATURE AND TYPED OR PRINTED NAME
OF EMPLOYEE RESPONDING

[Handwritten Signature]
SIGNATURE OF WARDEN, ASST. WARDEN, OR
SECRETARY'S REPRESENTATIVE

8/26/11
DATE

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11-04/08 - *James*

STATE OF FLORIDA
DEPARTMENT OF CORRECTIONS

REQUEST FOR ADMINISTRATIVE REMEDY OR APPEAL

RECEIVED
MAY 12 2011
GRIEVANCE COORDINATOR

TO: Warden Assistant Warden Secretary, Florida Department of Corrections

From: CURTIS, James T 166314 South Bay CF
Last First Middle Initial Number Institution

MEDICAL/Dental Grievance Part A - Inmate Grievance **MEDICAL/Dental Grievance**

I'm grieving dentist Veeramachaneni for her continued denial for needed dental CARE to stop my pain and suffering. Today I went back to dental after the other dentist didn't show up on Friday 5-5-11 for dental Sick Call, but Asst took X-Rays. Upon entering dental I was greeted with severe hostility by Dr. Veeramachaneni nastily asking what my problem was. I explained about my upper right ^{molar} tooth being painful during drinking hot and cold and brushing and how back side all black with what appears to be a cavity. She told me to open my mouth and just shoved the mirror in and quickly pulled it out saying nothing was wrong. The Asst Ms. Beldin was going to provide me with sensitive toothpaste, but Veeramachaneni said No. I tried to explain how I had pain, but it fell on deaf ears. She even denied the toothpaste which might have helped the pain to hot and cold at least, but she wouldn't because she wants to keep me in pain.

5-9-11 (Continued) James Curtis DC # 166314
DATE SIGNATURE OF GRIEVANT AND D.C.

*BY SIGNATURE, INMATE AGREES TO THE FOLLOWING # OF 30-DAY EXTENSIONS: 0 / None
Signature

PART B - RESPONSE

SEE ATTACHED RESPONSE.

SIGNATURE AND TYPED OR PRINTED NAME OF EMPLOYEE RESPONDING SIGNATURE OF WARDEN, ASST. WARDEN, OR SECRETARY'S REPRESENTATIVE DATE

She is deliberately, knowingly, and purposely causing me to have to stay in unnecessary severe pain, suffering and misery on a daily basis when she has the ability to alleviate it, but has consciously chosen not to out of maliciousness and reprisal to make sure she inflicts as much pain, suffering, misery, discomfort, anguish and injury as possible for my filing grievances on her and serving her with a Notice of intent to Sue as only the courts can make her treat me and stop my severe pain, suffering and misery. The black spot on my upper right molar is clearly some form of decay whether a cavity or carie. The term dental caries refers to the destruction or necrosis of teeth usually caused by bacterial action resulting in what's commonly known as "Tooth Decay". which the longer it's not fixed the more irreparable damage it causes to restorative care. I also have a painful upper left molar tooth that has a dark brown spot which is getting worse and more painful, but dentist Veeramachaneni refuses to fill them after drilling out decay. She has the policy of only pulling teeth as it's cheaper and quicker. There are over Eighteen Hundred inmates at this facility with only Dr. Veeramachaneni working Monday thru Thursday and another dentist on Friday. Thus there is not enough dental staff and your denied dental care except pulling teeth. The long delays cause severe pain, suffering, daily discomfort and damage which results in teeth having to be pulled. She puts it off until it cannot be fixed with a filling so she can pull it. She is clearly violating the Eighth Amendment for her deliberate indifference to my serious and painful dental needs and retaliating against me for my grievances by denying me needed care which violates the First Amendment.

Remedy Sought To be seen by another dentist as Dr. Veeramachaneni will not do anything for me. In medical if you grieve one doctor to much your always placed with other so no conflicts or problems. I should be able to see other dentist or outside dentist to stop my pain, suffering and misery. I ask for treatment of my serious dental conditions. And to see new HSA Health services Admin to show her teeth which she can see are cavities so she can get me needed treatment to stop my pain and suffering. Also I'm having family contact Danny Boyd at The GEO Group Inc and Dr. Fisher.

James
11/20/11

PART B - RESPONSE

Curtis, James

166314

11-0408

South Bay C. F.

A2-210U

INMATE

NUMBER

GRIEVANCE LOG NUMBER

CURRENT INMATE LOCATION

HOUSING LOCATION

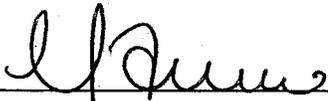
YOUR REQUEST FOR ADMINISTRATIVE REMEDY OR APPEAL HAS BEEN RECEIVED AND REVIEWED.

YOUR GRIEVANCE IS RECEIVED IN NON-COMPLIANCE WITH CHAPTER 33-103.014(1)(A), WHICH STATES THE GRIEVANCE ADDRESSES MORE THAN ONE ISSUE OR COMPLAINT.

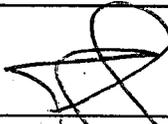
BASED ON THE ABOVE INFORMATION, YOUR GRIEVANCE IS RETURNED WITH OUT ACTION.

YOU MAY OBTAIN FURTHER ADMINISTRATIVE REVIEW OF YOUR COMPLAINT BY OBTAINING FORM DC1-303, COMPLETING THE FORM, PROVIDING ATTACHMENTS AS REQUIRED BY 33-103.007 AND FORWARDING TO THE WARDEN OR ASSISTANT WARDEN FOR FURTHER REVIEW.

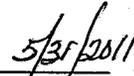
N. Finisse, Health Services Admin.



SIGNATURE AND TYPED OR PRINTED NAME
OF EMPLOYEE RESPONDING



SIGNATURE OF WARDEN, ASST. WARDEN, OR
SECRETARY'S REPRESENTATIVE



DATE

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Violating 33-103.014(1)(b) as the grievance cannot be too broad, general, or vague in nature that it cannot be clearly investigated, evaluated, and responded to. The Federal Courts have held a grievance should state as much specific and detailed information as possible about your medical condition/problem. Thus you cannot just write dentist wouldn't provide needed dental care on 5-9-11. And you cannot break down your grievance/complaint into numerous smaller subsections/grievances, as then the responder will state you violated 33-103.014(1)(n) as once the first grievance is responded to the responder will state a decision has already been rendered to an inmate by a particular office on the issue currently being grieved before it. So clearly my complaint and issue is what took place at dental on 5-9-11 to deny me needed dental care by dental staff.

Remedy Sought: All I want is to be seen by another dentist to get needed dental treatment to stop my severe pain, suffering, and misery as it's clear dentist Veeramachaneni is not going to provide me the needed dental treatment which I'm constitutionally entitled to.

James Soto
166314
6-2-11

**MAILED/FILED
WITH AGENCY CLERK**

JUN 24 2011

**DEPARTMENT OF CORRECTIONS
BUREAU OF INMATE GRIEVANCE APPEALS**

PART B - RESPONSE

<u>CURTIS, JAMES</u>	<u>T66314</u>	<u>11-6-17681</u>	<u>SOUTH BAY C.F.</u>	<u>A2210U</u>
INMATE	NUMBER	GRIEVANCE LOG NUMBER	CURRENT INMATE LOCATION	HOUSING LOCATION

Your administrative appeal has been received, evaluated, and referred to the Warden for appropriate handling and action.

The institution will be providing you with a response once their review is completed.

If you feel that the institutional response does not adequately resolve the issue, you may once again appeal to this office within 15 days from the date of the institutional response.

Based on this action, your grievance is approved for further inquiry.

E. Stine

6/22/11

SIGNATURE AND TYPED OR PRINTED NAME
OF EMPLOYEE RESPONDING

SIGNATURE OF WARDEN, ASST. WARDEN, OR
SECRETARY'S REPRESENTATIVE

DATE

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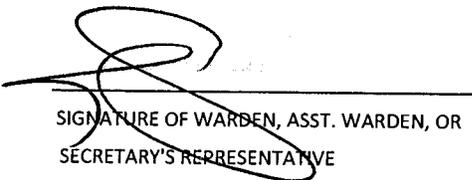
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Dr. ~~Dr. VEERAMANCHANENI, DDS~~
SBCF
eni, Dentist

SIGNATURE AND TYPED OR PRINTED NAME
OF EMPLOYEE RESPONDING



SIGNATURE OF WARDEN, ASST. WARDEN, OR
SECRETARY'S REPRESENTATIVE

6/30/2011
DATE

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STATE OF FLORIDA
DEPARTMENT OF CORRECTIONS

RECEIVED

11-0135

REQUEST FOR ADMINISTRATIVE REMEDY OR APPEAL

JUL 19 2011

DEPARTMENT OF CORRECTIONS

TO: Warden

Assistant Warden

Secretary, Florida Department of Corrections

From: Curtis, James T
Last First Middle Initial

1166314
Number

SBCF
Institution
11-0-21782

Part A - Inmate Grievance

I'm Appealing Formal grievance Log# 11-0408 against dental that was appealed to this office and given Log# 11-6-17681 which your office sent it back to warden for proper handling and on 6-30-11 a response was given and the grievance was closed. My complaint is dentist Doctor Veeramachandri on 5-9-11 denied me needed dental care once again out of Retaliation for my grievances and complaints on her. When I got to dental she was hostile. I expressed about my upper right molar teeth hurting with hot & cold and have black spot (cavity in tooth). Some teeth have bacteria. Since I got to SBCF, Dentist showed mirror in mouth saying nothing wrong as usually. She told asst. not to give me sensitive tooth paste. She keeps falsifying dental records/grievance to cover up her bad conduct and delays me needed dental care for my painful conditions that get worse each day. Remedy Sought: To see other dentist outside to get problems looked at and taken care of and to stop retaliation by Dr. Veeramachandri.

7-7-11
DATE

James T Curtis 1166314
SIGNATURE OF GRIEVANT AND D.C. #

*BY SIGNATURE, INMATE AGREES TO THE FOLLOWING # OF 30-DAY EXTENSIONS: 01 NONE
Signature

PART B - RESPONSE

SEE ATTACHED
RESPONSE

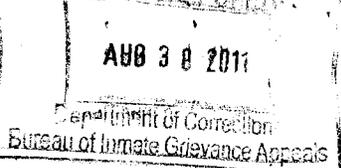
76
110408

A2-210W

SIGNATURE AND TYPED OR PRINTED NAME
OF EMPLOYEE RESPONDING

SIGNATURE OF WARDEN, ASST. WARDEN, OR
SECRETARY'S REPRESENTATIVE

DATE



PART B - RESPONSE

CURTIS, JAMES	166314	11-6-21782	SOUTH BAY C.F.	A2210U
INMATE	NUMBER	GRIEVANCE LOG NUMBER	CURRENT INMATE LOCATION	HOUSING LOCATION

Appeal Denied:

Your request for administrative remedy was received at this office and it was carefully evaluated. Records available to this office were also reviewed.

It is determined that the response made to you by the Institution on 6/30/11 appropriately addresses the issues you presented.

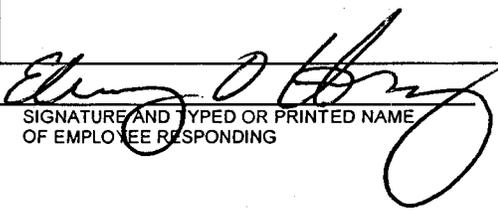
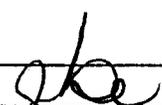
It is the responsibility of the dental staff to determine the appropriate treatment regimen for the condition you are experiencing.

Please be advised that this office cannot corroborate your allegations against the health care staff.

Should you experience problems, sick call is available so that you may present your concerns to your health care staff.

CONFIDENTIAL HEALTH RECORD/CARE INFORMATION INTENDED FOR ADDRESSEE(S) ONLY.
UNAUTHORIZED RELEASE OR DISCLOSURE MAY VIOLATE STATE AND FEDERAL LAW.

Ebony O. Harvey IISC

		8/20/11
SIGNATURE AND TYPED OR PRINTED NAME OF EMPLOYEE RESPONDING	SIGNATURE OF WARDEN, ASST. WARDEN, OR SECRETARY'S REPRESENTATIVE	DATE

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Dental
Medical
Records