

Consumer/Patient

About Problem

What kind of problem was it?	• Were hurt or had a bad side effect <i>(including new or worsening symptoms)</i>
Did any of the following happen?	• Disability or health problem
Date the problem occurred:	09/04/2021
Tell us what happened and how it happened:	Dr. Jennifer Mullett prescribed Haldol knowing that I would have adverse reactions to it with me taking down Seroquel and Depakote after my heart stopping and inflicted neuroleptic malignant syndrome tardive dyskinesia permanent killshot on all three medications
Relevant Tests/Laboratory Data:	
Additional Comments:	Inform Agent Chris Roberts head of FBI Spartanburg South Carolina cell phone and case file number 864-415-4930
Please select the cause of the problem that applies below:	• Problem with a product
Do you still have the product in case we need to evaluate it?	No
Do you have a picture of the product?	

About Product

Product 1	
This report is about	Drug
Check if therapy is on-going	Yes
Name(s) of the product as it appears on the box, bottle, or package:	Haldol
Name(s) of the company that makes (or compounds) the product:	Upsher-Smith Laboratories, LLC
Product Type:	• Generic
Expiration date:	
Lot number:	
NDC number:	
Strength:	5 MG
Quantity:	2 Tablet(s)
Frequency:	Every 12 hours
How was it taken or used?	Taken by mouth
Date the person first started taking or using the product:	09/12/2021

Date the person stopped taking or using the product:	09/14/2021
Give best estimate of duration:	
Why was the person using the product?	By force no conversation UTI INFLICTED never BP1
Did the problem stop after the person reduced the dose or stopped taking or using the product?	No
Did the problem return if the person started taking or using the product again?	Didn't restart
Product 2	
This report is about	Drug
Check if therapy is on-going	Yes
Name(s) of the product as it appears on the box, bottle, or package:	Ziprazidone Geodon BLEACH CLOTHING
Name(s) of the company that makes (or compounds) the product:	Pfizer
Product Type:	• Generic
Expiration date:	
Lot number:	
NDC number:	
Strength:	20 MG
Quantity:	1 Injection(s)
Frequency:	Three times a day
How was it taken or used?	Into the muscle
Date the person first started taking or using the product:	08/23/2021
Date the person stopped taking or using the product:	09/14/2021
Give best estimate of duration:	
Why was the person using the product?	By force no conversation inflicted heart problems
Did the problem stop after the person reduced the dose or stopped taking or using the product?	No
Did the problem return if the person started taking or using the product again?	Didn't restart
About Patient	
Person's Initials:	JAK
Gender:	Female
Age:	

Date of Birth:	05/06/1978
Weight:	180 lb
Ethnicity:	Not Hispanic/Latino
Race:	White
List known medical conditions:	Cervical and ovarian Cancer related anemia back to 1995, thoracic outlet syndrome with bilateral cervical ribs 4 inches long C7, heart palpitations due to the inflections of medications from psycho hospitals from doctors I've never spoken to in my life, kidnapped under a fraudulent date of birth July 2021, Advanced leukemia hyperglycemia, Factor five Leiden with DVT on life alert and lifeline
Please list all allergies:	Aspirin = Fatal
List any other important information about the person:	Smoke moderately to control blood clots cannot afford blood clot medication among with one shot of liquor weekly.
List all current prescription medications and medical devices being used:	Diclofenac 75 mg twice a day defective med Tronic device previously reported
List all over-the-counter medications and any vitamins, minerals, supplements, and herbal remedies being used:	Liquid B complex 1100 ppm colloidal silver

About Reporter	
Name:	Kerr, Juline
Preferred Address:	250 S Church St., Unit 7282 Spartanburg, SC 29304 US
Telephone number:	8088664566
Email address:	julinekerr@icloud.com
Did you report this problem to the company that makes the product (the manufacturer/compounder)?	No
If you do NOT want your identity disclosed to the manufacturer, place an "X" in this box:	<input type="checkbox"/>