

To: Board of City Commissioners

From: Terri L. Fisher  
Mobile Vendor #5453095  
Smather's Beach

Re: Request to transfer Mobile Vendor's License  
Due to Hardship

I have owned my Mobile Vendor's License since March of 2003. I have enjoyed my job and living in Key West. However in 2006 I was diagnosed with Type two Diabetes and have had painful problems with my feet and eyes since.

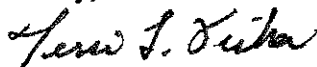
In 2009 I was diagnosed with skin cancer, I was treated and told by my Doctor I should stay out of the sun. Unable to give up my income I continued to work.

At this time I have spots returning. I am 61 years of age. The physical demands of my job are just too much for me anymore with my health problems.

Therefore I respectfully request that you grant my application to transfer my mobile vendor's license at this time.

Thank you,

Sincerely,



Terri L. Fisher

Ps. Copies of my medical records are attached.

*P.S. I am also a 10 year breast cancer survivor.*

STATE OF FLORIDA

COUNTY OF MONROE

I, Terri L. Fisher, declare under penalty of perjury that the foregoing is true and correct.

*Terri L. Fisher*  
Terri L. Fisher

The foregoing instrument was acknowledged before me the 7<sup>th</sup> day of March, 2011, by TERRI FISHER, who is personally known to me or who has produced FL-DL F260 812508100 as identification and who did take this oath.

*Portia Y. Navarro*  
Notary Public, State of Florida

My Commission Expires:





Terri L Fisher  
 MR - 177926.0

Patient Name Terri L Fisher  
 MR # MR - 177926.0  
 Patient History Sheet-MK  
 Date 05-29-2009 DOB 08-30-1950 AGE 58

Reason For Today's Visit	Location	Quality	Duration	Severity	Prior Tx
1. Skin CA ✓	UPR body	Pink spots w/itches on the beach	forever in FL.	Mild Moderate Severe	
2.				Mild Moderate Severe	
3.				Mild Moderate Severe	

Review of Systems:

Personal History:

Previous Skin Cancer:

Const: Fever Chills Night Sweats	ni	Diabetes Y/N	Asthma Y/N	BCC Y/N	Location
CMS: HA Dizziness	ni	Eczema Y/N	Preg Y/N	SCC Y/N	
ENT: Sore throat Mouth bump/sore	ni	Keloid Y/N	Nursing Y/N	Melanoma Y/N	
GI: Abd pain N/V Diarrhea	ni	Pos TB Y/N	HIV Pos Y/N	Other CA	breast CA
GVN: Menses: Reg Irreg Vag Itch	ni	Seasonal allergies Y/N	Psoriasis Y/N		
Lymph: Swollen/tender glands	ni	Family Hx: Melanoma BCC SCC	Atm/Sebom/As Allergies	Prostate	None
MS: Joint Pain Joint Swelling	ni	Resp: Cough Sneeze Wheeze		Photosens	ni
Optic: Bump/Sores on lids Swelling Burning	ni	Skin: Dry Oily Combo Hirsutism Itch Bleed			ni
Psyc: Suicidal thoughts Depressed	ni	URO: Burning Bloody			
Derm Drug Side Effects:					

Medications: No medication entered  
 Metformin, Lisinopril, Lovastatin, Allegra  
 Nasonec

Allergies: No allergies entered  
 NKDA

Alerts:  
 Physician Requesting Consultation: for cancer screening in FL sd has precancer  
 Have you or other family members been seen by our group? Y N  
 Was mother in radiation metastasis

Diagnoses:  
 Written: Disp bluish red 4mm abs shoulders  
arms dorsal hands chest upr back x 2/3  
 Letters Dictated: B  
 Side Effects Reviewed: McGovern  
 Handout Given: Study  
 Brochures Given: NA  
 ITC: Days: \_\_\_\_\_ Weeks: \_\_\_\_\_  
 months: \_\_\_\_\_ Year: PREV

Diag Code: (word or code)

- PROCEDURES:
- Biopsy
  - Excision
  - Canthacur Plain PS
  - LN 2
  - No treatment

DIAGRAMS:

Physician:  William Lentz, M.D.  James Kyler, M.D.  Diane Hentz, M.D.  Edward Sarkisian, M.D.  
 Thomas McGovern, M.D.  Jennifer Hobbs, M.D.  Pam Shoda, NP  Nicole Helson  
 MA Initials: WJH/HML  Dictation  No Dictation

Lower Keys Health System  
 5900 College Road, Key West, FL 33041

PATIENT: FISHER TERRI MRN: 0010044430 LOC: LAB,,  
 BILL# : 4826194 SEX: F DOB: 08/30/1950  
 ORDERED BY: VENKATAPPA ORDERED : 01/11/2006 07:55  
 COLLECTED: 01/11/2006 08:15  
 ORDER : 85110053 RECEIVED : 01/11/2006 08:23

TEST NAME	RESULT	UNITS	RANGES	ABN FLAG
GLUCOSE	304	mg/dl	65-110	H
SODIUM	137	mMol/L	137-145	
POTASSIUM	4.4	mMol/L	3.6-5.0	
CHLORIDE	102.0	mMol/L	98.0-107.0	
CARBON DIOXIDE	24	mMol/L	22-31	
BUN	11.0	mg/dL	7.0-21.0	
CREATININE, SERUM	0.7	mg/dL	0.7-1.5	
BUN/CREATININE RATIO	15.7		8.0-20.0	

More...

F8=Next Page F18=Prior Report F5=Patient F2=Print F12=Return-Prior Screen  
 F7=Prior Page F17=Next Report F6=Census F1=Help F11=Demo F3=Exit-Menu  
 Record(s) Displayed. BPERLOFF

CHAD E. DIANNE LASAGE

1621 PATRICIA ST

KEY WEST, FL. 33040

MOBILE VENDOR LICENSE TRANSFER

WITH TERRI FISHER

CELL PHONE 305-776-7820